

Core20PLUS

Community Connectors Hypertension Report

March 2024



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“

Wonderful idea – has made me ask questions about the blood pressure measurements, and I’m going to look into it. It’s all about educating ourselves.

Event attendee

”

Executive summary

During 2023, we carried out 967 blood pressure checks at events across Barnet.

Prevention of cardiovascular disease is a crucial priority because it is a leading cause of death, including in working age adults ([BHF 2024](#)). The data for Barnet show that an estimated 89,000 people in the borough have high blood pressure. Of these, around 39,000 may be undiagnosed ([Barnet Council 2022](#)). The only way to find out whether you have high blood pressure is to get it measured.

For our Community Connectors project, we particularly wanted to reach people who are at greater risk of hypertension, or more likely to face health inequalities:

- 56% (538) of our participants were from black and minority ethnic communities, and for 39% (n=378) English was not their first language
- 29% (n=278) of people who took part told us they had a long term health condition

Readings & actions

Of the 967 people who came along to our events, 44% (n=428) received a high blood pressure reading, and 25% (n=243) received a slightly raised reading.

We were interested to find out whether people would do anything to improve their health after meeting us. In their monitoring forms, people were asked whether they would take one or more actions as a result of attending our event.

Of the people who received a high blood pressure reading:

- 28% said they would do more exercise
- 24% planned to see their GP or another health professional
- 19% told us they would change their diet; some people specifically mentioned reducing their salt intake
- 11% said they would speak to their family or friends about blood pressure
- 10% planned to get help with stress or anxiety
- 5% told us they would quit or reduce alcohol use, and 4% that they would quit or reduce smoking

A number of people said that before our event they did not know how to read the blood pressure chart, but they understood this now. Some said they were planning to buy a blood pressure monitor as a result of meeting with us, and others told us they would get their blood pressure checked more often.

Executive summary

Until we informed them, many people were unaware of the [Blood Pressure Check Service](#), whereby adults aged over 40 are offered free checks at participating pharmacies.

Reaching communities

Attendees regularly told us that it was helpful that our events took place in their local area, in places they visited every day. Recruiting diverse Community Connectors who had local networks, and working with grassroots community organisations helped us to build relationships with less served groups.

Some attendees fed back that they benefitted from our project's peer-based approach, and that talking through shared experience with the connectors helped them to set personal goals. In many cases, people took British Heart Foundation leaflets for family members.

A particular challenge was engaging male participants – we reached more men at generic venues such as Edgware Shopping Centre and GLL affordable gyms, so we ran multiple events in these locations.

Behaviour change: barriers and enablers

A number of attendees told us they didn't know they had high blood pressure until they came to one of our events.

In qualitative feedback, people regularly shared the difficulties they faced with accessing GP appointments and, in some cases, mental health support. Some attendees barely spoke English and had friends interpreting for them while we did their blood pressure check. We repeatedly heard that these participants were not aware of the phone interpreter service available at GP surgeries.

Some attendees said they would like to cut down on smoking or drinking, but life circumstances made it difficult to do so. People described stress relating to long work hours, job losses, rising rents and relationship difficulties.

We also observed that, in Barnet, a number of positive local initiatives are taking place in relation to healthy eating. For example, a volunteer at a food bank we visited told us they were creating healthy recipe cards, based on the food they had in stock, and talking these through with people using their service. In recent years, Barnet Council has funded a number of in-person budget cooking classes and healthy eating workshops, partnering with organisations including Bread n Butter, Boost, the Colindale Community Trust and Give.Help.Share.

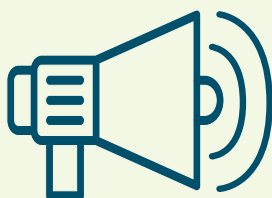
Recommendations

We recommend that:

- **Pharmacy checks:** the north central London Integrated Care Board works in partnership with statutory and voluntary partners to further publicise the [Blood Pressure Check Service](#), whereby people aged over 40 are offered free checks at participating pharmacies.
- **Healthy eating:** statutory and voluntary partners continue to find more ways to offer resources to residents, to help people eat healthily, particularly where their budget is a real challenge. Barnet Council's [Eat Well](#) webpage is an important shared resource in this area.
- **Exercise:** local statutory and voluntary organisations keep promoting low cost opportunities for exercise, including the GLL gyms which are run in partnership with Barnet Council.
- **Partnerships:** healthcare providers and voluntary organisations find ways to work in partnership to reach residents with high blood pressure, and to support them to access medical care and live more healthily.
- **In-person GP visits:** where patients have a genuine need for a face to face appointment, GP surgeries ensure this option is made available to them.
- **Interpreters:** GP surgeries proactively advertise interpreting services for non-English speakers via their website and over the phone. Also that the north central London Integrated Care Board supports this work through the provision of translated paper posters and social media graphics.
- **Representation:** statutory bodies support the creation of an Independent Black Health Reference Group/Network, to share the specific issues faced by global majority Barnet residents with statutory committees.

Key info

Reaching out



967 blood pressure checks

32 events

6.4k visitors to our website during the project

A big thankyou to our partners

Age UK, local food banks, Ingeus, GLL Leisure Centres, Stonegrove Community Trust, Clitterhouse Farm, Watling Community Centre and many more...



Healthy behaviours



428 people received high blood pressure readings, and planned do one or more of the following:

- **28%** to take more exercise
- **24%** to see GP/health professional
- **19%** to change their diet



Acknowledgments

A big thankyou to:

- Our fantastic team of Community Connectors: Amal Aziz, Chloe Ahara, Daniel Khalid, Doug Coull and Patrick Anderson
- The funders for this project, NHS England
- All the members of the public who took part in our events and shared their views with us

This report was written by Sarah Campbell

About the project

Healthwatch Barnet is your local health and social care champion. During 2023, we carried out blood pressure checks at events across Barnet.

NHS England funded this project, as well as parallel initiatives which were delivered by the other four north central London Healthwatch (Camden, Enfield, Haringey and Islington). We co-ordinated our work closely with these other boroughs, but this report only sets out data from the Barnet events.

