

Classification: Public

Key Decision: No

Gravesham Borough Council

Report to: Communities and Leisure Cabinet Committee

Date: 30 May 2024

Reporting officer: Liz Read: Health and Wellbeing Manager

Subject: Health and Wellbeing Update

Purpose and summary of report:

Provide Communities and Leisure Cabinet Committee with an update of Public Health work delivered by the Health and Wellbeing Team in 2023-24 to tackle inequalities and enable healthier life choices and the work planned for 24-25.

Recommendations:

1. For Members to note the content of the report

| Key Implications: | |
|------------------------------------|--|
| Item | Implications |
| Legal | There are no implications |
| Finance and Value for Money | All work delivered by the Health and Wellbeing Team is delivered through external funding. |
| Corporate Plan | #One Community - Strong Community PI 41: Total individuals supported through a public health programme PI 42: % of public health programme participants from a minority ethnic group |
| Climate Change | None |

1. Background

- 1.1 Since 1 April 2013 (as set out in the Health and Social Care Act 2012) Local Authorities have been responsible for improving the health of their local population. Whilst, within Kent, this responsibility falls to Kent County Council (KCC) as T1 upper tier authority, it is widely recognised that District Councils are

best placed to understand the needs of their community and the best ways to work with them.

- 1.2 Section 12 of the Act gives each relevant local authority a duty to take such steps as it considers appropriate to improve the health of the people in its area, including providing information, services or facilities to promote healthy living
- 1.3 Since 2012, Gravesham Borough Council has been commissioned by KCC Public Health to deliver an Integrated Adult Healthy Lifestyle Specification, which includes One You Kent and Place Shaping programmes, as well as adopting a Health in All Policies approach to improve the health and wellbeing of residents in the Borough.
- 1.4 The Health and Wellbeing Team oversee the delivery of various public health programmes and initiatives, including the One You Programme, which is a commissioned service from Kent County Council
- 1.5 The team also represent the Council on the Dartford, Gravesham and Swanley Health Care Partnership (DGS HaCP) sub groups for Inequalities Prevention and Population Health (IPPH) and Children and Young Peoples Delivery Group – which includes representatives from the Councils, local community and NHS Organisations – and through which can bid for specific project funding from the Integrated Care Board to deliver local level initiatives designed to reduce inequalities and improve the health and wellbeing of the community.

2. Health Inequalities in Gravesham

- 2.1 Gravesham has specific health inequalities:
- 2.2 Gravesham is the fifth most deprived local authority in Kent, and 119th (317) nationally, with deprivation concentrated in neighbourhoods in the north of the borough.
- 2.3 At a 'Lower Super Output Area' (1,500 residents), pockets of Northfleet and Westcourt are within the top-10% most deprived in England, with LSOAs in Singlewell, Central and Riverside ward also featuring in Kent's top-10% most-deprived areas.
- 2.4 68.3% of adults are identified as overweight or obese. This is the ninth highest rate in the Southeast region, ahead of both Kent (65.8%) and National (63.8%) averages
- 2.5 The 2020 Weight management for People with learning disabilities guidance identifies that adults with learning disabilities are at increased risk of being overweight or obese compared to the general population, with poorly balanced diets and very low levels of physical activity.

3. One You Programmes and Initiatives

- 3.1 Programmes and Initiatives: Funded by Kent County Council, the One You programme is delivered by Gravesham's Health and Wellbeing team and hosted at the Gr@nd Healthy Living Centre in Wilfred Street, Gravesend.
- 3.2 The programmes include a free 10-week Weight Loss programme for adults with a Body Mass Index (BMI) over 28 who are motivated to make a change, provides nutritional advice and exercise sessions; and a Lifestyle advisor programme which provides one to one and group sessions (Basic English, community choir, gentle exercise, and digital tech) supporting adults to make a positive change to their

lifestyle, mental health and wellbeing this includes confidence, reducing isolation, and learning a new skill

3.2.1 **Statistics:** During 2023-24, 360 sessions were delivered, with a total of 664 people being engaged in the programme. 294 of those took up the weight loss Programme and 370 took up the lifestyle programme

3.2.2 **Outcomes :** Outcomes are measured on the number of people completing the programme (ie attending 8 out of 10 sessions); the number achieving an actual weight loss; and the number recording a reduction in waist measurement. There is also a measure against participants' Mental Health and Wellbeing. The results for 2023-24 were as follows:

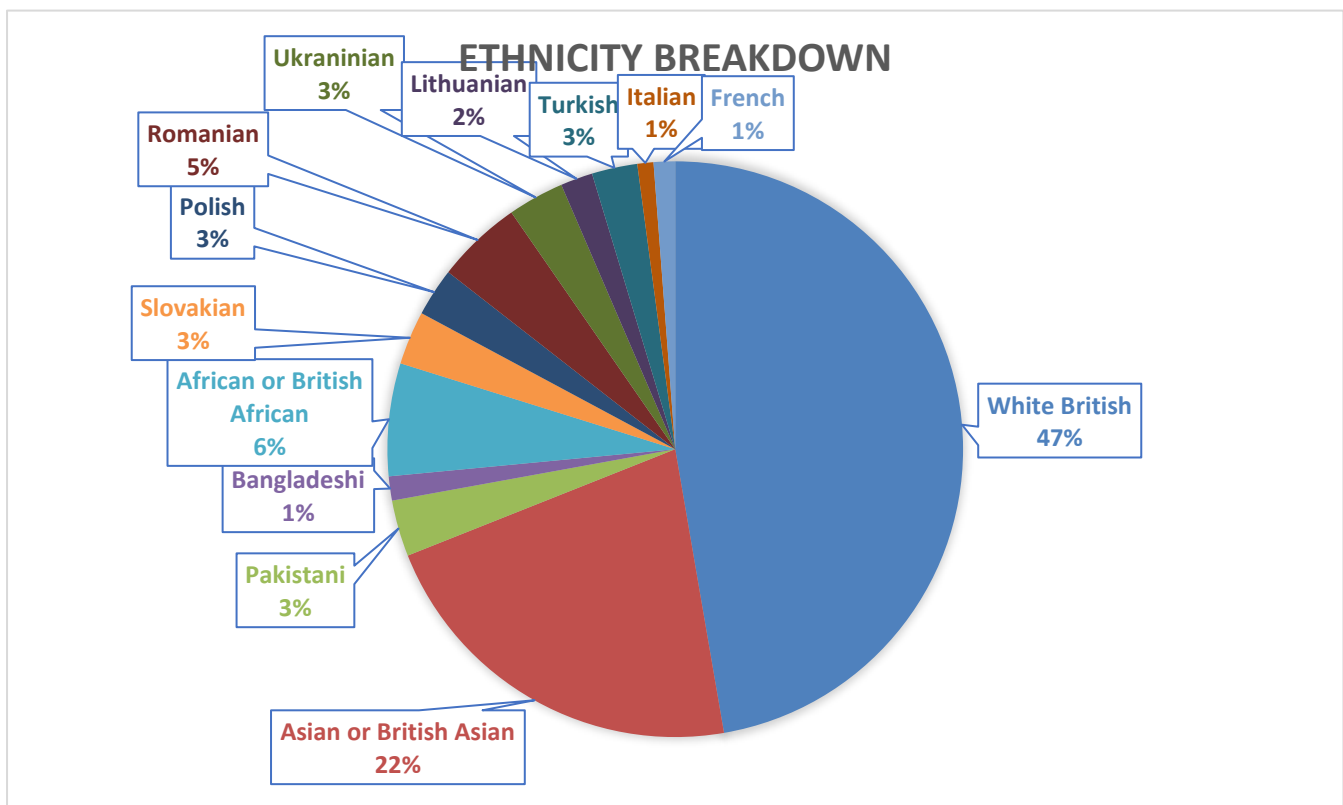
- Completing the programme: 238 (81%)
- Recording weight loss 204
- Recording a reduced waist measurement 266
- Improvement in Mental Health & Wellbeing 486 (73%)

3.2.3 **Accessibility / Demographic:** Monitoring is undertaken to ensure that the programmes are being accessed by all who need the support.

3.2.4 People from Quintiles 1 and 2 are those who have the lowest income and greatest inequality. Of those engaged in the above programmes, 459 (69.2%) were from quintiles 1 and 2 which exceeded the target of 55%.

