

# HEALTHY HAYES: WHOLE SYSTEMS APPROACH TO OBESITY

<b>Relevant Board Member(s)</b>	Councillor Jane Palmer Kelly O'Neill Interim DPH
<b>Organisation</b>	London Borough of Hillingdon
<b>Report author</b>	Shikha Sharma
<b>Papers with report</b>	Appendices 1 and 2

## **HEADLINE INFORMATION**

<b>Summary</b>	This report provides an update on: 1. Progress on Healthy Hayes Project 2. Feedback from the Healthy Hayes Workshop held on 28 <sup>th</sup> March 3. Background to Whole Systems Approach. 4. Proposed plan for HWBB agreement
<b>Contribution to plans and strategies</b>	The Joint Health and Wellbeing Strategy HHCP Delivery and Health Protection Boards
<b>Financial Cost</b>	None
<b>Ward(s) affected</b>	Hayes / ALL

## **RECOMMENDATIONS**

**That the Health and Wellbeing Board notes that:**

- 1. Obesity remains a significant challenge for Hillingdon with around a quarter of Hillingdon's adults and over a quarter of children in year 6 (25.6%) estimated having BMI  $\geq$  30 (obese). Food-related ill health, including high BMI, is second only to smoking as a contributor to poor health outcomes in the UK.**
- 2. England's Whole Systems Approach (PHE, 2019) recognises that complex issues like obesity require sustained and systemic action and buy in from systems leaders which is essential to support implementation.**
- 3. Social care and NHS costs related to obesity are estimated at £58 bn (3% of GDP); and are going to increase as the adult population with obesity and severe obesity increases and ages. Effectively preventing and treating obesity will tackle health inequalities and has the potential to significantly improve quality of life and wellbeing, in addition to reducing health and social care costs (estimated at £35 million for every 4 percentage points) (Frontier Economics, 2022)**
- 4. The Health and Wellbeing Board Members, Hillingdon's Health and Care leaders are requested to consider investment into weight management lifestyle services and children's oral health to reduce food and obesity related inequalities and reduce obesity related health and social care costs.**

# Healthy Hayes Progress Report

## 1. Introduction and background

This report summarises the progress on implementing 'Healthy Hayes Whole Systems Approach' for reducing overweight and obesity. The report describes the outcomes of a stakeholder workshop (HHW1) held on 28<sup>th</sup> March. The aim of the workshop was to share information with stakeholders from health, social care, education, leisure and voluntary sector about taking systems approach to addressing obesity; and develop a shared understanding about the issues that influence weight gain at population level. Group discussions were held to gather insights from people with varying degree of expertise who have been working in the field on strengths, challenges and opportunities for tackling obesity and agreeing a way forward.

In September 2022, Hillingdon Health and Wellbeing Board had approved the use of the nationally recognised Whole Systems Approach (WSA) for obesity recognising that the causes of excess weight are complex and closely linked with not only to health inequalities, but also to the wider societal and economic inequalities that affect people's lives. Hence acting on systems and disrupting factors which cause and contribute to people adopting unhealthy behaviours must form part of the strategy for reducing obesity and excess weight.

Hayes has been identified as the geographic focus for this work where factors affecting the health of the population will be studied and tested through engaging with the local communities living in that area.

Implementation of Whole Systems Approach requires a clear vision and recognition of the challenges and opportunities in partnership with stakeholders and residents which was the focus of the workshop held on 28<sup>th</sup> March 2023 at the Navnat Centre, Hayes.