Our goals included reaching people who are at greater risk of hypertension, or who are more likely to face barriers to accessing healthcare, including black & minority ethnic communities, disabled people and people in financial hardship.

Our venues included:

- Local food banks
- Community & religious centres
- Eastern European community groups

Details of each event are set out in Appendix 2, at the end of this report.





Healthwatch Barnet recruited five Community Connectors who were DBS checked and worked for us on a freelance basis. On behalf of all the Healthwatch in north central London, Healthwatch Islington developed training for the connectors, in collaboration with Camden & Islington NHS Trust Core Team Population Health nurses and a GP.

Each Healthwatch, including Barnet, then adapted this training for their own borough by including local signposting information. In addition to the training for our connectors, regular meetings were held between Healthwatch Barnet staff and the Barnet connectors during the course of the project.

During events, our connectors:

- Took people's blood pressure
- Gave participants a card with their blood pressure reading
- Showed them a blood pressure chart and where their reading fell on this
- Gave out a physical copy the British Heart Foundation leaflet [Understanding Blood Pressure](#)
- If somebody had a high (or low) blood pressure reading, the connectors signposted them to their GP and pharmacy; in cases where the reading was very high or low, people were signposted to A&E

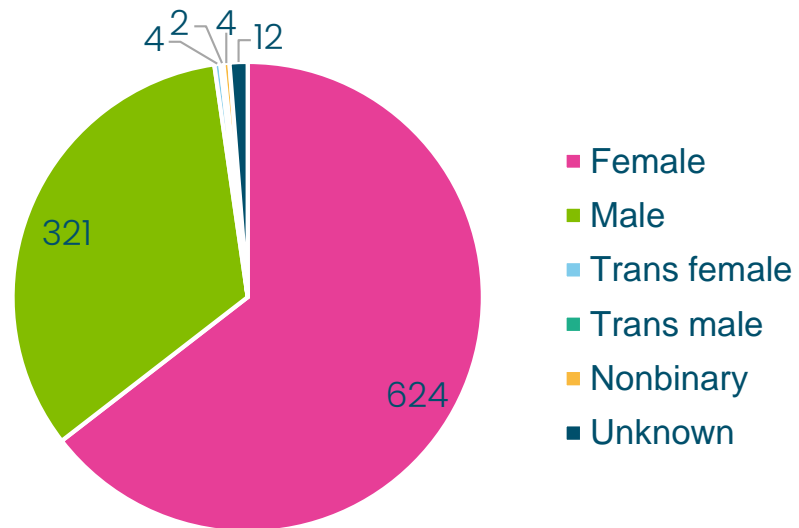
Who took part

The section sets out demographic data for the 967 people who we provided with blood pressure checks. This includes their gender, first language, ethnicity, age, and whether they had a long-term health condition.

Gender

Of the 967 participants, 65% were female (n=624), and 33% were male (n= 321).

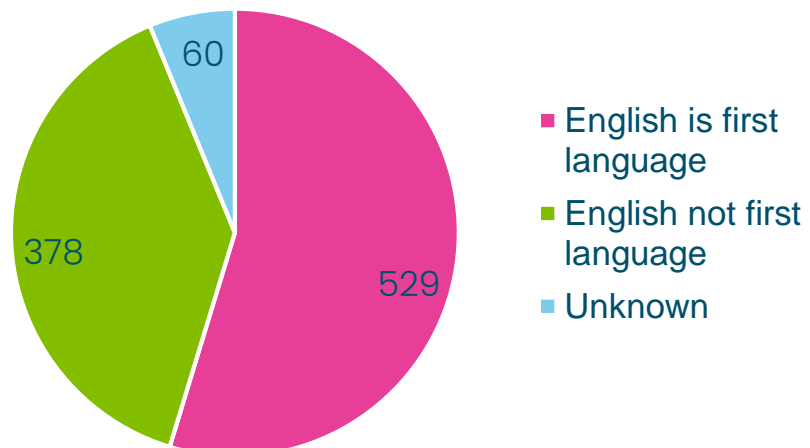
A further 1% were trans or non-binary – four trans female, two trans male and four non-binary people. We do not have data on gender for 12 participants.



Languages

39% (n=378) of participants advised us that English was not their first language.

A further 55% said English was their first language (n=529), and we do not have these data for 6% (n=60).

