

TELFORD & WREKIN COUNCIL

HEALTH & WELLBEING BOARD – 17TH JUNE 2021

PREVENTION AND HEALTHY LIFESTYLES

REPORT OF LOUISE MILLS - SERVICE DELIVERY MANAGER: HEALTH IMPROVEMENT

LEAD CABINET MEMBER – CLLR ANDY BURFORD

PART A) – SUMMARY REPORT

1. SUMMARY OF MAIN PROPOSALS

1.1 This report summarises the main programmes of work contributing to the Health and Wellbeing Strategy priority prevention and healthy lifestyles with a focus on the following strategy commitments: enhancing prevention activities to improve pregnancy and birth outcomes for women, their babies and families; and encouraging a healthy weight and increasing physical activity.

1.2 The report provides an update on our main prevention and healthy lifestyle services with a focus on Covid-19 recovery and work undertaken by providers to implement alternative ways of supporting residents whilst services have had to be suspended in line with government guidelines. In many cases services have seen advancements in providing support digitally which has delivered positive outcomes and will therefore continue as part of our service offers going forward.

1.3 The report highlights a number of new initiatives that have been made possible from one off funding again linked to the pandemic.

2. RECOMMENDATIONS

It is recommended that the Health and Wellbeing Board:-

2.1 Notes the impact that Covid-19 has had on the provision of prevention and healthy lifestyle services,

2.2 Notes the action taken by service providers to work creatively and flexibly to continue to provide some support during the pandemic to people wanting to make positive changes to their lifestyle.

2.3 Notes a number of initiatives have been made possible from non-recurrent funding linked to Covid 19 grants – consideration will need to be given to how we can sustain activity for those initiatives that deliver improved outcomes linked to our priorities.

3. IMPACT OF ACTION

The prevention and healthy lifestyles work stream contributes to improving a number of public health outcomes – initiatives and services are targeted towards supporting the most vulnerable and to reduce the inequalities gap.

SUMMARY IMPACT ASSESSMENT

COMMUNITY IMPACT	Do these proposals contribute to specific Co-Operative Council priority objective(s)?	
	Yes	Every child, young person and adult lives well in their community A community-focussed, innovative council providing efficient, effective and quality services
	Will the proposals impact on specific groups of people?	
	Yes	This work is expected to have a positive impact for the following: Lower socio-economic groups Black, Asian and minority ethnic communities Disabled people People living with a long term health condition Pregnant women
TARGET COMPLETION/DELIVERY DATE	The prevention and healthy lifestyles work programme is ongoing – the report includes a number of initiatives that have been funded for 1 to 2 years from non-recurrent grant funding	
FINANCIAL/VALUE FOR MONEY IMPACT	Yes	For the successful prevention and healthy lifestyles programmes, mentioned in the report that have non-recurrent grant funding, to continue beyond the initial period, further funding will need to be identified e.g. from new grant funding, public health grant or Health & Wellbeing reserves. One off grants mentioned, e.g. Healthy Weight Programme and Happy, Healthy Active Holidays, are time limited/specific, the service need to ensure the funds are spent in line with the grant determination guidance.

		<p>Public Health Grant funded base budget services are dependent on this grant remaining at current level in future years. There was a small increase in the 21/22 Public Health grant above that received in f 20/21 .</p> <p>Partners will need to ensure they have appropriate funding in place for any programmes that they wish to continue.</p> <p>MSB 09/06/21</p>
LEGAL ISSUES	No	
OTHER IMPACTS, RISKS & OPPORTUNITIES	Yes/No	<i>If yes, briefly list any other significant impacts, risks & opportunities- see separate guidance note for areas to consider</i>
IMPACT ON SPECIFIC WARDS	No	Borough-wide impact

PART B) – ADDITIONAL INFORMATION

INFORMATION

1.0 Healthy Pregnancy

1.1 Smoking in pregnancy

1.1.1 Smoking in pregnancy is the main modifiable risk factor for a range of negative outcomes for both mother and baby. Reducing smoking in pregnancy rates in line with national ambitions remains a priority for the Local Maternity and Neonatal System (LMNS). Nationally, a 'smoking at time of delivery' (SATOD) target is set as 4% by 2026 with the aim of achieving a smoke-free start for all children from 2030. The LMNS has a nationally set target to make new NHS smoke free pregnancy pathways available for up to 40% of maternal smokers by March 2022.

