

Stoke-on-Trent City Council DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2019

CONTENTS

FOREWORD	3
INTRODUCTION: COMMUNITY IN STOKE-ON-TRENT	4
2. OUR COMMUNITY HEALTH AND WELLBEING ASSETS	6
2.1 Health Literacy	6
2.2 Cancer Awareness Programme	8
2.3 ParkLives – Physical Activity Programme	9
2.4 My Community Matters	9
2.5 Supporting people with a learning disability to gain employment	10
2.6 Reducing loneliness	11
3. RECOMMENDATIONS - PRIORITIES FOR 2019	13

FOREWORD



Jacquie Ashdown Assistant Director Wellbeing (Director of Public Health)

This annual report showcases the success being achieved in Stoke-on-Trent by utilising a community health asset-based approach to improve the health of the local population. Stoke-on-Trent is 'on the up', as demonstrated by the growth of the local economy and improvements in key health outcomes, such as decreases in smoking in pregnancy and teenage conceptions. However, life expectancy and healthy life expectancy remain a key local priority. To meet the need to address the persistent ongoing health and social inequalities a different tack has been taken. Over the course of recent years a community health asset-based approach to tackle health inequalities has been implemented. This approach spans the breadth of health improvement endeavours and into areas led by colleagues across the council. This 'One Team One Council' mantra enables focus on the authority's five strategic plan priorities:



Work with residents to make our towns and communities great places to live



Support vulnerable people in our communities to live their lives well



Support our businesses to thrive, delivering investment in our towns and communities



Our ambition is for Stoke-on-Trent to be the best it can be for all the people who live and do business here.

INTRODUCTION: COMMUNITIES IN STOKE-ON-TRENT

Stoke-on-Trent is a great city with strong community pride, a rich cultural heritage, and huge potential.

Its six towns – Tunstall, Hanley, Burslem, Longton, Stoke and Fenton –are collectively known as 'The Potteries' due to the city's connections to the ceramic industry. Not only is this the home of world famous ceramics, it is also that of the Staffordshire Hoard. Along with a number of theatre and art venues, Stoke-on-Trent is home to 96 beautiful parks and green spaces and more importantly over 256,000 residents, who are arguably the city's greatest assets.

Stoke-on-Trent is not without its challenges. It is one of the 20 per cent most deprived districts/unitary authorities in England, with:

- 52.8 per cent of residents living in disadvantaged circumstances
- An unemployment level higher than the national average
- Poor mental and physical health of residents

These factors contribute towards a lower than national average healthy life and life expectancy (9.3 years less for men and 7.1 years less for women living in the most deprived areas, compared to those living in the least deprived areas of the city).

These factors contribute towards a lower than national average healthy life and life expectancy (9.3 years fewer for men and 7.1 years fewer for women living in the most deprived areas, compared to those living in the least deprived areas of the city). Yet behind these statistics local people are volunteering to help others. These are the stories that Public Health and Social Care wish to share. Communities make a vital contribution to health and wellbeing. They have many assets within them such as skills, knowledge, social networks, their environment, local groups and community organisations, which can all contribute to the building blocks for good health.

What are community health assets?

The Community Toolbox¹ defines community assets as anything used to **improve the quality of community life**. This can be:

- A person residents can be empowered to identify and use their passions and interests, skills and knowledge to build and transform the community
- A physical structure or place a school, hospital, church, library, leisure centre or social club. It could be a town landmark or symbol. It might also be an unused building that could house a community hospice, or a secondfloor room ideal for community meetings. Or it might be a public place that already belongs to the community - a park, a wetland, or other open space
- A community service makes life better for some or all community members: public transportation, early childhood education centre, community recycling facilities, or a cultural organisation
- A business provides jobs and supports the local economy

The infographic opposite illustrates the health assets, which exist within a community.

What are community health assets?

All communities have health assets that can contribute to positive health and wellbeing



Friendships, good neighbours, local groups and community and voluntary associations Physical, envionmental and economic resources that enhance wellbeing

Infrographic concept courtesy of Public Health England - Health Matters

2. OUR COMMUNITY HEALTH AND WELLBEING ASSETS

Built on Stoke-on-Trent's rich community heritage and assets the following six examples showcase the work and the impact this work is having on the health and wellbeing of local residents and communities.

2.1 Health Literacy

There are two aspects to consider when it comes to health literacy. One relates to the type of information and advice provided. The other is about how people, families, and communities understand and act on the health and social care information they receive. Far too often, the information provided is not easy to find, understand, or use. In Stoke-on-Trent, we are trying to work on both aspects. Good levels of health literacy help people to:

- Discuss health information/medical concerns with healthcare providers
- Engage in self-care and disease management
- Successfully manage long-term health conditions
- Navigate their way through the healthcare system
- Act on medical, health or safety-related information
- Use the emergency services effectively



What are we doing?

