



## **19 Steps to Health and Wellbeing: Wandsworth Joint Local Health and Wellbeing Strategy 2024-2029**

**You Said, We Did**

**A response to the Public Consultation**

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## Introduction

The task and finish group working on behalf of the Wandsworth Health and Wellbeing Board is grateful to all the stakeholders and residents who too their time to comment on the draft Joint Local Health and Wellbeing Strategy.

A [report on the Public Consultation](#) was presented to the board on the 28<sup>th</sup> September summarising characteristics of respondents to the survey, and the extent to which they agreed or disagreed with the actions proposed by the strategy.

The purpose of this report is to respond to the open-ended comments received in the consultation, as the task and finish group needed more time to carefully consider them.

There was strong support overall for the actions proposed in the strategy and most of the helpful comments received related to factors that may contribute to the issues being addressed by the priority areas or additional actions that could be considered.

Where feedback has not changed the strategy directly, we hope that the responses offered will help to explain why. Examples include; where the comments received fall outside the scope of this strategy or relate to other plans and strategies, or where actions proposed fall outside the remit of health and wellbeing board partners, are the remit of regional or national bodies, or are matters of national policy. This report will be presented to the Wandsworth Health and Care Committee to further consider the comments.

To keep the report focused and succinct, not every individual comment has been published and some comments have been grouped to avoid repetition.

As we move towards the next stages of implementing the strategy, there will be further engagement opportunities with various groups and organisations in refining or developing more detailed action plans. These will be led at the level of the individual steps.

For more information, please contact [WHWBB@richmondandwandsworth.gov.uk](mailto:WHWBB@richmondandwandsworth.gov.uk)

## Step 1: Self-harm and mental health

You said...	We did
<ul style="list-style-type: none"> <li>• Work with families schools and child in one to one holistic way avoiding stigmatisation . More cross trained workers ?</li> <li>• know local residents who have really struggled to get help with their children's mental health so any improvements to increase access and support is welcome</li> <li>• Good mental health for young people comes from comes from having a good mother and father in the home. I'm not sure what a council can do to change this. whilst I agree with the council having resources in place that can assist ultimately the mental health of a child is the responsibility of the parent. so unless the council will be adding parenting classes and support for parents then I don't see how anything else can help.</li> <li>• First educate parents on the importance of being supportive of their family members as well as children. Adults need to be good role models. You have heard the saying: Like father, like son! A stable family is key to a child's mental health. You need to get to the root cause of mental health. As they say: Prevention is better than cure!</li> <li>• Training child psychotherapists takes money and time</li> <li>• Preventative measures requires a systemic family approach</li> <li>• Transition from youth to adult services</li> <li>• We perhaps need to look at parenting or environment issues to understand why so many children/young people have mental health issues.</li> <li>• More needs to be done for young children having access to inappropriate content online and this playing out in different settings. More help/support for parents to understand the dangers of internet misuse with young children.</li> <li>• Children have too much exposure to on-line content and use of computers from an early age. There is plenty of evidence and research now to show that it is harmful and additive. There needs to be strong guidelines about limiting exposure and good support for parents at home on how to limit usage and create boundaries to protect children.</li> <li>• Considerable investment in health/education will be needed. You cannot expect health professionals to be able to offer better access on current staffing investment, and you shouldn't expect schools to take on significant responsibility for mental health without professional mental health staff placed and employed within the school system. Teaching staff already have more than enough on their plate. If these plans (call them aspirations) come with considerable investment then this is all great.</li> <li>• Increase the number of full time SEN teachers (not TA's), in mainstream schools as these children are not receiving the correct level of support stated in their EHCP's.</li> </ul>	<p>We are writing a public mental health strategy to support the prevention of mental ill health across the life course. This will incorporate cross-council interventions that address the factors that impact on mental health.</p> <p>We are implementing the recommendations of our borough-wide <a href="#">mental health needs assessment</a>. This includes supporting the implementation of the iThrive framework of need, improvement of crisis care pathways and improve mental health support for ethnic minority children.</p> <p>We are implementing the whole-school approach through a number of our programmes including Healthy Schools London. In 22/23, 10 bronze, 2 silver and 1 gold awards were achieved.</p> <p>We have developed a suicide and self-harm prevention pathway and toolkit for children and young people, their</p>

<ul style="list-style-type: none"> <li>• This may be beyond your remit but I'd like to see all schools have staff who are solely dedicated to counselling students or other more concrete actions.</li> <li>• Mental health benefits from provision of stronger youth services and school services to help prevention</li> <li>• How do you define 'access to' mental health support? If it's not at least one dedicated full time staff member per X amount of students per school, it's not good enough.</li> <li>• Supporting marriages and couples to be together and take responsibly for raising their children appropriately, Additionally children need to be protected as poor mental health stems from childhood trauma.</li> <li>• More on support to prevent poor mental health- primary prevention.</li> <li>• There seems to be a lack of link to early forms of prevention e.g. leading active lifestyles, building self confidence in young people, investing in outlets for children to build friendships and express themselves in healthy ways in and out of school</li> <li>• Consolidating whole school approaches to improve the mental health and well-being of children and young people, including participation in the Healthy Schools programme</li> <li>• Younger and younger children are having mental health needs, it needs to be researched into why, to get a better understanding of how to help them and with what support,</li> <li>• I see here treatment and not prevention.</li> </ul>	<p>parents/carers and frontline staff.</p> <p>Through the Healthy School Wandsworth programme, we have offered numerous Youth Mental Health First Aid courses to primary and secondary school staff and partners including private schools, to aid an early prevention.</p>
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## Step 2: childhood obesity

You Said	We did
<ul style="list-style-type: none"> <li>• Family weight management programmes are rarely effective and labelling a child as obese or overweight further stigmatizes them. While the goal is admirable but perhaps other methodologies would be more effective. Can families get easier access to fresh fruits and vegetables? There also needs to be significant work within the fitness/physical activity field to reduce weight stigma and anti fat bias to make these environments more accessible to all kids; not just those who may be sporty, athletic &amp; thin. Additionally, anti-fat bias training for GPs, healthcare providers and anyone involved in these programmes is important to ensure parents and children don't misinterpret the message and predispose them to disordered eating habits.</li> <li>• Again it's poverty that accounts for a poor diet in the most obese. But some people have a bad relationship with food.</li> <li>• Offer opportunities to practice sports other than football, cricket, rugby. Swimming lessons too expensive. Limited opportunity for handball, volleyball, swimming clubs, etc</li> <li>• Address food industry issues - takeaway, ultra processed foods, quality of home and school food, teaching nutrition from an early age.</li> <li>• The importance schools and school curriculum play in childhood health.</li> <li>• Document how you plan to support breast feeding.</li> <li>• Educate parents about food and meal preparation.</li> <li>• More support for parents to cook healthy meals. Schools or libraries could set up a hub for recipe ideas etc. Primary school children's parents need advice about healthier packed lunches.</li> <li>• There are far more important factors that breastfeeding and exercise in determining weight levels during childhood - including stress and epigenetics, food security, cost of living and nutrition and cooking skills.</li> <li>• Community-led nutrition and cooking initiatives have been proven to be more effective at reaching disadvantaged communities than a top-down 'expert' or health system-led approach. Giving children access to places where they can get a nutritious meal or have volunteers deliver it would also be helpful, given many parents in these</li> </ul>	<p>The borough has wide provision of parks, open spaces and play areas which are all free to use. We continue to maintain them to a high quality to ensure they are safe and attractive places to encourage use and participation.</p> <p>Schools, youth and voluntary sector services provide a range of after school activities that promote health and wellbeing including the provision of healthy snacks. Healthy snacks must be provided in-line with the <a href="#"><u>national school foods standards</u></a>. For more information about what is available in Wandsworth please see the <a href="#"><u>Family information service</u></a></p> <p>Wandsworth children's services offer a range of services for families including healthy eating and cooking sessions.</p> <p>Family weight management services such as kickstart are provided for families at high risk of childhood obesity.</p> <p>We support the schools swimming lessons programme and provide facilities and teachers and promote participation</p> <p>We conducted a pilot multi-component intervention to reduce and prevent childhood obesity in primary schools. This showed positive outcomes and it is hoped that the intervention can be rolled out more widely.</p> <p>The Council delivers the Healthy Schools London programme which includes physical activity and healthy eating. Schools at bronze level must demonstrate that they meet the <a href="#"><u>national school foods standards</u></a>. Schools and partners are offered variety of training including School food toolkit (outlining the national school food standards requirements) and cooking without a kitchen (encouraging schools to do practical cooking lessons within the classroom environment). A new school catering provider was recently commissioned in Wandsworth.</p>

