Telford & Wrekin Co-operative Council

Protect, care and invest to create a better borough

Borough of Telford and Wrekin

Health & Wellbeing Board

Thursday 24 November 2022

Living Well

Cabinet Member:	Cllr Kelly Middleton - Cabinet Member: Leisure, Public Health and Well-Being, Equalities and Partnerships
Lead Director:	Liz Noakes - Director: Health & Wellbeing
Service Area:	Health & Wellbeing
Report Author:	Louise Mills - Health Improvement & Prevention Service Delivery Manager
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Wards Affected:	All Wards
Key Decision:	Not Key Decision
Forward Plan:	Not Applicable
Report considered by:	Health and Wellbeing Board 24th November 2022

1.0 Recommendations for decision/noting:

1.1 The Health and Wellbeing Board is asked to note the updates provided on all programmes of work.

2.0 Purpose of Report

2.1 The report provides an update of the work being undertaken across Telford and Wrekin that contributes to the boards strategic priority, Living Well. The programmes of work summarised are largely funded from the public health grant and are led by the council's Health Improvement team working collaboratively with our health partners and the community and voluntary sector.

2.2 The ‘family of community-centred approaches’ has been developed as a framework to represent the practical and evidence based options that can be used to improve community health and wellbeing, reduce health inequalities and support people to live well. Programme updates have been aligned to the four pillars of the framework: strengthening communities; volunteer and peer roles; collaborations and partnerships; and access to community resources. Case studies have been included in Appendix A to highlight the impact programmes have had on local people accessing the support.

3.0 Background

3.1 Strengthening Communities

These approaches involve building on community capacities to take action together on health and social determinants of health. It includes community development, asset based approaches, social action and social network approaches.

Community Health Inequalities Projects

The Health Improvement team working with partners has taken a strong leadership role at a strategic and community level in developing place based working to improve health and wellbeing and resilient communities. Asset based community development has been at the heart of our approach connecting people and organisations to work collaboratively.

In November 2021 the Health Improvement Team were awarded funding to lead a small number of projects contributing towards the overall delivery of the Council’s Health Inequalities Plan. With planning over the winter months and delivery of community initiatives from April 2022 the funding has given groups the opportunity to work together bringing greater cooperation and level of community cohesion, plus achievement of shared goals.

Given the health inequalities focus for this work the team set out to involve and engage from the outset community leaders and organisations that represent our black and Asian communities. The following community groups are involved in the projects: CEIA (Arleston), Nasara (Leegomery), STUWA (Wellington), Noor’s Women’s Wellbeing group (Wellington), TAARC (Hadley), Guru Nanak Darbar Gurdwara (Oakengates), Sangat Parchar Sabha Gudwara Community Cohesion Centre (SPSGCCC) (Oakengates), One Voice (Hadley) and ACCI (central Telford) and The Interfaith Council Hub.

Training and upskilling local people to lead activities in their community has been a key part of the programme with 170 training places funded and delivered through this project. Training opportunities have included: walk leader training; food safety awareness; cooking skills; Mental Health 1st Aid; ASIST 'Suicide Prevention' training; and fitness instructor training.

The community activities that have been supported are all a direct result of listening to the community and building on the existing community assets. More than 2000 people have benefitted from attending the activities which have been varied and have included: various sports; community cooking classes; women only and men only exercise classes; martial arts and mental health sessions for children, young people & men; craft and chatter groups; walking groups and seated exercise.

Groups continue to receive support from the Health Improvement Team. We are continually looking for ways to sustain the activity and group leaders continue to access training opportunities. A small number of community leaders are also training to become volunteer Health Champions.

Reference: Appendix A Case Study 1 Feedback from participants

Our work with Energize, the Active Partnership has focused on supporting the community and voluntary sector to recover post covid along with establishing provision to engage under-represented groups where inactivity levels are higher. A Shropshire Telford & Wrekin Community Physical Activity Investment Panel was convened to explore local insight and learning, and to support and approve applications for Sport England's Together Fund ('TOFU') and Commonwealth Games ('CWG') grants. More than 50 organisations across Shropshire Telford and Wrekin have benefitted from small grants totalling £110k.

