

# Public Health Practitioner Impact Template – Chelmsford City Council

## April 2022

### 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 the Covid-19 pandemic has impacted this.

In the past year, partners across Chelmsford have been involved in the development of the Mid Essex Alliance under the Mid and South Essex ICS with the ambition to support populations of Mid Essex to 'Livewell'. A development day was held in Chelmsford to provide opportunities for partners to introduce themselves and consider how Primary Care Networks and partners fit within the evolving health and care system.

The development day also provided the opportunity to look at local needs and outline opportunities for local collaboration and think creatively about where we could focus to begin to reduce health inequalities in Chelmsford and explore the perspectives of key partners. Since the development day, there have been ongoing actions being delivered to support relationship building across the network and ongoing work to contextualise what integration may look like on a day-to-day basis locally. Currently, partners on the Mid Essex Alliance are undergoing action learning sets under the Place Development Programme which is working in a joint up way across the different levels of the ICS.

Alongside this, the City Council has supported the Chelmsford West PCN in the recruitment of a Health and Wellbeing Coach as part of the ARRS scheme in creating multi-disciplinary teams who will see clients to coach them on relevant aspects of their health and wellbeing.

On the other hand, the Livewell Accreditation steering group contracted Ben Cave and Associates consortium to develop a Health Impact Assessment training offer as part of the Essex Livewell Accreditation Scheme. The training package helps to raise awareness of the Livewell scheme, provide an overview of what a HIA is and how to complete one and also provide information on how to review a HIA.

Internally, officers coordinated a Health and Wellbeing Working Group which is a subgroup of the Chelmsford Policy Board in order to assist in monitoring the progress of the City Council's Health and Wellbeing Plan. Members were introduced to different services areas across the council that have a key role in influencing health outcomes. After a complete round of introductions, it was agreed that representative Members attend the local Health and Wellbeing Board, Livewell Chelmsford to ensure that any decisions are part of local wider health system collaborating for health and wellbeing.

In developing a shared Cultural Vision for Chelmsford, Towards 2040, our Culture and Arts team have highlighted priority outcomes for improving health and wellbeing, recognising the role and contribution of cultural activities in tackling the broad determinants of health.

## 2. Learnings taken from the past year in your area

In the past year, many occasions displayed partnership working and collaboration amongst partners with continued response to community support and addressing local challenges. Such as supporting our PCNs in the vaccine rollout, and engaging with wider partners in addressing winter challenges more proactively. Some of the key lessons have been the recognition of the benefits of truly working in partnership towards shared goals and ambitions.

However, it is also very clear that there is so much good work happening at all levels from a grassroots level to strategic work that all partners and the public may not know about and that is difficult to capture all that is going on in the district, but this has highlighted the need to raise the profile on existing work and assets. This will be addressed to a certain level by the upcoming Mid Essex Asset Mapping and will help with stopping duplication of work.

## 3. Key priorities

Our current health and wellbeing priorities focus on Physical Activity and Excess weight, Social Isolation, Aging Well, Fuel Poverty and Housing Conditions and Alcohol and Substance Misuse. However, the strategy was set before the pandemic and our priority going forward is to review and refresh the strategy according to the updated evidence-base and align it with the new Essex Joint Health and Wellbeing Strategy and the refreshed Mid Essex Alliance Plan.

The refreshed strategy will aim to continue to have an element that demonstrates the council's contributing to health and wellbeing but also encompassing wider partners perspective in the health improvement locally.

We also have priorities locally on the supporting our Place towards better integration with partners locally and the district council plays a key role facilitating and linking with the local health and wellbeing board.

## 4. 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*

Chelmsford City Council's local Health and Wellbeing Board is a subgroup of the strategic One Chelmsford Board and is chaired by the Cabinet Member for Greener and Safer Chelmsford with coordination support from the Public Health and Protection Services Manager, Business Support, Public Health Practitioner and Apprentice Public Health Practitioner.

Livewell Chelmsford is a partnership of local and Essex wide partners and is made up of members and officers from the City Council representing our Planning Policy, Public Health and Protection Services, Building Control services and external members from Mid Essex Clinical Commission Group, Essex County Council, Active Essex, Essex Fire and Rescue and community and voluntary sector organisations.

The local Health and Wellbeing Plan was launched and endorsed by Cabinet in November 2019 and aligns with the previous Essex Joint Health and Wellbeing Strategy, City Council Corporate Plan and other key Essex-wide and district-specific plans and strategies.

