Public Health Practitioner Impact Template – Uttlesford

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.

Uttlesford Health & Wellbeing Board and associated partners have been at the centre of the Covid 19 Pandemic response and remain the key driver in addressing health inequalities throughout the district. It has been recognised by the board members the need to maintain the levels of collaboration and communication that have been established during the pandemic in particular the partnership approaches and heightened levels of communication and information sharing. The aim is to build more ultra-local evidence relating to health inequalities to enable more targeted whole system approaches, avoid duplication and devise systems and projects that best serve the needs of the community.

We have been able to maintain and enhance these relationships and partnerships by continuing to communicate funding opportunities, encouraging collaboration and emphasising the importance and value of working together to help inform local decisions and strategic direction.

In the coming months we will be refreshing and launching Uttlesford's new Health & Wellbeing Strategy. The new strategy will be aligned with neighbouring West Essex local authorities and wider Essex County Health & Wellbeing Strategy and levelling up plans. The new strategy will also reflect on the evidence and system change approaches recommended by the West Essex Health Inequalities Committee that we have been part of since its inception in 2020.

The new strategy will be key in identifying the future priorities and direction for the district and will set out a framework to address any new and emerging health inequalities however, we do anticipate that many of the existing priorities will remain as they have become more prevalent during the pandemic.

We have continued to offer support and guidance to the voluntary sector which over the past few years has included a number of newly formed organisations. We have helped them to establish themselves and develop coordinated working partnerships which have proved to be a pivotal resource in providing services and support at a local level. We have been able to develop and support these new partnerships by providing grants (to 12 partner organisations including 5 that have not received any grant funding before), signposting funding opportunities, connecting services and opportunities both internally throughout the district council and externally throughout the network of partner organisations and ultimately helping them to support residents.

The collective movement and collaboration throughout the last few years has created a more joined up approach that has supported residents to get the help and assistance they need. The effectiveness of this collaboration and approach has been highlighted in how we and 2 other organisations established the Community Response Hub which mobilised volunteers and engaged with other community agencies to support residents during the pandemic. We have been able to maintain these levels of support and address the more complex needs as we move forward. Another practical example is the Strength & Balance Service which we manage and now delivers between 7-10 weekly strength and balance sessions throughout the district. This has been achieved through collaboration with neighbouring Public Health colleagues in West Essex, EPUT, and Social Prescribers, PCNs, Parish Councils and a number of community partners and most importantly input from residents.

It has been equally important to development and strengthen the internal links throughout the council. It remains a key priority to embed health improvement across all services. This remains a long-term aspiration and is part of the work associated with the West Essex Health Inequalities Committee. We have formed stronger links with the planning department in particular sports and leisure opportunities and work associated with the Playing Pitch Strategy Group coordinated by Active Essex – This has resulted in a more focussed coordinated approach when identifying section 106 opportunities and the development of new facilities. This was highlighted recently when we worked collaboratively to install and mobilise the districts first 3g football pitch facility and more recently working together to potentially develop a new 3g pitch in another area of the district.

Essex County Council's response to the pandemic has relied on the ability in the localities to identify and mobilise the necessary support that best meet the needs of the community. We have worked in partnership to devise approaches that best serve the needs of the community implementing strategies and processes that have best utilised the funding and support on offer. Through the COMF funding we have been the main conduit to develop local informed solutions and mobilise the relevant support required.

2. Learnings taken from the past year in your area

We are now better linked and have stronger relationships with partners however, we do understand the need to maintain these relationships through continued two-way communication to ensure that they remain this way. We are also aware that although communication and connections with UDC is good is not necessarily the case across all agencies and some key relationships remain strained. To try and address these situations we will continue to encourage and mediate where possible.

As we move into a recovery stage and services return to some sort of normality we are becoming increasingly aware of the importance to map provision and communicate the opportunities available to partners and residents. There are a lot of positive health improvement opportunities being delivered but these are not always communicated with residents and across services. We will lead on mapping services and make sure that partners and residents are aware of the opportunities available to them and in turn identify gaps in provision where resources could potentially be directed.

