

Shaping healthy places

Exploring the
district council
role in health



Contents

Foreword	4
Introduction	6
How do districts influence health?	8
Case studies	11
Cannock Chase District Council Co-producing healthy lifestyles with the community	12
Cherwell District Council Twinning housing growth with healthy lifestyles	14
Forest of Dean District Council Taking exercise and rehab classes into the community	16
Hertfordshire County and District Councils The benefits of providing a public health pot for districts	18
Ribble Valley Borough Council Working with partners to improve health	20
South Cambridgeshire District Council Working with partners to improve health	22
Sevenoaks District Council Using housing to improve health	24
South Norfolk Council Helping the frail out of hospital	26
Stroud District Council Helping older people age well	28
Wealden District Council Tackling loneliness	30
Want to find out more?	32

Foreword

In Victorian times, local government pioneered and introduced the provision of clean water, universal education, parks and open spaces, decent public housing, food inspection and the detection and treatment of infectious diseases. In the twenty-first century, we are building new partnerships and taking on a critical leadership role in improving the public's health.

The modern day health challenges are significant. One in five children in Year 6 are overweight or obese. Most people will reach a retirement age with a disability. Sick days cost our economy £14 billion a year. Long-term conditions account for 70 per cent of hospital bed days. The country faces a rising tide of need, as people live longer but spend more of those years in ill-health, largely because of preventable chronic diseases.

The Health and Social Care Act 2012 reforms have radically shifted power to local authorities, empowering them to invest and innovate to improve the health of their communities. The reforms reflect a confidence that local communities are best placed to respond to local needs, rather than central government.

District councils are not formally responsible for public health as detailed in the Health and Social Care Act 2012, but they still have a huge role in it. They are providers of key services which have a direct impact on the social determinants of health, such as housing, planning, leisure, recreation and environmental health which directly impact on the health of the population.

Access to good quality housing is critical to good mental and physical health. Poor housing conditions alone are estimated to cost the NHS £1.4 billion every year.

Whether it is developing affordable housing, using their enforcement powers on the private rented housing sector, or home adaptations or reducing homelessness, districts are key players.

Alongside housing, planning is an influential tool. The spatial environment in which people live is undoubtedly a social determinant. By using their planning powers to ensure the provision of sustainable housing developments, walkways and cycle lanes and restrictions on unhealthy food outlets, districts can and are creating healthy places.

The example set by South Cambridgeshire in this report shows that in action. There, the council has changed their approach to planning to create 'playable landscapes'.

There are plenty of examples of good practice too when it comes to leisure and green spaces. Physical inactivity is one of the biggest challenges in improving health both physically and mentally.

Cherwell District Council are developing Bicester as a healthy town which has many interventions to assist in helping residents to have better health outcomes. One example, that tackles physical inactivity, is simple but has proven very effective - blue lines have been painted on the pavements to show 5km circular routes allowing residents to walk, jog or run round, arriving back where they started.

District councils provide these services in some of the most rural locations in the country and that, of course, presents significant challenges. But it is one that districts are rising to.

In the Forest of Dean, district rehabilitation and exercise classes have been taken out into community locations such as village halls and social housing common rooms to ensure people are able to access them.

There is so much more districts do beyond the provision of statutory services. They also have a wider enabling role in terms of economic development, engaging with communities and the local NHS. Collaboration is key and through joint district and county working, a real difference can be made to the public health of communities. Through harmonising policies, sharing information and joining up services, resources can be more effectively targeted to better people's lives.

And it is not just public health that is affected. The influence of district councils spreads right across the health and social care sectors. For example, the impact South Norfolk's District Direct team is having helping people out of hospital and ensuring they stay well in the community.

But like the rest of local government, districts have been hit by the funding squeeze. In addition, the Public Health Grant has been cut by £700 million between 2015 and 2020. Districts do not receive any direct public health funding and have had to rely on bidding for external funds or make clever use of their own resources to make sure they are having an impact. It's time that their integral role in public health is better recognised and rewarded.

Three years ago a report by the King's Fund described districts as the 'sleeping giants of public health'.² Let's continue the good work to make sure their potential is truly fulfilled.



Councillor Ian Hudspeth

Chairman, LGA Community Wellbeing Board



Councillor Isobel Darby

DCN Lead Member, Enhancing Quality of Life portfolio

Introduction

This publication presents case study examples showing how district councils have improved the health of their local areas.

The beginning of the report offers a short contextual discussion of the impact of the social determinants of health and ways in which district councils can influence health.

Prevention and the social determinants of health

We all accept that our current health and social care system is unsustainable and will buckle under the weight of demand unless we re-engineer our planning and services to promote healthy choices, prevent sickness and intervene early to minimise the need for costly hospital treatment.

Keeping people well and independent is crucial to reducing demand on pressured services and increasing evidence highlights that the wider social determinants of health have the largest impact on how long and well people live, far above medical care. The diagram below shows the impact that districts have on the social determinants of health.

As the diagram shows, it is more important than ever to fully engage with district councils who, through their key preventative services, can shift pressure from medical models of care towards a more holistic, person centered approach based on wellbeing and lifestyle choices.

Through their housing, planning and growth powers, parks and open spaces, leisure and cultural services, districts can contribute to the quality of the built and social environment. They have specific duties and powers to promote equality and social inclusion as well as social, economic and environmental well-being.

Districts are collaborative and can link up local service provision; they work in partnership with social care services, the NHS, local volunteer groups, businesses and other agencies such as the police to support public health. In short, district councils make a very important contribution to weaving the social fabric of their areas and seeking to create and sustain healthy places for people to be born, grow, live, work and age.

HOW DISTRICTS IMPACT THE SOCIAL DETERMINANTS OF HEALTH AND WELLBEING



People

Sheltered housing, homelessness advice, debt advice, benefits advice.



Social and community environment

Social cohesion, community activation and hubs, support for voluntary groups, neighbourhood wardens, social prescribing services, community safety, environmental health, food safety, pest control, noise control, health and safety, licensing pubs and clubs, leisure centres, physical activity promotion, play provision, sports development.



Local economy

Regeneration, economic development, local employers, local government jobs, commissioning services, grants, business grants, tourism, marketing.



Built environment

Housing, strategic housing, home adaptations, handyman services, planning, building control, creating green spaces, parks and playing fields, play spaces, healthy infrastructure, cycle routes, car parking, CCTV.



Natural environment

Sustainable development, home insulation, planning and development control, biodiversity, climate change strategies, air quality monitoring, waste and recycling collections, conservation areas, conservations officers, arboriculture, allotments, cemeteries,

How do districts influence health?

Housing and adaptations

Housing is widely recognised as a key determinant of health; access to good quality, suitable housing is critical to both physical and mental health. The Government's recently published prevention vision¹ cites that poor housing conditions are estimated to cost the NHS £1.4 billion every year.

As housing authorities, districts provide crucial services that increase safety and independence in the home, including home adaptations and handyman services. Districts can also use enforcement powers on the private sector to regulate housing standards, addressing issues such as damp, pests, water supply, poor sanitation, excess cold and overcrowding.

