

## Public Health Practitioner Impact Template 2021/2022 – Harlow

### Purposes of report:

- To show the impact of the role, the scale of the role and breadth of relationships
- To show the details of the role and what has been able to be achieved
- To showcase how the role is a catalyst of change as its embedded in the heart of a community to make a difference.
- To show the impact that the PHP role has had within the district.

### Section A – Background

1. **A brief summary of what has been achieved over the past year in your area. Perhaps include how Covid-19 pandemic has impacted this.**

West Essex received wave 4 funding from the CCG to fund projects in the community around suicide prevention. Mind in West Essex managed the fund and received many applications from groups in Harlow. Six projects in Harlow were successful in their applications – these projects are listed below:

- Men supporting men – A mentoring project for young men in Harlow.
- Find Your Tools - Meetings for men to support each other with learning - food, music, emotional intelligence - partnering with Roots to Wellbeing and Community Embrace.
- Music Box - Harlow Rock School project to engage with men through music of all genres.
- Suicide Awareness Workshops - PAH delivering self-care workshops to staff particularly the rotations of new doctors.
- Harlow College - Students studying construction at Harlow College created a mental health campaign for fellow students and the wider construction community. A poster campaign was launched with lots of great entries from the students.
- Independent university film student - Film project about people sharing their lived experience, linking in with Harlow College and the construction theme. Film will be share in suicide prevention campaigns across the ICS.

We jointly hosted an event in February at Harlow Playhouse with Mind in West Essex to showcase the work that has been delivered as listed above and to promote the next wave of funding.

Social Active Strong. 37 Harlow residents accessed the West Essex Strength and Balance Service from Harlow in 21/22. Delivery was challenging due to change of restrictions and the Strength and Balance Officer leaving the service. There has been no physical delivery in Harlow since June 21 but over 100 people are on the waiting list for classes. Harlow Council has recruited a full time Strength and Balance Officer and sessions are planned to start again in April 22. Feedback from participants includes improved confidence, reduced reliance on mobility aids and increased levels of physical activity.

In 21/22 Active Harlow accessed £10,000 from Active Essex to help achieve its objectives. This funding was distributed to community-based projects that either aimed to increase levels of physical activity and reduce health inequalities or assist recovery of the sector from the pandemic. Ten projects were supported in total.

- Over 500 residents directly benefited from this funding with more benefiting indirectly.
- Feedback included it helping organisations return to delivery following the pandemic, increased levels of confidence, social interaction was highly valued as a result of periods of isolation during the

pandemic, and one 8-year-old commented that participating had inspired them to want to become a paralympic athlete.

- Some of the funded projects had challenges with delivery resulting from the pandemic or delivery restrictions relating to COVID-19. Projects that have been unable to deliver as planned are being supported to get to the point of delivery.

In 21/22 £18,700 was accessed from the Containment Management Outbreak Fund to deliver activities that address deconditioning as a result of the pandemic. Delivery has started on some of this work eg: Yoga4Health (demand is greater than the supply) and seated yoga with planning underway to deliver other aspects such as CPD for physical activity providers:

13,567 has been accessed from Active Essex to continue delivery of Active Harlow's work until 31 March 2024.

Harlow Cultural Leaders' Group created a wellbeing journal for pupils in years 6, 7 and 9 who were in receipt of free school meals. 800 copies were distributed via schools and Changing Lives in Harlow. Feedback is that the journals were well received with schools requesting more copies once they had seen the completed product

A 2-year partnership Investment was secured from Royal Opera House Bridge which will enable a full time Cultural partnerships and Education officer to be employed. HCLG is now the recognised Local Cultural Education Partnership which involves sector specific CPD for creatives and educators as well as engagement activities. For example, the LCEP has part funded a school arts festival that is partnering artists with schools and will reach 600 primary school pupils and 200 secondary school pupils. The festival will be delivered between April 22 and summer 22.

During the pandemic our board and sub-groups continued to meet and build up strong relationships. We had a pause in our board meetings due to a change of administration in Harlow, this was to review priorities and the new manifesto pledges. Throughout this pause our sub-groups remained active. Our board is now active again.

In 2021 we issued a positioning statement for our Health and Wellbeing Partnership Strategy. Due to the change in administration and with the pandemic changing priorities, we wanted to review our strategy in line with Essex's Joint Health and Wellbeing Strategy and the new JSNA data which is being released in 2022. We will be rewriting/reviewing our strategy in Summer/Autumn 2022.

We also looked at the structure of our board, making sure we've got the right people attending our meetings and sub-group meetings and updated our membership.