<p>communities work multiple jobs and it's often the children who have to cook for themselves and lack age-related nutrition knowledge and skills.</p> <ul style="list-style-type: none"> <li>• think about whether you need to do more than 'encouraging' people to use open spaces in their area.</li> <li>• Obesity is a disease of poverty. Current research suggests that the focus on breast feeding is an error. It's just a correlation. Richer and more middle class parents breast feed. They also have better health outcomes across the board and better access to fresh healthy food.</li> <li>• No mention of community strategies to improve food choices, nutrition education and provision of healthy school/holiday nutrition support?</li> <li>• More and improved playing pitches.</li> <li>• Greater resource required so that children in state schools have access to sport during and outside school hours.</li> <li>• Greater support for children using open spaces in form of park keepers or modern equivalents.</li> <li>• I think the local school places should be examined and places offered initially to children in the local area those enabling parents to walk their children to school rather than being forced to use public transport which adds to the school day.</li> <li>• I think this becomes more relevant for 11-18 year group but encouraging walking from as early an age as possible would help</li> <li>• This sedentary life does not inspire anybody. Nutrition and home science should be re-introduced at school . If you want to be healthier, and not inert, cooking programs are absolutely everywhere, to such an extent that you can't miss it!!! I would very much like to encourage MOTIVATION.</li> <li>• Consideration of dietary and social and psychological factors contributing to obesity and how to provide appropriate support for parents and children to address the factors.</li> <li>• Introduce family cooking sessions/child cooking classes, from year 5 through to year 9 so that families and children know how to cook healthy meals. Educate children about the dangers of eating processed food, as it important to remember that it affects slim people as well as obese.</li> <li>• The most important factor, along with exercise, is nutritional knowledge. Parents and children together need to understand that processed and highly processed food has a huge detrimental</li> </ul>	<p><u>Wandsworth School Food Strategy</u> outlines ambitions and actions in school food provision, education and sustainability</p> <p>Schools, youth and voluntary sector services provide a range of after school activities that promote physical activity beyond the school curriculum.</p> <p>Walk to school initiatives, the daily mile and water only schools are promoted through the healthy school programme.</p> <p>To help tackle unhealthy food options, the borough relaunched the <u>Healthy Catering Commitment</u> (HCC) scheme in April 2023. HCC is a voluntary scheme established in 2010, it aims to make the food environment healthier. The scheme is promoted by the Council's Food and Safety team to help support food outlets to make small changes to the way they cook and serve food with the primary objective to improve customer's health. The scheme recognises businesses that demonstrate a commitment to reducing the levels of saturated fat, salt and sugar in the food sold in their premises.</p> <p>The schools are required to provide healthy eating education as part of the mandatory <u>Relationships, Sex and Health Education guidance, food technology and science</u> curriculum. Healthy School Wandsworth programme encourages schools to use wide range of teaching resources including freely available British Nutrition Foundation's educational website, <u>Food a Fact of Life</u>. <u>Healthy Schools Wandsworth</u> supports schools to adopt whole school food and drink policy as well as packed lunch policy to ensure 'good school food culture' and links to <u>Nutrition and food education</u> resources.</p> <p>GPs can refer families to specialist dietician services such as St George's obesity clinic where needs are identified.</p> <p>As part of the Council's approach to healthy food choices and need to tackle rising levels of obesity in young children, the council has adopted planning policy in the <u>Local Spatial Plan</u>. This restricts new</p>
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<p>impact on short and long term health, obesity, and mental health.</p> <ul style="list-style-type: none"> <li>• It is my recommendation that as well as learning nutrition at school, and how to cook good food, all doctors surgeries should have at least one qualified nutritionist on-site.</li> <li>• more sport and activity provision in schools to keep children active. more healthy cooking and nutrition classes to teach children the importance of being active and eating healthily from an early age</li> <li>• Teaching families how to cook simple nutritious meals including a good portion of vegetables and fruit.</li> <li>• Incorporating active travel into 'active lifestyles'. Engaging with playgrounds, etc, assumes that this will be achieved through sports activities which people may not have time for. If people could be encouraged to travel by foot or cycle then they could build an active lifestyle into their current routines</li> <li>• As a borough I see so many fast food shops around and I don't understand why so many are granted licences when we know it is bad for you.</li> <li>• This may, again, be beyond a local authority's remit but part of the problem lies with the availability of healthy, unprocessed food at low cost. What could you do to work constructively with food retailers to stress or promote better alternatives?</li> <li>• Explicitly name-checking breast feeding is actively not inclusive to LGBTQ parents and adoptive parents/foster parents, many of whom will not have access to breast milk.</li> <li>• Encouraging use of leisure and social facilities is all very well and good, the fact remains that there simply aren't enough of them to keep up with current demand, let alone any increased demand.</li> <li>• Suggest that you do more awareness on the benefits of breastfeeding (and alternatives for those who are unable to do so for whatever reason); and more effort on helping parents and carer to prevent the child/ren in their care becoming obese before they have need for a weight management programme.</li> <li>• Also work with education providers, including pre-schools/nurseries, about exposing young children to nature as much and as young as possible. The education system has a huge influence on what young people prioritise, so sending the message</li> </ul>	<p>applications for fast food outlets within a 400-metre radius of schools in the borough.</p> <p><u>Healthy Schools Wandsworth</u> supports schools to adopt whole school food and drink policy as well as packed lunch policy that is in line with the <u>national school food standards</u>. Those policies encourage schools to adopt 'good school food culture' which outlines to parents what are school's expectations around packed lunches, snacks and healthy eating in general. Many schools are also encouraged to take part in the '<u>Healthy Eating Week</u>' organised by British Nutrition Foundation in early June.</p> <p>The Council provide infant feeding support through our health visiting service which is supported by infant leads in the community and hospitals. The council is in the process of updating its leisure and food strategies. Breastfeeding is promoted through a variety of mechanisms including through antenatal and new born health visiting services, breastfeeding support, drop-ins and the UNICEF baby friendly initiative. A new breastfeeding business friendly business programme which encourages local businesses and venues to do their part to support families that are breastfeeding is currently in the planning stage.</p> <p>The school food in holidays programme is currently offered by the council. The council re-started the Healthy schools programme in 2021 and is recruiting more schools to the scheme.</p> <p>Healthy eating education is provided to parents at children's centres and promoted by health visitors and school health teams through the healthy child programme. Healthy start vouchers and healthy vitamins schemes are promoted by children's centres and health visitors.</p> <p>There is a range of national nutrition resources that are easily accessible to all including; <u>British Nutrition Foundation</u> nutritional information on different life stages, helping individuals to <u>read</u></p>
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<p>that being outdoors and active is a priority is a positive step.</p> <ul style="list-style-type: none"> <li>• Many factors could be the contributing factors, but one that should be looked at is the availability of adequate outdoor / indoor space for them to use</li> <li>• The consumption of rice and fast foods is disproportionately accessible in low income areas.</li> <li>• Implement the Healthy Schools programme to promote healthy eating and physical activity</li> <li>• Deliver the targeted Holiday Food and Activities initiative for children aged 5 to 16.</li> <li>• Increase in the number of schools achieving the Healthy Schools Award</li> <li>• Junk food is too cheap.</li> <li>• Weight management programmes have poor outcomes. And setting children on this path risks them identifying food as a problem for life</li> <li>• The new administration is positively encouraging active travel. This is good and hopefully walking will be encouraged from an early age.</li> <li>• parents need to be educated on providing a healthy diet and healthy eating habits in their children, so there's no chance of dealing with obesity in children. Children need to play more and not be playing games on their phones. So parents need to be educated first on these issues.</li> </ul>	<p><u>food labels (NHS food scanner app)</u> or learn about different food groups of the <u>Eatwell Guide</u>.</p>
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### Step 3: Childhood immunisations