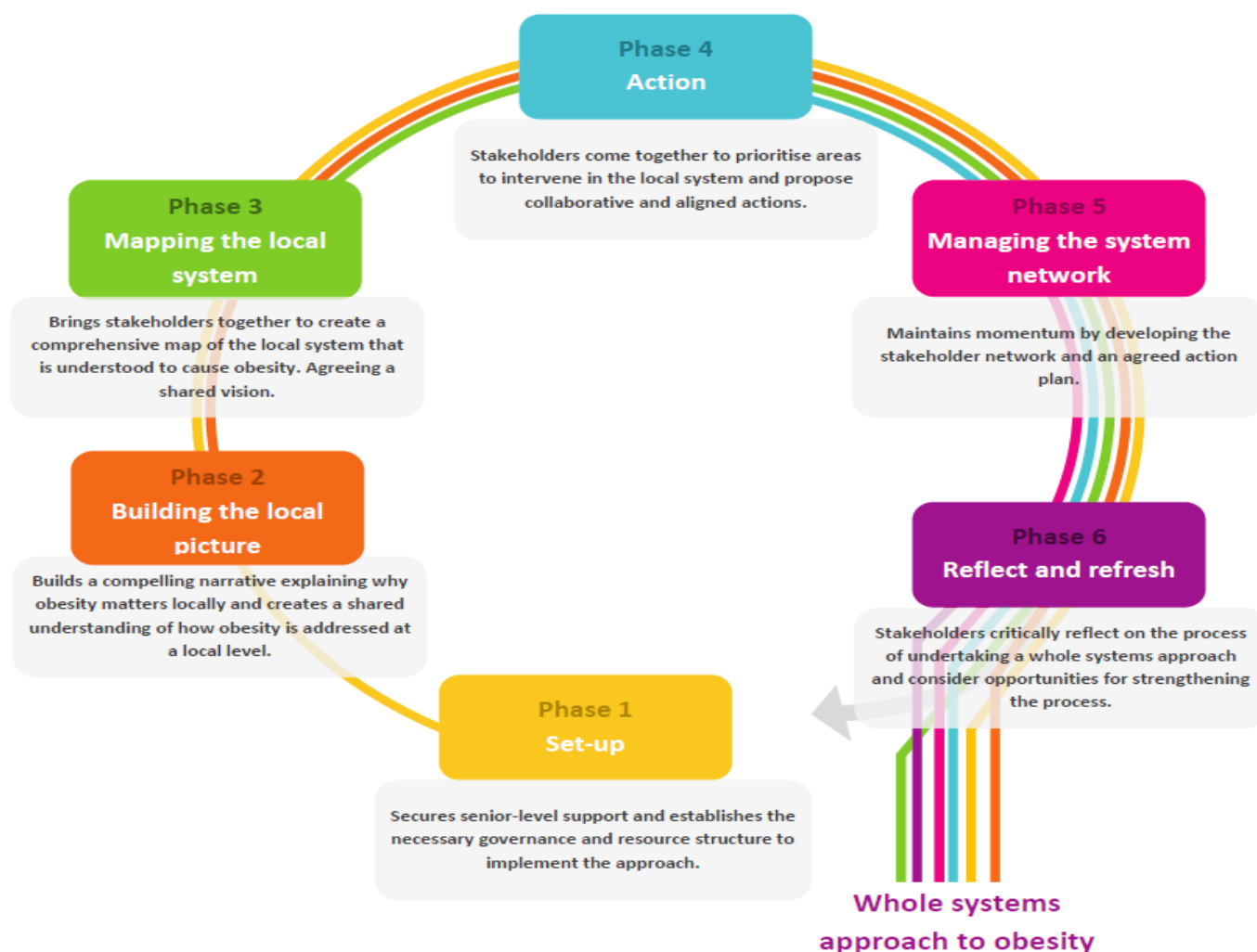
## 2. The Local Whole Systems Process

Obesity is a complex issue which requires embracing whole systems working as opposed to single organisations working on parts of the system while other parts of the system continue to contribute to the issue.

England's Whole Systems Approach responds to complexity through an ongoing, dynamic and flexible way of working. It is about engaging stakeholders from different parts of the system and understanding how a change in one part of the system affects other parts of the system. WSA enables local stakeholders, including communities, to come together, share an understanding of the reality of the challenge, and identify the greatest opportunities for change. Stakeholders agree actions and decide as a network how to work together in an integrated way to bring about sustainable, long-term systems change.

A phased approach to WSA is recommended which we are following for our local 'Healthy Hayes' programme as it also aligns to the Borough Population Health Management framework (Figure 1). These phases are based around the core idea that it should be easy for everyone in an area (Hayes) to eat healthily and lead active lives from childhood and throughout their lives. However, this is not currently the case, as is evident in our local indicators (Figure 2). It is important that we create healthier environments locally for every child, and every resident and we achieve this led by evidence of what works, through the (WSA) methodology agreed with HWBB last September.

