

Public Health Practitioner Impact Template – Brentwood

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.

The last 2 years has seen the refresh of the Health and Wellbeing board then this past year including the 4 subgroups. Brentwood Health and Well-being Board has continued to grow its membership and gained more valuable partners, such as the Alliance. The Community Connect Trailer has been out on 30 different engagement events, speaking with over 2500 residents, giving support, advice, signposting and the all-important freebies, LFTs and occasional craft activity with local people. Its main focus is to help those who are socially isolated, which is a direct result of the pandemic.

Brentwood Community Hub is still very active (something which arose from the pandemic), and currently the partners and volunteers on this are coordinating efforts for the Ukraine crisis.

2. Learnings taken from the past year in your area

Learnings from H&W is that we need more capacity, so we can better analyse health data and better promote and communicate projects and campaigns.

Communities and voluntary sector are more valuable than ever and need supporting and developing. More focus and prioritisation needs to be given to this sector.

3. Key priorities

The overarching priority is to reduce or eradicate health inequalities, improving the quality of life of residents.

Our main key priorities are within The Brentwood Health and Wellbeing strategy - Physical health with a focus on Physical activity and obesity: Start Well (0–19-year-olds and older with SEND) and Ageing well, as Brentwood has a significant ageing population. Live document action plans sit with each of the subgroups which also feed into the overall Action Plan where there are some more centralised projects. These Action Plans are developed by the partners on the subgroups and they complement the H&W strategy.

Overarching themes which crosscut the 3 priority groups are: Social Isolation; Mental Health and Community resilience.

4. How the Borough 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

Brentwood Borough Council's Health and Wellbeing Board, is coordinated by the Corporate Public Health Officer. There are well over 50 members of the board, some more active than others.

The Executive board comprises of the Chair and Vice Chair of the board, who are both elected members (councillors); the Public Health Officer and the Active Essex Relationship manager. There are 4 subgroups which are focused, they decide their areas of need and where the gaps are and how to work with the local community to close the health inequalities. The Sub-groups are:

Start Well; Active Brentwood (physical activity and obesity); Ageing Well and Dementia Action Alliance.

The Strategy was refreshed in 2020 and the board gives a regular report to the Community and Health Committee.

There is now some communication and engagement with the Brentwood and Basildon Alliance, however this does need to be improved.

Alliance update is now set to be a standing agenda item at Brentwood Health and Wellbeing Board meetings. Through these regular updates it is hoped that this will help Board members to better understand the Alliance, what it is trying to achieve, and what this means for individual organisations within and how we are all working towards the same goals,

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

It is unclear at present how the H&W board will interact with the Alliance, I would hope there would be clear partnership working and using the H&W and its partners to help with delivery and the Alliance's vision.

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

Brentwood allocates a proportion to the subgroups (the priority focus areas) of which those funded projects are then agreed by the Executive board via in an Action Plan – to ensure no duplication and fair distribution of funds.

The remainder is used as combination of both internally driven projects and applications for small grants (mental health and well-being themed) which are coordinated by the Public Health Officer.

SECTION B – Statistics

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

	2018/19	Most recent
% physically active adults aged 16+	68.6%	66.4% (May 20/21 data)
% physically inactive adults aged 16+	20.7%	21.8% (May 20/21 data)
% physically active children and young people aged 5-16	44.8%	Insufficient data
% less active children and young people	55.2%	34.1% (2020/21 data)

Active Lives Survey data

2. Public health profile of district – taken from Fingertips

Indicator	Brentwood
Life expectancy at birth (males) (2018-20)	80.7
Life expectancy at birth (females) (2018-20)	84.7
Inequality in life expectancy at birth (males) (2017-19)	8.0 (2018-2020)
Inequality in life expectancy at birth (female) (2017-19)	8.5 (2018-2020)
Emergency hospital admissions for intentional self-harm (2020/21) per 100,000 population	95.1
Killed or seriously injured (KSI) casualties on England's roads (historic data) (2016-18)	59.2
Hip fractures in people aged 65 and over (2019/20) age standardised rate per 100,000	494 (2020/21 data)
Estimated diabetes diagnosis rate (2018)	68.6%
Estimated dementia diagnosis rate (2021)	60.9%
Admission episodes for alcohol-specific conditions – under 18s (2017/18 – 19/20)	*value suppressed for disclosure control due to small count – for under 18s* 229 (2020/21 data) for adults
Admission episodes for alcohol-related conditions (2020/21) age standardised rates per 100,000	TBC
Smoking prevalence in adults (current smokers) (APS) (2019)	11.5%
% of adults classed as overweight or obese (2019/20 data)	61% (2019/20 data)
% of Reception classed as overweight or obese (2019/20 NCMP data)	*value suppressed due to incompleteness of source data*

	18.5% (3-years data combined 2017/18 - 19/20)
% of Year 6 classed as overweight or obese (2019/20 NCMP data)	*value suppressed due to incompleteness of source data* 26.1% (3-years data combined 2017/18 - 19/20)
Under 18s conception rate / 1000 (2019)	11.9
Smoking status at time of delivery (2020/21)	TBC
Smoking prevalence in adults in routine and manual occupations (18-64) – current smokers (APS) (2019)	19.6
Average attainment 8 score (2019/20)	55.3
% people in employment (2020/21)	60.1%
Statutory homelessness (2017/18)	1.8 (Statutory homelessness - households in temporary accommodation)
Violent crime – hospital admissions for violence (including sexual violence) (2017/18 – 2019/20)	29.6
Excess winter deaths index (Aug 19 – Jul 20)	28.1%
New STI diagnoses (excl chlamydia <25) / 100,000 (2020)	449
TB incidence (three-year average) (2018-20)	4.3