The Kings Fund² estimated that:

- by adapting 100,000 homes to meet the needs of older people, districts could save the NHS £69 for every £1 spent
- by improving 100,000 homes to protect older people from the cold weather districts could save the NHS £34.19 for every £1 spent
- the average cost to the State of a fractured hip is £28,665 – this is 4.7 times the average cost of a major housing adaptation.

Homelessness prevention and housing standards

Linked to housing, homelessness prevention is another area where districts make a real difference. The challenge of homelessness is increasing and has a profound human cost through the impact on mental and physical health, social isolation and barriers to education or training and paid work. When homelessness is repeatedly experienced, there are further adverse effects on health and wellbeing. Research from Crisis³ estimates that individuals who experience homelessness for three months or more, cost on average £4,298 per person to NHS services and £2,099 per person for mental health services.

In 2016/17 district councils prevented or relieved 66,327 cases of homelessness. Districts can also help manage demand for social housing and ensure that suitable accommodation is sourced for those in need. For example, through better engagement and use of the private sector, and using the Homeless (Suitability of Accommodation) (England) Order 2012 to ensure that the properties being used do not have an adverse effect on health.

1 Department of Health and Social Care (2018) Prevention is better than cure: our vision to help you live well for longer. Also see BRE (2015) The cost of poor housing to the NHS.

2 The Kings Fund (2015) The district council contribution to public health: a time of challenge and opportunity.

3 Pleace, N. & Culhane, D.P. (2016) Better than Cure? Testing the case for Enhancing Prevention of Single Homelessness in England. London: Crisis.

Planning, leisure and green spaces

Alongside housing, planning is an influential tool. The spatial environment in which people live is an influential social determinant affecting both mental and physical health.

Through the provision of cultural activities, leisure programmes and open green spaces, district councils can prevent physical inactivity and mental ill health before they become a burden on health and social care. Physical inactivity is estimated to cost the NHS £7 billion annually⁴.

In addition, planning powers enable districts to shape their area to enable access to better health and community collaborative infrastructure; For example using Section 106 agreements with developers to support the provision of health and community hub services, recreational facilities, education, highways and affordable housing.

Planning powers can also be used to help encourage physical activity and healthier choices through designing walkways and cycle lanes and placing restrictions on unhealthy food outlets.

Community outreach and advice services

District councils are the closest level of local government to their communities and have a unique insight into their population's health needs. Through strong local leadership and ability to reach the most vulnerable residents, districts are able to take direct action through social prescription and advice services.

The delivery services such as housing, revenues and benefits and debt advice allows early intervention to help solve problems before they escalate.

In addition, districts have been working in partnership with the NHS and social care colleagues to deliver social prescription

services, offering community rather than clinical solutions. For example, districts have provided health coaching within GP services and links to local support and voluntary groups who can provide group activities such as singing lessons and guided walking.

Economic development

District councils hold many of the levers to facilitate the local conditions for sustainable economic growth, including driving housing growth, high street development and collaborating with Local Enterprise Partnerships (LEPs) and local businesses.

A strong local economy is associated with a wide range of better health outcomes. Communities with higher levels of income deprivation are more likely to have lower life expectancy and poorer health than those with lower levels of income deprivation. For every 10 per cent increase in involuntary unemployment in a community, average life expectancy is one year lower⁵.

Environmental health

In district and county areas, districts are responsible for many aspects of environmental health, another important determinant of good health and wellbeing. Taking action to improve air quality is crucial in order to improve population health. There is growing evidence that air pollution is a significant contributor to preventable ill health and early death. These health impacts impose a cost on the UK economy that has been estimated to run into the billions.

District councils provide functions such as monitoring and managing local air quality, refuse and recycling collection, noise control, food safety, ensuring compliance with occupational health and safety regulations, pest control, and dealing with contaminated land, among others.

4 Public Health England (2014) Everybody active, every day: framework for physical activity.

5 Buck. D. and Maguire. M (2015) Inequalities and Life Expectancy. Changes over time and implications for policy.

The Health and Social Care Act 2012 saw environmental health and public health coming back together in English councils, after being parted in 1974.

Enabling and collaborating

District councils also have a wider enabling role through engaging with communities and collaborating with local health partners and businesses to try to join up approaches. Providing this link cannot be underestimated in delivering a whole-system, joined-up approach to health.

While county councils hold the statutory responsibility for public health, districts provide a key link to localities and deliver service areas which have a significant impact on improving population health. It is important in district/county areas to establish close links in working, not least as their service areas directly impact on each other's health outcomes. For example, if a district can provide adapted accommodation to help keep vulnerable residents safe and independent at home, this can drive down demand for more expensive adult social care facilities. Equally, reduced pressure on adult social care budgets may mean less demand for district services such as providing emergency housing. By working together and sharing information, counties can benefit from localised district knowledge and districts can link into wider health strategies through their county; this provides a fully integrated approach to care locally and helps ensure efforts are co-ordinated for the most effective use of resources.

What should you know about districts?

- through their influence over the wider determinants of health and delivery of prevention services, districts can keep people well and ease demand further downstream
- as housing authorities, districts provide crucial services that increase levels of wellbeing, safety and independence in the home which is a crucial determinant of health
- districts are embedded in their local communities and have a unique understanding of their health needs
- districts are collaborative by nature and are well placed to facilitate joined-up working and create links between health and social care colleagues, local business and the voluntary and community sectors.

What districts can do to maximise their impact:

- ensure that public health and health prevention principles are embedded within core services such as housing, leisure and environmental services
- reaching remote communities can be a real challenge. Making use of community assets from village halls to pubs is essential for creating easy forums to share information
- where possible, build an evidence base to show the benefit of projects/interventions to clearly demonstrate to partners how you can add value
- be proactive and make connections with your Health and Wellbeing boards (HWBs) and ensure your authority is linked in to local health strategies.

Case studies

Cannock Chase District Council

Co-producing healthy lifestyles with the community

The district has an innovative wellbeing service that has used co-production to put their local community at the heart of developing new projects, from allotment groups to cycling schemes. They have recently been awarded Big Lottery funding to build on what has been achieved so far.

Context

Cannock Chase is in the county of Staffordshire in the West Midlands. It has a population of nearly 100,000. Health is varied compared to the rest of England.

Overall life expectancy at birth in Cannock Chase is 79 years for men and 83 years for women, both similar to the national average.

However, men and women living in the most deprived areas of Cannock Chase live seven and five years less than those living in less deprived areas. Meanwhile, healthy life expectancy at 61 years for men and 62 years for women is below average and greater numbers of people die prematurely.

Levels of physical activity and excess weight among adults are both significantly worse than the national average, so improving lifestyle choices remains a priority.

Highlights of progress

Six years ago Cannock Chase District Council decided to transfer its leisure and cultural facilities and wellbeing service over to a charitable trust.

The move has allowed the service – Inspiring Healthy Lifestyles – to secure funding from a diverse range of organisations from the county council to the Armed Forces Covenant to further develop and compliment its offer.

The service has an eight-strong community wellbeing team that encourages healthy lifestyles. In addition to providing a range of healthy lifestyle programmes including an activity referral scheme, the team has also worked hard to co-produce projects with the local community.

