



# Londoners did

Produced by



Mental Health  
Foundation

For

**Thrive** LDN

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# An analysis of the outcomes of the Thrive LDN Londoners said community conversations

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February 2020

## **Get in touch**

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## Executive summary

Poor mental health is one of the biggest challenges facing London and prevalence is often much higher in the communities facing greater inequalities. In July 2017, the Mayor of London, alongside health and care partners, launched Thrive LDN with the aim of creating a collective movement across London, supporting everyone to speak openly about mental health and have an equal opportunity to thrive. Following this, in September 2018, the Mayor further demonstrated his commitment to improving the mental health of Londoners through the publication of his Health Inequalities Strategy<sup>1</sup>, which Thrive LDN supports the delivery of.

At its core, Thrive LDN is a participation-driven partnership that engages with and responds to the needs and insights of Londoners. By working in partnership across London we are better able to achieve our shared goal for all Londoners to have an equal chance to a healthy, happy and fulfilling life.

This **Londoners did** report forms part of the story of how this partnership of Londoners is delivering real change in their communities. The report sets out how recommendations from the Thrive LDN community conversations presented in the **Londoners said**<sup>2</sup> report have been put into practice.

During 2017/18, more than 1,000 Londoners took part in 17 community conversations across half of the city's boroughs and their ideas for implementing the six Thrive LDN aspirations in their communities were recorded and shared with the ambition that action would follow.

This report shows that action did indeed follow from the community conversations in the form of better relationships between people and institutions, the development of a network of champions, new job roles, and volunteering opportunities. It also changed local plans and strategies and even brought together public health and planning teams around the design of a new leisure centre to ensure high quality community space.

Given the first of the six Thrive LDN aspirations is to foster 'a city where individuals and communities take control', it is heartening that around 400 people developed useful relationships which are fundamental to change.

The community conversations called for a network of Thrive LDN Champions and in themselves the events provided a recruitment tool that led to champions being signed up and trained to lead positive change in their communities.

Whilst there are a number of tangible examples of change, it is less easy to measure advances made through the momentum generated, which many of the community conversation participants report was a positive outcome of the conversations. In follow-up interviews, two organisers said that the community conversation had led to or supported the creation of new job roles, including a public mental health specialist position and a voluntary sector liaison manager.

Whilst in Lewisham, for example, the community conversation had aided reaching out to the black community to support improving mental health services and public health. In Hackney, the momentum and ideas led to a developing series of support information resources for people facing

major life changes, such as births, bereavement and marriage, which the evidence suggests can make people more vulnerable to mental ill health. These resources are in development and registrars have been identified as potential conduits of this information as they interact with people at these pivotal points.

In Enfield, the community conversation influenced the plans for a major regeneration—prompting greater focus on creating 'mentally healthier' places with better access to green and community space, whilst in Sutton the community conversation fed into a Fairness Commission. In another borough, a Poverty Commission was prompted by the community conversation to place a greater emphasis on security, that is security of housing tenure, security of employment and personal security.

In some boroughs, organisers said the community conversation was a revelation in terms of the approach to working with local residents and led to the adoption of more co-production as a means of developing other areas of public health work.

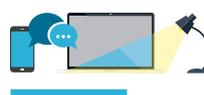
1 Greater London Authority (2018). London Health Inequalities Strategy: [www.london.gov.uk/what-we-do/health/london-health-inequalities-strategy](http://www.london.gov.uk/what-we-do/health/london-health-inequalities-strategy)

2 Davie E, Lombardo C, Yap J, Eising D, Steadman O, Kousoulis AA. Londoners said: An analysis of the Thrive LDN community conversations. London: Mental Health Foundation, 2018.

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## What Londoners did in summary

1. Around 400 community conversation participants and 80% of organisers made 'useful connections' at the events, which have resulted in new services, better service in-reach, new job roles, volunteering opportunities and training.
2. A cohort of more than 40 Thrive LDN champions were enrolled in a leadership development programme, which took place across two intensive residential days and a series of seven masterclasses, followed by a final learning event. They are taking and leading action in their communities right now.
3. The Thrive Thamesview mental health improvement pilot scheme commissioned by the London Borough of Barking and Dagenham following. It their community conversation supported around 400 residents to improve relationships, skills and confidence, the delivery of which at less cost per person than three months of anti-depressant medicine.
4. The community conversation in Lambeth informed work on developing the community, council and NHS integration effort Lambeth Together and supported the Black Thrive improvement partnership between the borough's Black Caribbean and African residents and statutory services.
5. In Enfield, the community conversation has been an important part of 'convincing leaders that we must ensure that new developments create mentally and emotionally healthy places.'
6. Public health officials in Hackney have been working more closely with planning officers during the development of plans for a replacement leisure centre. At the time of writing, the new Britannia Leisure Centre is under construction with high quality community space.
7. Lewisham used the community conversation to advance its work to support better mental health support with black residents who currently suffer disproportionately poor outcomes.
8. Sutton's Fairness Commission was changed as a result of the community conversation to include recommendations on how to better support the borough's children and young people from deprived backgrounds achieve their potential.
9. Southwark participants were inspired by hearing from powerful black leaders including Professor Kevin Fenton, the then new Director of Public Health.
10. The community conversations have encouraged other community-based events across London, exploring what is important to local people around their mental health and wellbeing. In Merton, for example, a Mental Health Fair with local services and residents was held in November 2019.