**Figure 1: Process for implementing whole systems approach**



### 3. ACTIONS TAKEN SO FAR

The 6- phase process described above can be used flexibly by local authorities and for Hayes, we have adapted the methodology based on the work that had already taken place in relation to actions, capacity, structures and relationships.

#### PHASE 1: Set up (August 2022- December 2022)

Aim	Actions taken
To secure support from the senior leadership and agree a way forward	<ol style="list-style-type: none"> <li>1. Set up the core group (Table 1 below) and agreed to develop WSA local approach for tackling obesity</li> <li>2. Review of evidence and national toolkit by core group members</li> <li>3. Collation and review of local demographic data, health outcomes and identification of Hayes as the local area for testing the WSA approach for Hillingdon.</li> <li>4. Secured support from the HWBB, the senior leaders of PLACE and key stakeholders</li> <li>5. Started Assets Mapping exercise.</li> <li>6. Met with education team to identify actions for progressing work with schools.</li> <li>7. Applications submitted to OHID for School Superzone Funding for 3 schools.</li> </ol>

**Table 1: The Core Working Group**

<b>Purpose</b>	To undertake the day-to-day operations and coordinate the approach
<b>Responsibilities</b>	<ul style="list-style-type: none"> <li>- Identify and prepare stakeholders</li> <li>- Maintain momentum</li> <li>- Produce and collate project plan, workshop materials</li> <li>- Operationalise workshops and the system network</li> <li>- Start focus groups</li> <li>- Feedback to senior leaders</li> </ul>
<b>Members</b>	Junior and senior public health officers who have strong connections internally and externally plus administrative support
<b>Membership</b>	Kelly O’Neill, Claire Hallett, Viral Doshi, Becky Manvell, Priscilla Simpson, Julia Heggie, Sarah Durner, Mekaya Gittens and Shikha Sharma
<b>Frequency of meetings</b>	Weekly or fortnightly during phases 2, Fortnightly / monthly thereafter

**PHASE 2: Building the Local Picture (January 2023- March 2023)**

<b>Aim</b>	<b>Actions taken</b>
<p>Engaging with local stakeholders, build a compelling narrative explaining why obesity matters locally and create a shared understanding</p> <p>Engagement with communities, organisations, early years settings, schools, transport, leisure, health services, businesses, social care, voluntary sectors to start work on the environment for supporting children and families to achieve and maintain a healthier weight.</p>	<ol style="list-style-type: none"> <li>1. Collated key information about Hayes</li> <li>2. Scoping with community leaders, orientation tour of the busy high street, visit to Hayes Muslim Centre and discussion with Imam, visit to Navnat Centre, Hayes: management waived booking cost for the workshop.</li> <li>3. Secured leadership support from Portfolio holder for Adult Social Care and Health: Cllr. Palmer Chaired the workshop.</li> <li>4. Identify local stakeholders for holding a workshop in HAYES for developing common understanding about local strengths, weaknesses, opportunities and challenges for children and families.</li> <li>5. Collected stakeholder feedback on Excess Weight</li> <li>6. Collected stakeholder feedback on Breastfeeding Campaign and Weight Management</li> <li>7. Put together an agenda and share information packs in advance of the workshop</li> <li>8. Held Healthy Hayes workshop on 28<sup>th</sup> May 2023</li> <li>9. Analysis of themes emerging from workshop discussion</li> <li>10. Success in securing School Superzone funding for 1 school. Asked to submit revised applications for the other 2 schools in the next funding round.</li> <li>11. Start to understand community capacity and interest to work on obesity / healthy weight</li> </ol>

