

REPORT TO:	HEALTH & WELLBEING BOARD (CROYDON) 11 September 2013
AGENDA ITEM:	13
SUBJECT:	Croydon Congress 16 May 2013 follow up
LEAD OFFICERS:	Sharon Godman, Head of corporate community relations, interim chief executive's office, Croydon Council
CORPORATE PRIORITY/POLICY CONTEXT: The Congress contributes to all LSP priority areas.	
FINANCIAL IMPACT: Costs associated with implementing the recommendations will need to be found from existing budgets and absorbed by departments as appropriate.	

1. RECOMMENDATIONS

The health and wellbeing board is asked to:

- To note the themes and proposals to emerge from the Congress meeting as outlined in the report at Appendix One

1. SUMMARY

1.1. This paper provides feedback on the fifth Croydon Congress.

2. RECOMMENDATIONS

2.1. To note the themes and proposals to emerge from the Congress as well as ensure it is considered by Croydon's thematic partnership boards in particular the Health and Wellbeing Board.

3. BACKGROUND

3.1. In January 2011 the Local Strategic Partnership agreed proposals to establish the Croydon Congress as part of wider changes to Croydon's partnership structures for implementation from April 2011.

3.2. The Croydon Congress is the over-arching stakeholder group for the Partnership and has a key role in informing and the future direction of its work, particularly on cross cutting issues. Previous Congress themes have been:

- Big society and cross cutting themes;
- Recovery and regeneration;
- Tackling social disadvantage, creating economic opportunities; and
- Youth unemployment (16 – 25) - supporting young people into work.

3.3. The fifth Croydon Congress was held on 16 May 2013, and attended by over 100 leaders and stakeholders from business, public and voluntary and community sectors. The theme of the meeting was "**Taking Responsibility for Croydon's Health**".

3.4. The keynote speakers were as follows (see appendices for speech summaries).

- Dr Yvonne Doyle, Regional Director, Public Health England (London)
- Dr Mike Robinson, Director of Public Health, Croydon Council
- Dr Agnelo Fernandes, Designate Assistant Clinical Chair, Croydon Clinical Commissioning Group
- Duke McKenzie MBE

4. CONFERENCE EVALUATION

4.1. Feedback from the delegates

The levels of satisfaction expressed by delegates were similarly high compared to previous partnership-wide events (bracketed figure indicates May 2012 Congress scores).

- 95% felt that the event overall was excellent/good (98%).
- 88% scored the speakers as excellent /good (91%).
- 90% rated the table discussions as excellent/good (98%).

4.2. The most common words used by the delegates to describe the event were “worthwhile”, “useful”, “relevant”, “time well spent” and “thought provoking”.

4.3. What worked well?

- Eye catching statistics.
- Very relevant, different [and] provoking. Generated group discussion.
- Enjoyed the interaction.

4.4. What did not work so well?

- More time required for the question and answer session.
- Lack of referral to health and employment / homelessness.
- The panel didn't always answer the questions of recipients.

4.5. Areas for improvements

- More examples of how health has been improved through public health initiatives.
- Some presentations were perhaps too technical for the audience.
- Can the community organisations chair the meeting?
- Needs to be much clearer about what will happen as a result of the Congress.

4.6. Some of the key themes to emerge

Accessible information, education and engagement:

- Prevention is the solution - there needs to be consistent messages
- Ensure health information is accessible
- Test people's understanding and why they don't act on key messages
- Education and engagement are key - especially targeting women, young people and young black men
- Lifelong learning is key - promote links to health and wellbeing resources
- Use holistic messages – make health positive and enjoyable
- Encourage physical activity, make it exciting and available, especially where young people are located

- Co-ordinate campaigns to avoid overload and wasting efforts by “re-inventing the wheel”

Role of GPs and commissioners:

- GPs are in a position to know what is happening locally; they should map and disseminate this data
- GP surgeries / hubs to open at evenings and weekends – Clinical Commissioning Group (CCG) to map and disseminate progress
- Need for more professionals to get out and meet with groups especially at evenings and weekends
- Commissioners to understand their role as key health champions
- Don't just pilot projects, roll them out or as a minimum share the good practice

