

# Merton Council

## Health and Wellbeing Board

**Date:** 29 January 2019

**Time:** 6.15 pm

**Venue:** Committee rooms C, D & E - Merton Civic Centre, London Road,  
Morden SM4 5DX

**Merton Civic Centre, London Road, Morden, Surrey SM4 5DX**

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|---|---|----------|
| 1 | Apologies for absence   |          |
| 2 | Declarations of pecuniary interest  |          |
| 3 | Minutes of the previous meeting   | 1 - 8    |
| 4 | Mental Health and Wellbeing   | 9 - 76   |
| 5 | Sustainable Communities Plan  | 77 - 82  |
| 6 | Local Health and Care Plan update   | 83 - 94  |
| 7 | Health and Wellbeing Strategy Update  | 95 - 122 |
| 8 | Update on NHS 10 year plan<br>This will be a verbal update                  |          |
| 9 | Dementia Friends Training<br>This will be a verbal update on Training Dates |          |

**This is a public meeting – members of the public are very welcome to attend.**

Requests to speak will be considered by the Chair. If you would like to speak, please contact [democratic.services@merton.gov.uk](mailto:democratic.services@merton.gov.uk) by midday on the day before the meeting.

For more information about the work of this Board, please contact Clarissa Larsen, on 020 8545 4871 or e-mail [democratic.services@merton.gov.uk](mailto:democratic.services@merton.gov.uk)

Press enquiries: [communications@merton.gov.uk](mailto:communications@merton.gov.uk) or telephone 020 8545 3483 or 4093.

### **Note on declarations of interest**

Members are advised to declare any Disclosable Pecuniary Interest in any matter to be considered at the meeting. If a pecuniary interest is declared they should withdraw from the meeting room during the whole of the consideration of that matter and must not participate in any vote on that matter. If members consider they should not participate because of a non-pecuniary interest which may give rise to a perception of bias, they should declare this, withdraw and not participate in consideration of the item. For further advice please speak with the Assistant Director of Corporate Governance.

## **Health and Wellbeing Board Membership**

### **Merton Councillors**

- Tobin Byers (Chair)
- Kelly Braund
- Janice Howard

### **Council Officers (non-voting)**

- Director of Community and Housing
- Director of Children, Schools and Families
- Director of Environment and Regeneration
- Director of Public Health

### **Statutory representatives**

- Four representatives of Merton Clinical Commissioning Group
- Chair of Healthwatch

### **Non statutory representatives**

- One representative of Merton Voluntary Services Council
- One representative of the Community Engagement Network

### **Quorum**

Any 3 of the whole number.

### **Voting**

3 (1 vote per councillor)

4 Merton Clinical Commissioning Group (1 vote per CCG member)

1 vote Chair of Healthwatch

1 vote Merton Voluntary Services Council

1 vote Community Engagement Network

# Agenda Item 3

All minutes are draft until agreed at the next meeting of the committee/panel. To find out the date of the next meeting please check the calendar of events at your local library or online at [www.merton.gov.uk/committee](http://www.merton.gov.uk/committee).

## HEALTH AND WELLBEING BOARD

27 NOVEMBER 2018

(6.15 pm - 7.34 pm)

PRESENT                    Councillor Tobin Byers - Chair  
Dr Andrew Murray - Vice Chair and Chair of Merton CCG  
Councillor Janice Howard,  
Councillor Kelly Braund - Cabinet Member for Children's  
Services  
Hannah Doody - Director of Community and Housing  
Rachael Wardell – Director of Children, Schools and Families  
Chris Lee – Director of Environment and REgeneration  
Dr Dagmar Zeuner - Director of Public Health  
Dr Doug Hing – Merton CCG  
James Blythe – Managing Director of Merton and Wandsworth  
CCGs  
Lyla Adwan-Kamara -Community Engagement Network  
Brian Dillon – Merton Healthwatch  
Paul Angeli - Head of Social Care & Youth Inclusion

### 1        APOLOGIES FOR ABSENCE (Agenda Item 1)

Apologies were received from Dr Andrew Otley, Khadiru Mahdi and Dave Curtis

### 2        DECLARATIONS OF PECUNIARY INTEREST (Agenda Item 2)

There were no declarations of pecuniary interest.

### 3        MINUTES OF THE PREVIOUS MEETING (Agenda Item 3)

The Chair informed the Board that Dr Karen Worthington had left the Board. The Board wished to pass on its thanks for all her work with the Board.

Dr Andrew Otley will be taking Karen's place on the Board. He had given his apologies for this meeting but will be welcomed as a new member at the January meeting.

RESOLVED: The minutes of the meeting held on 26 June 2018 were agreed as a true record

### 4        ITHRIVE (Agenda Item 4)

The Head of Social Care & Youth Inclusion presented his report on implementing the iTHRIVE model in Merton which is currently being rolled out across 70 locations in England. The iThrive Framework, provides an integrated, person centred and needs led approach to delivering mental health services to children, young people and their families.

The Vice Chair welcomed the iTHRIVE model and the principles it is based on; removing barriers and focusing on prevention. He asked about neighbouring

borough approaches and whether there was a risk of varying terminology. The Head of Social Care & Youth Inclusion explained that subject to the HWBBs agreement of the report consultation would take place across the STP including stakeholders and young people themselves.

The Cabinet Member for Children's Services reminded the Board that one of the main priorities of the Merton Youth Parliament was mental health and that the iTHRIVE approach was welcome, and she was sure that Youth Parliament would want to be involved in the consultation.

Board members welcomed the iTHRIVE framework using language that children and parents could understand and helping to remove the stigma sometimes associated with Mental Health.

The Director of Public Health welcomed the iTHRIVE framework and said that it would need to be adapted to meet local needs but it provided a good starting point and was underpinned by evidence.

The Director of Children Schools and Families commented that there was congruence between the iTHRIVE approach and the feedback from the recent Merton Health and Care Plan deliberative design event so it seemed likely that there would be a positive response to the consultation.

The Board noted that the model will be consulted on in early 2019 and, depending on final timescales, could come back to the HWBB in March 2019

## RESOLVED

That HWBB agree to:

- A. Adopt the THRIVE Framework and implementing iTHRIVE in Merton
- B. Members of the HWBB Championing this model going forward

## 5 MSCB ANNUAL REPORT (Agenda Item 5)

The Director of Children School and Families introduced the Merton Safeguarding Children (MSCB) Annual Report. She asked members to note the important work the MSCB does; in working with partners, delivering scrutiny, in driving the priority of safeguarding and focusing on performance data. The MSCB was evaluated by OFSTED as Outstanding with no recommendations for improvement but it has not been complacent and has continued to improve.

The Board noted that the 'Think Family' approach (see the child – see the adult; see the adult - see the child) is a key priority of the MSCB. A question was asked about the support that might be available for disabled parents. The Board noted that there was no specific answer because every case was different but the Think Family Approach should ensure that when an adult is supported support is also offered to the child. There was a request for a link to the Mental Health protocol.

As currently constituted the MSCB must change to conform with new legislation. Work is underway to have the necessary changes complete ahead of deadline of April 2019.

The CCG supported this report and note the proactive approach the Board takes to for example, inspections, and hopes this effective working relationship will continue.

The Board thanked Keith Makin and the Children's Safeguarding Board Team for all their work and for their report.

## RESOLVED

The Health and Wellbeing Board agreed to:

- A. To note the MSCB annual report 2017/18.
- B. Continue to contribute to the MSCB priorities and to ensure that safeguarding children is a golden thread that is maintained through all the work of the Health and Wellbeing Board.

## 6 SUICIDE PREVENTION FRAMEWORK (Agenda Item 6)

The Director of Public Health presented her report on the Suicide Prevention Framework.

Cllr Janice Howard welcomed the report on this important issue and asked how stakeholders were identified. It was confirmed that future stakeholders can be broadened through the proposed Task Group.

The Vice Chair said the actions look sensible but is interested in looking at root the causes of suicide in Merton especially relating to the crucial need for joined up inter-agency working and good communication between providers.

The Director of Environment and Regeneration found it an interesting and shocking report. Though Environment and Regeneration was not part of the task and finish group the read across to their work is clear.

The Managing Director of Merton CCG supported the report, had heard of the meeting with LMC and can see comments have fed back. He asked if, as an early priority, can we explore the new primary care mental health service and that people are accessing services early enough. He also commented that social prescribers and connectors will come into contact with isolated people from high risk groups and this is an opportunity for prevention.

The Director of Community and Housing commented that it is very important to raise awareness throughout the borough for example through training on what we should do when someone is at risk to raise vigilance.

The Board commented on the difference between men and women at risk and opportunities to target these people in the work place. For example, health work force (e.g. nurses) were keen to make suicide awareness / prevention an explicit part of mental wellbeing promotion in the workplace.

Thanks were given to Dagmar and her team and it was asked that the Framework report back in twelve months.

## RESOLVED

The Health and Wellbeing Board agreed to:

- A. Consider and endorse the Suicide Prevention Framework 2018-23 and the first year's action plan.
- B. Note involvement of partners to date, including the voluntary sector, CCG and Council, in the Task and Finish Group. To note the role of the Suicide Prevention Forum, the Mental Health Programme Delivery Group and CAMHS Partnership Board which will have oversight of the Suicide Prevention Framework.
- C. Consider opportunities for members to champion the Suicide Prevention Framework objectives and actions as system leaders.

## 7 HEALTH AND WELLBEING BOARD STRATEGY (Agenda Item 7)

The Director of Public Health presented her report that provided an update on the refresh of the Merton Health and Wellbeing Strategy 2019-24. The Board noted that the four key themes will be; Start Well, Live Well, Age Well, in a Healthy Place.

Examples of healthy place in current work include parking charges and proposed Superzones around schools seeking to create an environment where the healthy choice is the easy choice.

There will be an engagement workshop on each of the themes led by a HWBB member so that the HWBB owns the strategy and develop the priorities jointly with community connectors and stakeholders are developing the themes.

Cllr Kelly Braund and Rachael Wardell fed back on the first Start Well workshop as having good participation and strong engagement strong. There was a clear link between start well and healthy place was clear and it would be helpful to invite Start Well workshop participants to the Healthy Place workshop.

Engagement will complete in February 2019 and draft priorities will be brought to the Health and Wellbeing Board in March with draft strategy and launch later that year.

## RESOLVED

The Health and Wellbeing board agreed to:

- A. Note the continuing refresh of the Merton Health and Wellbeing Strategy 2019 – 24.
- B. Note the links and synergies between the Health and Wellbeing Strategy, the Merton Health and Care Plan and other strategies.

## 8 LOCAL PLAN (Agenda Item 8)

The Director of Environment and Regeneration presented his report on The Local Plan. He explained that the Local Plan will be a Development Planning Document that will set policies for neighbourhoods in Merton and that it promotes the Health in All Policies approach. He encouraged all HWBB members to take part in the consultation and will circulate a link.

He was asked if it was possible to control fast food outlets and betting shops near to Schools, and answered that there were only limited powers to do this. He was then asked about Air Quality and what is considered for new developments. The Director replied that there was a huge move to encourage more sustainable transport by building car free cycle infrastructure, encouraging cycling and development of the new parking strategy.

RESOLVED:

That the Health and Wellbeing Board Participate in the draft Local Plan consultation which will finish on 6th January 2019

[www.merton.gov.uk/newlocalplan](http://www.merton.gov.uk/newlocalplan)

#### 9 MERTON HEALTH AND CARE PLAN & COMMISSIONING INTENTIONS 2019/20 (Agenda Item 9)

NOTE: This item was withdrawn from the agenda and replaced by items 12 and 13

#### 10 HEALTH PROTECTION PROTOCOL (Agenda Item 10)

The Director of Public Health presented her report on the Health Protection Oversight Function, and noted that oversight of the local health protection system was a statutory function, and the Health Protection Oversight Protocol would help to deliver in these duties.

The Chair asked about childhood immunisation and what can be done to increase uptake. The Director of Public Health replied that PHE and NHSE, which have responsibility for immunisation, are invited annually to Health Overview and Scrutiny and it was important to use as much local knowledge as possible to support them. The councils Communication team and the CCG have supported social marketing programmes on the immunisation programme and where necessary concerns can be escalated, as has happened on the low uptake of cervical screening.

The Director of Public Health was asked about Business Contingency Planning and if this should be used in partners' own policies. She replied that it was for partners to decide what was relevant for their own organisation, particularly for Health care partners.

The Director of Communities and Housing said that it was very useful to have Winter Planning built into contingency plans.

RESOLVED:

- A. The Board noted the report
- B. Board members will consider how this approach might be useful to their own organisations, and whether they would benefit from any further information on the oversight function or feedback on its operation

11 FUTURE DATES OF HWBB AND DEMENTIA FRIENDS TRAINING (Agenda Item 11)

The Chair announced the following as the proposed dates for HWBB 2019-2020. (Note: these dates are to be approved by Council in February 2019). All dates are Tuesdays and the meeting will start at 18.15:

25 June 2019  
8 October 2019  
26 November 2019  
28 January 2020  
24 March 2020

12 MERTON HEALTH AND CARE TOGETHER (Agenda Item 12)

The Managing Director of Merton and Wandsworth CCGs presented his report the Merton Health and Care Together programme. The Board noted the additional detail contained within the programme since it had last been presented to the Board in June 2018. The Board noted that the priority areas had been tested at the Health and Care Plan design event in November

The first initiative of the Merton Health and Care Together is an integrated single point of access for people leaving hospital this winter. The Director of Community and Housing added that it was important that this initiative was piloted this winter and that it would be welcomed by the acute hospitals. She said that the teams from CLCH and the social work teams were ready. She also asked the Board to note that the Government Green Paper on Health and Social Care and the NHS 10 year plan were still awaited.

The Director of Children, Schools and Families explained that no children or young people were able to be involved in the Health and Care Plan event, but that some additional events will be held to ensure that their voices are heard. She explained that the pathways to adulthood transition is the least well understood and is about understanding that there should not be a sharp cut-off at 18. This work would be about the wellbeing of all those in late adolescence/early adulthood.

The Managing Director of Merton and Wandsworth CCGs was asked if there were shared priorities across South West London . He replied where possible yes, but there are differences across and between boroughs and implementation needs to be locally wired. The Director of Public Health agreed with this approach.



A draft Local Health and Care Plan will be brought to the HWBB in January 2019.

RESOLVED

The Health and Wellbeing Board agreed to note the progress on Merton Health and Care Together (MHCT)

13 MERTON CCG COMMISSIONING INTENTIONS (Agenda Item 13)

The Chief Executive of Merton and Wandsworth CCG presented his report on the CCG Commissioning Intentions 2019/20. He reminded the Board that this is an annual process by the CCG, and although there is some continuity there is a slightly different context this year with the development of Local Health and Care Plans. Some areas work across a wider area, for example, acute configuration and mental health services which are summarised in the slide set.

The Director of Children, Schools and Families noted there are currently no intentions relating to the Pathway into Adulthood approach. She would like to see continuity of services for those beyond 18 who are already accessing a service to be open to consideration.

James Blythe confirmed that this is now a priority for Merton Health and Care Together so he would anticipate they will look at when areas for focus are clearer.

RESOLVED

- A. The Health and Wellbeing Board notes the commissioning intentions, in the context of Merton Health and Care Together, pending further developments and quantification of benefits, as set out in the report and annexe.

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## **Committee: Health and Wellbeing Board**

**Date: 29<sup>th</sup> January 2019**

Wards: All

## **Subject: Mental Health and Wellbeing**

Lead officer: Dr Dagmar Zeuner, Director of Public Health

Lead member: Cllr Tobin Byers, Cabinet Member for Adult Social Care & Health

Contact officer: Barry Causer, Head of Strategic Commissioning (Public Health) and Leanne Wallder, Head of Integrated Commissioning and Partnerships (CSF)

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### **Recommendations:**

- A. HWB to agree to engage residents, in partnership with Thrive London, in order to understand what matters to them around mental health and wellbeing, to campaign against stigma and to identify areas of improvement in mental health and wellbeing in Merton.
  - B. HWB to commit to improving the mental health and wellbeing of the workforce across Merton, discuss approaches that would secure improvements and nominate a lead in their respective organisations to deliver programmes in partnership with Public Health.
  - C. HWB to note recent successes and to promote and champion key programmes related to mental health and wellbeing in Merton in order to secure further improvements.
  - D. HWB to note the on-going negotiations between Merton Council and South West London & St Georges Mental Health NHS Trust on the Section 75 agreement
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## **1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY**

- 1.1. The Health and Wellbeing Board have asked for an overview of recent developments in mental health and wellbeing and the identification of opportunities for future action to secure improvements across Merton.
- 1.2. This paper is a response to this request and sets out some recent successes e.g. the trailblazer and identifies specific opportunities where the HWB can add value to secure improvements in mental health and wellbeing in Merton.

## **2 INTRODUCTION**

- 2.1. The mental health 5-year forward view published in 2016 said: “Mental health services have been underfunded for decades, and too many people have received no help at all, leading to lives being put on hold or ruined, and thousands of tragic and unnecessary deaths. In recent years, the picture has started to change. Public attitudes towards mental health are improving, and there is a growing commitment among communities, workplaces, schools and within government to change thinking. There is now a cross-party, cross-society consensus on what needs to change and a real desire to shift towards prevention and to transform care.

- 2.2. The recently published NHS Long Term Plan makes a renewed commitment to mental health and wellbeing and reported that mental health services will grow faster than the NHS budget overall.
- 2.3. Children and Young People's Mental Health also features prominently in the NHS Long Term Plan, including a new approach to young adult mental health services for people aged 18-25 to support the transition to adulthood.

### **3 THRIVE LONDON**

- 3.1. Thrive LDN is a citywide movement to improve the mental health and wellbeing of all Londoners, reporting to the London Health Board and the Mayor of London. Two million Londoners experience some form of poor mental health every year and Londoners life satisfaction and feelings are lower than the nation average. Thrive LDN was established in response to this and has a vision for London to be
  - (i) A city where individuals and communities take the lead
  - (ii) A city free from mental health stigma and discrimination
  - (iii) A city that maximises the potential of children and young people
  - (iv) A city with a happy, healthy and productive workforce
  - (v) A city with services that are there when, and where needed
  - (vi) A zero suicide city
- 3.2. As part of their approach for individuals and communities to take the lead, Thrive LDN have had conversations with over 1,000 Londoners across 17 boroughs. The 'Londoners said' report, published in December 2018 (see appendix one) had 'one stand out finding: that Londoners may want better access to services but they also want to be in a position to do more themselves'. When asked what will make a difference to them the responses, with little variation between 'lower risk' and 'higher risk' boroughs, were
  - (i) support for families, schools and communities to help ensure that children have a fair chance in life
  - (ii) training for employers to help create mentally healthy workplaces
  - (iii) support in communities to help build connections and reduce isolation and loneliness
  - (iv) more access to services that felt part of the community and could provide non-stigmatising support
- 3.3. The report makes 10 recommendations that London should work together on, including a recommendation to 'encourage the 16 London boroughs who have not yet had a community conversation to organise one'
- 3.4. We are now proposing to the HWB to engage residents, in partnership with Thrive London, to understand what matters to them around mental health and wellbeing, to campaign against stigma and to identify areas of improvement in mental health and wellbeing in Merton.
- 3.5. If supported by the HWB, this community engagement would be scoped in partnership with colleagues across the Council, MCCG and voluntary sector

partners and will be supported by the Thrive London team who have agreed to provide a facilitator, promotional support, a guest speaker from Thrive London and potentially a guest speaker from the Mental Health Foundation. Costs are expected to be kept to a minimum and would be managed through existing officer time and resources

#### **4 MENTAL HEALTH AND WELLBEING IN THE WORKPLACE**

4.1. The workplace is an excellent setting for delivering health and wellbeing programmes as there is a captive audience, they show productivity gains, show staff that their employer cares for them and many staff are also parents, guardians or carers and so therefore interventions provided to them are likely to have a positive impact on their children, families and social networks too.

4.2. Merton Public Health are developing a light touch framework that will guide the development of healthy workplace programmes across the council, which includes a systematic approach to supporting and improving the mental health of the workforce. This approach would seek to embed mental health and wellbeing in new employee inductions, the annual appraisals process and provide on-going support to staff through a tiered and targeted approach as shown below.

4.3.



This offer would build upon the foundations of a strong universal offer that promotes good mental health and wellbeing for all staff through the provision of information and the promotion of evidence based tools that are already available e.g. the [www.good-thinking.uk](http://www.good-thinking.uk) website (see appendix two).

4.4. At the highest 'tier' the council would train its staff, initially through existing budgets, to develop a network of Mental Health First Aiders for staff working with residents with mental health issues and/or working on a day to day basis with vulnerable groups at high risk of suicide<sup>1</sup>. This would be complimented by training of a Mental Health First Aider on every floor of Civic Centre, in a similar way to the network of first aiders. These mental

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<sup>1</sup> These include those working with young people aged 15-25, people with mental health issues, substance misuse issues, homeless people, offenders, middle aged low income men and those working to people providing debt and welfare advice.

health first aiders would then support the workforce to access the appropriate level of support e.g. self-care, [www.good-thinking.uk](http://www.good-thinking.uk), the Employee Assistance Programme (EAP) or the Improving Access to Psychological Therapy (IAPT) service commissioned by Merton CCG. For additional information on the approach in development by the council, see appendix three.