One of the main areas for potential development is physical activity and sport. The Active Uttlesford Network although functioning has been identified as a key area for development and improvement. In partnership with Active Essex and local partners we will develop a new physical activity action plan to help provide a coordinated approach and identify key areas of focus and need. The increased engagement with local Sports Clubs and Physical activity providers will be a

key element of this to help build membership of the existing network and also increase the breadth of opportunities on offer in the district. Funding opportunities will be coordinated across other Council service areas to insure greater transparency and to make sure that communities and residents experiencing the highest levels of inequality are targeted and prioritised.

Another positive is the active working relationships that have been forged and developed with colleagues from other areas of West Essex including CCG's, District and County Council staff and VCS partners. The shared learning from the localised community responses and the transformational work connected to the West Essex Health inequalities Committee and associated projects funded by COMF has strengthened the West Essex whole system approaches in addressing localised health inequalities.

3. Key priorities

Targeted approaches

The refresh and launch of a new Health & Wellbeing Strategy will be key in setting the key priorities and focus moving forward. The new strategy will build on and utilise the community assets to help address health inequalities making them stronger, sustainable, and resilient. Tackling loneliness, supporting mental wellbeing, supporting those in poverty and refreshing the council's physical activity plan to make sure it meets the needs of the district's residents post Covid-19 in particular how we support residents with long covid and those impacted by deconditioning.

We will prioritise projects and approaches that support the most vulnerable and in need individuals and communities in Uttlesford with an emphasis on prevention to support the development implementation of sustainable approaches in addressing health inequality. We will also be developing more stringent evaluation and monitoring frameworks so we can better demonstrate the impact of the Health & Wellbeing Boards, Public Health, Active Uttlesford associated work and programmes.

Our main focus during the last year has been the continued support to aid the districts recovery from the Covid 19 pandemic including targeted support to residents in need. This has been achieved through the continued development and support of the Community Response Hub and trough the recruitment of 2 community responders.

The council also recognise the need for a more formal plan relating to staff health & wellbeing. With the increased levels of home and hybrid working and the transformation from office to more remote working it has been highlighted the need for a more formalised approach to inform and engage with staff to support their emotional health and wellbeing. We will help communicate, engage and inform all staff on the different activities and services available to them and how they can best utilise the support on offer.

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

Uttlesford Health and Wellbeing Board is administrated by the Public Health Practitioner (PHP). The Board is independently chaired and is a partnership of local organisations and members and officers from Uttlesford District Council, together with representatives from West Essex Clinical Commissioning Group, Essex County Council, EPUT, GPs, Active Essex and community and voluntary sector organisations.

The board meets on a by monthly basis and also has focus groups and priority leads for each strategic priority.

Sub groups:-
Social Isolation
Eat Well- Uttlesford Food Alliance
Age Well
Warm Homes
Physical Activity- Active Uttlesford
Mental Health

The current HWB Chair is part of North Uttlesford PCN and works closely with the CCG. We have regular contact and meetings with the West Essex CCG and the Alliance is a standing agenda item at the Health & Wellbeing Board.

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

The PHP role will play an important part in maintaining existing relationships and developing new partnerships as the health system across West Essex and East Hertfordshire evolves. They will be a key link between the Integrated Care Partnership (ICP) and Uttlesford District Council to ensure that the prevention agenda remains a high priority and furthermore provide information and guidance on local needs.

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

To date Uttlesford has disseminated small grants to deliver health improvement outcome which has been coordinated by the PHP.

Moving forward, along with all community development and health improvement grants, this process will be reviewed to enable the process to become more targeted in its approach and aligned with other local strategic plans, for example by identifying and targeting specific demographics and geographical areas we can pool resources to maximise the potential impact.