### **Learnings taken from the past year in your area:**

Over the last year we have learned there are so many great organisations working together in Harlow to ensure our residents get the best support possible. Throughout the pandemic we all came together to support each other, and this work continues.

An example of this working together came from the Hub that the council set-up alongside partners to help with the pandemic, supporting those most in need, particularly those that were vulnerable and shielding.

In November 2022 the Hub become the Community Hub and was commissioned by Rainbow Services. This service is still proving to be a well needed and used resource in the district, and we are now seeing more complex cases. Since November 2022 the Community Hub has made 888 referrals to organisations who assist in areas such as food poverty, fuel poverty, housing, mental health, integration, homelessness, etc.

I am also part of the Harlow Poverty Alliance, which brings together organisations such as the Harlow Foodbank and DWP. I have learnt so much from being on this group, and it has shown me the level of poverty in Harlow, and how the wider determinants of health can make such an impact on our lives. This group continues to grow and I can see it making a real difference in the future to those most in need.

Another learning I took from this year is we need to do more stuff internally with our staff. I have built up a great working relationship with our HR department and Communications Team over the past year and together we are working on a programme to make sure our own staff have access to good health and wellbeing opportunities.

In September 2021 we launched a monthly staff newsletter, which promotes all national campaigns taking place that month. It also informs staff about local training opportunities, and information on our staff benefits scheme. Within these newsletters we also give staff a voice to talk about their own experiences and encourage staff to engage in our own campaigns such as a team quiz on time to talk day. So far, the newsletters have been well received and are proving a great tool to keep staff informed. This is an ongoing project and something that I will continue to work on going forward.

### **Key priorities**

Our priorities as laid out in our current strategy are as follows:

- Early Help and Startwell - All children and young people have access to early help and have the best start in life.
- Bewell, Staywell, Workwell - All working age adults know how to be well, stay well and work well.
- Agewell - All adults who are sixty-five and above live safe, healthy, and independent lives for as long as possible.
- Physical Activity and Mental Health - All residents' lead active and fulfilling lives that facilitate healthy lifestyles as well as good mental health and wellbeing.

As part of our strategy review in 2022, we are going to review our priorities.

### ***How the district is run i.e. HWB (including brief membership), position of the strategy, where the role sits and whether they are engaged with the Alliance/NHS***

Harlow has a Health and Wellbeing Partnership Board, which is chaired by a Lead Councillor and managed by the Community, Leisure and Cultural Services Manager. The Public Health Practitioner administers these meetings. The Board is a partnership of local organisations made up of members and officers from Harlow District Council, together with representatives from the West Essex Clinical Commissioning Group, Essex County Council, Active Essex, as well as community and voluntary sector organisations.

Harlow currently has a Health and Wellbeing Strategy that was launched in 2018. This was planned as a 10-year strategy. Taking into account the change of administration in Harlow in 2021 and with the impact of Covid on our community, Harlow is looking to update the current strategy. Harlow currently has a positioning statement in place and will be reviewing and updating their strategy in 2022.

Yes we are engaged with the NHS and have representatives on our board and sub-groups. West Essex doesn't have an alliance but we are part of the One Care Partnership and engage with this group.

### How do you see these roles moving forwards with the Alliance maturity?

There is an ever-growing collaboration between the West Essex CCG, Harlow District Council and Harlow's Health and Wellbeing Board particularly around the need to combat health inequalities. How this collaboration will evolve remains to be seen as the West Essex CCG becomes part of the Hertfordshire and West Essex ICS. I see the role of the Public Health Improvement Practitioner central to bringing all these partners together.

### How is the Public Health grant managed in your area? *i.e. managed through internal projects or grant-funded out- no more than one paragraph*

The grant fund in Harlow is split between the three sub-groups that sit under the Board. There is an application process and local organisations can apply for funding up to £1500 per project. The applications are sent to the Chair and Lead of the selected sub-group and to the Public Health Practitioner. Each application is judged on the priorities of the sub-group the project has applied too.

Successful projects must complete a feedback form at the end of their project, and these feedback forms are used to create an end of year report for the board.