- 4.5. We are asking that the HWB commits to improving the mental health and wellbeing of the workforce across Merton, by:
- (i) Discussing organisational approaches that can secure improvements in the mental health and wellbeing of the workforce
  - (ii) Exploring the potential of signing the <https://www.time-to-change.org.uk/get-involved/get-your-workplace-involved/employer-pledge> organisational pledge. This social movement is working to tackle and change how we think and act about mental health problems and asks that employers to develop an action plan to get employees talking about mental health
  - (iii) Nominating a lead person from their organisation to work in partnership with Public Health to discuss and develop approaches to healthy workplaces, including mental health and wellbeing.

## **5 OVERVIEW OF MERTON RECENT SUCCESSES**

- 5.1. There are some recent successes relating to mental health and wellbeing in Merton which we would like to make the HWB aware of and ask that they champion within their organisations and wider afield.
- 5.2. **Trailblazer.**
- 5.2.1 It was announced in December 2018 that South West London Health and Care Partnership had been successful in securing £1.85m for children and young people's mental health, through a bid to become a Trailblazer for the transforming children and young people's mental health green paper, published last year. This funding will help to create enhanced mental health support teams in three SW London boroughs, including Merton.
- 5.2.2 The new mental health team in Merton will work with a school population of approximately 8,000 pupils and will accelerate progress on work already underway to pilot a 'whole school' approach to well-being support and early intervention. This initiative was developed from initial workshops to address the high number of admissions in the area for self-harm. Through this early work, it quickly became apparent that one root cause was the lack of *consistent* advice and support.
- 5.2.3 This programme will introduce new services, such as online peer support for young people, mental health first aid training for teachers, courses to empower parents to talk to their children about emotional wellbeing, an improved single point of access for CAMHS and a directory of support services.
- 5.2.4 For further information, contact [Leanne.wallder@merton.gov.uk](mailto:Leanne.wallder@merton.gov.uk)
- 5.3. **Merton's Dementia Action Alliance (DAA).**
- 5.3.1 The alliance continues to go from strength to strength with 67 new Member organisations joining during 2018-19. In July 2018, Merton was recognised

officially as a Dementia-Friendly Community and awarded the 'Working Towards' status. This means that key criteria have been met whilst the 'Working Towards' status means that work is an ongoing process and should continue to make improvements going forward. Key highlights this year include

- (i) Two thirds of Merton's GP surgeries have now joined Merton's Dementia Action alliance and committed to take action on dementia.
- (ii) All staff at Merton's libraries are now trained as 'dementia friends' and staff at Merton's leisure centres are in the process of becoming dementia friends.
- (iii) We increased the number of 'dementia friends' in Merton by 1,310 people between April 2017 and April 2018, with a total of 6,004 people now trained in dementia awareness.
- (iv) A number of Merton's Councillors received dementia friends training in November 2018.

5.3.2 For the remainder of 2018/19 the priorities include getting the remaining GP surgeries to join Merton's DAA, a focus on carers and dementia and inter-generational work with schools and young people.

5.3.3 For further information, contact [daniel.butler@merton.gov.uk](mailto:daniel.butler@merton.gov.uk)

## **6 OTHER PROGRAMMES RELATED TO MENTAL HEALTH AND WELLBEING**

6.1. As background for the HWB and to inform discussions on how to secure further improvements in mental health and wellbeing, an overview selected programmes and services are as follows

### **6.2. Primary Mental Health Care Service (PMHCS).**

6.2.1 MCCG are about to award a contract for a new PMHCS which will start delivery in April 2019. This contract valued at £12.19m over three years will provide mental health & well-being care to residents of Merton and those registered with a Merton GP and consists of three components; Mental Wellbeing, IAPT and Primary Care Recovery. The service model includes a common assessment framework across the three new service elements (Mental Wellbeing, IAPT and Primary Care Recovery), and incorporates

- (i) a mental wellbeing service working in partnership with non-mental health specialists in the borough, to
  - a) support local residents with self-identified, and or formally diagnosed, mental health problems
  - b) find opportunities and support services that promote social inclusion/reduce social isolation
  - c) provide social and psycho-social support to help clients to maintain their mental wellbeing, and thereby prevent progress towards the need for treatment.
- (ii) the integration of IAPT into physical health care pathways, with an initial focus on specific long term conditions (cardiac, respiratory and diabetes)

(iii) a seamless mental health care pathway, from primary care to secondary care

(iv) services that are sensitive to 'transitions' particularly from child and adolescent mental health services (CAMHS) to adult mental health services, and from adult mental health services to, mental health services for older adults

(v) primary care recovery to support people with complex and or severe mental illness, but stable presentations, who need continued support to sustain recovery outside of secondary mental health services

(vi) access to secondary mental health services.

6.2.2 For further information, contact [Patrice.Beveney@swlondon.nhs.uk](mailto:Patrice.Beveney@swlondon.nhs.uk)

### 6.3. **iThrive**

6.3.1 Adopted by the HWB in November 2018, the Thrive Conceptual Framework, originally co- developed in 2014, by a collaboration from the Anna Freud Centre and the Tavistock and Portman NHS Foundation Trust, provides a new integrated; person centred and needs led approach to delivering mental health services to children, young people and their families.

6.3.2 The THRIVE Framework replaces the CAMH tiers with a whole system approach which is based on the identified needs of Children and Young People and their families; advocates the effective use of data to inform delivery to meet needs; identifies groups of Children and Young People and the range of support they may benefit from and ensures Children and Young People and their families are active decision makers.

6.3.3 There are four key principles that underpin the THRIVE Framework:

(i) Shared decision making at the heart of choice

(ii) Acknowledgement of limitations to treatment

(iii) Distinction between treatment and support

(iv) Greater emphasis on how to help children and young people and communities build on their strengths

6.3.4 The Framework puts greater emphasis on prevention and early intervention, with the concept of 'thriving' and 'getting help' and introduces a multi-agency approach to risk. Adopting a whole system approach to 'risk support' will enable shared responsibility across agencies, better support for staff with complex cases, facilitate conversations with families about their needs and support when evidence-based treatment interventions may not be leading to desired changes in outcomes and help children and young people receive the right treatment at a time that is right for them.

6.3.5 The CAMH Partnership Board have identified key benefits of adopting the Thrive Framework and are now working to implement a Merton iThrive model over the next 18 months.

6.3.6 For further information, contact [Leanne.wallder@merton.gov.uk](mailto:Leanne.wallder@merton.gov.uk)

### 6.4. **Transition.**

6.4.1 The CAMH Partnership Board have been working to improve the experience of young people and their families in the transition from CAMHS to adult



mental health services, whether this happens at 18 or 25. This includes talking to commissioners and providers of the adult IAPT service, recognising that care leavers with mental health needs, could access this service, but may need bespoke elements that acknowledge and address the unique issues they may have that are related to their care experience.

6.4.2 For further information, contact [Leanne.wallder@merton.gov.uk](mailto:Leanne.wallder@merton.gov.uk)

#### 6.5. **Suicide Prevention Framework 2018-2023.**

6.5.1 Approved by the HWB in November 2018, this framework aims to support the vision for London to become a zero suicide City and for Merton to be a place where our residents know where to get help when they need it, where those supporting people at greater risk of suicide are well trained and where our communities encourage people to talk about good mental health

6.5.2 Key priorities of the Framework include

- (i) Reducing risk in high-risk groups
- (ii) Reducing access to the means of suicide
- (iii) Good mental health services for at risk groups
- (iv) Suicide awareness and good mental wellbeing for all
- (v) Support for those bereaved

6.5.3 Work has started on a first tranche of suicide awareness training to deliver training to those working with at risk groups - such as young people aged 16-25, homelessness service and those working with people with mental health support needs.

6.5.4 In 219/20 we will work with partners to explore how additional roll out of suicide awareness training can be funded and made available more widely. We will also provide information to support those bereaved by suicide by promoting the '[Help is at Hand](#)' booklet and 'Z' card contact.

6.5.5 For further information, contact [daniel.butler@merton.gov.uk](mailto:daniel.butler@merton.gov.uk)

#### 6.6. **Autism Strategy 2018-2023**

6.6.1 Approved by the HWB in June 2018, this 5 year strategy takes a life-course approach and sets out a vision to 'develop an autism-friendly borough in which people with autism are able to live fulfilling and rewarding lives within a society that accepts and understands them'. This is a joint strategy between the London Borough of Merton and Merton CCG and has a number of key partners.

6.6.2 The Strategy and action plan includes six themes

- (i) Awareness training and support for staff and services
- (ii) Recognition, support, referral and assessment
- (iii) Involving and supporting people with autism
- (iv) Preparing for adulthood
- (v) Think family –involving and supporting families and carers
- (vi) Access to information

6.6.3 Progress on delivering the strategy and underpinning action plan is monitored through 3 existing partnerships (CAMHS Partnership; Preparing for Adulthood Partnership and Adult Mental Health Programme Board) and a

time-limited Autism Partnership Steering Group that is meeting for the first time in February 2019.

6.6.4 Some key priorities for 19/20 include;

(i) Improving local awareness of Autism e.g. through training to CYP workforce, elected members, promoting training amongst local employers, promote autism champions

(ii) Redesigning the local referral, assessment and support services to meet the needs of CYP and their parent/carers. Publishing and promoting awareness of diagnostic pathway for adults with a learning disability and those with no prior diagnosis

(iii) Developing a plan for communication and engagement with people with autism over the life-course of the strategy to support co-production

(iv) Develop an all-services electronic information hub for information on local services

(v) Work across the partnership to identify resources/funding to e.g. increase availability of parenting programmes, educate CYP about Autism

6.6.5 For further information, contact [Hilina.asrress@merton.gov.uk](mailto:Hilina.asrress@merton.gov.uk)

## 6.7. **Substance Misuse Strategic Framework 2017-2021**

6.7.1 Approved by the HWB in June 2017, the Substance Misuse Framework has an aim to reduce the significant harm caused by alcohol and drug misuse to individuals, families and communities in Merton. The overall strategic objectives and actions cover the following five areas

(i) Leadership commitment through strategic governance

(ii) Increased focus on prevention and early intervention

(iii) Redesign & delivery of a recovery orientated drug & alcohol treatment service

(iv) Reducing the harm to families, children and young people

(v) Tackling crime & antisocial behaviour relating to substance misuse

6.7.2 The framework has successfully guided the re-commissioning of an integrated adult substance misuse service, delivery of training for front-line staff across Merton and has significantly improved both clinical and strategic governance of substance misuse services.

6.7.3 A review of the Substance Misuse Strategic Partnership and its annual action plan is underway and will report to the Safer Stronger Executive in February 2019. The Partnership would welcome the opportunity to report on progress and plans to the HWB soon.

6.7.4 For further information, contact [keith.daley@merton.gov.uk](mailto:keith.daley@merton.gov.uk)

## 7 **SECTION 75 NEGOTIATIONS**

7.1. C&H are currently in discussions with South West London & St Georges Mental Health NHS Trust to renew their section 75 agreement covering integrated adult mental health services. The revised agreement will bring the

arrangement up to date, will reflect the emerging integration landscape for older people's services and needs to achieve savings in staffing budgets.

7.2. The agreement, informed by a short consultation with service users and other stakeholders in early March 2019, will be consistent with work with the trust and the South London Mental Health Partnership to review adult mental health placements across the sector to ensure that people are supported to recover independence and are in the least restrictive environment that is suitable for them. It will also support the continued and improved access to Approved Mental Health Professionals (AMHP) who coordinate the assessment of individuals under the Mental Health Act 1983.

7.3. For further information, contact [Richard.ellis@merton.gov.uk](mailto:Richard.ellis@merton.gov.uk)

## **8 ALTERNATIVE OPTIONS**

8.1. NA.

## **9 CONSULTATION UNDERTAKEN OR PROPOSED**

9.1. We are proposing to engage residents, in partnership with Thrive London, in order to understand what matters to them around mental health and wellbeing, to campaign against stigma and to identify areas of improvement in mental health and wellbeing in Merton

## **10 TIMETABLE**

10.1. NA.

## **11 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS**

11.1. NA.

## **12 LEGAL AND STATUTORY IMPLICATIONS**

12.1. NA.

## **13 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS**

13.1. Improving mental health and wellbeing will contribute to reducing health inequalities.

## **14 CRIME AND DISORDER IMPLICATIONS**

14.1. NA

## **15 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS**

15.1. NA

## **16 APPENDICES – THE FOLLOWING DOCUMENTS ARE TO BE PUBLISHED WITH THIS REPORT AND FORM PART OF THE REPORT**

- Appendix one – Londoners said. A report from Thrive London.
- Appendix two – An overview of Good Thinking.
- Appendix three - Draft mental health training and support offer.

## **17 BACKGROUND PAPERS**

17.1. Suicide Prevention Framework 2018-2023

- 17.2. Autism Strategy 2018-2023.
- 17.3. Merton's Joint Strategic Framework for Prevention of Substance Misuse and related harm 2017-2021.



# Londoners said

Produced by



Mental Health  
Foundation

For

**Thrive** LDN

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# An analysis of the Thrive LDN community conversations

**Suggested Citation:**

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**Delivery Lead:** Ed Davie

**Research Lead:** Dr Chiara Lombardo

**Project Officers:** Alice Morrissey, Leslie Salema

**Acknowledgement:**

*Thanks to volunteers and colleagues from Thrive LDN and Mental Health Foundation who stepped in to facilitate conversations and write notes and reflections, as well as to Jacqui Dyer MBE who took time out of her schedule to visit most of the conversations and engage and energise the participants. Also thanks to the Local Authority and Public Health teams in the 16 London boroughs that enabled and supported the conversations in their areas. And of course, many thanks to the 1,016 Londoners who gave up hours of their time to passionately contribute towards good mental health for all in their city.*

*Community conversations were overseen by Dr Antonis Kousoulis for the Mental Health Foundation and Dan Barrett for Thrive LDN.*

**Funding:**

The conversations and report have been led by the Mental Health Foundation, commissioned by Thrive LDN.

December 2018

**Get in touch**

**Find out more at:** [www.thriveldn.co.uk](http://www.thriveldn.co.uk)

**Email us:** [info@thriveldn.co.uk](mailto:info@thriveldn.co.uk)

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## Executive summary

Poor mental health is one of the biggest challenges facing London and the prevalence of problems is often much higher in the communities facing most inequalities. When people aren't given the chance to fulfil their potential and they don't receive the right support at the right time, their health suffers, and they struggle to thrive. London loses out.

To address this, Thrive LDN in partnership with the Mental Health Foundation went out and asked Londoners how we could better support people to be mentally healthy.

We did this through 17 community conversations in half of all London's boroughs where we had face-to-face contact with over 1,000 Londoners including those who commission, provide and use services. We asked how we could deliver Thrive LDN's six aspirations.

The solutions those Londoners came up with share common themes – namely, to spread knowledge, skills and support so that people can better look after themselves and their neighbours. Londoners have told us they don't want or need top-down fixes – instead, they want the tools and networks to do it for themselves. This report provides insights and feedback from each of the community conversations held. Recommendations have been developed for all partners and supporters of Thrive LDN to consider. We would welcome your feedback and response to the ideas set out below.

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## Thrive LDN's six aspirations

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**A city where individuals and communities take the lead**

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**A city free from mental health stigma and discrimination**

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**A city that maximises the potential of children and young people**

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**A city with a happy, healthy and productive workforce**

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**A city with service that are there when, and where needed**

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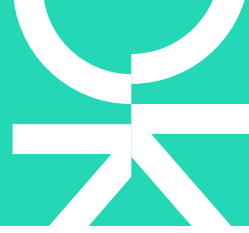
**A zero suicide city**



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## Recommendations based on what Londoners said

1. Develop, train and support a network of community champions to tackle isolation, link people to each other and services and deliver community mental health training.
2. Create, or add-on to existing technological platforms, a way of effectively informing people about what support, activities and services are available in their community.
3. Produce a guide linking and integrating London mental health and other services, like social care and housing support, to create a whole-person approach.
4. Support the development of non-clinical crisis and other wellbeing centres like Mosaic Clubhouses and the Leeds Crisis House.
5. Give parents, particularly those from under-privileged backgrounds, the skills and support they need to give their children the best start through peer-parenting groups.
6. Create a mental health curriculum for schools that focuses on prevention rather than diagnosis of illness and that recognises the diversity of London's children.
7. Invest in after-school clubs that support young people to look after their mental health, develop better decision-making processes and meet role models.
8. Provide a toolkit and training for employers enabling them to better support the mental health of London workers.
9. Work in local communities to prevent isolation and build connections as a first step in suicide prevention.
10. Encourage the 16 London boroughs and the City of London who have not yet had a community conversations to organise one.



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## Forewords



### Isabella Goldie

**Director of Development &  
Delivery Mental Health Foundation**

Our collective mental health is deteriorating at a rate that makes this the single greatest public health and social challenge of our times. If we are to meet this head on, we need to rethink how we view mental health. The answers can no longer lie within health services alone. Although there are times when specialist treatment is desirable and necessary, this is not the case for most people, who often live their lives with unacceptable levels of stress. The factors that shape us and can impact on our lives for better or for worse are out there in the communities we live in and in our family homes.

Our access, though, to the things that protect our mental health such as a nurturing start in life, good quality housing, safe and cohesive neighbourhoods, and meaningful work are not equally available to everyone.

If we are to improve mental health and turn the tide on this concerning trend towards higher and higher levels of distress, we need to reach out and offer support, but we must also tackle those things that sit behind the despair that many people feel. These issues are not the same for everyone, differing from community to community.

No-one understands this context better than the people that wake up there. When asked, community members are clear about the problems they encounter when trying to access those opportunities that are good for mental health, but they also often know the answers as well. Most of us know what makes life better and helps us to thrive but we don't always have the agency or power to ensure that we can access those things often enough to make any real difference.

Reaching out to ask these questions of people is a daunting task in any community but across the many boroughs of the Megacity of London, it is a brave endeavour. What is so important about this report is that Thrive LDN have worked with us to do precisely that. They have reached out with us at scale and we have to date had conversations with over 1,000 Londoners, starting in those boroughs where life is most difficult.

When the question was posed, Londoners have been clear and consistent about what will make a difference to them: support for families, schools and communities to help ensure children have a fair

chance in life; training for employers to help to create mentally healthy workplaces; and support in communities to help build connections and reduce isolation and loneliness. Although there was a call for more mental health services, what people wanted more access to were services that felt part of the community and could provide non-stigmatising support.

I feel that there is one important stand-out finding: that Londoners may want better access to services but they also want to be in a position to do more themselves. Londoners were asked about the tools and resources that would enable them to reach out to others and to champion the cause of mental health within communities. Thrive LDN asked and Londoners said. A partnership has been created and the challenge set – now the task will be to work collectively to make real change happen.



## Philip Glanville

**Mayor of Hackney and political lead for Thrive LDN**

London is a city of great opportunity, but unfortunately those opportunities are not equally shared. If we want a happier, healthier city in which everyone has a fair opportunity to thrive and live well, then we must all take responsibility by listening to what individuals and communities need. This is because Londoners usually know best what is happening in their neighbourhoods, their workplaces, their schools, and their homes. They see and feel how where they live, work, play, and raise families can affect their health and wellbeing, for better or worse.

Reducing mental health inequalities is a matter of fairness and social justice. Thrive LDN is a citywide movement to improve the mental health and wellbeing of all Londoners, launched in 2017 as an open, inclusive, and participation-

driven response to London's mental health challenges.

As co-chair and political lead it's a privilege to champion Thrive LDN which, importantly, is not a political organisation; it exists to be led by Londoners, for Londoners. This movement is not about top-down direction but about mobilising grassroots action. As awareness of mental health – and of how social inequalities impact mental health – continues to grow, Londoners from all backgrounds and walks of life must be empowered and supported to take action. Barriers must be lowered and ideas must be shared; this is why Thrive LDN partnered with the Mental Health Foundation to bring Londoners together and discuss what would make a difference to them locally.

In the 17 community conversations held in half of the city's boroughs, Londoners said what mattered to them. I'm delighted at how this report captures their ideas, their concerns, and possible solutions. Each community conversation produced a comprehensive write-up to underpin a plan for local action. Some boroughs have now embarked on their own local Thrive-style campaigns and initiatives, led by the voices of residents and bolstered by local leaders.

Each community conversation is only the start of something much bigger. This report has collated the feedback from all the conversations so far to provide a picture of the scale and scope of change

that Londoners want to be part of. It will now take commitment and collaboration across every part of our communities to drive this change.

I now urge local leaders, educators, volunteers, campaigners, and anyone who wants to improve the lives of Londoners to consider the ideas and recommendations in this report and how they could become a reality in their local borough or community.

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## Introduction

When the Mayor of London launched Thrive LDN in July 2017 a new relationship with Londoners about supporting happier and healthier communities began. Since then an important part of that dialogue has taken place through 17 community conversations in half of all the boroughs in London. Over 1,000 Londoners have attended in person to share experiences of local challenges, current work and the evidence about what works in terms of supporting thriving communities. This report distils those thousands of conversations with Londoners about how to improve mental health in the city.

These conversations have been different and have gone beyond standard consultations about mental health services. As well as getting ideas for providing 'services when and where needed' these conversations were designed to find ways of improving the pre-determinants, the alterable factors, of mental health to enable prevention for everyone, early intervention for those at risk and effective support for those who need it.

Inspired by the well-established principle of the Marmot Cities<sup>1</sup> that the level of control a person has over their life has a major effect on their health, we wanted the process of getting those ideas to be truly collaborative and empowering to individuals and communities.

Building on our research<sup>2</sup> which mapped the risk to Londoners' mental health per borough on the basis of 28 indicators of inequalities and social determinants, we began co-producing the community

conversations in the 'red' boroughs with the highest inequalities and risks. Learning from feedback forms we gradually improved the format of the community conversations to maximise involvement, relationship building and transfer of knowledge.