Promoting non-clinical intervention and role models:

- All sectors are critical for promoting the Public Health England message
- Role of community outreach (health champions), faith groups and schools and children centres in helping to address health inequalities
- Work with schools, employers, supermarket chains, pharmacies in areas of deprivation
- Role models should be aware of their value in promoting health
- In schools older pupils can mentor younger pupils
- Sharper messages needed for health champions to disseminate

Targeted support for vulnerable people:

- Support vulnerable people who may have missed out on good “health modelling”
- Target vulnerable groups through a gap analysis
- Early family intervention, including addressing the issue that a family must have a child over five years old before it can be categorised as a troubled family

Role of employers in promoting health and wellbeing:

- Put thought into health promotion initiatives e.g. if promoting use of stairs, ensure there is signage to where the stairs are
- Ensure there is an understanding in the workplace of links between stress and mental health
- Be more sensitive to mental health issues, “just because they aren't obvious does not mean they are not there”
- Lack of understanding around health and wellbeing is higher in SMEs
- Employers need to support employees to do more

5. PROPOSALS

5.1. The information below expands on the key themes above and the proposals for suggested possible partnership action arising out of the table discussions.

- Ensure engaging, targeted health information and campaigns
- Explore creating an association of health champions with an annual celebratory event
- Explore how budgets can fund small community based ideas
- Support a potential healthy schools programme - have a named governor in each school to act as a health champion and promote better education on alcohol in schools
- Consider options for running intergenerational classes on healthy eating for parents and their children
- Promote the wider role of the community and local organisations in promoting health and wellbeing and tackling health inequalities
- Promote the benefits of a healthy workforce particularly amongst SMEs
- Encourage employers to support employees to do more and include volunteering in their policies
- Conduct a gap analysis to ensure targeted support for vulnerable people
- GP surgeries to identify, map and disseminate information on wider services (especially voluntary sector) available in their local area

6. CONSIDERATIONS AND NEXT STEPS

6.1. The information in this report will be circulated to stakeholders who attended Congress as well as the themed partnership managers to help shape each partnership's medium to long-term plans.

6.2. The sixth meeting of the Croydon Congress will be on 7 November 2013 at Croydon College.

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Date: 29 May 2013

Appendices

Appendix 1 - Summary of speeches

Appendix 2 - Question and answer, and feedback session

Appendix 3 - Summary of table discussions

Appendix 4 - List of all comments made by delegates

- Please list any topics you would like to see discussed in the future.

- What new action/behaviour will you commit to as a result of today?
- Do you have any comments about today's event?
- Most common words used to describe the event?

Appendix 1 - Summary of speeches

Dr Yvonne Doyle

- People should experience the joy of health at any age – Public Health England (PHE) is about **helping people to be the best they can be**.
 - **Disability** is holding people back from achieving this – **prevention** is the solution.
 - Top three global issues are 1) **Blood pressure**, 2) **Tobacco** and 3) **Alcohol**.
 - **Obesity** is another key issue, especially in relation to health inequality.
 - There is a need to collate what has worked well and share locally and nationally.
 - All sectors are critical for ensuring the (PHE) message goes out across networks.
 - www.phoutcomes.info/ - useful information on public health.
 - PHE will offer expertise and network Croydon into the right areas.
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Dr Mike Robinson

- Public Health (PH) is not well understood - there are 66 PH outcomes
 - Two ways to take responsibility 1) **connecting** and 2) **keeping learning**
 - Croydon is full of green spaces – promote this!
 - **Promote the Director of Public Health Annual Report.**
 - Shift from professional view of PH to individual view.
 - Use new media to promote message.
 - Fast food is an issue – this requires licensing and better planning, whilst respecting people's right to choose.
 - Newly registered GP patients should be offered **free HIV tests**.
 - There is a marked **difference in life expectancy** across Croydon's wards.
 - Congress marks a start to taking on these poor figures
 - The key messages are:
 - One Public Health System for Croydon
 - Five ways to wellbeing
 - Promote the DPH Annual Report
 - Connect and keep learning
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Dr Agnelo Fernandes