1.1.2 The current Tobacco Control Plan for England sets a target of reducing SATOD rates to less than 6% by 2022. The Shropshire, Telford and Wrekin LMNS has SATOD rates above the national average and more than double the 2022 target with a SATOD rate in 2020/21 for Telford and Wrekin at 14.3%. This is however a significant improvement when we look back over the years where rates have been close to 25%. Through one off funding from the Local Authorities, CCG and LMNS in Shropshire, Telford and Wrekin, a new Healthy Pregnancy Support Service is being implemented which will provide an enhanced level of support for women to stop smoking during pregnancy. This service will also support women to improve their health and wellbeing in general including in relation to healthy weight. Through this funding, the service can operate for a year, with substantive NHS funding expected nationally to enable the service to continue.

1.2 Continuous Glucose Monitoring

The NHS Long Term Plan includes the commitment that “by 2020/21, all pregnant women with type 1 diabetes will be offered continuous glucose monitoring [CGM], helping to improve neonatal outcomes.” Shropshire, Telford and Wrekin were successful in securing funding as an early implementer for Continuous Glucose Monitoring for all pregnant women. All pregnant women with Type 1 diabetes in Shropshire, Telford and Wrekin are now offered Continuous Glucose Monitoring through the new pathways in place.

1.3 Breastfeeding Peer Support

Through the LMNS, the Breastfeeding Network (BfN) is being commissioned to provide Breastfeeding Peer Support across Shropshire, Telford and Wrekin. This will include the provision of 12 new qualified BfN Helper Peer Supporters to be trained in year 1 and 12 New qualified BfN Helper Peer Supporters in year 2 with a total of 24 new volunteers to be trained by the end

of March 2023. This will be delivered alongside training for Peer Supporters and Breastfeeding Drop In groups for women and their families.

1.4 Healthy Weight

The Maternity Voices Partnership (MVP) are keen to run a programme of initiatives to promote healthy weight as obesity in pregnancy is a key issue locally. However, due to current restrictions and priorities these have not progressed to implementation. A pilot healthy exercise in pregnancy video has been developed and is awaiting approval. The MVP also started an initiative to co-produce a healthy eating book, but this has been paused due to other priorities currently.

1.5 Homestart Peer Support

The LMNS has commissioned Homestart Telford and Wrekin to provide a programme of county-wide peer support for families. The support offered will be focussed in communities and will address key areas of need including support for families affected by COVID 19. The project aims to deliver improvements against a range of outcomes, including in relation to breastfeeding, confidence, parenting skills, mental health, self-esteem, reduced isolation, improved healthy lifestyles and social interactions.

1.6 Maternal Mental Health

The NHS Long Term Plan set out the ambition to establish Maternal Mental Health Services (MMHS), which will integrate maternity, reproductive health and psychological therapy for women experiencing mental health difficulties directly arising from, or related to, the maternity experience. Shropshire, Telford and Wrekin were successful in securing early implementer status for the establishment of a MMHS which involves joint working between maternity and mental health colleagues at all levels. The service provides targeted care and support to those whose needs would not be well met in other services. Specialist mental health midwives employed by SaTH are an essential part of MMHS as are health visitors, nurses / OTs from community mental health alongside psychological / therapeutic staff members employed by MPFT.

2.0 Healthy Child Programme

2.1 The Healthy Child Programme (0-19 years) is a national framework that offers a robust evidence-based approach aimed at supporting children and young people across the life course, from early years to school age. The Healthy Child Programme consists of Health Visitors, School Nurses and Family Nurses.

2.2 The service has responded to the Covid-19 pandemic with direction from NHS England and the local needs of our families with prioritisation of:

- Telephone support and availability of robust single point of access

- New birth visits and supporting follow up of high risk mothers and infants in centrally located clinics
- Safeguarding (co-ordinated approach with social care)
- Emotional health and wellbeing support via phone and text
- Family Nurse Partnership – by definition, all vulnerable/young mothers (supporting and responding in respect of safeguarding concerns)

2.3 Since March 2020, the service has developed systems and processes to implement new ways of working using digital platforms to connect with families. An example is a virtual new parents support group which has been well received. As a result we have seen an improvement of 97.4% of all new Birth contacts completed within 10-14 days. Leads within the service are also supporting the Perinatal Mental Health group and have continued to strengthen partnership working with Maternity Voices and Midwifery.

2.4 The Healthy Child Programme is now restoring the service, delivering a blended approach to meet the health needs of our families underpinned by evidence, best practice and robust risk assessments. The service is experiencing an increase in referrals for emotional health and wellbeing support, particularly around anxiety and toileting which we continue to monitor and link to other support services within the Borough.

2.5 Further developments include:

- Continued learning and embedding virtual platforms to continue to improve health outcomes of our families
- Development of school vision screening
- Resume the National Child Measurement Programme in selected schools
- Planning for the anticipated increase in vulnerabilities and increase in emotional health and wellbeing of our babies, children and young people as a result of the pandemic.