## HEALTHY HAYES WORKSHOP: SUMMARY OF STAKEHOLDER FEEDBACK FROM THE WORKSHOP AND STAKEHOLDER SURVEYS

KEY THEMES	FEEDBACK / COMMENTS
<p>FOOD ENVIRONMENT AND FOOD SYSTEM</p>	<p><b>Food availability, food security, economy and quality:</b>            Too many fast-food shops with low-cost food and easy access to poor quality of food, Fast food options, take aways everywhere - sweet shops on school routes, easy availability of sugary drinks, chicken and chips.</p> <p>Nice, healthy restaurants are closing only fast-food options thriving. Children go there it's cheap. Parents taking young children to chicken and chips shop straight from school. Unhealthy, cheap and very tempting. There is lots of fresh food to be bought but too many fast-food shops and sweets as easily available and cheap solution for parent. CoL and Energy crisis have played to limit choices. Consequences for child weight and oral health.</p> <p><b>Food safety:</b>            Need clarity on quality control by the Council, on-line restaurants/personal catering companies registered.</p> <ul style="list-style-type: none"> <li>- Crime linked to take away shops</li> </ul> <p><b>Food Policy:</b>            Prioritise health in all policies, Apply Legislation (fat, sugar)            How to prioritise health in decision making?            Formulation: mindset of businesses needs to change ways of making food</p>
<p>COMMUNITY PARTNERSHIP ACTION: KNOWLEDGE, SKILLS, CULTURE AND BEHAVIOURS</p>	<p><b>Knowledge and information:</b>            Unaware of calorie content, food labelling, lack of understanding about processed food            Misconceptions about what's healthy, need to go back to basics re healthy eating, Portion sizes are unknown</p> <ul style="list-style-type: none"> <li>- Inadequate public knowledge</li> <li>- Understanding of overweight from people</li> <li>- "I tell my kids why do you think this is cheap? What oil are they using, how many times has it has been used"</li> </ul> <p><b>Skills building for frontline professionals and public:</b></p> <ul style="list-style-type: none"> <li>- How to address the issue of weight with parents?</li> <li>- Parents don't know how to cook / only cook on certain days</li> <li>- Generation lacking cooking skills</li> <li>- I teach my kids to cook they get pizza as a reward.</li> <li>- I make quick foods and freeze, like kebabs, keema."</li> </ul> <p><b>Culture and Behaviour:</b>            Cultural influences on eating, learnt behaviours, fasting            In school setting, noticeable cultural differences in obesity amongst children.            "Information</p>

	<ul style="list-style-type: none"> <li>- Residents from certain backgrounds might not understand how bad fast foods are and might view those as western foods, and therefore good for you. When local professionals have tried to mention to people about how bad they can be their reaction is often what are you talking about.</li> <li>- Minority parents have a lack of culturally appropriate information of how bad these foods are. They think easy access, easy food but they do not understand the long-term impact."</li> </ul>
<p>CHILDREN'S SETTINGS / SCHOOLS</p>	<p><b>Start Early in Life</b>  Lots of evidence on breastfeeding and prevention of obesity – needs support from PLACE. BF rates stayed same / deteriorated  Lack of funding for BF groups to form to provide consistent opportunities"</p> <p>Promotion of Healthy Start Scheme needed  Limit sugary drinks and foods high in fats, sugar and salt (HFSS) at children's settings.</p> <ul style="list-style-type: none"> <li>- Maternity support depleted over the years</li> </ul> <p><b>School meals:</b></p> <ul style="list-style-type: none"> <li>- Standard of school meals (refer to schools' survey)</li> <li>- Why serving deserts to children at lunchtime?</li> <li>- Lack of healthy choice options, small quantity of healthy meals</li> <li>- HAF food not always healthy"</li> <li>- "Packed lunches less / more balanced than school dinners</li> <li>- Pack lunches high in sugar"</li> <li>- Packed lunches good / healthy alternative</li> <li>- Water only schools for positive impact on general health and teeth</li> </ul> <p><b>Access to healthcare services and support: capacity and Investment</b></p> <ul style="list-style-type: none"> <li>- Lack of access to health care NHS obesity services (T3/ T4) and support services</li> <li>- Lack of access to T2 obesity services</li> <li>- Poor capacity to support demand and need (My Choice): School nurse capacity issues - 1 nurse covers 6 schools"</li> </ul> <p><b>Sedentary behaviour of children - to get out and less reliance on technology</b></p>
<p>PHYSICAL ACTIVITY</p>	<p><b>Environment: Availability of open, accessible spaces</b></p> <ul style="list-style-type: none"> <li>- Lack of exercise opportunities, no cycle networks, the parks provide exercise space,</li> </ul> <p><b>Time:</b></p> <ul style="list-style-type: none"> <li>- Not walking to school because of time constraints</li> <li>- Lack of parental time to take children to activities</li> </ul>