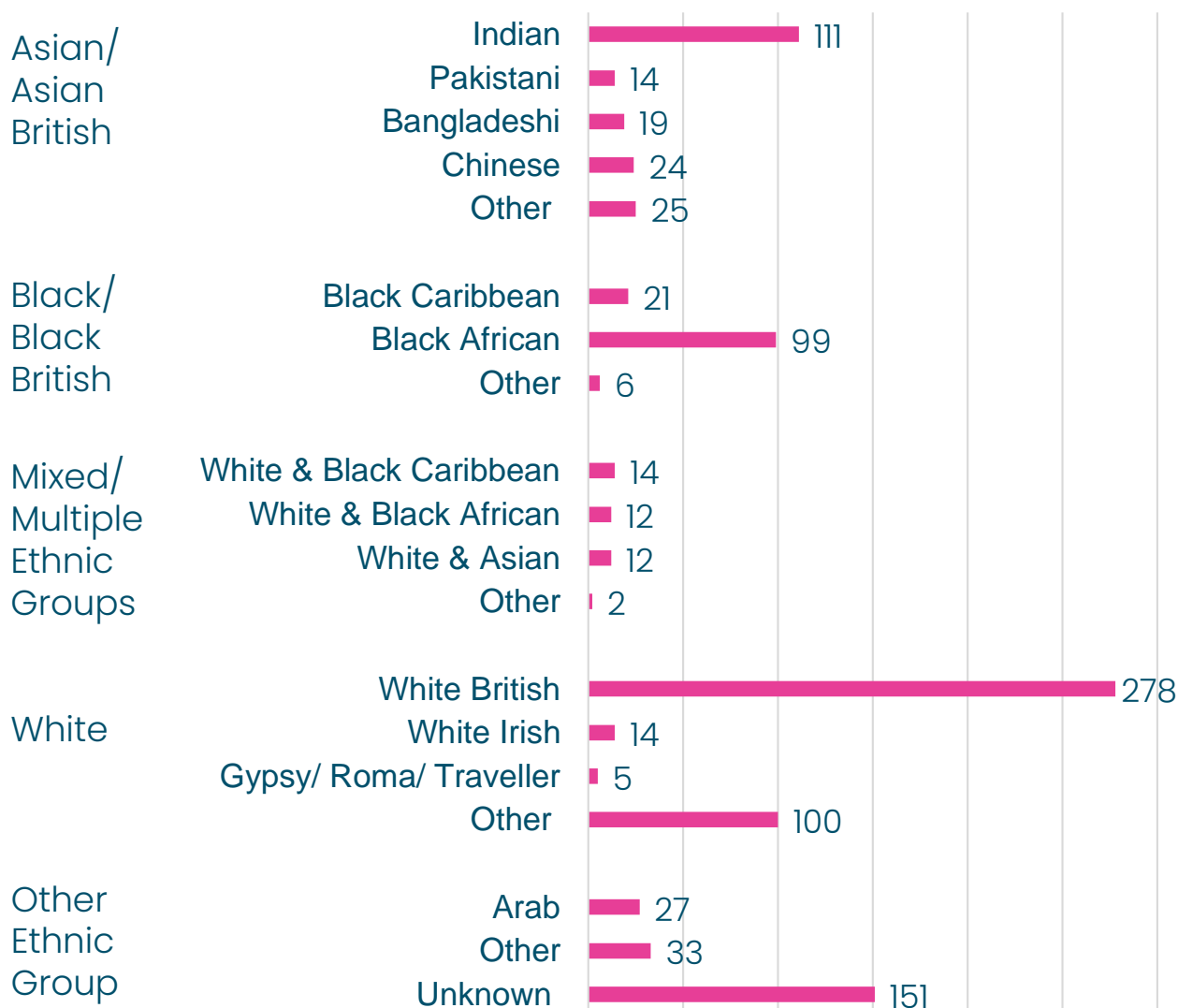


Who took part

Ethnicity

56% of participants were from black and minority ethnic communities, 29% were white English, Welsh, Scottish, Northern Irish or British, and we do not have ethnicity data for 16%.

As can be seen from the table below, the majority of black and minority ethnic people who took part were Asian or Asian British Indian, Black or Black British African, or from other white backgrounds. According to the 2021 census, these three groups represent the largest minority ethnic communities in Barnet, alongside the Asian or Asian British Other group ([Barnet Council 2022](#)).

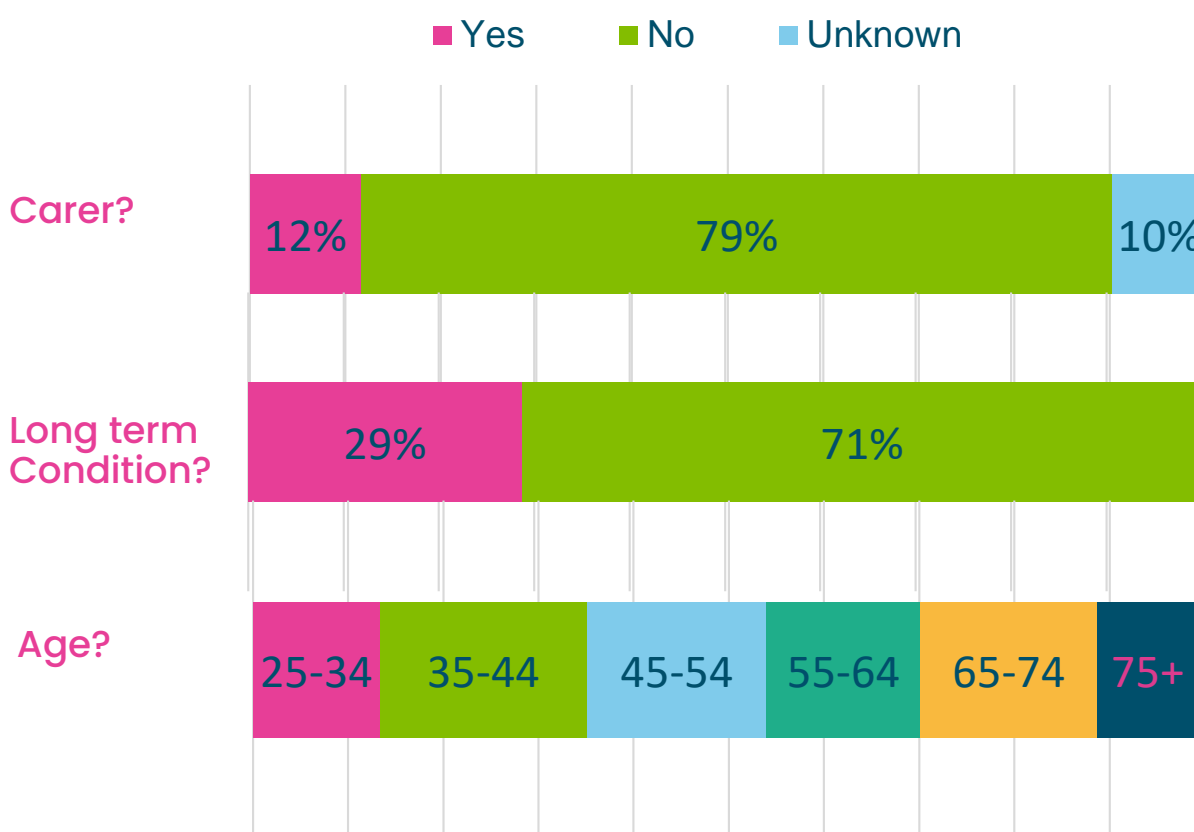


Who took part

Health conditions, carers & age groups

As can be seen from the table below, 29% (n=278) of participants advised us that they had a long term health condition, and 71% said they did not have a long term health condition (n=689).

12% (n=112) of participants told us that they were carers, 79% that they were not carers (n=761), and we do not have these data for 10% (n=94).