## SECTION B – Statistics

Physical activity levels in your district – 2018/19 and then most recent as comparison (Active Lives data)

	Harlow	
	2018/19	Most recent
% physically active adults aged 16+	57.9% 38,900 Fairly Active: 11.7% 7,900	54.8% 36,900 Fairly Active: 15.4% 10,400
% physically inactive adults aged 16+	30.4% 20,400	29.8% 20,000

### Public health profile of district – taken from Fingertips

Indicator	Harlow
Life expectancy at birth (males) (2018-20)	78.6
Life expectancy at birth (females) (2018-19)	82.5
Inequality in life expectancy at birth (males) (2017-19)	6.2
Inequality in life expectancy at birth (female) (2017-19)	4.0
Emergency hospital admissions for intentional self-harm (2019/20) per 100,000 population	175.4
Killed or seriously injured (KSI) casualties on England's roads (historic data) (2016-18)	36.4
Hip fractures in people aged 65 and over (2019/20) age standardised rate per 100,000	672
Estimated diabetes diagnosis rate (2018)	87.7
Estimated dementia diagnosis rate (2021)	59.1
Admission episodes for alcohol-specific conditions – under 18s (2017/18 – 19/20)	31.3
Admission episodes for alcohol-related conditions (2018/19) age standardised rates per 100,000	775

Smoking prevalence in adults (current smokers) (APS) (2019)	18.6
% of adults classed as overweight or obese (2019/20 data)	63.5
% of Reception classed as overweight or obese (2019/20 NCMP data)	24.1
% of Year 6 classed as overweight or obese (2019/20 NCMP data)	24.0
Under 18s conception rate / 1000 (2019)	22.2
Smoking status at time of delivery (2020/21)	9.6
Smoking prevalence in adults in routine and manual occupations (18-64) – current smokers (APS) (2019)	25
Average attainment 8 score (2019/20)	46
% people in employment (2020/21)	75.7
Statutory homelessness (2017/18)	1.2
Violent crime – hospital admissions for violence (including sexual violence) (2017/18 – 2019/20)	64.0
Excess winter deaths index (Aug 19 – Jul 20)	6.8
New STI diagnoses (excl chlamydia <25) / 100,000 (2020)	544
TB incidence (three-year average) (2018-20)	6.5

#### **Data of interest - Data obtained from Fingertips**

<b>Indicator</b>	<b>Harlow</b>
% children in absolute low income families (under 16s)	14.5
% households in temporary accommodation (2019/20)	7.2/1000
Cancer screening coverage – breast cancer (2020)	70.3
Cancer screening coverage – bowel cancer (2020)	58.4
Cancer screening coverage – cervical cancer (aged 25-49 years old) (2020)	70.4
Cancer screening coverage – cervical cancer (aged 50-64 years old) (2020)	74.4

#### **Other data - Harlow Foodbank – delivery statistics for 2021 – 22**

- Total number of vouchers fulfilled 2,985
- Adults supported - 4,106
- Adults supported - 2,929
- Total no. of individuals supported through food parcels - 7,035

Note: average number of food parcels received per household = approx. 2, so overall number of people helped = Approx. 3,500 This equates to around 1 in 20 people in Harlow.

#### **Mental Health stats level of prevalence those living with poor Mental Health etc (JSNA data 2019).**

- Harlow had the second highest estimated prevalence of any mental health disorder among children aged between 5 to 16 years across the Districts of Essex in 2015, with a prevalence of was 9.65%. This was higher than the estimated prevalence across the whole of Essex (8.71) and England (9.23).
- Depression and Anxiety prevalence (GP Patient Survey): % of respondents aged 18+ = 11.31
- Prevalence of Severe Mental Health Conditions = 0.81

- Estimated prevalence of mental health disorders in children and young people: % population aged 5-16 = 9.65
- Harlow was 4<sup>th</sup> highest in UK in terms of suicide rates last year – this has recently changed to 13<sup>th</sup> so hopefully a sign that the work being delivered in the district is making a difference.

### **Social value impact (the districts value)**

#### **Project delivery / community investment in 2021/22**

Due to the change of administration in Harlow, we had to put a hold on our grant funding applications for a period of time until we had a new Lead for our Board. Even so, we managed to deliver some fantastic projects in the community:

- Harlow Stroke Group Support - Rehabilitation activities project – 437 people benefited from this project.
- Two safe and social events took place across Harlow providing information and social activity for 200 of Harlow's older people.
- PAH - Dementia Care activities project – providing Namaste Care in a multi-sensory programme specifically developed for people with advanced dementia. Five patients attended activities.
- Carers First activities project - enabling Carers First to continue running activities for the benefit of people with dementia and their Carers in a Covid-safe way. 19 people attended activities
- St Clare Hospice - Namaste project – 204 patients
- 21 members of our staff received Mental Health First Aid training.
- Improved awareness of local opportunities (including funding) - sent to the Board members and sub-groups via email.
- Raised awareness of national campaigns via our council social media channels.
- Staff informed about opportunities and access to information and advice regarding wellbeing through our monthly health and wellbeing newsletters.