Over the years, this has included working alongside residents to run festivals, set up allotment groups and run cycling clubs. The service has also worked with its local community to address information gaps to make health and wellbeing information and opportunities more accessible by co-producing a series of websites.

Chase Fit promotes local physical activities such as walking, gardening, running groups and cycle routes, while Grow Up Great is aimed at new parents, providing key information about everything from baby groups to healthy weaning.

It seems to have worked. Over the past year there have been around 30,000 attendances at the events and activities organised.

Community Wellbeing Manager, Lisa Shephard said: “Local people told us that one of the biggest barriers to living a healthier lifestyle was the difficulty in finding local things they could access. They used to have to search 10 different websites. Now we have brought it all together in one place.”

Meanwhile, the award-winning Well Active website is aimed at people with learning, physical and health needs. It was developed with the help of a local SEN sixth form.

It is voice-aided so the user can choose for words to be read out. The size and colour of the text can also be changed. It includes information about everything from food safety to volunteering opportunities and interview coaching.

Future plans

During the autumn of 2018, Inspiring Healthy Lifestyles was awarded funding from the Big Lottery Fund to build on the work it has been doing. More than £400,000 has been made available to fund local projects that help improve health and wellbeing, fitness and general quality of life.

It was supported by Staffordshire County Council and Cannock Chase Council with the bid and over the next five years it is expected that the community wellbeing team will work with more than 40 community and voluntary groups to get new projects off the ground.

One of the early ones, which is in the process of being rolled out, is with the Springfield's Residents Association. Residents are to be given training and supplied with the equipment to maintain their green spaces.

Jeanette Stevenson, from the Springfield's Resident Association, said empowering local communities is the right way forward. "The funding will enable us to follow through on our own ideas of what is needed on our estate, rather than just talking about it. We can't wait to see things finally come to fruition.

"In the past, mining communities such as ours would have an industrial infrastructure whereby social and health activities, like regular clubs, trips out and training, would be organised and developed for us. Now we do it. Only by working together do you get it right and ensure local people remain enthusiastic."

Matt Poole, Head of Regional Funding for the Midlands at the Big Lottery Fund, said the organisation was very impressed with the approach and how it was being "led by local people".

"It's fantastic to see money raised helping to bring this to life, boosting health and wellbeing and building relationships in the local community."

Learning and key messages

What has been common for all Cannock Chase's projects is that the local community has been fully involved in deciding both what needs to be done and how.

Ms Shephard said: "We have worked with residents associations, church groups, community partnerships, town councils and schools to name a few. It is very much a co-production."

But she said that sometimes work needs to be put in to establish and encourage local participation. "Working with community groups is fine – when there are the structures there". But not every area has them. So we have had to set up our own focus groups sometimes. We have been out there at the school gates, recruiting parents, or outside the local supermarket talking to older people.

Contact

Lisa Shephard

Community Wellbeing Manager
Inspiring Healthy Lifestyles
lisa.shephard@ihlmail.org

Cherwell District Council

Twinning housing growth with healthy lifestyles

Cherwell District Council are a lead organisation as part of Bicester's Healthy New Town Programme (BHNT) which aims to use housing growth to develop communities that promote health and wellbeing, prevent illness and keep people independent.

Context

Bicester is one of NHS England's demonstrator sites for its Healthy New Town Programme. Unlike many of the others in the pilot, Bicester is not being developed from scratch. Instead, there is an existing town that will be doubled in size by 2031 with the creation of 16,000 new homes.

The programme is being delivered by a partnership involving Cherwell District Council, Oxfordshire Clinical Commissioning Group, the Oxford Academic Health Science Network and A2 Dominion. NHS England has provided more than £900,000 of funding over the past three years to help organise projects related to health and wellbeing.

One of the key priorities is to reduce the number of people who are overweight or obese. Currently one in four children aged two to 10 and 58 per cent of women and 65 per cent of men are either overweight or obese.

Highlights of progress

Over the last two years a number of different projects have been launched. Three 5km health routes for walkers and runners have been marked out to encourage residents into becoming active. The introduction of the signage has already led to a 27 per cent increase in footfall.

Elsewhere a way-finding scheme to key destinations in the town has been installed, giving average walking and cycling times to nudge residents into ditching their cars.

Feedback from residents has been incredibly positive. One woman said the cycle routes and 5km trail had inspired her to get back on her bike "after a 40-year break". Another resident described the routes as 'beautiful' and took him to places he had never seen before in his 17 years living in the town.

Schools have also been engaged. Five of the 12 local primary schools are taking part in the Daily Mile, while all primary and secondary schools have participated in the walk-to-school week, the highest participation in Oxfordshire.

Last summer a Bicester Green Spaces Summer Challenge was launched with residents given leaflets mapping all the green spaces they were asked to visit. Bikeability courses were also run.

Future plans

The council is now working closely with local businesses, stressing the benefits of having a healthy workforce. A number of businesses have expressed an interest in mental wellbeing and eight businesses in the town have trained mental health first aiders to support their colleagues at work.

This work has also been twinned with the development of new models of providing health care. The partnership has been particularly active with diabetes patients.

As part of this an information evening was organised with the help of GPs. As well as hearing from doctors, the activity opportunities available locally were also promoted. Over a quarter of those that attended signed up for new activities. The use of new digital technology to allow remote consultation is also being trialled.

Meanwhile, consideration is being given to how primary and community services are located. The partnership is seeking a site for a new health campus, which will house GPs alongside other key services such as physios, pharmacists and social prescribers.

Bicester Healthy New Town Programme Director Rosie Rowe said: “We know there is a shortage of doctors and the old concept of small practices with a list of 6,000 patients is becoming increasingly difficult to maintain.

“The development of the new town gives us the opportunity to look at the model of primary care and integrating it with some new initiatives we are developing including the use of social prescribing. It is something we are very keen on.”

Learning and key messages

Dr Rowe said: “We are beginning to see some real progress. Residents are becoming more active, which is great. I think what our approach shows is that you need a system wide approach involving the built environment, community activation and new models of care – and then you need to develop that along place-based lines.

“By doing it across the whole population you create a momentum. The whole community see that they can all benefit. You don’t necessarily get that if you just target one particular group.”

And while Bicester is part of the new town movement, she believes the lessons learned from the programme so far are relevant to all councils. “We have built it around housing growth. That is something virtually all areas will be seeing. By supporting both new and existing residents, you can help change behaviour and also make the prospect of new development more appealing,” Dr Rowe added.

Contact

Rose Rowe

Bicester Healthy New Town Programme Director, Cherwell District Council

rosie.rowe@cherwell-DC.gov.uk

Forest of Dean District Council

Taking exercise and rehab classes into the community

Forest of Dean runs a host of different exercise and rehabilitation classes. As well as running them from local leisure centres, the council is using 15 different community venues, from village halls to social housing common rooms, to reach remote residents.

Context

Forest of Dean in Gloucestershire is home to around 85,000 people. It has relatively low levels of deprivation, although the gap in life expectancy between the least and most affluent is still significant – 6.4 years for men and 2.8 years for women.