3.2.5 76 of those engaged (27%) identified as having a learning disability

3.2.6 350 (53%) were from an Ethnic Minority Background and broken down as follows



4. Overview of Delivery planned for 24-25

- 4.1 KCC have confirmed funding for 24-25 for delivery of the One You Kent Programme.
- 4.2 Sessions will include Yoga, High Intensity Interval Training (HIIT), Kettlebells and classes designed specifically for people with Learning Impairments. Classes will run 4 days a week, with at least 2 sessions on each of those days at different times including an evening session.
- 4.3 A partnership with Cyclopark started in 2023-24 will be further developed in 2024-25 utilising the gym at the facility.

5. Working with DGS Health and Care Partnership (HaCP) and Integrated Care Board Inequalities Funding

- 5.1 The Integrated Care System (which came into effect in July 2022) aims to bring together NHS and local authorities to improve the health of residents in Kent and Medway via the Kent and Medway Integrated Care Strategy
- 5.2 Underneath the Integrated Care Board (ICB) there are four place-based Health and Care Partnerships (HaCP's) which are working towards delegated responsibility and budgets. Dartford Gravesham and Swanley (DGS) HaCP has 7 primary care networks and 23 GP practices within it.
- 5.3 The DGS, HaCP Inequalities health priorities are; Cancer Screening, Child and Adult Obesity, Diabetes and Respiratory and target communities are Low Income Families Ethnic Minority Communities, young people and homeless and vulnerable.
- 5.4 During 2023-24, the GBC Health and Wellbeing team took the lead in managing the fixed term community engagement and programme of scoping and engagement funded by the ICB Inequalities to better understand the needs of target groups and health priorities.
- 5.5 Key insights from Scoping and Engagement 23-24
 - 5.5.1 In total 651 people from target populations were engaged through a mixture of questionnaires, interviews and focus groups. Developing trust across all target populations was key to engagement and getting a clear picture of the needs.

5.5.2 The key insights derived from this work are as follows:

Homeless and vulnerable communities:

- Digital Barriers where a significant number of services are accessed via the internet,
- low self-esteem,
- Loneliness,
- Poor management of long-term health conditions
- fear of medical intervention resulting in basic health needs escalating to critical need because they are left untreated.

Families on low income and Ethnic Minority Communities looking at Obesity and Cancer Screening

- Knowledge of the Cancer screening awareness programmes and engagement with it was higher amongst families on low income in comparison to Ethnic Minority Communities.
- Knowledge of healthy eating and the need for physical activity were high in both communities.
- Ethnic Minority Communities often confided that their intake of sugary and high fat foods were too high and they rarely looked at food labels.
- There was a knowledge about the weight loss services available to support behaviour change including One You programmes, but people did not always feel mentally ready to make a behaviour change.
- Physically accessing appointments due lack of bus service was a significant issue and availability of appointments both with the GP and especially around diagnosis of mental health were an issue.
- Especially within Ethnic Minority Communities people felt there was a stigma associated with cancer and financial stability and therefore did not feel comfortable discussing these topics.

Young People and Obesity

Young people felt that:

- they didn't know enough about different food types and they didn't have the skills needed to prepare healthy meals.
- the best way to learn would be by having dynamic outside agencies come in and teach fun and interactive sessions.
- they would benefit from speaking to people about real experiences, such as talking to an adult with diabetes or a parent of a diagnosed child.
- generally ate a balanced diet but ate too many take-aways as this was the only hot food option and after school or college, they wanted a quick hot food option and supermarkets couldn't provide this.
- Fast food is not always the cheapest option, but felt they could satiate their hunger for longer with fast food and there were not enough options for healthy eating in Gravesend town centre.

Young People also wanted to discuss mental health and wellbeing and felt that:

- There is not enough support was available to young people struggling with their body image and this was actually more important than their physical health.
- They want a 'safe' and trusted space to discuss issues connected to their health (not just healthy eating) and ask questions which they won't get judged for asking.

- They want services to be available in locations where they already feel comfortable accessing- not clinician settings.
- Sexual Health is something young people want to discuss more openly with trusted adults.
- They want services to be available in locations where they already feel comfortable accessing- not clinician settings.

6. ICB Inequalities Delivery 24-25

- 6.1 As a result of the insights gained through the Scoping and Engagement, these further projects have received funding from the ICB for 2024-25

Youth Voice- Health Box

Young people codesigned this proposal which will be led by young people with the support of Specialist Youth Workers at the Gr@nd.

The 'Health Box' which will be circulated around 3 Secondary School in Gravesham school and available online for young people to ask a question.

Through assemblies and engagement with targeted groups, young people will be able to anonymously post questions about health or issues which are important to them.