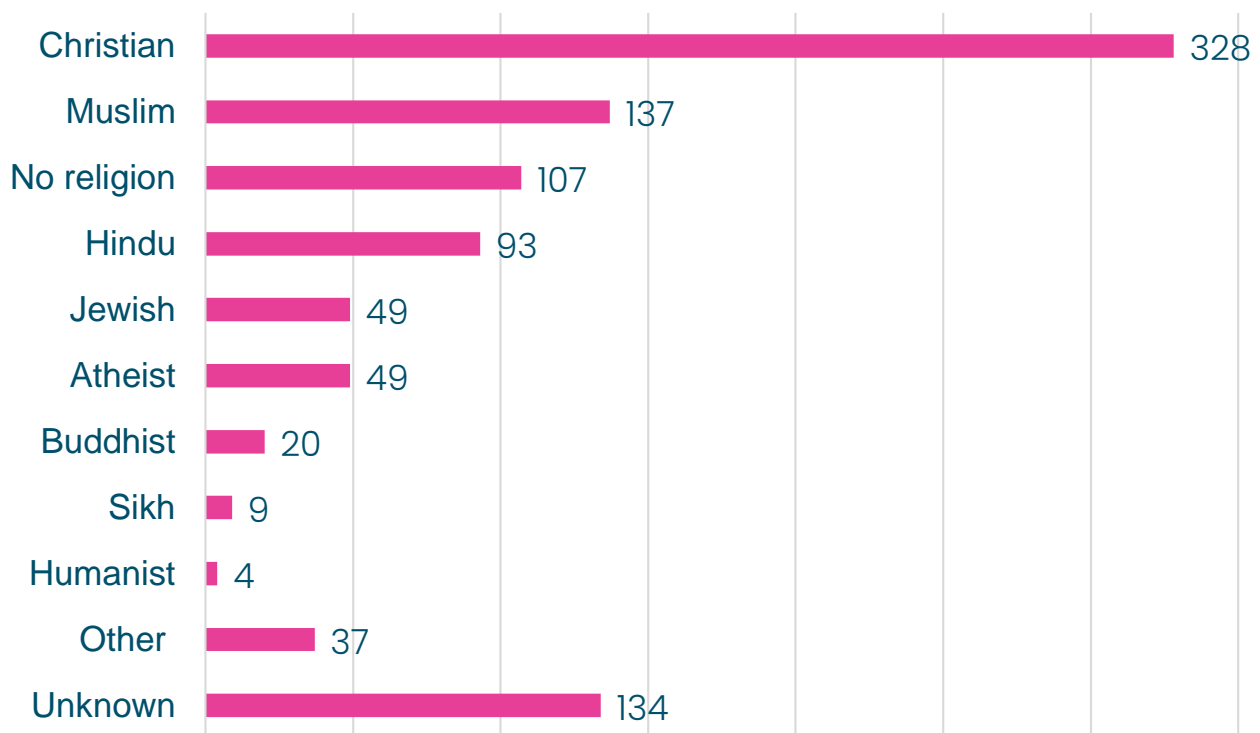


Age	Number	Age	Number
18 – 24 years	52	55 – 64 years	147
25 – 34 years	122	65 – 74 years	171
35 – 44 years	199	75+ years	96
45 – 54 years	173	Unknown	7
		Total	967



Religion

The chart below sets out the religious affiliations of the people who took part in the project.

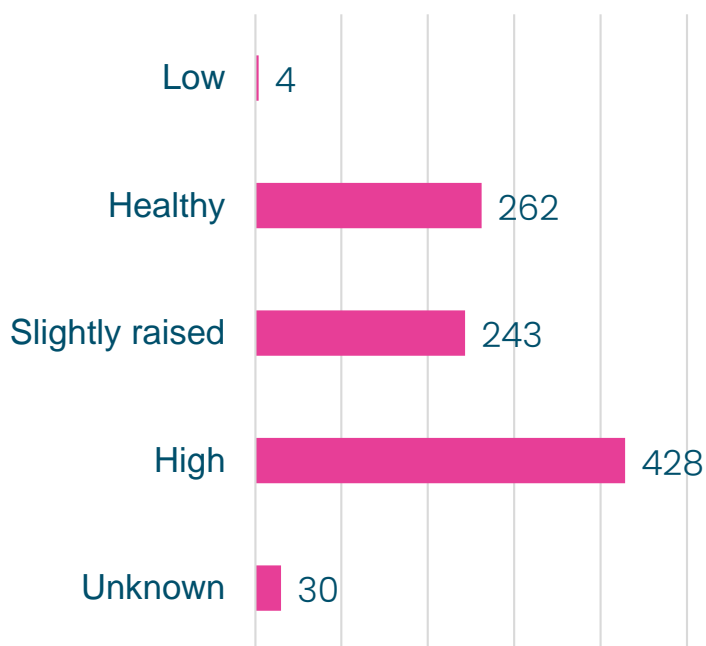


Blood pressure results

Of our 967 participants, 44% received a high blood pressure reading, and 25% a slightly raised reading.

The results were entered verbatim into our data collection dashboard, and were later categorised using the NHS online 'Check your blood pressure reading' tool (please see below).

The Community Connectors signposted participants with high or low readings to their GP and local pharmacy.