You Said	We Did
<ul style="list-style-type: none"> <li>• Mobile vaccination units, accessible to people who may have missed other services</li> <li>• Integration with NHS data</li> <li>• Better data to identify all reasons why people aren't immunising their children</li> <li>• Better quality data to help identify inequalities Improved community engagement to address inequalities Develop outreach programmes to support hard-to-reach groups to get vaccinated Improving access to immunisation services Improved technology eg centralised call centre for immunisations</li> <li>• We firstly have to understand why the take up is low.</li> <li>• All parents with new babies should be given information of the important benefits of immunisation, maybe through their surgery.</li> <li>• More engagement needed with vulnerable people in communities to develop and encourage a 'care for the whole community' strategy where people are aware vaccination protects everyone, not just individuals but also those with health conditions, disabilities and vulnerabilities. Incorporating people with lived experience of what happens when you don't get vaccinated for certain conditions e.g. polio, long Covid etc. to engage with people through literature or events.</li> <li>• It doesn't take a genius to see the increasing radicalisation towards anti-vax sentiments (and onward dangerous ideologies). By the nature of the campaigns promoting these positions, facts and data don't really make much of a difference to those who are already in deep.</li> <li>• Children seem to have more vaccines now than ever before, whilst I understand the need to protect them from these harmful diseases parents should be given a full breakdown of the risks / possible side effects, Also, can these vaccines not be spaced out more so they have less in one go, which will hopefully reduce the risk of side effects!</li> <li>• I have been a resident of Wandsworth for several years. In addition to that, I am part of a team within NHS England looking at barriers and opportunities within the childhood immunisation space, specifically for school aged children. We've focussed on:</li> </ul>	<p>The strategy build on previous work to maximise access to and uptake of vaccination. In some instances this may include community-based clinics.</p> <p>The NHS, Local Authorities and other local organisations work collaboratively to support delivery of strategy, including sharing data and intelligence where permitted to support improving uptake of vaccination. Initiatives outlined in the strategy such as centralised call-recall and improving access to data are key priorities set out in the strategy actions.</p> <p>The Council works closely with partners to understand barriers faced to taking up the offer of vaccination. Working with partners to promote vaccination, including promotion via GP surgeries. As set out in the strategy action to improve engagement with communities through outreach and joint working is a key priority.</p> <p>The strategy builds on previous work to maximise access to and uptake of vaccination by engaging with communities to improve parental/carer confidence in the benefits of vaccination. This includes ensuring that parents are cited on the benefits and side effects of vaccination and the basis for the nationally defined vaccination schedule.</p> <p>Thank you for highlighting some of the barriers and challenges to delivering the programme, including the fact that some of these issues are at a national level. The strategy highlights the need for improving and flexing the system</p>

<ul style="list-style-type: none"> <li>○ more effective operational and digital processes for school aged immunisation (SAIS) teams.</li> <li>○ independent schools being (anecdotally) more reluctant to support data sharing with SAIS teams than LA-maintained schools</li> <li>○ limited data sharing between the school aged teams and the local child health information (CHIS) team</li> <li>○ One significant barrier to higher uptake that we have identified (nationally, not specifically in Wandsworth) is cross-organisation collaboration, between child health information (CHIS) teams, SAIS teams and schools.</li> <li>○ In terms of potential actions, I believe that local authority support and facilitation could help reduce some of the barriers mentioned above. For instance, around the issues of data sharing between schools and SAIS teams, there is national guidance (<a href="https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/supporting-immunisation-programmes">https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/supporting-immunisation-programmes</a>) but raising awareness of this guidance with Wandsworth schools, and perhaps providing local guidance to both LA-maintained and independent schools could help.</li> </ul>	<p>to improve uptake suggestions around how Local Authorities can support.</p>
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## Step 4: A&E attendances and hospital admissions

You said	We did
<ul style="list-style-type: none"> <li>• Safeguarding is significant and I think more emphasis should be placed on this. The 0-4 age group must be exceptional difficult to safeguard</li> <li>• A&amp;E is for serious illnesses, and accidents, for bruised knees get a first aid kit</li> <li>• We need more social workers to work with parents with problems which could lead to a child being harmed.</li> <li>• As above more emphasis on safeguarding</li> <li>• It seems there's general strand of inevitable accidents needing swift response and parents needing first aid training to avoid children needing A&amp;E (given GPs are hard to access quickly).</li> <li>• Are there any Sure Start lessons that can be built on? It seems there's general strand of inevitable accidents needing swift response and parents needing first aid training to avoid children needing A&amp;E (given GPs are hard to access quickly) and a second strand around vulnerable families and potentially neglect. Public use A&amp;E because it's the only route to reassurance</li> <li>• This is pretty comprehensive, but misses training of local healthcare professionals and social work professionals, who all too often blindly trust the word of abusive parents. This can be down to lack of resourcing, an uplift in which should be included.</li> <li>• Access to GPs is difficult with the 8am queue, so improving that could mean children go to their primary doctor instead of the hospital</li> </ul>	<p>Reducing accidents and minor illnesses is one of the six high impact areas in the health visiting service. Home visiting interventions enable health visitors to observe and assess the home environment and discuss the prevention of accidents including, falls, drowning, pet safety, second-hand smoke, threats to breathing, car safety, burns and poisoning. Health visitors also give advice on how to prevent other illnesses or conditions including sudden unexpected deaths in infancy (SUDI) and gastroenteritis and where and when to access medical care.</p>

## Step 5: Adult immunisations

You said	We did
<ul style="list-style-type: none"> <li>• More engagement needed with vulnerable people in communities to develop and encourage a 'care for the whole community' strategy where people are aware vaccination protects everyone, not just individuals but also those with health conditions, disabilities and vulnerabilities. Incorporating people with lived experience of what happens when you don't get vaccinated for certain conditions e.g. polio, long Covid etc. to engage with people through literature or events.</li> <li>• On adult immunisation the recommendations infer you know which are the hard to reach groups and will look to ensure community leaders support and lead efforts to improve uptake. Are there networks of local leaders and influences being developed?</li> <li>• Combatting misinformation on vaccines - through engagement with underserved groups to find out what they consider to be authoritative sources.</li> <li>• Better communication on required adult immunisations</li>   <li>• I find GP and pharmacies quite good at educating people however I would expect GPs to be checking this when New patients register and perhaps checking on an ongoing basis. I know this could prove resource heavy but this could be measured against uptake and may help to improve outcomes in areas of deprivation such as Roehampton/West Putney and Battersea</li>   <li>• I think a centralised team who can call and book patients in for these immunisations would be helpful. It would also provide a central service to relieve the pressure on those of us in healthcare settings who are trying to contact and inform patients, as we often have to do this opportunistically. Would there be designated clinics for the patients to be booked into from these call centres.</li>   <li>• Again, misses the core issue of handling and combatting radicalisation with anti-vax sentiments</li> <li>• Understand the different reasons why people do not get vaccinated</li> <li>• Misinformation abounds about the safety of vaccines specially in ethnic minorities where someone they know has had a bad reaction to a vaccine.</li> </ul>	<p>The council work closely with partners to promote vaccination. The strategy aims to build on this previous work to continue to improve engagement with local communities. The strategy highlights the priority action to working collaboratively with partners to bring vaccination into communities through outreach programmes. Collaborative work with community leaders is a key part of the engagement approach.</p> <p>We work collaboratively with partners to try and maximise access to vaccination. This includes communications to ensure people are aware of their/their child's vaccination status.</p> <p>The strategy sets out the ambition for a centralised call-recall function.</p> <p>Working with partners a lot is done to engage residents on the importance of vaccines and improve vaccine confidence.</p>