Every community conversation started with an explanation of the evidence for what supports communities to thrive, the current challenges and work in that particular borough and an overview of Thrive LDN. Attendees were introduced to Thrive LDN's six aspirations, co-produced with experts by profession and by experience in an earlier phase, and then asked for their ideas on delivering the aspirations in their area. During six 10-minute conversations, table facilitators and scribes recorded the ideas of attendees for how people and services could work together to build healthier and happier communities. The views amounted to over 180 pages of transcript which were then collated and analysed by Mental Health Foundation researchers to form the basis of this report, representing an attempt to record public views on taking a place-based approach to public mental health. A detailed methodology of delivery and analysis is provided in the Appendix.

Many of the attendees, including political leaders, service commissioners, providers and users, signed up to be Thrive LDN champions.

They, and we hope you, will now help deliver the ideas outlined in the following pages.

1 Marmot M. The health gap: the challenge of an unequal world. *The Lancet*.2015;386(10011):2442-4

2 Kousoulis AA, Goldie I. Mapping mental health priorities in London with real-world data. *The Lancet Psychiatry*. 2017;4(10):e24.

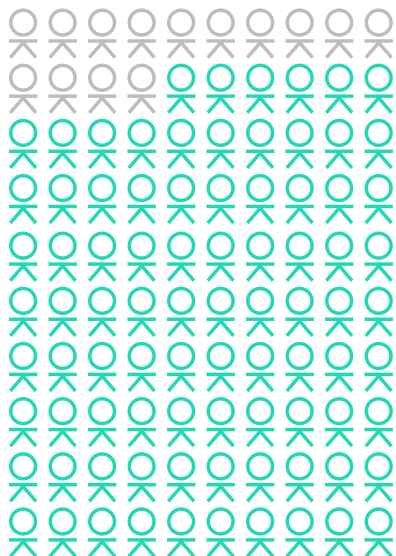
Community conversations in numbers

17

COMMUNITY CONVERSATIONS IN HALF OF ALL THE LONDON BOROUGHS

86%

FELT THEY CONTRIBUTED IN A MEANINGFUL WAY

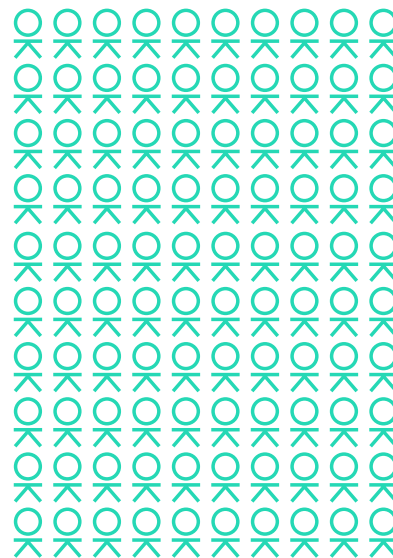


1,016

LONDONERS ATTENDED THE CONVERSATIONS AND GAVE THEIR VIEWS

100,000

REACHED THROUGH SOCIAL MEDIA MARKETING OF THE COMMUNITY CONVERSATIONS



180

PAGES OF IDEAS COLLATED AND ANALYSED

318

SUSTAINABLE, USEFUL CONNECTIONS MADE BETWEEN PARTICIPANTS IN THE COMMUNITY CONVERSATIONS

363

LONDONERS STEPPED UP TO CHAMPION GOOD MENTAL HEALTH FOR ALL IN THEIR CITY

70%

SAID THEY WOULD LIKE TO BE INVOLVED IN CITYWIDE THRIVE LDN ACTIVITIES

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## Case studies



## Brent

### Increased local action

In some boroughs the workshop has led to increased local action.

In January 2018, the Health and Wellbeing Board in Brent supported a community conversation. Over 60 individuals attended including residents, councillors, officers, NHS providers, commissioners, and representatives from community and voluntary sector organisations.

Following the conversation a Task and Finish Group was established to agree next steps. The Clinical Commissioning Group (CCG), Sustainability & Transformation Partnership (STP), Public Health, Central and North West London Trust NHS Foundation Trust (CNWL), HealthWatch and voluntary organisations have been working on a local action plan using four of the six Thrive LDN principles as a framework.

The next stage was to deliver an 'Are we OK Brent?' campaign to better equip provider organisations and groups to confidently promote mental wellbeing to residents, raise awareness of the support that exists locally for good mental health, raise awareness of the ways to wellbeing and showcase the potential for recovery and resilience.

The engagement led to an event in the Civic Centre in September 2018, designed alongside local people and community organisations.

## Lambeth

### Supporting positive change

In other boroughs, like Lambeth, the workshop has been part of a wider effort to improve support.

In October 2017, Lambeth Council's public health team supported a community conversation.

The community conversation was held at the Mosaic Clubhouse, a centre which supports people with mental health conditions, including the provision of an evening sanctuary that provides an alternative to clinical crisis services.

Nearly 70 people attended including service users, carers, councillors, NHS and council staff. They heard from a representative from Black Thrive which supports liaison between Lambeth's services and black communities to improve provision for people traditionally over-represented amongst those with serious mental illness.

The workshop also contributed to the development of a new mental health alliance contract between the council, NHS and voluntary sector which pools resources in order to provide better 'whole person' support rather than disjointed services. Launched in July 2018, this Lambeth Living Well Network Alliance aims to improve support in the community and keep people well outside of hospital.

As a result of the workshop Lambeth Council became the first borough to pass a Thrive LDN Motion at its Full Council meeting committing the authority to working to achieve the six aspirations.

## Barking & Dagenham

### Piloting a new approach

Some boroughs, like Barking and Dagenham, have taken the feedback from their community conversation and used it to design a whole new approach to supporting their communities.

In July 2017, nearly 100 residents, councillors, officers and partner organisations came together for a community conversation in the borough's civic centre.

For some it was their first experience of co-producing solutions and inspired commissioners to do things differently with communities rather than to them.

Working with the Mental Health Foundation and Thrive LDN, Barking and Dagenham Council have commissioned and helped design a mental health improvement programme for one of their large social housing estates, Thamesview.

Over the coming year a project manager, commissioned by the council and employed by Mental Health Foundation, will co-ordinate a range of peer-support programmes with Thamesview residents.

They will be aiming to improve people's skills, confidence and relationships, and build community cohesion. Projects will include peer parenting, school-age mentoring, support to start businesses and a group to combat loneliness and isolation among the elderly.

The findings from this work will be used to inform wider work across the borough, city, country and even internationally.

---

## On creating a city where individuals and communities take the lead, Londoners said...

that their communities are ever changing and are a rich mixture of cultures, ages and social backgrounds. People often move in and out, which makes communities change rapidly. This has both advantages and disadvantages. Respondents tended not to define their community by geographic boundaries; rather, they characterised them as dynamic and based on shared interests and values. Londoners valued diversity and remarked that this must be accompanied by a shared sense of empowerment and ownership in the way they shape their communities.



“The local community and voluntary sector is vibrant and gives a feeling there is a sense of community connectedness. The next step is to make sure that decisions are owned by the community and that they are for the community.”

Page 30





## Londoners said let's:

### Act and campaign at different levels

Respondents identified different roles that they would like to play in their community, from being a supporter of initiatives to health champions and promoters of change. They see themselves acting and campaigning at different levels. For example, as volunteers:

“We need community health champions – volunteer residents who talk to other residents to reduce isolation and promote good health. Volunteering builds confidence and giving something back improves wellbeing of the volunteer and those they support.”

### Develop a sense of ownership to help develop solutions

More opportunities and support should be given to people in communities to work with services, and to hold positions relevant to their community life, as stated below:

“People with lived experience should be on interview panels and value-based interviews should be conducted.”



## Engage isolated people

There should be more intergenerational and intercultural activities. Londoners identified the need to produce better information, through the use of online technology, to help bring together needs and resources. More effort is needed to build new networks between people and organisations. Respondents suggested different ways of reaching out between various institutions and communities, and described how services should be closer to the community:

“We need to create safe online spaces for people to have conversations, to lead to connectivity and then contact. Not everything can be online as can exclude, but some may prefer it.”

“The local university has made a start at building links with the community and could work on this further by using it as public space for interaction and bringing people in for activities. They currently host free talks for public which could be of interest and could be promoted further afield via newspapers and other media.”

“Services should bring early intervention activities and engagement to people in their own environment like pubs, barbers, schools and places of worship.”

## Recruit, train and support a network of community champions

Community champions could play a key role in engaging people against isolation. Champions should be trained and supported to engage people and tackle isolation. Furthermore, faith leaders could act as facilitators to help enable and empower by sharing responsibilities with people within their communities.

“Community leader ambassadors and champions should get to know who and what’s already there in the community and then help people to find what they need.”

## Map out existing initiatives

This mapping exercise would help to prevent duplication and enable communities to understand what initiatives exist, thus facilitating learning from others.

“We need more exposure to other successful community programs. Examples to be used in order to model new enterprises.”

## Implement activities to reduce the effect of austerity

Londoners expressed many concerns connected to the effect of austerity further limiting resources. They made suggestions such as seed funding, and developing healthy activities which are affordable for all, as described below:

“Seed funding is important – small amounts of money for individuals and organisations to try out an idea to get it off the ground, but we have to accept that ideas may not always work but need to invest a little bit to give ideas a chance and take a small risk.”

“Council tax relief for community involvement – some kind of rewards system.”

## Adopt a more holistic and positive approach to mental health

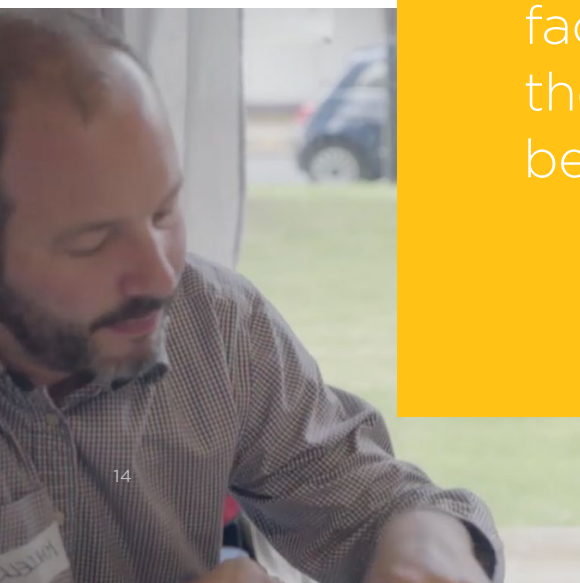
People suggested that there is too much focus on symptoms and diagnoses and not enough on the stresses that cause people to get ill, like poverty and violence. There was a widespread belief that more needed to be done to raise awareness of mental health and how people could look after their own wellbeing and that of those around them.

“We need to develop a culture where people are taken seriously, before they are in crisis. We need to educate people that wellbeing is part of mental health.”

“Doctors should take a holistic approach to patients that looks at their physical symptoms as well as their mental health.”

“People need to be able to understand their own health and improve their and others’ health. This needs to be accessible in language and format. Best peer delivered that is by people like themselves in the community.”

“It would be good to have free indoor gyms, swimming and so on. Often people at highest risk don’t have resources to use these facilities. Perhaps a scheme where these can be used off peak, may be good for unemployed people?”




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## On creating a city free from mental health stigma and discrimination, Londoners said...

there is a need to foster a tolerant and inclusive community. London boroughs are culturally diverse and tackling mental health stigma and discrimination, which can sometimes be a longstanding attitude, needs to take these cultural differences into account.

Respondents highlighted the importance of communities being connected so that a whole-community approach is employed. This could be brought about through actively encouraging residents to become more engaged in their local community.



“The whole community should think about how to tackle stigma and discrimination, for example through residents’ associations in estates, where there are events that bring people together.”



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## Londoners said let's:

### Change the language used around mental health

Respondents identified that the language used in relation to mental health can often be quite negative or confusing, for instance, the terms 'mental health' and 'mental illness' are frequently conflated. Londoners advocated using language to normalise and facilitate discussions around mental health.

“There is stigma and discrimination attached to certain language used around mental health. Therefore, focus needs to be on shifting the language used to promote mental health as something that we all have.”

### Educate everyone about mental health (with specific emphasis on children and parents)

Londoners felt that educating people was essential in making people more aware and informed about mental health, which would subsequently help to reduce stigma and discrimination in the community. Ideally, educating people about mental health should start from an early age in order to effect positive long-term change in society.

“Young people are taught to conform from a young age, which leads to more criticism rather than understanding of anyone who might be different for whatever reason.”

Education would also serve to empower people with mental health problems in teaching them that they can overcome and/or manage these.

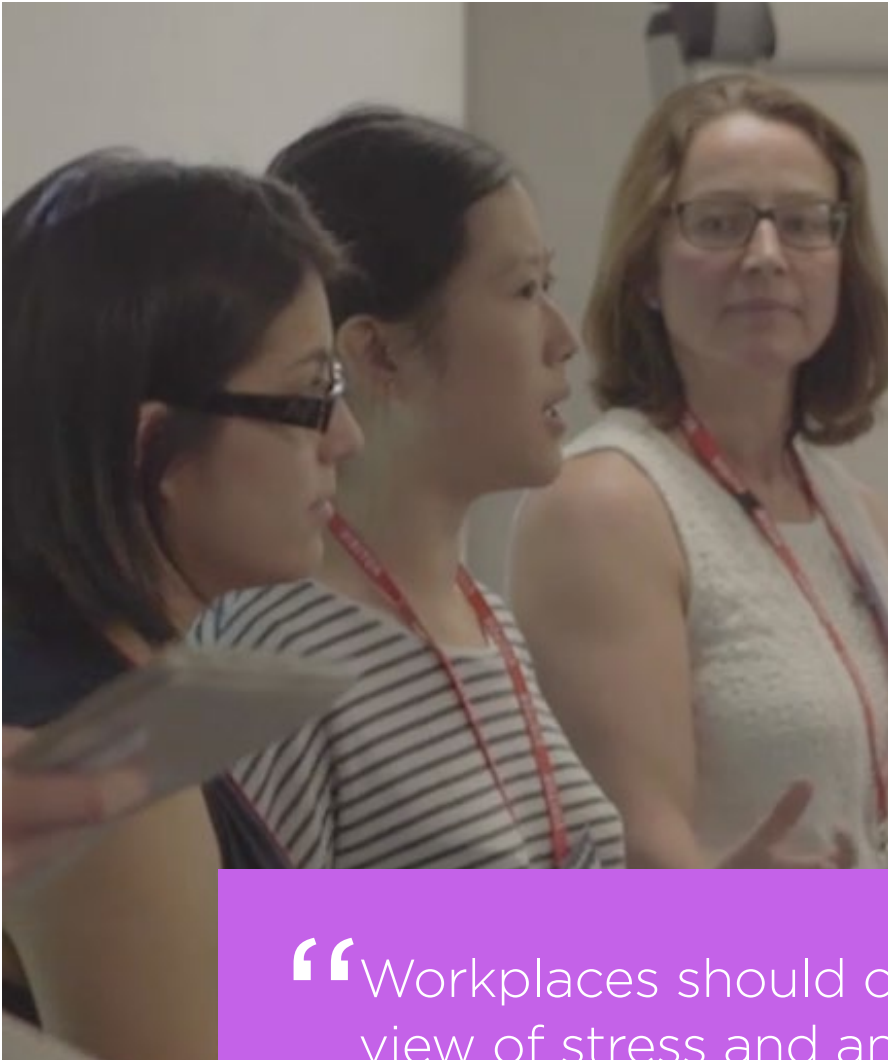
“Education about mental illness should be based on professional knowledge and research. We should teach people that you can learn that it is possible to live quite successfully even if you have mental health problems.”

In addition, respondents frequently discussed the importance of the family environment, highlighting the huge influence that parents' expectations and attitudes towards mental health can have on their children's mental health.

“People have a right to good mental health, and children and young people have a right to have parents with good mental health.”

## Improve mental health in the workplace

Respondents emphasised the need to improve mental health in the workplace, given that this is the setting in which many people spend a substantial portion of their life. On a broader level, Londoners also commented that negative workplace cultures can often serve to perpetuate stigma and discrimination around mental health.



“Workplaces should challenge the view of stress and anxiety as a weakness and rather, judge based on resilience.”

## Create safe spaces for everyone to talk freely and openly about mental health

This would help to foster a sense of togetherness among people in the community, thus contributing to normalising conversations around mental health. Respondents suggested a range of settings that could serve as safe spaces, such as libraries, coffee shops and wellbeing centres.

“We need to be militant in talking about mental health, make it a drive and acknowledge the problems linked with mental health. However, the right conversations need to happen at the right time, so it’s not stigmatised as an issue. We need to create the space to have these conversations.”

## Offer mental health training more widely

This includes non-mental health professionals, such as the police service, paramedics, GPs, security staff, in schools, to parents and in the workplace with employers and employees. Respondents highlighted the need to effectively tailor mental health training to ensure it is culturally-relevant in order to reach different members of the community.

“Make mental health training standard, including training in suicide prevention. Make sure the mental health instructors come from cultural backgrounds to represent the culturally diverse London community.”

## Generate more advertising about mental health

More publicity could be achieved through posters and communications, so that the message has a far-reaching effect beyond the group that repeatedly engages with mental health discussions. Events such as World Mental Health day or Mental Health Awareness Week can be good opportunities to foster connectedness among communities and spread mental health awareness at a wider level.

“There needs to be regular advertising about mental health and events linked with mental health (for example, a poster in the tube, the internet, press coverage), balanced with real conversations.”



## Give a platform to people with lived experience to share their stories around mental health

This can serve to normalise mental health as an issue of discussion and promote open, honest conversation. This could be people in the local community with experience of mental health problems, who could serve as “champions”, to spread awareness of mental health to the community, including the more isolated groups.

“Role models talking about mental health from different genders and cultures. Seeing people speak up can help.”

As well as people within the community, Londoners spoke of the positive impact celebrities can have on spreading awareness of mental health.



“At a national level, people are speaking out like Jo Brand and Stephen Fry. This is all really positive to create public discussion.”

## Engage modern media as a powerful outlet to tackle mental health stigma and discrimination

Care should be taken to ensure that the messages from the media do not perpetuate stigma.

“The language and images used in the media must also make it clear that it’s ok not to be ok, rather than demonising mental illness.”

More creative media approaches should be considered, for example, Londoners discussed the positive impact that YouTubers who talk about mental health can have in normalising discussion around mental health among younger audiences. Other suggestions included touching on mental health issues on the television or in film.

“In the media and movies, mental health should be shown but in a very real manner. It shouldn’t perpetuate wrong ideas about mental illness, for example, that mentally ill people are violent.”

In addition, many Londoners spoke specifically about social media, with some discussing its potential to exacerbate stigma and discrimination.

“Social media and ‘selfie’ culture add pressure – everyone looks like they’re having a great time in a ‘perfect image’.”

However, Londoners discussed the potential to use social media as a tool to break down stigma and discrimination. Given young people’s often prolific use of social media, this is a good outlet to educate and engage young people in positive discussions around mental health.

“Using social media in an imaginative way to discuss mental health issues, for example, The Thames Valley Police video which educated people about consent via making a cup of tea.”

## Move away from the ‘diagnosis at the door’ culture

This can often be quite dehumanising to people with mental health problems, thus serving to worsen stigma and discrimination. Respondents remarked that sometimes it is medical professionals that can be stigmatising especially if they are not specifically trained in mental health.

“There are issues with assessments of mental illness. People may then be nervous of being labelled and how they will be perceived socially.”

## Have more culturally-specific information and resources to reach minority groups in London boroughs

Respondents frequently remarked on the demographically diverse nature of the areas and that this should be considered when trying to reach these groups. On a practical level, Londoners suggested that quality interpreters and the availability of other language literature would be a starting point to tackle stigma in these communities. More broadly, though, more should be done to understand how to target these groups effectively.

“Do people in faith communities want to speak to their own people about their mental health struggles or someone different?”

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## On creating a city that maximises the potential of children and young people, Londoners said...

It is important to build support with children and young people, rather than for them. Participation of children and young people is crucial and we need to show interest in young people's ideas and views.

Respondents mentioned the urgent need to increase mental health awareness. One group identified the role of faith in mental health and how faith leaders should be brought into the discussion and potentially given training to help promote and integrate wellbeing awareness into their faith teachings. An example given was at Christchurch School in Brent. This involved getting local faith schools and leaders together for a breakfast to promote interfaith understanding and respect.

In line with raising awareness, Londoners highlighted the importance of effective signposting and how to create a balance between consistency of services across boroughs as well as responding to community specific needs.

Londoners also wanted a network of mental health champions. They emphasised the need to promote and support young mental health champions, to create a community youth forum and support peer mentoring projects. An example of good practice was presented from Northwood where one teacher is trained as a counsellor. Another example was a new counsellor service by Barnardo's which is specific to young people.



“Give young people the power to lead and have their own conversations. It is important to have more conversations about race and class. Young people are regularly undermined in the community, there is not enough time invested in them.”



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## Londoners said let's:

### Provide mental health education in schools

More effort is needed to begin education as early as possible so that primary schools have sufficient training for identifying children at risk and strengthened referral pathways. Education to help children identify their own emotions is critical from as early as possible, and to give them the tools to self-express. Education of parents was also considered important. The idea of getting children to take information home to parents to create more mental health awareness was raised.

### Provide adequate care for children and young people

A lot of children and young people's mental health support is targeted to particular groups and Londoners felt that there is nothing available for people who do not fit some of those risk factors, or they are not aware of it. Respondents also suggested that services should be taken to the places where young people already congregate such as parks or youth clubs.

