

Committee: Health and Wellbeing Board

Date: 27th June 2023

Wards: All

Subject: Merton Health and Wellbeing Board - rolling priorities 2023/34 outline action plan

Lead member: Cllr Peter McCabe, Cabinet Member for Health and Social Care

Lead officer: Dr Dagmar Zeuner, Director of Public Health

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Recommendations:

Health and Wellbeing Board members are asked to:

- A. Discuss the outline framework of an action plan for the agreed whole systems approach to tackling air pollution, tobacco and respiratory disease as a rolling priority for 2023/24.
 - B. Identify priorities and agree to champion different proposals within the outline programme plan.
 - C. Discuss a reporting schedule to the HWBB of the key elements of the rolling priority whole systems approach across 2023/24.
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1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1. The purpose of this report is to set out an outline framework for the implementation of the priority agreed by the Health and Wellbeing Board members at the March 2023 Board: to take a whole systems approach to tackling air pollution, tobacco and respiratory disease. In addition, it includes the actions to support the healthy workforce and workplace in increasing active travel, which was important to the Board.
- 1.2 The report also sets out a proposed reporting schedule over the next year on specific areas of work that form part of the implementation of the HWBB priority.

2 BACKGROUND

- 2.1 At its meeting on 28 March 2023, the Health and Wellbeing Board (HWBB) considered and evaluated options for rolling priorities for 2023/4. Members considered the added value that the HWBB member organisations and its way of working, e.g. through a partnership approach, could add to key issues and the deliverability of work in a timely and effective way. To have the greatest impact, the Board members agreed to one rolling priority, working with a 'whole system approach' to provide system leadership, creating the right conditions for organisational and individual action, hand-in-glove with the delivery of holistic services.

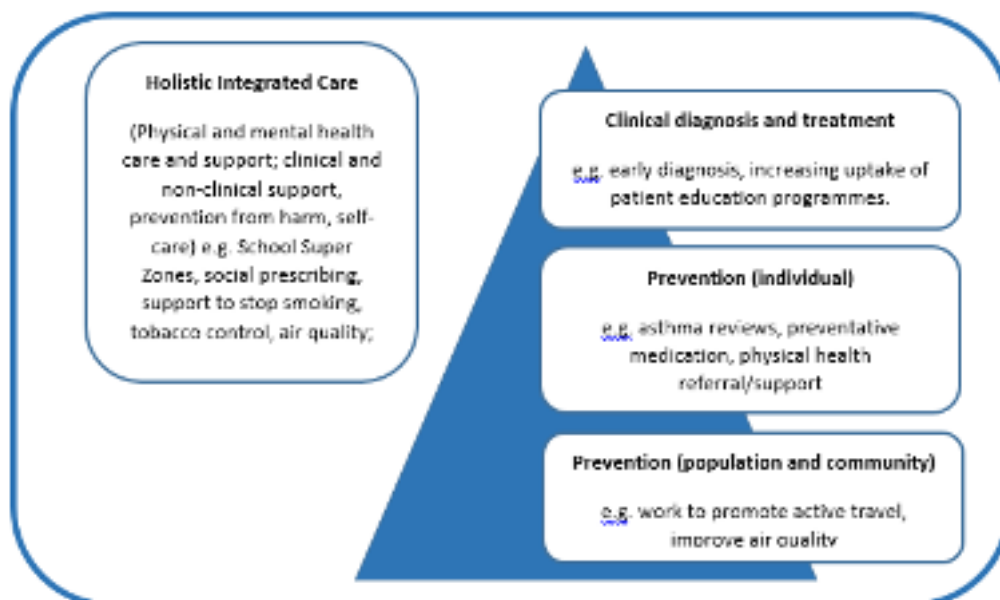
- 2.2 Members agreed to the priority of ‘tackling air pollution, tobacco, smoking and respiratory disease together’. This priority aligns closely to the Council Plan 2023 – 2026 commitment of Building a Sustainable Future. It also links to the recent Merton Annual Public Health Report 2022/23, the Chief Medical Officer’s 2022 report on Air Quality, Merton’s Climate Strategy and South West London NHS Green Plan.
- 2.3 In agreeing this priority, HWBB members were keen not to lose aspects of the alternative priority of healthy workforce and workplace, and it was agreed that elements of this would be included in the proposed work programme. This report, therefore, also includes work to promote and increase workforce active travel.

