

Healthier **Together**



Improving health and care in Bristol,
North Somerset and South Gloucestershire

 jungle green

Have Your Say

A report following an opinion survey with BNSSG residents

November 2022



Report structure

Introduction

Executive summary

Q1: What keeps you happy, healthy and well?

Q2: And what gets in the way of you staying happy, healthy and well?

Q3: What do you think you need more of, either now or in the future, to stay happy, healthy and well?

Q4: What would you prioritise to ensure a happy and healthy population in Bristol, North Somerset and South Gloucestershire?

Q5: 'Increase the number of years people live in good health' - From your perspective, what needs to happen in order for us to achieve this goal?

Q6: 'Improve everyone's mental wellbeing' - From your perspective, what needs to happen in order for us to achieve this goal?

Q7: 'To make sure everyone is able to receive support from health and care services when needed' - From your perspective, what needs to happen in order for us to achieve this goal?

Q8: 'Increase the number of people who tell us that they live in a healthy, positive and safe place' - From your perspective, what needs to happen in order for us to achieve this goal?

Q9: What role can individuals, families and communities play to achieve these goals?

Appendices – Survey questionnaire and further detail on each of the sub-themes within each of the nine questions

Introduction

Have Your Say – background and objectives

- The BNSSG Integrated Care System (ICS) brings NHS Trusts, Local Councils, GP practices, community and mental health services together to plan health and care for the 1 million people in Bristol, North Somerset and South Gloucestershire. Together, the aim is to improve health and wellbeing, reduce the inequalities some groups face and ensure value for money
- As part of the change to ICS status, and to inform future priorities, BNSSG ICS wish to understand what matters to the resident population in the BNSSG region. **The 'Have Your Say' survey was designed to gather feedback on what keeps the population well, what support is needed to keep them well and what barriers to keeping well exist**
- The survey also sought feedback on four different measures of success which have been identified for the BNSSG ICS health and care system based on the needs of the population



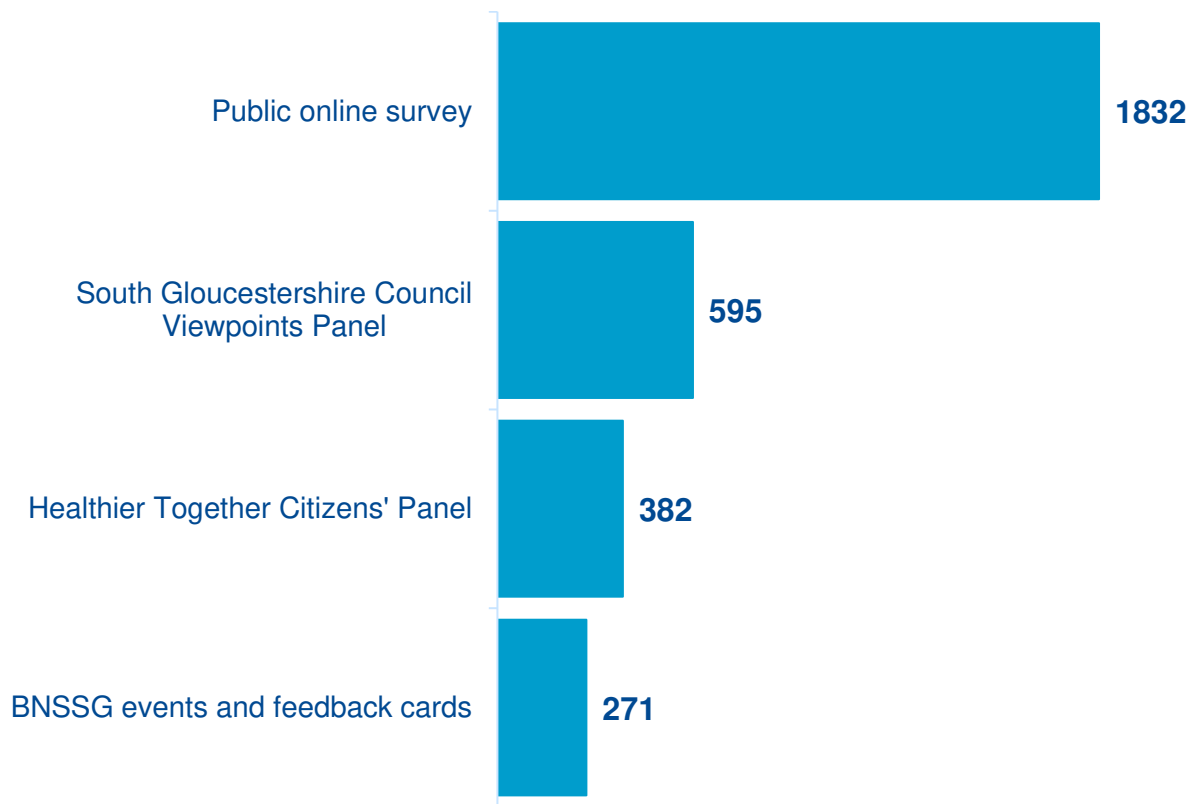
Have Your Say – method and analysis

- The 'Have Your Say' survey included 9 free text, open ended questions and launched on 1st July 2022 before closing on 25th September 2022. The survey could be accessed through a range of channels:
 - An open public survey link which people could opt-in to
 - The BNSSG Healthier Together Citizens Panel received the survey questions on 18th July
 - South Gloucestershire Council included 4 of the questions as part of their Viewpoint Citizens' Panel survey during September 2022
 - BNSSG ICS staff attended 57 different events throughout the fieldwork period with special interest groups to ensure a diverse spread of voices were heard
- All responses have been collated and reweighted to be representative of the BNSSG population. This report details the findings from a total of 3,080 completed survey responses
- Analysis of the findings was conducted by Jungle Green, an independent research organisation who run the Healthier Together Citizens Panel for the ICS. Participants were able to respond in their own words throughout the survey, due to the use of open-ended questions. During the analysis process, individual responses to each question have been grouped into a number of key overall themes. These themes are common to each of the 9 questions, as all questions related to the central theme of the happiness, health and wellbeing of the resident population. *(%s will often add up to greater than 100% as there was no restriction on how many different aspects an individual could mention in response to each question)*
- The nature of this survey i.e. a self selecting sample answering a set of open ended questions, means that statistical theory cannot be strictly applied. However, we have carried out significance testing on a number of sub-groups (chiefly lifestage, long term conditions, ethnicity and areas of deprivation) to illuminate any notable differences



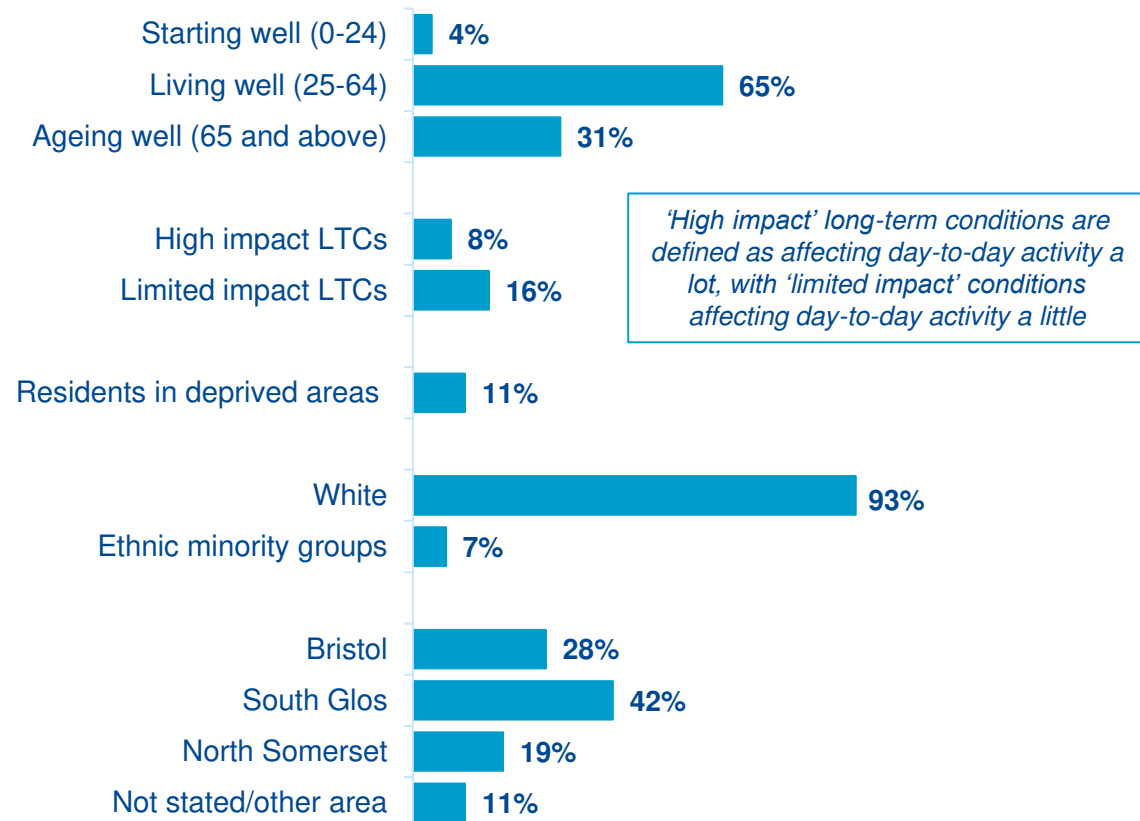
Have Your Say - Who we heard from - 3080 responses

Source of survey response



Number of responses (unweighted)

Main sub-groups



% of responses (unweighted)

Executive summary

Key points

- This research indicates that many BNSSG citizens recognise that they have varying degrees of influence and control when it comes to happiness, health and wellbeing. In terms of the top of mind comments collected in response to the 9 happiness, health and wellbeing questions in this survey, 60% of the total are factors that individuals have less personal control over and 40% are factors largely within their control.
- A significant proportion of the BNSSG population recognise that much of their happiness, health and wellbeing is in their control (approximately 40% of all mentions). The key factors that are within their control and that BNSSG citizens aspire to achieve for increased happiness, health and wellbeing are:
 - A healthier, more active lifestyle - increased exercise, healthier eating, improved mental health and wellbeing and greater access to the outdoors. Affordability of achieving these goals is also an issue for some
 - More time with friends and family, along with more social contact – healthier relationships, being more supportive of each other, avoiding loneliness
 - Engaging with and supporting one’s local community and volunteering
 - Striving for a better work life balance (factors both within and outside of their control)
- Equally though, BNSSG citizens believe that they have lower levels of control and influence over a number of factors which affect happiness, health and wellbeing (approximately 60% of all mentions). The key factors relating to this that are highlighted by the population in this survey are:
 - A need for improved access to quality care – notably access to primary care, mental health services, social care, healthcare services generally and social prescribing
 - Issues relating to deprivation, poverty and the cost of living
 - Improved public transport (for commuting, social activities and health appointments)
 - Striving for a better work life balance (factors both within and outside of their control)
 - Building and enabling (funding/ encouragement) a community spirit/ community amenity provision
 - Education on appropriate use of healthcare services and preventative measures
 - Focus on recruitment and retention of healthcare staff and increased funding for the NHS from the Government

Across the sub-groups

A number of the happiness, health and wellbeing themes have greater or lesser significance within particular sub-groups of the BNSSG population, The **most significant** of these for each sub-group are summarised here. *(Percentages in black are the averages for that theme/sub-theme)*



Lifestage

- **Starting well (0-24):**
 - Social interaction (65% vs 54%) and hobbies & pastimes (24% vs 12%) are mentioned in greater proportions than average among those aged 16-24 years as keeping them happy, healthy and well (HHW) (Q1)
 - Pressures of education (12% vs 1%) (*notably workload and exams*) and a poor mental state (27% vs 14%) (*notably stress/ anxiety*) are barriers (Q2) to happiness, health and wellbeing mentioned in greater proportions than average. Social contact (33% vs 14%) is mentioned in greater proportions than average as something they need more of (Q3) to stay HHW
 - Access to mental health services (17% vs 8%) are prioritised (Q4) in greater proportions than average among those aged 16-24
 - The need for education on appropriate usage of healthcare services (20% vs 10%) to ensure everyone is able to receive support from health and care services when needed (Q7) is mentioned more often than average
- **Living well (25-64):**
 - A healthy, active lifestyle (74% vs 70%) (*notably exercise and being outdoors*) along with meaningful, stable employment (15% vs 12%) are mentioned in slightly greater proportions than average among those aged 25-64 years as keeping them HHW (Q1)
 - A poor work life balance (31% vs 23%) along with cost of living worries (27% vs 23%) are mentioned more often as barriers (Q2) to happiness, health and wellbeing than average
- **Ageing well (65 and above):**
 - Morals, ethics and politeness are mentioned in greater than average proportions by this age group (15% vs 6%) as keeping them HHW (Q1)
 - Poor health (18% vs 12%) and old age (9% vs 2%) are barriers (Q2) to happiness, health and wellbeing mentioned more often than average. A lack of access to the GP (12% vs 9%) is also mentioned slightly more often than average as a barrier
 - Access to quality care (42% vs 34%) is mentioned more often than average (*notably access to primary care services*) as something they need more of (Q3) to stay HHW
 - The need for greater funding and investment in healthcare services (20% vs 15%) was emphasised slightly more often than average as a way to make sure everyone is able to receive support from health and care services when needed (Q7)

Across the sub-groups

A number of the happiness, health and wellbeing themes have greater or lesser significance within particular sub-groups of the BNSSG population, The **most significant** of these for each sub-group are summarised here. *(Percentages in black are the averages for that theme/sub-theme)*