“It is important to consider high-risk groups and potentially vulnerable children, but actually mental health is across a whole spectrum of social determinants and although there are certain risk factors, targeted support will miss cases.”

“Access needs to be available when needed: online, groups and in emergency situations etc. Do all these services communicate with each other? Don't let children and young people slip through the net. How do you get different services to communicate?”

### Get speakers to show positive examples

Respondents frequently discussed the importance of having diverse and realistic role models for young people to come and talk in schools and youth clubs. Some mentioned an example in Ealing, where adult mental health service users are speaking in schools.

## Focus more on preventative and early intervention work

Londoners felt that most services are looking at children and young people who are already in distress, instead of more effective early intervention. A good example of prevention in schools was given: the University of West London holds 'The Big Conversation' which asks every student when they start what they are most worried about and tries to act on it.

"Redbridge has a good Youth Parliament that could be engaged more fully on this issue. Co-production with young people is key to developing services. It will allow for an understanding of the issues young people are struggling with, but also how best to address them, especially in such a digital age."

## Create safe and free spaces for children and young people to meet

There are few accessible spaces that feel 'safe', both physically and emotionally. This includes the built environment and green spaces. Respondents would like to bring back community and youth centres and opportunities for young people to enjoy themselves together and play.

In addition, Londoners expressed the need to encourage intergenerational activities as a way of giving children and young people a wider support network and decreasing loneliness amongst the elderly.

“The borough feels very turbulent and disconnected, there needs to be ‘togetherness projects’ such as a community gardening initiative.”

## Give the tools to children and young people to express themselves

Respondents identified the need to provide kids with more opportunities to try new things and develop hobbies, such as out-of-school activities linked to schools. In this respect, it is important to find the 'right' fit for each student. Londoners mentioned the fact that parents need to encourage students to get involved and they need to keep kids busy, making it less likely for children and young people to get involved in behaviour that is bad for their health. This could be done by requiring children to stay after school on certain days for extracurricular activities. This could be used as an opportunity to support better decision making and thinking styles.

Londoners discussed how to help children with less supportive or encouraging families. Students will likely find activities they like and want to stick with. Some examples were given, such as the breakfast clubs in Enfield. These improve socialising and they keep kids alert and interested rather than hungry and tired. Respondents also mentioned the school system in Sweden, where emotional development, empowerment and compassion are as important as reading and writing, starting from age four.

## Have more conversations about mental health in schools

Stigma came up as a challenge that limits the potential of children and young people. There needs to be a differentiation between feeling sad and mental health problems, to help children and young people to navigate the spectrum of emotions. This can be achieved by creating a supportive, open and understanding culture within the school environment, and by building a shared language of mental health and wellbeing between children, young people, parents, teachers and practitioners/service providers.

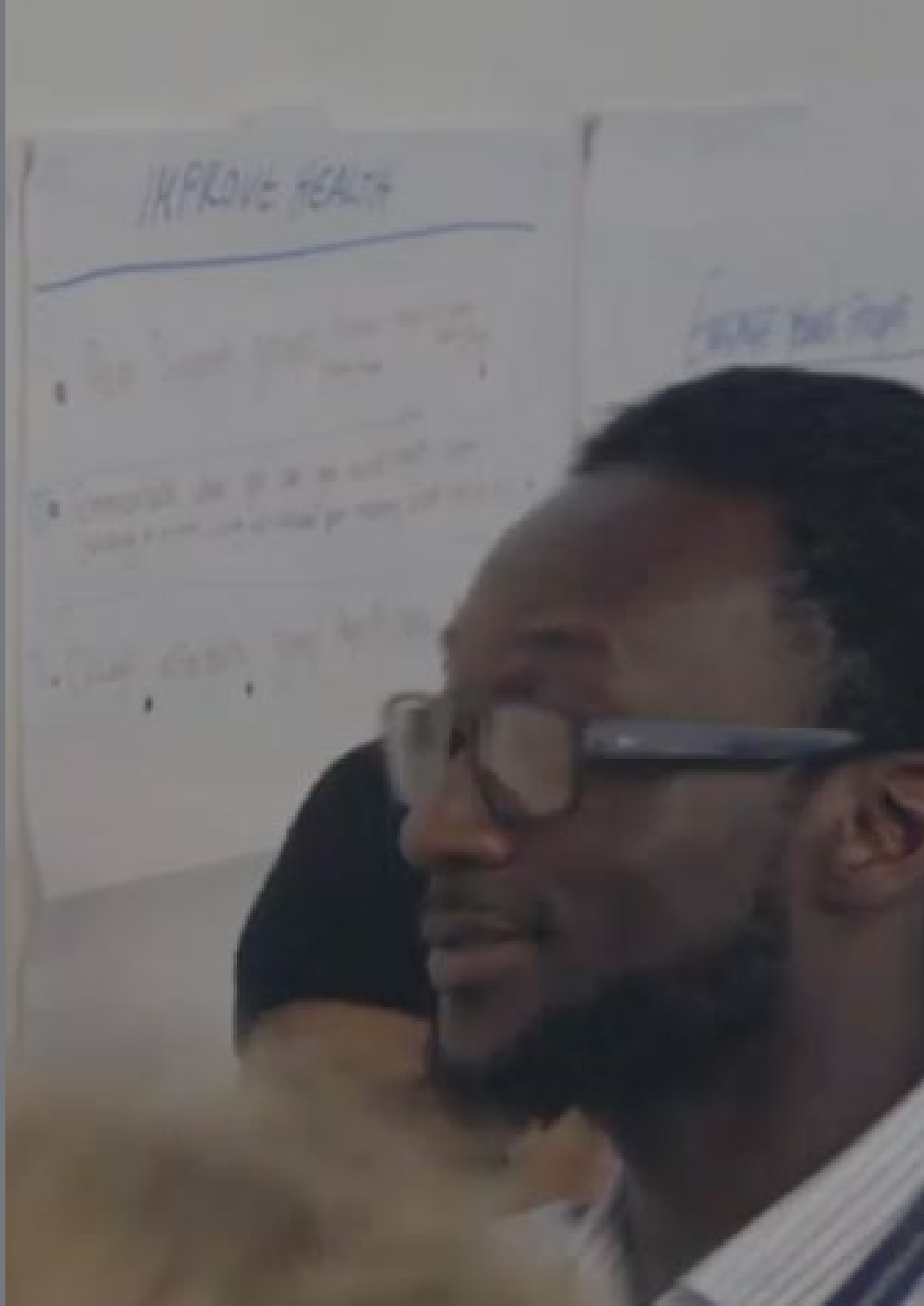
“Children and young people are more aware of their own mental health than previous generations. Often mental health stigma is more prevalent amongst parents than it is among children and youngsters.”

Touching on the use of online resources, respondents valued a greater understanding of the benefits of social media and internet as a source of reaching out for help and reducing isolation, especially for young men.

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## On developing a happy, healthy and productive workforce, Londoners said...

It is important to create a safe support system within the workplace, where Londoners can feel safe and wellbeing is prioritised. Stigma should be challenged and employers should encourage employees to come forward and suggest improvements if they see opportunities for change.

A man with glasses and a beard is looking towards a whiteboard. The whiteboard has handwritten text, including the words "IMPROVE HEALTH" at the top. The man is wearing a light-colored shirt with a dark striped collar.

“Greater flexibility, including opportunities to work from home or more varied hours, helps with stress and building a greater sense of autonomy and self-worth.”





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## Londoners said let's:

### Overcome context-related challenges

In small and medium organisations and certain sectors, some respondents highlighted a damaging culture. In particular, some traditionally male-dominated environments seem to have more barriers and ingrained stigma around mental health. Some respondents reported that:

“The retail sector seems to care little for employee welfare due to high churn, lack of technical specialism, so staff treated as resource rather than people.”

“Temporary workers or self-employed contractors are often so consumed in daily operational tasks, they forget to take a break and are more likely to risk burnout, especially as they don't feel as if they can take leave, sick days etc.”

“Stress and abuse experienced by Transport for London staff and particularly bus drivers, with the perception that perhaps this is worse in Islington than in other boroughs.”

### Make it easier to overcome stigma attached to mental health and be more open

Londoners argued that persistence of stigma in the workplace often impairs disclosure of mental health conditions by employees. In addition, employees and other colleagues can wrongly associate mental health difficulties or a need for support with less effectiveness at work or that the employee is unsuitable for the work environment:

“There is a sense that mental health history follows you around and doesn't expire, even if you as an applicant/employee for a job feel it's no longer relevant (“worse than having a criminal record!”) – this doesn't help with self-identifying as ‘recovered’ and being able to move on.”

“Employers seeming offended that their employees may require mental health support (“What's wrong with working here?”) – even in larger companies that promote wellbeing incentives.”

“‘Macho cultures’ (e.g. City finance; construction sector) perpetuate idea of working under extreme pressure, making it harder to disclose without seeming unfit for the job.”

## Address the challenges of gig economy and temporary employment

Respondents expressed concerns that the zero hours contract has created a sense of insecurity among employees, who may experience a lack of self-worth, competition between colleagues, and a greater acceptance of lower standards. This insecurity has wide-reaching implications for employees and can affect their social life and their ability to plan child care and time off. Londoners described a demoralising sense of not seeing a future career path. A climate of uncertainty and austerity has created a damagingly competitive mindset, due to culture of cuts and downsizing workforce.

## Develop better career guidance and adequate preparation for jobs

Schools should shift their focus from passing exams to providing children with creative ways of thinking, or teaching them real life skills. Employees should also play their role and welcome children from any background, and incentivise apprentices. Respondents said:

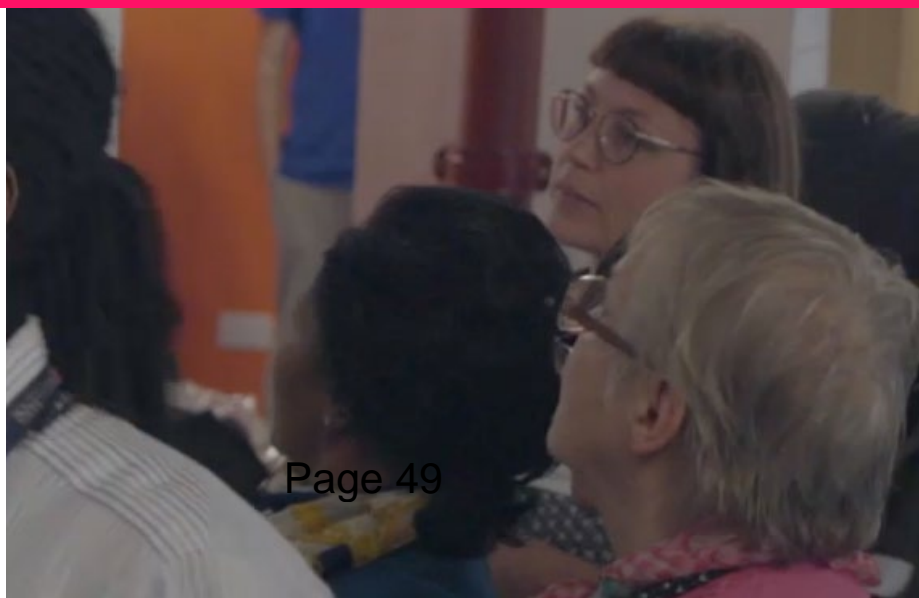
“Austerity and its impact on the statutory sector has made certain lines of work more stressful. News coverage and speculation on further cutbacks only drives up workforce stress and general sense of uncertainty.”

## Adopting flexible conditions by redefining the idea of success and productivity

Londoners said that there needs to be more scope to minimise challenges in the workplace. Wellbeing in the workplace should be implemented in different ways. The concept of work should be reframed.

“Employers do the calculation the wrong way around: looking at staff numbers and pushing how much work you can get out of them, as opposed to setting a workload or target and then equipping a team to do it to the best of their abilities.”

“There isn't enough flexibility put into career guidance for children, or any guidance at all. The workforce has changed, and people no longer stay in the same role or career forever, and young people need to know that changing their mind and trying new things is okay and part of growing.”



## Prioritise better communication

This can be achieved at different levels by creating more equal relationships between the employer and employee. A further step to improve communication at work would be to create stronger social connections with colleagues. Finally, a culture shift to encourage change is warranted, and this should come from the top as it is important that senior staff lead by example. For example, senior managers should be open about their mental health as this could encourage employees to be open about their own mental health. Respondents said:

“We need a “culture of negotiation”, where there’s a relationship of equality between employer and employee, with understanding that it’s mutually beneficial. Together, we review skills, ambitions, and how we will work. Also, leaders should set a healthy precedent.”

“Getting along with the people you work with is imperative. A good talk at the water cooler, or during lunch, can do wonders for people’s wellbeing and sense of belonging – your network doesn’t end with family and friends. For those lacking in family or friends, friendly colleagues can be a huge comfort.”

## Tackle stigma at the recruitment phase

This can be achieved by promoting equality and diversity from the application stage onwards. Respondents made several suggestions, like for example, that employers need to ensure standards or quotas and appropriate resource to support employees with mental health conditions/challenges and then make reasonable adjustments.

## Introduce mental health champions inside organisations

Londoners advocated giving a voice to employees with lived experience or develop mental health champions as a way to normalise mental health within the workplace and encourage people to talk about mental health more openly. Employers could promote good news stories from employees with mental health problems to demonstrate that they can lead equally fulfilling, confident, and productive work lives.

“Promote benefits of more regular breaks including time away from screens.”



“Employers should be confident that greater mental health awareness means that clients and partners will not discriminate against any prospective employees.”

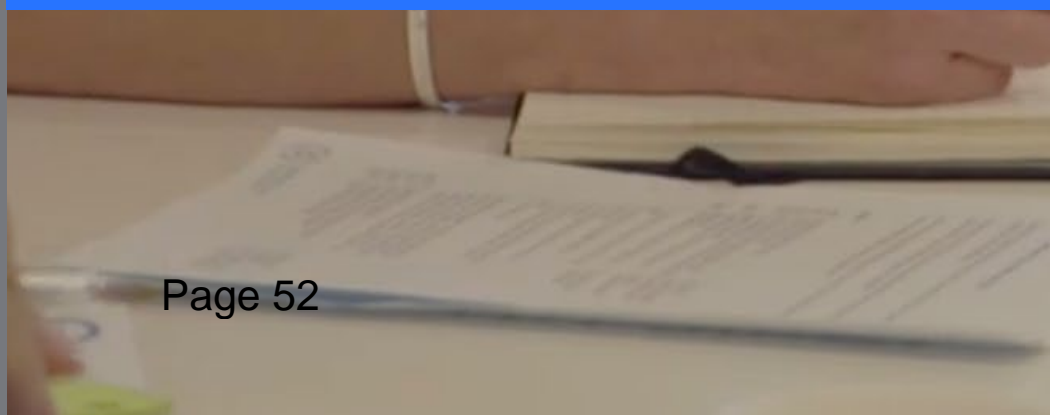
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## On developing a city with services that are there when, and where needed, Londoners said...

health services should be closer to the community and should represent their needs. Services are perceived as disjointed and information is not always available. More flexibility around time and location is required, with a greater priority on preventative and educational approaches.



“Communities are fluid and vibrant not static, we have a transient population so the demographics change. Communities are where people connect.”



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## Londoners said let's:

### Move services to be closer to people

Moving mental health services into the community would help to ensure services reach the people who need them. Respondents criticised the settings in which care is often delivered, saying that these are not always conducive to improving people's mental health.

“Care needs to be moved out of big buildings and clinical settings – to places where people actually want to go (into communities). People's mental health often worsens when in a traditional clinical setting.”

Respondents suggested a variety of different community settings for mental health services and education where people might be more comfortable to attend. Services having a more central presence within the community could also serve to increase awareness and understanding of mental health.

“This can help to activate the community – help them understand how to deal with people with mental ill health – the community is more likely to reach people than services.”

## Create more holistic, joined-up services

This was a common theme raised by Londoners, many of whom identified inefficiencies that prevented people from accessing services. These barriers included people within services not knowing where to signpost people to due to a lack of effective communication between services.

“We need to bring more professionals together more often – and not just health professionals but also people who work in education, business, debt/finance, the community etc.”

Respondents identified that a negative consequence of silo-ed services was that people accessing services can end up seeing multiple healthcare professionals, which can be unsettling. More holistic, joined-up services can enable professionals to have the relevant information about a service-user on hand.

“No common records shared across the health and care system so that healthcare professionals have a full picture when providing services for individuals.”

## Provide a 24/7, consistent, flexible service

Londoners discussed the limited hours of most services, many of which operate on weekdays between 9am to 5pm. Given that mental health crises can occur at any time, respondents identified an urgent need for support available at all hours to ensure that the people in need of support are able to receive it. They stated that flexible and creative solutions to deliver a service out of hours should be considered.

“There should be more access to services by offering more time slots. Too often, talking therapies only offer appointments during work time when people cannot take time off work and therefore do not get the help they need. There needs to be more evening and weekend appointments and ideally a 24/7 service.”

Respondents discussed that services should be more flexible and centred around people to ensure they encourage people to seek services when they need it, with specific consideration for certain at-risk groups, such as young parents and carers.

“We need to put the onus on services to engage with service users rather than the onus being on service users to navigate the system. Services should be more flexible to respond to the needs of people.”

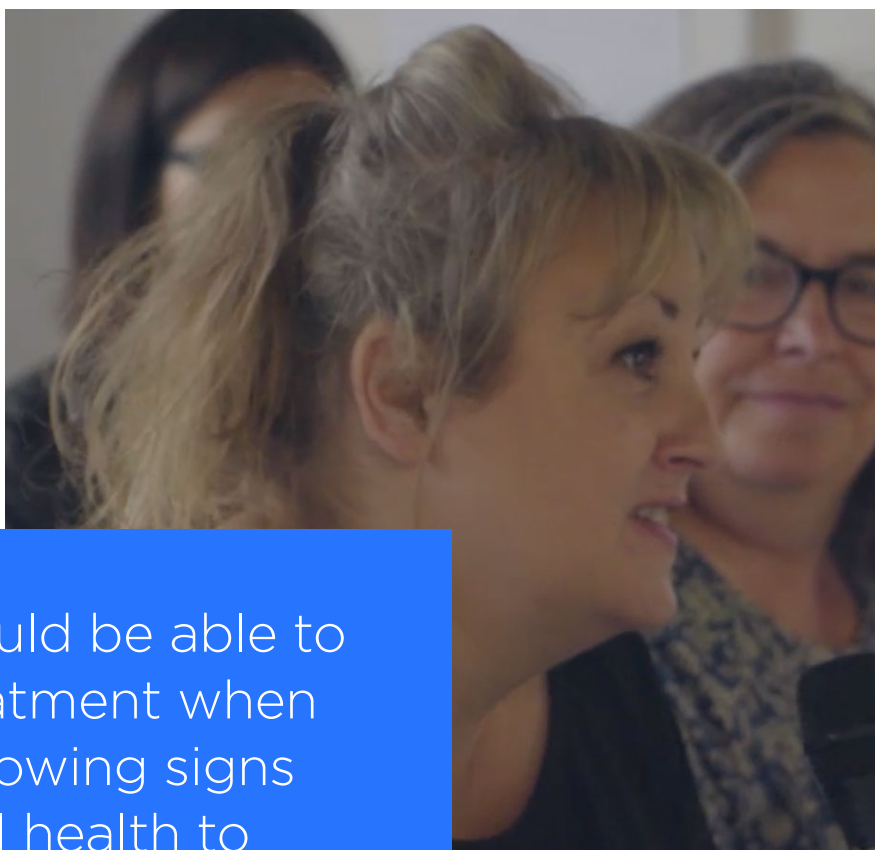


## Prioritise prevention and public health approaches

Londoners felt that given the great expectations and demands often placed on limited services, a prudent response would be to take a public health approach, prioritising prevention to prevent cases escalating further down the line.

“Services are not always available, so we need to fill gaps before a crisis occurs, by focusing on prevention when first symptoms appear.”

A greater focus on prevention would require a shift in attitudes to illness. A theme discussed among Londoners was that treatment is often only available to people in crisis, creating a perverse set of incentives for people not to seek help until they are already quite ill.



“People should be able to receive treatment when they are showing signs of mental ill health to ensure they don't get to crisis stage.”

## Develop social prescribing

Given respondents' discussions around bringing services to the people who need them, social prescribing was a theme that cropped up frequently. Londoners gave a number of examples where they felt social prescribing was being done effectively, including:

“Statutory services are covered but other interventions are not accessible. The Bromley-By-Bow centre in another borough is a good example of social prescribing.”

However, social prescribing would not be effective by itself to create services when and where needed. Several respondents stated that though there is social prescribing in their borough, it is limited by a general lack of awareness that it exists among the community.



“Social prescribing exists in Hackney, but not everyone knows about it.”

## Set up more crisis cafés

Respondents pointed out that crisis cafés serve an important purpose, as people need to feel empowered through conversation and supported when in crisis.

“The availability of a one-stop shop is lacking.”

## Make more activities available for children and young people

Londoners highlighted the importance of clubs that have been planned but not implemented yet. Currently children have to be between 16 and 18 years old to join clubs or sports, unless they are private. They mentioned that some boroughs are trying to privatise parks, but they urged to keep them open for children to play.

“Ball games aren’t allowed in parks, we need to change this...”

## Prioritise after-care

Respondents tended to define the system as hard to get into and hard to leave.

“The right support needs to be in place for people after they leave the system rather than just stamping them as ‘better’ and being left alone.”