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## Forewords



### Sadiq Khan

Mayor of London

I want all Londoners to be able to enjoy life in a city that has the best mental health in the world. So I welcome this report which showcases the amazing work that Thrive LDN has been doing to support London's diverse communities. I would like to thank the Mental Health Foundation and Thrive LDN for this report, and for their continued commitment to supporting all Londoners to thrive. I would also like to commend and congratulate the boroughs, organisations and communities cited within this document; the people who are putting our plans into action. By talking, listening and working together they have ensured the voices of residents are at the forefront of change.

During the conversations held in half of the city's boroughs, more than 1,000 Londoners from diverse communities openly discussed what matters to them when it comes to mental health; including experiences

of shame and feeling excluded. Residents, policymakers, health service commissioners, council leaders, charities, educators and clinicians sat down together and shared their ideas and concerns. Even more importantly, they explored possible solutions. Each community conversation provided a blueprint for local action to improve health and tackle some of the inequalities people are feeling and experiencing across the capital.

This report demonstrates that a conversation has the potential to spark action on a much wider scale. People are working together to make London a healthier, happier city. And we need to listen to their voices. Londoners know better than anyone else what's important to them, and what's happening in their neighbourhoods, their workplaces, their schools, and their homes. They know the type of local interventions that will have the greatest impact, and, for that reason, they are best placed to codesign and lead on solutions to their problems. This report shows what can be achieved when we listen to individuals and communities about what matters to them, and how to translate their ideas and insights into meaningful progress.

When I launched Thrive LDN, alongside health and care partners in 2017, we began with an open conversation with Londoners - to encourage everyone to think more, talk more and act more when it comes to mental wellbeing. As awareness of mental health - and how social inequalities can impact on it - continues to grow, we want to empower and support Londoners from all walks of life to take action.

We are only at the beginning of this journey and I look forward to the next stage continuing to work in partnership with communities to ensure these conversations continue and are the catalyst for far-reaching change. So thank you to everyone who has been part of this work so far. By harnessing the power of true collaboration between our citizens and decision makers, I'm confident we can work together to build a city where every Londoner feels supported to thrive.

**Sadiq Khan**

Mayor of London



## Dr Jacqui Dyer MBE

Co-Lead, Thrive LDN and  
NHS England Mental Health  
Equalities Advisor

## Mark Rowland

Chief Executive,  
Mental Health Foundation

**Londoners did** is an excellent snapshot of what can be achieved when individuals and communities are empowered and engaged on local decisions which matter to them. The findings in this report are very positive and we sincerely thank everyone who took part in the community conversations and took action to improve mental health at a very local level. Many examples presented here have only been made possible by the willingness and support from professionals from a range of agencies, institutions and backgrounds to continue the dialogue beyond the community conversations.



We know from the community conversations that Londoners aren't looking for top-down fixes – instead, they want the tools, resources and opportunities to improve things for themselves. The proposed solutions often shared common themes, namely, to spread knowledge, skills and support so that people can better look after themselves and their neighbours. Fundamentally, Londoners are not looking for institutions or systems to apply quick fixes, they want the power and means to develop lasting improvements themselves.

The examples highlighted in this report showcase how community-led ideas and insights can be translated into meaningful progress to improve the mental health of Londoners. We urge all local leaders, educators, volunteers, campaigners, and anyone who wants to improve the lives of Londoners to consider how the activities in this report might become a reality within their communities. Then furthermore, make a commitment to continue collaboration with all communities to make positive change happen and put words into practice.

We are very grateful to everyone involved in helping to collate and capture the outcomes and examples presented in **Londoners did**. It is just one part of a continuing Thrive LDN and Mental Health Foundation partnership which we're proud of.

The decisions that are made at a local level in London have a direct impact on the resilience and mental health of our communities. To truly make London a city where everybody has the opportunity to thrive, we must not only continue the conversations with Londoners, but we must think bigger and bolder about ways to ensure we are hearing from all Londoners, from all walks of life. We look forward to working with many more Londoners to spread and share learning from the wide range of activities presented in this report.

**Dr Jacqui Dyer MBE**  
Co-Lead, Thrive LDN  
and NHS England  
Mental Health  
Equalities Advisor

**Mark Rowland**  
Chief Executive,  
Mental Health  
Foundation

# Introduction



**Londoners did** marks the third phase of an exciting partnership between Thrive LDN and the Mental Health Foundation.

In phase one, the Mental Health Foundation mapped mental health inequalities by borough based on 28 social determinants and factors, such as rates of child poverty, bullying prevalence, and homelessness.