## Step 6: Bowel screening

You said	We did
<ul style="list-style-type: none"> <li>• 74 seems an odd cut-off point. Why not include older people? They are quite susceptible to bowel cancer, and they're not so old that we can just let them die without bothering to save them, if possible.</li>   <li>• is there a joined-up strategy for community group engagement across the council - are you intending to help support them do some of this heavy lifting?</li>   <li>• Start earlier for example in the over 50s</li> </ul>	<p>The frequency of screens are offered as per the NNHS bowel screening programme, adjustment to this is beyond the scope of this strategy.</p> <p>The council undertake and support engagement with local communities across several areas including health and areas set out in this strategy.</p> <p>The National NHS bowel screening programme is expanding to make screening available to everyone aged 50 to 59 years. This is happening gradually over a period of 4 years and started in April 2021.</p>

## Step 7: Cervical Screening

You said	We did
<ul style="list-style-type: none"> <li>• You seem to be repeating similar aims for many of these categories. I'm hoping that you plan to target many aims together, for example infant feeding, child and adult immunisation and cervical screening could all be promoted in a breast-feeding cafe.</li> <li>• Offer to women over 64. Do screening every 3 years after 50, not every 5 years.</li> <li>• A strategy for improving services in GP practises and primary care so that key staff who should know their populations are used to improve care and information and up take</li> <li>• There's a double-think in the wording here where you're simultaneously trying to expand services to under-served groups, but excluding non-women who have cervixes, including transmen, many non-binary persons, and many intersex people.</li> <li>• Invest time in making booking medical appointments more efficient and at times that work around people's working lives</li> </ul>	<p>Thank you for your useful comment. Noted</p> <p>The frequency of screens are offered as per the National NHS cervical screening programme, adjustment to this is beyond the scope of this strategy.</p> <p>Actions in the strategy have been shaped collaboratively with primary care and GPs and their practices will support the delivery effort.</p> <p>The cervical screening programme is open to women and all people with a cervix within the specified age brackets. Action set out in the strategy aims to improve access and uptake in all groups.</p> <p>Reviewing appointment times has been added to the actions around improving access.</p>

## Step 8: Breast screening

You said	We did
<ul style="list-style-type: none"> <li>• Making breast screening available to fit in with working women’s lives i.e. appointments at weekends and evenings rather than during the week.</li> <li>• People suggested increasing years that breast screening is offered or shared their negative experiences</li> </ul>	<p>The frequency of screens are offered as per the National NHS breast screening programme, adjustment to this criteria is beyond the scope of this strategy.</p>



## Step 9: Type 2 diabetes

You said	We did
<ul style="list-style-type: none"> <li>• General education campaigns to spell out the risks but not to scare.</li> <li>• Educate diabetics about the disease. So many of them don't understand what it is exactly.</li> <li>• This links to food and lifestyle. People should be given more support to cook healthy meals and a more tailored exercise support of personal trainers going to people's homes.</li> <li>• Community-led nutrition and cooking initiatives have been proven to be more effective at reaching disadvantaged communities than a top-down 'expert' or health system-led approach. Cost of Living is also a huge factor and people may lack the resources to find safe and convenient ways to afford to eat well or embark on a nutrition plan. Could you offer discounted membership to major nutrition plans e.g. WW, Slimming World - as has already been operating in Dorset for years?</li> <li>• Newly diagnosed diabetics need far more help and information than is currently available. Dr's give you a prescription, a grim prognosis and send you away. Type 2 is reversible. Patients are not told this. Let alone advised.</li> <li>• More required on diet and exercise. Also regular blood testing for those with possibility of hereditary/genetic vulnerability.</li> <li>• Greater encouragement to exercise</li> <li>• Nutritional knowledge and understanding could completely obliterate type 2 diabetes. It is entirely controllable through diet. Providing a nutritionist in every doctor surgery - a fast track process - would free up doctors time.</li> <li>• See comments under obesity: access to good food and clear advice is essential</li> <li>• No reference to exercise referral which is cheap and effective. Bring health and sport and leisure sectors much closer together.</li> <li>• Better understanding of barriers to adopting a healthy lifestyle (beyond assumptions relating to culture and religion)</li> <li>• Educate people on nutrition, and what to eat / do to reduce the risk or reduce the need for medical intervention</li> <li>• This is also important for older people as the chances of developing Type 2 diabetes increase with age. It is important that GPs emphasise the risk with people who are over-weight and not very active</li> <li>• As with other sections, actions &amp; measurable targets to address wider determinants are missing, and focus is on individuals, families and services in isolation. E.g. the strategy's success measure of "empowering individuals to adopt a healthy lifestyle" has no measurable target. If it is to</li> </ul>	<p>Free NHS Health Checks are available to people aged between 40 and 74 years. These assess the risk of developing common conditions including diabetes. People at risk of developing Type 2 diabetes are eligible for the NHS Diabetes Prevention Programme. Women with gestational diabetes are indeed at higher risk of developing diabetes later in life, and they will be offered an annual diabetes blood test by their GP.</p> <p>The <a href="#">Richmond Healthier You programme</a> helps people to take action. Those referred to the local service will receive tailored, personalised support, including education on:</p> <ul style="list-style-type: none"> <li>• Healthy eating and lifestyle</li> <li>• Being more active</li> <li>• Losing weight</li> </ul> <p>All of these things together have been proven to reduce the risk of developing diabetes.</p>

<p>be met, we also need to address the barriers to physical activity of road danger and car dominance. Stronger links should be made to the Wandsworth Healthy Streets and Walking &amp; Cycling strategies, with measurable targets in this area.</p>	
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## Step 10: Cardiovascular disease

You said	We did
<ul style="list-style-type: none"> <li>• Lacking. There should be a yearly check for this. My surgery does t even have a working blood pressure machine and we are directed to test it ourselves.</li> <li>• In my experience, the follow-up of a diagnosis at the GP surgery has been non existent.</li> <li>• There is a general lack of pre-emptive health checks that could easily be done at the GP by nurses (as other European countries do)</li> <li>• Exercise by referral from GP certainly helps reduce risk of CVD</li> <li>• More needed about diet, exercise and testing required for those with hereditary/genetic vulnerability.</li> <li>• increase the number of cardiologists... there is far too long to wait for a referral, I have experience of this.</li> <li>• CVD is entirely preventable. As well as supporting those with the disease, a prevention programme is key. Knowledge and understanding of nutrition is and avoiding processed, highly processed and fizzy drinks is essential. all doctors surgeries need an early warning system and at least one nutritionist on-site.</li> <li>• Understanding of barriers to adopting healthy lifestyle (beyond assumptions made relating to culture and religion)</li> <li>• education is key</li> <li>• GPs should be more comprehensive in their assessments of patients presenting with symptoms of chest pain, dizziness, faintness,</li> <li>• This is also important for Over-65s. GPs should regularly check all older people and remind them to control weight, keep active and eat healthily</li> </ul>	<p>Free <u>NHS Health Checks</u> are available to eligible people aged between 40 and 74 years with no pre-existing, or diagnosis of any CVD related illness such as heart disease, stroke, diabetes, hypertension or kidney disease and do not take statins. All Wandsworth GP locations provide this service to eligible patients. The NHS Health Check assesses the risk of developing common cardiovascular disease illnesses such as heart disease, diabetes, hypertension, kidney disease and raise awareness of dementia. Patients without pre-existing conditions will be invited for a check every 5 years in line with NHS guidance, and closer monitoring may be required for patients with high blood pressure. Eligible residents are encouraged to contact their <u>GP or community pharmacy</u>.</p> <p>Invitations to receive an NHS Health Checks are targeted based on the personal and clinical information each GP holds for their patients, such as height/weight, age, sex, ethnicity and smoking status. Not all cardiovascular disease can be prevented. People with certain ethnicities are more predisposed to cardiovascular disease than others.</p> <p>The Council has launched a Healthier Catering Commitment scheme where accredited fast food restaurants are offering healthier menu options including non-fizzy drinks and food lower in salt.</p> <p>An NHS Health Check includes information and advice on lifestyle changes that can lower risk of cardiovascular disease, for example, how to be more active, stopping smoking and reducing alcohol intake. Where appropriate referrals to lifestyle services are made. For some people, referrals for further clinical investigation may be required.</p> <p>To increase the accessibility of the NHS Health Checks programme, community pharmacies began offering the service in December 2023</p>