Health needs

- Long term conditions (LTCs) – high impact:
 - Among those with high impact LTCs, access to quality care (34% vs 14%) (*notably access to pharmacy and medication*) is mentioned much more often than average as keeping them happy, healthy and well (HHW) (Q1)
 - Access to quality care (51% vs 34%) is the main barrier (Q2) to health, happiness and wellbeing, while poor health (38% vs 12%) is mentioned much more often than average (*notably investment in mental health services and access to most other health services*) as something they need more of (Q3) to stay HHW
 - Among those with high impact LTCs, how individuals access services (32% vs 25%) is mentioned more often than average (*notably the role they play in providing education and information relating to services and preventative measures*) as something that individuals, families and communities can do to help BNSSG ICS to achieve its goals (Q9)
- Long term conditions (LTCs) – limited impact:
 - Among those with limited impact LTCs, poor health (25% vs 12%) and relationship problems (10% vs 7%) are mentioned as barriers (Q2) to happiness, health and wellbeing more often than average
 - Access to quality care (42% vs 34%) is mentioned much more often than average (*notably investment in mental health services and access to most other health services*) as something they need more of (Q3) to stay HHW



Other sub-groups

- Deprived areas:
 - The cost of living crisis (28% vs 23%), pollution (16% vs 6%), a lack of time for oneself (15% vs 11%), addictions (9% vs 1%) and a lack of access to green spaces (7% vs 3%) are all mentioned more often than average by those who reside in an area of deprivation as barriers to happiness, health and wellbeing (Q2)
 - A more healthy, active lifestyle (45% vs 35%) is mentioned in greater than average proportions as a way of increasing the number of years people live in good health (Q5)
- Ethnic minority groups:
 - A poor work life balance (31% vs 23%) is mentioned more often than average as a barrier to happiness, health and wellbeing (Q2) among those from ethnic minority groups
 - An active lifestyle (43% vs 35%) and community amenities (15% vs 8%) are prioritised (Q4) in greater proportions than average as a way of increasing the number of years people live in good health (Q5)

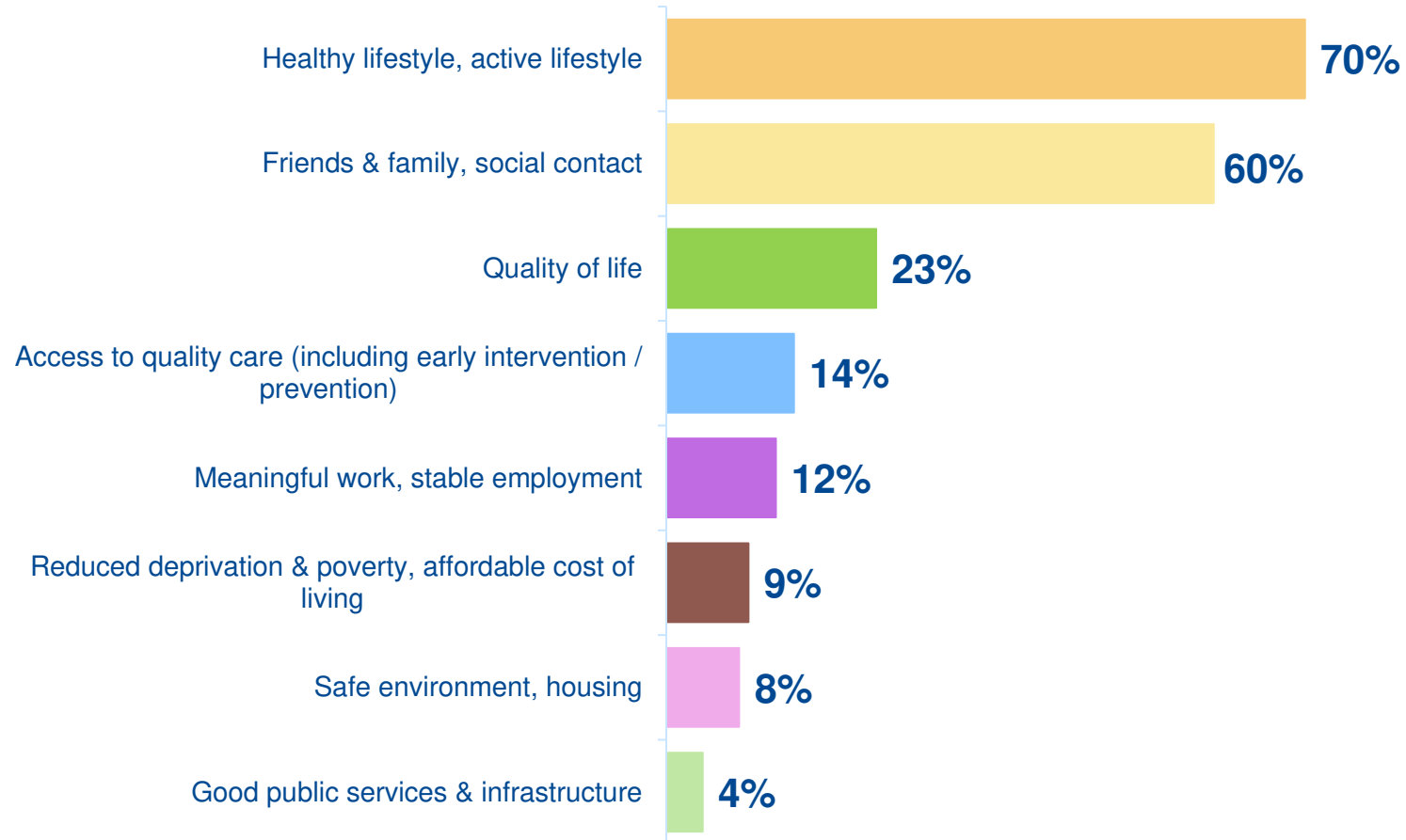
Question 1:

What keeps you happy, healthy and well?

MAIN THEMES – The factors that contribute to happiness, health and wellbeing

The two most significant top of mind contributory factors to the happiness, health and wellbeing of the BNSGG population are a healthy and active lifestyle coupled with friends, family and other social contact. Additionally, a good quality of life (fulfilment) is mentioned by almost one quarter of the sample.

Access to quality care, meaningful & stable employment along with an affordable cost of living and a safe neighbourly environment are top of mind factors for approximately one in ten citizens in each case, when considering their happiness, health and wellbeing.



When considering what **keeps** them happy, healthy and well, BNSSG citizens' top of mind thoughts mainly centre on factors that they have an amount of personal control over i.e. lifestyle and relationships.



SUB-THEMES – the detail behind the largest of the main themes – Healthy lifestyle, active lifestyle

These are the individual factors that contribute to happiness, health and wellbeing that have been grouped together to form the largest of the main themes.

Healthy lifestyle, active lifestyle: 70%	
ACTIVITY, EXERCISE	43%
HEALTHY EATING, DIET	30%
ACCESS TO THE OUTDOORS, NATURE, ENVIRONMENT	21%
WALKING	12%
GOOD MENTAL HEALTH	12%
SLEEP	4%
MANAGING MY HEALTH	2%

Regular exercise.
Walking in nature.
Gym membership at
the leisure centre
and fitness classes
(Age 25-44, female)

Helping others as either a
scout leader, student
ambassador or the other
types of volunteering I do,
eating sensibly balancing
the good and bad foods,
trying to be active
(Age 45-64, male, limited
impact LTC)

Having access
to fresh food and
exercise...easily
combined in having an
allotment. Freedom to
follow hobbies
(Age 65+, male)

SUB-THEMES – the detail behind each of the second and third largest main themes

These are the individual factors that contribute to happiness, health and wellbeing that have been grouped together to form the second and third largest main themes.

Friends & family, social contact: 60%	
RELATIONSHIPS & SOCIAL INTERACTION	54%
LIVING A GOOD LIFE, MORALS & ETHICS	6%
PETS & ANIMALS	5%
FAITH & RELIGION	2%

Quality of life: 23%	
HOBBIES & PASTIMES	12%
GOING OUT, DAY TRIPS	6%
GARDENING	4%
TRAVELLING, HOLIDAYS	3%

Connections with family, friends and other people each and every day. Feeling I know I'm not alone in any health worries, there are others that understand
(Age 25-44, female, high impact LTC)

Spending time with friends, family and partner who you can talk to when in need. Eating well and also eating out, good weather and holidays, music, good sleep, and an enjoyable career
(Age 16-24, female)

Freedom to follow hobbies and have pets which provide stability to mental health. Volunteering for local organisations which set out to help residents
(Age 65+, male)

SUB-THEMES – the detail behind each of the main themes that were mentioned by lower proportions of survey participants

These are the individual factors that contribute to happiness, health and wellbeing that have been grouped together to form each of these secondary overall themes.

Access to quality care: 14% <i>(including early intervention/ prevention)</i>	
ACCESS TO HEALTHCARE SERVICES (unspecified)	8%
ACCESS TO PRIMARY HEALTHCARE	4%
ACCESS TO OTHER HEALTHCARE SERVICES	3%
PHARMACY & MEDICATION	2%

Meaningful work, stable employment: 12%	
GOOD WORK LIFE BALANCE	7%
GOOD JOB, JOB SECURITY	6%

Reduced deprivation and poverty, affordable cost of living: 9%	
COPING WITH THE COST OF LIVING, FINANCIAL SITUATION	9%

Safe environment, housing: 8%	
NEIGHBOURHOOD, COMMUNITY & SURROUNDINGS	6%
AFFORDABLE HOUSING	2%

Good public services & infrastructure: 4%	
ACCESS TO LOCAL SERVICES, AMENITIES & GROUPS	4%
PUBLIC TRANSPORT LINKS	1%

Insights across the sub-groups

A number of these happiness, health and wellbeing themes have greater or lesser significance within particular sub-groups of the BNSSG population, as detailed here.

Lifestage:



Starting well:

- Social interaction (65% vs 54%) and hobbies & pastimes (24% vs 12%) are mentioned in greater proportions than average among those aged 16-24 years

Living well:

- A healthy, active lifestyle (74% vs 70%) (*notably exercise and being outdoors*) along with meaningful, stable employment (15% vs 12%) are mentioned in slightly greater proportions than average among those aged 25-64 years

Ageing well:

- Among those aged 65+, access to quality care (17% vs 14%) is mentioned slightly more often than average and a healthy, active lifestyle (60% vs 70%) is mentioned less often than the average
- Morals, ethics and politeness are mentioned in greater than average proportions by this age group (15% vs 6%)

Health needs:



Long term condition (LTC) – high impact:

Among those with high impact LTCs, access to quality care (34% vs 14%) (*notably access to pharmacy and medication*) is mentioned much more often than average and a healthy, active lifestyle (49% vs 70%) is mentioned far less often than the average

Long term condition (LTC) – limited impact:

- There are no significant differences in mentions of these themes among those with limited impact LTCs i.e. those with conditions that only affect their day-to-day activities a little

Other sub-groups:



Deprivation:

Access to quality care (9% vs 14%), a healthy, active lifestyle (65% vs 70%) and quality of life (17% vs 23%) are all mentioned slightly less often than average, by those who reside in an area of deprivation

Ethnicity:

- There are no significant differences in mentions of these themes across different ethnicities

What keeps BNSSG residents happy healthy and well – in their own words

Access to timely health services

that are **free** to access (e.g. GP, NHS dentist, referrals to specialist care if needed). Ongoing **support from specialist clinic** in managing my chronic health condition. Being well enough to work and feeling valued/supported there. **Earning enough** to live on.

Secure/affordable **housing**. Feeling able to access **local** shops, green spaces, things of interest etc by foot. Having enough money to pay energy bills and food etc.

(Age 25-44, female, high impact LTC)

Wisdom, a generally **positive frame of mind** and an ability to be kind to myself (and others) if things don't turn out quite how I expected - I'm also a lot better these days at doing what my body tells me e.g. if my body 'tells' me to rest, I rest ...