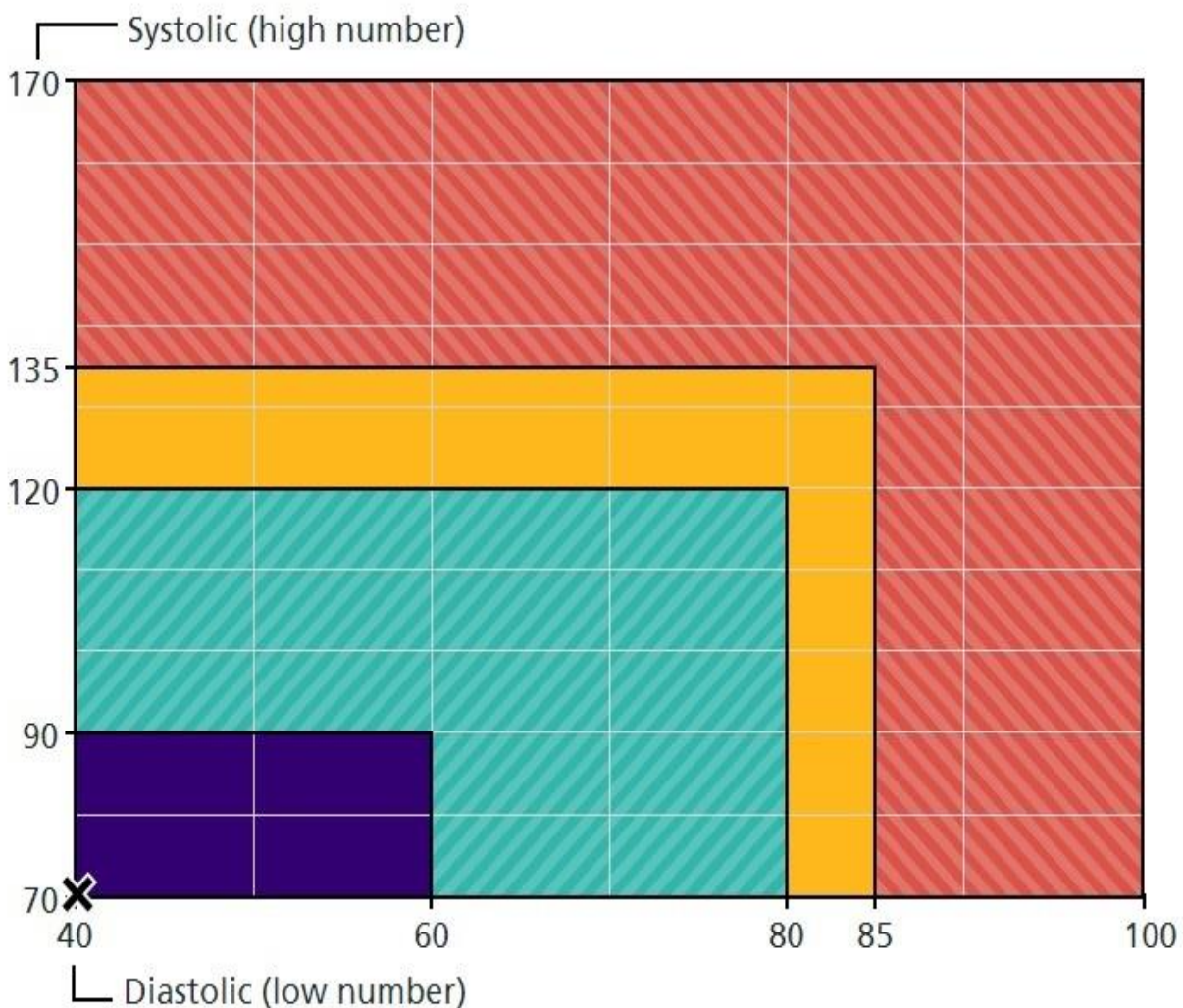
Blood pressure results

NHS online 'Check your blood pressure reading' tool

To analyse the blood pressure data for this report, we used this NHS online tool: nhs.uk/health-assessment-tools/check-your-blood-pressure-reading

After taking people's blood pressure, the Community Connectors showed them a paper-based blood pressure chart, and explained where their reading for that day fell on the chart.

The chart below is copied from the NHS 'Check your blood pressure reading' webpage (accessed 6/01/24).

