



# HEALTH AND WELLBEING FORUM

Tuesday 3 February 2022

10.00am – 11.30am

Virtual meeting via Zoom

Chair: Jenny Greenfield, Deputy CEO, KCSC

Minutes taken by Fenn Reynolds, KCSC

Item	Notes	Action
1	<p><b>Welcome and Introduction</b> – Jenny Greenfield, Deputy CEO, KCSC</p> <p><a href="#">Agenda</a></p> <p>Jenny Greenfield (JG), welcomed everyone and ran through the forum ground rules and agenda.</p>	
2	<p><b>The Obesity Strategy</b> – Kate May, Senior Public Health Strategist, WCC</p> <p><a href="#">Presentation</a></p> <p>Sarah Crouch (SC) began by setting out their aims to share their early thoughts with regards to obesity, and to get thoughts from the attendees.</p> <p>SC set out the issues as they stand, which pointed to the following figure –</p> <ul style="list-style-type: none"> <li>- 44.1 % of adults are overweight or obese in RBKC</li> <li>- 21.2% of adults are inactive in RBKC</li> </ul> <p>SC pointed out the inequality in life expectancy within the borough, between affluent areas and those poorer areas.</p> <p>RBKCs approach to obesity contains an all age approach, and looking at obesity from every angle. There is particular focus on Dalgarno, Golborne, Notting Dale, Coleville, St Helen’s and Chelsea Riverside boroughs, alongside higher risk groups.</p> <p>Neighbourhood action plans are another way that RBKC are engaging with local people to create positive change. Kate May (KM) spoke about the ward based data being put together, looking at resources in those areas such as community centres, and tailoring plans to residents resources.</p> <p>The aims by the end of 2022/23 are based on building on what the borough already has, asking residents what they want and enabling change, new physical activity programmes and integrated services such as One You and how they work with each other. Reviewing and taking action on the food environment and food poverty is another key element.</p> <p>KM introduced questions for breakout room discussion in smaller groups. The questions discussed were</p> <ul style="list-style-type: none"> <li>- What have you learnt from the communities you work with that relates to obesity and wellbeing?</li> </ul>	

	<ul style="list-style-type: none"> <li>- What do you think is the most important priority for action?</li> <li>- How can RBKC work with organisations and residents they serve?</li> </ul> <p>Group One – The group cocussed on food and skills, and knocking the perception that healthy food is expensive. Ideas around problem solving, cooking skills and equipment. An idea for resolution could be recipe cards. Outdoor activities and promotion of those was another key point brought up. Ann Goodger noted an appetite for out door activities, and noted the popularity of the walking groups she runs.</p> <p>Group Two – Key points and observations were based around change of mindset in people during the pandemic, and the diversion of how people have responded. Lack of motivation could be worth focussing on tackling, and getting people out of the routine of doing less physical acitivites. There was emphasis on how healthy families can be based on their access to money, and their personal finances. Promoting ideas of comfort and confidence in accessing services and offerings. The group concluded that there was no quick fix, but the key points are confidence, finance and face to face interaction and clear information around that for people to make their own informed choices.</p> <p>Group Three – Affordability and the work that foodbanks do to promote health and wellbeing was a key point of discussion. How foodbanks work with promoting healthier lifestyles and whether wrap around courses such as food cookery classes could be enhanced. Assets that can be used such as Venture Centre, foodbanks and confidence issues around accessing services, and affordability of access to services such as gyms and leisure centres.</p> <p>SC promoted a launch workshop around the relevance of obesity in the borough on 24 February, and a further current services workshop in March. For information on this, SC and KM left their contact details</p> <p>Sarah Crouch – Deputy Director of Public Health  <a href="mailto:Scrouch@westminster.gov.uk">Scrouch@westminster.gov.uk</a></p> <p>Kate May – Senior Public Heath Strategist  <a href="mailto:Kmay@westminster.gov.uk">Kmay@westminster.gov.uk</a></p>	
3	<p><b>Suicide Prevention Strategy – Safia Khokar, WCC</b></p>	
	<p><a href="#">Presentation</a></p> <p>Safia Khokar (SK) noted that the Suicide Prevention Strategy is aiming to build on the work put in from the previous three years. SK noted that the figures for suicide in the bi-borough match the national picture, in that there is a downward trend and the main instances of suicide are among White European males, of working age and predominantly in the most deprived areas of the bi-borough.</p> <p>SK expanded on the local learning over the last three years. The strategy has taken three areas of learning, after a review undertaken by Samaritans and University of Exeter. These are –</p>	

1. Working with other local authorities and partners on ensuring there is a value for money on suicide prevention services and resources.
2. Using best practice that is showcased on a regional or national level within other local authorities to promote suicide prevention activities.
3. Ensuring local authorities and multi-agency groups focus on specific priorities that have already been established, rather reinventing the wheel.

SK went on to outline the priorities for the 2022 – 2025 Strategy, which are summarised as –

1. Tailoring approaches to improve mental health in specific groups such as those who self-harm, children and young people and vulnerable adults.
2. Reducing risk to high-risk groups, especially middle-aged men.
3. Providing information and support to those bereaved by suicide.
4. Reducing access to places of concern within the bi-borough.

The North West London CCG Regional priority is for:

RETHINK and NWL to develop a place-based community mental health model which offers a whole person and whole

population approach to reduce suicide and close equality gaps. This will be achieved through creating a regional Suicide

Prevention Network and Steering Group that includes the 8 regional local authorities and the development of a multi-agency

Suicide Prevention Plan that will identify the suicide prevention needs and activities within the region.