(Age 45-64, female, area of deprivation)

Good health is multi factorial. I think genetic make up plus **healthy lifestyle** and some **good luck**

(Age 65+, female)

Reliable pharmacy services. **Reliable** and regular carers. **Reliable** transport to and from appointments A daily routine really helps, with no sudden changes in appointments or support

(Age 25-44, female, high impact LTC)

Mental health being well. Being busy at work, **love** of husband and children

(Age 25-44, female)

Not having to worry where the next meal is coming from, having **people around me to talk to** and share problems and victories and access to **free quality healthcare**

(Age 65+, female)

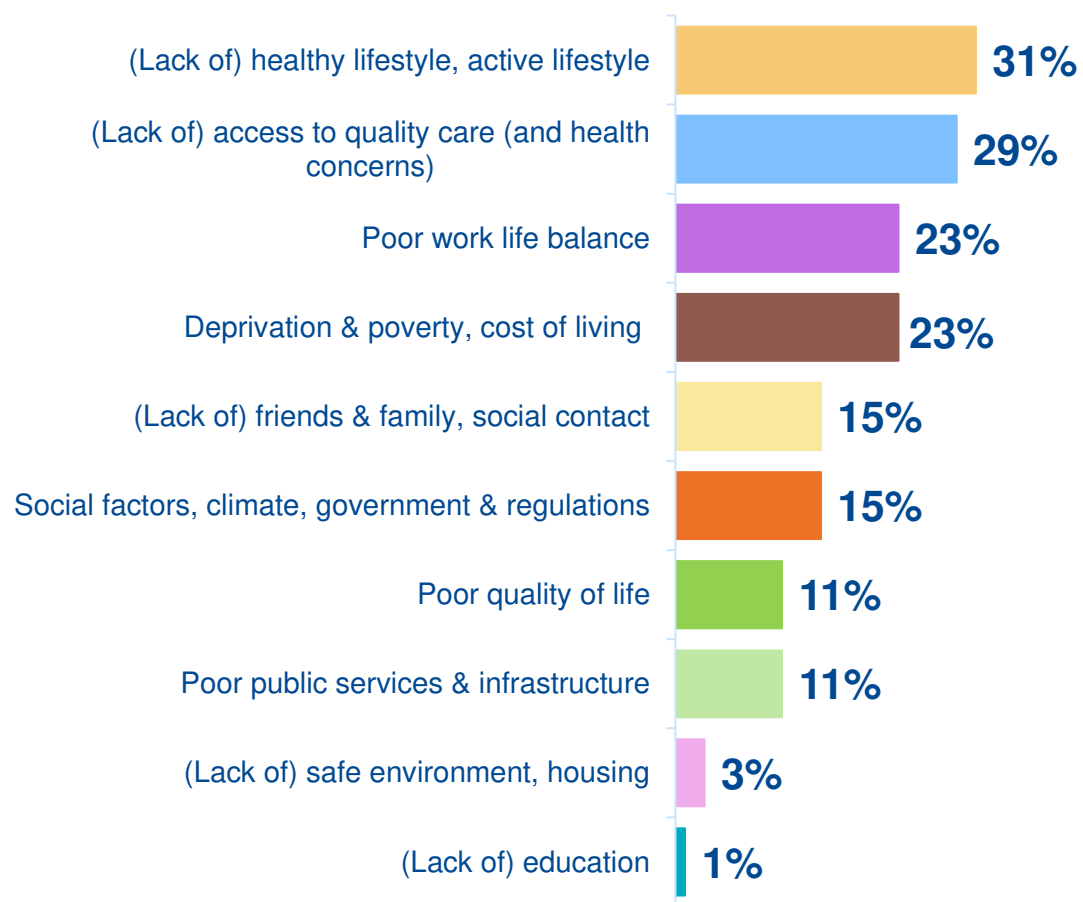
Question 2:

What gets in the way of you staying happy, healthy and well?

MAIN THEMES – The factors that act as barriers to staying happy, healthy and well

Elements of an individual's lifestyle, along with current difficulties in accessing quality care both head the list of barriers to staying happy healthy and well.

Issues around the current high cost of living and also their employment (chiefly a poor work life balance) are the next two most significant barriers.



When considering the **barriers** that get in the way of them staying happy, healthy and well, BNSSG citizens' cite factors that they do not have a significant amount of personal control over (e.g. access to quality care, conditions of employment, cost of living, social factors etc. 105% when added together) approximately twice as often as factors that they do have some control over (e.g. their own lifestyle, relationships and quality of life. 57% when added together).

SUB-THEMES – the detail behind the top 2 main themes

These are the individual factors that act as barriers to happiness, health and wellbeing that have been grouped together to form the top 2 main themes.

Healthy lifestyle, active lifestyle: 31%	
POOR MENTAL STATE - stress, anxiety	14%
BARRIERS TO EXERCISE - affordability, access, cost of membership, lack of time	7%
BARRIERS TO HEALTHY EATING, DIET - poor diet/ choices	4%
LACK OF SLEEP	3%
PERSONAL BEHAVIOURS - lack of motivation, mindset, no willpower	3%
LACK OF ACCESS TO OUTDOORS, NATURE, GREEN SPACES	3%
OLD AGE	2%

Access to quality care (and health concerns): 29%	
HEALTH CONCERNS, ISSUES - unwell/poor health (unspecified)	12%
LACK OF ACCESS TO PRIMARY HEALTHCARE - lack of GP appointments	9%
LACK OF ACCESS TO HEALTHCARE SERVICES (unspecified) - lack of access, waiting times	5%
OTHER HEALTHCARE SERVICES - lack of NHS dentists, lack of access to mental health services	3%
LACK OF ACCESS TO SUPPORT SERVICES	2%
LACK OF FUNDING & INVESTMENT	1%

SUB-THEMES – the detail behind each of the second to fifth largest main themes

These are the individual factors that act as barriers to happiness, health and wellbeing that have been grouped together to form the second to fifth largest main themes.

Meaningful work, stable employment: 23%

POOR WORK LIFE BALANCE - heavy workload, pressure, stress	23%
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Reduced deprivation and poverty, affordable cost of living: 23%

COST OF LIVING CRISIS, FINANCIAL CONCERNS	23%
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Social factors, climate, government and regulations: 15%

ENVIRONMENTAL FACTORS - air and noise pollution, climate change	6%
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SOCIETY BEHAVIOUR, PRESSURES & INFLUENCE - other people's behaviour	4%
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GOVERNMENT	4%
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WORLD CONCERNS	2%
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NEGATIVITY OF MEDIA & SOCIAL MEDIA	2%
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Friends & family, social contact: 15%

RELATIONSHIP PROBLEMS	7%
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LACK OF SOCIAL INTERACTION	4%
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CARING RESPONSIBILITIES	2%
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SUB-THEMES – the detail behind each of the main themes that were mentioned by lower proportions of survey participants

These are the individual factors that act as barriers to happiness, health and wellbeing that have been grouped together to form each of these secondary overall themes.

Public services & infrastructure: 11%	
TRANSPORT & TRAVEL CONCERNS - poor infrastructure	4%
POOR/ LACK OF PUBLIC TRANSPORT	3%
POOR LOCAL AUTHORITY, COUNCIL	2%
LACK OF POLICING	1%
CHILDCARE SERVICES - lack of availability, expensive	1%

Quality of life: 11%	
LACK OF TIME, BUSY LIFESTYLE	11%

Safe environment, housing: 3%	
POOR NEIGHBOURHOOD & SURROUNDINGS	2%
HOUSING AFFORDABILITY	1%

Insights across the sub-groups

A number of these happiness, health and wellbeing barriers have greater or lesser significance within particular sub-groups of the BNSSG population, as detailed here.

Lifestage:



Starting well:

- Pressures of education (12% vs 1%) (*notably workload and exams*), lack of social interaction (10% vs 4%) and poor mental state (27% vs 14%) (*notably stress/ anxiety*) are barriers mentioned in greater proportions than average among those aged 16-24 years

Living well:

- A lack of time (14% vs 11%), poor work life balance (31% vs 23%) along with cost of living worries (27% vs 23%) are barriers mentioned in slightly greater proportions than average among those aged 25-64 years

Ageing well:

- Among those aged 65+, poor health (18% vs 12%), lack of access to the GP (12% vs 9%) and old age (9% vs 2%) are barriers to happiness, health and wellbeing mentioned more often than average

Health needs:



Long term condition (LTC) – high impact:

- Among those with high impact LTCs, poor health (38% vs 12%), lack of social interaction (7% vs 4%) and poor mental state (17% vs 14%) are mentioned as barriers more often than average

Long term condition (LTC) – limited impact:

- Among those with limited impact LTCs, poor health (25% vs 12%) and relationship problems (10% vs 7%) are mentioned as barriers more often than average

Other sub-groups:



Deprivation:

- Lack of access to green spaces (7% vs 3%), pollution (16% vs 6%), addictions (9% vs 1%), lack of time for oneself (15% vs 11%) and the cost of living crisis (28% vs 23%) are all mentioned more often than average, by those who reside in an area of deprivation

Ethnicity:

- A poor work life balance (31% vs 23%), lack of motivation (6% vs 3%) and lack of access to green spaces (8% vs 3%) are all mentioned more often than average, by those from ethnic minority groups

What gets in the way of BNSSG residents staying happy healthy and well – in their own words

Challenges with getting **appointments with GPs**, waiting times, not being heard/ taken seriously, **facing weight stigma/ biases**, cost of living/ stress of **finances**, inequalities and discrimination on a wider social context
(Age 25-44, female, limited impact LTC)

Motivating yourself to take exercise can be hard, especially when it's as hot as it is now and arthritis flares up. The state of the country and **current political car crash** is depressing, worries about climate change and everything else
(Age 65+, female)

When my thoughts wander to if I were really ill and what will happen in very old age. **Doctors appointments are now hard to access & the care system is pretty poor**, ambulances take too long to arrive and the **poor hospitals are bursting at the seams**
(Age 65+, female)

I'm constantly **worried about finances**, that gets in the way of me staying happy and well. **As an ethnic minority I do always struggle finding the right job opportunities** even though I have graduated with a British first class degree. However, I still find it extremely difficult to find work which suits my level of education
(Age 35-44, male, ethnic minority group)

I suffer with **anxiety depression** & no prescribed medication has been effective. Counselling didn't help either. As a result I have good days & bad days
(Age 45-64, male, high impact LTC)

A degraded GP service gets in the way of staying healthy. You feel as if you shouldn't get an appointment unless you are VERY ill. So if I feel that I have a concern about my health I am unlikely to do anything about it until it becomes serious. This also massively affects members of my family.
(Age 45-64, female)

I have **younger siblings that I have to help out with** which means on my days off I am normally helping with them instead of doing what I want to do
(Age 16-24, female, area of deprivation)

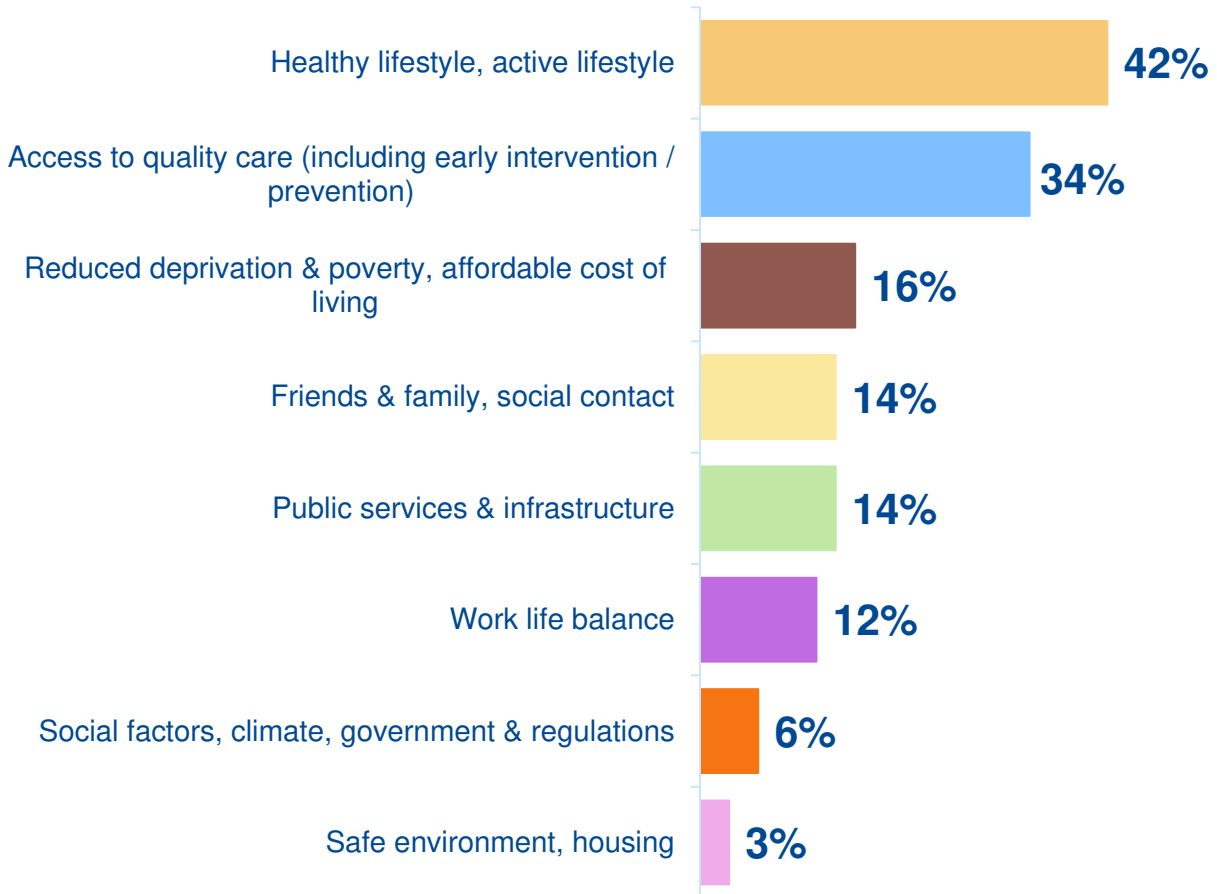
Question 3:

What do you think you need more of, either now or in the future, to stay happy, healthy and well?

MAIN THEMES – Factors the BNSGG population feel that they need more of to stay happy, healthy & well

The two most significant top of mind contributory factors to staying happy, healthy and well (either now or in the future) are a more healthy and active lifestyle coupled with better access to quality care (including early intervention and prevention). These being the main antidote to responses given in the previous barriers question.

Reduced deprivation/ affordable cost of living, more friends/ family/ social contact, better public services/ infrastructure and more meaningful/ stable employment are the next four significant top of mind factors among citizens.



When considering the most significant factors that they **need more of** to stay happy, healthy and well, BNSSG citizens' top of mind thoughts centre on, in similar measures, both factors that they have an amount of personal control over (*e.g. their own lifestyle and relationships*) and those that they don't (*e.g. access to quality care and cost of living*).



SUB-THEMES – the detail behind the largest of the main themes – Healthy Lifestyle. Active lifestyle

These are the individual factors that people feel they need more of to stay happy, healthy and well that have been grouped together to form the largest of the main themes.