There is, however, concern about the health of the local population. Seven in 10 adults are overweight, which is above the national average. There are also high rates of diabetes.

Forest of Dean District Council has prioritised getting people active for a number of years. Like many areas, it has an exercise-on-referral scheme. The 12-week programme was launched 15 years ago and provides a comprehensive range of support. But the council has not stopped there.

Highlights of progress

Over the years Forest of Dean has built on its exercise-on-referral programme by developing a range of other referral schemes. There is a falls prevention service for the over 60s, which provides a range of seated and standing exercises that improve strength, flexibility and balance.

There are also rehabilitation groups available on-referral for cardiac, cancer and respiratory disease patients. They are for patients who have finished the NHS phase-three rehab programmes and are delivered by qualified instructors in the community.

Referrals are made by GPs, physios and other health professionals. Participants are signed up for 12 weeks, after which they are assessed. Those who wish to can continue for longer.

The council has also developed a range of open courses. These include KickStart, a healthy living course, which covers healthy eating topics and incorporates a beginners' circuit class. Participants have an opportunity to be weighed and asked questions in an informal setting.

There is also a pilates class aimed at strengthening, improving posture and reducing back pain, and a drop-in class aimed at improving balance, along with a range of general circuit and exercise classes. In total there are 27 different classes run each week.

What also marks out Forest of Dean's approach is that the council has taken its classes out into the community. There are four leisure centres, but the classes are also provided in 15 other community venues. These include church halls, community centres, village halls and social housing common rooms. They have proved very popular – over 300 people access classes in these settings each week.

One of those is Maria McSweeney, who is 65. She has tried a variety of activities after being referred by her GP as she needed to lose weight before she had a double knee replacement. “I found it hard to motivate myself at home. I hadn’t been to a gym for over 30 years and was a little daunted when I was given a personal trainer.”

But she said she was immediately put at ease and started enjoying the activities. Within 12 weeks, she had lost 1.5 stone. “I feel better than I have in myself for a long time and enjoy going to the gym, which I would never have believed.”

Future plans

Forest of Dean is always looking at new opportunities for local residents and works in partnership with leisure services and other providers.

In early 2019 a new exercise service will be launched in partnership with the local hospital’s outpatients physio team. It will be aimed at helping those with hip and knee arthritis to remain active.

Similar to the cardiac and cancer classes, this support will be offered once the NHS rehabilitation has finished. The first session will be run by the hospital team, before handing over to community instructors.

The council has also been in talks with the local branch of Parkinson’s UK with a view to establishing support for their clients.

Healthy Lifestyle Coordinator Gary Deighton said: “There are two really active support groups that meet regularly. We have spoken about setting up an activity class to help them. It is good to be in touch with the patient groups.”

Lessons and key messages

Mr Deighton said that providing such a wide array of classes requires creativity and perseverance to ensure they remain financially viable as his team no longer receives funding from the council’s public health budget for its courses.

Charging has been introduced – there is a fee of £3 to attend referral classes – and the council works in partnership with others.

Mr Deighton said: “We pay fees for the hire of the community venues, and this helps to fund the cost of these local assets. We also have an arrangement, which enables residents in housing accommodation to enjoy discounts in return for cheaper venue hire. We have also been given help from some of the big charities, like the British Lung Foundation, which has provided training of our instructors.

“The key is keeping the classes relevant and popular. Having a different menu of options means we can encourage residents to try different classes. We also work alongside the social prescribing team – that is a real benefit as we support each other.”

Contact

Gary Deighton

Healthy Lifestyle Coordinator
Forest of Dean District Council
gary.deighton@publicagroup.uk

Hertfordshire County and District Councils

The benefits of providing a public health pot for districts

Hertfordshire County Council has set up a public health funding pot to help district councils get projects off the ground. Over the past five years over £2 million has been transferred, creating a wide-range of schemes aimed at improving the health of residents.

Context

Hertfordshire is a large and diverse county. It is home to more than 1.1 million people. Although perceived to be affluent, there are pockets of deprivation.

Life expectancy is 7.2 years lower for men and 5.4 years lower for women in the most deprived areas of Hertfordshire than in the least deprived areas.

Across the county there are two clinical commissioning groups and 10 district and borough councils. Hertfordshire Public Health Director Jim McManus said: “We know we can’t deliver everything on our own. We need to build strong partnerships, trusting our colleagues so that together we can strengthen local capacity and develop sustainable solutions to some very complex problems.”

To help aid that partnership working, the District Partnership was established in 2013. It has seen the county council set aside a proportion of its public health budget for districts to use.

Highlights of progress

Over the past five years £2.3 million has been devolved down to the districts. In the first year £1 million was set aside, but that has since been reduced to £300,000 a year because of the squeeze on public health funds.

Over the course of the partnership the money has helped pay for over 160 local projects. Some of the most successful have been expanded to be run in more than one district.

For example, East Hertfordshire, with colleagues from North Herts District Council, launched a Meet and Eat scheme which ran in community venues. It allowed local elderly residents to get together and cook and socialise, addressing both social isolation and nutrition at the same time. It is now being run in three districts.

Shape Up has been run in collaboration with Watford Football Club. It’s aimed at overweight men, who get the chance to play football at Vicarage Road facilities and receive dietary advice and support. The programme is now open to the residents of three districts.

Meanwhile, Wellies in Woods – a fun activity aimed at getting families from deprived areas active in the natural environment – has expanded from Hertsmere where it started, while St Albans’ arts-on-prescription scheme has been picked up elsewhere too.

The close working relationship that has developed has also aided the development of county-wide initiatives outside of the partnership.

ParksHerts, a mobile-friendly website showcasing Hertfordshire's parks and open spaces, has been launched to get people active outdoors. The project was led by Hertsmere Borough Council on behalf of all the partners.

Hertfordshire Warmer Homes offers people at risk of fuel poverty free or discounted home energy improvements to help them stay warm in their homes and reduce their energy bills.

Mr McManus said: "We have seen some really good examples of partnership working. Providing a little bit of funding and bringing the districts and county together in this way has had a big impact."

The future

Funding has been secured for another two years – with £300,000 being set aside by the county in both 2019/20 and 2020/21. As well as developing new projects, one of the aims is to create a network of health hubs across the districts.

Stevenage Borough Council in partnership with Stevenage Leisure has already launched one. This is being run by a leisure provider and allows residents to gain access to all the healthy lifestyle projects and social prescription services at one site.

A range of services are on offer, such as support with mental health, referral into physical activity schemes and smoking cessation, to name just a few. A health and wellbeing consultant works from the hub to carry out triage, provide advice and make referrals to partner organisations.

A series of workshops is now being planned for early 2019 to start planning out how the hub approach can be rolled out.

Partnership Lead Ciceley Scarborough said: "We have so much going on now that we think having a network of healthy hubs to bring it all together is really important. It is working well in Stevenage – so we have set that ambition for the other districts.

They don't have to follow the same model exactly, models will vary according to geography and the needs of the local population".