	<p><b>Cost:-</b></p> <ul style="list-style-type: none"> <li>- Lack of free access - Family cost for a couple of hours high.</li> <li>- Need more affordable gyms or programmes</li> <li>- Lots of gyms but not affordable-£21/month for my 15-year-old</li> <li>- Accessible health centres (exercise, badminton, gym) for young people. It needs to be affordable.</li> <li>- Families have many children in Hayes, so it becomes too expensive.</li> </ul> <p><b>Safety:</b></p> <ul style="list-style-type: none"> <li>- Perceived and actual fears around safety- Make roads safe and accessible for cycling</li> <li>- Safety- open environment"</li> </ul> <p><b>Awareness:</b></p> <ul style="list-style-type: none"> <li>- How to use Green Spaces, lack of awareness of green spaces; open people's eyes to parks/green spaces locally</li> <li>- there are lots of parks which now have gyms in it</li> </ul>
<p>CROSS-CUTTING THEME: COMMUNICATION</p>	<p><b>Language and messaging:</b></p> <ul style="list-style-type: none"> <li>- Messaging is negative</li> <li>- Terms overweight / obesity can be a barrier to engaging</li> <li>- Over-reliance on social media not conducive with communities</li> <li>- Word of mouth might work better for some BMEs</li> <li>- YouTube ads targeting kids.</li> <li>- Social influence via media"</li> </ul> <p><b>Campaigns:</b></p> <ul style="list-style-type: none"> <li>- Not sufficient numbers engage in mass media campaigns</li> <li>- Difficult to engage families</li> </ul>
<p>CROSS-CUTTING THEME WIDER DETERMINANTS: HEALTH IN ALL POLICIES</p>	<p><b>Economy / Income / cost of living</b></p> <ul style="list-style-type: none"> <li>- Free school meals available</li> <li>- Yes, it would be good to have access to cheaper foods. I sometimes go to the foodbank and try to eat as healthily as possible, but it is not easy with the cost of living.</li> <li>- Cost of fruit and vegetables too expensive. I don't buy mine and this is why they go to chicken and chips it's filling and cheap.</li> <li>- Younger kids' parents don't cook. Ingredients for a meal is more expensive than buying fast food.</li> </ul> <p><b>Deprivation:</b></p> <ul style="list-style-type: none"> <li>- Easy access to gambling</li> <li>- Substance abuse</li> <li>- Deprivation in the local area</li> <li>- People living in deprived conditions can't afford healthy food.</li> </ul>

	<p><b>Education and unemployment</b></p> <ul style="list-style-type: none"> <li>- Lower education outcomes and employment opportunities rife</li> </ul> <p><b>Health risk factors:</b></p> <ul style="list-style-type: none"> <li>- Parental weight as a risk factor</li> <li>- Cultural / ethnic risks for health conditions</li> </ul> <p><b>Workplaces and Sedentary behaviours:</b></p> <ul style="list-style-type: none"> <li>- Sedentary behaviour is the norm.</li> <li>- Longer hours.</li> <li>- Technological advances.</li> </ul>
--	--

#### 4. Where do we want to be?

We want Hillingdon to be a place where excess weight is no longer a significant health issue for children and their families. Our actions to tackle obesity at local level won't just benefit people's health. They will have positive impact on other local agendas including employability and productivity of local populations and in future years reduce the demand for social care.

By aligning the WSA with a 'Health in All Policies' approach, we want to be able to address complexity and tackle inequalities. The Logic model in APPENDIX 1 demonstrates the outcomes that can be seen in Hillingdon at population level by initiating changes in the way we work together. We plan to develop our own Logic Model with stakeholders as part of our work during Phases 3 &4.

There are pressing strategic and financial reasons to tackle the current burden of overweight and obesity starting early in childhood and following through the life course.

Over a fifth of children aged 4 to 5 (21.8%) are overweight or obese and the proportion of overweight and obese children increases to 41.7% by the time they are 10–11-year-olds (Fig. 2)

Over half of all adults are either overweight or obese with nearly a quarter with their BMI in the clinically obese range.

Younger generations are becoming obese at earlier ages and staying obese for longer and therefore it is important to have long term plans and strategies for obesity which is a major driver of inequalities in future generations. In the most deprived areas almost a third of primary school leavers are obese compared with just 13.5% in the least deprived areas.