In phase two, the Mental Health Foundation and Thrive LDN worked with local public health teams to deliver community conversations across 17 London boroughs, beginning in the seven boroughs were shown to have the highest mental health inequalities.

After each session, participant feedback was used to improve the next community conversation, for example, more time was given to networking and discussion in later sessions.

More than 1,000 Londoners from half of all the London boroughs took part sharing their ideas about what would make their area thrive. Those ideas were collected and analysed to form the **Londoners said** report which was launched at City Hall in December 2018.

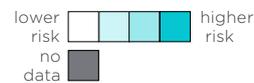
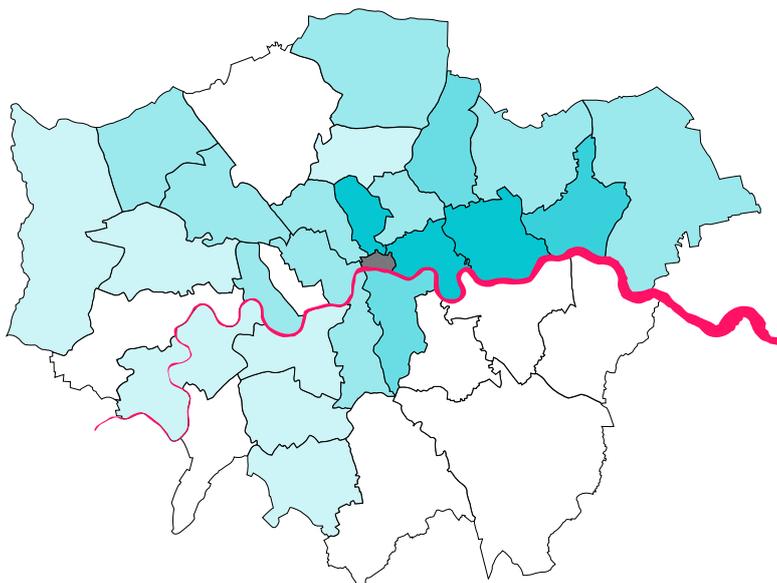
Since then community conversation participants including residents, councils, NHS and voluntary sector groups, as well as Thrive LDN partners, have been taking forward some of those ideas.

This report brings us to the third phase of Thrive LDN and Mental Health Foundation's joint work. **Londoners did** is based on research and follow-up interviews with the original community conversation participants and local public health team organisers and, to put it simply, asked: what, if anything, has changed as a result of the community conversations and the recommendations that came out of them?

Nearly 100 (10%) of all the original participants and all 16 (100%) of the local borough organisers took part in the survey, with six of the organisers taking part in further follow-up interviews. Their responses were subject to a thematic content analysis.

That analysis forms the basis of this report, along with other intelligence including separate evaluations of:

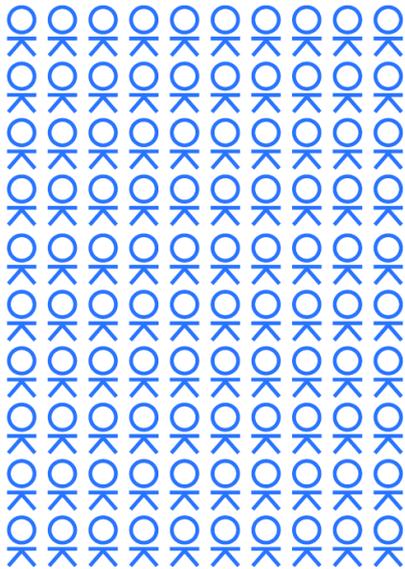
- The Thrive Thamesview mental health improvement pilot on a social housing estate in Barking and Dagenham which was inspired by the community conversations.
- The Thrive LDN Insights Report which charts progress made by the movement including activities initiated at the community conversations.



**Londoners did  
in numbers**

**100%**

**LOCAL PUBLIC  
HEALTH ORGANISERS  
RESPONDED TO  
THE SURVEY**



**97**

**PARTICIPANTS IN  
THE COMMUNITY  
CONVERSATIONS  
RESPONDED TO  
A FOLLOW-UP  
EMAIL SURVEY**

**88%**

**OF PARTICIPANTS  
SAID THEY  
FELT ABLE  
TO PARTICIPATE**

**6/10**

**PEOPLE HAD A  
POSITIVE  
EXPERIENCE**

**70%**

**LEARNED  
USEFUL NEW  
INFORMATION**

**AROUND  
400**

**PEOPLE MADE  
USEFUL NEW  
CONNECTIONS**

**AROUND  
9/10**

**ORGANISERS  
SAID THEY  
WERE AWARE  
OF POLICY  
CHANGES  
MADE AS A  
RESULT OF  
COMMUNITY  
CONVERSATIONS**

**18%**

**OF PARTICIPANTS  
WERE AWARE OF  
CHANGES MADE  
LOCALLY AS  
A RESULT**

## Case studies

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### Londoners did... pilot a mental health improvement programme on Barking and Dagenham's Thamesview Estate

Having been inspired by the community conversation, the London Borough of Barking and Dagenham commissioned the Mental Health Foundation, working with Thrive LDN, to design and deliver a year long community mental health improvement scheme on the Thamesview council housing estate.