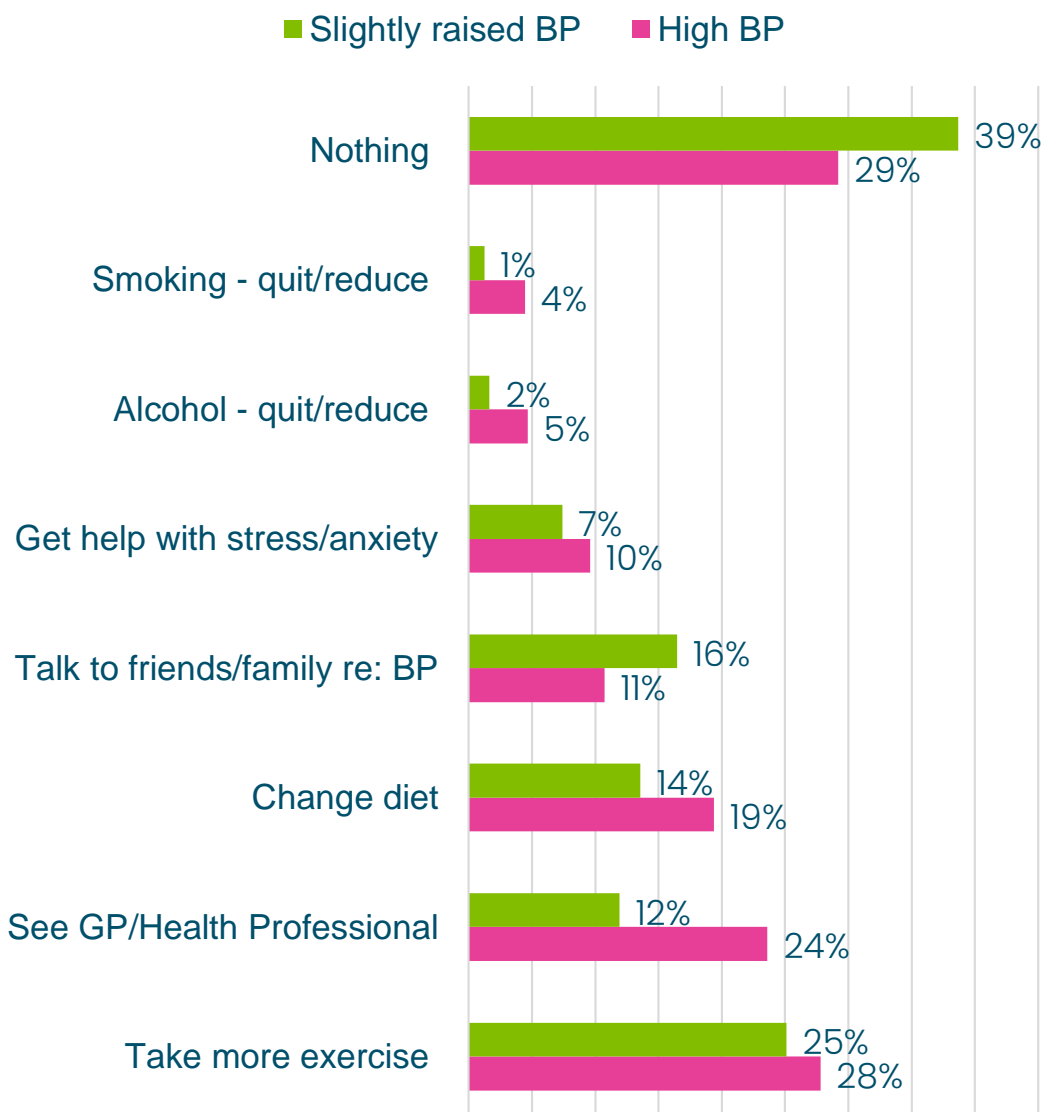


Planned actions

After taking people's blood pressure, the Community Connectors asked them to complete an optional, anonymous monitoring form.

We were interested in whether people planned to do anything to improve their health as a result of attending our event. In this form, participants were asked: *Do you think that you will do any of the following as a result of having your blood pressure taken and learning a bit more about blood pressure and health?* People could answer 'yes' to as many options as they wished.

Per cent responses for the 428 people with high blood pressure readings, and the 243 people with slightly raised blood pressure readings, are set out below.



Discussion

Following the Covid-19 pandemic, there has been a greater recognition of the need to work in partnership with less served communities in order to tackle health inequalities.

For example, a King's Fund report titled *Leading for Population Health: Clinician's Perspectives* ([Neo et al 2023](#)), argues that:

"Communities and individuals within those communities are vital members of the population health 'system', and they should be active partners in conversations about approaches and solutions.."

Since 2020, many Local Authorities and Integrated Care Boards have increased their investment in community health champion or ambassador programmes, in order to reach out to marginalised groups.

Cardiovascular disease is a key priority in health prevention work because it is a leading cause of death, including in working age adults ([BHF 2024](#)). In Barnet, the most deprived residents are significantly more likely to die from cardiovascular disease than the least deprived ([Barnet Council 2023](#)). Nationally, rates of cardiovascular disease are higher among Black and South Asian groups than white groups ([Raleigh 2023](#)).

Barnet Council's Cardiovascular Disease Prevention Programme data shows that there are nearly 50,000 patients diagnosed with hypertension on the GP QOF Registers in the borough (2020-21), and the estimated number of people living with hypertension is over 89,000. This suggests that around 39,000 people in Barnet may have undiagnosed hypertension ([Barnet Council 2022](#)). The only way for residents to find out whether they have high blood pressure is by getting it measured.

Reaching communities

As can be seen from the data set out above, our Community Connectors project carried out blood pressure checks with people from groups who are impacted by health inequalities, including carers and disabled people. 29% (n=278) of people who took part advised us that they had a long term health condition, 56% (n=538) of participants were from black and minority ethnic communities, and for 39% (n=378) English was not their first language. We reached out to people in financial hardship by running sessions at venues including food banks, social housing events, and specific faith-based centres.

Discussion

One of the key factors which enabled us to reach seldom heard groups was that we recruited a diverse team of Community Connectors, who reflected the communities where hypertension might be more common, or less routinely identified. We also built trust with residents by running events in partnership with grassroots community organisations.

For example, one of our Community Connectors organised an outreach stall at a fete at her childrens' school. Because she knew so many of the parents and grandparents who were attending, they were more willing to have their blood pressure taken, and we did 94 readings over two days.

14% (n=131) of participants told us that they were planning to speak to their friends and family about blood pressure, after coming to one of our events. A greater proportion of those with healthy or slightly raised blood pressure readings said they would take this action. In many cases, people took British Heart Foundation leaflets for family members. In some instances, people who came up to our stalls told us that a friend or family member attended one of our previous events, and recommended that they come along.

During the course of the project, attendees regularly told us that they found it helpful that our events were held in places they frequented. One participant commented:

"Good idea to have this in common places where people go every day, not just at the doctors."

Another attendee said:

"Some of the people I know from the food bank where I volunteer are refugees and they don't feel comfortable with people in positions of authority. They'd be more likely to come to one of your stalls than to go to a GP."

“

Thankyou for making me feel comfortable.

Event attendee

”

Discussion

Some attendees fed back that they benefitted from the peer-based approach of the Community Connectors project, and that talking through shared experiences with the connectors helped them to set personal goals. One participant said:

"[The connector] was very approachable & friendly, they shared personal detail that I can also relate to my health journey, especially around keeping doing what I know, and increasing, and making changes."

We found that a particular challenge was reaching male participants, and 33% (n= 321) of those who attended our events were men. In monitoring data, we noticed that we reached more men at generic venues such as Edgware Shopping Centre and GLL affordable gyms, so we ran multiple events in these locations.

Behaviour change: barriers and enablers

A number of participants told us that they didn't know they had high blood pressure until they attended one of our events. One person said:

"It was very helpful for me to know that I have very high blood pressure, the staff were friendly and helpful."

The chart on p16 of this report sets out the actions which people told us they were planning to take to improve their health, as a result of attending our event.

We did not have the resources to follow up with participants after our events, to find out what action they had taken, so our analysis is solely based on what people reported to us on the day. Furthermore, some participants will already have been engaging in healthy behaviours such as doing lots of exercise, and may therefore not have indicated an intention increase these behaviours.

In the feedback we received, perhaps unsurprisingly, a greater proportion of people who received high blood pressure readings said they were planning to take action to improve their health, compared to their counterparts with slightly raised blood pressure readings.

A sub-section of participants who received high blood pressure readings were already aware that they had this health issue. However, a number of these people told us that attending our event reminded them of the importance of monitoring their blood pressure and making healthy choices.

Discussion

For example, one participant, a man in his seventies, said:

"I already knew my blood pressure was high, I've got a monitor at home but I forget to use it. Coming along today has been a reminder to pay it more attention, keep up with doing some exercise, and with food – it's easy to overindulge sometimes and not think about my blood pressure ... I do watch how much I drink on health grounds, I drink about four units [of alcohol] a week."