	<p>There are 5 community pharmacies delivering NHS Health Checks in Wandsworth.</p> <p>Information and tips on how to stay active including leisure facilities, and how to get active at home, can be found on the council's website. The Council website also has information on tips for people with a health condition, people worried about falling and if people are unfit. Information about eating healthily including tips on healthy cooking on a budget is also on the council website.</p> <p>Many community pharmacies offer a blood pressure check on a walk-in basis. To find your nearest pharmacy search 'NHS find a pharmacy'.</p> <p>Individuals over the age of 75 have a named accountable GP. One of the responsibilities of the accountable GP is to provide a health check upon request where an examination hasn't been performed in the preceding 12 months. If you're over the age of 74 and have any questions or concerns, you should speak to a GP or nurse as soon as possible.</p> <p>Smoking is a leading cause of cardiovascular disease. Support to quit is available with options tailored to suit individual needs. Stop smoking services are available in GPs, community pharmacies and over the phone with a smoking cessation advisor. More information is available on the council's webpage by searching 'help to stop smoking.'</p>
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## Step 11: Air quality

You said	We did
<ul style="list-style-type: none"> <li>• Personal lifestyles promoting walking cycling public transport . Safe use of scooters and e bikes</li> <li>• most of this is treating the symptoms - making car ownership a privilege not a right would help i.e. who really needs a car? improving public transport etc. The air quality in covid was exceptional - no cars no planes</li> <li>• Stop promoting cycling.</li> <li>• Further support for accessible transport options for older adults &amp; people with disabilities and help to reduce reliance on car transport, especially in areas with poor access to public transport, e.g. Roehampton</li> <li>• LTNs only re-direct the traffic to main roads (like mine) Create new public transport links when allowing huge new flat developments. Remove underused cycle lanes that squeeze all traffic (cars AND buses) and make them standstill</li> <li>• Outdoor activities walking cycling scooters e bikes</li> <li>• This is all about future proofing but we need to address the present issues including the pollution of bottlenecks such as Putney High Street. A serious and holistic look at how traffic can be reduced along Putney High Street and particularly reducing the amount of idling vehicles is critical. Reducing the number of traffic lights and potentially the number of bus stops in this stretch of road would be helpful.</li> <li>• Don't be hostile to car owners. People &amp; businesses need vehicles. Technology is the solution, not making car ownership unbearably expensive or inconvenient. Also, DEMAND THAT HAMMERSMITH BRIDGE IS REPAIRED &amp; REOPENED to alleviate air pollution in Putney. It is a disgrace that it is still closed.</li> <li>• More trees and shrubs along roads, especially in built-up areas.</li> <li>• Encouraging people to leave the car at home</li> <li>• New building regulations. All new buildings need to have 'green' built in. That is, roof gardens, terraces big enough to grow plants/veggies, plants on outside of buildings (look at Buildings in Malaysia/Thailand for examples of excellent green building regulations and initiatives). Also new buildings need to meet net-zero emission standards.</li> <li>• Yes. Campaign through London Councils to abolish ULEZ which is just a tax on the poor and will have a negligible affect on London's air quality. Do away with all the humps and 20mph zones which increase air pollution as it takes longer for CO2 and particulates to disperse and means that they are higher anyway at slow speeds. Only be reducing the number of vehicles and allowing them to travel faster will the air quality improve. Finally, get rid of electric cars. They</li> </ul>	<p>Transport is a key contributor towards poor air quality, getting people to walk, cycle or use public transport will help to tackle and decrease levels of local air pollution.</p> <p>The council has produced the <a href="#">Walking and Cycling Strategy (2022-2030)</a> which details the need for modal shift and how this will be achieved.</p> <p>The refreshed borough <a href="#">Air Quality Action Plan (2023-2028)</a> outlines a number of local actions to improve air quality and local transport as well as other measures such as tree planting. The Action Plan also acknowledges the dangers of indoor air pollution and outlines the need to undertake further local analysis.</p> <p>The refreshed and adopted <a href="#">Local Spatial Plan (2023-2038)</a> outlines a range of land use measures to help reduce air pollution including emissions from new buildings and car free developments.</p> <p>In context of the ULEZ (Ultra Low Emission Zone), road works and road traffic, these fall outside the scope of this</p>

<p>are far more environmentally damaging during their short life span than petrol cars.</p> <ul style="list-style-type: none"> <li>• New building regulations. All new buildings need to have 'green' built in. That is, roof gardens, terraces big enough to grow plants/veggies, plants on outside of buildings (look at Buildings in Malaysia/Thailand for examples of excellent green building regulations and initiatives). Also new buildings need to meet net-zero emission standards.</li> <li>• Go further. Pedestrianise more widely.</li> <li>• TFL should be listed as a partner. Make public transport desirable for people to use.</li> <li>• Work with schools and youth clubs- incentivise walking to school; get children involved in campaigns</li> <li>• ULEZ and LTN will not make any difference if cars have to travel twice as far to get to their destination and vehicles can enter ULEZ areas as long as they pay the fee. Better to focus on removing high polluting vehicles and promoting other forms of traffic.</li> <li>• INDOOR air quality! Want to see HEPA filters in all public buildings and serious focus on ventilation PLUS easily available publication of the data</li> </ul>	<p>strategy. Information on road works and traffic is available on the council website, note that that operation and management of strategic roads including ULEZ are the responsibility of Transport for London.</p>
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## Step 12: Climate Change

You said	We did
<ul style="list-style-type: none"> <li>• Educating the public about climate change is important. Countering disinformation and conspiracy theories is difficult.</li> <li>• Be tough on businesses who fail to comply with local laws.</li> <li>• No mention of ulez? Plant more trees in High Streets.</li> <li>• Don't set over ambitious net zero targets. There might be more costs (monetary or otherwise) than benefits. Successive Covid lockdowns case in point. Worry more about the cold than the heat as it kills many more people.</li> <li>• Improve train/tube connections and affordability so people rely less on cars</li> <li>• More trees and shrubs along roads, especially in built-up areas.</li> <li>• Improvement to cycling infrastructure</li> <li>• Climate change can only be tackled when all Wandsworth residents change their behaviours and that doesn't seem included in the above plan. Residents should be actively encouraged to ditch their cars altogether or at least eliminate unwanted car journeys in favour of public transport. It must be made easier to get on public transport than jump into one's car. More streets should be only usable by pedestrians, cyclists, buses. Energy usage needs to be reduced. Do shops and other commercial premises really need to be illuminated at night. It may seem like small savings, but every kWh of electricity saved is one less produced by fossil fuels.</li> <li>• Work with schools and youth clubs- as with air pollution</li> <li>• Educate people on the effects of global warming, what it is, and what each of us can do to reduce it / revert the effects If it continues what it means for our children / grand children, etc</li> <li>• See previous reference on air quality, and the need to also improve air quality in indoor settings.</li> <li>• This is a major public health issue &amp; warrants a stronger focus and urgency on implementing climate change measures. In addition to adaptation, we would like to see</li> </ul>	<p>As part of the council's <a href="#">Climate Change Strategy (2019-2030)</a> and <a href="#">Action Plan (2023)</a> key initiatives are outlined, this includes public communications and engagement about the importance of understanding the impact of climate change.</p> <p>Note that that operation and management of strategic roads including ULEZ are the responsibility of Transport for London.</p> <p>In relation to education and awareness the council via the Climate Change Team have a rolling programme of engagement with residents and businesses, this includes campaigns such as <a href="#">Big Green Week</a>.</p> <p>Together with the refreshed borough <a href="#">Air Quality Action Plan (2023-2028)</a> there are a number of actions implemented including working with schools, decarbonising public buildings as well as increasing the number of electrical charging points in the borough.</p> <p>Schools and youth clubs are encouraged to use resources outlined at the <a href="#">Climate change hub</a></p> <p>The refreshed and adopted <a href="#">Local Spatial Plan (2023-2038)</a> as well as the <a href="#">Walking and Cycling Strategy (2022-2030)</a> highlight the need to support active travel and the 15-minute neighbourhood concept. So as to help reduce local climate change emissions especially in context of transport which is one of the biggest contributors to greenhouse gases.</p> <p>The council works on mitigation measures for climate change e.g., it produces the Heatwave and Cold</p>