Public Health facilitates a Health Literacy Awareness Network and training for providers of health and care services, which aims to develop the understanding of health literacy and its impact. Over 300 people have attended this training, helping to create a network of people and organisations to share learning and the generation of new ideas and actions. This support has led to some positive developments for communities - for both partner organisations and participants.

Local examples have included:



"It's OK to ask!"

Representatives from the University Hospital of North Midlands (UHNM) attended the Health Literacy Awareness training organised by Stokeon-Trent City Council. This resulted in the "It's OK to ask!" initiative being developed.

Patients' feedback highlighted that they sometimes felt 'excluded from decisions made about their health.' Outpatients departments of both UHNM's main sites implemented "It's OK to ask!" The programme encourages people to ask questions about their treatment and how to manage their health once at home.

Both Stoke-on-Trent and North Staffordshire Clinical Commissioning Groups (CCGs) have adopted this initiative, with a view to making it a citywide programme.



Haywood Hospital - Making PIER health literate

The Patient Information Education and Resource Centre (PIER) has put health literacy at the heart of the way it supports patients to understand their conditions. Volunteers living with the same conditions to those needing help can be the greatest assets, and have been instrumental in delivering this accessible programme.



National recognition

In recognition of the leading role that Stoke-on-Trent is taking with regard to health literacy, the City Council sits on two national bodies (NHS England Health Literacy Collaborative and Health Literacy UK). The work that has taken place in the city has featured in the All Party Parliamentary Group Primary Care and Public Health Inquiry Report into NHS England's Five Year Forward View: Behaviour Change, Information, and Signposting. It is hoped that it will form the basis for the new national charter for health literacy

2.2 Cancer Awareness Programme

More than one in three people will develop some form of cancer during their lifetime. If cancer is diagnosed and treated at an early stage the better the chance of survival. In Stoke-on-Trent, 51 per cent of cancers are being diagnosed early, compared to the England average of 52.6 per cent. The uptake of the breast, bowel and cervical cancer screening programmes in Stoke-on-Trent is lower than the England average.

What are we doing?

The Cancer Awareness Programme is an initiative to raise awareness of the early signs and symptoms of the four most common cancers (breast, bowel, lung and prostate) to encourage early presentation to GPs. The programme also aims to raise awareness and increase participation in the three national cancer screening programmes (breast, bowel and cervical) and is aimed at people living in Stokeon-Trent aged 40 and over, as the chance of being diagnosed with cancer increases with age.

The Cancer Awareness Team consists of 20 dedicated volunteers who use a peer-to-peer education approach to raise awareness of the early signs and symptoms of cancer, in community locations across the city. During 2017 the volunteers attended 147 events in locations across Stoke-on-Trent.

The team use many of the city's venues including primary care centres, leisure centres, local markets, supermarkets and community centres, to help enable them to spread their messages to the hearts of their communities.

Information leaflets featuring local cancer survivors have been produced to support the programme. These personal stories of early diagnosis and of surviving cancer have inspired people to take action and get themselves checked.

Celebrating success

Following the celebration to mark 10 years of the programme, the local press nominated the volunteers for a 'Sentinel Heroes Award' https://www.stokesentinel.co.uk/news/stoke-on-trentnews/cancer-survivors-share-stories-help-1771073

Staffordshire and MHS Stoke on Trent Partnership

If diagnosed early, 9 out of 10 women with breast cancer



Early diagnosis of prostate cancer so get checked today to enjoy tomorrow

Norman

6D years

Staffordshire and NHS Stoke on Trent Partnership

2.3 ParkLives – Physical Activity Programme

Physical activity levels (16 years+) in Stoke-on-Trent remain lower than the national average. The latest data from the Active Lives survey (Nov 2016/17) reports that 51 per cent of adults do 150 minutes or more physical activity a week, almost 11 per cent less than the England average of 61.8 per cent.

What are we doing?

Our local parks provide an excellent environment, encouraging not just an increase in local physical activity levels and use of local greenspace but also the opportunity to engage with harder to reach groups and form collaborative partnerships to enhance the programme. The ParkLives programme is delivered in 11 local parks across Stoke-on-Trent, offering a range of activities from April to September for all ages and abilities.

- Tai Chi
- Zumba
- Guided walks

Case study - ParkLives



Following engagement with the programme, one participant stated that:

"I just wanted to let you know how much the keep fit sessions in the park are helping with my mobility.

You may remember that the first week I came I just held onto the fence and lifted my legs and it wasn't even in time to your music. With your encouragement and some creative thinking I'm now using some of the equipment and have even managed to break my close relationship with the fence!!