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

Locally, the council and partners have been working closely with the Mid Essex Clinical Commissioning Group, particularly, since January 2020 when Primary Care Networks were being formalised following the publication of the NHS Long Term Plan. Plans for bringing partners together more were curtailed by the pandemic, but partners kept an open dialogue throughout.

The maturity of the Mid Essex Alliance has developed throughout the pandemic whilst all partners responded to the pandemic and pressures within their organisations. However, governance structures and the role of the local Health and Wellbeing Board are being continually shaped and are aligned with the direction of the Alliance.

The practitioner's role supports bringing local health and wellbeing board priorities together with the wider Alliance's ambitions and goals. This will be formally articulated through the refresh of the Chelmsford Health and Wellbeing Plan.

6. 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*

Locally, the Public Health Grant has been previously used to fund projects such as the SOS Bus Night-time Economy project, a Drug and Alcohol outreach worker and promoting the Livewell Campaign, development of the local Health and Wellbeing Strategy and funding our membership with the UK Healthy Cities Network. During the pandemic, the Public Health Grant was also used to support and bridge expenses that needed to be covered for Community Hub.

Going forward, with the refresh of the Health and Wellbeing Plan and Alliance structures being formed we will look to engage with wider partners on the board to agree on a formal process for the management of the Public Health Grant that will align with the strategic priorities. This may also include exploring options of joining up strategic budgets with wider partners to match-fund initiatives and co-design projects to address local health and wellbeing challenges.

## SECTION B – Statistics

1. Physical activity levels in your district – 2019/20 and then most recent as comparison (Active Lives data)

	Chelmsford	
	2019/20	2020/21
% physically active adults aged 16+	Nov 66.2%	May 65.5%
% physically inactive adults aged 16+	Nov 21.8%	May 22.7%
% physically active children and young people aged 5-16	52.8%	40.8%
% less active children and young people	22.9%	35.4%

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

Indicator	Chelmsford
Life expectancy at birth (males) (2018-20)	81.3
Life expectancy at birth (females) (2018-20)	84.6
Inequality in life expectancy at birth (males) (2017-19)	6.2
Inequality in life expectancy at birth (female) (2017-19)	3.8
Emergency hospital admissions for intentional self-harm (2020/21) per 100,000 population	2019/20 147.9
Killed or seriously injured (KSI) casualties on England's roads (historic data) (2016-18) (per 100,000 population)	52.4
Hip fractures in people aged 65 and over (2019/20) age standardised rate per 100,000	581
Estimated diabetes diagnosis rate (2018)	77.2%
Estimated dementia diagnosis rate (2021)	55.2%
Admission episodes for alcohol-specific conditions – under 18s (2017/18 – 19/20) per 100,000 population	8.8
Admission episodes for alcohol-related conditions (2018/19) age standardised rates per 100,000 (old method)	582
Smoking prevalence in adults (current smokers) (APS) (2019)	7.6%
% of adults classed as overweight or obese (2019/20 data)	59.8%
% of Reception classed as overweight (including obesity) (2019/20 NCMP data)	19.9%
% of Year 6 classed as overweight (including obesity) (2019/20 NCMP data)	31.8%
Under 18s conception rate / 1000 (2019)	6.6
Smoking status at time of delivery (2020/21)	5.2%
Smoking prevalence in adults in routine and manual occupations (18-64) – current smokers (APS) (2019)	26.7%
Average attainment 8 score (2019/20)	54.7
% people in employment (2020/21)	82.7%
Statutory homelessness (2017/18)	3.3
Violent crime – hospital admissions for violence (including sexual violence) (2017/18 – 2019/20) per 100,000	29.7
Excess winter deaths index (Aug 19 – Jul 20)	19.2%
New STI diagnoses (excl chlamydia <25) / 100,000 (2020)	449
TB incidence (three-year average) (2018-20) per 100,000	2.4

\*value suppressed for disclosure control due to small count

## Other data of interest - Data obtained from Fingertips

Indicator	Chelmsford
% of total population living in the 20% most deprived areas (IMD 2019)	0.9%

% of total population living in the 20% least deprived areas (IMD 2019)	41.3%
% children in relative low-income families (under 16s) (2019/20)	10.5%
% pupils eligible for free school meals (2021)	7.7%
% achieving a good level of development (2019)	75%
Proportion caring for someone with a long-term physical or mental health problem, or problems relating to old age (2018)	1510 (n people receiving carer allowance – DWP)
Estimated percentage of households that experience fuel poverty, (2018)	10.3%
Fuel poverty (low income, low energy efficiency methodology) (2019)	13.4%
Homelessness – households in temporary accommodation (per 1,000)	4
Chlamydia proportion aged 15-24 screened (2020) (per 100,000)	1,019
Cancer screening coverage – breast cancer (2020)	63.9%
Cancer screening coverage – bowel cancer (2020)	68.5%
Abdominal aortic aneurysm screening coverage (2019/20)	32.6%
Cancer screening coverage – cervical cancer (aged 25-49 years old) (2020)	72.1%
Cancer screening coverage – cervical cancer (aged 50-64 years old) (2020)	75.9%