3. DETAILS

Whole systems approach

- 3.1. The focus of the HWBB on tackling air pollution, smoking and vaping, and respiratory disease, as part of a whole system approach, will build on the assets, partnerships and work already underway in Merton. The framework will take a life course approach, include prevention and tackling health inequalities, and actively seek out opportunities to understand lived experience and residents’ voice, including that of young people. It aims to deliver behaviour change at scale and early action and engagement. The diagram below (Figure 1) gives a suggested outline of the different facets of a whole system approach, using respiratory disease as an example. This will be iterative and will be refined over time as activity takes place, as we learn and understand more from engagement with residents.

Figure 1: Exemplar facets of a whole system approach



Evidence and Intelligence

- 3.2 The [Chief Medical Officer’s annual Report 2022](#) focuses on air pollution and provides robust evidence on the negative effects of air pollution on health and its associated impacts on lung development in children, heart disease, stroke,

cancer, exacerbation of asthma and increased mortality, among other health effects. The report highlights achievable solutions across different sectors and makes the case that we need to continue to be active in reducing outdoor air pollution as well as better outdoor air quality.

- 3.3 [Merton Annual Public Health Report 2022/23](#) focuses on the health co-benefits of climate action, recognising how action on climate change can deliver real co-benefits to people's health and help reduce the health inequalities that exist across Merton.
- 3.4 Specifically, the report sets out how transport emissions have a direct impact on air pollution which is responsible for health conditions including heart disease, lung disease and cancer. The impact of air pollution on health is not equal, with those living in the 20% most deprived neighborhoods, and neighborhoods where more than 20% of the population are non-white, experiencing higher concentrations of air pollution (whilst having lower levels of car ownership). Active travel refers to modes of travel that involve a level of activity including walking and cycling. This is important because data shows that just over 20% of adults are physically inactive in Merton, which amounts to over 30,000 adults. Promoting active travel as a way of reducing transport emissions can deliver health co-benefits and can be integrated into urban and transport planning to make it as easy and equitable as possible.

[The Merton Story 2022/23](#) highlights:

- 3.5 **Tobacco:** 1 in 7 residents (around 22,900) in Merton still smoke, which is similar to London and England. Prevalence remains static and is highest in wards in the east of the borough (17.2% compared to 10.8% in west Merton - a 6.4% difference), in adults in routine and manual occupations, as well as those with long-term mental health conditions.
- 3.6 **Respiratory Disease:** Chronic obstructive pulmonary disease (COPD) is usually associated with long-term exposure to harmful substances, with smoking thought to be responsible for around 9 in every 10 cases. 1% of Merton residents or about 2,150 people are diagnosed with COPD, a disabling disease that often leading to exacerbations and hospital admissions. Prevalence in Merton is lower than the England rate (1.9%) but similar to both London and South West London. Prevalence is higher in wards in the east of the borough and is likely associated with a higher smoking prevalence. There were 51 COPD deaths in 2020 compared to 64 deaths in 2019 and 67 deaths in 2018.
- 3.7 In 2020/21, an estimated 4.7%, around 10,000 Merton residents aged 6 and over are recorded as having asthma, which often affects young people and has a direct impact on their quality of life. Recorded asthma prevalence is lower than England (6.5%), however, it is higher in wards in the east of the borough (5.1%) compared to wards in the west (4.2%).
- 3.8 **Transport and air quality:** The Mayor of London set a target for 80% of all journeys in London to be made on foot, by bicycle or public transport by 2041. In Merton transport links are good, although better in the west of the borough,

and currently 61% of journeys are made on sustainable forms of transport, approximately 30% by walking and only 2% by bicycle. Only a third of Merton's residents take part in 20 minutes of active travel a day, and there has been a decline over the last five years. Driver compliance with 20mph speed limits is less than 20%.