Joe Capon, Health and Sport Strategy Manager at Stevenage Borough Council, is full of praise for the approach taken. He said there had been a "significant shift in partnership working" which was creating a "holistic approach to public health".

Lessons and key messages

The partnership has evolved over time. Initially 100 projects were set up, but that has gradually been consolidated to the 36 that are currently going.

Mrs Scarborough said: "Some projects were short-term, but some did not work out. You have to expect that – and that's where proper evaluation is crucial. But as we have moved on to different phases of the partnership we have altered the way we do things.

"We provide project management support as well as public health knowledge, monitoring and evaluation expertise. I meet with each of the districts quarterly to discuss what is happening."

She said "the aim is to make all the projects self-sustaining, either by getting the community to run them, getting other partners engaged, or charging for services."

As part of that process, districts have also been seeking to get some match funding either through grants or contributions from partners. In the last year nearly £200,000 of extra funding was added to the £300,000 provided from the public health budget.

"We know funding is tight and you have to make it stretch as far as you can, particularly in austere times" added Mrs Scarborough.

Contact details

Ciceley Scarborough

District Partnership Programme Lead
Hertfordshire County Council

ciceley.scarborough@hertfordshire.gov.uk

Ribble Valley Borough Council

Working with partners to improve health

By helping establish a new partnership with the local NHS and voluntary sector, Ribble Valley District Council has started championing healthy living and wellbeing in its rural communities.

Context

Ribble Valley is in East Lancashire and in geographic terms is the largest district in the county, covering 583 square kilometres. The area is extremely rural, home to just under 60,000 people.

Over a quarter of the population is aged over 65. In the coming years the fastest growth is expected to be in this population. Life expectancy is in line with the national average.

But on a number of other measures there are worrying signs, with higher than average rates of inactivity and mental health problems. The area also has high numbers of people – nearly 10,000 – with a limiting long-term illness, such as diabetes and heart disease.

Highlights of progress

As part of the Sustainability and Transformation Programme, the district council has been working with partners to look at how it can integrate care and wellbeing services.

In 2017 it helped establish the Ribblesdale Community Partnership, which brought together the four local GP practices, nearby NHS trusts, the clinical commissioning group, county council and voluntary sector.

Ribblesdale covers about two-thirds of the Ribble Valley district.

The partnership started to meet monthly at the district council offices to plan out what should be done. A strategy was eventually developed, which identified five priority areas.

They were:

- joined-up care and support
- children and young people
- Adult mental health
- self care
- access to healthy lifestyle support.

Council Head of Regeneration and Housing Colin Hirst said: “The meetings were a real eye-opener. As a district council we are not in charge of public health, but what we recognised was that we still had a huge role in healthy living and wellbeing through our planning, housing and community functions.

“All the partners were agreed on what the aims were and we were all active in trying to help people. But through the partnership we were able to start joining things up more.

“Having time to talk to the GPs, we realised there were significant numbers of people who were feeling isolated so we started to alter the way we used community transport.”

This included routes to ensure people could get to lunch clubs and day centres as well as the new events run by the county council-funded healthy lifestyle team’s Up and Active service.

The service has traditionally organised the local exercise-on-referral scheme, but has started to run more universal drop-in sessions, including exercise classes, family fun events and organised walks, in community settings. They have proved popular – in the last quarter more than 4,000 people attended events.

Health and Fitness Development Officer Tracy Balko said: “These are people we would never have reached before. By intervening early we should be able to have an impact on people’s future health.”

Future plans

Other changes are also being made. The way the integrated neighbourhood teams work is being altered to align with mental health and social care services, to allow the team to refer people on if need be.

Meanwhile, the Clitheroe Community Hospital is starting to be used to provide more access to tests and investigations locally to reduce the travel times people face.

Longer-term decisions still have to be made. The community partnership was set up as a two-year pilot. Its impact is currently being reviewed and a decision will be taken later in 2019 about what happens next.

Mr Hirst said: “It has not necessarily been about doing new things, but just doing existing things in a better way. By working with partners and GPs in particular we have been able to sharpen up our offer.

“We are now reviewing how to take the community partnership forward. It will also influence our own corporate plans as a district council.”

Lessons and key messages

Mr Hirst said it was important to work with members to demonstrate and discuss how district councils could be involved in the health agenda.

“Because the public health funding goes to the county, members can think it is not something they should be involved with. So we looked at developing this message. Our health and housing lead member championed the promotion of the district role helping to run workshops and we produced a leaflet explaining how districts have an impact”

“In many ways it goes back to the core of what districts were set up to do - to look after the local community and make sure services and facilities are accessible.”

But he says it is also important to keep the meetings focussed. “There are times we started talking about staffing details or other things we cannot control through the partnership. You want the meeting to be effective so you have to be prepared to keep things on track.”

Contact

Colin Hirst

Head of Regeneration and Housing
Ribble Valley District Council

colin.hirst@ribblevalley.gov.uk

South Cambridgeshire District Council

Using planning to encourage activity

In developing a healthy new town, South Cambridgeshire has re-considered its approach to developing play schemes and encouraging activity. A more adventurous approach is leading to what is being dubbed “playable landscapes”.

Context

Northstowe is one of NHS England’s 10 Healthy New Town demonstrator sites. The project has been developed by South Cambridgeshire District Council in partnership with the local NHS, county council and Homes England.

There are three phases. The first will see 1,500 homes constructed and a new primary school opened. The second, for which infrastructure works are well under way, involves another 3,500 new homes, a secondary school, two primary schools and a new town centre, including a health and community hub.

The final phase, which is currently being master planned, will see another 5,000 homes added, bringing the total to 10,000 and making it one of the biggest new town developments in the country.

As a healthy new town, careful consideration is being given to all aspects of the development related to health and wellbeing. That includes designing homes that are sustainable for an ageing population and using innovative approaches to health services, such as social prescribing.

Another area of particular focus has been using the planning and design process to ensure neighbourhoods encourage physical activity.

Highlights of progress

Developing good play facilities and encouraging physical activity is a key requirement of each phase of the new town. The original Youth and Play Strategy for phase one fulfilled the basic requirements of South Cambridgeshire’s open space supplementary planning document from 2009.

However, the master developers, Gallaghers, employed a consultancy, Randall Thorp, which had worked in the area previously. The consultants challenged the council as to whether a strict interpretation of the SPD was the right course of action. They argued it could lead to the standard off-the-peg play provision – a few swings, a slide and play area – but little else. Instead, they argued for something more adventurous.

It was agreed the strict interpretation of the guidance could be relaxed and the result has been a more holistic approach to play areas. Gone are the standard fenced-in playgrounds.

In their place are open green spaces where play and socialising are being encouraged.

A virtue has also been made of the functional elements of the scheme. For example, an urban drainage scheme has been used which involves small canals of water draining into larger reservoirs. These sites are to become nature areas for people to explore.

Separately, thought has been given to how to encourage new residents to be physically active and make the most of the new sports facilities that will eventually include football pitches and tennis and netball courts.

The local sports partnership, Living Sport, has been tasked with encouraging residents to get active, utilising a Sports England 'core markets' grant award. It is running an Active New Communities programme that will target the 18 to 45-year-old age group in particular. Their workers are supporting residents to get physical activity groups off the ground and helping to run taster sessions.