Exercise

In their monitoring forms, when participants were asked what action they would take as a result of attending our event, they were most likely to say they would take more exercise. This option was selected by 28% (n=119) of people with high blood pressure readings, and 25% (n=61) of those with slight raised readings. In qualitative feedback, people told us they were planning to go for walks, do more running, or join a gym.



It's made me think more about taking care of myself, I'm planning to go for more walks for a start.

Event attendee



One participant told us:

"Lots of people find it difficult and too expensive to go to the gym. There is gym equipment in some parks, but you know ladies don't always feel comfortable to use this, it's so public."

Reduced cost exercise classes are available through Barnet GLL gyms, which are run in partnership with Barnet Council. Our Community Connectors regularly signposted people to these gyms and their [Healthwise](#) scheme, however we did receive feedback from some people on lower incomes that even with the discounts available, the cost would be prohibitive for them.

Discussion

GP Access

24% (n=101) of people who received high blood pressure readings said they planned to make an appointment with their GP or another health professional as a result of attending our event.

However, many people said that they found it difficult to access their GP due to limited availability of appointments. We note this is a national problem. The Royal College of General Practitioners has advised that GPs are sometimes seeing more than twice as many patients a day than is recommended as safe ([BBC 2022](#)). Increasing numbers of GPs are leaving the profession ([BMA 2024](#))

A 2022 report by the House of Commons Health and Social Care Committee found that:

"Patients are facing unacceptably poor access to, and experiences of, general practice and patient safety is at risk from unsustainable pressures.." ([Health and Social Care Committee 2022, p12](#))

An attendee at one of our Community Connectors events told us:

"Getting a GP appointment, it's not an easy thing to do. When I talk to my friends, some people won't do it unless its an absolute emergency. It's so hard to get an appointment and receptionists can be rude at times."

Another person said:

"When I try to ring the GP I get put on hold, sometimes the line gets cut off after you've been waiting for ages."

A third participant, a woman in her seventies, commented:

"Trying to book a GP appointment, it's like you're up against a brick wall. It's got to the point where I'm really surprised if I get an appointment. You give up unless you're really poorly. Now I'm talking to you I will go ahead and ask my GP for an appointment about this [high blood pressure]."

This person also said that she finds phone appointments challenging because she is hard of hearing:

"I wear hearing aids and find face to face so much easier than phone calls. A while ago the GP said they couldn't see me face to face, but could do a phone call. I asked for a video call but they said that wasn't possible. Over the phone, it's hard for me to follow what's going on."

Discussion

Many people were not aware of the [Blood Pressure Check Service](#), whereby adults aged over 40 are offered free checks at participating pharmacies. We regularly shared information about this service with participants.

We also found that some people were unaware of the [NHS Health Check](#) scheme, under which people aged between 40 and 74 are offered a general health check every five years. A female participant commented:

"I've had different health conditions for years but I've never had a well woman appointment or had the GP contact me to come in for a general routine check up."

We signposted this person to information about NHS Health Checks. As she had a relevant long-term health condition, we also told her about the new north central London [Yearly Health Check](#) programme.

For people who do not speak English fluently, access to interpreters can also be an issue in relation to GP appointments. 39% (n=378) of attendees advised us that English was not their first language. While some of these people were fluent, others barely spoke English and had friends interpreting for them while we checked their blood pressure. We repeatedly heard that these participants were not aware of the phone interpreter service available at GP surgeries, and had struggled to communicate with their GP during appointments.

Diet

19% (n=83) of people who received a high blood pressure reading told us that they were planning to make changes to their diet as a result of attending our event. 14% (n=33) of those with slightly raised blood pressure readings said the same thing. In qualitative feedback, some participants told us about specific changes that they were planning, including reducing their salt intake.

It is worth noting that this project was delivered in the context of the cost of living crisis. Inflationary cost increases have meant that eating healthily has become increasingly difficult for people on a low income.

According to the Office for National Statistics (ONS), across the country the overall price of food and non-alcoholic beverages rose by around 26% between December 2022 and December 2023 ([ONS 2024](#)). In an ONS survey of more than 11,000 adults which ran from October to December 2023, 1 in 25 adults said their household had run out of food and they could not afford to buy more in the past two weeks ([ONS 2024](#)).

Discussion

According to a 2022 report by the Food Foundation, healthy nutritious food is nearly three times more expensive than obesogenic unhealthy products. This research found that healthy foods cost an average of £8.51 for 1,000 calories compared to just £3.25 for 1,000 calories of less healthy foods ([Food Foundation 2022](#)).

While the cost of food is a complex national problem, we note some positive steps are being taken at a local level. For example, one participant, who was volunteering at a food bank we visited said:

“Some people see a vegetable and they’re not sure what to do with it. One of our volunteers was a Masterchef finalist, and they’ve started doing these simple recipe cards based on the food we’ve got in stock, and we talk these through with people. Stuff like this can help people eat a bit more healthily.”

In recent years, Barnet Council has funded a number of in-person budget cooking classes, working in partnership with organisations including Bread n Butter, Boost and the Colindale Community Trust. The charity Give.Help.Share. has also partnered with the Council on the provision of food bags and food education workshops in schools. The Council’s [Eat Well](#) webpage contains a wealth of helpful resources, including videos and recipe cards produced by Bread n Butter.

Stress/anxiety, alcohol and smoking

Relatively small numbers of people said they were planning to get help with stress or anxiety as a result of attending our event. 10% (n=41) of those who received a high blood pressure reading, and 7% (n=18) of those with a slightly raised blood pressure reading chose this option.

We also asked attendees whether they were planning to quit or reduce smoking or drinking alcohol after coming along to our event. Of those who received a high blood pressure reading, 4% (n=19) said they would quit or reduce smoking, and 5% (n=20) told us they would quit or reduce drinking. For those with a slightly raised reading, the figures were 1% (n=3) for quitting or reducing smoking, and 2% (n=4) for quitting or reducing drinking.

It is important to note that we did not ask participants whether they currently smoked or drank. Non-smokers and non-drinkers will not have told us that they were planning to reduce their consumption.