*The government ambition is to halve childhood obesity rates by 2030 and significantly reduce the health inequalities that persist.* This is important in order to reduce the risk of a wide range of long-term conditions, reduce the financial burden on the NHS and reduce the risks of obesity into adulthood. Obesity increases the risk of many preventable diseases including type 2 diabetes, cardiovascular disease and some cancers. Additionally, obesity can reduce life expectancy, sometimes by up to nine years; an effect comparable to that of smoking.

Obesity is certainly not just a health issue. Costs to social care, of long term care, adaptations and specialist equipment are under-recognised and insufficiently identified. A recent study by Frontier Economics (Frontier Economics, 2022) has strengthened the case for tackling obesity by quantifying the huge economic costs associated with its impacts on individual quality of life, as well as the









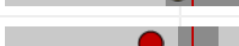


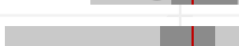




pressure it puts on care services and the wider economy.

The report estimated that the annual cost of adult obesity to UK society is around £58bn, roughly equivalent to 2-3% of GDP or the total annual funding allocated to schools in England.

In order for Hillingdon to provide an environment where healthy behaviours become the easier choice and eventually the ‘norm’; local leaders can help by encouraging ‘buy in’ from all parts of the system, enabling better use of local assets and resources.

We would like to propose actions to progress work areas highlighted by stakeholders so far, allocating dedicated time, reasonable investment (e.g. to establish weight management services) and policy support (Health in All Policies) for this work.

Figure 2: Hillingdon Obesity Profile

Indicator	Period	Hillingdon			Region England		England		
		Recent Trend	Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
Reception: Prevalence of underweight	2021/22	➔	110	3.0%	1.9%	1.2%	4.6%		0.3%
Reception: Prevalence of healthy weight	2021/22	➔	2,770	75.1%	76.2%	76.5%	69.9%		
Reception: Prevalence of overweight (including obesity)	2021/22	➔	805	21.8%	21.9%	22.3%	28.9%		
Reception: Prevalence of overweight	2021/22	➔	410	11.1%	11.1%	12.1%	7.0%		%
Reception: Prevalence of obesity (including severe obesity)	2021/22	➔	400	10.8%	10.8%	10.1%	14.9%		
Reception: Prevalence of severe obesity	2021/22	➔	115	3.1%	3.4%	2.9%	5.8%		0.9%
Year 6: Prevalence of underweight	2021/22	➔	80	2.1%	1.7%	1.5%	4.4%		0.6%
Year 6: Prevalence of healthy weight	2021/22	➔	2,120	56.2%	57.8%	60.8%	49.0%		
Year 6: Prevalence of overweight (including obesity)	2021/22	➔	1,575	41.7%	40.5%	37.8%	49.1%		
Year 6: Prevalence of overweight	2021/22	➔	610	16.2%	14.7%	14.3%	9.3%		17.4%
Year 6: Prevalence of obesity (including severe obesity)	2021/22	➔	965	25.6%	25.8%	23.4%	34.0%		
Year 6: Prevalence of severe obesity	2021/22	➔	220	5.8%	6.6%	5.8%	10.4%		
Reception: Prevalence of obesity (including severe obesity), 5-years data combined	2017/18 - 21/22	-	-	9.9%	10.3%	9.7%	13.6%		
Year 6: Prevalence of obesity (including severe obesity), 5-years data combined	2017/18 - 21/22	-	-	23.3%	23.9%	21.0%	30.2%		

Source: OHID Fingertips

### 5. Proposed actions for Phase 3 (April – December 2023)

Our forward plan below is based on what we have learnt from the first two phases: the assets mapping, stakeholder analysis, insights, surveys and the ‘Healthy Hayes’ workshop.

In the next phase, we plan to start open discussions amongst stakeholders around aspirations and challenges around addressing the food environment and food systems, actions to be taken in

children's settings and schools, communication with communities and the role of 'Health in All Policies'.