Healthy lifestyle, active lifestyle: 42%	
LIFESTYLE, BEHAVIOUR CHANGE	11%
ACCESS TO OUTDOORS, NATURE, GREEN SPACES	9%
ACTIVE HEALTHY LIFESTYLE, EXERCISE MORE	9%
ACCESS TO EXERCISE & LEISURE FACILITIES	6%
HEALTHIER EATING, DIET	6%
HEALTHY MINDSET , MENTAL HEALTH	5%
BEING HEALTHY & WELL GENERALLY	4%
PERSONAL BEHAVIOURS, POSITIVE THINKING	3%

Learning to manage my time better so that I can fit in more exercise, cook better food and eat better too (Age 25-44, female)

Access to reasonably priced healthy foods and exercise opportunities that don't cost a fortune (Age 16-24, female, area of deprivation)

Green space, natural space for activity and exercise, open air swimming venues, sustainable lifestyle (Age 45-64, female)

Exercise advice and encouragement.. (Age 65+, male, limited impact LTC)

SUB-THEMES – the detail behind the second largest of the main themes – Access to quality care

These are the individual factors that people feel they need more of to stay happy, healthy and well that have been grouped together to form the second largest of the main themes.

Access to quality care: 34% <i>(including early intervention/ prevention)</i>	
ACCESS TO PRIMARY HEALTHCARE SERVICES	12%
ACCESS TO HEALTHCARE SERVICES (unspecified)	10%
ACCESS TO OTHER HEALTHCARE SERVICES	8%
SOCIAL PRESCRIBING	4%
ACCESS TO MENTAL HEALTH SERVICES	4%
ACCESS TO SOCIAL CARE SERVICES	2%
EDUCATION ON PREVENTATIVE MEASURES	2%

Getting our NHS running properly again. Investing in more nurses, doctors, paramedics etc - this above all else
(Age 65+, female)

Meaningful and timely support, not just at the point of crisis - spaces and connections to go to in order to actively maintain good mental health
(Age 25-44, male)

Ability to seek advice when experiencing aches, pains etc without waiting for ages. Proper support and advice regarding weight loss without feeling I'm being judged
(Age 55-64, female)

Regular food. Wellbeing support. Sexual health support
(Age 16-24, female)



SUB-THEMES – the detail behind each of the main themes that were mentioned by lower proportions of survey participants

These are the individual factors that people feel they need more of to stay happy, healthy and well that have been grouped together to form each of these secondary overall themes.

Reduced deprivation and poverty, affordable cost of living: 16%	
COST OF LIVING, FINANCIAL STABILITY	15%
ADDRESS HEALTH INEQUALITIES	1%

Friends & family, social contact: 14%	
RELATIONSHIPS & SOCIAL INTERACTION	10%
COMMUNITY AMENITIES	5%

Public services & infrastructure: 14%	
PUBLIC TRANSPORT IMPROVEMENTS	6%
TRANSPORT & INFRASTRUCTURE	4%
OTHER LOCAL SERVICES	4%

Meaningful work, stable employment: 12%	
GOOD WORK LIFE BALANCE	11%
EMPLOYMENT OPPORTUNITIES, JOB SECURITY	1%

Social factors, climate, government and regulations: 6%	
GOVERNMENT TO DEAL WITH FINANCIAL CRISIS	3%
ENVIRONMENTAL FACTORS	3%

Safe environment, housing: 3%	
NEIGHBOURHOOD & SURROUNDINGS, A COMMUNITY	3%
AFFORDABLE HOUSING	2%

Insights across the sub-groups

A number of these desired improvement themes have greater or lesser significance within particular sub-groups of the BNSSG population, as detailed here.

Lifestage:



Starting well:

- Social prescribing (11% vs 4%) and social contact (33% vs 14%) are mentioned in greater proportions than average among those aged 16-24 years, as is healthier eating (13% vs 6%)

Living well:

- Meaningful, stable employment (15% vs 12%) and lifestyle, behaviour changes (14% vs 11%) (*notably time and priority management*) are mentioned in slightly greater proportions than average among those aged 25-64 years

Ageing well:

- Among those aged 65+, access to quality care (42% vs 34%) is mentioned more often than average (*notably access to primary care services*)
- Improved public transport is mentioned in greater than average proportions by this age group (9% vs 6%)

Health needs:



Long term condition (LTC) – high and limited impact:

- Among those with high (51% vs 34%) and limited (42% vs 34%) impact LTCs, access to quality care is mentioned much more often than average (*notably investment in mental health services and access to most other health services*)

Other sub-groups:



Deprivation:

- Investment in mental health services (8% vs 4%), meaningful, stable employment (16% vs 12%) and healthier eating (10% vs 6%) are all mentioned slightly more often than average, by those who reside in an area of deprivation

Ethnicity:

- Community amenities (9% vs 5%) and meaningful, stable employment (16% vs 12%) are mentioned slightly more often than average, by residents from ethnic minority groups

What do BNSSG residents feel they need more of to stay happy, healthy and well – in their own words

More contact with friends and loved ones and also being able to **stop my anxiety taking over me**

(Age 16-24, female, high impact LTC)

Ensuring I have **consistent wellbeing conversations at work** to see how I am feeling and making sure I make time in between working and other chores, that I need to do, to do **sports and other activities** I enjoy

(Age 16-24, male)

Better quality food available locally and reasonably priced. Improved **local transport** options that make public transport safe and affordable

(Age 25-44, female)

Better action against **climate change** by our government, better financial situation with **cost of living**, not a conservative government...

(Age 25-44, female, area of deprivation)

More communication from organisations about what they are doing to help people stay happy, healthy and well. More social prescribing and with that more opportunities for the public to get involved with activities and events

(Age 16-24, female, healthcare worker)

Exercise, to help with both physical and mental health. Slightly more money. **4 day working week** - having more free time for holidays, days out etc.

(Age 16-24, male)

A **fairer benefits** system. Fairer wage structure throughout society. **Affordable housing**. A safety net if you're in work and are unwell. Quicker **access routes to mental health** support

(Age 25-44, male, high impact LTC)

I need to set better **boundaries between work and home life**, and learn to say no. I need to spend more time out in nature and less time on my phone!

(Age 25-44, female)

Luckily my role allows me a day off in the week due to shift patterns, and once a month I use this as a wellbeing day to focus on things that help me feel good, i.e. going and getting food I enjoy from a restaurant or bakery, going for a long uninterrupted walk, doing some self-care. **Health and wellbeing days that are supported by organisations** can have a big impact on population health

(Age 25-44, male, healthcare worker)

Before the pandemic, the doctor did **regular maintenance check ups**. I was due for one just before the first lockdown and these have not started up again. I think that **prevention is very important**

(Age 65+, female)

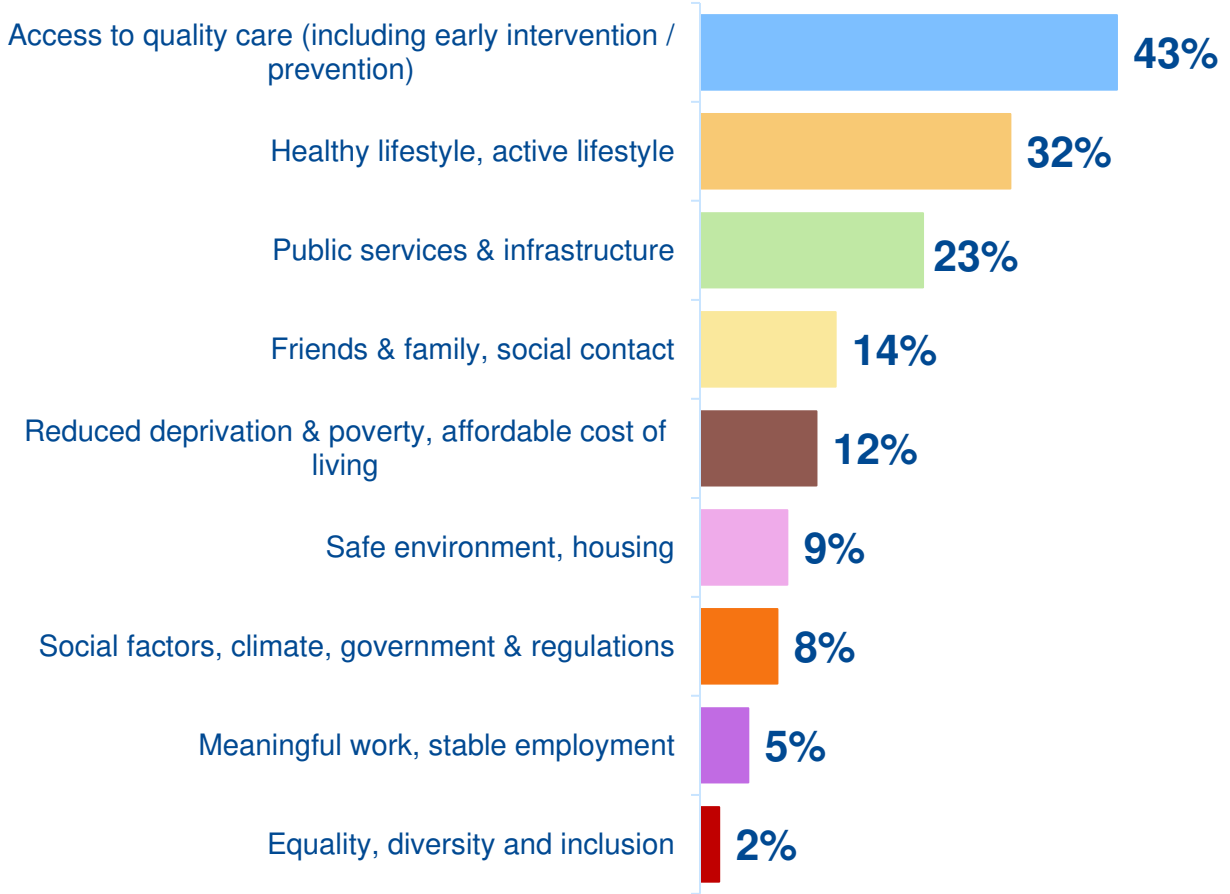
Question 4:

What would you prioritise to ensure a happy and healthy population in Bristol, North Somerset and South Gloucestershire?

MAIN THEMES – Factors BNSGG residents would prioritise to ensure a happy, healthy population

The two most significant top of mind priorities for ensuring a happy, healthy population are better access to quality care (including early intervention and prevention) coupled with a more healthy and active lifestyle.

Public services & infrastructure, friends/ family/ social contact, reduced deprivation/ affordable cost of living and a safe environment/ housing are the next four significant top of mind priorities among citizens.



When **prioritising what is needed** to ensure a happy, healthy population, BNSGG citizens' top of mind thoughts once again centre on both factors that they have an amount of personal control over (e.g. their own lifestyle and relationships) and those that they don't (twice as many mentions) (e.g. access to quality care and cost of living).

Access to quality care has, for the first time in the survey, risen to the top of the theme list.



SUB-THEMES – the detail behind the largest of the main themes – Access to quality care

These are the individual factors that people would prioritise to ensure a happy, healthy population that have been grouped together to form the largest of the main themes.

Access to quality care: 43% <i>(including early intervention/ prevention)</i>	
ACCESS TO HEALTHCARE SERVICES (unspecified)	14%
ACCESS TO PRIMARY HEALTHCARE SERVICES	10%
ACCESS TO MENTAL HEALTH SERVICES	8%
ACCESS TO OTHER HEALTHCARE SERVICES	7%
EDUCATION ON PREVENTATIVE MEASURES	5%
SOCIAL PRESCRIBING	4%
IMPROVED SOCIAL CARE SERVICES	4%

Quick and affordable access to mental health support / services
(Age 16-24, female, ethnic minority group)

Confidence in local GP practice service now is at an all time low and patients are not being seen for problems that may well lead to major illnesses
(Age 65+, female)

Improve access to medical services, including providing hospitals closer to where I live
(Age 45-64, male)

Helping avoid adverse childhood events so people don't have mental health issues in later life. Online access for people and my doctors letting me do my own monitoring so I don't need to be in hospital
(Age 45-64, female)

SUB-THEMES – the detail behind each of the second and third largest main themes

These are the individual factors that people would prioritise to ensure a happy, healthy population that have been grouped together to form the second and third largest of the main themes.

Healthy lifestyle, active lifestyle: 32%	
ACCESS TO OUTDOORS, NATURE, GREEN SPACES	15%
EXERCISE, KEEPING FIT, BEING ACTIVE	14%
HEALTHIER EATING, DIET	5%
MENTAL HEALTH & WELL-BEING, HEALTHY CHOICES	5%

Public services & infrastructure: 23%	
IMPROVED PUBLIC TRANSPORT	8%
TRANSPORT & INFRASTRUCTURE	9%
OTHER LOCAL SERVICES	5%

More integration and understanding of exercise and time outdoors. More spaces to hang out outside without it being seen as dodgy or weird or 'loitering'. Less pressure somehow. Trying to reclaim fun so it isn't just about getting drunk or high. Trying to instil hope
 (Age 25-44, female)

Less cars but good alternative travel options, air quality and greenery, plus lots of community spaces with activities for all (swimming, running, kids clubs, art and crafts), community learning, people getting together, just chatting or doing things together to build community
 (Age 45-64, male, ethnic minority group)

Genuine investment in the massive infrastructure changes needed to make cycling more attractive and safer, not just tokenistic painted-on lethal "cycle lanes". I'm sure there's lots of community groups for socialising/ cooking etc, I'd allocate them some funding!
 (Age 25-44, female)

Reliable, frequent, affordable public transport, easy parking on the outskirts of the city with frequent buses into the centre
 (Age 45-64, female)



SUB-THEMES – the detail behind each of the main themes that were mentioned by lower proportions of survey participants

These are the individual factors that people would prioritise to ensure a happy, healthy population that have been grouped together to form each of these secondary overall themes.