- Attitudes towards Public Health (PH) must be changed.
- Clinical Commissioning Groups (CCGs) have set some challenging targets 1) **Use resources more effectively** and 2) **reduce overreliance on hospitals**.
- **1:4 children in Croydon live in poverty.**
- **Asthma** is a key health issue for 16-18 age group.
- “Instead of waiting for patients to present, **how do we prevent**”
- **Swing the focus from illness to health** – work with citizens on health and wellbeing.
- Most needy are the very **young and very old**.
- Costs – demand is growing but funding is shrinking.
- Statistics are high in Croydon for **obese children**.
- Obesity can be **linked to bullying**; this then leads to further health issues such as **self-esteem**, or taking up **smoking**.
- There are key points where intervention is most successful and people are most receptive – i.e. first time mums, small children, people at first diagnosis
- Need to engage people to prevent ill health:
 1. intervene earlier,
 2. get more active,
 3. run programmes to improve HWB,
 4. identify triggers and
 5. mentor others.

Duke Mckenzie MBE

- **Fitness** takes hard work and dedication.
 - Parents should **lead by example** – especially on discipline.
 - Young people are looking for an **alternative** to TV and the internet – **provide it**.
 - Give young people a **positive role model**.
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Appendix 2 – question and answer, and feedback session (Answers are bulleted).

1. **Comment.** Homelessness not mentioned in speeches but is a large issue.
2. **Question.** Trans-fats are toxic what can be done? Please also share the [Marmot review](#).
 - Work is underway with the government to reduce trans-fats.
 - More work is needed to regulate fast food shops.
 - Focus on getting young people school ready and work ready – will improve confidence, knowledge and health.
3. **Question.** Outcomes of public health are worse in areas of disadvantage. Is health spending proportionate? Are there any examples?
 - Need for more health checks in deprived areas.
 - Need better local info to help direct resources more effectively.
4. **Comment.** Important to ensure funding pots are large enough to make a difference.
5. **Question.** Support is required for BME health inequalities.
 - A target with BME men is to work with them on diabetes prevention.
 - More work to be done working with local groups and communities.
6. **Comment.** More work must be done to encourage parents to be role models.
 - There is a need to look at PH outcomes and review current a future support.

Feedback

7. **Question.** What is the impact of the incinerator on PH?
 - There are no identified risks to health.
8. **Comment.** Croydon has one of the highest incidences of rape/sexual violence in London. What is being done to support mental health links to this?
9. **Comment.** Promoting 20 minutes of exercise a day should be a key priority.
10. **Comment.** Important to recognise mental health and physical health needs. (See new JSNA for stats).

Appendix 3 – Summary of table discussions

TABLE DISCUSSION SUMMARIES

Table 1 – Mental health and wellbeing

Key points from feedback session

- Promote five ways to wellbeing
- Don't just pilot projects, roll them out or at least share the good practice
- Map the good work
- Commissioners should be amongst the key health champions.

Main issues or priorities:

- Local services where people are - developed and owned by local people (peer support)
- Provide the seeding for things that engage people
- Hooks/magnets - things that get people involved, promoting pilots and activities that are successful

Main action(s) to address priorities:

- Promote the five ways to well-being at the community level (balance between 'not' using the 'mental' word, but not to stigmatise)
- Information:
 - Flag up responsibility of employers
 - Recognising early signs - What are the risk factors? Isolation?
 - Ensure utilisation of what we already have (i.e. community centres)
- Structure, activities, more effective impact - lends to confidence more/better self esteem
- Place the services where 'people are' and promote the preventative agenda/activity
- Peer to peer support i.e. young people
- Take examples of 'exemplars' - not just about large national/costly programmes

Identify who might take these forward

- All commissioners (joined up)

Table 2 – Learning and health

Key points from feedback session

- Lifelong learning is key
- There needs to be consistent messages
- Holistic messages are crucial - make health positive and enjoyable
- Role models should be aware of their value in promoting health
- In schools older pupils can mentor/be an example to younger pupils, i.e. 9yr old to a 7yr old
- Supporting the vulnerable who may have missed out on good “health modelling” at home.