The questions will be reviewed by the steering group and working with Health and other partners, 4 podcasts will be created (recorded by young people with the support of a specialist worker) which answer the questions directly asked through the Health Box.

The podcasts will be sent out via schools, social media and available to any young person to be able to hear the discussion and have their questions answered and understand where further support can be obtained.

Digital Inclusion

Residents from Ethnic Minority Backgrounds, Older People, vulnerable or homeless and Families on Low Incomes will be supported to better manage long term health conditions through support from The Grand who will deliver eleven, 6-week digital tech programmes supporting access to digital tools provided by the NHS mymhealth App. This includes

Diabetes, Coronary Heart Disease, Asthma and COPD

Age Concern and Gravesend Medical Centre and have two programmes planned for April 24 with 10 people booked onto the programmes.

7. Mental Health work with the Sikh Community

- 7.1 There has been alarming increase of recorded suicides amongst the Sikh community, the health and wellbeing team recognised the urgent need to improve mental health and wellbeing support for this particular community where health issues, such as mental health are still 'taboo' subjects
- 7.2 Working with the Gurdwara in Gravesend, the Council's Health & Wellbeing Team developed trusted relationships and delivered partnership-led health and wellbeing 'Cha and Chat' sessions, raising awareness of support and health initiatives to directly reduce health inequalities, particularly in respect of mental health
- 7.3 Outcomes of Partnership working with the Gurdwara and Sikh Community
- Better links have been developed with the Gurdwara and Sikh community to discuss subjects that were previously not spoken about
 - Built confidence with members of the community
 - Raised awareness of the health and wellbeing services, initiatives and organisations available to assist
 - Directly engaged (over the last 12 months) with over 1,000 participants either at in person sessions, through signposting to support services or providing additional information and reached well over 2,000 additional participants through live social media streaming of events
 - Provided additional signposting to other support services in the area including Housing, English classes, Digital and Tech classes, Domestic Abuse or Alcohol Support Services
 - Increased sign up to the Council's 'One You' Public Health programme,
 - Developed a partnership model with local health partners that has proven effective in increasing awareness and addressing positive health outcomes
 - Developed a model that can be rolled-out to other community groups
 - Supported developing relationships between the community and other health services such as the NHS Patient Experience Forum to improve the two-way exchange of views between the NHS and patients from the Sikh community
 - Provided a range of translated materials (English to Punjabi); utilizing volunteer support from the Gurdwara to translate information provided by local support organisations, thereby increasing the reach, at no cost, including information about the local hospice and NHS material about tuberculosis and organ donation.
 - Delivered specific training to Kent County Council Suicide Prevention Team to help them better understand the Sikh community, their challenges and concerns, and best practice for engaging within the community

8. Appendices

- 8.1 There are no appendices.

9. Background Documents

9.1 There are no background documents.

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| Secondary Implications | |
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| Risk Assessment | Individual sessions are risk assessed |
| Data Protection Impact Assessment | <i>A data protection impact assessment (DPIA) should be carried out at the start of any major project involving the use of personal data or if you are making a significant change to an existing process.</i> |
| | <p>a. Does the project/change being recommended through this paper involve the processing of personal data or special category data or criminal offence data?</p> <p>A definition of each type of data can be found on the Information Commissioner's Office website via the above links.</p> <p>yes</p> |
| | <p>b. If yes to question a, have you completed and attached a DPIA including Data Protection Officer advice?</p> <p>Currently being reviewed</p> |
| | <p>c. If no to question b, please seek advice from your nominated DPIA assessor or the Information Governance Team at gdpr@medway.gov.uk.</p> <p>Click here to start typing</p> |
| Equality Impact Assessment | <p>a. Does the decision being made or recommended through this paper have potential to cause adverse impact or discriminate against different groups in the community? If yes, please explain answer.</p> <p>No,</p> |
| | <p>b. Does the decision being made or recommended through this paper make a positive contribution to promoting equality? If yes, please explain answer.</p> <p>the programme actively seeks to address inequalities in health and access to services.</p> |
| | <i>In submitting this report, the Chief Officer doing so is confirming that they have given due regard to the equality impacts of the decision being considered, as noted in the table above</i> |
| Crime and Disorder | none |
| Digital and website implications | none |
| Safeguarding children and vulnerable adults | All staff delivering the programme complete safeguarding training. |