Working with residents and local partners, Mental Health Foundation supported a number of peer groups across the life-course aimed at improving relationships, skills and confidence which are crucial to good mental health. These included a:

- Peer parenting group mainly for young mothers
- Peer Education Project in the local secondary school where Year 12 children are trained to peer mentor Year 7 children through a mental health themed curriculum supplied by Mental Health Foundation
- Health and Happiness training programme for working age adults
- Special business creation and development support from Tree Shepherd, a social enterprise which aims to give people self-belief to grow local economies
- Older person's support group to reduce isolation and engage in meaningful activity



All participants said that their overall expectations of the programme had been met and that they had benefitted in a range of ways.



**Overall the programme supported around 400 people at less cost per beneficiary (£150 per person) than around three months worth of antidepressant medicine or three sessions of cognitive behaviour therapy or similar.**

Thrive Thamesview was assessed on how well the project recruited and retained participants and on whether it had an effect on participant's mental health and wellbeing.

All participants said that their overall expectations of the programme had been met and that they had benefitted in a range of ways.

The peer parenting group participants said that they increased parenting knowledge and confidence which is associated with better outcomes for parents and children.

**Parents said meeting and getting to know people each week and seeing what other parents go through in a 'friendly, safe and fun atmosphere' helped them. One said:**

'It was very well run and fun for the children.'

**Of those children taking part in the Peer Education Project, positively a large majority reported feeling**



The Tree Shepherd business development workshop attendees reported feeling more confident about starting a business and their employment prospects, with one describing the trainer as an 'amazing speaker! Very focused and personalised talk.'

Health and Happiness trainees reported improved awareness on mental health and how to be mentally healthy, including increased knowledge on the factors that can impact health and wellbeing.

**One participant said:**

'I have benefited hugely by taking part and believe it will have a wider impact on my family and friends.'

## Older people in the Standing Together group reported reduced social isolation, better relationships and more confidence.

The Thamesview pilot worked with local services and recruited local residents to volunteer to support and take ownership of the projects once the formal pilot ceased.

A number of strategies helped participants stay engaged with the programme and the various initiatives. For example, participants felt that the atmosphere of the group was important, it was a safe space and they developed good relationships with the trainer and others in the group. Smaller group sizes gave people the opportunity to interact with volunteers or the trainer in a more direct way and speak to other participants with similar experiences. Participants in the focus groups highlighted the warmth, patience and responsiveness of facilitators.

### Impact on participant's wellbeing

**SAW THE BENEFIT  
AS SOON AS WALKED  
THROUGH THE DOOR**

**PARTICIPANTS HAVE  
FORMED LOCAL  
RELATIONSHIPS**

**HELPED WITH  
MENTAL HEALTH-  
DIFFICULTIES**

**AIDED PROFESSIONAL/  
PERSONAL LIFE**

**EMPOWERMENT  
FOR PARTICIPANTS**

**IMPACT  
ON DAILY  
LIFE**

**REDUCES  
ISOLATION**

**GIVES PARTICIPANTS  
A FEELING OF  
CONNECTION**

**PARTICIPANTS TOOK  
STRATEGIES AWAY AND  
USED THEM OUTSIDE  
OF THE WORKSHOPS**

**EMPOWERING**

**ALLOWED MENTAL  
HEALTH AWARENESS**

**SELF-  
DEVELOPMENT**

**GAVE PEOPLE MORE OF  
A FEELING THAT THEY  
HAVE CONTROL AND  
CAN DO THINGS FOR  
THEIR WELLBEING AND  
QUALITY OF LIFE**

**POTENTIAL FOR  
IMPROVED  
PERSONAL  
WELLBEING**

## Case studies

### Londoners did... create more community-friendly buildings in Hackney

Hackney's public health officials told us that they have made a number of tangible changes to local policy and practice, in part, because of what was discussed at their community conversation.

For example, people at the Hackney community conversation had said they wanted more free, safe, community space where they could meet neighbours and take part in activities.

On the strength of this, public health officials were able to work closely with planning officers during the development of plans for a replacement leisure centre. Issues including access to play space and design issues relating to social cohesion were highlighted by the public health function. At the time of writing the new Britannia Leisure Centre is under construction with high quality community space.



People at the Hackney community conversation had said they wanted more free, safe, community space where they could meet neighbours and take part in activities.

*Photo by Hackney Council: Images of the Britannia Leisure Centre*

## Case studies

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### Londoners did... support the development of Lambeth's Living Well Network Alliance

At the Lambeth community conversation participants were invited to share their ideas to support the development of two local projects that aim to improve mental health of local communities.

One was Black Thrive which was set up to bring together everyone interested in addressing issues surrounding mental health for black people to ensure that resources and programs are well co-ordinated, complementary and most importantly reflect the wishes and wants of the people affected by mental health inequalities.

Black Thrive supported the community conversation in Lambeth by helping to encourage an interested and engaged audience to join the conversation, which in turn has developed a wider partnership between people, organisations, and public services in the borough.