## Encourage volunteering and peer-support to promote mental health awareness

Londoners suggested that once a month, people from different organisations could volunteer at other organisations to spread awareness by promoting partnerships and collaboration. They believe that the community is more likely to reach people than services. Activating the community could help people better understand how to deal with people with mental ill health. In addition, they emphasised the requirement for more funding for the voluntary sector, including social housing and sexual assault services.

“Sometimes it is a struggle to find people to support in social housing through local agencies. A supporting community is very important.”

## Utilise online technologies to increase mental health awareness

Respondents highlighted the importance of more online services and internet apps to ease pressure on face to face interventions. They mentioned that tested mental health smartphone apps should be available to young people.

“At the minute, services are at a minimum outside of Monday to Friday 9-5 hours. People can have a mental health crisis at any time and this should be recognised by service operating hours. Technological solutions should also be developed to help address this.”

## Educate people about mental health and services

Londoners identified the importance of education to support the understanding of mental health. They also felt that people should improve their understanding of how services work, which could be achieved through talking to schools about services and improving the access link from schools.

“There should be sessions in schools around transitions and wellbeing as well as drop-in services and general health. Besides that, they should provide more information around LGBT work, hate crime and homophobia.”

“People need to be educated about talking therapies. They don't know that they're available or how good they are.”

“Hearts & Minds and other similar organisations are good, but they don't have the money or the capacity to grow their services. We should work with them to understand their needs.”

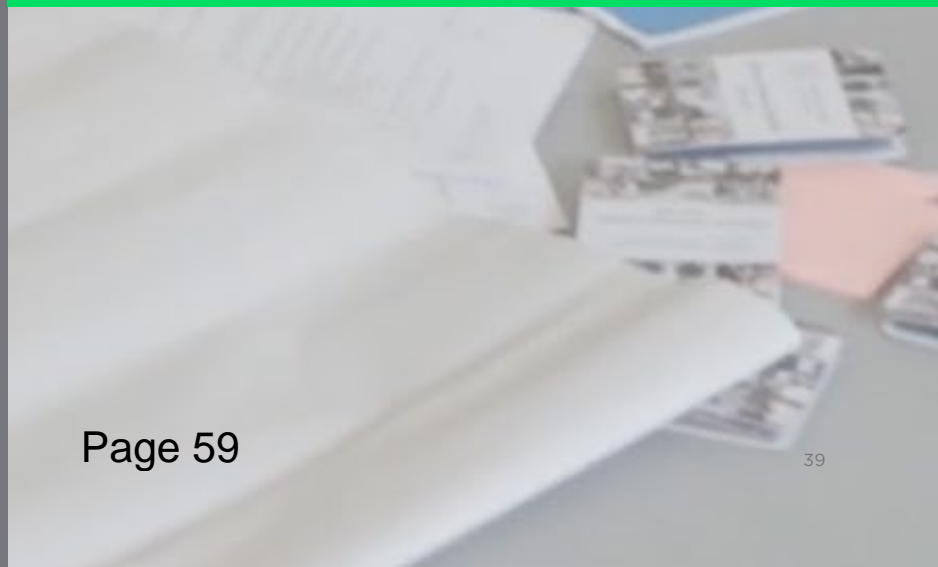
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## On aspiring to a zero suicide city, Londoners said...

the main challenges facing the city are related to the fact more discussion should happen around mental health; support is usually perceived as limited and services need to be reorganised to reflect peoples' needs. Participants also suggested that a more positive term than "zero" should be used.



“Reach out to men through traditional sports such as football, cricket to encourage conversations about suicide. This could be online where it feels safe to have this conversation.”





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## Londoners said let's:

### Develop suicide awareness

Support is available only at crisis point, and more interventions need to be developed. Waiting lists are too long, and services are not integrated.

“We need to be aware of the warning signs before a suicide attempt; going to check out potential sites, self-isolation, changes in personality/mood, job loss, relationship breakdown, bank holidays, spring time, high achievers, perfectionism.”

### Increase services for children and young people

Londoners discussed the lack of services for children and young people, and identified widening and improving access to support and services for people at risk of mental ill health or suicide as a big challenge. Primary and specialist services are disconnected and access to services is not always straightforward. Families sometimes feel they need more support to navigate the referral pathway. Furthermore, most respondents felt that too often problems cluster.

“Young adults do not seek help; referral services are very patchy and the person at risk needs to be open about being suicidal.”

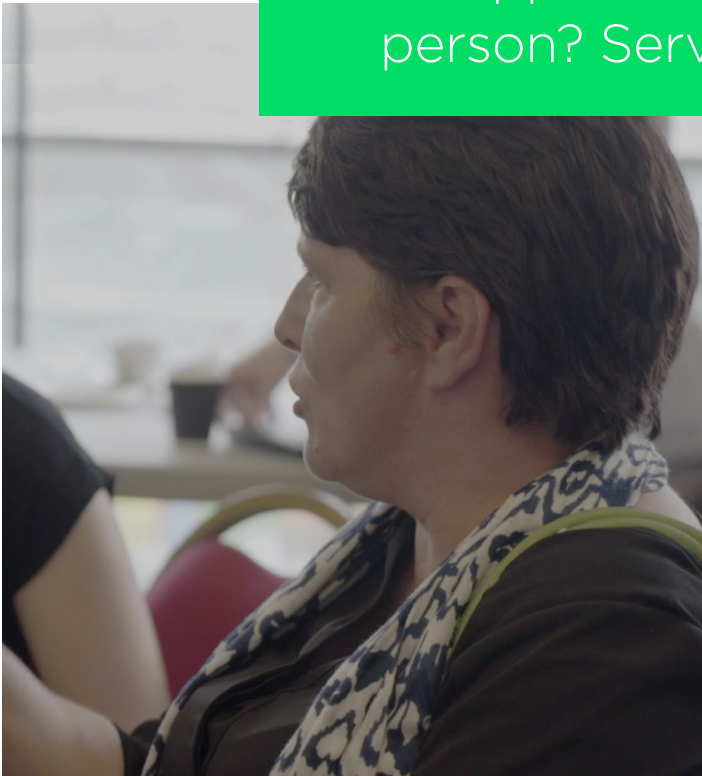
“There should be greater support for young people at a time of crisis, e.g. for out-of-hours, people are referred to A&E or police. Then they might be sent home because they don't meet the necessary threshold.”

## Adapt our terminology

Some respondents questioned whether the 'zero suicide' terminology is realistic and appropriate, especially for those that are affected by complex and multiple conditions. People noted how suicide can be a sudden event, not necessarily the result of an ongoing mental health difficulty. Everyone was in agreement that an appropriately positive language is needed, and comments on the terminology 'zero suicide' included:

"We prefer the term 'reduction'; 'zero suicide city' would make individuals feel they failed if the zero figure was never reached."

“If we try to achieve zero suicide, it means someone is to blame when it happened. Who is to blame, the person? Services?”



## Move prevention activities to the core of the community

Respondents advocated for a holistic mental health approach. This approach would require everyone to be involved and educating children, families and professionals on the use of the right language and skills. A range of preventative actions could be taken, adopting a holistic approach to mental health.

“Prevention is key in this area to treat mental health problems at an earlier point and reduce the risk of suicide and it would be better for the individuals and more cost effective if support was provided earlier.”

Londoners said that suicide prevention can be taken out into local communities. This could happen in various forms and could target specific high-risk groups. Reaching out to people in the local communities could help prevent social isolation and increase connections in society.

## Promote psycho-education as a key factor to reduce stigma

Education can improve communication about mental health, and psycho-education should take place at different levels: in the family, in the schools and in the community. This could help people in the community better understand how to effectively deal and talk with people who may be potentially suicidal. They would learn what language is appropriate to use and improved education would create an open environment for people to discuss their feelings, thus normalising conversations around mental health.

“Train those in the community to discuss mental health (e.g. Mental Health training for hairdressers/barbers, bartenders, receptionists, those within public bodies or faith groups): don’t give advice, just listen, sign-post and ask questions.”

Understanding what language is helpful when discussing mental health can also facilitate the dialogue between professionals, parents, and their children to avoid perpetuating the stigma.

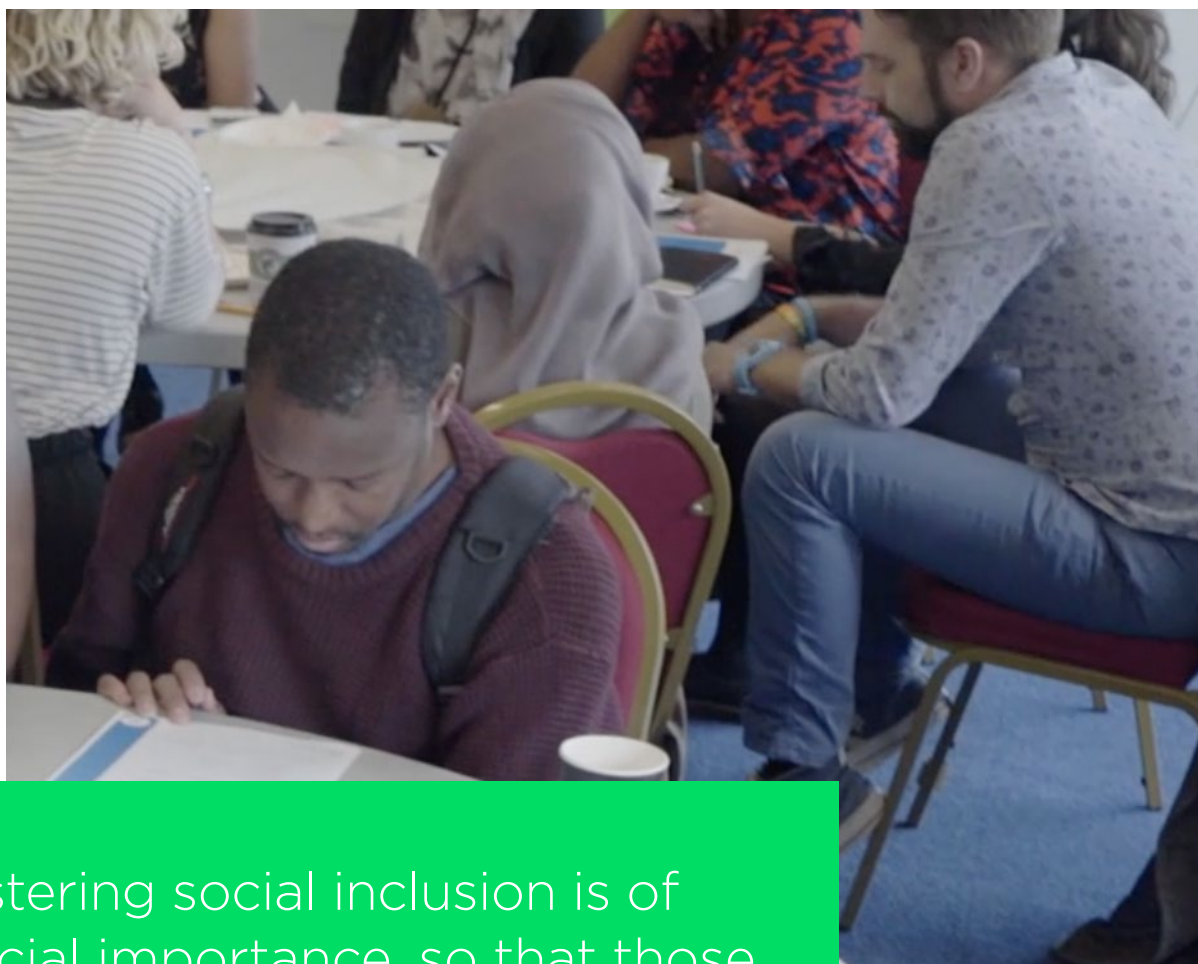
“Provide support for parents on how to talk to teenagers about mental health to avoid any possible crises later; a strong parents’ network is very useful.”



## Ensure schools play a fundamental role in providing adequate and timely support to children

The role of the school in tackling suicide was emphasised by Londoners, who felt schools have a responsibility to invest in preventative initiatives and signpost children and their carers to the correct services when needed.

“Schools should develop potential for anonymous reporting for individuals concerned about, or a safe space for children and young people to confidentially discuss any issues.”



“Fostering social inclusion is of crucial importance, so that those suffering from a mental health condition or crisis do not feel disconnected or as if they have nowhere to turn.”

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## Conclusion

London is a great global city with incredible education, employment and leisure opportunities but it is also a place of major challenges including high levels of poor mental and physical health, poverty and inequality. If we can support more people experiencing the challenges to make the best of the opportunities, we can go a long way in improving our city and the lives of those who live here.

Our greatest asset is the people, Londoners themselves, who have shown through the ideas presented in this report their wisdom, decency and willingness to tackle the challenges that face us. In our series of community conversations with over 1,000 Londoners in half of all the city's boroughs we have heard how people and communities want to play a more central role in helping themselves and their neighbours.

We also heard that more needs to be done to support them to fulfil that role. Londoners said that a network of community health champions, trained and linked to each other and local services, would make a great difference in educating, supporting and sign-posting people in their neighbourhoods. And over 300 of them raised their hands to volunteer.



They told us that a purely medical diagnosis and treatment focused system can neglect the social factors of what causes or worsens mental health problems in the first place. There is limited value in treating someone's symptoms only to send them back to the poverty-stricken, dangerous and unstable conditions that made them ill. And they told us that it was society's responsibility to make opportunities as available as possible to everyone regardless of mental or physical impairment.

To maximise the potential of children and young people they said that there should be safe and free spaces for them to meet. Every secondary school should have free after-school provision which develops young people's ability to make healthy choices.

On creating a happy, healthy and productive workplace Londoners said that a toolkit and training for employers would be valuable in ensuring everyone knows what the best practice is in looking after themselves, colleagues and workers. They also said trade union membership should be encouraged and that more needs to be done to tackle 'macho' work cultures and the abuse and stress suffered by transport workers in particular.

When people do need mental health services, Londoners said they want those services moved out of big buildings and into clinical settings, to places where people actually want to go, like evening sanctuaries and crisis centres.

One of the most striking observations that came across at every community conversation was that people were surprised to hear of all the services and activities that were available locally. Our conversations had the power to spread that local knowledge and

help people make connections. However, technology should be developed to let more people know what activities, support and services are available.

In addition, the themes and ideas were consistent across boroughs and with little variation between 'lower risk' and 'higher risk' boroughs.

Londoners said all these things and more about what we can do collectively to support them to deliver a happier and healthier city.

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## Appendix

By presenting the methods and processes used, this Appendix represents a framework on how to set up and run Community Conversations, as well as to analyse the insight gathered by participants.

### **Where community conversations were held**

At the beginning of this process the Mental Health Foundation conducted research for Thrive LDN mapping mental health inequalities in each of the 32 London boroughs. In the first phase of the Thrive LDN Community Conversations we prioritised the 'red' boroughs – those with the greatest mental health inequalities. Finding these to be a success with excellent feedback from attendees, we extended the programme to other "higher risk" boroughs as well as ones which expressed an interest so that we ensured a diverse representation. These boroughs covered areas in east, west, north and south, those with the highest, lowest and intermediate levels of mental health inequality and deprivation and in inner and outer London – in other words a very large and representative sample. Community conversations were conducted in the following boroughs:

- Barking and Dagenham
- Brent
- Croydon
- Ealing
- Enfield
- Hackney
- Harrow
- Islington
- Lambeth
- Lewisham
- Newham
- Redbridge

- Southwark (included an additional separate event with social care workers at their annual conference)
- Sutton
- Tower Hamlets
- Waltham Forest

Some boroughs requested to have a particular focus in their community conversation, Sutton for example wanted an emphasis on young people, Lewisham on their Black African and Caribbean residents and Brent wanted to explore tackling stigma in-depth, but all areas held discussions and fed back on all six aspirations.

### **Arranging the Community Conversations**

For each community conversation we:

- Contacted and gained agreement of local public health team who acted as local leads.
- Identified a suitable date, venue, speakers and invitees.
- Invited local residents, political representatives (Councillors, MPs, Assembly Members), service-users, carers, Healthwatch, NHS commissioners and providers, voluntary sector, housing, education, social care, businesses, faith communities through multiple advertising routes.
- To attract people we used email contacts, partner news outlets and Twitter, and, in a number of cases, Facebook adverts targeted at relevant postcodes which reached about 100,000 Londoners.
- RSVPs were collected using Eventbrite.

We set up the conversations as events using the following methods:

- We booked a room in an accessible and easily reached building with a capacity of up to 100 people.
- We arranged audio visual equipment including roving microphones and laptop and screen for PowerPoint presentations.
- We provided tea, coffee, water, fruit and biscuits.
- We set up the room with six tables seating about a dozen people on each.
- We placed flipchart paper, post-it notes and pens on each table.
- Each place at the table would have a copy of the agenda/ feedback form, a one page explanation of Thrive LDN, and a leaflet of top tips on how to look after your mental health by the Mental Health Foundation.
- People were welcomed and given the opportunity to network over light refreshments.
- A local representative (often the Director of Public Health), would talk about relevant local challenges and initiatives (10 mins).
- Six 10-minute table workshops would then ask all participants for their ideas on implementing the six Thrive LDN aspirations in their borough. Each of six facilitators (Thrive LDN and Mental Health Foundation employees) would be assigned an aspiration and move table after each 10-minute workshop so that all attendees got the opportunity to contribute their ideas on all six aspirations. The facilitators would use the post-its, flip chart and notebook to record all ideas.
- Each of the facilitators would briefly feedback to the whole room what the main themes were of each discussion.
- A local political leader, often the council cabinet member for health or mental health champion, would then thank everyone for coming and promise to incorporate their ideas in future local work.

We run the agenda of the conversations in the following order:

- The Chair (often Ed Davie, Programme Lead for Communities at the Mental Health Foundation) would bring the meeting to order and explain the agenda.
- A Mental Health Foundation representative (often Dr Antonis Kousoulis, Associate Director of Research & Development at the Mental Health Foundation) would explain the evidence for what supports communities to thrive (10 minutes).
- A Thrive LDN representative (often Jacqui Dyer MBE, co-chair of the Thrive LDN Steering Group) would explain their aspirations and plans (10 mins).

Following the event, the facilitators wrote up the notes which were collated with action points and sent back to all attendees within two or three weeks. The notes were then collated with all the other workshop notes and analysed for this report.

### **Londoners' impressions of the community conversations**

A total of 1,016 Londoners from 16 boroughs participated in our community conversations. At the end of each conversation, participants completed a feedback form further adding their reflections and intentions to stay involved. We received a total of 513 responses from all the conversations.

When asked how they rated the organisation of the conversation, 93% of people felt the organisation was good, very good or excellent. This is definitely something that improved as we became more practiced delivering the conversations, with the registration process in particular becoming more efficient. There will always be an element of unpredictability with the events as numbers on the day are difficult to confirm and people often arrived late. By increasing the suggested length of the event as the process developed, we managed to ensure it ran to time more successfully. With Thrive LDN attempting to engage people in the citywide movement, the vast majority (83%) agreed or strongly agreed that they understood the Thrive LDN initiative after attending the conversation.

There was a great diverse mixture of people participating, with 57% working in London in a range of services, and the remaining 43% having lived experience of mental health problems or caring for loved ones. During the conversation element of the conversations, 86% of people felt they were able to take part and share their thoughts during the conversations. Participants were further encouraged to note their thoughts on post-it notes if they didn't feel they wished to participate vocally.

Over 300 of our participants felt they were able to make useful contacts at the event. This will have been particularly influenced by the added time for networking that a slightly longer event allowed us to provide. It was also encouraging to see local charities and other groups networking at the events and making future plans to work together. There were several comments about the need for a local network of those who are passionate about mental health and it is encouraging that this could stem from the conversations.

It is particularly exciting that 76% of respondents – that is 363 Londoners – expressed a motivation to be contacted about follow up activities and raised their hands to champion good mental health for all in their city. There is a clear appetite for continued activity in all of the boroughs in which we ran conversations. No borough had fewer than 10 volunteers and over half of the boroughs had over 20. This signals the start of a citizen movement empowered to deliver initiatives that address inequality and improve mental health across London.

### **Research methods**

The transcripts from all 17 conversations were given to researchers at the Mental Health Foundation. The data consisted of approximately 180 pages of focus groups transcripts from the conversations. The analysis was led by an experienced qualitative researcher (Chiara Lombardo, Senior Research Officer at the Mental Health Foundation), who also contributed to the data analysis along with two other researchers (Jade Yap and Dorien Eising) at the Mental Health Foundation.

We conducted a thematic analysis that included: the steps of familiarisation and reading of each of the six Thrive LDN aspirations; initial coding; searching for themes based on initial coding; review of themes; theme definition and labelling (Braun & Clarke, 2006). The data was coded and categorised independently into themes by the three researchers who read and reread an initial 20% of the transcripts to identify themes. The researchers then met to discuss and to come to an agreement on the final themes and to ensure trustworthiness of the analysis. Further confirmation of themes took place through wider team discussion (with Ed Davie and Antonis Kousoulis), with themes validated and cross-checked by Ed Davie who read a sample of the analysis conducted. Following this validation procedure, each researcher took the responsibility to lead on one of the Thrive LDN aspirations. Data conversations with the three researchers continued to take place, and verification within the wider team also occurred to discuss implication of findings. Antonis Kousoulis then edited the report.

The data is presented in the form of a summary outlining the views of Londoners for each of the six aspirations. For each aspiration, we have mapped the range of diversity of the opinions and experiences of Londoners. Each chapter is divided into sections focusing on the challenges and current needs and experiences as reported by Londoners and their suggestions and ideas for improvement. Ample space has been given to Londoners' voice by reporting original quotations.

