

Public Health Practitioner Impact – Maldon

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.

Over the last year in Maldon we successfully rolled out two rounds of community grant funding. We emphasised on the community recovery element with 17 projects in total receiving funding. These projects were diverse and broad whilst addressing our district health priorities. The projects ranged from interesting sport-based activities like Paddle tennis and kayaking to a talking therapy group for young people suffering as a result of the pandemic. We also restructured our Livewell Health & Wellbeing partnership meetings putting more emphasis on our operational subgroups to create strong actions and meaningful discussion.

Recently we successfully planned and implemented a bid for Changing Futures funding to be used to help the recovery of those with multiple complex needs. We will use this funding to employ a Mental Health Navigator in Maldon and Chelmsford and to contribute toward a physical and mental health nurse practitioner to work with CHES homeless charity.

There are many partnership projects with which we have funded and supported in getting set up, which have strengthened multi-organisation collaboration. We have worked in partnership with Active Essex to start Man v Fat weight management programme in Maldon which is at capacity in its first season and is seeing fantastic weight loss results. I am involved with and supporting the Dengie Farmers Suicide Prevention group to address the high suicide rate amongst the farming community.

Lastly, we have made a great effort in supporting workplace H&W amongst MDC staff and successfully achieved our Level 3 working well accreditation reflecting this work.

2. Learnings taken from the past year in your area

Greater awareness and communications around what services are available and where. This is particularly true for small locally run groups such as coffee groups etc which are crucial for combatting loneliness and social isolation. We will also aim to reduce social isolation through increasing digital access and knowledge as there is a need for this in the district due to the aging population and rurality of many areas.

Another takeaway from the last year is that our promotion and comms around projects and opportunities could be improved. This is important in order to maximise uptake and participation in health improvement activities and is shouldn't be a barrier to public health.

3. Key priorities

Our health priorities as a district remain the same which are Physical activity and obesity, mental health, and social isolation.

We recently discussed these more at depth and asked what issues are most common and most prominent in the district that we can help with. We then decided upon these actionable priorities.

For Obesity and physical activity 1) *Engaging young people (0-11 years) with healthy lifestyle choices relating to physical activity and nutrition* 2) *Engage older people with physical activity specifically those who have become deconditioned due to the pandemic with an emphasis on strength and balance work.*

For Mental Health 1) *Reducing anxieties in returning to 'normality' post covid, with focus on older adults and perinatal mothers* 2) *Addressing the high suicide rates focusing on working aged males*

For Social Isolation 1) *Supporting older adults with issues around digital inclusion and social isolation*

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

The Livewell Health and Wellbeing Board is a partnership of local organisations made up of members and officers from Maldon, as well as representatives from Mid Essex CCG, MDCVS, ECC, social prescribers, Active Essex, and multiple other community and voluntary sector organisations. The strategy will be under review over the summer when the new JSNA and JHWS are available.

The board sits under the newly developed One Maldon which brings together all Maldon leaders in community, education, health, and safety. We are also a part of the Mid Essex Alliance and look to use both boards to promote partnership work and sharing opportunities.

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

We currently have either Dan Doherty (Alliance Director) or Kate Butcher (Deputy Director) attend our Livewell partnership with Kate providing a CCG/ICS update at our last meeting. Promising discussions around integrated work have taken place and collaborating where possible. We have also set up a running agenda item at the Mid Alliance meetings to provide a Mid Public Health practitioner update strengthening our working relations. The Alliance is currently more clinical and social care focused so looking to increase public health and health improvement engagement as we have discussed with Maggie Pacini.

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

The Public Health Grant sits with and is managed by the Health Improvement Officer (PHP) at MDC. We run two open application windows for community health & wellbeing grants in line with our district health priorities. We have a governance panel group who review the applications and decide which will receive funding. This consists of the Health Improvement Officer, Sport Development Officer, Active Essex Mid team, United in Kind, and Maldon CVS. Other projects are funded when there is a need/demand for the service

SECTION B – Statistics

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

	Maldon District	
	Nov 2018/19	Most recent
% physically active adults aged 16+	63.5	62.6 (May 20/21 data)
% physically inactive adults aged 16+	22.7	24.4 (May 20/21 data)
% physically active children and young people aged 5-16	52.8	44.3 (2020/21 data)
% less active children and young people	23.8	31.8 (2020/21 data)

Active Lives Survey data

2. Public health profile of district – taken from Fingertips

Indicator	Maldon
Life expectancy at birth (males) (2018-20)	80.5
Life expectancy at birth (females) (2018-20)	83.9
Inequality in life expectancy at birth (males) (2017-19)	6.9
Inequality in life expectancy at birth (female) (2017-19)	4.0
Emergency hospital admissions for intentional self-harm (2020/21) per 100,000 population	95.8
Killed or seriously injured (KSI) casualties on England's roads (historic data) (2016-18)	74.5
Hip fractures in people aged 65 and over (2019/20) age standardised rate per 100,000	552
Estimated diabetes diagnosis rate (2018)	74.2%
Estimated dementia diagnosis rate (2021)	50.4%
Admission episodes for alcohol-specific conditions – under 18s (2017/18 – 19/20)	*
Admission episodes for alcohol-related conditions (2020/21) age standardised rates per 100,000	535