Main issues or priorities:

- Effects of food – hyperactivity
- Parenting skills
- Vulnerable groups

Main action(s) to address priorities:

- Involvement in sport
- Use volunteers/CRB
- Educational establishments
 - volunteering
 - doing more outreach rather than expecting “in reach” young people as “advocates”
- “Wellbeing” rather than “Health” only
- Education/promotion “Healthy Food”
- 20 minute exercise
- Food choices (cooking)
- Health/NHS/VS – outreach
- Gardening involvement

Table 3 – Role of NHS and healthcare providers

Key points from feedback session

- GP surgeries / hubs to open at evenings and weekends – CCG to map and disseminate progress.
- Intergenerational classes on healthy eating for parents and their children – school catering companies to provide through corporate social responsibility.
- GPs know what is happening locally – they should map and disseminate this data.

Main issues or priorities:

- Do GPs know what services are offered locally?
- GP surgeries help to give information and map what services are where (especially voluntary sector) – identify, map and disseminate
- GP surgeries know local populations and should know local wellbeing facilities
 - log fitness classes
 - folder or pc in waiting room

Main action(s) to address priorities:

- GP surgeries to have wider spectrum of opening hours (adds to stress and reduces wellbeing)
 - evenings and at least Saturday mornings
- More clinics in GP surgeries (not necessarily staffed by GPs)
 - stop smoking, asthma, diabetes, antenatal
- Hold support groups in surgeries or other local venues (so sufferers can help each other)
- Healthy cooking classes in every school for children and parents (it happens in some schools but not nearly enough) funded by CCG/council public health team/school caterers/voluntary sector
- Life skills courses for young people (under 25 or 30 year old including parents)
 - Including cooking, food budgeting, budgeting generally, physical exercise, training/employment skills and mentoring including voluntary sector (improve self-esteem and mental health)

Table 4 – Role of faith and community groups in promoting health

Key points from feedback session

- Time balance is an issue, need more professionals to get out and meet with groups especially at evenings and weekends.
- Education and engagement are key, especially targeting women, young people and young black men.
- Target vulnerable groups through a gap analysis.

Main issues or priorities:

- Officers / professionals need to work evenings and weekends

Main action(s) to address priorities:

- Send professionals to existing groups and meetings
- Go to where faith/communities don't reach where people already go
- Some people do not want discussion to get "back home"
- Train people in the community to give good information to groups "expert patient programme" to communicate in cultural sensitivity
- Educate women to educate society
- Fund - Asian cookery club (cut) healthy cooking, yoga, sports, gyms too expensive
- exercise on prescription
- Mixed housing - social and owner occupiers - mixed communities
- Engage - young people in faith and community
- Office in council so all organisations know where to go – liaison with faith, voluntary and BME sector

Identify who might take these forward

- women
- youth
- Not elders
- BME/black men

Table 5 – Health champions and general population

Key points from feedback session

- Sharper messages needed for health champions to disseminate.
 - Create an association of health champions with an annual celebratory event aimed at recruiting new people.

Main issues or priorities:

- ‘Pilotitis’ too many pilots – making thing sustainable
- Local people know local issues
- Model discipline

Main action(s) to address priorities:

- Use existing resources
- Key messages – not long shopping lists for communities
- Create an association of health champions that can meet and continue to progress change
- Champions need to belong to their communities.
- Innovative recruitment to identify the “diamonds”
- Champions to speak at Rotary clubs

Table 6 – Role of local businesses in promoting health

Key points from feedback session

- Put thought into things, i.e. when using promotions like “why not take the stairs”, then make sure there is signage to where the stair are.

Table notes:

- Food outlets to advertise calories
- Showers for cyclists
- Running or cycling gear to advertise business

Table 7 – Role of employment and health

Key points from feedback session:

- Workplace issues in understanding links between stress and mental health
- Difficulties in supporting workers who bring their issues into the work place
- Lack of understanding is higher in SMEs
- There is also a lack of understanding amongst workforces
- Better access to resources, support required
- Promote the benefits of a healthy workforce.

