Health and Wellbeing Strategy: An overview of Key themes from interactive workshops: Healthy Lives, Healthy Places and Healthy Minds

1. Introduction

Leicester's 2017 Health and Wellbeing Strategy emphasises the importance of good mental health as well as physical health. Early work on the strategy includes a series of interactive workshops to allow key stakeholders and partners to contribute to the shape and direction of the next draft of the document.

This overview of key themes across from the three workshops draws together insights of stakeholders and partners and provides suggestions for how limited resources can be utilised to maximum advantage in order to improve mental and physical health.

2. Themes

Several themes were consistent across the workshops, these are presented below alongside suggestions of ways to action the points raised.

a) **Early action**. It was strongly proposed that attention and resources needed to focus heavily on maternity as well as children and young people in order to have the most impact. The importance of promoting good physical health as well as mental resilience was noted. Factors such as encouraging healthy habits in formative years such as eating healthily, engaging in exercise, learning how to manage stress and talk about mental health were acknowledged.

ACTIONS: Making spaces and places accessible and attractive to children. Simple ideas such as putting small walls and different textures surfaces on key walking routes, having child friendly exercise equipment in parks and incentives to encourage walking or cycling were mentioned. It was also suggested that health checks for young people may encourage some to adopt healthier behaviours.

b) **Inclusiveness.** A key consideration was *how* to encourage people to engage with a healthier lifestyle. Although focusing on formative years was strongly suggested it was noted that the whole family would have to adopt healthier behaviours to facilitate success. Rather than focusing attention on specific societal groups it was suggested that community based approaches would be more successful for improving health in the longer term. This approach was favourable as it is perceived as less divisive whilst avoiding the labelling and stigmatising of individuals.

ACTIONS: Encouraging communities to take up collective direct challenges such as walking 1 million steps, promoting a culture change in terms of walking or cycling to school or work and promoting the use of open or green spaces for community events and meetings. Having mentors within communities such as mental health survivors and healthy eating champions was considered to be beneficial. Schools were regarded as key to these activities

c) **Technology.** In some respects technology was regarded as counterintuitive as some could promote sedentary behaviours, however it was also noted that there were also considerable benefits. For example 'fitbits' and applications monitoring health and exercise were being increasingly utilised. Geocaching and augmented reality games such as PokemonGo were noted to have been effective in terms of encouraging exercise and increased use of outside spaces. In addition social media platforms were recognised as being useful for promoting health messages, arranging physical activity sessions and reducing loneliness and isolation in the short term.

ACTIONS: Develop apps that can be used to support specific areas such as mental health by providing advice, linking with mental health professionals or mentors. Utilise information from fitbits or other applications to encourage collective action in reaching a common goal and to inform LA's of use of equipment, places and spaces and possible impact on health. Ensure widespread use of reality games to engage children and young people in activity. Use social media as a platform for health campaigns and advice using consistent but subtle messaging.

d) **Communication and Language.** Good communication at all levels was raised as an important issue across the workshops. In terms of signposting it was noted that messages and advice needs to be consistent across services and organisations. Good health messaging should be subtle and focus on 'nudging' or encouraging people into behaviour change. Using appropriate language, particularly in terms of mental health was considered to be extremely important to avoid demonising, stigmatising or labelling people

ACTIONS: Signage in public places, workplaces and schools could incentivise people, such signs could promote walking or cycling, taking stairs, food swaps, community actions, promote mental health awareness and where to go for help. Communication should be inclusive and effective across multi - media platforms.

e) **Existing resources –** Achieving solutions in the current financial climate was noted to be a challenge, yet a number of schemes, programmes and incentives were currently operating, these included STOP, MECC, change 4 life, however there was a general agreement that existing resources could be managed more effectively and utilised better. Resources mentioned included services, people and physical resource, all of which were regarded as assets that could be enhanced. Parks and open spaces were considered to be underutilised.

ACTIONS: In terms of services it was felt that services such as Make Every contact Count could be made more effective with better buy in, it was also suggested that the 'join-up' between services could be improved to reduce duplication and promote better health. People and more specifically their knowledge and expertise of communities, health issues, exercise programs etc. was regarded as a very underutilised resource and promoting local champions to encourage people into positive behaviour change was considered to be worthwhile. Further, it was established that open and green spaces have the potential to used to better advantage. Ideas such as improving lighting for winter use, holding community events and community exercise programs were mentioned.

f) **The role of the public sector.** This question caused some confusion because the term 'public sector' was considered to be unclear. It was mentioned that legislation banning smoking in

public places had played a significant part in reducing the number of people smoking and suggest that passing more legislation to promote healthy behaviour may be beneficial.

ACTIONS: It was suggested that working collaboratively with the universities, particularly in terms of conducting research and sharing data but also in terms using students as a resource for health promotion would be beneficial. Greater join-up between public and other sectors and businesses would also be effective. Some suggested that the LA in particular could play a more direct role by lobbying Government over issues such as marketing of 'healthy' food, tighter legislation around fast food outlets. The introduction of a sugar tax was mentioned with profits being directed back into schools. Overall the role of the public sector was to direct consistent, subtle positive health related messaging to inspire and encourage community members.

3. Conclusion

This paper highlighted key themes consistently occurring across the workshops alongside some pragmatic ways to encourage wider engagement with the Health and wellbeing strategy and enhance its effectiveness.

4. Next Steps

Findings from individual workshops will be analysed in detail. The key themes will be explored and included in the redrafted strategy where it is appropriate and possible. A further workshop, healthy Start will take place in September and will also inform the strategy. It is anticipated that a revised draft of the strategy will be available following this. A consultation period will follow the final draft of the strategy.