Black Thrive supported the community conversation in Lambeth by helping to encourage an interested and engaged audience to join the conversation



Since the community conversation, the Black Thrive partnership has further evolved. They worked with a range of partners to identify and test the collective impact approach. Public health officials have supported this approach by co-creating a shared measurement system, which collates the data of the black experience across areas of importance selected by the African and Caribbean populations of the borough. This enables the partnership to identify areas for improvement and helps them to monitor whether these changes are improving the health and wellbeing outcomes for the borough's black population.

**Black Thrive plays a strong role in The Living Well Network Alliance which supports people in Lambeth who are experiencing mental illness or distress. The Alliance used the community conversation in Lambeth to gather people's views on their developing programme, in line with the Thrive LDN aspiration to have 'services when and where needed'. Community conversation participants said they wanted mental health services to be more joined up, quicker and easier to access, more focussed on prevention, avoiding crises and unnecessary admissions to hospital.**



**The Alliance has since created three new Living Well Centres with teams of peer workers, voluntary and community sector advisers, social workers, nurses, therapists and psychiatrists.**

By joining up services that are being designed to better reflect the needs of residents, there is less need for people to have repeat assessments or unnecessary referrals from one part of the system to another and outcomes are improving.

## Case studies

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### Londoners did... become Thrive LDN champions

A strong theme from the community conversations was the desire to create a strong network of local champions. This has subsequently been taken forward by Thrive LDN and the community conversations themselves helped sign up local champions right across London.

Since launching in 2017, an informal network of Londoners who are passionate about improving mental health and wellbeing has been supported to meet and consider how they can support local initiatives.

In 2019, Thrive LDN launched a leadership development programme to support champions to lead change locally.

The programme and areas of training were developed by champions and delivered in partnership with the Sheila McKechnie Foundation (SMK).



This programme and the learning from it will ensure that more change is led locally and sustainably to address inequality and improve the mental health and wellbeing of Londoners.



**A cohort of around 40 Thrive LDN champions were enrolled in the leadership development programme, which took place via two intensive residential days and a series of seven masterclasses, followed by a final learning event.**

Since then, Champions have collaborated on their own events at a local level and developed concepts for citywide campaigns. Individually and collectively, the champions have become increasingly visible in Thrive LDN's work.

The programme is being evaluated by an independent consultant to establish its benefits and impacts, and to inform future training and development offers. Initial feedback has suggested that champions have reported increased confidence; increased their participation with Thrive LDN across London; and the number of locally owned and led Thrive LDN projects has increased.

This programme and the learning from it will ensure that more change is led locally and sustainably to address inequality and improve the mental health and wellbeing of Londoners.

In 2019, Thrive LDN launched a leadership development programme to support champions to lead change locally.



## Case studies

### Londoners did... form useful relationships

One of Thrive LDN's six aspirations was to create a 'city where individuals and communities take the lead.' To truly progress this, much stronger relationships must be built between individuals and communities, including service users, and those who commission and provide the services like local councils, the NHS, education, housing, the police and others.

Our *Londoners did* follow-up suggests that around 400 people who participated in the community conversations made useful connections. However, at the same time our research shows that eight out of 10 organisers (81%) felt they made useful connections and 41% of participants agreed. This difference hints at a power dynamic at play and there needs to be thought into how people are supported in communities to have a genuine role in efforts like this.



“ As a result of us meeting at the community conversation, we brought public mental health and clinical mental health work closer together with really good outcomes. ”



**Nearly all survey respondents and interviewees mentioned the usefulness of elected councillors, services users, other members of the public, clinicians, council and voluntary sector officers meeting in this forum and sharing views.**

This reflected the initial feedback from the early community conversations when people said they wanted more networking time, which was subsequently added both before and after the workshop and presentation elements of the conversation.

Service providers and commissioners valued the opportunity to hear directly from those that used, or who could potentially, use their services about what they did or would find useful. Providers and commissioners also welcomed the opportunity to meet other partners and hear what else was going on in the area that they might collaborate on.

**A participant and charity worker from the Ealing community conversation said:**

‘Meeting local authority, other charities and organisations supporting people with mental ill health, I was able to tap into their knowledge and expertise and to signpost people to various organisations for support.’

Service users and other residents not working for a provider or commissioner, valued the opportunity to meet service providers, commissioners and peers to learn more about what support was available locally and about opportunities to volunteer or get involved.

**A Lewisham participant responded that they most valued ‘leaflets from groups’ and that**

‘the mental health community connections were useful as they contained local resources.’

Another said that having met a representative from the local Mind charity at the event encouraged them to subsequently train and volunteer as a peer mentor.

In contrast to participants, organisers felt that the fostering of relationships across London was valuable, and mentioned they felt ‘better linked into the London picture’ more than the participants who were more focused on local borough-based contacts.