Main issues or priorities:

- Workplace stress (mental health) - environment/hot-desking, heart/high blood pressure
- Education - lack of awareness re long term health
- Communication barriers - lack of confidence and security issues

Main action(s) to address priorities:

- Skills resource and clarity of objectives - demonstrate and improve
- Behaviours and increase productivity - increase profitability
- Educate line managers and employees
- Share best practice
- Promote the benefits (profitability)
- Accessibility of healthy environment - canteen choices/vending machines
- Support management of long term conditions positively e.g. medication and diabetes
- Healthy environment suitable workstation - reasonable adjustments

Identify who might take these forward

- The networks: SLB, Chamber of Commerce, LSP, JCP Partnerships and the employers/employees

Table 8 – Health Inequalities

Key points from feedback session

- Change the public psyche
- Ask people what they want and need, not just telling them what to do
- All partnerships should be responsible for this.

Main issues or priorities:

- Changing the public psyche and individual responsibility through asking how can best be helped?

Main action(s) to address priorities:

- Use community outreach (health champions), faith groups and schools and children centres
- Integrated work with targeted families
- Work with schools, employers, supermarket chains, pharmacies in areas of deprivation

Note this is long-term work that needs to be sustained and celebrated

Table 9 – Tackling Health Issues

Key points from feedback session

- Encourage physical activity, make it exciting and available, especially where young people are (location).
- Be more sensitive to mental health issues, “just because they aren’t obvious does not mean they are not there”.
- Support a healthy schools programme and have a named governor in each school to act as a health champion.

Main issues or priorities:

- Physical activity – everyone, all ages and all places
- Stop smoking - any age, all those who are long term smokers and don’t start!
- Social isolation - especially amongst older people

Main action(s) to address priorities:

- Physical activity - buddying/mentoring for young people
- particularly in schools including building more on healthy schools programme which are sensitive to overweight young people
- Reach into schools/colleges, where young people are found to buffer a range of opportunities for young people
- Stop smoking - for young people at risk of starting
- mentoring etc but really tuned into young people
- Social isolation - “connectivity” is vital, improve knowledge for people in own neighbourhoods and communities
- “Professionals” knowing what is going on in their path e.g. voluntary sector
- inter-generational work

Identify who might take these forward:

Need the co-operation of:

- youth service and young people themselves
- the private sector e.g. gyms
- ‘Healthy Schools’ programme, parents and school governors (one of whom to head lead responsibility for the outcomes)

Table 10 – Connecting with others

Key points from feedback session

- Family is key, there needs to be early intervention
- There is a need to raise awareness and promote the key benefits of health
- Individuals and groups should take ownership of health issues.

Main issues or priorities:

- Role of family
- interactions
- raise awareness
- look at cause not just treating it

Main action(s) to address priorities:

- Intervention – early, promote involvement and buy in
- Shared problem - take away feeling of isolation, refer to support services not just medication
- Promote key benefits:
 - for all including family/friends/consequences
 - develop and encourage behaviours that change the habits that are damaging to health and wellbeing
 - ownership of all at ward level first then shared Croydon 'neighbourhood care' including individual
- Collaboration with business sector, third sector and public sector
- maximise resources/pool and potential mapping activity currently in wards

Table 11 – Healthy lifestyle

Key points from feedback session

- Key is knowing how to reduce binge drinking - create drinking free areas, tighten licensing
- Promote better education on alcohol in schools / opportunities for evening sports.