The role of systems leaders represented on the Health and Wellbeing Board is crucial for this approach to work due to the culture, environment, behaviour change and resourcing that will be required on a sustained and continued basis. Our proposals for the next phase are:

**1. Set up a systems network and engage senior officers, managers, stakeholders from across the system who will contribute to WSA and support the Core Team**

In order to maintain stakeholder accountability and support for the local whole systems approach, we will need to continuously connect with the system partners, learn about mutual priorities and create the space to bring people together. This can have members of the current Hillingdon Obesity Strategy Group but there are gaps and we would want greater involvement from teams working in Hayes area.

**2. Develop collective ownership of the local vision and milestones**

Develop a clear and aspirational vision with stakeholders and communities for what our whole systems approach is trying to achieve and influence and facilitate stakeholders across the system to take responsibility and own their actions, and

- a) Create a comprehensive local systems map
- b) Identify resources for supporting work on stakeholder mapping and action mapping: i.e. which current local actions / interventions impact on inequalities

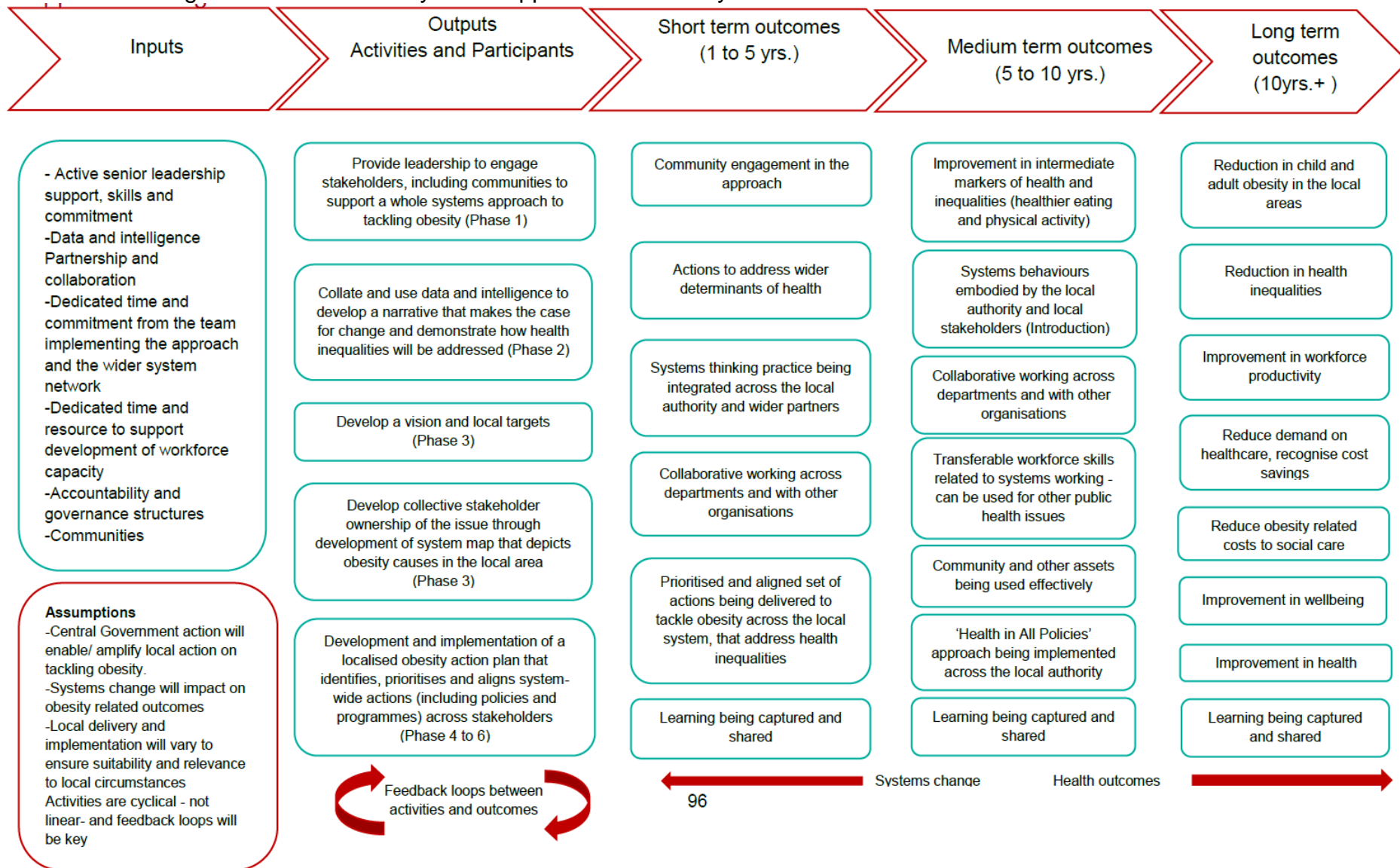
**3. Investment in weight management services to increase access to adults Tier 2 weight management and children's Tier 2 weight Management:**