<p>actions &amp; targets for mitigation and addressing the environmental and other wider determinants of health. E.g. rather than just raising awareness of climate change, measures to transform local travel to significantly increase walking and cycling, and decarbonise public transport. These have important health co-benefits.</p>	<p>Weather Plans based on the England's Adverse Weather and Health plan to protect those who are vulnerable and to reduce the impact.</p>
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## Step 13: Physical activity and health eating

You said	We did
<ul style="list-style-type: none"> <li>• It sounds a bit theoretical. I wouldn't think rather than focusing on communicating benefits that you focus on a wide variety of facilities and activities that are easy to access if</li> <li>• Either people can increase physical exercise by walking, if they can. This relays on the mindset.</li> <li>• physical activity and balanced healthy eating are the two most important factors in reducing health risk, the more that can be done to promote and educate the importance of these the better</li> </ul> <ul style="list-style-type: none"> <li>• People are what they eat. Portion sizes is critical. Drinking more water helps.</li> </ul> <ul style="list-style-type: none"> <li>• Financial access to sports and leisure facilities</li> <li>• Cost is a big factor which has to be taken into account.</li> </ul> <ul style="list-style-type: none"> <li>• Place gym equipment in parks.</li> </ul> <ul style="list-style-type: none"> <li>• Community-led nutrition and cooking initiatives have been proven to be more effective at reaching disadvantaged communities than a top-down 'expert' or health system-led approach. Cost of Living is also a huge factor and people may lack the resources to find safe and convenient ways to exercise or afford a nutrition plan. Could you offer discounted gym membership or PT programmes to those with health conditions? Could you offer discounted membership to major nutrition plans e.g. WW, Slimming World - as has already been operating in Dorset for years?</li> </ul> <p>Lastly, think about whether you need to do more than 'encouraging' people to use open spaces in their area.</p> <ul style="list-style-type: none"> <li>• Ensure that children in state school have access to sport both inside and outside school hours. Address the needs identified in the findings of the Council's Playing Pitch Strategy.</li> </ul> <ul style="list-style-type: none"> <li>• There was a scheme at all leisure centres for free participation for disabled adults and over 60s. Also</li> </ul>	<p>The borough has wide provision of parks, open spaces and play areas which are all free to use. We continue to maintain than to a high quality to ensure they are safe and attractive places to encourage use and participation.</p> <p>The borough has a wide range of sports clubs through which we support and encourage participation.</p> <p>We support the schools swimming lessons programme and provide facilities and teachers and promote participation.</p> <p>We support restaurants to become accredited in the Healthier Catering Commitment scheme including offering smaller portion sizes and low-calorie drinks like water.</p> <p>We have approved an expanded concessionary scheme to reduce fees for people less able to pay for community sports starting in January 2024.</p> <p>The borough has wide provision of parks, open spaces and play areas which are all free to use. We continue to maintain than to a high quality to ensure they are safe and attractive places to encourage use and participation.</p>

<p>free swimming. It seems that since Enable took over the running of the leisure centres this benefit has been removed or is generally not publicised. I understand that there is free gym and swimming for people on Universal Credit but Enable should be encouraged to reinstate free swimming or free gym membership for people interested. I know there is a cost implication but the benefits may be offset in other ways.</p> <p>The Bader Centre has an excellent gym but although there are reductions there is still a cost despite referrals accepted from local GPs and other professionals. Maybe this centre would benefit from a one off grant to improve/promote its services to the local Roehampton population. The cost of joining these places is putting people off. Hopefully our local Councillors will meet management from the Bader Centre and the Roehampton Recreation Centre with a view to using both to promote active living</p> <ul style="list-style-type: none"> <li>• Give free gym/sport passes to identified individuals so that they can fit exercise into their routine.</li> <li>• community programmes that are affordable for those not able to go to a gym etc</li> <li>• Affordable access to leisure centres. Wandsworth has great asset in its parks and commons for collective exercise</li> </ul> <ul style="list-style-type: none"> <li>• educate people from a young age in school Implement it so it becomes part of their usual routine, then this will hopefully follow them into adulthood and then they can, in turn, educate others and their children</li> </ul> <ul style="list-style-type: none"> <li>• Make it easy and cheap ( or preferably free) especially for those who have huge responsibilities and next to no time of their own eg carers, single parents, people having to work several jobs etc</li> <li>• There should be affordable sessions, workouts and swimming lessons availability for women only. Specifically for working women, it means the availability should be a mixture of weekends and evenings.</li> </ul> <ul style="list-style-type: none"> <li>• Access to parks and green spaces is often restricted to those with mobility issues who can get around on a cycle. Increasing designated cycle lanes and abolishing bylaw prohibiting access to green and open spaces would help improve physical activity and general mental health.</li> </ul>	<p>The council runs a Wandsworth Grant Fund with small grants to community and voluntary sector organisations to run projects including a focus on nutrition and healthier eating projects or physical activity.</p> <p>The council commissions a free Adult Weight Management service for eligible residents. More information on Weight Management advice and resources are on the council website.</p> <p>The Council recently approved an expanded concessionary scheme to reduce fees for people less able to pay for community sports starting in January 2024.</p> <p>The Council’s Roehampton Leisure Centre offers leisure activities to the local community and have recently expanded their offer. They also offer new memberships, some new or reduced fees for foster carers, care leavers, people receiving universal credit, school children receiving free school meals and asylum seekers.</p> <p>The Council delivers the Healthy Schools London programme which includes physical activity and healthy eating.</p> <p>The council is committed to reducing barriers to participate in physical</p>
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<ul style="list-style-type: none"><li>• A recognition of the challenges, especially given the cost of living crisis, of access to healthy foods, and how to still access healthy food and cook healthy meals on a budget. Is there a way to work with local business on this given some of the issues are systemic and hard for individuals to address themselves.</li><li>• All this is very important for over-65s.. We need opportunities and more enticements to join activity programmes in different ways and including online ordinary and chair based-exercise.</li></ul>	<p>activity. The website has a list of ways to get active at home – ranging from live classes and pre-recorded classes and information or guidance. There are resources for pregnant women.</p> <p>The council is committed to promoting use of green and open spaces to be physically active.</p> <p>This is out of the scope of this strategy but the Cost of Living Hub has information on food support available in the borough.</p> <p>The strategy includes over 65s in the population it intends to support to get active.</p>
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## Step 14: Alcohol