Friends & family, social contact: 14%	
COMMUNITY AMENITIES	10%
RELATIONSHIPS & SOCIAL INTERACTION	5%

Reduced deprivation and poverty, affordable cost of living: 12%	
COST OF LIVING CRISIS, FINANCIAL STABILITY	9%
ADDRESS HEALTH INEQUALITIES	4%

Safe environment, housing: 9%	
NEIGHBOURHOOD, COMMUNITY & SURROUNDINGS	5%
HOUSING (<i>affordable</i>)	4%

Social factors, climate, government and regulations: 8%	
ENVIRONMENTAL FACTORS	5%
GOVERNMENT TO DEAL WITH FINANCIAL CRISIS	2%

Meaningful work, stable employment: 5%	
GOOD WORK LIFE BALANCE	4%
CAREER PROGRESSION, OPPORTUNITIES	1%

Equality, diversity & inclusion: 2%	
DIVERSITY & INCLUSION	2%

Insights across the sub-groups

A number of these priority themes have greater or lesser significance within particular sub-groups of the BNSSG population, as detailed here.

Lifestage:



Starting well:

- Mental health services (17% vs 8%), social contact (24% vs 14%) and community amenities (12% vs 8%) are prioritised in greater proportions than average among those aged 16-24 years, as are a good work life balance (8% vs 4%) and diversity and inclusion (8% vs 2%)

Living well:

- Access to nature, outdoors and green spaces (18% vs 15%) and keeping fit (17% vs 14%) are prioritised in slightly greater proportions than average among those aged 25-64 years

Ageing well:

- Among those aged 65+, access to primary healthcare services (14% vs 10%) and social care services (7% vs 4%) are prioritised more often than average, as is improved public transport (11% vs 8%)

Health needs:



Long term condition (LTC) – high and limited impact:

- Among those with high (54% vs 43%) and limited (50% vs 43%) impact LTCs, access to quality care is prioritised more often than average (*notably investment in mental health services and social care services*), as are health inequalities (8% vs 4%) and food affordability (6% vs 3%) among those with high impact LTCs

Other sub-groups:



Deprivation:

- Neighbourhood, community and surroundings (8% vs 5%) and cost of living crisis/ food affordability (13% vs 9%) are prioritised more often than average, by those who reside in an area of deprivation

Ethnicity:

- Community amenities (15% vs 8%) and diversity and inclusion (7% vs 2%) are mentioned more often than average, by residents from ethnic minority groups

What would BNSSG residents prioritise to ensure a happy, healthy population – in their own words

Significant reduction in **costs to access gyms and pools**, improve conditions and **pay for social carers**, improve cycling routes, **subsidise healthy food** for low income families
(Age 25-44, female, area of deprivation)

Provision of **outdoor activities in green spaces for all abilities**. Access to growing your own food from seed to plate. **Support for people to begin exercising** if they don't already - e.g. walking/running buddies or other outdoor activities that can be tailored to the individual. Free dance classes!
(Age 25-44, female)

More posting of **information about services available** and how to access them, via social media, information boards, leaflets at places like pharmacies and supermarkets
(Age 45-64, female, limited impact LTC)

More GP appointments, more inclusive organisations such as Caafi health, health policies around smoking, vaping and drinking
(Age 25-44, female)

Excellent transport links are vital to the happiness and health of the population, they free up congestion on our roads which can only be good for our health, they encourage exercise, even if it is only walking from the train station/bus station to work/pleasure. Unfortunately due to our transport links being privatised, fares increase beyond wage increases and as the bottom line is profit there is no incentive to maintain the services
(Male, age 25-44)

Less cars but good alternative travel options, **air quality and greenery**, plus lots of **community spaces** with activities for all (swimming, running, kids clubs, art and crafts), community learning, people getting together, just chatting or doing things together to **build community**
(Age 45-64, male, ethnic minority group)

Improve public transport!!! This will buffer us against rising fuel and car costs. Access to **amenities**. Support local sports centres and exercise groups. Energise local libraries with film nights, lectures, clubs, talks: do not axe them. Might provide "warm rooms" there. **Buffer the population against economic hardship**
(Age 65+, male, limited impact LTC)

Question 5:

BNSSG ICS measure of success:

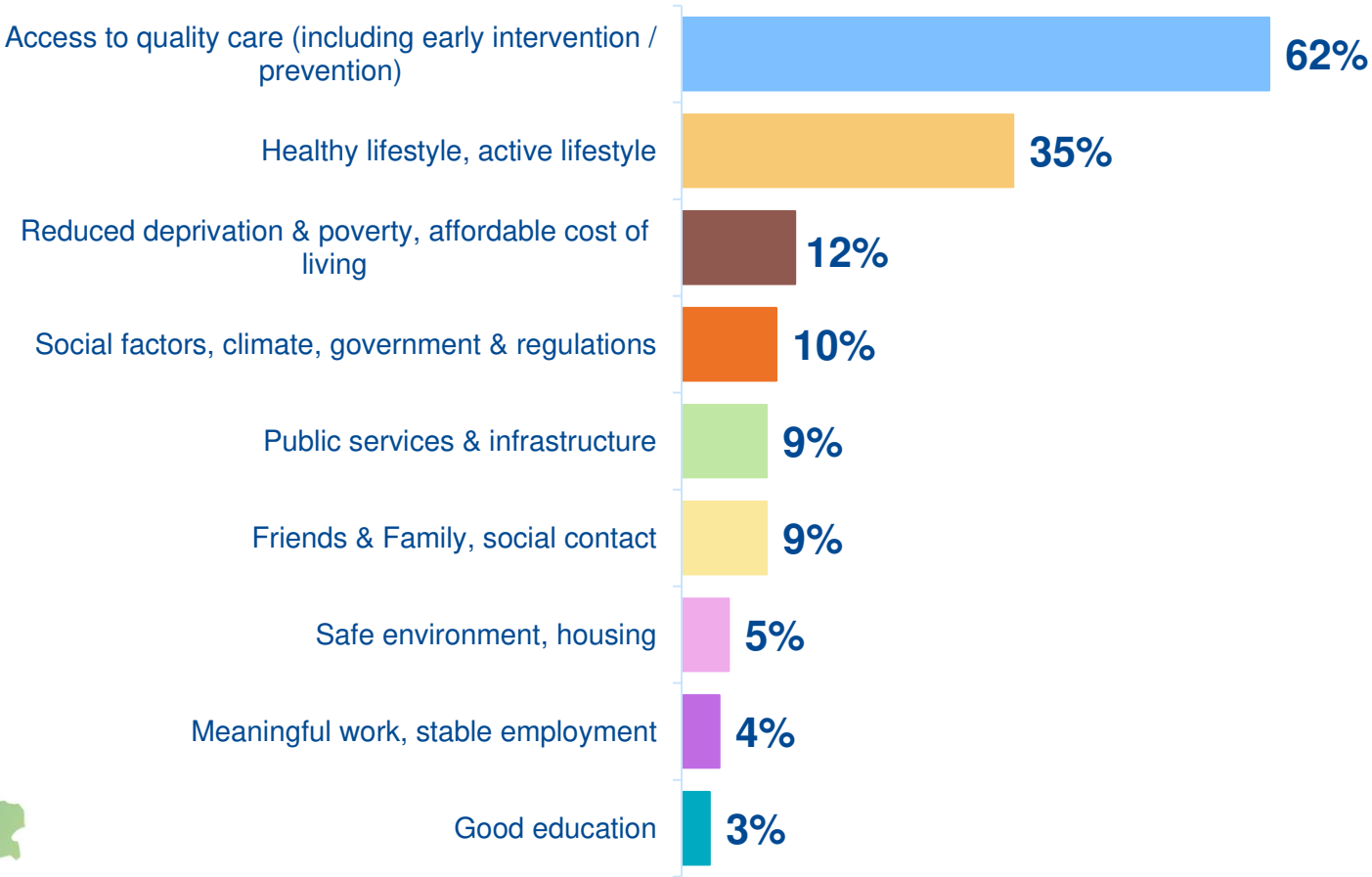
‘Increase the number of years people live in good health’

From your perspective, what needs to happen in order for us to achieve this goal?

MAIN THEMES – Factors that BNSGG residents feel are needed to achieve an 'Increase in the number of years people live in good health'

The two most significant top of mind needs for increasing the number of years people live in good health are better access to quality care (including early intervention and prevention) coupled with a more healthy and active lifestyle.

A similar pattern of main themes to the previous question (i.e. Q4: priorities to ensure a happy, healthy population) has resulted here. Reduced deprivation/ affordable cost of living, social factors/government, public services & infrastructure and friends/ family/ social contact are the next four significant top of mind needs stated by citizens.



When stating what is needed for BNSSG ICS to achieve the goal of increasing the number of **years people live in good health**, BNSSG citizens' top of mind thoughts **tip towards** factors that they don't have significant personal control over (e.g. access to quality care, cost of living, social and public service factors).

Access to quality care now dominates at the top of the theme list.



SUB-THEMES – the detail behind the largest of the main themes – Access to quality care

These are the individual factors that the BNSSG population feel are needed to increase the number of years people are in good health that have been grouped together to form the largest of the main themes.

Access to quality care: 62% <i>(including early intervention/ prevention)</i>	
EDUCATION ON PREVENTATIVE MEASURES	20%
ACCESS TO HEALTHCARE SERVICES <i>(unspecified)</i>	17%
ACCESS TO PRIMARY HEALTHCARE SERVICES	10%
EARLY INTERVENTION, PREVENTION & DIAGNOSIS	8%
IMPROVED SOCIAL CARE SERVICES	7%
OTHER HEALTHCARE SERVICES	5%
MORE FUNDING & INVESTMENT IN HEALTHCARE	4%
MENTAL HEALTH SERVICES	3%

Cut waiting list times for surgery, GP appointments, medical investigations, and also earlier diagnosis of conditions, plus screening services to be made available more often and covering wider age groups. The most useful non medical thing I've ever been given by a health professional was a pack stuffed full of information when I got diagnosed with diabetes. Maybe something similar could be made for other serious and / or long term conditions?
(High impact LTC)

Stop spending so much on drugs and operations/ treatment for those who don't benefit much from it (quality of life). Change the culture from a sick and dependent society to a self-reliant one (education and empowerment)
(Age 45-64, male)

SUB-THEMES – the detail behind each of the second, third and fourth largest main themes

These are the individual factors that the BNSSG population feel are needed to increase the number of years people are in good health that have been grouped together to form the second, third and fourth largest of the main themes.

Healthy lifestyle, active lifestyle: 35%	
EXERCISE, KEEPING FIT, BEING ACTIVE	17%
HEALTHY EATING, DIET	12%
MENTAL HEALTH & WELL-BEING, HEALTHY CHOICES	8%
ACCESS TO OUTDOORS, NATURE, GREEN SPACES	6%
LIFESTYLE, BEHAVIOUR CHANGE	4%

Reduced deprivation and poverty, affordable cost of living: 12%	
COST OF LIVING CRISIS, FINANCIAL STABILITY	9%
ADDRESS HEALTH INEQUALITIES	4%

Social factors, climate, government and regulations: 10%	
ENVIRONMENTAL FACTORS	4%
ENFORCE RESTRICTIONS, RULES & REGULATIONS	3%
GOVERNMENT TO DEAL WITH FINANCIAL CRISIS	2%

SUB-THEMES – the detail behind each of the main themes that were mentioned by lower proportions of survey participants

These are the individual factors that the BNSSG population feel are needed to increase the number of years people are in good health that have been grouped together to form each of these secondary overall themes.

Public services & infrastructure: 9%	
IMPROVED PUBLIC TRANSPORT	3%
TRANSPORT & INFRASTRUCTURE	3%
OTHER LOCAL SERVICES	3%

Friends & family, social contact: 9%	
RELATIONSHIPS & SOCIAL INTERACTION	6%
COMMUNITY AMENITIES	4%

Safe environment, housing: 5%	
HOUSING (<i>affordability</i>)	3%
NEIGHBOURHOOD & SURROUNDINGS	2%

Meaningful work, stable employment: 4%	
GOOD WORK LIFE BALANCE	3%
CAREER PROGRESSION, OPPORTUNITIES	1%


Good education: 3%	
EDUCATION AT SCHOOL, EARLY EDUCATION (<i>about health and wellbeing</i>)	3%



Insights across the sub-groups

A number of these 'what needs to happen to increase the number of years people live in good health' themes have greater or lesser significance within particular sub-groups of the BNSSG population, as detailed here.