The Midlands Partnership Foundation Trust is a recent beneficiary of the Together Fund.
Currently there is a high number of referrals to IAPT from GP's, Social Prescribers and wider health professionals, due to the growing number of people in the community with mental health issues. A small working group of IAPT, the Recovery College and Energize have been exploring opportunities to use physical activity for people with mild-moderate mental health conditions, developing a project to give both the opportunity to alleviate waiting lists for IAPT services and also as a preventative service for NHS referrals. A 9 week pilot 'Move for Mood' has been designed using community physical activity instructors, tutors with lived experience and IAPT staff to go through key themes of support from IAPT, coping and supportive techniques from those with lived experience, and a physical activity taster session. Sport England recently approved the bid for this pilot for the sum

of £4,430, so we look forward to seeing the project delivered in due course, and await the evaluation of the project with much interest.

3.2 Volunteer and Peer Roles

These approaches focus on enhancing individuals capabilities to provide advice, information and support or to organise activities around health and wellbeing in their communities. The premise is that people will use their life experience, cultural awareness and social connections to relate with other community members, to communicate in a way that people understand and to reach those not in touch with services.

Health Champion Programme

Our Health Champion Programme is our most well established health volunteering project. The programme is coordinated by the councils Community Support Team providing strong links to the councils wider volunteering programmes, supervision and training. Our network of 100 health champions are all local people who, with training and support are voluntarily bringing their ability to relate to people and their own life experience to transform health and well-being in their communities. They are delivering health conversations to friends, family, neighbours and their local community; embedding the Health Champion's role into existing volunteering; engaging with and supporting existing initiatives and starting up their own small community projects.

Reference Appendix A – Case Study 2 Howard

Cancer Champions Project

Nationally the NHS as part of its commitment to reducing health inequalities has launched a programme of work known as Core20Plus5. The approach focuses on three core components: a focus on the top 20 per cent of the population living in the lowest areas of deprivation; further targeting of population groups to address local inequalities and then five key clinical areas prioritised in the NHS long term plan as requiring accelerated improvement.

As part of the local commitment to achieve this the council's health improvement team are partnering with NHS Shropshire Telford and Wrekin; two charities, Lingen Davies Cancer Fund and the community action group Qube; and Shropshire Council to develop and deliver the Cancer Champions Project. Lingen Davies Cancer Fund is leading the delivery of the project across Telford and Wrekin and has recruited a project worker to create a movement of cancer champions. The Cancer Champions will play a crucial role encouraging others in

their communities to take up cancer screening invitations, and help people better understand the signs and symptoms of cancer improving rates of early cancer diagnosis. The project officially launched in August of this year and will include targeted work to engage groups where English is not their first language, the homeless community and black and minority ethnic communities.

3.3 Collaborations and partnerships

These approaches involve communities and local services working together including area based initiatives and community engagement in planning and co-production – engaging community members and service users as equal partners in service and project design and delivery.

Donnington Community Project
This collaborative project led by Energize (Active Partnership) and involving Donnington Community Hub, Telford Mind, Shropshire Cycle Hub and Telford & Wrekin Council, distributed £25,500 of funding from the Sports Council Trust Company to organisations working in Donnington to provide sport, physical activity and wellbeing activities for local residents.

The funding took a 'place-based' approach, aiming to tackle inequalities in activity levels by working with local partner organisations to reach those most in need in the Donnington area. The ambition was to support community groups and organisations working in the Donnington community to embed physical activity within their provision, including in their ethos, policies and values. Projects have included: cycling activities including group
cycle rides; activities for children and young people with special educational needs and
disabilities; Zumba classes; family boxing, cricket; Bollywood Bhangra Fitkids Dance and fitness activities for children; line dancing for older adults; active gaming sessions; and ‘walk and talk’ mental health and wellbeing sessions for adults experiencing mental ill health.

From the evaluation conducted so far, it is evident that the initiative has made successful strides towards this ambition, creating and sustaining new opportunities for local residents in Donnington to get physically active.

3.4 Access to community resources

These approaches work by connecting people to community resources, practical help and group activities.

Healthy Telford

Our Healthy Telford social media network consists of: a Twitter account @HealthyTF; our Healthy Telford blog which provides a mechanism to share local stories, news, ideas and best practice; and a newsletter. With over 4000 twitter followers and just under 1500 residents and partners receiving the newsletter these platforms provide an opportunity for the health improvement team to reach large audiences and to raise the profile of the health and wellbeing resources that are available to residents to support them to self-care. The Healthy Telford blog has received 9000 page views in the past year. A focus for this past year has been the Year of Wellbeing Campaign which has led to 3000 residents making a wellbeing pledge.