You said	We did
<ul style="list-style-type: none"> <li>• Educating people to drink alcohol responsibly is vital.</li> <li>• Ban alcohol in pubs.</li> <li>• It would be useful to be able to find alcoholic drinks, i.e. wine, at a lower ABV than is currently common.</li> <li>• Psychological support because alcohol abuse is a symptom of poor coping mechanisms.</li> <li>• Encouraging pubs to sell a better range of low/no alcohol drinks</li> <li>• Again Education is key</li> <li>• Engage with alcohol concern related charities who are knowledgeable and have resources and support available. Include primary care colleagues as part of health checks and promotion.</li> </ul>	<p>We commissioned the Drink checker tool to enable residents to identify problematic levels of drinking and signpost to support.</p> <p>We have implemented a licensing tool to support decision-making processes around public health input into venues being granted licenses to sell alcohol. This uses data and intelligence to be able to raise concerns.</p> <p>There is a substance and alcohol treatment service commissioned by Wandsworth Council that is available to anyone who has a substance/and or alcohol related issue.</p> <p>Wandsworth Council has a Combatting Drugs Partnership (CDP) that was formed in September 2022 in partnership with Richmond Council. The aim of this partnership is to work towards objectives and actions locally that will help meet national targets related to substance and alcohol use – resulting from the Government's ten-year drugs plan.</p> <p>The first annual report of the CDP is due to be presented at the next Wandsworth Health and Wellbeing Board, and its current focuses include children and young people, improving the continuity of care in hospitals and trying to break the supply chain of drugs.</p>

## Step 15: Smoking

<ul style="list-style-type: none"> <li>• Action on vapes - a necessary route for smokers, but should not be freely available to non-smokers. Enforce age limits on vapes Ban vaping and smoking in train stations, covered shopping areas - and enforce the ban - or non smokers are exposed</li> <li>• Get serious about access to vapes.</li> <li>• Vaping.</li> <li>• Ban smoking/vaping at outside seating of cafes.</li> <li>• More information in schools about the dangers of smoking and vaping.</li> <li>• It would maybe be useful to consider the use of vapes in young people as part of the same strategy? I appreciate its not "smoking", but it does encourage nicotine addiction and causes environments damage.</li> <li>• Needs something here about vaping.</li> <li>• Ban vaping</li> <li>• Tackling vaping needs included as now clearly a source of problems</li> <li>• Could do with a more explicit discussion of vaping</li> <li>• More work to prevent sale and use of vapes</li> <li>• educate</li> <li>• Ban vapes Will affect younger generation massively (I believe the government are on this anyway) Older generation is very difficult from my experiences but offering education will always help! Leaflets, praise and rewards for going a day without a smoke etc, encouraging family and friends to encourage each other</li> <li>• It'd be nice if it was harder for people to smoke in public and semi-public places.</li> </ul>	<p>Currently working with Trading Standards to circulate a letter about young people and vaping that will be circulated to all schools in Wandsworth. It will include a link to educational resources for schools to teach pupils about vaping legislation and associate health risks.</p> <p>A long-term strategic approach to vaping and young people has been added as a focus for the Wandsworth Combatting Drugs Partnership and its Children and Young Persons subgroup.</p> <p>Public Health are due to start working with the Wandsworth Youth Council to develop a survey for engaging with school aged children about their understanding and experiences of vaping. Results and feedback will be used to help shape future interventions and services.</p>
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## Step 16: Mental health and suicide

You said	We did
<ul style="list-style-type: none"> <li>• The most important part is getting immediate care - waiting too long is disastrous. Fast access to talking therapies, for example, would reduce fatality numbers, and potential length of treatment required providing further access to treatment. All this needs to be on a very local level - within walking distance.</li> <li>• Ensure LGBT is expanded to LGBTQI+ and to actively support trans and non-binary people.</li> </ul> <p>Better education in schools and workplaces on understanding mental health as well as how to support people with mental health struggles</p> <p>Mental health first aid courses to be more readily accessible <ul style="list-style-type: none"> <li>• More disguised support services are shown to help more in the long run with these kinds of things. Because of stigma, or lack of confidence or belief, people may not sign up or put their hand up to places which offer mental health support, but if there are free cafes or sports clubs which are specially tailored to offer mental health support then this can certainly encourage more visits and outings from isolated places like homes, especially for older generation.</li> </ul> <p>For younger generation, a lot of people want therapy but it's very expensive so finding ways to make therapy more affordable could be helpful (even if it's available at discounted rates, or low frequency like once every 2/3 months</p> <ul style="list-style-type: none"> <li>• Mental health has long suffered from a disparity of esteem in relation to other aspects of health. I think that the emphasis in this section of the draft strategy on suicide prevention risks detracting from the need to improve access, experience and outcomes for mental health services generally and especially for Black and Ethnic Minority communities in Wandsworth. Tackling inequality is important here and It is not just a question of reducing stigma but of taking positive steps to overcome barriers to access and to deliver more culturally competent support. The Ethnicity and Mental Health Improvement Programme points a way forward and should be pursued more energetically.</li> <li>• There's nothing about actually uplifting resourcing.</li> </ul> <p>You talk about reducing stigma for LGBT people, but this survey has itself increased stigma and othered LGBT people with exclusive language around healthcare.</p> <p>'Reduce stigma' is not a measurable outcome. How will you do this?</p> <ul style="list-style-type: none"> <li>• Much more focus is needed on primary prevention</li> </ul> </p>	<p>We have commissioned mental health first aid training to people living and working in Wandsworth.</p> <p>We are implementing the recommendations of our mental health needs assessment which include improving the uptake of talking therapies for young women (18-24 years), improving ethnic minority representation in early intervention services, develop the capacity for ethnic minority communities to provide support, care and early intervention through co-produced community services and develop a public mental health strategy to prevent mental disorder and improve resilience.</p> <p>Work is taking place with the Wandsworth Health and Care Partnership to advance measures to address ethnic inequalities in mental health service access, outcomes and experience raised in the Annual Director of Public Health Report on the mental health</p>

<ul style="list-style-type: none"> <li>• Talk Wandsworth (IAPT) currently have a 10-12 month wait for support. GP counselling had a 3-4 months wait when I needed support. IAPT are also very selective in who they accept, meaning that there is a large cohort who are 'too sick' for IAPT but not sick enough for outpatient/community support. There needs to be services in place to support individuals at all points on the spectrum, not just serious mental illness or depression with no self harm history.</li> <li>• From what I can gather, it is very hard to get timely access to mental health services. Also the transition from being a child with mental health needs to an adult is very poor so fixing that would be a priority. I fear that without a massive national injection of funding and resource this might be a tough one to fix locally</li> <li>• Reduce stigma particularly for LGBT, ethnic minorities, men, carers - is a big ask and different action will be required for each of them so they need to be specific.</li> <li>• Education for everyone as to what to listen for, look for, in friends and colleagues to help them know how to support and signpost to professional help. When I was working in the Council there was a really good on line training about suicidal intentions/suicidal thoughts in others. Very well explained and targeted. Making that training available in senior schools and even through the weekly online contacts might be very helpful.</li> </ul>	<p>experiences of ethnic minorities.</p> <p>We have commissioned suicide prevention training for people who live and work in the borough.</p>
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## Step 17: Falls

