Title: Localising Healthy Lifestyle Services: Project Development and Mayesbrook Park Pilot

Report of the Strategic Director, Service Development and Integration

Open Report

For Information

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Summary:

This is a report on a community-focused model that has been developed and is currently being piloted in and around Mayesbrook Park. The purpose of the Healthy Lifestyle Service is to make healthier living the easiest choice across all stages of life, so that residents Start Well, Live Well and Age Well by:

- Providing a more cost effective service for smoking, obesity, physical activity and others, for example, by working with volunteers and exploiting potential economies of scale within the model
- Improving access and support to healthy lifestyle services and developing integrated pathways across NCMP, child weight management, adult weight management, physical activity and healthy eating programmes
- Building resilience by helping people to increase self-care and social responsibility so that individuals have control over their lifestyle behaviours
- Working more efficiently and using resources more effectively so that services become sustainable
- Focussing services to address health inequalities

The Mayesbrook Park pilot brings together healthy lifestyle services, primary care and our voluntary sector in the borough to provide a holistic approach to healthy lifestyle and behaviour change. The service is facilitated through health champions and health trainers. This paper describes the approach.

Recommendation(s)

The Health and Adult Services Select Committee is recommended to:

(i) Note the content of the report and

(ii) To advise that supporting healthy lifestyle is a positive approach to cancer prevention and that a recommendation to link residents with the healthy lifestyle service through the Mayesbrook Park model (and other park models as they develop) should be included in the review.
Reason(s)

The evidence base proves that healthy lifestyle behaviours are beneficial in preventing the development of some cancers, particularly, lung, breast and colorectal.

Linking residents with lifestyle services increases the likelihood of behaviour change in residents who have unhealthy behaviours.

1. Introduction and Background

1.1 This is a report on a community-focused model that has been developed and is currently being piloted in and around Mayesbrook Park.

1.2 The purpose of the Healthy Lifestyle Service is to make healthier living the easiest choice across all stages of life, so that residents Start Well, Live Well and Age Well by:

- Providing a more cost effective service for smoking, obesity, physical activity and others, for example, by working with volunteers and exploiting potential economies of scale within the model
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1.3 The HLS core offer will continue to focus on the biggest contributors to most preventable diseases - smoking cessation, physical activity, healthy weight, diet etc., (public health priorities).

1.4 The service model is an Integrated Health Improvement and Stop Smoking Service across all stages of life – using parks as the hubs for delivering activities

1.5 There will be greater development of cross-cutting skills across the HLS, for example Stop Smoking Advisers will be trained in Health Improvement (Level 2 Understanding Health Improvement) and Health Trainers will also be trained as Level 2 Stop Smoking Advisors.

1.6 Delivery will be structured around a progressive change model for residents to support the achievement of health outcomes at all stages of behavioural change:

- Level 1: Taking Care of Yourself - The level at which interventions are targeted universally at the whole community, but with a focus on targeting those sections of the community at increased risk and hardest to reach.
- Level 2: Supporting Change - Behaviour change interventions
- Level 3: Specialist Help - these interventions can help clients to manage existing conditions, or high risk factors. They are designed to reduce risk, improve self-management and/or to improve independence
1.7 The **Community Health Champions & Health Trainer Service** will also be based within the central office and has 4 key objectives:

- To recruit and train from the wider community individuals as Community Health Champions to inspire and help their friends, families, neighbours and work colleagues to lead more healthy lives
- To manage the new Healthy Lifestyle Accreditation. This is awarded to partners and stakeholders who share and demonstrate a commitment to improving health. With this accreditation partner organisations have access to free RSPH Training ensuring there is standardisation of delivery and dissemination of agreed key health messages. In return partners, will also promote the recruitment of Community Health Champions within their own organisations.
- To deliver Healthy Lifestyle Events with partners and stakeholders in each of the localities
- To undertake community mapping.