Main issues or priorities:

- School education
- Post-natal circuit training – FREE
- Physical activity at transitional states of life
- Elderly – isolation, lack of connection
- Short term money therefore projects don't last long enough
- Need more buddying opportunities/support systems and volunteering opportunities
 - Cooking and gardening groups / community food markets / Southwark model (Time bank) GPs helping to promote
- Healthy eating not starting at home - deprivation leading to unhealthy lifestyles

Main action(s) to address priorities:

- Alcohol free clubs/evenings/events
- Sports/activities in evenings to provide alternative to drinking/drugs
 - Elderly - community food markets/fete's, crafts
 - Getting the community to like where they live - need to feel safe, know the local people
 - Buddying/volunteering to help people - promote opportunities more clearly
- Tightening licensing on fast food shops
- Improving school lunch time sessions to encourage students to all eat together and healthily
- Get parents involved in activities/sport sessions at schools, messages to kids "it's cool to be healthy" etc
- Famous sport people used to head campaigns of becoming healthy
- Continuing to develop bike routes/walking routes/safe places

Table 12 – Giving

Key points from feedback session

- Sell the benefits of giving across all the sectors
- Customise communications to suit the audience
- Employers should support employees to do more.
- Employers should include volunteering in their policies.

Main issues or priorities:

- Volunteering needs to meet people's interests/skills
- Lack of knowledge within the community
- Sell the benefits to all parties
 - volunteer
 - groups
 - employers

Main action(s) to address priorities:

- Groups to create more and better opportunities
- Customise communications e.g. youth = BBM, Twitter/Facebook
- Linked to (2) – employers to support employees e.g. rewrite policies to include volunteering

Identify who might take these forward:

- CVA
- Youth Service and Schools
- Croydon Commitment

Table 13 – Troubled families

Key points from feedback session

- Resolve the conflict that you must have a child over five years old to be a troubled family
- Get useable messages out through community and voluntary organisations
- Early intervention is essential.

Main issues or priorities:

- Conflict between early interventions agenda and troubled families agenda (age and stage of need)

Main action(s) to address priorities:

- Use knowledge/intelligence from trouble families to inform earlier health provision
- Removing barriers to accessing health provision (needing passport documents)
- Create partnerships that:
 - increase accessibility (provision in supermarkets, schools, nurseries and child centres)
 - intervene in places/systems already being used by families
- Reduce bureaucracy / tracking/hurdles to health access
- Simple key messages that can be delivered by all key partners (empowering the community)

Table 14 – Keep learning

Key points from feedback session

- Build on community assets and experience
- Build an enterprise centre in the CALAT building
- Better access to leisure centres.

Main action(s) to address priorities:

Food co-op? in key areas

- Target learning with (hard to reach) vulnerable uneducated groups
- Identifying community champions for learning communities
- Strengthen recreation/activities for children and families
- Build on community assets and expertise e.g. waste ground
- Link learning with health and wellbeing process like community gardens and allotments
- Under use of publicly owned/maintained buildings

Identify who might take these forward:

- CVOs
 - community leader
 - councillors
 - public health and schools
- CALAT
 - schools
 - ward councillor
- Residents
 - CVOs
 - department of Planning and Environment
 - councillors

Table 15 – Accessible information

Key points from feedback session

- Test people's understanding and why they don't act on key messages
- Co-ordinate campaigns to avoid overload and wasting efforts of "re-inventing the wheel"

Main issues or priorities:

- making assumptions about people's level of understanding and likelihood of acting/choices
- need things to be
 - simple
 - concise
 - clear
 - free of jargon
 - add benefits/rewards
- People are tending to "live in today" more and may not be thinking about the future
- Need to target the audience better
- Information over-load
- Have other more pressing issues in life than to worry about health info/messages

Main action(s) to address priorities:

- Test people's understanding and test why they act or don't act on the information
- Having an effective communications system
 - using hospital/GP surgeries/schools/nurseries/voluntary organisations/businesses
 - using different means: face to face/posters/social media/outreach e.g. pop bus
 - using the best organisation suited for the message
- Co-ordinate campaigns to avoid overload and wasting efforts of "re-inventing the wheel"

Identify who might take these forward:

- Working in partnership i.e. everyone
- Using community champions

Appendix 4 - List of all comments made by delegates

Do you have any comments about today's presentation?