- 3.9 Merton's Air Quality Status Report, 2021, provides a full analysis of air quality in the borough in 2020, finding that Merton was still exceeding government targets. It is estimated that between 54 and 100 people a year die in Merton due to air pollution. The fraction of mortality attributable to particulate air pollution in 2020 is 7.2% in Merton and 5.6% in England. Across England those living in the 20% most deprived neighbourhoods and neighbourhoods where more than 20% of the population are non-white experience higher concentrations of air pollution.

Current Plans and Activity

The focus of the HWBB on air quality, smoking and respiratory disease will acknowledge and build upon existing work in Merton that includes:

- 3.10 **Air Quality Action Plan:** LB Merton has a legal duty to monitor air quality and to publish an air quality action plan. Air Quality has a direct impact on respiratory diseases including asthma and COPD. Evidence suggests that increases in pollution, less greenspace and poor living conditions, such as mould and damp significantly impact the quality of life of patients with respiratory illnesses. The current [Air Quality Action Plan](#) is due to be refreshed in 2023. Current activity includes:

- Auditing air quality in schools.
- Expanding electric vehicle charging points across Merton – vehicle charging strategy is out for consultation.
- Working with TFL on roll out of ULEZ; electric vehicle bus routes; working in Morden, a poor air quality hotspot, to reduce bus vehicle traffic pollution.

- 3.11 **Walking and Cycling Strategy development:** A Merton walking and cycling strategy will be developed from June 2023, this will inform a master plan for the borough, mapping walking and cycling routes, identifying opportunities and including an action plan. It will be adopted by March 2024.

It will also incorporate a 'curbside' strategy, proposing electric vehicle only bays, 'parklets' with outdoor seating and guidance for communities.

Human Forest electric bike hire has been introduced and Lime bikes will be coming shortly.

- 3.10 [SWL NHS Green Plan 2023-25](#): sets out how SWL NHS will seek to deliver on ambitious national targets for all NHS organisations. The plan includes priorities for travel and transport to reduce carbon emissions from staff, patient, visitor and supplier transport; promoting greener, healthier forms of transport for staff and patients; educating staff and patients on the climate impact of their travel and promoting pollution awareness; making sustainable staff benefits and incentive schemes relating to travel, including cycle to work

and active travel incentives; and expanding electric vehicle charging infrastructure on NHS sites.

- 3.12 **Tobacco:** Smoking is the single largest driver of health inequalities in England and smoking status is associated with almost every indicator of deprivation or marginalisation. For example, those with mental illness, lower incomes, unemployed, homelessness, those in contact with the criminal justice system, living in social housing, those without qualifications, lone parents, and LGBTQ+ people. A paper to the HWBB in March 2023 (see background papers) set out the evidence and current activity.
- 3.13 A multi-agency stop smoking and Tobacco Control Steering Group has been set up that is delivering on actions that covers promotion of stop smoking services and communication on the benefits and how to stop smoking, considers the benefits (and concerns) around e-cigarettes (vapes) and also the work of tobacco control by trading standards which includes preventing underage sales, intelligence led test purchases and tackling illicit sales. Additional funding to expand the number of test purchase has been agreed by the Government, however the amount and conditions of the grant have not yet been announced.
- 3.14 **Respiratory Disease:** There is a SWL NHS steering group that is delivering on preventing and managing respiratory disease, led by SWL ICB. One example is the pilot programme taking place in two Primary Care Networks (PCNs), where spirometry testing is provided within the PCNs geographical area, so the patient does not need to travel to hospital for their diagnosis; which is more convenient and can facilitate provision of early treatment.

4. Priority Programme of Work

- 4.1 The purpose of the HWBB whole systems rolling priority is to take a 'Health in All Policies' (HiAP) approach, which contends that by considering health impacts when making policy, including action on sustainability, the overall benefits can be increased. A sustainable future can promote health, equity and sustainability together, building return on investment and maximizing overall impact. The Health and Wellbeing Board recognises that by working collaboratively, with partners and residents, we can build a sustainable future that has the health of all Merton's communities at its core.
- 4.2 There is much activity underway relating to the priority and it is proposed that the HWBB agree a few core priorities and actions to champion. HWBB members can add value through collective focus, making explicit use of their different skills, experiences and roles as clinicians, community representatives, council officers and councillors and young people. This will inform the development of a whole systems framework, including the building blocks of:
- Holistic support and pathways
 - Individual and community prevention
 - Healthy place and workforce
 - Awareness, learning and collaboration