Smoking prevalence in adults (current smokers) (APS) (2019)	16.5%
% of adults classed as overweight or obese (2019/20 data)	59.6%
% of Reception classed as overweight or obese (2019/20 NCMP data)	*
% of Year 6 classed as overweight or obese (2019/20 NCMP data)	18.2%
Under 18s conception rate / 1000 (2019)	9.2
Smoking status at time of delivery (2020/21)	5.3%
Smoking prevalence in adults in routine and manual occupations (18-64) – current smokers (APS) (2019)	33.0%
Average attainment 8 score (2019/20)	48.5
% people in employment (2020/21)	67.1%
Statutory homelessness (2017/18)	*
Violent crime – hospital admissions for violence (including sexual violence) (2017/18 – 2019/20)	20.9
Excess winter deaths index (Aug 19 – Jul 20)	5.7%
New STI diagnoses (excl chlamydia <25) / 100,000 (2020)	263
TB incidence (three-year average) (2018-20)	1.6
Fuel poverty (2019)	10.7%
% of total population living in the 20% most deprived areas (IMD 2019)	0

*value suppressed for disclosure control due to small count

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 Maldon PHE fingertips:

Aged 16 and over = 14.0%*

Aged 65 and over = 9.1%*

*Value is modelled or synthetic estimate

Depression: Recorded prevalence (aged 18+) for CP&R CCG = 10.1% (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

-50 men attending the Maldon pilot of the successful weight management programme Man v Fat with 150 kg of combined weight loss at the halfway point (average 3kg per person).

-Essex AcivAte HAF programme had 167 Maldon children attend in the winter with 81% of attendees eligible for free school meals.

-We piloted Lions Barber Collective Mental Health Training for Maldon Hair & beauty professionals. The impactful training had 6 barbers/hairdressers attending the training with all of them improving their confidence and knowledge of speaking with customers about mental health and suicide and the help that's available.

-Bags of Taste cooking healthy foods on a budget course had 72 MD participants in Autumn/Winter. This targets low-income households and those with mental and physical health issues. 89% completed the course with an average saving of £13.95 on weekly food shopping.

-Multiple staff health initiatives including on your feet Britain day with 33 colleagues taking part and averaging 7,345 steps on the day.

15 additional partners included In the Livewell Health and Wellbeing Partnership board

Sharing and promoting initiatives, services, and activities with a wide group of partner organisations as well as funding opportunities via the Grant Finder online tool.

-Secured ~70k funding from the Changing Futures fund to work with those with multiple complex needs and help them to recover reintegrate with society and community services across Mid Essex.

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.

Through joint leading on the funding bid for changing futures. After speaking with our Maldon District Council housing lead we identified a huge need for a new role within our housing team working with those with multiple complex needs whether that be homelessness, drug or alcohol abuse, or trauma etc. We identified that mental health problems are prevalent for all of these lifestyle factors and that addressing this would be impactful in helping with the recovery process. We therefore changed the plans for the bid and dedicated over half of it towards funding a new role for a mental health navigator to work across Maldon and Chelmsford supporting the housing teams with expertise in mental health services and supporting this cohort.

This required strong planning and communication between multiple partners as we pulled together the bid. We consulted multiple partners on this to gain insight and knowledge of the practicalities to this. We received great support that there is a need for this role across the districts and that it will be highly beneficial to the housing teams and the target cohort.

We recently received confirmation that this role will be funded much to the delight of all those involved.

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.

In 2021 we used the Public Health Budget to fund the community enterprise mentorship programme 'Bags of Taste' (cooking healthy meals on a budget) to run two courses. The course looks to work with people with difficult and challenging circumstances such as mental health issues, low income, single parent households, SEND, and those experiencing loneliness and social isolation.

We saw a need to expand these courses into 2022 and work with a mental health partner to help co-fund as well as take referrals onto the course. There is evidence to suggest the links between healthy eating and improved mental wellbeing, improvements in mood, and confidence as well as the financial benefits and benefits that come with learning a new skill and being part of a group.

I approached the Mid Essex CCG Mental Health commissioners and proposed that we joint funded the programme to continue and run 4 more courses in 2022. They saw the value and need for the programme as cost of living is increasing, as well as obesity, takeaway purchases, depression and anxiety, and social isolation all of which affect mental health. They therefore have joint funded the course with MDC and will refer as both a follow on therapy and a prevention strategy. Bags of Taste have presented at our H&W board and take referrals from many community partners including the CVS and social prescribers. The last course ran in January/February with the following outcomes:

89% of the participants completed the course and cooked all three dishes

81% said they were more confident in the kitchen

84% said they would cook more

70% said they could see ways to reduce their spending on food

The average amount saved per week was £13.95 which works out at **£725 a year**

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

- Maldon Livewell Health and Wellbeing Board and its 3 subgroups (obesity & physical activity, mental health, social isolation)
- Active Maldon Network
- Mid Essex Alliance
- Mid & South Essex Mental Health Collective
- Maldon District Youth Strategy Group
- CVS Community Response Forum
- Dengie Farmers Suicide Prevention Group

Key organisations

- Maldon District Council – leisure, housing, planning, safeguarding, community safety
- Mid Essex CCG - mental health commissioning team and Alliance Heads of Transformation
- Citizens Advice
- Active Essex
- Primary Care Networks
- EPUT - Primary Care Mental Health Nursing Team and Dementia and Older Adult Community Service
- IAPT
- Dementia Action Alliance
- Essex Tri Service
- ECC Youth Service
- ECC – Public Health, Adult Social Care, Education, and Sustainable Travel Teams
- Provide
- Phoenix Futures
- Essex Child and Family Wellbeing Service
- Essex Wellbeing Service
- Go Padel
- Parish Councils
- Plume Academy

- Ormiston High School
- Lions Barber Collective
- Futures In Mind
- Up Beat Life
- Bags of Taste
- Man v Fat
- Relax Kids
- Kids Inspire
- Maldon District CVS
- MOAT Housing
- Abberton Rural Training
- Ability Using Sport
- Essex Farming Community Network
- United in Kind

Strategic partners – blue

Delivery or community partner – green