SECTION B – Statistics

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

	Most recent
% of physically active adults 16+	66%
% of inactive adults 16+	23.3%

Active Lives Survey data

2. Public health profile of district – taken from Fingertips

Indicator	
Life expectancy at birth (males) (2018-20)	82.6
Life expectancy at birth (females) (2018-20)	85.4
Inequality in life expectancy at birth (males) (2017-19)	2.1
Inequality in life expectancy at birth (female) (2017-19)	2.5
Emergency hospital admissions for intentional self-harm (2020/21) per 100,000 population	95
Killed or seriously injured (KSI) casualties on England's roads (historic data) (2016-18)	184
Hip fractures in people aged 65 and over (2019/20) age standardised rate per 100,000	95
Estimated diabetes diagnosis rate (2018)	67.5
Estimated dementia diagnosis rate (2021)	58.2
Admission episodes for alcohol-specific conditions – under 18s (2017/18 – 19/20)	10
Admission episodes for alcohol-related conditions (2020/21) age standardised rates per 100,000	487
Smoking prevalence in adults (current smokers) (APS) (2019)	13%
% of adults classed as overweight or obese (2019/20 data)	62.6
% of Reception classed as overweight or obese (2017/18 NCMP data)	18.8%
% of Year 6 classed as overweight or obese (2017/18 NCMP data)	25.8%
Under 18s conception rate / 1000 (2019)	11
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)	31.2
Average attainment 8 score (2019/20)	55.1
% people in employment (2020/21)	73.5
Statutory homelessness (2017/18)	Insufficient data
Violent crime – hospital admissions for violence (including sexual violence) (2017/18 – 2019/20)	15.8
Excess winter deaths index (Aug 19 – Jul 20)	11.3
New STI diagnoses (excl chlamydia <25) / 100,000 (2020)	320
TB incidence (three-year average) (2018-20)	7.1

*value suppressed for disclosure control due to small count

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

- The prevalence of reporting a long-term mental health condition among persons aged over 18 years in the NHS West Essex CCG according to the GPPS, was 7.19% in 2017/18. This was lower than the prevalence across the whole of Essex (8.23%) and England (9.06%) and was ranked as being the lowest prevalence compared across the CCGs of Essex (highest: NHS North East CCG 9.63%).

- Severe mental health conditions include schizophrenia, bipolar affective disorder and other psychoses. The prevalence of these as recorded on general practise disease registers in the Uttlesford District in 2017/18 was 0.62. This was the lowest prevalence compared across the other Districts in Essex and was also significantly lower than the prevalence across Essex as a whole (0.80) and for England (0.94).

4. Social value impact (the districts value)

Strength and balance service –
The strength and balance service has delivered in excess of 208 sessions to over 170 Residents throughout the district since 2020. The service has also delivered 70 transition sessions to support those residents to continue with their physical activity and conditioning after they have completed the initial 12 week programme.

Uttlesford Community Response Hub & Community Responders
The partnership between UDC, Council For Voluntary Services & Volunteer Uttlesford has been the main driving force in supporting residents throughout the pandemic.

- Numbers of residents supported 1,299
- Number of completed jobs 11,675
- Number of referrals made to other services 647
- 80 Vulnerable families provided with food vouchers and slow cookers
- Over 300 Christmas Hampers distributed to the most vulnerable residents in the district

Money advice support service
Over the course of the project a total of 362 clients contacted Uttlesford Citizens Advice (UCA) for help and advice to resolve debt issues. Of these, 94 clients had rent arrears, 99 council tax arrears and 99 were worried about fuel debts. 22 clients were advised regarding a debt relief order and 16 with regard to bankruptcy. UCA worked with creditors to write off more than £167,000 in debt on behalf of 25 clients.
56% of clients who sought advice for debt issues during the period described themselves as having a disability or long-term health condition - of these 47% had a diagnosed mental health issue. (Percentage figures based on clients with known profiles).

At the end of the funding period :

- 81 clients received casework support from our specialist debt team.
- 31 of these clients were referred to MiwE for mental health and wellbeing support

- 20 of these referrals were still open
- 11 referrals had been closed

Dementia Support
Initial Zoom meetings, followed by meeting outside with carers of those with dementia, took place from November 2020 until July 2021. **41 residents with dementia attending per week**.

In July 2021 we were able to re-launch the Café for those with dementia and their carer's at a new venue - Fairycroft House. Between July 2021 – November 2021 the average attendance was **58** per week.
The café now re-named as The Forget me Not Café, a name chosen by those attending (the forget me has long been associated with dementia) is flourishing

Marathon Kids
The weekly fun run held in Saffron Walden started in august 2021 and has a regular attendance of between 15-20 children and young people. The morning fun run has delivered over 25 fun sessions so far.

Uttlesford Local Plan
150 children and young people took part in Local Plan consultation
Partners and agencies with links to health, sport and physical activity were part of the stakeholder forums which were supported and coordinated by PHP.