“ The mental health community connections were useful as they contained local resources. ”

**Organisers also said that the event had helped identify local stakeholders which in turn had led to positive, though not explicitly stated, benefits.**

**A public health organiser said:**

‘The most valuable aspect of the conversations were the range of people round the table – of particular value was the connection with clinical staff and the voluntary sector, public and council – these multi-agency conversations have continued within the workstreams of our borough’s integrated care partnership.’

Public health organisers who were new in post at the time particularly valued the local connections the most as they got to meet local stakeholders and hear their views.

Those more established in their role tended to place more focus and benefit on the London-wide links the conversation afforded them.

In one example, in Hackney the newly appointed public mental health lead at the time of the community conversation said that it had given him the opportunity to meet the project manager from the psychological therapies’ alliance. The working relationship struck up at the community conversation led to greater outreach work to the borough’s Turkish and Jewish communities, increasing the uptake of Improving Access to Psychological Therapies (IAPT) services which had previously had one of the lowest uptakes in the country.

**‘As a result of us meeting at the community conversation, we brought public mental health and clinical mental health work closer together with really good outcomes’**



## Case studies

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### Londoners did... get inspired by the community conversations and meeting black role models

As well as making connections, finding out about services, opportunities, and the views of service users and residents, the next most commonly expressed view of participants was a sense of personal inspiration through contact with people and organisations at the community conversations.



“ An opportunity for all of us to re-evaluate what is really needed. Even to consider what it means to be human as we discussed the controversial zero suicide city [aspiration] ”

**One respondent from Ealing said:**

‘On a personal level, attending was very positive, hearing the conversations and comments from individuals and organisations reinforced I’m not alone in my concerns and hearing about the great work in progress and discussing how we can work together to go further.’

**One respondent from Southwark said:**

‘An opportunity for all of us to re-evaluate what is really needed. Even to consider what it means to be human as we discussed the controversial zero suicide city [aspiration].’

**Black Thrive who had representation at both the Lambeth and Lewisham conversations were mentioned several times by participants as providing hope and encouragement.**

Others expressed positive feelings related to meeting people of influence, especially powerful black people, at the community conversations. Another wrote positively about meeting Dr Jacqui Dyer MBE, Thrive LDN’s Co-Lead who works nationally, regionally and locally on Black, Asian and Minority Ethnic mental health issues. Several mentioned the importance of seeing black leaders and role models talking about issues that disproportionately effect the black community like serious mental illness.

**Southwark community conversation respondent said:**

‘Meeting Professor Kevin Fenton [Director of Public Health, Southwark Council] and hearing his passion from his presentation was inspiring.’



## Case studies

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### Londoners did... generate 'momentum' for policy change

The most frequent responses about changes made as a result of the community conversations from participants involved 'raising awareness' and generating 'momentum' around mental health and public health measures related to it.



As the community conversations were primarily aimed at engaging the local population to generate ideas and themes important to them, then this could perhaps be expected.

**A typical response came from a Southwark participant:**

‘Good to discuss issues, good to get mental health further on the agenda [promoting] parity of esteem, good to look at ideas and how we can have a better community offer/asset.’

Several organisers said that the sense of momentum generated by the community conversation had supported the development of positive engagement, helped validate approaches and given impetus to local campaigns, including a public mental health campaign in one particular borough.

**However, compared to participants the concept of gaining momentum was less prominent with organisers.**

As the community conversations were primarily aimed at engaging the local population to generate ideas and themes important to them, then this could perhaps be expected. Although, in follow-up interviews with two organisers, they said that the community conversation had led to or supported the creation of new job roles including a public mental health specialist position and a voluntary sector liaison manager.

In Hackney, momentum and ideas from their community conversation led to the (ongoing) development of a new series of support packs for people facing major life changes, such as births, bereavement and marriage, which the evidence suggests can make people more vulnerable to mental ill health. These packs are in development and registrars have been identified as potential conduits of this information giving them an awareness to support them in their roles when interacting with people at these pivotal points.



## Case studies

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### Londoners did... influence and change plans and strategies

After the concept of gaining momentum the next most frequent set of responses related to plans and strategies that participants felt had been influenced or changed as a result of the community conversation in their area.

This was the most frequent response for organisers, with one organiser saying the conversation had led to mental health becoming the 'key focus for the year'. Below this theme were sub-themes with generic 'mental health plans' being the most commonly mentioned. Some linked to Health and Wellbeing Board strategies, council plans, clinical commissioning group mental health community transformation work and public mental health action planning.



“ The council suicide prevention strategy has adopted zero suicide approach in line with Thrive LDN. ”

An example of community conversation's influence can be seen on local suicide prevention and reduction plans which was referenced by several respondents. One explicitly stated that as a result of the community conversation 'the council suicide prevention strategy has adopted zero suicide approach in line with Thrive LDN.'

'One of the reasons suicide prevention sticks in my mind was that we had just embarked upon refreshing our suicide prevention strategy and so it was really good to get some feedback from stakeholders on that.'

### One interesting debate emerged from the community conversations around Thrive LDN and London Health Board partners' aspiration for working towards a zero suicide city.