Opportunities for the HWBB:

- 4.3 A group of officers met to review existing activities, discuss opportunities and identified the following options for the HWBB to champion. These build on current work, but also take a joined-up approach and would form the basis of a work programme for strategic oversight by the HWBB. These are grouped around the four themes above, but it is recognised that there are interdependencies across them. Some of these options already have identified resources and others would need resources to be identified or new resources secured, e.g. SWL inequalities/innovation funds.

Breathe Merton: outline framework for a whole systems approach to Air Quality, Tobacco and Respiratory health



4.4 Options for the HWBB

Theme	Option
Holistic Support and Pathways	a) Love Clean Air and Health The Love Clean Air Website provides information on air quality in south London. It is proposed that links with health partners are strengthened in order to ensure that information can be shared on the impact of air pollution and how to protect ourselves, building this into care pathways. For example, alerts to ensure residents with asthma and COPD are made aware and can manage their medication. This could be included and promoted by clinicians as part of patient annual Asthma and COPD management reviews. It could also include a focus on raising awareness of internal air quality, such as the increased pollutants from smoking, burning candles and household damp and mould.
	b) Greener Inhalers There has been a recent move to switch asthma inhalers to 'greener' ones –it has been proven that the newer inhalers significantly reduce carbon emissions compared to previous

	<p>ones, are more cost effective and provide the same drug/dose to patients.</p> <p>Building on a pilot in Cricket Green Practice, this could seek to understand more about prescribing behaviour and patient expectations/wishes to make a swap to the greener inhaler the 'norm' in Merton.</p>
<p>Individual and community prevention</p>	<p>c) Smoking and social housing</p> <p>22% of Merton residents living in social housing smoke, compared to 7.9% of those who own their own home. Higher rates of smoking mean people living in social housing are disproportionately affected by the substantial health and economic inequalities caused by smoking.</p> <p>A Stop Smoking in Social Housing pilot is being developed to ensure Merton residents living in social housing have an effective and easily accessible stop smoking service available to them via the public health commissioned stop smoking service 'One You Merton' and other services that are on offer including digital and self-care resources.</p> <p>This Stop Smoking in Social Housing pilot will bridge the gap and provide support to a large number of people who currently smoke and will target people living in areas of deprivation, as many of our housing estates are in the east of the borough such as Phipps Bridge, St Helier and Pollards Hill.</p> <p>These are also areas with higher rates of Core 20 population in Merton.</p>
	<p>d) Vaping and Young People</p> <p>While vaping can help smokers quit and the evidence is clear that vaping is around 95% less harmful than smoking, it is not harmless and is not for young people under 18. More information and awareness raising is needed to explain that vaping is a helpful way for people to stop smoking, but it should be discouraged in non-smokers, particularly young people.</p> <p>Increasing percentages of children and young people are trying vaping and/or vaping routinely, although it is illegal to sell vapes to the U18s. 7.0% of 11-17 year olds were current users, compared to 3.3% in 2021 and 4.1% in 2020 (ASH 2022 July). There is limited national research about vaping in Children and Young People and the Office for Health Improvement and Disparities (OHID) issued a call for evidence in April 2023.</p> <p>Complementing training and awareness to front-line staff on stop smoking and vaping, a 12-month programme is being developed to explore and understand vaping perceptions and use by children and young people in Merton. The aims are to understand the vaping landscape amongst children and young people in Merton; use this knowledge to develop a suite of tailored tools and resources for young people, schools, parents, wider services and develop an intervention based on insights from young people.</p>