The collected feedback forms from all participants who filled out a form were used to create a spreadsheet database by Ollie Steadman which was analysed quantitatively to produce summary results.

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## Thrive LDN

Thrive LDN is a citywide movement to improve the mental health and wellbeing of all Londoners. It is supported by the Mayor of London and led by the London Health Board partners.

Two million Londoners experience some form of poor mental health every year and Londoners' life satisfaction and feelings of self-worth are lower than the national average. Thrive LDN was established in response to this, with the aim of reducing the number of Londoners affected by poor mental health.

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## Mental Health Foundation

Good mental health is fundamental to thriving in life. It is the essence of who we are and how we experience the world. Yet, compared to physical health, so little is commonly known about mental ill health and how to prevent it. That must change. The Mental Health Foundation is the UK's charity for everyone's mental health. With prevention at the heart of what we do, we aim to find and address the sources of mental health problems. We must make the same progress for the health of our minds that we have achieved for the health of our bodies. And when we do, we will look back and think that this was our time's greatest contribution to human flourishing. The Mental Health Foundation is a UK charity that relies on public donations and grant funding to deliver and campaign for good mental health for all.



Healthy London Partnership



SUPPORTED BY  
MAYOR OF LONDON

**Thrive LDN:**  
towards happier,  
healthier lives

**Join the conversation**

#OKLDN

@ThriveLDN

[thrivedn.co.uk](http://thrivedn.co.uk)



**Thrive** LDN 



## Appendix Two – An overview on Good Thinking

[www.good-thinking.uk](http://www.good-thinking.uk) is London's unique new digital mental wellbeing service that provides support for four of the most common mental health concerns i.e. anxiety, stress, low mood and sleep deprivation.

Users are signposted to an individually customised range of on-line and off-line services. Plans for developing the site further are in progress, including adding components that support Londoners misusing alcohol and strengthening the links to local IAPT services.



### Good Thinking London's digital mental well-being service

[www.good-thinking.uk](http://www.good-thinking.uk)




## Good Thinking Promotional Materials

**anxious**

Feeling anxious about tomorrow?

[www.good-thinking.uk](http://www.good-thinking.uk)



**feeling low**

Under your own dark cloud?

[www.good-thinking.uk](http://www.good-thinking.uk)



**can't sleep**

Finding yourself counting sheep?

[www.good-thinking.uk](http://www.good-thinking.uk)



**stressed**

Feeling the need to let off steam?

[www.good-thinking.uk](http://www.good-thinking.uk)

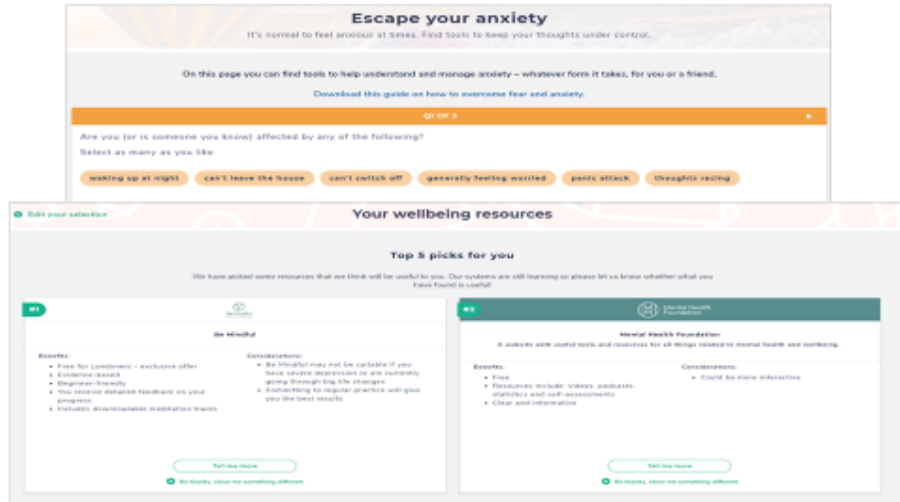


# How does Good Thinking work?

Personalised support is offered via simple three question wellbeing quizzes.

A more extensive self-assessment is also available.

Suggests five on and offline products to support and boost good mental health.



# Top 10 Good Thinking resources users go to

\* free for Londoners via Good Thinking

## 1 Sleepio\*

Online programme that teaches proven techniques to fall asleep faster, stay through and wake up feeling refreshed.



## 2 Be Mindful\*

Online mindfulness course to develop lifelong skills to help manage difficult emotions and better cope with life's stresses.



## 3 NHS Sleep and tiredness advice

Comprehensive health information and advice using videos, articles and other resources.



## 4 Anxiety UK

Support service for people living with anxiety; it provides information and support via an extensive range of services, including 1:1 therapy.



## 5 The Campaign Against Living Miserably

Free helpline and web chat support service for men feeling down or depressed for any reason.



## 6 Rethink

Charity providing expert, accredited advice and information to anyone experiencing a mental health problem.



## 7 Mental Health Foundation

Website with useful tools and resources for all things related to mental health and wellbeing.



## 8 The Mix

Online support service providing free, confidential support and counselling for young people under 25.



## 9 Living Life to the Full

Free online courses based on the principles of cognitive behaviour therapy to learn skills for coping with stress.



## 10 SAM

Mobile phone app designed to help manage anxiety by building a personalised anxiety management toolkit.



**Appendix Three – Draft Mental Health Training and Support Offer .**

Type of Training	Who	Why	What
<p><b>Mental Health First Aid (MHFA)</b></p>	<p>Staff working with residents with mental health issues and staff working with vulnerable groups at high risk of suicide<sup>1</sup> on a day to day basis, such as a social worker or youth worker carrying out casework.</p> <p>Staff working in high risk of suicide occupations e.g. primary school teachers</p> <p>A manager or staff member on every floor/department</p>	<p>Staff are better able to understand mental health issues and can support people in distress. Knowledge to signpost appropriately. Information on suicide awareness.</p> <p>Staff are trained to better support and signpost to mental health support those in high risk occupations.</p>	<p>A 2 day training event covering a range of mental health conditions and issues including depression, anxiety, suicide prevention, alcohol and mental health, psychosis and schizophrenia, bi-polar disorder.</p> <p>Information on crisis first aid in a range of situations.</p> <p>Practical skills such as non-judgemental listening and how to signpost and refer appropriately.</p>

<sup>1</sup> These include those working with young people aged 15-25, people with mental health issues, substance misuse issues, homeless people, offenders, middle aged low income men and those working to people providing debt and welfare advice.

Type of Training	Who	Why	What
		Similar to physical health 'First Aider' someone who can support staff is available on each floor of the Civic Centre.	
<b>Mental Health First Aid (MHFA) Champion</b>	<p>Team managers or staff.</p> <p>Those working with vulnerable groups or people with mental health issues but not intensively e.g. reception staff.</p>	<p>Across the organisation managers understand mental health issues and can support staff around mental health, challenge stigma, promote good mental health and signpost appropriately to services.</p> <p>Staff can support vulnerable clients better.</p>	<p>A 1 day course providing</p> <ul style="list-style-type: none"> <li>• an understanding of common mental health issues,</li> <li>• Knowledge and confidence to advocate for mental health awareness</li> <li>• Ability to spot signs of mental ill health</li> <li>• Skills to support positive wellbeing</li> </ul>
<b>Suicide Explained training</b>	<p>Those working or who interact with people at high risk of suicide.</p> <p>Staff members more widely such as reception staff or those in front line positions.</p>	<p>To reduce risk and know what to do when faced with warning signs of suicide. Ability to signpost appropriately to support services.</p> <p>To support our staff when faced with someone in crisis.</p>	<p>A half day training session covering</p> <ul style="list-style-type: none"> <li>• Understanding suicide – language, myth and facts, prevalence</li> <li>• Risk factors and warning signs for suicide</li> <li>• Basic steps to risk assess and deal with: <ul style="list-style-type: none"> <li>- Someone in crisis</li> <li>- Someone with suicidal thoughts</li> </ul> </li> <li>• Simple strategies for prevention, and importance of</li> </ul>

Type of Training	Who	Why	What
			<ul style="list-style-type: none"> <li>- Wellbeing</li> <li>- Self-care</li> <li>- Signposting and summary: Merton signposting information and quick guide flowchart</li> <li>• Merton Suicide Framework</li> </ul>
<p><b>Universal Offer</b></p>	<p>All staff</p>	<ul style="list-style-type: none"> <li>• Prevention; to promote good mental health and wellbeing amongst our staff.</li> <li>• To support our staff and support a healthy workplace</li> </ul>	<p>Promotion of range of activities and support to all staff including;</p> <ul style="list-style-type: none"> <li>• Promotion of ‘Good Thinking’ an on-line resource for good mental health</li> <li>• Staff exercise and wellbeing activities such as choir, pilates.</li> <li>• Employee Assistance scheme</li> <li>• Drink Checker</li> <li>• Promoting volunteering</li> <li>• Flexible working policies</li> <li>• Occupational Health support</li> </ul>

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## **Committee: Health and Wellbeing Board**

**Date: 29/01/2019**

Wards: All

### **Subject: Sustainable Communities Plan 2019 - 25**

Lead officer: Darren Tulley, Borough Commander - Fire

Lead member: Councillor Edith Macauley MBE, Cabinet Member for Community Safety, Engagement and Equalities

Contact officer: John Dimmer, Head of Policy, Strategy and Partnerships (john.dimmer@merton.gov.uk) and Jacob Lawrence, Policy Officer (jacob.lawrence@merton.gov.uk)

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#### **Recommendations: The Health and Wellbeing Board are asked to:**

- A. Note the progress so far on the development of a new Sustainable Communities Plan for the borough and the links that can be built with the review of the Health and Wellbeing Strategy;
  - B. Highlight any examples of projects they have been overseen by the Board or that are upcoming which promote or build social capital;
  - C. Outline how the Board engages with the subsidiary groups and organisations that feed into it and any engagement channels that could be used to support the development of the Sustainable Communities Plan; and
  - D. Consider whether there are any places or communities they wish to prioritise for the engagement work with hard to reach groups and suggest any channels or mechanisms for how to engage with them.
- 

## **1 PURPOSE AND EXECUTIVE SUMMARY**

- 1.1. The purpose of this report is to provide an update to the Health and Wellbeing Board on progress to date on the development of a new Sustainable Communities Plan for the borough. The Board is also asked to consider three questions outlined in the recommendations that sets out how the Board can help feed into the Plan at this stage.
- 1.2. The Sustainable Communities Plan will set out the Merton Partnership's long term ambition for the borough. As well as a final document, the Plan will have an online presence that will evolve alongside its development and during the lifetime of the Plan. The aim is to provide an online resource for the community that is easily accessible to residents, councillors, officers, and partners.
- 1.3. The overarching goal of the Sustainable Communities Plan will be to increase social capital in Merton as a key underlying driver to improve wellbeing across the borough. The Plan will look at how social capital varies across the borough, the effect it can have on increasing positive outcomes

for residents, and how it can be nurtured and built upon to support communities to become resilient.

- 1.4. A supporting theme of the Plan will be helping to embed the 'Think Family' approach and contextual safeguarding across the Merton Partnership, with the aim of making Merton a place where individuals, families and communities support each other and where we work collectively to enhance the life chances of our young people.

## **2 BACKGROUND**

- 2.1. The previous Community Plan runs from 2013-19.
- 2.2. This plan is a standalone written document, containing a number of case studies highlighting projects delivered by the council, the voluntary sector and community groups. It also set out the aims for the partnership across the borough.
- 2.3. The plan's aims were split into six themes, these were:
  - Working on bridging the gap;
  - Merton: a place to work;
  - A healthy and fulfilling life;
  - Better opportunities for youngsters;
  - Keeping Merton moving;
  - Being safe and strong.
- 2.4. Each year the Merton Partnership produces an Annual Report setting out progress and achievements in delivering the Community Plan.

## **3 DETAILS**

- 3.1. The focus of the Sustainable Communities Plan 2019-2025 will be on building social capital in the borough. Social capital can be broadly defined as 'the social networks, exchanges, obligations, and shared identities that in turn provide potential support and access to resources.' The political scientist Robert Putnam argues that social capital extends beyond this to include community cohesion, reciprocity and trust, and positive attitudes to community institutions that include participation in community activities or civic engagement.
- 3.2. To understand this better, Putnam suggested thinking about social capital in four ways: Engagement in Public Affairs; Community Volunteerism, the extent to which people volunteer; Informal Sociability, how much people socialise informally with others in their community; and Social Trust, how much people trust others in their community.
- 3.3. Our borough has a growing and thriving voluntary and community sector and a long history of partnership working across the public, voluntary and private sectors. There are already many of examples of social capital in action



which showcase the types of activity that the Sustainable Communities Plan is further looking to develop. Some of these include;

- Mitcham Community Orchard: a community project which has transformed a derelict site into a community leisure resource with the development of an orchard of fruit trees, bushes, flowers and decorative shrubs. The success of this project has depended on local volunteers and business sponsorship
- The Magic Club, Phipps Bridge: A specialist youth group for children with moderate to severe learning disabilities or Autism
- 1Way Project, Mitcham: A group which organises meetings for young people to discuss youth issues. Ex-gang members and drug dealers have been invited in to talk to members about how they turned their lives around
- Neighbourhood Watch Groups that look to ensure the safety and cohesion of their neighbourhood

- 3.4. Examples of social capital can also include more informal examples of sociability outside of more structured groups, for example the extent to which residents interact with one another on a day to day basis in their community. An area with low social capital might mean that people don't talk to or know their neighbours or feel more isolated.
- 3.5. Studies suggest that areas with higher levels of social capital are likely to have higher levels of volunteering, higher engagement with the council and other civic agencies as well as lower levels of loneliness and isolation, and better community cohesion. In turn, evidence suggests a strong link between high social capital with lower crime rates, greater chances of early intervention, a reduced reliance on services, and better physical and mental health and wellbeing.
- 3.6. To support the development of the Sustainable Communities Plan, an evidence base is being put together that collates data from a series of indicators to measure the existing levels of social capital on a ward-by-ward basis and give us a baseline from which to work. This will enable the identification of areas with high social capital; existing community assets and good practice that can be tapped as well as areas with lower social capital; places where the Merton Partnership can be proactive at trying to strengthen existing assets as well as developing new projects.
- 3.7. We hope that the identification of opportunities to improve and nurture social capital can also help to guide possible options to use Community Infrastructure Levy (CIL) monies to achieve this goal.
- 3.8. Developing the Plan will be based on a wide range of engagement activity to ensure that the views of residents, including hard to reach groups are captured, as well as the ambitions that they have for both their local area and the borough as a whole. This is outlined in 5.1 – 5.5.
- 3.9. The plan will include a clear list of 'you said, we did' deliverables; these will be reviewed as the document is updated, in order to demonstrate the impact the plan has on the borough.

## **4 ALTERNATIVE OPTIONS**

- 4.1. The Local Government Act 2000 formerly placed a duty on local authorities to develop a strategy/plan for the local area in partnership with the community. It was expected that community strategies/plans should 'set out a vision for a local authority's area, along with actions and commitments to further economic, social and environmental well-being.
- 4.2. This requirement is no longer in place, therefore the borough could chose not to produce a new Sustainable Communities Plan or refresh the previous version. However the Merton Partnership has agreed that it is important to have a plan that sets out the long term vision for an area in line with the needs and ambitions of the local community.

## **5 CONSULTATION UNDERTAKEN OR PROPOSED**

- 5.1. Consultation with children and young people. A survey distributed to over 900 children and young people (aged 11-16) across the borough asking them questions relating to social capital. The results of this will be used for the analysis of social capital on a ward by ward level.
- 5.2. Residents Survey. Questions relating to social capital are to be included in the 2019 Residents Survey. This will be a face to face survey of 1000 residents, a demographic cross-section of the borough. The results of this will be used for the analysis of social capital on a ward by ward basis.
- 5.3. A reference group is being established to inform the development of the Plan.
- 5.4. Engagement with hard to reach groups. A third party organisation will be commissioned to undertake engagement work with 'hard to reach' groups.
- 5.5. Interactive map. An online resource for residents to record areas of social infrastructure they use, what is good about it, and what could be improved. Users will also be able to see what other residents have said, thus improving knowledge of social infrastructure.
- 5.6. Consultation with Thematic Networks and Merton Partnership. To ensure that the aims of the Sustainable Communities Plan are aligned with the objectives of the different boards and the strategies that support their work.

## **6 TIMETABLE**

- 6.1. Children and Young People's Survey – December 2018 – January 2019
- 6.2. Presentations to Merton Partnership Thematic Networks – January – March 2019
- 6.3. Annual Residents Survey – February – March 2019
- 6.4. Workshop with voluntary sector and community groups – April 2019
- 6.5. Targeted engagement with hard to reach groups – April – June 2019
- 6.6. Merton Partnership Executive Board Awayday in May
- 6.7. Merton Partnership Conference Autumn 2019.

- 6.8. Signoff of the plan from Merton Partnership – Autumn 2019
- 6.9. Signoff of the plan from Cabinet – Autumn 2019
- 6.10. Publication of the plan – December 2019

## **7 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS**

- 7.1. Any costs in developing the Plan will be met from the Merton Partnership's budget. The final Plan should inform the direction of resources for all the members of the Merton Partnership to achieve its goals.

## **8 LEGAL AND STATUTORY IMPLICATIONS**

- 8.1. The Local Government Act 2000 formerly placed a duty on local authorities to develop a strategy/plan for the local area in partnership with the community but this is no longer a requirement.

## **9 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS**

- 9.1. Studies suggest that areas with higher levels of social capital are likely to mean higher levels of volunteering, higher engagement with the council and other civic agencies as well as lower levels of loneliness and isolation, and better community cohesion.

## **10 CRIME AND DISORDER IMPLICATIONS**

- 10.1. Evidence suggests a strong link between high social capital with lower crime rates.

## **11 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS**

- 11.1. Increasing social capital should increase levels of community cohesion and resilience and the ability for communities to withstand social, economic or environmental shocks.

## **12 APPENDICES – THE FOLLOWING DOCUMENTS ARE TO BE PUBLISHED WITH THIS REPORT AND FORM PART OF THE REPORT**

NONE

## **13 BACKGROUND PAPERS**

[Merton Community Plan 2013](#)

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## **Committee: Health and Wellbeing Board**

**Date: 29 January 2019**

Wards: All

## **Subject: Merton Health and Care Together**

Lead officer: Josh Potter: Director of Commissioning Merton CCG

Lead member: Tobin Byers

Contact officer: Josh Potter: Director of Commissioning Merton CCG

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### **Recommendations:**

#### **A. Note progress to date**

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#### **1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY**

To update the Health and Wellbeing board on the progress of Merton Health and Care Together, with a particular focus on recent engagement activity

#### **2 BACKGROUND**

- 2.1. Merton Health and Care Together aims to identify those areas of health and care transformation where a joint approach between commissioners and providers of services would be most valuable. The Merton Health and Care Together Board has been meeting formally for c10 months
- 2.2. Since that time, we have been working together to define a case for improvement for our borough.
- 2.3. We held a partnership health and care event on 21 November in Merton to identify shared actions that will have the greatest impact on the issues identified.
- 2.4. We propose creating a Local Health and Care Plan in partnership by March 2019, and publish this as "discussion document".