In some cases, participants raised concerns around the scale of this ambition which directly influenced the use of terminology and language in some local plans. In one borough, the issue was even raised at a council cabinet meeting, demonstrating that participants did exert real influence on an important, statutory strategy, and in this case to people in political power.

Participants mentioned their area's Mental Health Strategy and Health and Wellbeing Strategy as being influenced by the community conversations. A Lewisham participant also said that partly as a result of the community conversation the council had now prioritised tackling 'mental health inequalities for the BAME community'.





### **Text responses from participants and organisers diverged with more detailed responses on specific work coming from organisers, which could probably be expected.**

Organiser interviewees talked about the community conversation's influence on the Joint Health and Wellbeing Board Strategy and the Mental Health Action Plans which form part of them. Interviewees mentioned that the conversation had contributed to strengthen the mental health, social determinant and public health elements of these important strategies and helped set the direction for multi-agency working across boroughs.

'Our new Health and Wellbeing Strategy has finally got to the point where we are genuinely reflecting the goal of parity of esteem between mental and physical health, and the community conversation helped us to get there.'

Another public health official reiterated that her borough's Health and Wellbeing Board's determination to focus on reducing the mental health inequalities experienced by the Black Caribbean population had been boosted by what they had learnt at the community conversation.

'[The community conversation] really highlighted the inequalities around our mental health issues in our Black Caribbean population. Conversations from the event have fed into a specific stream of work being undertaken by the Health and Wellbeing Board looking at black and minority ethnic health inequalities in general, with a specific focus on mental health issues in our black communities.'

**Participants mentioned their area's Mental Health Strategy and Health and Wellbeing Strategy as being influenced by the community conversations.**

## Case studies

### Londoners did... influence built environment planning guidance

Several interviewees talked about how the community conversation had informed thinking, plans and even regulations to do with physical human-made environments that people need to work, rest and play, known more commonly as the built environment.

Feedback from participants raised the importance of having adequate free and safe community space where people could mix and the impact of the quality of the built environment and access to green space had on mental health.

Interviewees said that the community conversation had flagged how the local built environment can both promote and degrade mental wellbeing. Many said that it spurred thinking about mentally healthy places. People talked about how the conversation had led to more thought about 'place-setting' and greater understanding around how councils are doing more to make sure the physical environments in which their residents lived promoted health and wellbeing.

One public health official talked about how the community conversation had influenced the thinking about planning for a very large new development in the south of the borough.

As already mentioned, community conversation feedback in Hackney led to the new Britannia Leisure Centre, currently under construction, to include high quality community space.



“There has been a change of emphasis and now we are listening much more closely to what people are after. The community conversation has been an important part of convincing leaders that we must, must ensure that new developments create mentally and emotionally healthy places.”

## Case studies

### Londoners did... inform and influence policy commissions

Follow-up interviews with organisers helped to highlight how the community conversations had been included in policy development or inspired such engagement to be undertaken in their borough.

For example, an interviewee in Sutton said that the intelligence from the community conversation had fed into a local Fairness Commission, particularly on how to better support the borough's children and young people from deprived backgrounds achieve their potential. The Fairness Commission was a time-limited policy development working committee made up of elected councillors and invited partners.

A different borough also reported that the community conversation feedback had been used for work on improving adolescent mental health.

In Enfield, an interviewee said that a Poverty Commission is underway which had been partly inspired by the focus on social determinants in the community conversation.



“ The conversation fed into a rising interest in poverty in the borough. We heard a lot about the ‘s’ word, that is ‘security’, and how it impacts on mental health. That is security of housing tenure, security of employment and personal security just walking down the street. So, a poverty commission has started and will look at these issues. ”

## Case studies

### Londoners did... change the way they worked with each other

In some boroughs, organisers felt the community conversation was a revelation in terms of ways of working with local residents and led to the adoption of more co-production as a means of developing other areas of public health work.



“ Neutral space where people focused on generating solutions rather than focusing on the negative ”



**The Enfield organiser, for example, said:**

‘It led to a bit of soul searching about the way public health does business - we accepted we were a very directive sort of service and the conversation really brought it home to us that there was a much more collaborative way of working.’

Additionally, a member of the public health team attends all major community events to listen to residents and that the whole public health team has undertaken community engagement training.

Another interviewee in Lewisham said that the format of community conversation had been replicated for a World Mental Health Day summit on BAME mental health, as it was viewed as being a successful way of sharing information, gathering views and attempting to co-produce better ways of supporting these communities.

**Several also mentioned that they had learnt from the co-production approach of the community conversation and that it had encouraged them to do more community engagement and use more workshop listening sessions.**

This was linked to positive comments about the organisational elements of the community conversation with people referencing the fact that external facilitation helped create a ‘neutral space where people focused on generating solutions rather than focusing on the negative’.



## Case studies

### Londoners did... learn useful new information

A similar and high proportion of participants (84%) and organisers (88%) felt they had learnt useful new information about Thrive LDN. The work of Thrive LDN during the community conversation was facilitated with a speaker from outside the borough talking about the pan London approach taking place, so it was relatively novel to both groups.