Lifestage:



Starting well:

- Reduced deprivation and cost of living crisis (16% vs 12%), and climate change (9% vs 4%) are mentioned in greater proportions than average among those aged 16-24 years


Living well:

- A healthy, active lifestyle (38% vs 35%) is mentioned in slightly greater proportions than average among those aged 25-64 years

Ageing well:

- Among those aged 65+, access to quality care (67% vs 62%) is mentioned more often than average

Health needs:




Long term condition (LTC) – high impact:

- Among those with high impact LTCs access to quality care (68% vs 62%) is mentioned more often than average (*notably access to primary care, social care and other health services and funding of health services*)

Long term condition (LTC) – limited impact:

- There are no significant differences in mentions of these themes by those with limited impact LTCs

Other sub-groups:



Deprivation:

- Healthy, active lifestyle (45% vs 35%) is mentioned in greater than average proportions by those who reside in a BNSSG area of deprivation, as is reduced deprivation and cost of living crisis (16% vs 12%) (*notably addressing health inequalities*)

Ethnicity:

- Healthy, active lifestyle (43% vs 35%) is mentioned in greater than average proportions by residents from ethnic minority groups (*notably access to exercise, healthy eating/ diet and mental health & wellbeing*)

What do BNSSG residents feel needs to happen to 'increase the number of years people live in good health'– in their own words

Community involvement in group exercise and yoga
(Age 25-44, female, ethnic minority group)

Encourage people to take responsibility for themselves
Encourage people to think about themselves, give them the reasons to get up and go! Keep libraries open, utilise the spaces open at different times. Turn them into places to meet, have a read, discussion. Different times for kids /toddlers /adults /special needs etc
(Female, ethnic minority group)

Measures to improve diet, discourage junk food and sugar. Provide free school meals to all primary children. **Encourage exercise** by making it easier to walk or cycle in our streets and prioritise public transport. **Discourage car travel** in the city centre
(Age 65+, female)

Better, responsive primary healthcare services. Increase library and **adult learning provision.** Make walking safer with more cleaner, safer walking routes
(Age 45-64, female, area of deprivation)

More practical guidance and projects to deliver **access to exercise and good nutrition.** For communities to be given tools to adapt their cultural diets to improve health
(Age 45-64, female, ethnic minority group)

Access to good food, fruit and veg. Access to recipes for affordable easy meals. Exercise groups.
(Age 65+, male, limited impact LTC)

To actually be able to see a GP. Health education in schools and **community work shop pop ups** based where services are not being delivered
(Age 25-44, female, ethnic minority group)

Better monitoring of health. Get people to provide health data to their GP from watches and scales. To save the GP having to check the data, set thresholds that trigger the GP to look at the specific data. This would ensure treatment is carried out before health seriously **deteriorates.**
Exercise groups.
(Age 65+, male)

Question 6:

BNSSG ICS measure of success:

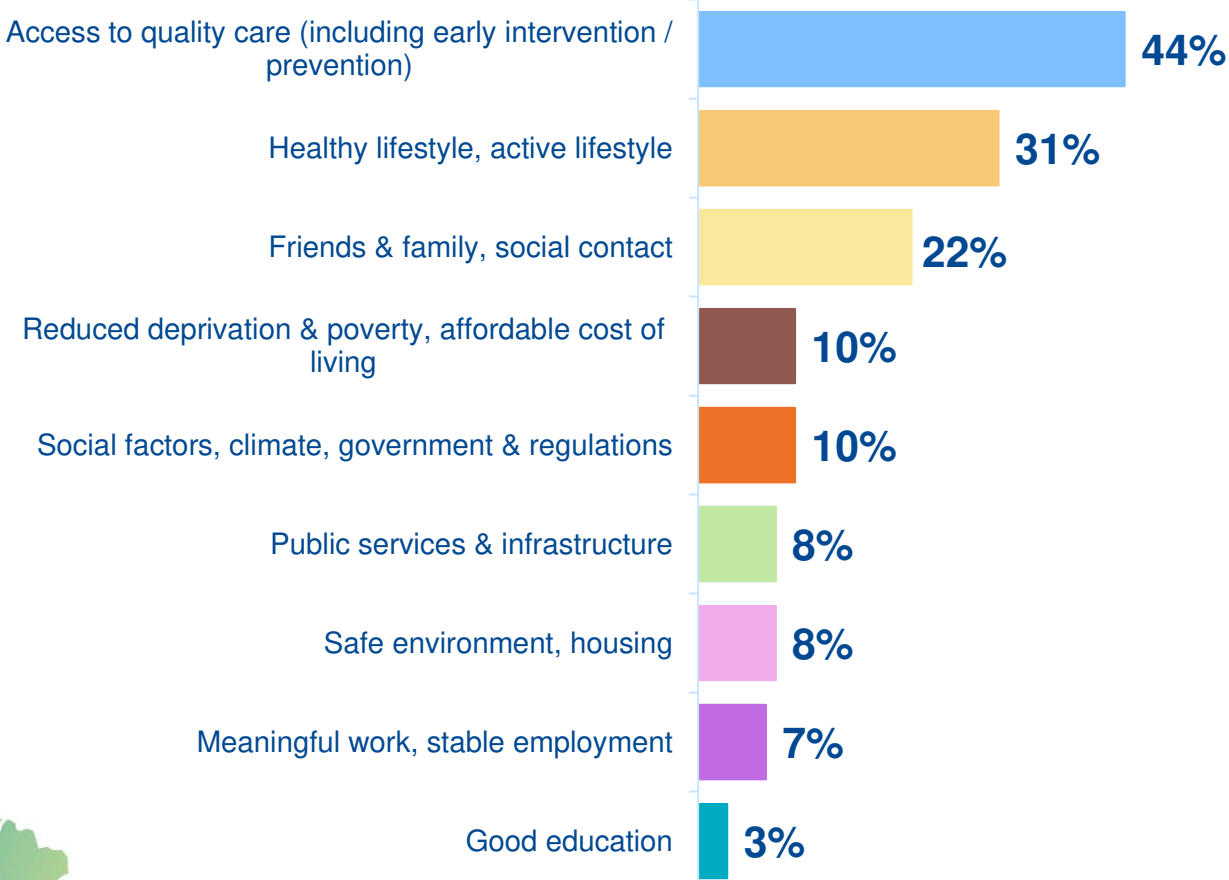
‘Improve everyone’s mental wellbeing’

From your perspective, what needs to happen in order for us to achieve this goal?

MAIN THEMES – Factors that BNSGG residents feel are needed to achieve an 'Improvement in everyone's mental wellbeing'

The two most significant top of mind needs for improving everyone's mental wellbeing are better access to quality care (including early intervention and prevention) coupled with a more healthy and active lifestyle. Friends, family and social contact also have a significant role to play here.

Reduced deprivation/ affordable cost of living, social factors/ government, public services & infrastructure, safe environment/ housing and meaningful, stable employment are the remaining significant top of mind needs stated by citizens.



When stating what is needed for BNSSG ICS to achieve the goal of improving everyone's **mental wellbeing**, BNSSG citizens' top of mind thoughts **return to being more evenly divided between** factors that they have an amount of personal control over (*healthy, active lifestyle and relationships*) and those that they don't have significant personal control over (*e.g. access to quality care, cost of living, social and public service factors*).

Access to quality care still heads the theme list.



SUB-THEMES – the detail behind the largest of the main themes – Access to quality care

These are the individual factors that the BNSSG population feel are needed to improve everyone's mental wellbeing that have been grouped together to form the largest of the main themes.

Access to quality care: 44% <i>(including early intervention/ prevention)</i>	
ACCESS TO MENTAL HEALTH SERVICES (more resources)	22%
ACCESS TO HEALTHCARE SERVICES (unspecified)(more resources)	8%
EDUCATION ON PREVENTATIVE MEASURES	6%
SOCIAL PRESCRIBING	4%
ACCESS TO PRIMARY HEALTHCARE SERVICES	2%
EARLY INTERVENTION, PREVENTION & DIAGNOSIS	2%
MORE FUNDING & INVESTMENT IN HEALTHCARE	2%



SUB-THEMES – the detail behind each of the second, third and fourth largest main themes

These are the individual factors that the BNSSG population feel are needed to improve everyone's mental wellbeing that have been grouped together to form the second, third and fourth largest of the main themes.

Healthy lifestyle, active lifestyle: 31%	
ACCESS TO OUTDOORS, NATURE, GREEN SPACES	11%
MENTAL HEALTH & WELL-BEING destigmatising, coping mechanisms	9%
EXERCISE, KEEPING FIT, BEING ACTIVE	9%
LIFESTYLE, BEHAVIOUR CHANGE	4%
HEALTHY EATING, DIET	2%
BETTER UNDERSTANDING OF MENTAL HEALTH	1%

Friends & family, social contact: 22%	
COMMUNITY AMENITIES	13%
RELATIONSHIPS & SOCIAL INTERACTION	11%

Reduced deprivation and poverty, affordable cost of living: 10%	
COST OF LIVING CRISIS, FINANCIAL STABILITY	7%
ADDRESS HEALTH INEQUALITIES	3%

SUB-THEMES – the detail behind each of the main themes that were mentioned by lower proportions of survey participants

These are the individual factors that the BNSSG population feel are needed to improve everyone's mental wellbeing that have been grouped together to form each of these secondary overall themes.

Social factors, climate, government and regulations: 10%	
INFLUENCE ON SOCIETY FROM MEDIA & SOCIAL MEDIA	4%
GOVERNMENT TO DEAL WITH FINANCIAL CRISIS	4%
ENVIRONMENTAL FACTORS	2%

Public services & infrastructure: 8%	
GOOD LOCAL SERVICES	3%
IMPROVED PUBLIC TRANSPORT	2%

Safe environment, housing: 8%	
NEIGHBOURHOOD & SURROUNDINGS	5%
HOUSING (affordable)	3%

Meaningful work, stable employment: 7%	
GOOD WORK LIFE BALANCE	5%
EMPLOYER TO ENGAGE WITH MENTAL HEALTH	1%
EMPLOYMENT / JOB OPPORTUNITIES	1%

Good education: 3%	
EDUCATION AT SCHOOL, EARLY EDUCATION	3%

Insights across the sub-groups

A number of these 'what needs to happen to improve everyone's mental wellbeing' themes have greater or lesser significance within particular sub-groups of the BNSSG population, as detailed here.

Lifestage:



Starting well:

- Social contact (27% vs 22%), good local services & amenities (9% vs 2%) and a good work life balance (18% vs 5%) are mentioned in greater proportions than average among those aged 16-24 years as ways to improve everyone's mental wellbeing

Living well:

- A healthy, active lifestyle (33% vs 31%) (*notably access to outdoors, green spaces, nature*) is mentioned in slightly greater proportions than average among those aged 25-64 years

Ageing well:

- There are no significant differences in mentions of these themes by those who are aging well

Health needs:



Long term condition (LTC) – high impact:

- Among those with high impact LTCs access to quality care (59% vs 44%) is mentioned more often than average (*notably investment in mental health services, better access and shorter waiting times*)

Long term condition (LTC) – limited impact:

- There are no significant differences in mentions of these themes by those with limited impact LTCs

Other sub-groups:



Deprivation:

- Greater access to and investment in mental health services (26% vs 22%) is mentioned in greater than average proportions by those who reside in an area of deprivation, as are exercise and keeping fit (19% vs 9%) and job opportunities (6% vs 1%)

Ethnicity:

- Education on preventative measures (12% vs 6%), community amenities (17% vs 13%), exercising & fitness (16% vs 9%) and lifestyle/behaviour changes (12% vs 4%) are mentioned in greater than average proportions by residents from ethnic minority groups

What do BNSSG residents feel needs to happen to 'improve everyone's mental wellbeing' – in their own words

Massive investment in training and provision of specialised mental health practitioners for all who need it, when they need it
(Age 45-64, female, limited impact LTC)

Have a **24 hr helpline** with trained staff who can offer support
(Age 55-64, female)

More **green spaces, places people can go and exist** without the expectation or requirement to spend money, make them accessible. Public transport could be improved to assist that
(Age 25-44, female, limited impact LTC)

Read more & **keep the brain active. Get out and about** when you can for e.g. going for healthy walks, playing sport
(Age 25-44, male, ethnic minority group)

More services available for people who are not in crisis, but would benefit from support. Particularly for young people who seem to **have to wait a long time to access counselling** for example
(Age 45-64, female, area of deprivation)

Not having to endure **massive waiting lists for help**, being able to access help before you get to a real crisis point. More work to **destigmatise** mental health issues so friends/ family/ community/ healthcare can step in at an early stage
(Age 25-44, female, area of deprivation)

Alleviate financial (& housing) insecurity - giving people the capacity to thrive
(Age 65-74, male)

Greater **community spirit** and opportunities to be involved in community activities
(Age 45-64, male, limited impact LTC)

A change in society - more time for people to pursue their passions, a change in the type of food that we eat, promotion in exercise and positive mental health. We also need to take better care of the vulnerable and marginalised groups and ensure that everyone is looked after according to need and ability
(Age 25-44, male)

Question 7:

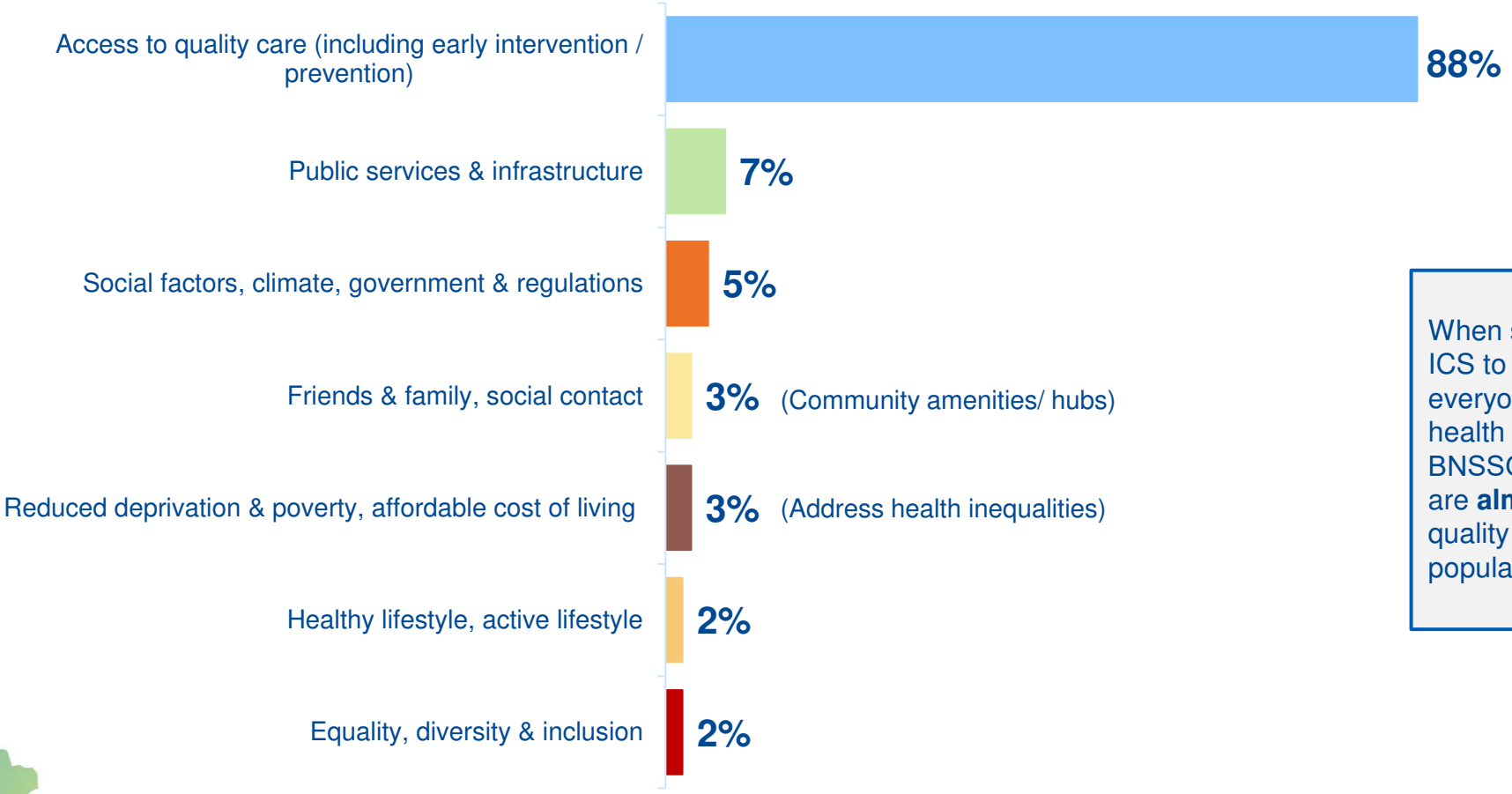
BNSSG ICS measure of success:

‘To make sure everyone is able to receive support from health and care services when needed’

From your perspective, what needs to happen in order for us to achieve this goal?

MAIN THEMES – Factors that BNSGG residents feel are needed to 'make sure everyone is able to receive support from health and care services when needed'

The single most significant top of mind need for making sure everyone is able to receive support from health and care services when needed is better access to quality care (including early intervention and prevention).



When stating what is needed for BNSSG ICS to achieve the goal of making sure everyone is able to receive support from health and care services **when needed**, BNSSG citizens' top of mind thoughts are **almost unanimous**, access to quality care is mentioned by 88% of the population.



SUB-THEMES – the detail behind the single most significant main theme – Access to quality care

These are the individual factors that the BNSSG population feel are needed to make sure everyone is able to receive support from health and care services when needed that have been grouped together to form the single most significant main theme.

Access to quality care: 88% <i>(including early intervention/ prevention)</i>	
ACCESS TO PRIMARY HEALTHCARE SERVICES	23%
ACCESS TO HEALTHCARE SERVICES (unspecified)	19%
RECRUITMENT, PAY & CONDITIONS	15%
MORE FUNDING & INVESTMENT IN HEALTHCARE	15%
EDUCATION & INFORMATION ON SERVICES (including appropriate use of health services)	10%
ACCESS TO OTHER HEALTHCARE SERVICES (mainly dental, A&E, MIU)	7%
SOCIAL CARE SERVICES (access/funding)	7%
BETTER MANAGEMENT, PLANNING & DELIVERY OF SERVICES	7%
DIGITAL ACCESS TO SERVICES (improve 2%/ do not want 2%)	4%
EDUCATION ON PREVENTATIVE MEASURES	3%
MENTAL HEALTH SERVICES (access/ funding)	3%
EARLY INTERVENTION, PREVENTION & DIAGNOSIS	2%

What do BNSSG residents feel needs to happen to 'make sure everyone is able to receive support from health and care services when needed' – in their own words

Work on accessibility, inclusion and equality including transport and **supporting the whole person** (rather than treating an issue in isolation) - working in **partnership with other teams** and organisations. I like the navigator and social prescriber model as they are person-centred
(Age 45-64, female)

Better access at all levels. Ensure that deaf and hard of hearing can access the service with ease - not insisting on telephone calls - have chat or video call access as well as BSL / Lip speaker options
(Age 45-64, female, high impact LTC)

The **whole status of healthcare needs to change**, to be valued properly in society. Better pay for frontline workers. Attract more and better people to these roles. Show society that these are important roles and give financial recognition
(Age 45-64, female, healthcare worker)

Better **funding** and an **end to constantly tinkering** with the structures of the system to avoid addressing the reality of need
(Age 65-74, male, limited impact LTC)

Easy access to GP and health services and fill in posts with foreign workers. Pressure the government to go easy on immigration and recruit and train professionals from abroad
(Age 45-64, female, ethnic minority group, limited impact LTC)

GP's need to be more involved and responsive and provide a **gateway to other support services.** There needs to be easily accessible **guidance to inform people** of what benefits, financial and others, are available. Currently people find out things by chance
(Age 75+, male, limited impact LTC)

Better provision of adult social care which would have **knock-on beneficial effects** in hospital and ambulance services
(Age 65+, female, limited impact LTC)

Better **funding**, better understanding of **different cultures**
(Age 25-44, female)

GP surgeries need to improve, or other services should step in. People **can't even get through** on the phone let alone get the support they need
(Age 25-44, female, high impact LTC)

Education; awareness and promotion campaigns; **joined up services;** understanding of holism, empathy
(Age 45-64, male, area of deprivation, limited impact LTC)

SUB-THEMES – the detail behind each of the main themes that were mentioned by lower proportions of survey participants

These are the individual factors that people feel are needed to make sure everyone is able to receive support from health and care services when needed, they have been grouped together to form each of these secondary overall themes.

Public services & infrastructure: 7%	
INTEGRATED SERVICES - working together, shared records, not working in silos, collaboration	4%
LOCAL SERVICES - invest in communities	1%
IMPROVED PUBLIC TRANSPORT	1%
IMPROVED INFRASTRUCTURE	1%

Social factors, climate, government and regulations: 5%	
GOVERNMENT - Brexit has affected the workforce, need a change of government, allow immigration, change taxation	4%
PRIVATE HEALTHCARE - more use by those who can afford to	1%



Insights across the sub-groups

A number of these 'what needs to happen to make sure everyone is able to receive support from health and care services when needed' themes have very slightly greater or lesser significance within particular sub-groups of the BNSSG population, as detailed here.

Lifestage:



Starting well:

- The need for education on appropriate use of healthcare services (20% vs 10%) and the need to address health inequalities (8% vs 2%) were mentioned more often than average by those aged 16-24 years as ways to make sure everyone is able to receive support from health and care services when needed

Living well

- There are no significant differences in mentions of these themes by those who are in this cohort

Ageing well:

- Among those aged 65+, the need for greater funding and investment in healthcare services (20% vs 15%) was emphasised more often than average

Health needs:



Long term condition (LTC) – high impact:

- Among those with high impact LTCs, 4% felt that people should be charged for missed appointments and ambulance service abuse, compared to 1% on average

Long term condition (LTC) – limited impact:

- There are no significant differences in mentions of these themes by those with limited impact LTCs

Other sub-groups:



Deprivation:

- Education on preventative measures (9% vs 3%) is mentioned in greater than average proportions by those who reside in an area of deprivation

Ethnicity:

- Education on preventative measures (10% vs 3%), is also mentioned in greater than average proportions by residents from ethnic minority groups

Question 8:

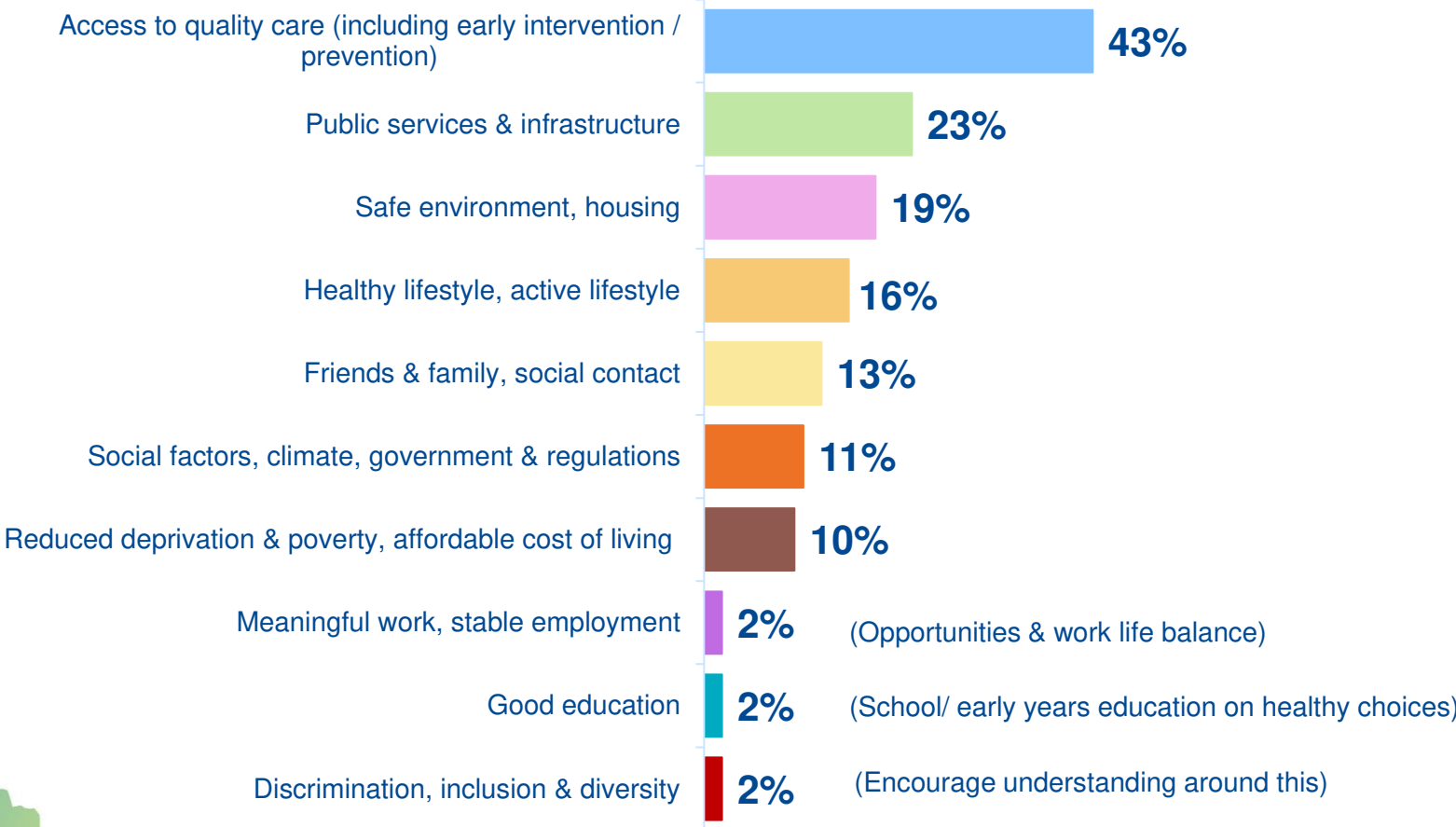
BNSSG ICS measure of success:

‘Increase the number of people who tell us that they live in a healthy, positive and safe place’

From your perspective, what needs to happen in order for us to achieve this goal?

MAIN THEMES – Factors that BNSGG residents feel are needed to 'Increase the number of people who tell us that they live in a healthy, positive and safe place'

The most significant top of mind needs for an increase in the number of people who tell us that they live in a healthy, positive and safe place, are access to quality care, better policing & local services and neighbourhoods working together.



SUB-THEMES – the detail behind the top 3 main themes

These are the individual factors that the BNSSG population feel are needed to 'increase the number of people who tell us that they live in a healthy, positive and safe place' that have been grouped together to form the 3 most significant main themes.

Access to quality care: 43% <i>(including early intervention/ prevention)</i>	
ACCESS TO HEALTHCARE SERVICES (unspecified)	13%
LISTEN & ENGAGE WITH THE POPULATION	7%
EDUCATION & INFORMATION ON SERVICES	6%
EDUCATION ON PREVENTATIVE MEASURES	5%
MANAGEMENT, PLANNING & DELIVERY OF SERVICES	5%
ACCESS TO PRIMARY HEALTHCARE SERVICES	4%
ACCESS TO SOCIAL CARE SERVICES	3%
ACCESS TO MENTAL HEALTH SERVICES	2%
RECRUITMENT, PAY & CONDITIONS	2%

Public services & infrastructure: 23%	
POLICING (reduce crime)	13%
LOCAL SERVICES / LA - council to invest in communities, funding needed	7%
TRANSPORT & INFRASTRUCTURE IMPROVEMENTS	4%

Safe environment, housing: 19%	
NEIGHBOURHOODS WORKING TOGETHER - engaging neighbourhoods, community spirit, supporting each other	11%
HOUSING (affordable)	9%

SUB-THEMES – the detail behind each of the main themes that were mentioned by lower proportions of survey participants

These are the individual factors that the BNSSG population feel are needed to 'increase the number of people who tell us that they live in a healthy, positive and safe place' that have been grouped together to form each of these secondary overall themes.