In order to create capacity to address the current and growing burden of overweight and obesity, this is one area of the system which requires investment. We have estimated 55,000 obese adults and 15,000 obese children in our population (conservative estimates) and our only commissioned adults weight management programme has the capacity to serve 200 adults.

**4. Finalise Physical Activity Needs Assessment and Strategy to improve local rates for adults and children**

**5. Start delivery of School Superzone starting with Minet School.**

# APPENDIX 1: Logic Model for Whole Systems Approach for Obesity



## HEALTHY HAYES WORKSHOP: Delegate Evaluation Feedback

28<sup>th</sup> March 2023

64 delegates confirmed prior to the workshop

36 delegates attended (33 from main invite list, and there were 3 walk-ins on the day)

26 evaluations received

Scale: (1 = Poor, 2=Average, 3 = Good, 4 = Very good 5 = Excellent)

<b>Presentations</b> (Opening address, rethinking obesity, systems approach).	Very Good / Excellent
<b>Group Discussion 1</b> (Rethinking How We Tackle obesity)	Very Good / Excellent
<b>Group discussion 2</b> (Taking a Systems Approach)	Very Good / Excellent *1 person said they didn't get to discussion point 2
<b>Plenary / Next Steps</b>	Good / Very good/ Excellent
<b>If there is <u>one change</u> that you would like to see actioned in Hayes because of today, what would that be?</b>	<ul style="list-style-type: none"> <li>• Less chicken shops</li> <li>• Root causes identified and prevention pre-birth</li> <li>• More health promotion to empower communities to make healthier lifestyle choices</li> <li>• Educate all communities</li> <li>• Review of Food licencing laws in Hayes Town</li> <li>• Community communication between institutions</li> <li>• A core resource of expertise to signpost and contacts for interventions</li> <li>• Projected data to change for the better</li> <li>• More events like this and to include residents in next steps – don't implement something that isn't wanted or needed</li> <li>• Improved local networking and listening events</li> <li>• Healthy eating/shopping workshops</li> <li>• Improved working habits &amp; lifestyle</li> <li>• Organisation/Committees working together who already offer services in our communities</li> <li>• Greater collaboration like this</li> <li>• To devise an anti-natal – year 7 workshop for parents</li> <li>• Tackling childhood obesity</li> <li>• Eliminate unhealthy school snacks</li> </ul>
<b>How would you like to be involved in this work?</b>	<ul style="list-style-type: none"> <li>• To provide registered list</li> <li>• Working closer with communities</li> <li>• Community involvement to ensure services are responsive to the need and communicating effectively</li> <li>• To be part of events delivering information</li> </ul>

	<ul style="list-style-type: none"> <li>• Communication with food businesses</li> <li>• Educate and attend workshops</li> <li>• Being part of a working group</li> <li>• Discussions and follow up</li> <li>• MyHealth is happy to facilitate workshop in support</li> <li>• Using local contacts in Hayes</li> <li>• Involvement in meetings to update on progress</li> <li>• Involving the voluntary sector at length</li> <li>• More public awareness/education</li> <li>• Working with young people</li> </ul>
<b>Information provided in delegate packs</b>	Very Good - Excellent
<b>Venue/Catering</b>	Very Good – Excellent

### Other Comments

- Good opportunity to meet other agencies and explore ways to work together
- Great discussion, lots of ideas
- Really pleased to be involved in this piece of work
- Thank you for a truly wonderful afternoon and great networking opportunities
- Good involvement from all participants, inputs felt valued
- Good venue and accessibility via public transport
- Thank you, the food was lovely!
- More time for focused discussions next time
- Clear, hopeful acknowledgement that more work needs doing