	<p>The outputs from the programme will inform the local and wider national vaping landscape.</p>
<p>Healthy Place & workforce</p>	<p>e) Active and Sustainable Travel Planning</p> <p>Staff travel planning has been identified as a gap in some areas, for example there is no active travel plan for Merton Civic Centre, which hosts a health provider as well as Council staff. The NHS Green plan identifies ambitious targets for reducing car use and promoting sustainable and active travel.</p> <p>It is proposed to develop joined up place-based plans and policies for staff active travel planning, learning across public sector sites, and the voluntary sector. This could align with the development of the Merton Walking and Cycling action plan.</p> <p>These plans would seek to build upon, and learn from, the successes of Beat the Street programme (see Appendix 1); part of the Actively Merton programme delivered by Merton Health and Care Together. Beat the Street captured the imagination of all in Merton, with all schools taking part and c10% of all of the residents in Merton took part. Critically, c34% of participants self-reported to be physical inactive and the programme, linked to the Borough of Sport priority, has developed strong foundations for future action to promote active travel.</p>
	<p>f) The Mayor of London’s Good Work Standard</p> <p>We will review and explore opportunities for Merton employers to adopt the the Good Work Standard, which sets the benchmark that the Mayor wants every London employer to work towards and achieve. Organisations able to meet the Good Work Standard criteria can apply for accreditation and recognition as leading employers from the Mayor. The initiative has been developed in collaboration with London’s employers, trade unions, professional bodies and experts.</p>
	<p>g) Schools, Air quality and Asthma</p> <p>A pilot project is being developed to explore the impact of environmental factors such as air pollution on children and young people with asthma and to use the findings to improve asthma management pathways.</p> <p>Anticipated outcomes include reduced A & E attendances/admissions, improved school attendance, and the prevention of long-term health impacts.</p> <p>The project will work with pupils with asthma in four primary schools located in two of the borough’s air pollution priority areas. It will focus on lived experience and innovative approaches to monitoring air quality including use of personal air quality sensors which track air quality in the home, school and journey to school. This project would engage young people, families, schools, GPs, and school nurses.</p> <p>The project relates directly to the national bundle for asthma deliverables on environment quality and will be a blueprint for further roll out.</p>

<p>Awareness, learning and collaboration</p>	<p>h) Communication and Awareness</p> <p>It is proposed to use the combined reach of HWBB members communication channels to raise awareness about the issues of air quality, tobacco and respiratory health. We will also work to respond quickly and promote same-day information on air quality, such as through the use of digital advertising screens and other channels.</p> <p>Develop awareness and training on the links between air quality, tobacco and respiratory diseases across front-line staff including housing, social care and in primary care, so that staff feel confident to have conversations with clients/patients (a Making Every Contact Count approach), for example through social prescribing routes.</p> <p>Promotion of the NHS led #AskAboutAsthma Campaign, which will run from 11th to 17th September 2023, which will include a week of events, including podcasts, videos, webinars, blogs and a one-day online conference on Thursday 14th September.</p>
	<p>i) Community of Practice - multi-agency learning</p> <p>In order to test out a joined-up approach to tackling air quality, tobacco and respiratory disease, it is proposed to develop a community of practice across organisations in Merton to test out different approaches, learn from each other, overcome barriers and share successes. It is suggested that the community of practice could be made up of 2 voluntary sector organisations, 2 GP practices, 2 LBM services, 2 schools. This would focus on supporting staff to take up active travel, enable sustainable travel, such as use of electric vehicles, give up smoking, and manage respiratory conditions.</p> <p>This would learn from recent work that has taken place in Merton, including a Green and Healthy GP practices pilot and school 'superzones' and wider evidence.</p>

5. NEXT STEPS

- 5.1 The HWBB is asked to discuss the approach and consider the options for inclusion in a work programme, and any further opportunities, with a focus on evaluation, learning and scaling up.
- 5.2 Members of the Board are each asked to identify areas that they will champion both within their own organisations and more broadly across their networks.
- 5.3 An officer group, now formed as a Task and Finish Group, will meet to finalise the work programme and provide oversight, reporting back to each meeting of the Board to June 2024.

6. ALTERNATIVE OPTIONS

The preferred option for a rolling priority for the HWBB were considered at the March Board and the option outlined in this report chosen.

7. CONSULTATIONS UNDERTAKEN OR PROPOSED

The work programme will be undertaken in collaboration with partners and actions will involve engaging a range of stakeholders and residents.