Healthy Lifestyles Service

Everyday our team of Healthy Lifestyle Advisors are changing people's lives. The team know the local area really well and are a big part of their communities which is integral to their success.

The main focus of the team is to help people with nutrition, weight management, mental wellbeing, physical activity, alcohol consumption and support to quit smoking. The Healthy Lifestyle Advisor provides one to one support offering advice and behaviour change support to help people to move away from unhealthy habits to sustainable positive health behaviours. The key to the sustainability of these changes is to link people with other support services in their local area. The team has close links with higher tier services when people need more targeted support and are well connected to the community voluntary sector and social prescribing teams based within primary care.

The lifestyle intervention consists of 6 one-to-one sessions over a 12 week period with a further follow-up appointment offered at 26 weeks to check progress over the longer term.
Clients are offered face-to-face, telephone and video appointments to suit their needs and interpretation services are used for clients where communication is a barrier due to English not being the first language or where a client is hearing impaired. The service currently offers 30 face-to-face clinic options in 16 different community venues and 3 medical practice settings.

From April to October the service has supported just under 1000 people with 500 going on to complete a lifestyle plan and 200 a quit smoking plan. A large proportion (60%) are residents from our most deprived communities and 30% of our quit smoking caseload are from routine and manual occupation groups. The lifestyle service has worked hard to engage under represented and higher risk population groups. Just over 80% of clients have at least one long term health

condition and 13% are people from ethnic minority backgrounds. Of the people who completed a weight management plan 75% lost weight with 30% achieving a >5% weight loss. Of those who have started on a smoking quit plan 40% achieved a 4 week quit rate. We have recently recruited an additional two full time smoking advisors. This additional capacity will be used to support our collaborative working with the Midlands Partnership NHS Foundation Trust to provide community based support for quit smoking for mental health inpatients post discharge. It is anticipated that we will also see increased demand for the service resulting from the current cost of living crisis and local people having less disposable income.

Collaborative working is now well established with the Centre for Weight Management and Metabolic Surgery at the Shrewsbury and Telford Hospital NHS Trust. Patients on the waiting list for bariatric surgery are now encouraged to attend the 12 week lifestyle programme first. Since April 40 clients have been supported through the service with 50% achieving a >5% weight loss. For those choosing to no longer opt for surgery; this presents a significant cost saving for the NHS and reduces waiting list times.

Reference Appendix A Case Studies 3 and 4

In addition to direct work with clients the Healthy Lifestyle team also support local partner projects – this is integral to our approach for engaging new audiences and raising awareness of the service and support on offer. Examples include:

Café Aspire

Café Aspire is coordinated by Telford and Wrekin CVS and is for adults with a learning disability. Café Aspire has been running for 18 weeks. Our lead Healthy Lifestyle Advisor has attended weekly and has provided blood pressure checks and lifestyle assessments to just under 70 people. This project has proved invaluable providing insight for how we can adapt our service and support to better meet the needs for adults with a learning disability.

NHS Health Checks

The service has partnered with Wellington Medical Practice to pilot a new approach to increasing uptake of the NHS Health Check. The pilot which started in September builds on the lessons from our local targeted COVID vaccination work, has a greater emphasis on behaviour change and establishing connections with wider community services. It involves stage one of the check being completed by the Lifestyle Advisor at a community setting with just the cholesterol test and CVD risk score follow up being completed by primary care at the local practice. Whilst in

the very early stages the team has completed 40 health checks and pathway and data flows between our service and primary care are working well.

Teldoc Diabetes Project

The service has partnered with TELDOC to provide 2.5 days clinic time per week working alongside the Diabetic Nurse Specialists to provide a greater emphasis on healthy lifestyles and signposting to community support to help manage and improve the patient's condition. Whilst in the early stages the majority of patients are opting to receive follow up appointments with the Healthy Lifestyle team in community venues closer to home.

Betty – providing an outreach covid19 vaccination programme

The council first started working with the NHS to coordinate a mobile vaccination service in early December 2021. The mobile clinic aims to boost vaccination rates in areas where uptake is particularly low to encourage and educate people on the benefits of the vaccination and providing easier access for people who may find it difficult to travel to a designated vaccination centre.