Future plans

With phase one well under way, phase two is now progressing – and this progressive approach has been taken a step further. Rather than the standard strategy, the public sector master developer Homes England commissioned a Healthy Living, Youth and Play Strategy.

It sought to ensure the recreational needs of all residents of all ages were met to help them 'age well' by staying healthy and active into later life.

Alongside more traditional play facilities, the idea of a 'playable landscape' was developed. Intrinsic to the approach is the concept that thoroughfares and open spaces where there was greatest footfall should be the primary focus of play interventions.

To reverse the trend of children spending less time outdoors, the plan proposes 'doorstep play'. The majority of streets will have a speed limit of 20mph or below, while in each plot at least one smaller street will be prioritised for pedestrians. The idea is to encourage more walking and cycling along with 'play on the way'. This could, for example, include skate-boarding and scootering courses and sensory trails.

Key messages and learning

Northstowe Healthy New Towns Programme Lead Clare Gibbons said: "We have perhaps been too cautious and risk-averse as a society. It means children have become less likely to explore and play in the local environment. We realised we had to give them something more challenging – if you don't, they just find it elsewhere.

"It meant South Cambridgeshire District Council had to relax its interpretation of the guidance. In fact, we are now going to review it altogether and look at changing it to incorporate the lessons we have learnt with Northstowe."

But she said it was still important to seek feedback from residents. "As we progressed we consulted with the residents who moved in early on and also nearby residents. One of the concerns raised when we discussed the play areas was safety – people felt they should be fenced off. In the end we agreed to fence the toddler play area. You need to work with residents and consult – even if you feel you have got your plans right."

Contact

Clare Gibbons

Northstowe Healthy New Towns Programme Lead, South Cambridgeshire District Council
clare.gibbons@scamb.gov.uk

Sevenoaks District Council

Using housing to improve health

Sevenoaks District Council has recognised the importance of housing to health, creating a new cabinet portfolio role to champion the agenda, which in turn has led to a series of projects that are changing lives.

Context

Housing and health are intrinsically linked. If a home is cold, damp and full of hazards, or over-crowded or located in an isolated location, it will have a negative impact on occupants.

In the Kent district of Sevenoaks the risk of these problems is great. While the district is one of the 20 per cent least deprived areas in England, it is a statistic which hides serious pockets of deprivation because one in nine children live in low income families.

With house prices up to 17 times higher than average wages, Sevenoaks suffers from the out-migration of younger people to cheaper areas to live.

This contributes to the breaking up of families and communities and results in isolation and loneliness in older people. Many homeowners are asset rich but cash poor, and living in poorly maintained housing that contributes to falls.

Highlights of progress

Sevenoaks District Council started working towards a new housing strategy following the 2015 elections. The new post of cabinet portfolio for housing and health was created while a series of workshops were held with members and a Local Housing Needs Study was carried out.

It resulted in the Wellbeing Starts at Home strategy being launched in autumn 2017, which recognised publicly for the first time the clear link between housing and health.

The strategy has helped to pave the way for a number of initiatives. The council had already set up a social prescribing service aimed at preventing homelessness by working with people who were missing or are consistently late with council tax or rent payments.

The service has now doubled in size over the past year thanks to funding from public health and the Better Care Fund. These new advisers focus on falls prevention and non-medical reasons for seeking help, such as anxiety caused by debt.

The council has also been working with the voluntary sector to tackle housing problems that are related to health. Pop-up cafes have been funded in isolated locations, offering residents a chance to socialise.

Another project has involved dealing with hoarding. West Kent Mind has been funded to work with hoarders in recognition of the fact that it is a mental health problem. Its team helps de-clutter homes, while also offering counselling.

Cabinet Member for Housing and Health, Councillor Michelle Lowe said: “It seems to be working. Despite one of the hottest summers on record, we did not have one complaint of a stinky house.”

Future plans

Sevenoaks is in the process of developing a new local plan. It is expected to be finalised in 2019 and health is being introduced as a major consideration, given the same weight as the green belt.

Councillor Lowe said: “It is about building on what we have achieved so far with the housing strategy. We want to make sure that in planning terms we are properly considering health.

“For example, we had a case recently where an older woman was living in a listed cottage. She was in a wheelchair and wanted to make some adaptations to the property to aid her independence.

“But the request was turned down because it was listed and was in a conservation area. If adaptations were made to that home, not only would it help the woman living there, but it would also mean we have a property that has been adapted for future occupants. In the future, health will carry at least equal weight so planners can weigh up what is best.”

But it is not just about dealing with the existing stock. There are around 50,000 homes in the district, but by 2035 it is estimated another 14,000 will be needed. The local plan will place an emphasis on making sure those homes are fit for future generations.

That will include making sure they are adaptable for an ageing population, as well as providing a range of more affordable and appealing housing solutions for residents aged 25 to 44 in a bid to keep more economically-active people in the district and keep families and communities together. One approach will be to deliver micro-homes, which are small modular apartments that are cheaper than traditional housing.

Key messages and learning

The work that Sevenoaks has undertaken requires careful coordination between the NHS and county and district councils. For example, one of the schemes that Sevenoaks has set up is a hospital discharge service.

The team organises home adaptations that are needed when a person is admitted into hospital. The adaptations, such as remote monitoring technology, stair lifts and sensors, allow people to be discharged earlier.

But it only works because the service has been integrated with the local hospital and the care teams working for Kent County Council.

Councillor Lowe said: “It took us quite a few years to get that fully-established. You need to get a good relationship going. We now have a West Kent members’ forum. It has representatives from the four districts, Kent public health and the local clinical commissioning group. It is allowing us to plan services in a more coordinated way.”

Sevenoaks has also been doing some work to engage hard-to-reach groups via social media. It has been aimed at people who are in the early stages of debt.

“They are unlikely to come to the council or Citizens Advice Bureau for advice. They will go to a pay day loan firm and so we are trying to build a presence on those sites so we can offer them help and advice. We have had some success in that people have clicked on the links but they have not filled in the referral forms for social prescribing. That needs some more work,” she added.

Contact

Councillor Michelle Lowe

Cabinet Member for Housing and Health
Sevenoaks District Council

cllr.lowe@sevenoaks.gov.uk

South Norfolk Council

Helping the frail out of hospital

South Norfolk Council has worked with its partners to establish a hospital-based team that helps people when they are discharged. The service is reducing stays in hospital and is now being extended elsewhere in the county.

Context

The health of people in South Norfolk and life expectancy is generally better than the average for England. But the district does have an increasingly ageing population.

Over the next three years the number of over 80s is expected to increase by nearly a fifth to account for seven per cent of the total population. Having an older population increases the likelihood of frailty and, as a result, falls, disability, admissions to hospital and the need for long-term care.

Every year over 700 older people are admitted to hospital after a fall alone – with one in five dying in four months. Preventing falls and helping older people has been one of the council's key priorities in recent years.

Highlights of progress

Four years ago, South Norfolk established an Early Help Hub. It has brought together 16 partners, including the police, NHS, voluntary sector and county council together with the district.