#### **3 DETAILS**

- 3.1. See slides

#### **4 ALTERNATIVE OPTIONS**

- 4.1. Not applicable

#### **5 CONSULTATION UNDERTAKEN OR PROPOSED**

- 5.1. Not applicable

- 6 TIMETABLE**
- 6.1. Merton Health and Care plan to be published as a discussion document in March 2019, with a final plan agreed and signed off by July
- 7 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS**
- 7.1. Not applicable
- 8 LEGAL AND STATUTORY IMPLICATIONS**
- 8.1. Not applicable
- 9 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS**
- 9.1. Not applicable
- 10 CRIME AND DISORDER IMPLICATIONS**
- 10.1. Not applicable
- 11 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS**
- 11.1. Not applicable
- 12 APPENDICES – THE FOLLOWING DOCUMENTS ARE TO BE PUBLISHED WITH THIS REPORT AND FORM PART OF THE REPORT**  
MHCT BRIEFING - ATTACHED
- 13 BACKGROUND PAPERS – N/A**

# Merton Health and Care Together: Start Well, Live Well, Age Well

Page 55

Update to Merton Health and Wellbeing Board

January 2019



# The Vision for Merton Health and Care together:

Working together, to provide  
joined up, high quality,  
sustainable, modern and  
accessible health and care  
services, for all people and  
partners of Merton, enabling  
them to start well, live well and  
well”

We will deliver this through:

**Supporting independence, good health, and wellbeing:** *people are enabled to stay healthy and actively involved in their communities for longer, maintaining their independence. People will be at the heart of the system, and care will wrap around them. The effective use of technology and data will help us understand people and their needs to provide the right advice, support or treatment.*

**Integrated and accessible person centered care:** *Joint teams in the community will provide a range of joined up services, 7 days a week, that help people to understand how to take care of themselves and prevent the development or rapid progression of long-term physical and mental health illnesses and LTCs. People will be helped by their doctors and wider wellbeing teams, to make use of a much more accessible and wider range of lifestyle change services.*

**A partnership approach:** *Local communities will become more resilient, with voluntary sector organisations playing an increasingly important role in helping to signpost vulnerable people to the right service and in some cases providing that service. Peer support will have a vital role to play in counteracting loneliness and contributing to people’s overall mental health and wellbeing.*

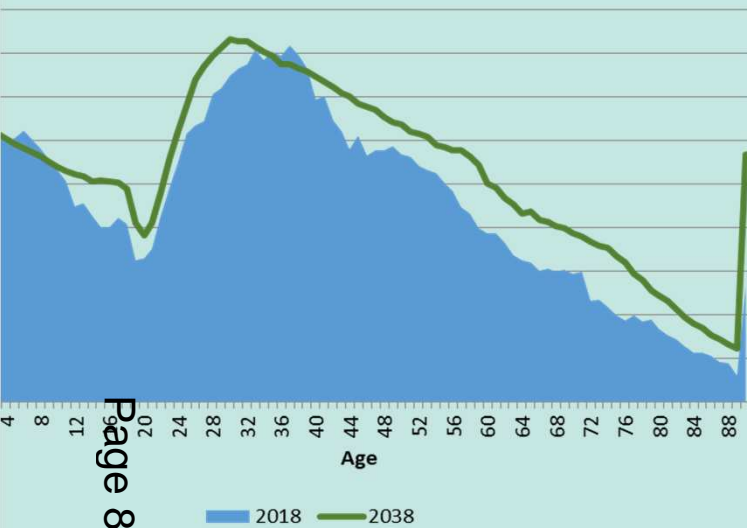




# Demographics of Merton

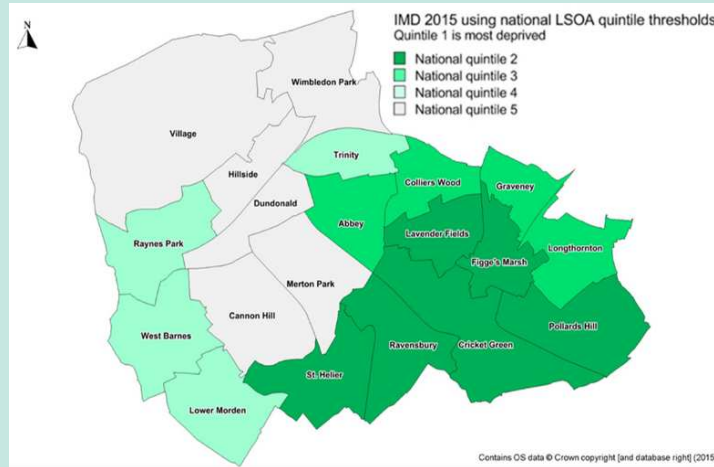
Population by single age (all persons) 2018 and predicted to 2038

Source: GLA population projection housing-led 2016 base

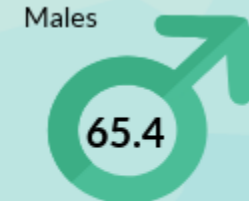


# Inequalities and health divide

"People in East Merton have worse health and shorter lives"



# Healthy lifestyles and emotional wellbeing



Longer than London (63.2) and England (63.5)



Longer than London and England (66.3)

However, the gap between the 30% most and least deprived wards is 9.4 years for men and 9.3 years for women

# Increasing complex needs and multi-morbidity



## Exercise

In 2016/17, just 28% (28,000) of adults aged 16 and over were doing at least 30 minutes of moderate exercise per week. This is lower than London (33%) and England (23%)

# Child and family vulnerability and resilience

## Children in care

Merton has a lower rate than London and England

## -17 year-olds not in Employment, Education or Training

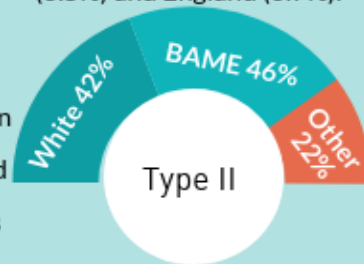
5%, lower than London (5.3%) and England (6%)



## Diabetes (Types I and II)

6.1% have diabetes which is slightly lower than London (6.5%) and England (6.7%).

Type II diabetes is more common in people of South Asian and African/Afro-Caribbean origin and affects people from BAME backgrounds at a younger age.



## Dementia

An estimated 1,700 people aged 65 and over have dementia in Merton; 74.4% have received a formal diagnosis.

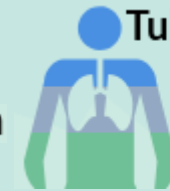
This is higher than London (71.1%) and England (66.4%).



# Hidden harms and emerging issues



## Air pollution



## Tuberculosis

London 22.2 per 100,000  
SW London 12.8 per 100,000  
Merton 18.0 per 100,000 (about 40 people)

Seasonal mortality  
More people die in the winter than the summer



## Emergency admissions due to injuries from falls

England 2,114 per 100,000  
London 2,201 per 100,000  
Merton 3,262 per 100,000



Falls are the leading cause of older people being admitted to hospital as an emergency.

	Responding to the needs of Merton Residents...	...Merton Health and Care Together will Focus on...	...to improve Merton residents...
Start Well	<p><b><u>Integrated support for children and families</u></b></p> <ul style="list-style-type: none"> <li>- More children in need due to abuse, neglect or family dysfunction, than London and England</li> <li>- Greater increase in children with special education needs than London and England .</li> <li>- Higher rate of A&amp;E attendances in children under 18 years of age, than England.</li> </ul> <p><b><u>Emotional Wellbeing and Mental Health</u></b></p> <ul style="list-style-type: none"> <li>- Increase in children’s use of substance misuse service, in contrast to a reduction across England</li> <li>- Rate of child admissions for mental health conditions higher than local authority nearest neighbours and England.</li> <li>- The fifth highest rate in London of emergency hospital admission for self-harm</li> </ul>	<p><b>Emotional Wellbeing and Mental Health:</b> Children and young people to enjoy good mental health and emotional wellbeing, and to be able to achieve their ambitions and goals</p> <p><b>Children and Young People’s Community Services:</b> Create an integrated commissioning strategy identifying opportunities for integration</p> <p><b>Developing Pathways into Adulthood.</b> Children and young people should continue to receive high quality services as they become young adults</p>	<p>Improved experience and access to health provision</p> <p>Service tailored to individual and needs</p> <p>Reduced need for emergency inpatient</p>
Live Well	<p><b><u>Wellbeing and Long Term Conditions</u></b></p> <ul style="list-style-type: none"> <li>- The main causes of ill health and premature deaths in Merton are cancer and circulatory disease</li> <li>- Steady increase in diabetes prevalence; an additional 1,500 people in Merton</li> <li>- Fewer than 1 in 5 adults are doing 30 minutes of moderate intensity physical activity a week</li> <li>- 1 in 4 adults are estimated to be drinking at harmful levels</li> <li>- Over half of adults in Merton are overweight or obese</li> <li>- Only 16.5% use outdoor space for exercise/health reasons, lower than London and England</li> <li>- 10% of the working age population have a physical disability</li> </ul> <p><b><u>Mental Health and Wellbeing</u></b></p> <ul style="list-style-type: none"> <li>- Higher reported levels of unhappiness and anxiety than in London and England</li> <li>- 16% of adults estimated to live with common mental health disorders like depression and anxiety</li> <li>- Higher rate of emergency hospital admission for self-harm than London and England</li> </ul>	<p><b>East Merton Model of Health and Wellbeing:</b> Developing a wellbeing model that underpins a holistic approach to self-management of long term conditions</p> <p><b>Diabetes:</b> life course, whole system approach. Focus on prevention and health inequalities.</p> <p><b>Primary Mental Health Care:</b> Single assessment, primary care recovery, wellbeing and Psychological Therapies</p> <p><b>Primary Care at Scale:</b> improve quality, reduce variation and achieve resilience and sustainability</p>	<p>Improved wellbeing and independence</p> <p>Greater LTC control and outcomes</p> <p>Improved access to primary and community services</p> <p>Improved access to mental health services</p>
Age Well	<p><b><u>Complex health and care needs</u></b></p> <ul style="list-style-type: none"> <li>- More people are living into older age with multiple long-term conditions</li> <li>- An estimated 1,686 older people have dementia in Merton</li> <li>- Merton currently supports around 4,000 adults with social care needs</li> <li>- Fewer people remain at home 3 months after reablement than both London and England</li> <li>- 11% of people have a long term illness, disability or medical condition</li> <li>- 5,900 people aged over 75 live alone.</li> <li>- Emergency admissions due to falls are significantly higher than London and England</li> </ul>	<p><b>Integrated Health and Social Care:</b> Proactive and preventative services, rapid response, improving discharges, enhanced support to care homes, falls prevention, and high quality end of life care</p> <p><b>Dementia Friendly Merton:</b> Improving the environment and day to day interactions for people with Dementia</p>	<p>Improved experience and control of health</p> <p>Reduction in falls and ambulance calls</p> <p>Fewer emergency admissions and hospital stays</p>



# Merton Health and Care Plan Event

Design groups held with representatives from Health, Social Care and the voluntary sector partners

Took place on 21 November at Chak89

151 people attended the event

Attendees invited:

- Frontline staff – NHS, Local Authority, Voluntary Sector
- Representative sample of local people of the borough
- Community and stakeholder groups



We made a film at each borough to give people a flavour of the day ...

Page 90



[https://youtu.be/HhrdyYs\\_RWs](https://youtu.be/HhrdyYs_RWs)



We held a partnership health and care event on 21<sup>st</sup> November to get feedback on the areas of focus and come up with ideas to improve our work for people in Merton:



## level feedback from participants at the event ...

4% found the event valuable or extremely valuable

90% felt their personal contributions were listened to during the day

85% felt they knew more about local health and care priorities



“Best event I've been to where providers and the public have been brought together to have valuable discussions on "health and care together". Excellent way to engage”

“I didn't know what to expect upon attending the event today but I have been pleasantly surprised about the genuine level of care the NHS and various companies have for the health and wellbeing of the community”



Merton Health and Care Together



# next steps ...

**December/Jan 2018/19:** The film, illustration and evaluation is sent to all those who attended event.

**December 2018 onwards:** Merton Health and Care Together Board will consider the outcomes of the day and agree ideas that should be explored further.

**December 2018 onwards:** Merton Health and Care Together Board to continue to develop and agree the Merton Health and Care Plan

Updates/discussion at the Health and Wellbeing Boards during **January and February.**

**December 2018 - March 2019:** analysis of health and care plan initiatives undertaken and priority actions identified.

**March 2019:** Health and Wellbeing Board receive draft Merton Health and Care Plan *Discussion Document* for approval

**May – June 2019:** Feedback considered and recommendations made for inclusion in the final health and care plan.

**June 2019:** Final Health and Care Plan presented to the Health and Wellbeing Board for approval.

**July 2019:** Publication of Health and Care plans.



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## **Committee: Health and Wellbeing Board**

**Date: 29<sup>th</sup> January 2019**

## **Subject: Merton Health and Wellbeing Strategy 2019-24 update**

Lead officer: Dagmar Zeuner, Director of Public Health

Lead member: Cllr Tobin Byers, Cabinet Member for Adult Social Care and Health

Contact officer: Clarissa Larsen (Health and Wellbeing Board Partnership Manager)

[Clarissa.Larsen@merton.gov.uk](mailto:Clarissa.Larsen@merton.gov.uk) and Natalie Lovell (Health Places Officer)

[Natalie.lovell@merton.gov.uk](mailto:Natalie.lovell@merton.gov.uk)

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### **Recommendations:**

- A. Consider the update on the refresh of the Merton Health and Wellbeing Strategy 2019-24 and the particular focus on 'healthy place'.<sup>1</sup>
  - B. Note the findings from the Start Well and Live Well workshops and plans for further engagement.
- 

## **1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY**

- 1.1. This report sets out the work currently underway as part of the development of the new health and wellbeing strategy specifically feedback from the Start Well and Live Well workshops and emerging priorities for the strategy.

## **2. BACKGROUND**

### **Synergy with the Local Health and Care Plan**

- 2.1 There are currently two plans being developed in Merton, both of which will influence the health and wellbeing of the Merton population; the Local Health and Care Plan and the Health and Wellbeing Strategy. The three themes of the Health and Wellbeing Strategy (Start Well, Live Well and Age Well – all with a focus on healthy place) are mirrored in the Local Health and Care Plan which focuses on health and care services and integration and is the subject of a separate report to this Health and Wellbeing Board.

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<sup>1</sup> By 'healthy place' we mean the physical, social, cultural and economic factors that help us lead healthy lives by shaping the places we live, learn, work, and play. Whilst the Local Health and Care Plan will focus on health and social care services, the Health and Wellbeing Strategy will focus on the wider determinants of health.

2.2 A Merton Health and Care Together Event was held on the 21 November 2018 to help shape the Local Health and Care Plan. A key learning point from this event was the important role schools play in health and care. A separate update on the Local Health and Care Plan and feedback from this event will be presented to the Health and Wellbeing Board alongside this report.

2.3 We are working closely with colleagues to coordinate the Local Health and Care Plan and the Health and Wellbeing Strategy to ensure they complement each other. See **figure 1**.

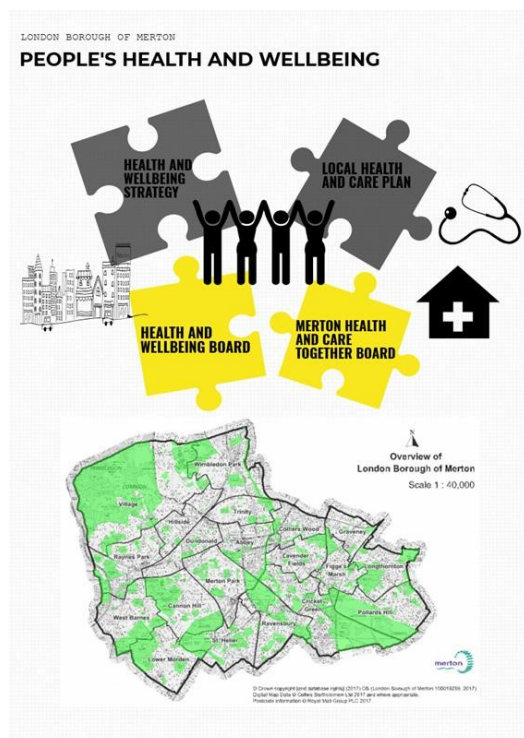
## NHS Long Term Plan

2.4 The NHS 10 year plan is a recently published, ambitious and comprehensive plan which covers how the NHS will spend the £20.5 billion extra money it will receive by 2023. The plan includes action that will be taken on prevention, avoiding health inequalities and helping people live longer healthier lives. However the NHS alone cannot solve these challenges; action is needed across society, across sectors, at different levels and on the wider determinants of health in order to make progress. This is why both the Local Health and Care Plan and the Health and Wellbeing Strategy in Merton are important.

### Figure 1: How the Local Health and Care Plan and Health and Wellbeing Strategy fit together

- The Local Health and Care Plan (LHCP) is overseen by the Merton Health and Care Together (MHCT) Board.
- MHCT Board focuses on health and care services and integration and reports to the Health and Wellbeing Board (HWBB).
- The HWBB is the statutory council committee to provide overall vision, oversight and strategic direction for health and wellbeing in Merton, including the wider determinants of health.
- The refresh of the HWBB strategy covers the same themes as the LHCP – start well, live well, age well – but with the addition and focus on creating a healthy place.
- The intent is to explicitly align the two plans to make sure they complement each other.

See **appendix 3** for more information about the Local Health and Care Plan.



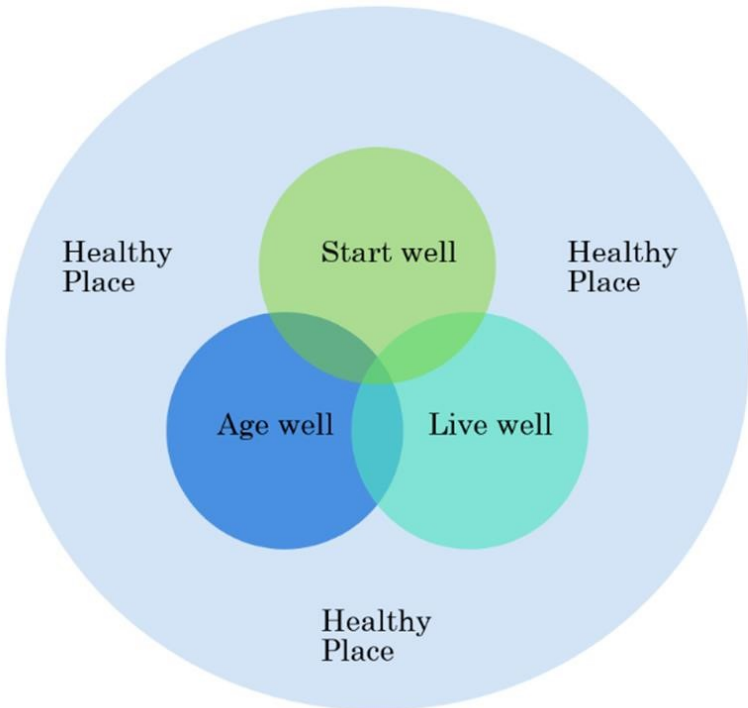
**Summary of the Health and Wellbeing Strategy 2019-24 themes**

2.5 Members of this Board have agreed four overarching themes (see **figure 2**) for the new Health and Wellbeing Strategy of:

- Start Well
- Live Well
- Age Well
- [in a] Healthy Place

2.6 Rather than being a separate theme, the Healthy Place theme is an integral part of the first three themes. Under each of the overarching themes there will be priority areas that will be tackled over the life course of the Health and Wellbeing Strategy.

**Figure 2: Themes of the Health and Wellbeing Strategy 2019-24**



## What do we mean by ‘healthy place’?

2.7 Healthy place can mean different things to different people. When we talk about healthy place, we mean the physical, social, cultural and economic factors that help us lead healthy lives by shaping the places we live, learn, work and play. These factors also shape the choices we face, for example around the food we eat.

2.8 It is using a ‘healthy place’ lens through which we will develop the actions against the priority areas in the refresh Health and Wellbeing Strategy.

2.9 Alongside the HWB Strategy refresh, LBM has launched a School Neighbourhood Approach Pilot (formerly called ‘School Superzones’), to work with initially with one or two schools to explore the concept of healthy place at a local level. The aim is to pilot a whole system approach to protect children’s health, bringing together planning, transport, place design and public health. Targeted action will be taken to tackle issues such as air quality, unhealthy food and drinks sales and physical inactivity.

2.10 The ‘Think Family’ approach will feature strongly in the Health and Wellbeing Strategy 2019-24; rather than viewing a child/young person as an individual, we will also consider their family, friends and places they spend their time.

## 3 DETAILS

### THEMED WORKSHOP PROGRAMME

3.1 Health and Wellbeing Board members are helping to lead the four themed workshops to facilitate discussion around the tentative priorities for Start Well, Live Well, Age Well and Healthy Place.

3.2 In the workshops we discuss and reflect on what we think about the tentative priorities for Start Well, Live Well and Age Well (see **figure 3** below for a list of these priorities), with a particular focus on what a healthy place would look like to help people flourish. We would like to build on the ongoing work of the Health and Wellbeing Board in this area and its commitment to fairness, promoting early action and reducing inequalities.

3.3 The tentative priorities for each theme were selected based on the Joint Strategic Needs Assessment (JSNA), engagement to date and an ongoing dialogue of what matters to people.

3.4 In the workshop we also discuss values and ways of working. Past experience suggests that the Health and Wellbeing Board is most effective when it focuses efforts on a few select priority areas, rather than a broader range of issues. Its success partly lies in the commitment of its members to promote shared values including social justice, prevention and a desire to learn and experiment, in their own organisations. To build on this, there are opportunities in the workshops to help us further explore people's interests, motivations and values regarding the Start Well, Live Well and Age Well themes. For example, at the Start Well workshop values which emerged as being important to people included reducing inequalities, the importance of freedom and the right to play and the importance of family and relationships. At the Live Well workshop values emerging were empowering people, collaboration and social responsibility.

3.5 The workshops will allow us to reflect on where the Health and Wellbeing Board will add most value through its role in bringing the people of Merton together to work towards a shared vision of health and wellbeing. There is an opportunity in the Strategy refresh to build on current work, for example continuing to promote 'health in all policies' and 'Think Family' as tools to create the conditions in Merton that help people lead healthy lives, as well as to explore new areas the Board may wish to focus on, for example using the social value act to promote local skills and employment, or exploring housing and health. Insights from the Start Well and Live Well workshops suggest that the tentative priority areas under the main themes are in the right direction and provide us with new ideas related to the healthy place focus, such as: encouraging businesses and workplaces to be breastfeeding friendly spaces; creating a healthy urban environment around schools; exploring the child friendly cities framework; creating spaces that encourage social connection; and empowering communities to take action. Additional ideas relating to the healthy place theme include air quality, active travel and the circular economy.

3.6 To see write ups of the Start Well and Live Well workshops please see **Appendices 1 and 2.**

3.7 We have created short online surveys on the Start Well and Live Well themes which have been circulated to the Start Well and Live Well workshop attendees respectively, to circulate to their networks, so that more people can be reached. The links to these surveys are below:

**Start Well survey:** <https://www.surveymonkey.co.uk/r/D9TZRBG>

**Live Well survey:** <https://www.surveymonkey.co.uk/r/HMN7P72>

3.8 The final workshop on Healthy Place will be a summary workshop pulling together the learning from the previous three workshops and with a strong focus on healthy place.

3.9 We are also working closely with colleagues in Children, Schools and Families to analyse the results of the Children and Young People’s Consultation; an online and paper survey for children and young people between the ages of 4-25. The consultation gives young people an opportunity to express their opinions on a number of key themes related to the Children and Young People’s Plan, the Health and Wellbeing Strategy and the Community Plan, which are all being redeveloped for the next 3-5 years.