“ Revamped our staff health and wellbeing offer to include online courses on mental health and resilience. ”



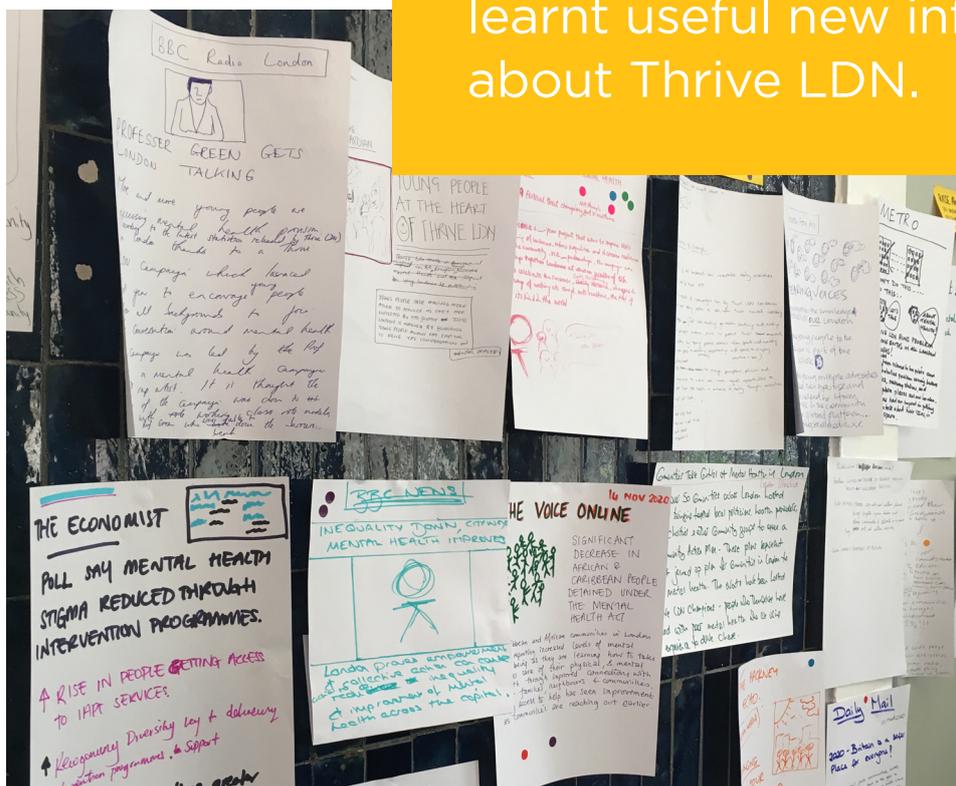
Similarly the responses to the question about learning about what supports thriving communities showed around 70% of participants and organisers feeling they had learnt useful new information.

This part of the community conversation was also externally facilitated with a speaker from the Mental Health Foundation talking about the evidence for what supports thriving communities. A very similar proportion of participants (69%) felt they had learnt useful new information about local challenges and work being done to address them. This section was usually presented directly by the local public health organiser and related to particular demographic and other features of a borough that influenced the mental health prevalence.

Several people alluded to the positive impact of engaging and educating local communities alongside health professionals about mental health and social determinants.

To build on this, several responses indicated that training had been commissioned as a result of the community conversation which included Mental Health First Aid, both internally and in the community. 'Thriving at Work' training was also rolled out and one participant said they had 'revamped our staff health and wellbeing offer to include online courses on mental health and resilience.'

A similar and high proportion of participants (84%) and organisers (88%) felt they had learnt useful new information about Thrive LDN.



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## Conclusion

It is 10 years since Professor Sir Michael Marmot's Fair Society, Healthy Lives report which demonstrated the importance of addressing inequality in order to improve health. Marmot clearly said that in order to make progress towards this objective more people had to be supported to take more control over their own lives and communities. In a modest way, the Thrive LDN community conversations sought to do this by bringing service users, commissioners and providers together, providing information and listening to people's ideas for change.

This approach helped set a standard in how health and care partners can collectively work with residents and service users and has encouraged the adoption of more co-production across London as a means of developing other areas of public health work.

The literature on the outcomes of co-production activity such as this is relatively low and so Thrive LDN and Mental Health Foundation are delighted to make a contribution to building the case for seeking to empower

communities, particularly those with the worst outcomes, and supporting solutions we can all deliver together.

Most importantly however, returning to the participants and organisers of the community conversations for this report, it is clear that lots of change took place as a result. Hundreds of useful relationships were formed, knowledge transferred, new support created, and plans and strategies altered and improved.

We need to recognise that with challenges and barriers comes aspiration, passion and huge, important contributions to London. To deliver lasting change, we need to continue to focus on collective and community-based solutions to help London become a city where everyone has an equal chance to a healthy, happy and fulfilling life. Whilst there is much more for us to achieve, the examples outlined in this report show that Londoners did and are doing amazing work towards this.



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## Thrive LDN

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

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

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## Mental Health Foundation

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



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