This work has continued and local authority leadership for working with the NHS sits with the Health Improvement Team. Public health funding has been allocated to employ a lead officer to coordinate the council's involvement in the programme and to provide support to NHS staff when the bus is visiting community venues. From April to mid November 1475 people have been vaccinated on the bus close to where they live.

Looking forward

Priorities and service developments for 2023 include:

- Further work to develop our collaborative approach to reducing excess weight and obesity
- To scale up our community development work and to further develop our place based approach working with our partners
- To continue our pilot work with primary care and work across the wider health system to embed our Healthy Lifestyle Service in clinical pathways building on what we have learnt from our work with SaTH
- To work with partners to increase referrals to our Healthy Lifestyle Service with a focus on quit smoking and routine and manual workers

- To develop our approach to providing weight management support for adults with a learning disability including tailored interventions and training packages and support for care settings
- To expand our outreach programme of health promoting activity operating out of Betty the vaccination bus
- To develop a performance framework to clearly demonstrate the outcomes and impact of our community development health improvement programmes that aligns with the community centred approaches framework

4.0 Summary of main proposals

4.1 The report provides an update of the work being undertaken across Telford and Wrekin that contributes to the board's strategic priority, Living Well.

5.0 Alternative Options

5.1 Not applicable

6.0 Key Risks

6.1 There are no risks associated with this report

7.0 Council Priorities

7.1 Improve the health and wellbeing of our communities and address health inequalities

8.0 Financial Implications

8.1 The programmes of work are being delivered from within existing resources (public health grant) and therefore there are no financial implications arising from this report.

9.0 Legal and HR Implications

9.1 The matters outlined in this report contribute towards the Council meeting its public health statutory responsibilities further to the Health and Social Care Act 2012 and published regulations.

10.0 Ward Implications

10.1 The Healthy Lifestyles Service is available borough-wide. Community focussed projects are targeted towards priority wards and under-represented groups as part of our ongoing work to reduce health inequalities.

11.0 Health, Social and Economic Implications

11.1 The programmes covered by this report describe close working with the NHS and wider health partners. Our preventative work with primary care, SaTH and MPFT

has the potential to deliver considerable cost savings as part of the clinical pathways.

12.0 Equality and Diversity Implications

12.1 All of the programmes of work contribute towards reducing health inequalities and will have a positive impact for residents living in some of our most deprived wards; adults with a learning disability and people from ethnic minority backgrounds.

13.0 Climate Change and Environmental Implications

13.1 None

14.0 Background Papers

None

15.0 Appendices

A Case Studies

16.0 Report Sign Off

Signed off by	Date sent	Date signed off	Initials
Liz Noakes	16/11/2022	16/11/2022	LN
Legal Services	16/11/2022	16/11/2022	KF

APPENDIX A

Case Study 1 – Health Inequalities Community Projects

Feedback from local people participating in the activities

Shama – likes to exercise with like-minded people. For Muslim women it's hard to find suitable exercise classes as they tend to be mixed. This session makes them feel safe – this class is really appreciated.

Charanjit - really enjoys this opportunity especially for ladies in a safe environment, feels comfortable. Most women won't go elsewhere for exercise.

Balbinder – sessions have improved her health. Recently had to stop working due to health but now feeling better – improvements with her heart, mental health, aches and pains, stiffness.

Nighat – sessions are good for our health, especially for the older women of the group as they tend to be quite sedentary. Plus they enjoy the social aspect.

Kairan – likes the way the classes helps to stretch the muscles, so feels stronger, and helps them to be able to defend and protect themselves

Harjas - likes to see friends here, feels happy and safe, much more confident because of the classes

Chambas – football is a big part of our heritage and culture, we play like a family. Its important for getting to know everyone, making friendships & connections.

Hani – happy when playing football, likes to be active, to have fun and get the heart beating.

Ashia – swimming really helps my mental health. Prior to this there was no other women-only swim sessions, other pools would ‘not allow’ modest dress for swimming which is essential for Muslim women. This is the only swimming session I can go to, making it vital

Mya – a great way to get together, a good end to the day and is good for young women – swimming is a good life skill, in a safe environment, with staff who help us feel more comfortable and private

Case Study 2 – Health Champion Howard

Having retired from work in March 2021, I launched myself into my favourite hobby which is keeping fit and exercising. I started to exercise more than when I was working, and it was during one of my runs and a chance conversation with a fellow runner that I heard about health champions and how they engage and encourage other people to adopt a healthy lifestyle. I decided I would like to become a health champion and help others. Another reason for my decision was that I myself was obese many years ago and decided to turn my life around. Without the support of friends, work colleagues, family, and staff at the local gym I joined, I might not have made it.