<p>There needs to be more awareness in older people and more access to preventative exercises before people are 60.</p> <p>More education about risk is important.</p> <p>The Council should keep an eye on the state of the pavements. While it would be impossible to align all the paving stones perfectly and keep them from shifting and producing sharp edges to trip over, there are some roads where the inequalities are visibly dangerous and where repairs should take place more frequently than they do.</p> <p>Establish an early pathway for people at moderate risk of falling to appropriate physical activity providers to reduce frailty and help prevent falls.</p> <p>Access to keeping physically fit before this stage is reached is important.</p> <p>Consider whether falls could be reduced with proactive schemes to install adaptations in people's homes e.g. grab rails, ramps etc</p>	<p>We encourage all adults to be active to benefit their health. <a href="#">Wandsworth Physical Activity Plan</a> is a 10 year plan aimed at all adults including a range of information and ideas for being more active.</p> <p>We have increased communications on falls prevention and are working with seven local VCS organisations to provide talks from the Falls and Bone Health Service to the community.</p> <p>Please report damaged paving to us via the form on our website <a href="https://www.wandsworth.gov.uk/roads-and-transport/report-a-street-problem/">https://www.wandsworth.gov.uk/roads-and-transport/report-a-street-problem/</a></p> <p>There are a range of falls prevention classes available across the borough run by our VCS partners for people at moderate risk of falling with the aim of improving strength and balance. These also link to the physio led Falls and Bone Health Service. For more information on where these classes are running please see the public health 'healthy ageing pages'.</p> <p>, we agree that being physically active throughout life is important to good health. Our borough Physical Activity Plan focuses on ways to support people to increase physical activity and keep active throughout adulthood.</p> <p>Adult Social Care can provide a range of home solutions to support people to live at home independently. Age UK have a handy person service which can support some adaptations. The falls and bone health service can advise on adaptations to support individual needs.</p>
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<p>You should offer Easter i access falls prevention and core stability classes</p> <p>Improvements in the provision/availability of OT and physio to community. Also use of well-staffed well paid care services.</p> <p>Make greater provision for exercise for over-60s to assess and address individual needs.</p> <p>perhaps something about free gym membership at council run gyms for people at risk</p> <p>Rekindling confidence in walking after having had a serious fall</p> <p>Actions to improve the outdoor environment, encourage walking and reduce the risks of trips and falls outdoors are missing, e.g. inclusive, welcoming streets with places to stop and rest, poorly maintained pavements, pavement parking, trip hazards from cables to charge electric vehicles. A stronger link should be made in this section to the Council's Healthy Streets and walking &amp; cycling strategies</p> <p>It is important that GPs include advice on risks of falling in their visits with older people and advertise places where they can join exercise classes</p>	<p>All our falls prevention classes are run by qualified instructors and have strength and balance as their focus.</p> <p>The Falls and Bone Health Service is a self-referral service available to anyone who has had or is worried about having a fall. Alternatively, you can attend falls prevention classes and talks with our VCS partners who can also refer you into the service.</p> <p>There are lots of opportunities to take part in exercise for the over 60s. Many classes are local and available through our VCS partners.</p> <p>. There are lots of free and low-cost options for exercising in the borough including our getting active at home resources <a href="https://www.wandsworth.gov.uk/getting-active-at-home">https://www.wandsworth.gov.uk/getting-active-at-home</a> and local classes through our VCS partners <a href="https://www.wandsworth.gov.uk/getting-active-at-home">https://www.wandsworth.gov.uk/getting-active-at-home</a> and local classes through our VCS partners. (e.g. Active Lifestyles <a href="https://enablelc.org/activelifestyles/">https://enablelc.org/activelifestyles/</a> or activities at AGE UK Wandsworth and the Furzedown project.</p> <p>The Falls and Bone health service can support with returning to health after a fall. Our partners Enable offer free community walks in a range of locations across the borough. These are open to all age groups: <a href="https://enablelc.org/walking-and-talking-in-wandsworth/">https://enablelc.org/walking-and-talking-in-wandsworth/</a> Please report damaged paving to us via the form on our website <a href="https://www.wandsworth.gov.uk/roads-and-transport/report-a-street-problem/">https://www.wandsworth.gov.uk/roads-and-transport/report-a-street-problem/</a></p> <p>, we work with a wide range of partners to ensure that residents are offered access to services and activities.</p>
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## Step 18: Dementia

You said	We did
<ul style="list-style-type: none"> <li>• All the above is excellent however, it is hard to get early diagnosis when the disease can be slowed. That would be a better focus, before old people are in the care home so that they can live longer in their own home.</li> <li>• Prevention is better than Cure. There is now strong research into how important social contact is for preventing dementia. Providing stronger local community activities and meeting points will help. This includes making our shopping centres more than just coffee shops and nail bars, but with independent retailers and a sense of a real heart in each area where people get to know each other in a more green environment. Take people off-line and into the real world.</li> <li>• Opportunities for life long learning and intellectually stimulating nature in a classroom environment.</li> <li>• You must ensure that all those who suffer from dementia and need social care have access to it including residential care. This disease destroys carers as well as patients.</li> <li>• Actions to improve the outdoor environment, social inclusion, and encourage walking are missing. We know that exercise and social interaction are important in prevention and mitigation of dementia. Inclusive, welcoming and safe streets are key to both. A stronger link should be made in this section to the Council's Healthy Streets and walking &amp; cycling strategies</li> </ul>	<p>The Dementia priority in the strategy is linked with the 'Live Well' priorities which aim to prevent the onset of disease by helping people to keep healthy in the first place. This includes addressing risk factors for Dementia through work on physical activity, healthy eating, alcohol, smoking, and air quality.</p> <p>Dementia diagnosis rate has been added as a measure for tracking progress in this area.</p> <p>The importance of the role of carers is recognised throughout the strategy. In relation to Dementia there is a specific action around carer's respite and exploring opportunities to ensure good access to short breaks for unpaid carers.</p> <p>The Council commissions the Wandsworth Carers Centre to lead the Carers Partnership Wandsworth which has the twin aims supporting unpaid carers to deliver the best care possible whilst also enabling them to have a life outside of their caring role. The Partnership is currently supporting almost 6000</p>

	adult carers with information and advice, emotional support, peer support, training, back therapies and short break opportunities including formal respite.
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## Step 19: Social isolation

You said	We did
<p>Isolation of people is very serious, people need 5-7 interactions with other people. This can be helped by cashiers at till, reinstatement of the Highstreet, banks reinstalling branches, train ticket offices manned and so on ,so that people feel part of where they live.</p> <p>Co-locating services to help increase social integration to help reduce feelings of isolation.</p> <p>More social interaction would help with lots of other issues that affect older people but we all have a responsibility to join in, engage with others when we have the chance.</p> <p>Consider cost-based barriers to isolation - could you subsidise public transport for vulnerable or low income groups to make it easier for them to engage with services or groups?</p> <p>Improvements in transport/facilities etc are important, but many vulnerable people actually need a companion in the first instance to take them by the hand to give them the confidence to engage. Support Workers can help, but need to be well trained and able to engage people with others, and avoid becoming the company the person needs themselves.</p> <p>More opportunities for older adults to develop computing skills and confident use of new technology</p> <p>don't assume that everyone is digitally competent, for example I do not have a smart phone, and many people who are likely to be isolated will be old like me and may not own a computer or smart phone.</p> <p>Be cautious about an over reliance on IT. Not everyone confident to use it</p> <p>Use digital technology to reduce social isolation - great as long as ensuring digital poverty is addressed.</p> <p>Where digital technology is being used, ensure that people have access and understanding of this - tech can actually isolate people more if they don't have access. Classes on how to use simple things such as Facebook will help older isolated people.</p> <p>Social hubs/warm hubs are also a great way to tackle loneliness</p> <p>Encouraging responsibility and team work is essential too! Similar to how Physical Education is crucial for young kids,</p>	<p>Our VCS partners work to provide a range of services in one location for older people to meet others and address their needs in one space.</p> <p>Initiatives such as Active Lifestyles <a href="https://enablelc.org/activelifestyles/">https://enablelc.org/activelifestyles/</a> aim to provide a welcoming supportive environment. There are lots of free and low cost options for connecting with others including activity centres, digital classes,</p> <p>We have amended the document from 'Using digital technology to reduce social Isolation' to 'Using digital technology to reduce social Isolation for those it will benefit and providing support to use technology for those who need it.'</p> <p>Information is available in a range of formats and languages to ensure all residents can access resources. IT support is also available through digital training run by our VCS partners.</p> <p>We agree that physical activity is a great way to help people overcome social isolation and improve physical and mental health.</p>

<p>something similar is also crucial for older people as it teaches teamwork, resilience and joy in solving mental and physical challenges. It may seem as though older people are clever and responsible enough to sign themselves up, often human nature leads to laziness or drops in confidence from difficult periods in life (such as losing loved ones, or lack of importance), so encouraging or automatic enrolment into activities like elderly friendly sports or games nights (even something like snakes and ladders) or gardening competitions could go a long way!</p>	
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**END**