Healthy lifestyle, active lifestyle: 16%	
ACCESS TO OUTDOORS, NATURE, GREEN SPACES	8%
EXERCISE, KEEPING FIT, BEING ACTIVE	4%
MENTAL HEALTH & WELLBEING	3%
LIFESTYLE, BEHAVIOUR CHANGE	2%

Friends & family, social contact: 13%	
COMMUNITY AMENITIES support & funding	9%
RELATIONSHIPS & SOCIAL INTERACTION	2%
YOUNG GENERATION - support healthy lifestyle, employment	2%

Social factors, climate, government and regulations: 11%	
ENVIRONMENTAL FACTORS - less pollution, less noise, solar panels	4%
GOVERNMENT - need a change of government/ policy	3%
SOCIETY ISSUE, DIFFICULT TO ACHIEVE	2%
INFLUENCE ON SOCIETY FROM MEDIA & SOCIAL MEDIA	2%


Reduced deprivation and poverty, affordable cost of living: 10%	
ADDRESS HEALTH INEQUALITIES	5%
COST OF LIVING CRISIS, FINANCIAL STABILITY	5%



Insights across the sub-groups

A number of these 'what needs to happen to increase the number of people who tell us that they live in a healthy, positive and safe place' themes have greater or lesser significance within particular sub-groups of the BNSSG population, as detailed here.

Lifestage:



Starting well:

- Cost of living and financial stability (11% vs 4%), is mentioned in greater proportions than average among those aged 16-24 years

Living well

- There are no significant differences in mentions of these themes by those who are in this cohort

Ageing well:

- Increased policing (18% vs 13%) is mentioned more often than average among those aged 65+


Health needs:



Long term condition (LTC) – high & limited impact:

- There are no significant differences in mentions of these themes by those with LTCs

Other sub-groups:



Deprivation:

- Health inequalities (11% vs 5%) are mentioned in greater than average proportions by those who reside in a (BNSSG) area of deprivation, as are affordable homes (National area of deprivation) (12% vs 9%)

Ethnicity:

- Education on preventative measures (9% vs 5%) and support and funding for community amenities (20% vs 9%) are mentioned in greater than average proportions by residents from ethnic minority groups

What do BNSSG residents feel needs to happen to 'increase the number of people who tell us that they live in a healthy, positive and safe place' – in their own words

Better quality **housing**, effective **policing**, **accessible health care**, build better **communities** that care for each other
(Prefers not to say)

Huge societal change - **most people are struggling**, have uncertain home security, uncertain health security and fear for their financial precariousness. Without addressing these, there's precious little health, positivity and safety to be reported
(Age 45-64, male, area of deprivation, limited impact LTC)

A **fully funded health and social care sector** but in addition a good standard of **affordable housing** for all
(Age 45-64, female)

People need to be seeing life as a positive adventure and it's impossible to do that in poverty and poor housing and in a violent and antagonistic society. **Community spirit needs to be present**, people need to feel there is something worth working for, **safety from violence and harm and bullying**
(Age 45-64, female)

Increase **staffing at NHS services**, insulate housing stock, build **affordable houses**, protect **green spaces**, improve **public transport** and cycling/ pedestrian routes
(Age 65-74, female)

Encourage more people and use these people to promote their wellbeing to others as **advocates in GP surgeries, wellbeing groups** or even have a **buddy system**
(Age 45-64, female, ethnic minority group)

Reduce antisocial behaviour by having more **community engagement/ liaison officers**. More spaces for teens and older people to come together. **Inter generational community hubs**
(Age 25-44, female, area of deprivation)

Policing that makes communities safe to live in. NHS dentists. Quicker **access to NHS** procedures. Ability to see GPs. Government Agencies that achieve their roles rather than lip service
(Age 75+, male, limited impact LTC)

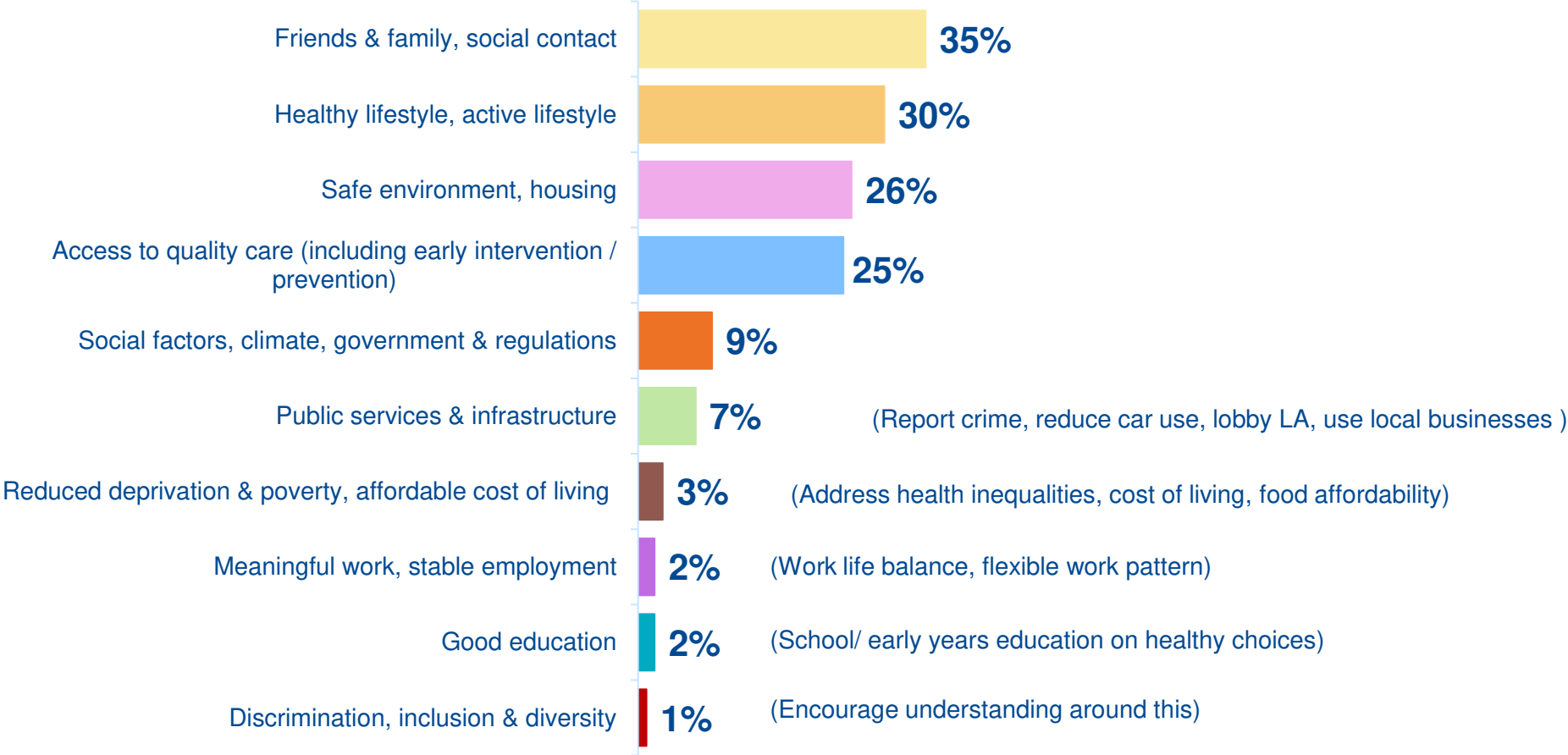
Question 9:

BNSSG ICS measures of success:

What role can individuals, families and communities play to achieve these goals?

MAIN THEMES – Factors that BNSGG residents feel are things that individuals, families and communities can do to help achieve the BNSGG goals

The most significant top of mind factors are relationships & social contact and a healthy, active lifestyle



Q9: What role can individuals, families and communities play to achieve these goals? Base: n=1,805 (All those who answered this question)

SUB-THEMES – the detail behind the top 2 main themes – consideration for yourself and others

These are the individual factors that the BNSSG population feel individuals, families and communities can contribute to achieve the BNSSG goals, they have been grouped together to form the 2 most significant main themes.

Friends & family, social contact: 35%	
RELATIONSHIPS & SOCIAL INTERACTION	20%
COMMUNITY AMENITIES - support & use facilities, funding needed	11%
GIVING BACK, VOLUNTEERING, BE A ROLE MODEL	7%

Healthy lifestyle, active lifestyle: 30%	
LIFESTYLE, BEHAVIOUR CHANGE - personal responsibility	18%
MORE ACTIVE HEALTHY LIFESTYLE	6%
HEALTHIER EATING, DIET	4%
MENTAL HEALTH & WELL-BEING - support others, talk about problems, play your part	4%
ACCESS TO OUTDOORS, NATURE, GREEN SPACES	3%

Care for each other, be in local WhatsApp groups and offer support this way, share information, do not be judgmental
 (Age 45-64, female, area of deprivation, low impact LTC)

Volunteer for roles in the community. Be effective in asking councillors and MPs to address these issues
 (Age 75+, male, limited impact LTC)

Lead by example - live a healthy lifestyle and don't miss doctors appointments. Support people in your community. We have a very active WhatsApp group in our road and we do help each other often
 (Age 45-64, female)



SUB-THEMES – the detail behind each of the main themes that were mentioned by lower proportions of survey participants

These are the individual factors that the BNSSG population feel individuals, families and communities can contribute to achieve the BNSSG goals, they have been grouped together to form each of these secondary overall themes.

Safe environment, housing: 26%	
NEIGHBOURHOODS WORKING TOGETHER -	26%


Access to quality care: 25% <i>(including early intervention/ prevention)</i>	
EDUCATION & INFORMATION ON SERVICES	6%
EDUCATION ON PREVENTATIVE MEASURES	5%
APPROPRIATE USE OF HEALTHCARE SERVICES	4%
ACCESS TO HEALTH CARE SERVICES <i>(unspecified)</i>	3%
MANAGEMENT, PLANNING & DELIVERY OF SERVICES	2%

Social factors, climate, government and regulations: 9%	
GOVERNMENT - change needed, accountability, lobby MPs, taxes	4%
SOCIETY ISSUE, DIFFICULT TO ACHIEVE	2%
ENVIRONMENTAL FACTORS - taking care of the environment	1%

Insights across the sub-groups

A number of these 'What role can individuals, families and communities play to achieve these goals' themes have greater or lesser significance within particular sub-groups of the BNSSG population, as detailed here.

Lifestage:



Starting well:

- Neighbourhoods working together (32% vs 26%), is mentioned in greater proportions than average among those aged 16-24 years


Living well:

- A healthy, active lifestyle (33% vs 30%) (*notably access to outdoors, green spaces, nature*) is mentioned in slightly greater proportions than average among those aged 25-64 years

Ageing well

- There are no significant differences in mentions of these themes by those who are in this cohort

Health needs:




Long term condition (LTC) – high impact:

- Among those with high impact LTCs, how individuals access services (32% vs 25%) is mentioned more often than average (notably the role they play in providing education and information relating to services and preventative measures)

Long term condition (LTC) – limited impact:

- There are no significant differences in mentions of these themes by those with limited impact LTCs

Other sub-groups:



Deprivation:

- Education on preventative measures (12% vs 5%) and work life balance (4% vs 1%) are mentioned in greater than average proportions by those who reside in a (BNSSG) area of deprivation

Ethnicity:

- Support and funding for community amenities (17% vs 11%) are mentioned in greater than average proportions by residents from ethnic minority groups

What roles do BNSSG residents feel individuals, families and communities can play to achieve these goals - in their own words

Volunteering, encouraging their children to be good citizens, to **prioritise when they need to use NHS services** etc. Give up smoking, **get exercise**. Get involved in local projects and find low cost ways to improve diet
(Age 45-64, male)

Communities are struggling to survive, I live in Begbrook, there are no local events, **lots of elderly people are not connected with the community**, if you don't know people who will look out for you?
(Age 45-64, female)

This should not be put back onto the community, it's up to the government, companies and those who have the power. **Ridiculous to ask this of the general population. All that we can do is vote for a better government** but sadly the media is too influential and bought into parties already in power who do not have the community at heart
(Age 25-44, female, area of deprivation)

Individuals, families and communities are **disempowered, disenfranchised and resource-poor**. People are run down, exhausted, feel helpless and hopeless
(Age 45-64, male, area of deprivation, limited impact LTC)

- To increase the number of years people live in good health, by **looking after each other** and providing good local meeting hubs such as village halls, libraries, and having a **good local GP clinic and care homes that are well staffed**.
 - To improve mental well being, just being able to go out and **walk safely or catch a bus** for a day out.
 - To make sure everyone can access support, then we need **well paid and well trained staff** to do these roles. It can be a very demanding job looking after people, they deserve more. Also **family carers need more support**. They are often willing to look after loved ones, but it must be recognised by the community.
- If we can achieve those last 3 bullet points we can increase the number people who can live in a healthy, positive and safe place
(Age 65-74, female)

By spreading awareness of available services, **work together collaboratively** across organizations and communities
(Age 25-44, female)

Contact us with any questions

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