The hub works across a number of different services from domestic violence to debt advice as well as working with older people.

It has helped create an environment where partnership working, reducing duplication and adopting a holistic approach is seen as key.

This in turn has helped South Norfolk improve the way it supports older people. There is a falls prevention service with leisure centres running Fit for Life classes and other support for vulnerable residents. The council estimates each falls prevention intervention costs £45 per person compared to the £2,000 plus cost of an A&E visit and hospital admission.

But the council has also worked with its partners to ensure those that do end up in hospital are given more support to help them leave quickly and then stay independent.

A team called District Direct has been created by South Norfolk in partnership with the three other districts that surround the area's major hospital trust, the Norwich and Norfolk.

The team is co-located in hospital and staff on the wards raise the alert when patients are admitted that would be likely to benefit from some support on discharge. These are more often older patients.

The District Direct officers are able to assess the patient and their home environment to work out what help they may need when they return. They can arrange for a grant to be provided so the local care and repair team can provide housing adaptations such as walk-in showers and stair lifts.

They also work closely with the team of community connectors that is part of the social prescribing service. They can put residents in touch with exercise and social groups that are available locally.

Council Chief Executive Sandra Dinneen said some of the support is even more simple than that. “For example, the connectors will be in touch with volunteers who will be willing to call in and check the person is okay and perhaps bring them a casserole round.

“There are actually lots of people who are willing to help and volunteer – they just don’t know how or who needs help. By connecting people in this way you can ensure those who would not normally qualify for social care support can get help.”

Mrs C is just one of the people who has benefited from the support. She had been struggling to get about her house and was beginning to feel isolated. When she was admitted to hospital for a hip replacement, she was referred to the District Direct team.

She ended up having a ramp and rail installed at the front of her property, so she could get out more easily. She was also referred to the community connectors, who put her in touch with a backgammon group in the local area, which she started attending weekly. A friend made at the group who lives close to Mrs C now visits her regularly.

Future plans

An evaluation of the District Direct team during winter 2017-18 suggested it was having a significant impact. The analysis showed it had halved the average length of stay in geriatric medicine beds and overall saved 386 beds days and £77,000 in that time period. Replicated over a year, it would mean savings of £330,000.

The service has now been extended to two other hospitals in the area – Great Yarmouth’s James Paget Hospital and the Queen Elizabeth in King’s Lynn.

South Norfolk is also aiming to offer more support online to aid self-care and prevention. Referral forms can already be filled in online, but one option being considered is a web chat-style facility run by the Early Help Hub.

Lessons and key messages

The creation of the District Direct team is a perfect example of the challenges district councils face.

Ms Dinneen said: “It took us about 18 months of talks and negotiations to get it going. There can be an attitude that technically this is not the sort of thing we should be doing. But if you don’t work proactively it ends up costing everyone in the end.”

The service was first established two years ago after the district councils put money in, but it soon became clear that the service could not cope with demand so it had to be suspended.

“It was very disappointing,” said Ms Dinneen. “But we didn’t give in. We worked hard to get it back up-and-running. We got the CCG, adult social care and the districts contributing. The key was having some people, particularly at the hospital, who really wanted to make it happen and could see the benefit of what we were trying to do.

“The problem with prevention is that you are asking people to invest in something to stop something that hasn’t yet happened. It requires faith in what you are doing.”

Contact

Sam Cayford

Healthy Living Manager

South Norfolk Council

scaford@s-norfolk.gov.uk

Stroud District Council

Helping older people age well

Stroud District Council has launched a healthy lifestyle programme for the over 50s. It has led to a series of events being held, including walking football and walking netball. Dementia-friendly training is also being rolled out, while plans are in place to create a network of community champions to build on the momentum created so far.

Context

By 2035 the district of Stroud is projected to have the oldest population in Gloucestershire. There are currently around 115,000 living in the district of which around one in four are aged over 65. The numbers have increased by a quarter in the past 10 years, but over the next 20 years that increase is projected to accelerate rapidly, rising by nearly 700 per cent.

As people live longer, more are living with multiple long-term conditions like diabetes, dementia and respiratory conditions. While this is a challenge to health and care services, there is a drive to help people self-manage their conditions, live well and stay active in their communities.

Stroud is relatively affluent. It is among the fifth least deprived areas in England – although one in 10 families still live in low-income households. The gap in life expectancy is six years between the least and most deprived groups.

Highlights of progress

The council launched an Older Person's Health and Housing Plan in the spring of

2017. The aim of the plan was to bring together existing programmes and act as a launch pad for new ones.

Ten priority areas were identified including enabling people to be active, decreasing social isolation and helping people live well with frailty and long-term conditions like dementia.

After it was published, one of the first steps taken was the creation of the Active for Life project. It has been aimed at the over 50s and has seen a rolling programme of activity taster sessions run in different parts of the county.

The first was held in the town of Stroud and saw residents given the opportunity to try out various walking activities and fitness classes for free.

One year on regular walking football, walking rugby and walking netball sessions are now run in partnership with governing bodies such as the Football Association. After trying taster activities, attendees have taken up memberships of the local leisure centre and joined a variety of new classes.

The following year the council widened the Active for Life day to children and families and next year will run it in rural leisure centres across the district. One priority for the council is supporting strength and fitness in older adults to prevent falls. A qualified instructor is employed to deliver seven Better Balance classes in community venues, retirement villages and care homes across the district.

Residents can self-refer, but GPs and physios also refer patients who they feel might be at risk of falling or those who have had a fall and have completed the NHS post-fall physio course. The classes help build and maintain strength to prevent future falls and keep

people moving independently.

Meanwhile, Stroud has helped Gloucestershire County Council's Adult Social Care to disseminate Thriving Communities funding to support local voluntary sector organisations to develop community support for vulnerable groups. Thirteen projects have been funded, including dementia-friendly walks and a weekly friendship day in a community centre, which involves lunch and a pop-up chiropody clinic.

Health and Wellbeing Coordinator Emma Keating Clark said the work is having an impact. "Our ageing population is both a challenge and blessing. We have a huge resource of motivated older residents who want to make a difference in their community. We are trying to make it easier for people to be active, meet other people and get involved with neighbours in their local area."

Future plans

Stroud wants to build on what it has done so far to create a dementia-friendly community. Ms Keating Clark has been trained to provide dementia-friendly training and has started offering this to local businesses, members of the public and council staff. The 90-minute sessions teach people about the impacts of dementia and ways to be supportive.

Over 60 people have had the training already, but Ms Keating Clark is planning to expand this by holding one training session a month. "Some of it is just about taking simple steps, like knowing how to communicate calmly and positively and having quiet spaces where people can sit if they become agitated.

"We're also supporting volunteers who want to set up memory cafes, singing groups and nature walks to help people living with dementia and their carers. We're aiming for each town to develop their own dementia friendly volunteers to take positive action for their community. This work, along with our other wellbeing activities, helps people living with dementia and a host of other conditions."