*value suppressed for disclosure control due to small count

Other data of interest - Data obtained from Fingertips

Indicator	Brentwood
% of total population living in the 20% most deprived areas (IMD 2019)	TBC
% of total population living in the 20% least deprived areas (IMD 2019)	TBC
% children in relative low-income families (under 16s) (2019/20)	10.4
% pupils eligible for free school meals (2021)	TBC
% achieving a good level of development (2019)	TBC
Proportion caring for someone with a long-term physical or mental health problem, or problems relating to old age (2018)	TBC
Fuel poverty (2019)	10.2
% households in temporary accommodation (2019/20)	0.8
Chlamydia proportion aged 15-24 screened (2020)	11.9%

Cancer screening coverage – breast cancer (2020)	73% (2021)
Cancer screening coverage – bowel cancer (2020)	65.9% (2021)
Abdominal aortic aneurysm screening coverage (2019/20)	64.4% (2020/21)
Cancer screening coverage – cervical cancer (aged 25-49 years old) (2020)	74.8% (2021)
Cancer screening coverage – cervical cancer (aged 50-64 years old) (2020)	78.2% (2021)

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 CP&R CCG:

Data not available for 2017. Prevalence 0.85% (2020/21 QOF data, NHS Digital)

Depression: Recorded prevalence (aged 18+) for NHS Basildon and Brentwood CCG = 11.58% (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)

No data found

The top four common presenting problems across CP&R CCG among children and young people were:

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- Eating Disorders
- Emotional disorders (anxiety and depression)
- Conduct disorders Severe attention deficit hyperactivity disorder (ADHD)
- Autism spectrum disorder

**Data obtained from Open Up, Reach Out (2018-2020)

4. Social value impact (the districts value)

Project delivery / community investment in 2021/22

- 150 older people's art packs distributed
- 38 new dementia friends' staff and volunteers trained
- 20 new mental health focused projects funded through the small grant scheme
- New PH apprentice committed for 3 years to support all the H&W work
- Dementia action plan being developed

- Strengthened public and wider partner engagement: approx 2500 people engaged in 2021 with the Community Connect trailer. (approx 30 outings in 2021)

- Health in the workplace programme:

Approx. 250 staff informed about opportunities and access to information and advice regarding wellbeing especially with national campaigns such as Time To Talk day.

Also new PA activities planned for 2022 – staff football; stretch and mindfulness; tai chi, Big Team Challenge;

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.

Tea Dance re-started and will have some case studies from that soon.

The Trailer was purchased with the H&W funding (underspend from a previous year) back in 2019.

Lots of outreach and engagement with the Community Trailer, encouraging those who are isolated to join in some local groups or new local activities which we are engaged with or doing. When the trailer goes out, (locations are rotated – rural areas are targeted), we normally have a Vitamins (NHS mental health support) rep; a United In Kind rep, Neighbourhood Watch person, council staff, CVS and many more to offer support to those in the local areas we are targeting.

I have personally spoken to and signposted 10 + older people who were anxious about 'rejoining' society post lockdown; families in need and other people needing a bit of help.

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.

The Community Connect Trailer is probably the best example of multi partner delivery and is well-regarded amongst health partners locally.

The Brentwood Community Hub is a brilliant example of people pulling together to help those in need.

The Hub (coordinated by BBC with many local voluntary organisations and charities who sit on it)

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

- Livewell Brentwood Health and Wellbeing Board

4 subgroups:

- Active Brentwood,
- Start Well (former Children's Advisory Board,)
- Ageing Well
- Brentwood DAA.
- Brentwood Community Tree (Mental Health Partnership Forum)
- Cycle Brentwood and Active Travel Brentwood
- Brentwood Community Hub

Key organisations

- Brentwood Borough Council – leisure, housing, planning, safeguarding, community safety
- BBBW CCG - mental health commissioning team and Alliance Heads of Transformation
- ECC (Public Health)
- Brentwood CVS
- Active Essex
- Rural Community Council of Essex - Community Connectors

- Social Prescribers
 - 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
 - DWP Disability Employment Advisers
 - Dementia Community Support Team
 - ECC Youth Service
 - ECC – Public Health, Adult Social Care, Education, and Sustainable Travel Teams
 - Brentwood Community Tree (Mental Health Partnership Forum)
 - Care homes, home care, British Red cross, social care
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- Provide – health in the workplace
 - Trailnet – led rides, walking scheme, GP referrals
 - Everyone Active – Cancer rehab: cardiac rehab;
 - Sport For Confidence - (coming soon)
 - Vitamins – Counselling support, free podcasts
 - Churches Together – brentwood
 - United in Kind - outreach with trailer
 - Neighbourhood watch - outreach with trailer

Strategic partners – blue

Delivery or community partner – green

Projects or programs and initiatives – red