3.0 Healthy Weight

3.1 Supporting people to achieve a healthy weight remains a key public health issue locally with 70.9% of adults being overweight or obese. This is significantly higher than the national average of 62.8%. People being less active is a contributing factor. The most recent Active Lives Survey reports 23.7% of our adult population as physically inactive which is similar to the national average.

3.2 Prevalence of excess weight and obesity in children and young people continues to rise with 26% of reception age children and 40% of year 6 children reporting to be above a healthy weight – both are significantly higher than the national average.

3.3 Towards the end of 2018 the Director of Public Health published an Annual Public Health Report – Excess Weight and Obesity in Telford &

Wrekin. The Service Delivery Manager for Health Improvement is currently working with partners to review progress against the recommendations arising out of that report and to identify areas where further action is required. A number of fixed term posts are being created to increase capacity within the Council's public health team to drive forward this work at pace which will include an increased focus on community growing projects; community food programmes; food poverty and the food environment.

4.0 Let's Get Telford Healthy

4.1 In September, the Council's Health Improvement Team launched Let's Get Telford Healthy; a local campaign in support of the national campaign "Better Health". Both campaigns shared the aim of encouraging local people to help themselves to lead healthier lives in response to Covid-19.

4.2 Let's Get Telford Healthy used digital platforms to provide support and encouragement during a time when people had to stay at home. It included:

- A 12 week email campaign featuring localised information on how to live healthier,
- Encouraged people to sign up to the campaign and join a Facebook support group with our Healthy Lifestyle Advisors,
- Regular email reminders to keep people on track and change behaviour; and
- Individuals with poor health were targeted to take part in the campaign.

The campaign has been very successful in its first year with 1300 residents taking part. Participants reported that since joining Let's Get Telford Healthy:

- 58% experienced an improvement in their wellbeing
- 35% lost weight
- 35% improved their energy levels
- 23% were sleeping better
- 12% reduced blood pressure

4.3 The campaign continues to run and now provides the Healthy Lifestyles Team with an online offer for people looking to help themselves or keep themselves on track with or without the support of a Healthy Lifestyles Advisor – increasing the reach of the service and supporting more people to improve their health and wellbeing.

"The emails have inspired me to walk more and start running as well as look at my diet which has resulted in me losing 16lb in weight. Thank you"

5.0 Healthy Lifestyle Service

5.1 The Council's Healthy Lifestyle Service supports people to make changes to improve their health and wellbeing with a focus on support to: lower blood pressure; lower cholesterol; reduce risk of developing type 2 diabetes; manage weight; be more active; improve mental wellbeing; and support to quit smoking. Support consists of 6 structured one to one appointments over a 12 week period and includes signposting to community based support. The service has been suspended during the Covid pandemic in line with government guidelines and the team redeployed to assist with the Community Support Line. The service has been taking referrals for telephone and video call appointments since October 2020 with a view to offering face to face appointments when it is safe to do so. Since the relaunch in October 2021 people have been supported through the service with a further 109 people currently accessing support on a 12 week plan.

5.2 The service has capacity to support 2500 people through a 12 week programme each year so the team is now working hard to re-engage with residents and partners to increase referrals. Examples include targeted work with IAPT; the Diabetes Specialist Team at SaTH; the Hospital and Community Respiratory team, GP's; social prescribing link workers and the cancer pathway.

5.3 In March this year, the Government announced new funding for the current financial year for local authorities to help people achieve a healthier weight. The funding will be used to recruit 6 additional Healthy Lifestyle Advisors on a fixed term contract until 31st March 2022. This will provide capacity to support an additional 1344 people during this time.

5.4 In addition to supporting people to achieve a healthy weight the service includes a small team of advisors who provide support for quit smoking. We have seen a continued downward trend in smoking prevalence which is currently 15.4% (national average 13.9%). Smoking prevalence amongst routine and manual workers is 21.4% which for the first time is below the national average of 23.2%. The service was suspended and re-launched in October 2020 and has since provided support to 258 people; a further 103 people are currently receiving support.

5.5 The Healthy Lifestyle Service has taken time during the pandemic to focus on service improvements including: recording and reporting client feedback, accessibility of the service; and simplifying the referral pathway.

Client testimonials:

"I cannot find the perfect words to thank you. The guidance you have given me regarding the exercise and nutrition has proved to keep me healthy. It helped me to reduce my blood sugar level from 84 to 31 in just 3 months period. I was very tense as I am quite young. But now I am feeling much better and my medicine doses have also been reduced by 50%."

“Thank you so much for taking such good care of me. You are very supportive and shown me the right direction. I am really happy the way you talked with me. Many people (like me) need your services and your experience will help others to live a healthy life.

Please continue with the good work you are doing.”