1.8 The team structure includes 10 Health Trainers (Healthy Lifestyle Coaches) made up of 5 whole time equivalents and up to 20 Community Health Champions (CHC’s) for each of the 3 localities (60 total) supported by providers from the community voluntary, sector, primary care or specialists provision in the locality or within the borough.

1.9 Community Health Champions and Health Trainers will be responsible for Level 1 and 2 activities and will operate flexibly from community bases within the locality.

- Community Health Champions will be recruited from the wider community and through community voluntary groups. This will ensure that the service is culturally diverse and through the variety of languages spoken, increase access to services.
- The Royal Society of Public Health (RSPH) Accredited Centre will provide training and development opportunities to support Community Health Champions, voluntary and faith communities, front line staff in primary care, partner organisations and individuals, so they can confidently deliver key health messages.
- Level 3 training will be targeted at Community and Faith Leaders so they can empower and build the capacity of their organisations and lead to the establishment of a ‘competent’ community infrastructure that can design and deliver interventions for their needs.
- The RSPH Centre will also implement the Prevention and Lifestyle Behaviour Change Competence Framework: Making Every Contact Count and other training i.e. Walks Leader, Mental Health First Aid and Cancer Awareness.

2. **Stage 1. Initial Design**

2.1 The outline model for the pilot for the Mayesbrook Park Locality is based on the model for the HLS.
2.2 For ease of reference the Mayesbrook Park pilot is listed as Locality 1 within the above model. Other parks will be listed as the other Localities when they come online.

2.3 The objectives of the pilot were to:

- To put in place lifestyle activities in parks in the borough
- To offer co-ordinated lifestyle service
- To involve the whole community in providing and participating in these activities
- To evaluate the services offered.

2.4 To support this approach the following has been put in place:

- Establish the Community Health Champions & Health Trainer Service
- Establish the RSPH Accredited Training Centre
- Implement the MECC Prevention & Lifestyle Behaviour Change Competence Framework
- Establish locality working utilising community assets
- Implement integrated working
- Implement the Progressive Behaviour Change model across Starting Well, Living Well and Ageing Well addressing gaps in provision
- Demonstrate Increased partnership working and increased health outcomes.
3. **Stage 1. Mayesbrook Park Pilot**

3.1 Community profile - benefits of delivering the pilot in Mayesbrook Park ward

The population of Mayesbrook ward is estimated to be around 10,773 (Public Health England Mayesbrook Local Health Report 2015). This comprises:

<table>
<thead>
<tr>
<th>Mayesbrook population breakdown</th>
<th>Life-course stages</th>
</tr>
</thead>
<tbody>
<tr>
<td>3,045 - under 16 years</td>
<td>Starting Well - reach figures: 3,045</td>
</tr>
<tr>
<td>1,249 - 16 – 24 years</td>
<td>Living Well - reach figures: 6,583</td>
</tr>
<tr>
<td>5,334 – 25 – 64 years</td>
<td></td>
</tr>
<tr>
<td>967 – 65 – 84 years</td>
<td>Ageing Well – reach figures 1,145</td>
</tr>
<tr>
<td>178 – 85 years +</td>
<td></td>
</tr>
</tbody>
</table>

3.2 The black and minority ethnic (BME) and ‘not white’ population of the ward is lower than the rest of Barking and Dagenham; however, deprivation levels of 39.2 are higher than the LBBD average of 34.6. This is also true for income deprivation (Mayesbrook 25.7, LBBD 24.2), child poverty (Mayesbrook 32.3, LBBD 31.9) and older people in deprivation (Mayesbrook 29, LBBD 27.9).

3.3 The number of people in the ward who provide 50 hours or more of unpaid care per week and the number of pensioners who live alone in the ward are both above the borough and England average.

3.4 Obese Children (Reception Year), Children with excess weight (Reception Year), Obese Children (Year 6) and Children with excess weight (Year 6) although not quite as high as the borough average are still significantly higher than the England average.