In your class I don't feel disabled, I look forward to coming every week, my confidence, mobility and balance have definitely improved since I started Park Lives . Thank you for your support".

2.4 My Community Matters

Creating healthy communities requires practical approaches that work to connect and mobilise the assets within. Communities and local people are both key contributors to a solution.

What are we doing

The My Community Matters (MCM) programme supports people in areas with high deprivation, to improve health and wellbeing. MCM use assetbased, participatory and social network approaches to bring local residents together to work in partnership with agencies, businesses and service providers, to improve the health and wellbeing of their community.

Case study - Portland Inn project - "a shared space to plan the future":

The Portland Street Community Group's main challenge was the lack of a local venue for the community to come together; however, there was a derelict pub in the area, which residents wanted to bring back to life.

Following a successful reopening of the pub as a community hub in 2016, trialling 54 different workshops, and activities for over 600 attendees over just one month, the future looks very positive for this community project. The group developed a business plan to turn the Portland Inn into a pioneering community space, cultural hub and social enterprise.

Since starting in 2012/13 the team have worked intensively in seven different neighbourhoods across the city, establishing community-led partnerships. The MCM team gives a voice to residents, supporting them to identify their priorities and to contribute to decisions about how they should be addressed. Residents are encouraged to take action by using a proactive and positive approach to solving problems, so that activity becomes increasingly community-led. The programme also provides learning and skills to communities and residents to enable them to lead and sustain transformational change.

2.5 Supporting people with a learning disability to gain employment

People with learning disabilities experience inequalities within health, employment and life experiences. A community health asset-based approach encourages partnership working with the individual, their family and carers, health partners, local businesses, employers, organisations and their local community. This enables individuals with learning disabilities to lead fulfilled, rewarding and healthy lives.

What are we doing?

Employment option: Riverside at Riptide Café

A pilot programme was launched at Fenton Manor Leisure Centre Café. This has enabled individuals with learning disabilities to gain employment as casual employees, resulting in them enrolling onto a one-year hospitality and catering qualification within the local authority.

This partnership between council departments and the leisure centre has also enabled the reopening of a café every day from 8am. The employees are supported to learn and develop catering and hospitality skills, as well as life skills, such as managing money, communicating with the public, developing time management, the confidence to use public transport to access their place of work as well as increasing their physical activity levels.





Employment option: Embrace Radio Show at 6TR

There was an absence of employment opportunities for those with learning disabilities seeking to work in media. As a result, the Embrace Radio show was launched in 2017 during Learning Disability Week. Embrace Radio was a pilot programme to engage people with either a diagnosed learning disability and or/autism who expressed an interest in TV and radio. The pilot lasted 12 weeks with participants involved in presenting, co-producing, and directing the Embrace Radio Show.

During the 12-week pilot five people volunteered their time weekly to host the radio show. Achievements include:

- One person volunteering on an additional day to support the presenter
- The team were awarded 'Team of the Year' by 6 Towns Community Radio
- The team delivered a live radio broadcast from the Royal Stoke Hospital for Learning Disability Week 2018
- Volunteers were able to develop their skills in time management, communication skills, planning and organisation of the radio schedule. This helped to reduce social isolation and enabled them to make new friends.

People with complex needs working with Port Vale FC

Following a successful meeting with Port Vale Football Club Community Trust to discuss potential volunteer opportunities, a young man with a keen interest in football coaching was referred into the learning disability service, resulting in him volunteering with the club. With relevant support for his present limitations around mobility, speech and the ability to communicate to an audience, the man has:

- Reduced his isolation (previously he felt depressed and was spending time alone at home, gaming)
- Increased his physical activity levels
- Increased friendships
- Developed his football coaching skills, including the ability to communicate confidently to an audience

2.6 Reducing loneliness

There is evidence to support the detrimental effects of loneliness on people's health and wellbeing. Stoke-on-Trent's Public Health Loneliness Conference in 2015 gathered local evidence, identifying three key issues as essential first steps to tackling loneliness:

- Talking to the community about the health and wellbeing impacts of loneliness and why loneliness is everyone's problem
- Mobilising community support to reach out to lonely people and help to increase their engagement with the world around them
- Working to destigmatise loneliness by encouraging people to talk openly about the subject



What are we doing?

The Blue Iris initiative

Initially funded by a small lottery grant to Stoke Area Network for Disability (STAND) and supported by Stoke-on-Trent City Council including the Public Health department.

This is a simple initiative based on two activities

- Project worker and volunteers engage with the whole community by visiting local groups, organisations, community events etc. to raise awareness about:
 - a. Loneliness and its impact,
 - b. Who may be at risk
 - c. How to address it
 - d. How everyone can take action

It is important to consider outreach to complement other awareness-raising activities such as media and promotional materials to encourage more people to talk about loneliness.