- Very relevant different, provoking. Gave idea's that generated group discussion.
- Very interesting – would appreciate seeing the slides again
- Decent venue, more healthy food, eye catching statistics
- A little dry and tendency to health jargon. Less jargon is better
- There is a danger of preconceptions and agenda's being preferred
- Very good
- Some presentation were perhaps too technical for the audience
- Very good
- Good
- Very good presentations – a wealth of knowledge and gave a good insight into some of the big issues
- The panel refused to answer the questions of recipients
- Very interesting subject
- Very insightful and timely
- More time for questions and feedback
- Slightly long with limited useful information
- Can we have all the slides circulated
- Discussions were extremely good and seem to be co-ordinated perfectly
- All content that was on the agenda 20 years ago. New things – Dr Fernandes acknowledged we need to think in new ways in order to do things differently.
- Presentation were informative
- Very good presentation and information simply put by Dr Doyle
- Little link to “how we can promote Health & Wellbeing” more about the issues. Also lack of referral to employment only really mentioned by Yvonne (PHE)
- Would like to have seen examples of how health has been improved through Public health initiatives and what the principles that might be applied to other topics.
- Very good. The best were engaging and clear and interactive.
- I did manage (eventually) to find and use stairs but then missed congress pack and name label.
- I thought they were very timely. Really appreciate what I heard but feel slightly concerned that strategies would not change.
- I missed half of it as I had a previous engagement which I notified to the organiser earlier.
- Please can advise from all the very good suggestions

What new action/behaviour will you commit to as a result of today?

- Consistently asking people what they feel they need to do to be at their best and what support they need.
- Consider ways of introducing healthy strategies to our organisation
- Walking for at least 20 minutes a day
- Communicating to others the importance of health awareness and something everyone can do
- Go out to community more and find out what people think
- Using public health quiz with young people or similar
- Think and analyse more
- My 20 minutes exercise
- Promoting volunteering / buddying
- Walk more
- Spread the word
- Look at fast food issue – ask what we (public health) are doing with planning
- Look at networking opportunities with voluntary organisation e.g. around APHR
- To continue to raise awareness around the links between health and good housing and find opportunities to reduce the use of temporary accommodation
- Have meeting arrange with role play
- Promote five ways to wellbeing
- We need to pass right message to community
- Self-help in health
- Focus on trans-fats at a national level
- Healthier eating
- Look at how we can build more health related messages into our provision
- Look at our own responsibilities
- Consider how my organisation can deliver as volunteering or health agencies
- Would willingly be involved in making action points further
- Better links with Croydon network
- Thinking in new ways, needing new solution in order to do things differently with and view to new and different outcomes.
- Sharing information
- Will try to pass on the information to my organisation and develop an event for people in the community to benefit from ideas presented today.
- Follow up with CCG & H&W on role of employment within Health agenda – Request: Would be useful to have email / contact with Cllr Margaret Mead or Dr Mike Robinson
- Personally – carry on with weight loss programme. Professionally – contact “Good Food Matters” learning eating / cooking programme in Croydon to do more work with the young people in our charity services ensure healthy lifestyles programme are effectively in place for young who use the service. Spread the feedback from the Congress to the CVA network members.
- Try to set up a meeting between the new public health department and voluntary sector organisations to explore what the voluntary sector can do to help improve health in Croydon and how the health services can work better with the voluntary sector.
- Educate volunteers and market our services. Take more action on encouraging physical health in our organisation.
- Ditch pastries and offer fruit only. Make free lunch fully veggie (50% lacto – veggie and 50% vegan) or better still 100% vegan.
- Ensure I share my agency’s message more effectively.
- Take it to a wider audience via the community groups and also on a personal level.
- Active participation

- Have made some good contract and will use less to promote opportunities for students at the college to contribute in the community regarding any new initiatives and the vital area of concern importance.
- Be more responsible for my family's wellbeing, food we eat more exercise, not drive my daughter around so much, she needs to walk. Encourage our employees to take more responsibility of their wellbeing. Send memo with helpful hints or tips.

Topics for future discussion?