3.5 There are 2,079 obese adults in the ward (approximately 27% of adults aged over 16 years) and only 1,554 healthy weight adults (approximately 20%) in the ward.

3.6 Whilst deaths from all cancers are high, with regard to individual cancers deaths from lung cancer is significantly higher than the LBBD and the England average. Life expectancy for males at birth is significantly worse for males in the ward.

3.7 Parks and green spaces provide free access to nature, relaxation, play, exercise, sports, education and social cohesion and contribute significantly towards wellbeing. Mayesbrook Park which is based on the ward offers a great opportunity to base future health improvement initiatives.

3.8 The facilities on offer in the park are:

- A toddler’s playground
- Adventure playground
- Outdoor gym with basketball court
- Trim Trail
- Six football pitches
- One cricket pitch
- Two basketball courts
- Local Nature Reserve with two lakes and woodland
• Athletics arena
• Sport House indoor sports centre.

All these assets were piloted to deliver health improvements for local residents.

3.9 The aim of the pilot was to demonstrate:

• Improved service performance (health outcomes) and customer satisfaction
• Increased local participation in health-related activities
• Financial viability in the context of reduced public expenditure

4. Update: Mid-stage Progress

4.1 A lot of work has been completed to address the structural changes required to enable the team to do the operational work required. The following has already been achieved overall:

• Healthy Lifestyle Community Event 28.10.16 – raising awareness of the service
• Guided walks training has been delivered and walks have been put in place
• Other activities are listed in 4.9

To support the park-based service the following work has been delivered:

• The park based Community Health Champions Service established, 33 Community Health Champions have been recruited to date who have committed 4 hours per week, for a minimum of 12 months
• Mandatory training delivered – 33 Community Health Trainers have completed Level 2 Understanding Health Improvement; 5 of these are from Barking Football Club
• 14 Children Centre staff have completed Level 2 Understanding Health Improvement
• 9 Community Health Champions have been trained as Walk Leaders (5 from Barking Football Club)
• 15 Community Health Champions have been trained in Motivational Interviewing
• 8 Community Health Champions have been trained in Cancer Awareness
• Application to become RSPH Accredited Centre submitted 11th November
• Leisure Staff – re-organisation in progress
• Stakeholder engagement – the establishment of the Healthy Lifestyle Operational Board
• Pilot of e-referral form for GP’s
• A school gate initiative is also being piloted across the 4 primary schools in the Mayesbrook ward to create smoke free zones around these schools.

4.2 The Healthy Lifestyle Event was held in Mayesbrook Park from 1pm – 5pm, on 28 October 2016. There were 19 community voluntary organisations in attendance and a total of 125 attendees throughout the afternoon.

The event showcased the new Community Health Champions and Barking Football Club as the first recipient of the Healthy Lifestyle Accreditation and was an opportunity to raise awareness of the Healthy Lifestyle Service to local residents.
Community Health Champions engaged with 32 new clients, of which 23 completed Healthy Lifestyle Assessments that included questions on Health Checks and Cancer Awareness.

Of these, 80% wanted more information on losing weight and healthy eating and stated they were interested in being approached with more information. 5 people who attended the event also signed up to become Community Health Champions.

Feedback from the event was positive and those who attended found it ‘very enjoyable and they learned a lot’; however, a number of improvements were noted, the most notable from visitors and stallholders alike was regarding the location of the event.

The event was placed directly behind the Jim Peters Stadium that meant it could not be seen by passers-by; the marquees were hidden from sight. People felt this meant we missed out on attracting people who may not have known the event was on.

However, feedback confirmed that the event was seen as a driver for change in the ward.

5. **Next steps**

5.1 Once the evaluation of the Mayesbrook pilot is complete and approved the model will be considered for roll out across other parks in the borough.

**Background Papers Used in the Preparation of the Report:**

None.

**List of appendices:**

None.