Inclusion & diversity project Saffron Walden County High School
300 Year 7 and 8 Students at Saffron Walden County High School received 2 days of equality and diversity workshops and lessons

- 6 additional partners brought onto Health and Wellbeing Board

- Approx. 350 UDC staff informed about opportunities and access to information and advice regarding wellbeing

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.

Social Active Strong is the West Essex Strength and Balance service – The service was set up in early 2020 as a partnership with Epping, Harlow and Uttlesford District Councils, EPUT and NHS Physiotherapist. A service model and programme content was designed to ensure continuity although each locality designed and implemented a service to best meet the needs of the community. The service is managed by the PHP. Being one of the largest geographical districts in Essex, having a far reaching service was key to make sure that all residents had the opportunity to access the service. We recruited a highly skilled and experienced tutor who was able to make the service mobile and numerous sessions at 5 venues across the district. We have recently recruited a second tutor to meet the rising demand.

COVID made delivery very hard in 2020/21 but we were able to utilise the online sessions delivered by Epping and signpost Active Essex opportunities to keep some of the participants moving. Will still managed some delivery and now have an established programme with has supported in excess of 170 residents.

Additional information:-

- 7 strength and balance sessions a week
- 5 Community venues
- 3 Transitions sessions – to support integration into mainstream activity

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.

Touch point is a newly formed Charity in Stansted Mountfitchet, which aims to facilitate an array of connected community services to address issues as associated with poor mental health and wellbeing, social isolation, digital exclusion, employability and economic recovery, as well as financial stress and debt management. We have been working with them to try and help them establish themselves and build local networks and partnerships. We have provided funding to support them to develop local services that address the growing health and social needs in that area. They are now tenants in the local day centre and provide a number of key local services :-

- 2 day a week community café – Free tea and coffee – average attendance 130 over the 2 days. We have provided funding from the Council's day centre budgets to support this delivery
- Venue for Strength and Balance Service with a 70% increase in local referrals since partnership formed.

Health & Wellbeing Grants to support the following

- Weekly Bereavement Café – fortnightly session 8-12 people attending each week

- Weekly singing for all/Dementia café 13-14 people attending each week
- Weekly walking group – 11 each group
- Couch to 5k group starting April

This partnership approach is an example of how collaboration and guided discovery can support local partners to help address local health and social needs.

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.

<u>Boards / Partnerships / Networks</u>

- Active Uttlesford Network
- Playing Pitch Strategy Working Group
- West Essex Health inequalities Committee
- Uttlesford Dementia Alliance
- Uttlesford Food Alliance
- Safeguarding board
- Uttlesford Local Plan
- West Essex Strength & Balance Steering Group
- Children & Families working group
- Community Safety Partnership
- North & South Uttlesford PCN's
- Let's Get Connected

<u>Key organisations</u>

- Uttlesford District Council – Environmental Health, Housing, Planning, safeguarding, Community safety, Community Development,
- Mind in West Essex
- Citizens Advice Uttlesford
- Active Essex

- North & South Uttlesford PCN
- 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
- ECC – Public Health, Adult Social Care, Education, and Sustainable Travel Teams
- Volunteer Uttlesford
- Uttlesford Foodbank
- Essex Boys & Girls Clubs
- 1life Leisure provider
- Council for Voluntary Services Uttlesford

Projects

- Social Active Strong – Strength and Balance Service
- The Community Response Hub partnership – Response Hub & Community Responders x2
- Mind In West Essex – Suicide awareness Hub
- Walking for health – Ramblers Association
- Farm Fit- Rural Communities Suicide awareness project
- CVSU – Walking Buddies
- Pams Place – Thaxted Day centre project
- Stansted Day Centre – Community Café
- Activekidz- Marathon Kids weekly run
- Uttlesford Foodbank- Fresh food scheme
- Volunteer Uttlesford – Dementia Cafés
- Dunmow Stroke Group- Chair based activity programme
- Active with Parkinsons- Tai Chi & Nordic walking
- Yoga 4 Health- Seated yoga
- Radwinter Recreation Ground Charity- Information Walks programme
- Mind in West Essex- Suicide awareness friends
- Community Callers – Befriending service

Strategic partners – black
Delivery or community partner – blue
Projects or programs and initiatives – red