High Risk Groups that will be included in this strategy are:

- Men
- Homeless population
- Children and young people
- LGBTQ+ people
- People impacted financially through loss of employment with impact on mental wellness
- People in the care of mental health services
- Hard to reach groups such as the B&AME groups, migrants and asylum seekers
- People who misuse substances
- People who are socially isolated

SK highlighted the aim of the strategy, which is to provide a suicide safer bi-borough for communities, resident and visitors. Objectives, among others included:

- Develop a suicide prevention programme to reduce the risk of suicide for [middle aged] men and those who self-harm.
- Amplify the North West London Postvention Services to support those bereaved or affected by suicide in the bi-borough.
- Develop and engage a cross-borough service approach towards suicide prevention, through awareness training to frontline staff who support service users with employment, financial management and education.
- Develop and engage with a community-led approach towards suicide prevention and reducing stigma in specific settings.

SK went onto to over the eight priority areas, with full breakdown in the [slideshow](#). These are:

- Priority 1 - Safer Suicide Communities
  - A local priority, brought forward after recommendations to create a suicide safer community
  - SK notes that the bi-borough are looking to provide awareness training for communities and services for people who have been effected by the pandemic through isolation, bereavement, loss of financial stability etc.
- Priority 2 - Reducing the risk of suicide in key high-risk groups
  - Looking at a coordinated approach to target three high risk groups; Men aged 15 – 59, children and young people and those who self harm.
- Priority 3 – Reduce the risk of self harm
  - Focussing on preventing and supporting those who self harm specifically within a range of adults and children in crisis. Working in collaboration with NHS NWL CCG.
- Priority 4 – Improve Mental Health
  - Building resilience within the community, to avoid the larger risk factor of suicide and self harm.
- Priority 5 – Means of Access
  - Working with partners such as British Transport Police & TFL, based on reducing access to means of suicide
- Priority 6 – Supporting those bereaved or affected by suicide
  - Insuring that in specific settings, there is support for those bereaved or affected
- Priority 7 – Support the media in delivering sensitive approaches to suicide and suicidal behaviour.

	<ul style="list-style-type: none"> <li>• Priority 8 – Data Surveillance and Collecting</li> </ul> <p>The floor was then opened for questions.</p> <p>Judith Blakeman (JB) mentioned the lack of reference to housing, access to housing and overcrowding which she said was one of main causes of suicide in her ward. SK replied that under Priority 1, there will be a training offer which will be open for housing departments. She also said that the strategy can be reviewed to amplify this.</p> <p>Aimee Pickering (AP) added that feedback from colleagues who have done suicide training before is that it is largely focused on active listening rather than prevention. She asked is the training going to be covering this. SK replied that the plan is to work further on the training so that it is meeting the needs of the community.</p>	
4	<p><b>CCG Engagement Updates</b> - Ethnanda Manley-Browne, Senior Engagement &amp; Equalities Manager</p>	
	<p><a href="#">Presentation</a></p> <p>Ethnanda Manley-Browne (EM) began by introducing herself her colleague Alaa Mohammed (AM), and began by giving background to the North West London ICS, which is to reduce inequalities increase quality of life and achieve outcomes on a par with the best of global cities.</p> <p>EM set out their approaches to working with residents/VCS:</p> <ul style="list-style-type: none"> <li>• Ensure best practice approach to resident involvement including outreach work</li> <li>• Enhance integrated working and co-production with VCS</li> <li>• Ensuring access to these services</li> <li>• Improved outcomes and user experience</li> <li>• Addressing health inequalities</li> <li>• Efficient use of public funds</li> </ul> <p>EM said that the most important role for the service is to listen to residents and community organisations. The team is really keen to hear about resident experiences of NHS services and find out what worked and what didn't. This work in practice through running bi-monthly collaborative space conversations, holding public events and surveys among other methods. Likewise, up to date messaging is sent through these means.</p> <p>AM emphasised the focus on communication in a host of formats and languages, to communicate effectively with people who have limited knowledge or do not speak English, and those with disabilities and impairments.</p> <p>AM listed the focuses of NHS engagement in 2022:</p> <ol style="list-style-type: none"> <li>1. Continued encouraging Covid-19</li> <li>2. Flu Vaccine service</li> <li>3. Mental Health and Wellbeing Services</li> <li>4. Fitness and address Obesity Services</li> <li>5. Children &amp; Young People, school and Parent Services</li> </ol>	

	<p>6. Care Home Services</p> <p>7. Discharge from Hospital to Home Services</p> <p>8. End of Life Care (Community Specialist Palliative Care Review Programme)</p> <p>9. Reducing Barriers to Health Services</p> <p>10. Tackling health equality works</p> <p>AM concluded by providing contact details for the team, which can be found in the slide deck above.</p>	
<b>5</b>	<b>Events and Updates – All</b>	
	<p>JG opened the floor to updates from the attendees.</p> <p>Marina Kroyer (MK) of Change4Life requested to draw attention to the <a href="#">Better Health childhood nutrition campaign</a>, which is currently taking place. Alongside this, MK notified of the Change4Life Community Projects grant, which is for delivering projects on healthy eating, mental health and wellbeing to children, young people and families. The deadline for this is 28 February 2022.</p> <p>JG spoke about the Community Protects: Vaccine Awareness funding, which is being promoted in the <a href="#">KCSC E-Bulletin</a>.</p> <p>Carolina Castella (CC) of Green Doctors pointed out the free sessions on energy bills for residents that they have on offer.</p>	
<b>6</b>	<b>AOB</b>	
	<p>The session concluded with a video from a KCSC self-care event, which can be found here - <a href="#">Health and Wellbeing Social Prescribing and Self Care: Highlights - YouTube</a></p>	

*The information above will appear in minutes for this meeting which will be made available to all the attendees and published on KCSC's website.*