 Members of the community wear a Blue Iris pin badge. The badge tells a lonely person that the wearer is happy to talk to them. Research by the Campaign to End Loneliness found that lonely people miss most simple interactions, like having a friendly chat, but they are often reluctant to approach someone for a chat. The badge takes the worry out of these casual community interactions.

Launched in June 2017, Blue Iris has demonstrated the power of the community in tackling loneliness.

- Development of a distinctive brand logo
- **70 outreach activities**, with a focus on talking to 'at-risk' groups including people with disabilities, lesbian, gay, bisexual and transgender (LGBT), older people and carers. This is in addition to ensuring that 'hotspot' areas, as indicated by loneliness mapping, are visited
- **4,700 supporters** engaged to wear the Blue Iris badge
- **103 local organisations** engaged to support promotion and are helping to link to some of the most isolated and excluded people
- **77 ambassadors** recruited to spread the word about Blue Iris and to encourage more community conversations about loneliness
- E-newsletter developed so that supporters can see the positive impacts of their work, enabling communication of new ideas and initiatives to address loneliness. Interest has been expressed from other parts of the UK and internationally about how to set up Blue Iris



Case study - Blue Iris

Frank* is a Blue Iris supporter and works in retail. His mother works at Royal Stoke Hospital and she heard about Blue Iris at work and told Frank about it. This is his experience:

Community benefits- beneficiary and participant feedback

"I spoke to a lady while I was out shopping in the market. She said she had not spoken to anyone for 6 weeks! I am horrified that this has happened to this lady. I told her I shop in the market every Wednesday and that I hope we can meet up and talk."

"Since wearing my Blue Iris badge a few people have asked me if I have time to chat. But one lady in particular has stayed in my thoughts and we now text."

"I had some real bad problems a few years ago. I lost my job and spent a few months sleeping rough. That was the lowest and loneliest part of my life. Someone reached out a hand to help me get back on my feet and I would like to help other people, like someone helped me. Loneliness is the worst thing that can happen to anyone."

Beneficiaries have told us:

"I feel so much better knowing that I'm not totally on my own. There are people out there who understand how hard it is for me to start a conversation and who are willing to talk to me. I think it's wonderful to know that there are so many good people in Stoke."

"I recently moved back to Stoke to look after my mum. I don't feel that I know anyone anymore. This (Blue Iris) will give me the opportunity to speak to people, get to know people in my area and maybe make some new friends."

3. RECOMMENDATIONS - PRIORITIES FOR 2019

This report illustrates that positive progress is being made to enhance the life chances and quality of life for local people. The projects showcased build on the assets which already exist within our local communities, providing a sustainable platform from which to scale up the reach of our work. These projects also demonstrate that through joint working within council departments many opportunities exist which do not require additional resource but can offer alternative ways of achieving potential solutions.

For the forthcoming year to deliver the council's strategic priorities, Public Health, other council colleagues, and local partners will focus on the continued refinement of the community health asset-based approach and its application to the emerging work. Priorities will include:



Social prescribing

Social Prescribing is a means of enabling GPs and other frontline healthcare professionals to refer patients to a link worker. This provides them with a face-to-face

conversation during which they can learn about opportunities to improve their health and wellbeing. People with social, emotional or practical needs are empowered to find and design their own personal solutions often using services provided by the voluntary and community sector. Our plans include rolling out a locally developed collaborative social prescribing programme that builds on existing infrastructure, community knowledge and local assets. The programme will contribute to increasing an awareness of community resources, along with creating new links across local communities and services. There will be the opportunity to build capacity through volunteering and enhanced community connections working across the local system with key partners



Emotional health and wellbeing Wellbeing is about feeling good and functioning well and comprises an individual's experience of their

life. Good emotional health and wellbeing is crucial for health and

will be a priority for the next 12 months



Best Start in Life

Stoke-on-Trent is a significant outlier for infant mortality compared with the England average and its statistical neighbours. In the city a child under the age of 12 months

dies every two weeks. A review of Children and Young People's Services and the wider determinants of infant mortality will be undertaken. This review will provide a road-map for local action that will help to deliver results and include focused work to continue progress in the following priority areas: best start in life; smoking in pregnancy; maternal and childhood obesity; and teenage pregnancy



Healthy lifestyles

The burden of ill-health and premature death remains a challenge for the city. Progress is being made to enable and empower local residents to take

healthy lifestyle choices. These healthy choices make significant improvements to the health of local people. To maintain and increase progress being made to reduce unhealthy lifestyle choices, the following areas will remain a priority: smoking; substance misuse with a focus on alcohol; and the promotion of physical activity

Locality Working

The development of a health and wellbeing offer that will support the council's Locality Working approach.