“The team have helped and supported me throughout my quitting smoking. I am now 10 weeks without any tobacco and have been 4 days without gum. I cannot thank the team enough. I have been a smoker for 44 years and with the support and guidance I can with some confidence say that I have now quit for good.”

“Ollie was a fantastic support. I don't think I could have nailed the quit smoking had he not been so supportive. I really appreciate him helping me. I'm a none smoker after 16 years!”

“Considering the circumstances around Covid I found the service to be brilliant. My appointed team member has been very helpful and encouraging in assisting my time quitting smoking. He's been punctual and clear with appointments made, has helped with any questions I have had and very supportive so a big thank you!”

“I've been following the advice that Jackie gave me and I'm happy to say I've lost weight and I am very happy. Jackie also helped me lose weight because I was told from the doctors that I could be possibly diabetic. And Jackie advised me that I have to change my life style and I've been checked again all is good and I'm not diabetic. Jackie has been brilliant throughout and I recommended your team to every person that needs to change their ways and be healthy.”

6.0 Social Prescribing

Our Primary Care Network social prescribing link workers continue to support some of our most vulnerable residents and are integral to our prevention offer. As a partnership we are benefitting from being part of a Midlands Social Prescribing Network and a Regional Learning and Development Programme. This is providing valuable insight and is helping to shape our local delivery plan and services. A small steering group continue to meet to develop this programme of work. So far we have:

- Established a link worker network
- Secured a training grant of £5000 from Health Education England
- Partnered with Energize Active Partnership and Shropshire County Council to secure funding to deliver a Green Social Prescribing Programme

- Recruited a Community Sport & Health Apprentice within the Sutton Hill Partnership
- Developed the social prescribing functionality of the Live Well Telford online directory

Over the next 6-12 months we plan to:

- Expand the network to include more partners
- Engage all link workers and community practitioners in a training programme to develop their knowledge and skills
- Apply for grant funding to further develop our approach
- Connect with our Active Partnership, Natural England and the Arts Council to develop our community offer
- Map our social prescribing pathway to identify areas requiring more focus
- Continue to develop partnerships with our community hubs
- Recruit Community Connectors to support patients to connect with community support
- Deliver a 2 year Green Social Prescribing Programme
- Pathway development with wider support services (debt advice, housing)

7.0 Physical activity

7.1 The Tackling Inequalities Fund forms part of a £210 million support package to help the sport and physical activity sector through the ongoing coronavirus (Covid-19) crisis. Based on early insight from national surveys, it quickly became clear that certain groups of people were being disproportionately affected by the pandemic and it was significantly impacting their ability to be physically active. In response, the Tackling Inequalities Fund was created to try and help reduce the negative impact on activity levels in these under-represented groups, with a specific focus on: lower socio-economic groups; black, Asian and minority ethnic communities; disabled people; and people with long-term health conditions. To date, 25 local community organisations have benefitted from the fund totalling £40k.

7.2 Partnering with Energize, our Active Partnership, additional funding has been awarded by the National Sport Council to deliver projects in the Donnington ward focusing on mental wellbeing, inequalities and physical activity. The Everyday Cycling Project started in May 2021 and is being delivered by the Shropshire Cycle Hub with a view to supporting local residents to get back to using a bike or to ride for the first time.

8.0 Happy Healthy Active Holiday Programme

Telford and Wrekin Council's Happy Healthy and Active Holiday programme is about creating positive, enriching and engaging activities that are inclusive for local children and young people aged 5-16 years. Encouraging children to be

active and to eat healthily is a main aim of the programme. The new programme is being funded by the Department for Education through the Holiday Activity Fund totalling £842,000 for Telford and Wrekin. The programme is inequalities driven, providing support to those children and young people who are less likely to access organised out-of-school activities, who are in receipt of free school meals and are more likely to experience additional pressures during this time. A steering group of key partners coordinated a digital offer for families during the Easter Holiday and are now working collaboratively to develop the summer programme.

9.0 Working with schools

Working together we know we can help children to be more active; take part in enriching and engaging activities and; eat more healthily and understand more about this. Work is underway to coordinate a package of support for schools which includes contributions from key partners including Energize the Active Partnership, Youth Sport Trust and internal council services including leisure, Travel Telford, catering and Learn Telford. The support to all primary schools will include a digital toolkit bringing together in one place all available resources and links to local providers who can provide support to schools. A small number of schools with the highest levels of obesity will be invited to take part in a pilot project funded from the public health grant which will involve more targeted support and interventions.

4. IMPACT ASSESSMENT – ADDITIONAL INFORMATION

No further information to add

5. PREVIOUS MINUTES

None

6. BACKGROUND PAPERS

None

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