The ONS estimates that around 12.9% of the UK adult population smoke cigarettes ([ONS 2023](#)). A national NHS survey of over 5,000 people found that

Discussion

49% said they drank alcohol at least once a week; 21% of respondents said they drank more than 14 units per week, putting them at increased risk of alcohol-related harm. Men and middle aged people were more likely to drink greater quantities of alcohol ([NHS 2021](#)).

In qualitative feedback, some participants told us that they would like to cut down on smoking or drinking, but life circumstances made it difficult to do so. People described the stress related to long working hours, job losses, the rising cost of rent and relationship difficulties.

Some people said that the challenges of accessing counselling were one factor in them not planning to get help with stress or anxiety. At a national level, at the end of June 2022, an estimated 1.2 million people were on the waiting list for NHS England community-based mental health services ([National Audit Office 2023](#)).

Blood pressure monitoring

Some participants fed back to us that before attending our event they had not understood the blood pressure chart or the process of checking their blood pressure. One person said:

"After this, I'm going to keep monitoring my blood pressure, so I can look out for if it's getting high."

Another attendee told us:

"I will get this test result to my GP who have been begging me [for this]."

Some people said they were planning to buy a blood pressure monitor as a result of the Community Connectors intervention. Others, who already had a monitor at home told us that coming along to our event reminded them of the importance of checking their blood pressure more often.



Absolutely fantastic – explained the numbers – I understand this now (for the first time in my life), thanks.

Event attendee



Appendix 1: Planned actions

In their monitoring forms, our 967 participants were asked a series of optional questions. One of these questions was: 'Do you think that you will do any of the following as a result of having your blood pressure taken and learning a bit more about blood pressure and health?' People could answer 'yes' to as many options as they wished. The responses from participants who received high and slightly raised blood pressure readings are set out below.

Planned action	Number - high blood pressure	% - high blood pressure	Number - slightly raised blood pressure	% - slightly raised blood pressure
Take more exercise	119	28%	61	25%
Make an appointment with my GP or other health professional	101	24%	29	12%
Change diet	83	19%	33	14%
Talk to friends and family about blood pressure	46	11%	40	16%
Get help with stress/anxiety	41	10%	18	7%
Quit or reduce alcohol use	20	5%	4	2%
Quit or reduce smoking	19	4%	3	1%
Nothing	125	29%	94	39%

Appendix 2: Details of events

Date	Venue	Target groups	Number of attendees
04/02/2023	Stonegrove Community Trust	Black and minority ethnic community, disabled people, also people in financial hardship	53
21/02/2023	Stonegrove Community Trust	Black and minority ethnic community, disabled people, also people in financial hardship	10
22/02/2023	Stonegrove Community Trust	Black and minority ethnic community, disabled people, also people in financial hardship	19
08/03/2023	GLL Burnt Oak Leisure Centre - affordable leisure centre run in partnership with Barnet Council	Majority of participants were from black and minority ethnic community	13
21/03/2023	Chartwell House Health & Wellbeing Centre	People with long term health conditions, disabled people	6
28/03/2023	Burnt Oak Foodbank	People in financial hardship, carers, disabled people	13
19/04/2023	Ingeus Colindale (organisation that provides employment support, including to disabled people)	Unemployed people and disabled people	25
22/04/2023	Chipping Barnet Foodbank	People in financial hardship, carers, disabled people	15

Appendix 2: Details of events

Date	Venue	Target groups	Number of attendees
04/05/2023	Burnt Oak Foodbank	People in financial hardship, carers, disabled people	14
08/05/2023	Mill Hill East Church	People over 40 years old, carers	13
13/05/2023	Clitterhouse Farm	Black and minority ethnic community, also residents in financial hardship	18
20/05/2023	Edgware Shopping Centre	Black and minority ethnic community, also good opportunity to engage with men, who were underrepresented at many of the community events where we held stalls	52
08/06/2023	Romanian Hub & Foodbank	Romanian community, including non-English speakers, people in financial hardship	16
10/06/2023	Clitterhouse Farm	Black and minority ethnic community, also residents in financial hardship	22
12/07/2023	Orion Primary School - summer fair	Black and minority ethnic community	43
13/07/2023	Orion Primary School - summer fair	Black and minority ethnic community	51

Appendix 2: Details of events

Date	Venue	Target groups	Number of attendees
15/07/2023	Watling Community Centre - multicultural festival	Black and minority ethnic community	35
22/07/2023	St Augustine's Church - summer fair	Black and minority ethnic community, also disabled people and carers	11
26/07/2023	Inclusion Into Work Employment Event, Middlesex University	Unemployed people	23
03/08/2023	Parklea Close Community Garden	Black and minority ethnic community, also disabled people	23
23/08/2023	Anne Owens Centre, Age UK Barnet	Older residents, people in financial hardship	39
25/08/2023	Urban Gamez, Grahame Park Estate - organised by Barnet Homes, social housing provider	Black and minority ethnic community, also people in financial hardship	27

Appendix 2: Details of events

Date	Venue	Target groups	Number of attendees
04/09/2023	GLL Burnt Oak Leisure Centre - affordable leisure centre run in partnership with Barnet Council	Black and minority ethnic community, also a good opportunity to engage with men, who were underrepresented at many of the community events where we held stalls	35
05/09/2023	GLL Hendon Leisure Centre	Black and minority ethnic community, also men	9
06/09/2023	GLL Cophall Leisure Centre	Black and minority ethnic community, also men	81
07/09/2023	GLL Finchley Lido, Great North Leisure Park	Black and minority ethnic community, also men	36
07/09/2023	Romanian Hub & Foodbank	Romanian community, including non-English speakers, people in financial hardship	15
08/09/2023	GLL New Barnet Leisure Centre	Black and minority ethnic community, also men	105
09/09/2023	Clitterhouse Farm	Black and minority ethnic community, also residents in financial hardship	27
30/09/2023	RAF Museum	Majority of participants were from black and minority ethnic communities	28
01/10/2023	Silver Sunday, Age UK Barnet	Older residents, people in financial hardship	74
14/10/2023	Edgware Shopping Centre	Majority of participants were from black and minority ethnic communities	16



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