Being a health champion gives me great pleasure and satisfaction in that I might have made a difference to even a single individual who might now give up some of their old bad habits for healthier ones.

The amount of involvement that a health champion has is really down to the individual. I like to be hands on and to that end I am trying to encourage people to use the outdoor gym at the Park Lane centre in Woodside, by running a free boot camp exercise class every Wednesday. This has been quite successful and more people are now using the gym. Of course, being a health champion also means you might need support for your project or health goal, and I have to say that the Community services team within Telford & Wrekin have been excellent. I have received training and funds for exercise equipment.

Case Study 3 Healthy Lifestyles Service

Nature of interaction: Weight management support
Partial Name of client: E
Referral source: Bariatric nurse specialist
Background information on client:

- Age: 19
- Weight at start of intervention: 217.8kg
- BMI at start of intervention: 63.6

Aim of interaction:

- To lose 5-10% of body weight to qualify for bariatric surgery and make healthy lifestyle changes.

Summary of results of interaction

- Weight at end of intervention: 186.4kg Total loss of 31.4kg
- BMI at end of intervention: :54.4
- Conclusion/recommendations/notable quotes
- E followed advice given and made several positive changes including:
- Reduced portion size
- Increasing physical activity, bought a puppy and began walking twice a day, joined the gym, started swimming 4-5 days a week
- Reduced unhealthy snacks.
- Bought recipe books and began to plan and cook meals and lunch and snacks to take to work
- Increased water and reduced fizzy pop significantly
- E's confidence grew every time he attended his appointments. At his 26 week follow up appointment he had been offered a job in Suffolk and was looking forward to his new adventure.

We have since been advised by the bariatric team that E is emigrating to Australia which is something he had mentioned in the past.

Feedback from 'E'

E said that this wouldn't have been possible without the encouragement and support from the teams who really inspired him in many ways. E was made redundant but kept very positive, continued healthy eating and exercise, and is managing to lose weight slowly. E is now 29.5 st but is very determined to continue as he has done this year. He regularly reads through the handouts and says without having the education from the team would have meant him still being stuck in a rut which he feels that he was in when he first joined the programme - the education gave him a new life that he wouldn't have had without the team.

Case Stiudy 4 Healthy Lifestyles Service

Nature of interaction: Stop Smoking Service
Date of interaction: May-July 22
Partial Name of client: Client B

Background information on client at point of contact:

- Age 57
- Current smoking history: 15 a day cigarettes
- Smokes within 20 mins of waking
- Smoked for many years quit from time to time but never for long
- Referred herself as she is Tran gendering to female and awaiting hormone treatment in London 21/7/22
- Never sustained a quit for more than a few months
- Trans gendering is her motivation
- Was concerned if she quit would she cope with stress at work

Aim of interaction:

- To quit smoking

Summary of results of interaction

- 12 weeks quit
- Engaged well on programme always took her 08:30 phone call before work.
- She is in the absolute right place now for any treatment she has to undergo to achieve her next goal of Trans gendering to Female.

Feedback received from client

Dear Catherine,
Firstly I would like to say a massive thank you for the support that you having given to me over the last 12 weeks. Your approach to support I found extremely interesting, as you explained exactly what it was that I was trying to achieve, in a really simple and clear way. You talked through what each step of the process was aimed at tackling and how the body and mind would be reacting along the way! Your analogy of the baby birds in

the nest, craving nicotine, and how the use of patches and gum would 'calm' them was inspiring and so easy to understand. The way you explained that nicotine is addictive but not on it's own seriously dangerous, whereas everything else in a cigarette is toxic, again so clear to understand.

You have a toolset that planned or not you have passed on to myself, to such an extent I feel I could in a small way help someone to stop smoking using your method, that is how well you got across how to achieve our goals. Without your support and input I don't know whether I would have been able to quit, even though, I had such a motivationally end point!

The service is fantastic and you are brilliant at what you do. I cannot praise you and the service that you offer enough.