8. TIMETABLE

As set out in the report and in line with options included in the work programme.

9 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

None for the purpose of this report.

10 LEGAL AND STATUTORY IMPLICATIONS

It is a statutory duty under the Health and Social Care Act 2012 for all Health and Wellbeing Boards to produce a joint Health and Wellbeing Strategy.

11 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

The Health and Wellbeing Strategy and priority chosen for 2023/4 focuses on action to help reduce health inequalities.

12 CRIME AND DISORDER IMPLICATIONS

None for the purpose of this report.

13 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

None for the purpose of this report.

14 APPENDICES – THE FOLLOWING DOCUMENTS ARE TO BE PUBLISHED WITH THIS REPORT AND FORM PART OF THE REPORT

14.1. Overview of Beat the Street in Merton.

15 BACKGROUND PAPERS

15.1. Health and Wellbeing Board Paper on Stop Smoking and Tobacco Control (March 2023)

<https://democracy.merton.gov.uk/documents/s49736/HWB%20Stop%20Smoking%20and%20Tobacco%20Control%20Working%20Version.pdf>

APPENDIX 1. Beat the Street Merton: Executive Summary

Beat the Street is run by Intelligent Health. Founded by Dr William Bird MBE, our mission is to create resilience and improve health by connecting people to each other, their communities and their environment. We engage communities, share knowledge of the foundations of good health, and provide data analysis for actionable insight.

Intelligent Health aims to improve health at scale by focusing on people, the place they live and helping to provide purpose in their lives. This supports building the resilience essential to combat inactivity, loneliness and poor mental health, all of which have been exacerbated by the Covid-19 pandemic.

We have been running Beat the Street for over 10 years to tackle inactivity, health inequalities, and improve mental wellbeing, working in the community alongside local community assets and partners. We deliver sustainable health at scale, increasing long term physical activity, improving mental wellbeing and connecting people to nature in their neighbourhood.

"Helped give a reason to get my daughter out of the house for longer. She loves to walk but best the street helped us to keep her interested for longer and to walk further." Female, 30s

We follow the NHS England Core20PLUS approach to support the reduction of health inequalities. In our national programme, 100,000 adults and children (24%) were from the most deprived 20% of the national population as identified by the national Index of Multiple Deprivation (IMD) (2018-2021).

For residents it provides a fun gamified method to get out in their community and make small changes to daily behaviour that has a big impact.

Headline results

- 22,527 players (10% of population)
- 250,636 miles travelled
- Improved mental wellbeing for adults
- 48% of inactive adults became more active
- 46% of less active children became more active
- Improved mental resilience for adults
- 68 tonnes saving of CO2 *measured by carbon footprint calculator

Partner collaboration

Beat the Street Merton was commissioned by Merton Council and NHS South West London with support from the National Lottery via Sport England. Merton Council and NHS South West London have been integral to the successful delivery of Beat the Street in Merton by providing local knowledge, insight and connections. Throughout the six-week game phase, we worked with partners including Merton Connected, Wimbledon Guild, Walk & Talk, and Age UK, to name a few, to co-deliver and promote local activities, events, campaigns and services to help raise awareness of local provision and enable sustainability.

Caroline & Hannah's Story

“We've had lots of fun playing beat the street, one member of our family uses a wheelchair and has enjoyed tapping lamposts on our walks. We are fairly active walking daily, cycling 2-3 times a week and swimming 2 x per week. Because of our wheelchair, I have pre-scouted routes on my bike to check on accessibility. Beat the street has encouraged us to get our wheelchair bike out so that we can cover more ground. Parts of Merton are quite hilly and that's been a challenge. Beat the street encouraged us to get out in the rain! It has also encouraged us to explore parts of the borough we rarely go to and appreciate the lovely parks we have in Merton. We have had a lot of fun.”

Poplar Primary School

“After our visit from Chloe the whole school was buzzing with excitement to get going. The younger children love the fact that they had their own card, (like mum and dad's bank card) that they could use to swipe on the Beat Boxes. On the first few days of launch It was fantastic to see the child walking around with maps to navigate their way, which is a skill we are all forgetting to use as we become more reliant on mobile devices. I have had some children tell me that they have changed their route to school and now leave a bit earlier so they can scan more boxes on their way. Others are meeting with friends to go for bike rides at the weekends and family walks. It's been great and the whole Poplar community are really enjoying being part of it.”