**Figure 3: Tentative priorities under Start Well, Live Well and Age Well themes**

THEME	PRIORITY AREA TO TACKLE	VISION
<b>Start Well</b>	A good start in life	Every child and young person has a fair opportunity to have a good start in life through learning, playing, socialising, feeling safe and growing up healthy
	Mental health and wellbeing	Every child and young person has a fair opportunity to be listened to, feel valued and to be supported with their mental health and wellbeing
	Childhood obesity	Every child and young person has a fair opportunity to be a healthy weight by taking into account the multiple and interacting factors in their environment that contribute to the issue of childhood obesity

<b>Live Well</b>	Diabetes	Exploring how we can change factors in our environment, such as advertising of unhealthy food and drink and community food growing opportunities, to help create healthy places that make the healthy choice the easy and preferable choice
	Stress and resilience	Exploring how influencing factors in our environment, such as access to green space and active travel can help improve people's mental health and wellbeing
	Healthy workplace	Exploring how workplaces can help improve health and wellbeing of their staff and communities
<b>Age Well</b>	Social connectedness	Workshop 31 <sup>st</sup> January
	Active ageing	Workshop 31 <sup>st</sup> January
	Dementia Friendly Community	Workshop 31 <sup>st</sup> January

#### 4. NEXT STEPS

- 4.1 The programme of workshops is due to continue with a workshop on 31<sup>st</sup> January focussed on Age Well and the final workshop on Healthy Place on 12<sup>th</sup> February in which several Health and Wellbeing Board members are participating.
- 4.2 There are further plans to share emerging priorities and findings of the engagement programme to date with Merton Partnership, Children's Trust Board and Scrutiny committees. Draft priorities for the new Merton Health and Wellbeing Strategy will be reported to the HWBB in March and actions and a full plan then developed for June. We will continue to work closely with the Local Health and Care Plan throughout.

## Key dates timeline

4.3 Key dates are outlined below. Note these are not comprehensive and additional updates will be taken to other Boards where appropriate including the Merton Safeguarding Children’s Board meeting.

Date	Meeting	Purpose
2019 January		
16 January	Children’s Trust Board	Report on HWS process and engagement
29 January	HWBB	Report on HWS engagement
31 January	Age Well Workshop	3 <sup>rd</sup> engagement workshop
February		
5 February	Merton Partnership Exec Board meeting	
5 February	Health Scrutiny Panel	HWS report for discussion / input from Scrutiny
12 February	Final workshop to bring together all themes + in a Healthy Place	4 <sup>th</sup> and final engagement workshop – returning to all themes in a Healthy Place
February	HWS on-line survey closes	Final analysis of full engagement takes place
March		
26 March	HWBB	Draft HWS to be discussed
June DATE TBC	HWBB	Final HWS for sign off

## 5 ALTERNATIVE OPTIONS

5.1. None for the purposes of this report.

## 6 CONSULTATION UNDERTAKEN OR PROPOSED

6.1. The consultation programme is as set out in the report.

## 7 TIMETABLE

7.1. The plans for developing the health and wellbeing strategy are outlined in the report

## 8 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

8.1. None for the purposes of this report.



**9 LEGAL AND STATUTORY IMPLICATIONS**

9.1. It is a statutory duty for the Health and Wellbeing Board to produce a joint Health and Wellbeing Strategy based on the Joint Strategic Needs Assessment.

**10 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS**

10.1. The Health and Wellbeing Strategy is directly concerned with improving health equity.

**11 CRIME AND DISORDER IMPLICATIONS**

11.1. None.

**12 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS**

12.1. N/A.

**13 APPENDICES – THE FOLLOWING DOCUMENTS ARE TO BE PUBLISHED WITH THIS REPORT AND FORM PART OF THE REPORT**

*Appendix 1: Start Well workshop write up*

*Appendix 2: Live Well workshop write up*

*Appendix 3: Local Health and Care Plan- Start Well priority areas*

**14 BACKGROUND PAPERS**

None.

## Appendix 1 Start Well workshop write up (power point slides)

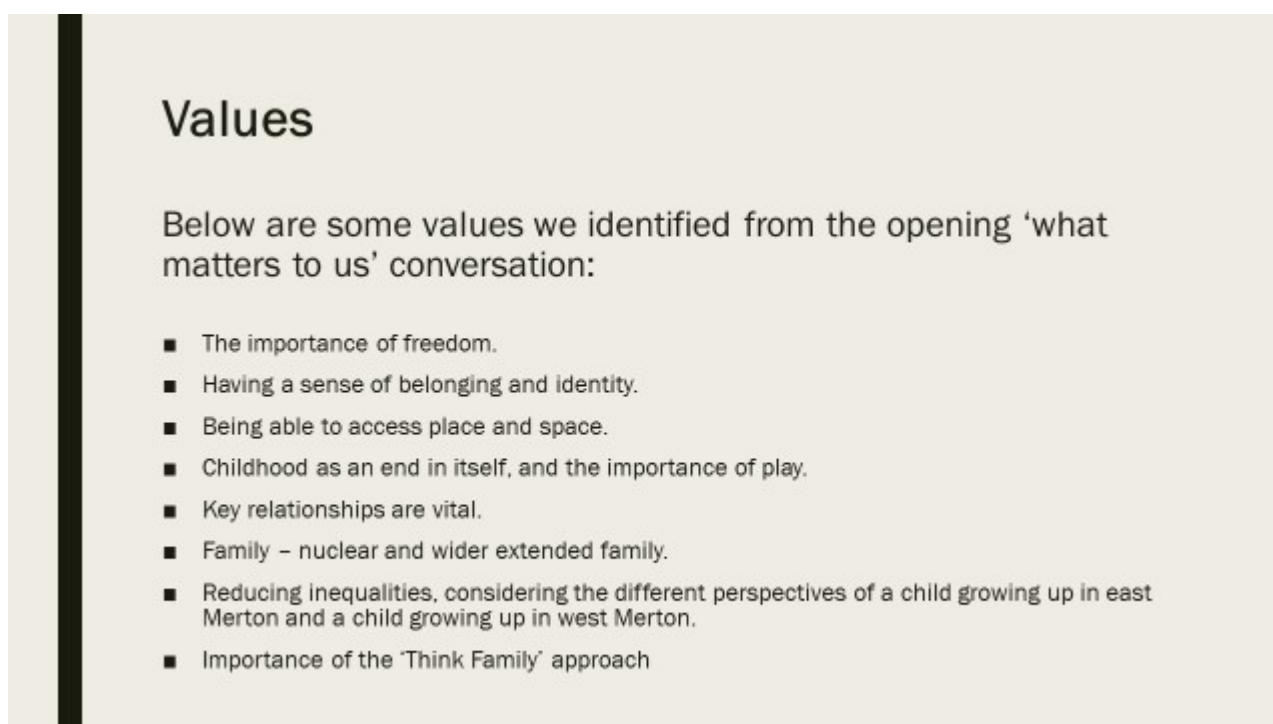


HEALTH AND  
WELLBEING  
STRATEGY

START WELL WORKSHOP  
KEY LEARNING POINTS

5 November 2018

The slide features a light beige background with a large, bold, black L-shaped graphic on the left and right sides. The text is centered and uses a clean, sans-serif font.



### Values

Below are some values we identified from the opening 'what matters to us' conversation:

- The importance of freedom.
- Having a sense of belonging and identity.
- Being able to access place and space.
- Childhood as an end in itself, and the importance of play.
- Key relationships are vital.
- Family – nuclear and wider extended family.
- Reducing Inequalities, considering the different perspectives of a child growing up in east Merton and a child growing up in west Merton.
- Importance of the 'Think Family' approach

The slide has a light beige background with a vertical black bar on the left side. The text is left-aligned and uses a clean, sans-serif font.

In groups, we explored people's insights in the following areas...

Childhood obesity

Early Years

Mental and emotional wellbeing



...with a focus on **healthy place**

## What do we mean by healthy place?

- Healthy place can mean different things to different people.
- When we talk about healthy place, we mean the physical, social, cultural and economic factors that help us lead healthy lives by shaping the places we live, learn, work, and play.
- These factors also shape the choices we face, for example around the food we eat.

# CHILDHOOD OBESITY

## TABLE DISCUSSION

### Childhood obesity: insights

- Importance of friends and family networks and relationships. Including parents, carers and having family time.
- Avoid 'blame' culture – positively frame opportunities to help children, young people and their families lead healthier lives.
- Opportunities for family activities and coming together to reduce stigma and parents feeling isolated working with community groups.
- Awareness of healthy eating and physical activity opportunities in the community to encourage engagement.
- Societal level rather than just individual level – environmental interventions and the built environment have an impact.
- Starting early (pre-conception) but also maternity and early intervention before a child reaches 5 years old
- Support for parents/carers and child with obesity and healthy weight

## Childhood obesity

### Health and Wellbeing Board: Ideas for the future

- Estate regeneration and influence on the built environment
- Workplace health and wellbeing to influence family health
- Empowering communities to take action
- Council levers need to be congruent and focussed eg planning
- Gap between professional support and community support
- No single solutions- need to galvanise levers we have
- Sustained focus on childhood obesity as a priority
- Reframing terminology, humility and listening
- Health in All Policies very important. Council and CCG as commissioners have opportunities to influence. Should be strong in HWBB strategy
- Consistent approach through co-production of early interventions but the driver must be through the eyes of the parent/carer

## EARLY YEARS

### TABLE DISCUSSION

## Early Years: insights

- Building community and networks - crucial to give support but can be absent.
- Some unhappiness doesn't reach our professional threshold for significant help.
- Impact of environment on every aspect of life.
- Identifying need and asking for help - without this no help given.
- Loneliness can occur anywhere - not necessarily in areas experiencing inequality

## Early Years

### Health and Wellbeing Board: Ideas for the future

- Think about the way we communicate as an HWBB.
- Need an overarching brand/theme/vision.
- Need to focus more on interplay between Start well and Healthy place.
- Vision for the Children of Merton – how by working together we have the most impact.
- Importance of adopting a 'Think Family' approach.

# MENTAL AND EMOTIONAL WELLBEING

TABLE DISCUSSION

## Mental and emotional wellbeing: insights

- Developing self-resilience helped by being able to talk about feelings to others.
- Professional role and how professionals affect the social domain.
- Power of the social construction of stigma and shame (that can be internalised)
- Fear of a child's mental health illness by a parent/carer or others.
- Supporting the family, helping parents with their children's needs.

## Mental and emotional wellbeing

### Health and Wellbeing Board: Ideas for the future

- How can we create environments that support relationship building, networks, and family relationships?
- Need to support families and communities to understand 'sadness' and isolation.
- Consider how we can help generate kindness and respect.
- Help to ensure our community spaces remain for communities.
- How do we build communities and community resilience through our planning and regeneration. Places where people come together.
- Relationships matter- education can help teach young people to talk about their feelings.
- Pre-natal and post-natal relationships crucial- opportunities for non-stigmatising services
- Resource our local community centres with voluntary sector groups
- Apply Strengths based approaches.
- Empower children-hear their voices!

## Closing comments...

- Explore Health and Wellbeing Strategy/Health and Wellbeing Board branding
- The importance of the HWB to collectively get behind a specific idea and promote it.
- The importance of community and working with communities' strengths..
- The importance of early years influences.
- Listen, engage, partner with communities.



## Closing comments...

- The importance of space and how you feel in it.
- Community engagement with those just below our thresholds.
- Willingness and desire to think differently and work collaboratively to find solutions with our communities.
- Great commitment from everyone at workshop to family friendly approach.
- Pre-natal and post-natal relationships are crucial, opportunities for non-stigmatising services.

## For more information...

- Contact [Natalie.lovell@merton.gov.uk](mailto:Natalie.lovell@merton.gov.uk)

## Appendix 2 Live Well workshop write up (power point slides)



**MERTON HEALTH AND WELLBEING STRATEGY**

Learning from the Live Well Workshop

December 2018

<b>CONTENTS</b>	<b>WORKSHOP AIM</b>
	<b>VALUES WE IDENTIFIED</b>
	<b>WHAT WE MEAN BY 'HEALTHY PLACE'</b>
	<b>DIABETES</b> Insight and ideas
	<b>STRESS &amp; RESILIENCE</b> Insight and ideas
	<b>HEALTHY WORKPLACE</b> Insight and ideas
	<b>NEXT STEPS</b>



**WORKSHOP AIM**

What we hoped to achieve through the workshop

**AIM OF WORKSHOP**

The aim of the workshop was to discuss and reflect on what we think are the priorities for the health and wellbeing of working-age adults for 2019-24, with a particular focus on what a healthy place would look like to help them flourish.

The findings from the discussion will be used to inform the refresh of the Health and Wellbeing Strategy.

**WHAT IS THE HEALTH AND WELLBEING STRATEGY?**

The Health and Wellbeing Strategy is a document that sets out the vision for health and wellbeing in Merton, from 2019-24.

It is a statutory duty for the Health and Wellbeing Board to produce it. The Board brings together key stakeholders to provide leadership for health.



**VALUES WE IDENTIFIED**

From the opening 'what matters to us' conversation

**GROUP WORK**

We asked people at tables to work in partners and talk about what matters to them, on the topics of either Diabetes, Stress & Resilience or Healthy Workplace.

**COLLABORATION**

**TACKLE CHALLENGES TOGETHER**

**EMPOWER PEOPLE**

**ASK: WHAT MATTERS TO YOU?**

**CONSIDER SOCIAL RESPONSIBILITY**

**COMMUNITY**



## WHAT WE MEAN BY 'HEALTHY PLACE'

An explanation of the concept

### WHAT DOES 'HEALTHY PLACE' MEAN?

Healthy place can mean different things to different people.

When we talk about healthy place, we mean the physical, social, cultural and economic factors that help us lead healthy lives by shaping the place we live, learn, work and play.

These factors often shape the choices we face, for example around the food we eat.

*"Communities need somewhere they own and that they consider their own."*

Workshop participant



## DIABETES: INSIGHTS

Exploring mental and emotional, environmental, economic and social wellbeing

### MENTAL & EMOTIONAL WELLBEING

Consider first what matters to people. It may not be immediate health issues.

Expectation and almost acceptance of getting diabetes as many family members have it.

### ENVIRONMENTAL WELLBEING

Role of advertising of unhealthy food and drink vs right media messaging.

Walking rather than driving; lack of cycling infrastructure.

Food environment that makes the healthy choice the easier choice.

Making it easier to exercise.

Family environment and food environment are closely linked.

Storytelling is a powerful approach to supporting people to make changes.



## DIABETES: INSIGHTS

Exploring mental and emotional, environmental, economic and social wellbeing

### ECONOMIC WELLBEING

Worries about future employment prospects.

Cost of good quality, appropriate food.

Lack of access to appropriate cooking equipment can undermine attempts to change.

### SOCIAL WELLBEING

Access to the right information to make informed choices.

Sell the positives of change and provide messages that inspire confidence.


Role of community & role of a good GP/team who can communicate.

Genetic factors also have an influence on health.

Culture is important- could be ethnic, religious, neighbourhood, friendship group, workplace culture etc.

Role of family in supporting people. The family is a key unit in any intervention.

How to prepare food-educating the cook and fridge filler.



*"We must not tell people wrong stories about their health. People reach their Damascene moment through hearing stories from their peers and through the process of storytelling themselves. Often the most convincing reason to change is a story from within your own family"*

Workshop participant, Diabetes table



## DIABETES: IDEAS FOR THE FUTURE

Ideas for the Health and Wellbeing Strategy refresh

- Community health champions
- Recognise that this is a community level issue
- Cooking lessons- simple, healthy cheap meals
- Community centre/space for people to connect and support each other
- Use schools as places to connect/use kitchens after school hours
- Range of services linked to diabetes management/clinics (debt support, counselling)
- Prevention- start in schools

- Youth champions
- Role of governors
- Weave into school curriculum/PSHE/home economics/lunchtime
- Support access to cooking equipment
- Co-ordinated approach to mapping, supporting and promoting sport/physical activity
- Share stories and learning across the community
- Social prescribing approach is key



## STRESS & RESILIENCE: INSIGHTS

Exploring mental and emotional, environmental, economic and social wellbeing

### MENTAL & EMOTIONAL WELLBEING

Social isolation

Sleep is affected

Lack of security

Children

Fear for the future

Lack of control over life/feels like a treadmill/no light at the end of the tunnel

People have to feel ready to be signposted

### ENVIRONMENTAL WELLBEING

Making social connections is difficult

Housing situation stressful and insecure

Need to be near support networks –transport to get there

School most influential channel

School gates are really important for social connections



## **STRESS & RESILIENCE: INSIGHTS**

Exploring mental and emotional, environmental, economic and social wellbeing

### **ECONOMIC WELLBEING**

Easy to get into debt and hard to get out of it

No opportunity to apply for better jobs

No spare cash for social interactions

Work- everyone needs a goal at work

### **SOCIAL WELLBEING**

Isolation from family/extended family

No time for friends

Tough life as a single parent

Need external support, not just medication



## **STRESS & RESILIENCE: IDEAS FOR THE FUTURE**

Ideas for the Health and Wellbeing Strategy refresh

- Support for single parents & vulnerable people
- Every workplace ask questions about mental health and wellbeing
- 'Say hello' at work; social interaction in the workplace can make a difference. Senior leadership to support change
- Sincere social interventions/culture
- Public art to encourage discussion
- Informal places to 'drop in' and chat with no agenda
- Less formal car clubs using neighbours

- Connect private and public businesses
- CCG, Council & voluntary sector to lead by example
- Use community spaces to encourage people to meet- schools, libraries
- Map community assets & identify areas of greatest need
- Social civic responsibility- NHS should provide more than medication, schools should provide more than education
- Recreate natural support networks



## HEALTHY WORKPLACE: INSIGHTS

Exploring mental and emotional, environmental, economic and social wellbeing

### MENTAL & EMOTIONAL WELLBEING

Culture of presenteeism is problematic

Pressures to 'look busy' at work and work pressure affects people's work/life balance

Protected lunch breaks can help protect mental and emotional wellbeing at work

Some employees may have caring responsibilities eg caring for a family member with dementia. Need support from their workplace

Walking meetings

### ENVIRONMENTAL WELLBEING

'Meeting hygiene'- too many meetings can create time pressures. Consider smart use of technology.

Employees need a vision they can sign up to- good direction

Good management is key

Active travel, flex time (school run), childcare

Some workplaces offer communal space for employees to cook

The price of healthy food can often be a barrier

Consider those who do not work in an office eg in east Merton the white van is many peoples' workplace



## HEALTHY WORKPLACE: INSIGHTS

Exploring mental and emotional, environmental, economic and social wellbeing

### ECONOMIC WELLBEING

A good job can create a sense of wellbeing, a sense of purpose in life, and provide money and resources to live

A good job is a key determinant of health

Procurement to boost the local economy and people's wellbeing- Preston case study

### SOCIAL WELLBEING

Consideration needs to be given to the language used when talking about the importance of healthy workplace. Consider the humanism rather than treating employees as 'machines' and thinking solely in terms of 'productivity' and 'output'

Flexibility

Protected lunch breaks

Create social interaction at work through design





## HEALTHY WORKPLACE: IDEAS FOR THE FUTURE

Ideas for the Health and Wellbeing Strategy refresh

- Encourage businesses to sign up to the Healthy Catering Commitment
  - Encourage good, people focussed management to get the best out of people
  - Provide leadership for workplace health
  - Encourage businesses to sign up to a Merton wide Breastfeeding Welcome scheme
  - Mental health at work
- Workplaces to encourage and enable active travel at work
  - Sustainable travel plan for the borough
  - Share learning about what a healthy workplace is
  - Model the way. Ensure that Merton Council and HWBB partners have a breastfeeding policy in place that supports new mothers returning to work



## NEXT STEPS

Next steps for the development of the Health and Wellbeing Strategy

- **WORKSHOP PARTICIPANTS TO CIRCULATE LIVE WELL SURVEY TO THEIR NETWORKS. LINK HERE:**  
<https://www.surveymonkey.co.uk/r/HMN7P72>
- **PUBLICATION OF HEALTH AND WELLBEING STRATEGY 2019-24 AROUND JUNE 2019**

# THANK YOU

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### **Appendix 3: Local Health and Care Plan: Priority areas for Start Well and Live Well themes**

The vision of the Merton Health and Care Together Board is:

*“Working together, to provide truly joined up, high quality, sustainable, modern and accessible health and care services, for all people and partners of Merton, enabling them to start well, live well and age well”*

Under the theme of Start Well, the Merton Health and Care Together Board will focus on:

- Mental health and wellbeing
- Integrated CYP community services
- Preparing for adulthood (managing transitions, extending age range 0-25)

Access to and experience of mental health services are a key determinant of children and young people’s mental wellbeing. There are many other factors such as socioeconomic conditions, healthy places, social connections and education which also play a hugely important role, and these are factors which other strategies such as the Health and Wellbeing Strategy and the Children and Young People’s Plan, can seek to address.

Under the theme of Live Well, the Merton Health and Care Together Board will focus on:

- East Merton Model of Health and Wellbeing: Developing a wellbeing model that underpins a holistic approach to self-management of long term conditions
- Diabetes: A life course, whole system approach. Focus on prevention and health inequalities.
- Primary Mental Health Care: Single assessment, primary care recovery, wellbeing and Psychological Therapies.
- Primary Care at Scale: Improve quality, reduce variation and achieve resilience and sustainability.

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