Meanwhile, Stroud has been given £43,000

funding by the local Sustainability and Transformation Programme to run an asset-based project over the next two years. The scheme is focussed on a small neighbourhood with high health inequalities in Forest Green. The aim is to skill up residents to tackle the issues they have identified and create a healthier, more connected community.

Ms Keating Clark said: "We have literally knocked on every door to find out what the local issues are and who is passionate about the area. We'll train them up in 'community organising' and they will create their own change. It might be social and physical activities, something to tackle loneliness or anti-social behaviour – we'll see what comes out of our door-knocking interviews."

Key messages and learning

Ms Keating Clark said it was important to be realistic about what local government can do. "The cuts in funding over the years mean there is a limit to what councils can commit in terms of time and money. That is why partnership working is so important. I think districts can really help unlock this. We are close to the communities we serve."

To help achieve this, Ms Keating Clark runs the Stroud Health and Wellbeing Partnership. It has 190 members from across the voluntary, community and statutory sectors, including local GPs and adult social care.

The council has hosted networking events to allow members to mix and meet health and social care staff. "It has been designed to help professionals make connections with each other so they know where they can refer people on to. It operates like a speed-dating event and has worked really well," added Ms Keating Clark.

Contact

Emma Keating Clark

Health and Wellbeing Coordinator
Stroud District Council

emma.keatingclark@stroud.gov.uk

Wealden District Council

Tackling loneliness

Wealden District Council has set up a range of initiatives to combat loneliness. It has worked with pubs to run events, held dementia-friendly cinema screenings and adult education courses in community venues, such as village halls and libraries.

Context

Covering over 320 square miles, Wealden is the largest district in East Sussex. It is home to over 160,000 people, half of whom live outside the five main towns in small villages and hamlets.

Like many areas, the population is ageing and there is a particular concern about loneliness – with one in four people living in the area reported to be socially isolated.

This concerns the district council – loneliness is one of the key priorities in the council's Health and Wellbeing Strategy. Research shows loneliness can increase the risk of premature death by up to a third and is associated with conditions such as depression, sleep problems, dementia and hypertension.

Highlights of progress

A range of different projects has been launched in recent years to address loneliness and social isolation. Much of the work has been led by the council's community and regeneration team in partnership with others.

For example, over the last two years the council has worked with not-for-profit group 'Pub is the Hub' to run a range of events in local pubs in a bid to bring people together.

They have included a scheme in partnership with Barclays Digital Eagles that saw free courses run in pubs to improve the online skills of local people. A theatre production company has also been commissioned to run performances. One pub even got funding from 'Pub is the Hub' to create its own small theatre.

Health and Wellbeing Officer David Chennell said: "We chose pubs because often they are the only public buildings in many of our communities as Wealden is a very rural area.

"Pubs have traditionally been the real centres of the communities, although some have begun to struggle. The events have brought people together and had the added benefit of helping the pubs."

The council has also helped set up the Wealden Dementia Alliance, a network of five local forums in Uckfield, Crowborough, Hailsham, Polegate and Ninfield. A further forum will be launching in Wadhurst in Spring 2019. With help from the council, the forums have established memory cafes and run dementia-friendly film screenings where tea, coffee and cake is provided.

By the end of 2018, 17 dementia friendly screenings had taken place in Hailsham, which has a community cinema, while in another village a projector has been borrowed to set up a cinema in a community hall. This has worked so well that the council is now planning to buy its own projector to allow other villages to follow suit.

A Street Learning project has also been set up in conjunction with a range of partners, including the Adult College for East Sussex. It has seen a host of training opportunities held in local venues, including village halls and libraries. Courses are available to all residents in Wealden and Eastbourne aged over 19.

Courses vary from maths and English to building self-confidence. There has also been a big emphasis on creating new hobbies, soft skills and arts and crafts, such as flower-arranging and mindfulness courses. Around 350 residents participated in the Street Learning courses in 2018.

The council also supports activities that prevent social isolation through its Community Grants Programme. Since 2006 over £1 million has been awarded to 375 small and capital projects ranging from village hall, sports pavilion and recreational space improvements to lunch clubs, arts festivals and activities for the disabled and young people.

Over the same period, more than £3.8 million in three-year service level agreements has been distributed to 43 organisations offering a wide range of vital services such as debt advice, community transport, protecting the environment and volunteering.

Projects supported this year include older people's groups in Crowborough and Uckfield, a befriending scheme and a talking news project for blind and partially sighted service users.

Future plans

Over the last year the council has been supporting a social prescribing pilot. This has been run in partnership with Vitality Works and Freedom Leisure, which operates the four local leisure centres on behalf of the council. It is funded by the Eastbourne, Hailsham and Seaford Clinical Commissioning Group.

The Health Coach scheme has seen almost 200 people participate and has worked so well there is now a waiting list for the service.

In early 2019 the project will be expanded to further GP surgeries across Hailsham, the main town in the south of the district.

Patients receive four one-to-one sessions with a health coach at their GP surgery to identify their health and wellbeing goals and put them in contact with the services and support they need to achieve them. This can include everything from local choirs to referrals to organised health walks.

Wellbeing mornings are also offered where patients can get help with anything they need from confidence building to cooking skills. Weekly drop-ins are then available to ensure the patients feel supported in the weeks and months afterwards.

Lessons and key messages

As Wealden is such a rural area, the district council has had to think creatively about finding venues. Mr Chennell said: "That was the thinking behind the pub initiative. But we have also found other venues have been willing to help too.

"One care home has opened its doors to run a memory café, while another has expressed an interest in the film screenings. It benefits the residents of the care homes as well as the people living independently."

The council has also had to provide transport from local care homes to some of the film screenings in Hailsham – securing funding from the Wealden Strategic Partnership to pay for accessible transport services to collect residents. "Accessibility is the key – there is no point putting things on if people can't get there," added Mr Chennell.

Contact

David Chennell

Health and Wellbeing Officer
Wealden District Council

david.c.chennell@wealden.gov.uk

Want to find out more?

The Kings Fund: The district council contribution to public health: a time of challenge and opportunity (D Buck and P Dunn)

www.kingsfund.org.uk/sites/default/files/field/field_publication_file/district-council-contribution-to-public-health-nov15.pdf

DCN and Grant Thornton transformation in localities toolkit.

<https://districtcouncils.info/dcn-and-grant-thornton-transformation-in-localities-toolkit/>

Self care: councils helping people look after themselves

www.local.gov.uk/self-care-councils-helping-people-look-after-themselves

Public health transformation five years on (LGA)

www.local.gov.uk/public-health-transformation-five-years

Adding extra years to life and extra life to those years: local government guide to healthy ageing (LGA)

www.local.gov.uk/adding-extra-years-life-and-extra-life-those-years-local-government-guide-healthy-ageing

Must Knows for Elected Members: Prevention (LGA)

www.local.gov.uk/must-knows-elected-members-prevention



Local Government Association

18 Smith Square
London SW1P 3HZ

Telephone 020 7664 3000

Fax 020 7664 3030

Email info@local.gov.uk

www.local.gov.uk

© Local Government Association, February 2019

For a copy in Braille, larger print or audio,
please contact us on 020 7664 3000.
We consider requests on an individual basis.

REF 22.37