Adult physical activity

During registration 38% of adults were inactive (n=5377). Following Beat the Street, 48% of adults who were inactive when they registered had become more active (n = 139 matched pairs). Overall, there was an 8% decline in the proportion reporting as being inactive (from 35% to 27%) (n=393 matched pairs). Furthermore, there was a 9% increase in the proportion achieving 150+ minutes of activity per week (n=393 matched pairs).

Physical activity behaviour change was even stronger for women and adults living in areas of high deprivation (IMD 1-4). For women, there was a 9% decline in the proportion reporting as being inactive (from 34% to 25%) (n=288 matched pairs). Furthermore, there was a 10% increase in the proportion achieving 150+ minutes of activity per week (n=288 matched pairs). For adults living in areas of high deprivation, the proportion of inactive fell by 14% (from 40% to 26%), while the proportion achieving 150+ minutes of activity per week increased by 14% (n=82 matched pairs).

Children's physical activity

At the time of registration, 54% of children were less active (n=5536), with 46% of these children reporting as being active after the game (undertaking an average of 60 minutes or more of daily activity across the week). Overall, the proportion of children reporting being less active declined by 7%, from 46% to 39% (n = 332 matched pairs). Furthermore, there was 4% increase in the proportion achieving an average of at least 60 minutes of activity per day (n = 332 matched pairs).

For girls, the proportion reporting being less active decreased by 4% and the proportion reporting 60 minutes of activity per day increased by 2% (n = 169 matched pairs). For children living in areas of high deprivation (IMD 1-4), the proportion of less active decreased by 5%, from 47% to 42% (n = 118 matched pairs).

Barriers to physical activity

Participants (n = 599) were asked about their major barriers to participating in physical activities in their local areas. Motivational and community safety issues were highlighted by 21% of the participants, respectively. 17% of players reported that the cost of accessing physical activity opportunities was a barrier.

Resilience

The Brief Resilience Scale was used to evaluate adult players' perceived ability to bounce back or recover from stress pre- and post-game. Overall, the proportion reporting high and normal levels of resilience levels increased by 1%, from 4% to 5% and 73% to 74%, respectively, while the proportion reporting low levels of resilience decreased by 3% (from 24% to 21%) after Beat the Street (n = 332 matched pairs).

For women, the change in their resilience was stronger. The proportion reporting high levels of resilience increased by 3% (from 3% to 5%), while the proportion reporting low levels of resilience decreased by 3% (from 24% to 21%). In addition, the proportion of women reporting normal levels of resilience increased by 1%, from 73% to 74% (n = 249 matched pairs).

For adults living in areas of high deprivation (IMD 1-4), the proportion reporting high levels of resilience increased by 5%, from 0% to 5% (n = 64 matched pairs).

Feedback - Adults

I walked more and it made me visit areas of the borough I wouldn't usually visit. Female, 40s

It makes me feel healthy and I lost weight while walking 7 days a week and is exciting. Female, Prefer not to say

Sense of community doing it all together on a day out. Female, 40s

I took a longer route and so I walked more steps and became more relaxed. Male, 40s

I feel much better mentally and physically after long physical activity, I feel happier. Female, 40s

I just moved from Ukraine so the game helped me to discover Merton and find many interesting places/parks. Male, 30s

Feedback - Children

I learned that you have to work hard and do it systematically, regularly! to win. Girl, 11 and under

It has helped me getting out of my house and enjoying family time during exercising. Boy, 11 and under

I liked the sounds on the beat boxes, and it made it more fun going to school. I had more energy and I did extra walks to collect points. Boy, 11 and under

It helped me because it made me do exercise and it got me moving more faster and made me tired. Boy, 11 and under

Helped by inspiring me to be sportive. Girls, 11 and under

It was fun! Boy, 11 and under

It helped me because I wanted to go out more often and we walked longer routes to be able to swipe the cards. Girl, 11 and under