### 3. Mental Health stats level of prevalence those living with poor Mental Health etc

#### Adult mental health data

Estimated prevalence of common mental health disorders: % of population (2017) QOF data for Mid Essex:

Aged 16 and over = 13.8%

Aged 65 and over = 8.9%

\*Value is modelled or synthetic estimate

Depression: Recorded prevalence (aged 18+) for Mid Essex = 10% (2020/21 QOF data, NHS Digital)

Data on children and young people's mental health – see below\*\*

Community EWMHS CCG Activity April 2018-March 2019 – referrals received across all entry points (SPA and other)

2,767 received from Mid CCG

In 2018/19 the top four common presenting problems across Mid CCG among children and young people were:

- Emotional Disorder
- Conduct Disorder
- Deliberate Self Harm
- Eating Disorders

In 2018/19 there was a total of 549 referrals by Mid CCG to the crisis teams

52 referrals were received by the Children and Young People's Eating Disorders team from Mid CCG, of these 7 were male and 45 female.

#### 4. Social value impact (the districts value)

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

- Two developers now formally signed up for the Livewell accreditation scheme. Specific site allocations to deliver approximately 2000 homes, including affordable housing.
- Engagement with 4 primary schools on the Explore Chelmsford Family Cycle Rides project – 400+ students accessing the maps through whole school assembly events.
  - 28 entries for prize draw for Halfords voucher
  - 1,600 individual maps provided to children across KS1 and KS2 (5 – 11years) to take home to enjoy cycling safely mapped routes in their local area
- With You In Mind – TBC
- Forever Active Directory formally launched promoting physical activity opportunities for older people as part of the local strength and balance offer
- In February 2022, 129 older people were supported with reconditioning and getting back into physical activity in a sheltered housing setting.

- Between November 2021 to January 2022, 50 patients were referred to Active Health, the City Council GP referral programme, from 15 GP practices in Chelmsford for over 15 different health conditions.
- Secured approximately £70,000 from Changing Futures programme to support cohorts with multiple complex needs. A multi-agency approach has been established within this process.

## SECTION C – Case Studies

1. 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.*

In my role of embedding public health, I brought together senior officers to form an internal public health officers' group with the aim of identifying how we can maximise the public health benefit of different projects senior officers are involved in. Within the meetings, it was raised that there are many opportunities of doing this across all streams of work and specifically in Planning Policy with the new local plan. It was also raised to investigate the possibilities of developing a scheme that aims to encourage residential developers to go above and beyond policy requirements in building healthy places. I then liaised with the Head of Public Health Lead for Healthy Places and researched key elements that the scheme will need to scope in. Following this, I put together a first draft of the scheme proposal with support from the Healthy Places Lead to provide national and local policy context and how the scheme fits in and will evolve. I worked closely with a Planning Policy Officer and Spatial Planning Policy Manager to set up stakeholder task and finish groups to the analyse the scheme in more detail and where the scheme was invited to be Essex wide. We also worked closely with a Planning Manager from Sport England who supported in embedding the Active Design Principles in the scheme and Sport England have formally endorsed the scheme.

Following this, the scheme was branded 'livewell' which is a shared Essex brand that represents Health and Wellbeing across many elements. We then arranged meetings with a developer to get insight on the scheme from a developer's perspective I then contributed by ensuring they understand the aim of the scheme and what 'livewell' represents. This then followed on with the developer creating a 'livewell' pocket garden to dedicated to supporting mental and physical wellbeing which will be placed in their proposed new development as a pocket park. The pocket park was also entered into the RHS Hyde Hall Show Garden where it was awarded a silver award.

A Planning Officer and I then worked on ensuring the guideline document was completed and with support from Sport England we received funding to help design the document and awards by an external design company. We also liaised with an internal lawyer to ensure the terms and conditions of the scheme were suitable and that there were no legal implications. We then worked with an external organisation 'Place Services' to develop a sub-panel required to assess stage 2 applications of the Livewell Accreditation Scheme. The scheme was also required to be taken to full cabinet where it was well-received.