### **SECTION C – Case Studies**

**Describe an opportunity where you have influenced and share its impact.**

***You could use an example of how you have grown projects within the district as part of your role, how you have lead or facilitated a solution. Or perhaps both.***

When Harlow was awarded the Wave 4 funding for Suicide Prevention, I was invited to be part of a Task and Finish Group. Leading on from this group I worked closely with Mind in West Essex to look at and promote the funding within Harlow.

One of the areas we wanted to work with was the construction industry and I tasked myself with trying to make this happen. The construction industry has one of the highest rates for suicide so we knew we wanted to raise awareness and reduce stigma, and we thought a good way to get this moving would be to work with Harlow College, with the students that are studying to move into this industry in the future.

From our first meeting with the college, they were very keen to know more about the funding and decided they would put in an application. The college decided to run a poster campaign with the students designing their own posters around suicide prevention, with one of the posters winning a competition to get their poster used around

the college and going further afield into actual construction sites. The students were fully engaged and produced some fantastic well thought out posters.

In February I was invited to be on the judging panel for the winning poster along with Mind in West Essex and Volkerfitzpatrick, and I got to meet the students and to hear their thinking behind the posters. Vokerfitzpatrick agreed to use the winning poster on their sites. And the college was going to speak to other leading construction companies to see whether they would also use the poster.

This project has also helped me build up strong relationships with Harlow College and I look forward to working with them on future projects.

**Describe a project or case study where Public Health budget has been used with a multi partner delivery, alongside its impact and outcomes, as well as showcasing how the relationship helped to solve a health issue.**

The PH grant funded a contribution to the running of the Harlow Activity Groups, enabling Carers First to continue running them for the benefit of people with dementia and their Carers in a Covid-safe way. The 'Active Minds' and 'Keeping Active' groups are for people with mild to moderate dementia or memory problems in Harlow who would benefit from physical and/or mental stimulation and fun. The clients attending the groups were able to get out of their house to a safe, stimulating environment against a background of anxiety over catching Covid-19.

Due to the pandemic, delivery needed to ensure risks were reduced regarding transmission of the virus and to ensure clients and their carers had sufficient confidence to attend. Social distancing meant reduced numbers and some of the activities were adapted. These measures have meant that many clients have felt safe enough to return to the clubs to interact with others, maintain and increase their activity levels and stimulate their memory and cognition.

Albert attended the Harlow Activity group prior to lockdown and enjoyed participating in the games and exercises to music. However, over the first lockdown Albert did not leave his small flat where he barely walked and as a result his mobility declined significantly. Albert was keen to attend the group once we reopened, but he and his daughter were concerned that he would not be able to take part in the exercises and games anymore as he was not so mobile. In fact, his daughter had been planning to buy a riser/ recliner seat as getting out of the chair was getting so difficult for him.

After just one session back at the group, Albert was able to stand up out of a chair by himself, something he hadn't done for many months, and his daughter witnessed this as she had come to collect him. She is no longer going to have to change his furniture as his mobility has improved and his mental wellbeing and confidence have also improved as a result of his mobility returning.

## **SECTION D – Practitioner Relationship Snapshot**

In order to show the impact of your work and the relationships that you have created in your area, please detail below a full list of your relationships, links and projects or programmes you have helped initiate. Please detail the key organisation/board/strategic partner and then each further bullet point will showcase the links and arrows from this.

### Boards / Partnerships / Networks

- Harlow Health and Wellbeing Partnership Board and its and sub-groups (Early Years and Startwell, Be Well, Stay Well, Work Well, Age Well, Cultural Leaders Group)

- Harlow Poverty Alliance.
- Essex Practitioner Meeting
- West Essex Mental Health Forum
- Suicide Prevention Task and Finish Group
- WE Health Inequalities Health Behaviours Sub-Group
- Harlow PACT Meetings

Key organisations

- Harlow District Council – leisure, housing, planning, safeguarding, community safety, HR, Communications.
- Active Essex
- Community Embrace
- Citizens Advice Harlow
- DWP Disability Employment Advisers
- Essex County Council
- Essex Child and Family Wellbeing Service
- EPUT - Primary Care Mental Health Nursing Team and Dementia and Older Adult Community Service
- Essex County Fire and Rescue Service
- ECC Youth Service
- Essex Wellbeing Service
- GP Healthcare Alliance
- Harlow Police
- Harlow Health Centre Trust
- Heart for Harlow
- Mind in West Essex
- Office for Health Improvement and Department of Health and Social Care
- Provide
- Roots to Wellbeing
- Rainbow Services
- St Clare Hospice
- Street to Homes
- West Essex CCG