- Making the most out of community assets
- Law and order
- Linking congress meetings to JSNA process to ensure follow through
- Before discussions start, some information on "what happens now"; A lot of assumptions were branded on "things not working well now"
- Public behaviour. Safety of public realm
- BME issues & inequality
- Education strategy
- Police safety
- Cancer as a long-term condition
- Addressing homelessness – lifestyle management, access to work, housing supply etc.
- Social justice
- Education
- Housing, health and inequality in Croydon
- Mental health
- Enterprise – how to encourage this in Croydon, especially as a way to stimulate economic development and job creation
- More about voluntary agencies already doing good work – spread the word
- Disability
- A review of previous forum
- Homelessness in Croydon, regeneration town planning
- Health and workplace – get employers
- Mental health / emotional wellbeing services, challenges in the borough, homelessness and its prevention in the borough
- The role of the voluntary sector in Croydon
- Women and health, women and health inequalities, LGBT and health
- Waste, recycling and what we can all do to use less. Good markets weigh and save and lateral thinking of what to reuse and how e.g. yogurt pots for speed stacks
- Making use of some of the tools already out there
- Bridging the gap between the well off and deprived population. More emphasis on voluntary organisations
- Healthy living and wellbeing, Heart matters, Thyroidism, mental health service
- Awareness of community projects.

Any other comments?

- Longer time for doing comments / burning issues
- More time for session of Q & A as it was rather brief and some good points were raised – could have been further expanded.
- It was gratifying to note that many of the things we discussed on our table were mentioned by the tables – consensus.
- Less “air time” for local councillors at these meetings. Chaired by community organisations instead. Need to find different way of gathering group discussion feedback.
- Pity the two students left before the workshop – they could have added excellent value
- An enlightening day
- A bit cold. Thank you a very interesting event, great table discussion good facilitation
- It is helping us take responsibility for our own health by providing a high fat breakfast
- No
- Needs to be much clearer about what will happen as a result of the congress
- Great that Croydon tackling inequalities
- Well attended – a very powerful forum. There is the potential to make a real difference
- Food? Where was the fruit? Completely wrong message
- Useful but not inspiring
- Good representative from Croydon Council
- The room was too cold
- If everyone here was asked to get together and table this further to action some of the points raised would they give up time. I would!
- There was no healthy option during coffee. Next time please provide fruits. This comment was made at the last Congress.
- The Q & A session didn't answer all Q's. It would have been better to answer each question as it was raised. I felt that the syndicate work was excellent.
- Key members or leaders of the council all left after the presentations were not here for the important information table discussion – a shame they missed this bit.
- Next / follow up sessions to look at how we promote health & wellbeing. More info for employers on helping the health & wellbeing agenda.
- Would have been good to have modelled the healthy lifestyles commitment by having fruit and low calories snacks for refreshment breaks rather than pastries for those of us who are trying to manage their weight. Please get the Cllrs to take a back seat in the questions time. It is not a political forum. There is a risk they can take over the sessions.
- Would like to get a copy of the notes from each of the group discussions
- Brilliant event. Could have done overall with one more break. No more healthy food. Mental health and physical health link.
- I had responded to the invitation by email but was not on the list and therefore not allocated a table, I had to stand around 25mins until the forum started to find an empty table, the forum started 15 mins late, the forum was about Health and breakfast offered was cakes and pastries – who organised that? The room / conference room was too small.
- I was encouraged by what I heard but wondered if our annual report was actually ever read.
- Very good effort – keep it up.
- Yes the table discussion was very selective and I was not given any opportunity to participate in the discussion. Other four ladies were debating rather than listening to each other and taking others views.
- Q & A – not fully answered.

- This was not good. Not organised at all well. The Q & A session wasn't facilitated very well...it also didn't work by asking sets of questions and then going back to the panel and trying to answer them and remember what was originally asked.

Most common words used to describe the event?	
Worthwhile	70%
Useful	61%
Relevant	57%
Time well spent	52%
Thought provoking	52%
Worth doing it again	50%
Informative	48%
Enjoyable	33%
Topical	33%
A great networking opportunity	28%
Inspiring	20%
Helpful	17%
Exciting	15%
Enlightening	11%
Energising	11%
Creative	11%
Practical	11%
Uplifting	9%
Great	4%
Boring	0%
Not useful	0%
Irrelevant	0%

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BACKGROUND DOCUMENTS

1. None