My role was significant in helping to develop the livewell accreditation scheme. It has also been key in helping to establish public health and planning engagement in the planning process. I then created an internal process note to outline how my role can engage with planning, especially with case officers in assessing Health Impact Assessments, which I will review for quality assurance and if an HIA is identified as being positive I will then refer the scheme to receive a

stage 1 Livewell Design Award and the developer can progress to stage 2 at a later stage and have their built-up scheme assessed by the sub-quality panel group.

Two years on, the scheme has now been rolled out across Essex through the Essex Planning Officers Association. The scheme is now being managed by Essex Place Services and has been published in the [‘Enabling Healthy Placemaking’ RTPI research paper July 2020](#).

2. 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.

*\*\*\*Case study highlights examples of work delivered when Public Health Grant was processed as community grant open process\*\*\**

Sanctus was funded under the Public Grant to deliver a community cafe allowing the organisation to increase its capacity and offer more sessions to the specific cohorts. The numbers of service users were up regularly by up to 60% each day, which included rough sleepers, sofa surfers, elderly, NEETs, ex Armed Forces, recently released ex-offenders and those with drug and alcohol or gambling addictions. A further grant from the PCC was used to ensure the sessions were extended.

InterAct was also funded to develop their ‘Aspire Garden’ project with outcomes of tackling obesity, overcoming loneliness and social isolation, encouraging social activity, increasing physical exercise and improving diet through the development of a Garden Club meeting weekly involving a diverse mix of volunteers. The grant was used to train further volunteers to help run the Garden club. The service users grow and distribute the ‘home grown’ produce amongst themselves and the wider community to cook either at home or in the organisation’s kitchen, promoting healthy eating and the awareness of the ‘farm to fork’ process and the importance of a good diet. InterAct know that the project is a great success through the number of positive comments received by not only the users but their family member and volunteers alike *‘I like helping InterAct to help other who really need help’... ‘I like learning new skills and nice company’*.

Another organisation that was funded by the Public Health Grant is Genesis Housing to host afternoon tea dance sessions. The organisation engaged with other partners such as the Dance Network and AM Dance of Chelmsford who are professional dancers who encouraged more residents to take part in the project. The monthly activity encouraged residents to socialise more with each other. Residents were encouraged to join in with the baking of cakes rather than buy ready-made ones which helped with reducing social isolation. One resident, a former ballroom dancer, said “this brings back all my happy memories”. The same lady was interviewed for their Genesis newsletter giving wonderful accounts of life as a dancer in the 1940’s. The afternoon dances brought many smiles to the resident’s faces and gave them something positive to look forward to. The staff also benefitted as it has been a positive experience for them to work alongside the residents to plan the events together.



## **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

- Chelmsford Livewell – Local Health and Wellbeing Board
- Internal Public Health Officers Group
- Active Chelmsford
- Mid Essex Livewell Alliance
- Chelmsford Children’s Advisory Board
- Chelmsford Dementia Action Alliance / Pan Essex Dementia Action Alliance
- UK Healthy Cities Network
- Local Authority Public Health Research Network **\*\*new\*\***
- HiAP Network: Understanding Policy **\*\*new\*\***
- Ignite Chelmsford – Cultural Partnership Forum
- Chelmsford Cycle Forum

### Key organisations

- Chelmsford City Council – leisure, housing, planning, environmental health, community safety
- Mid Essex CCG - Mental Health Commissioning Team and Transformation Teams
- Chelmsford CVS
- Citizens Advice Chelmsford
- Active Essex
- Essex Child and Family Wellbeing Service
- Essex County Fire and Rescue Service
- Alzheimer’s Society
- ECC Youth Service
- ECC – Public Health, Adult Social Care, Dementia Commissioning and Sustainable Travel Teams (Cycling Grants)
- Cycling UK – Bikeability, Cycling Grants

- Chelmsford City Council - Community Sport – Heart & Sole, Play in the Park, Holiday Hunger, Explore Chelmsford, Tennis Coaching, Forever Active
- Chelmsford Leisure Centre – Active Health, Forever Active, Health Coaches, Falls Prevention
- Essex Children and Family Service – Healthy Eating, Breastfeeding Friendly, Hamper Projects, Healthy Relationships
- Provide – My Weight Matters, Sexual Health, Smoking Cessation
- Essex Wellbeing Service - Working Well Workplace health, Mental Health First Aider
- Sport For Confidence -
- United in Kind
- Love to Ride
- Ringway Jacobs – LCWIP,

Strategic partners – blue

Delivery or community partner – green

Projects or programs and initiatives – red