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Working in Partnership with the new Public Health teams and others to improve physical activity participation and improve health

Hazel Wright
Jean Lordon
Lindsay Johnson
Liane Azevedo

TEES VALLEY sport

Middlesbrough moving forward

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Workshop objectives

- Teesside's experience
- NHS reforms, the new Public Health responsibilities
- What can be achieved by encouraging people to be more physically active
- Who are our shared target populations
- The role of a County Sports Partnership
- The role of research
- Top take-away tips to make it work for you

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Teesside's experience so far……

- Well recognised in development of HU approach - can start out very bottom up – no different here at Teesside
- Changes in job title and description x 3 in 7 years
- 3 different 'steering groups' in first 5 years until finally formed current 'high level steering group'
- Gradually attended more and more committees internally and externally
- Often feels like one step forward, two steps back
- Can sometimes become a little isolated from what's happening out there!!
- Mostly only dealt with Providers
- Constantly striving to
  - Improve provision of and enhance health and wellbeing services/support available to students
  - demonstrate how HU or Wellbeing can aid the achievement of University objectives with the ultimate am of embedding the approach into University life

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What has helped?

- Engaging with key partners – key aspect of a whole system approach and to success of HU approach
- Joining the HU network and being a key partner in the HEFCE Developing Leadership and Governance project
- Creation of high level steering group
- Champion at VCE level
- Joined a number of external committees – sexual health, Smokefree Alliance, physical activity group
- Made lots of contacts often by w.o.m., chance encounters at meetings/conferences, asking questions, attending events/networking – generally being nosy, carrying out presentations at committees, meeting key people face to face and mapping activities.
- Supportive management and colleagues
- Persistence and more persistence.
- Be prepared to play the long game and roll with the changing HE landscape in your own institution and in the wider environment.
- Finally getting to speak to the ‘gate keeper’ the ‘guru’ – in my case the Director of Public Health for Middlesbrough and the Partnership Development Manager

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Where are we currently?

- Currently looking at carrying out a Health Needs assessment on students and staff. This will help us to:
  - Develop an action plan
  - Identify gaps in current provision
  - Understand our student and staff population better
  - Access new and improve current services/activities for our students and staff
  - Benefit from expertise of partners
  - Possibly further funding for development of services
- There may still be rough seas ahead but we're getting there gradually
- Hopefully this presentation and workshop will provide you with some really useful information to help you engage with your new Public Health teams

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We can do it together!

- ‘Failure is only postponed success as long as courage 'coaches' ambition. The habit of persistence is the habit of victory.’ (Herbert Kaufman)
- ***‘The man who thinks he can and the man who thinks he can't are both right ‘(Henry Ford)***
- ‘Ambition is the path to success, persistence is the vehicle you arrive in.’ (William Eardley IV)
- **‘If we are together nothing is impossible. If we are divided all will fail.’ (Winston Churchill)**
- ‘Coming together is a beginning; keeping together is progress; working together is success’ (Henry Ford)

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Physical Activity in Middlesbrough

Lindsay Johnson
Health Improvement Specialist
Public Health
Middlesbrough Council

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Overview

- NHS Reforms
- Meeting the new Public Health Responsibilities (Strategic direction)
- Target population
- Benefits of being physically active
- Middlesbrough's vision

NHS Reforms

- From April 2013, PCTs were abolished and replaced by:
  - Clinical Commissioning Groups (CCGs)
  - NHS Commissioning Board
  - Public Health England
  - Transfer of Public Health from NHS to LA

National Policy

- Health & Social Care Act 2012 places local government & local communities at the heart of improving health and wellbeing for their populations through:
  - Local Health & Wellbeing Boards
  - Local & National Healthwatch Organisations
  - Joint Strategic Needs Assessment (JSNA)
  - Health & Wellbeing Strategy

Public Health White Paper

- Sets out the government's vision to establish a public health service that:
  - Improves health & wellbeing
  - Reduces health inequalities
  - Ensures local populations are protected from harm
- Transfer of PH function & responsibilities from NHS to local authorities → LA responsible for improving the health of their population.

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Health & Wellbeing Boards

- Forum where key leaders from the health and care system work together to improve the health and wellbeing of their local population and reduce health inequalities.
- Provide local strategic and collaborative leadership.
- Influence over commissioning decisions across health, public health and social care.
- Undertake the Joint Strategic Needs Assessment (JSNA) and develop a joint H&WB strategy for how these needs can be best addressed.

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Joint Strategic Needs Assessment

- JSNA is the tool for H&WBB to take a strategic view of the needs and assets in local areas → knowledge is used to inform service planning and commissioning of services.

- H&WB Strategy based on JSNA.

- H&WB Strategy and JSNA form the basis for local decisions according to local needs and engagement with local communities.

Key Document - Marmot Review

- Health inequalities arise from a complex interaction of social, geographical and biological factors – all of which are strongly affected by economic and social status.

- People who are worse off experience poorer health and shorter lives (Ormesby Bank).

- Tackling health inequalities requires systematic, targeted and joined up efforts.

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The Gradient of Inequalities in Health

Life expectancy reduces by 2 years for every mile from suburb to centre

Life Expectancy

← Pallister

74 75

← Park End

72 77

← Marton

79 86

← Nunthorpe

82 84

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Marmot Six Key Policy Objectives

- Give every child the best start in life;
- Enable everyone to maximise their capabilities & have control over their lives;
- Create fair employment & good work for all;
- Ensure healthy standard of living for all;
- Create & develop healthy and sustainable places & communities;
- Strengthen the role & impact off ill health prevention.

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Middlesbrough's Health & Wellbeing Strategy

Vision

Improve the health and Wellbeing of our local population and reduce health inequalities

Aims

- Tackle the social causes of poor health
- Ensure children and young people have the best health and Wellbeing
- Reducing preventable illness and early deaths
- Ensure high quality, sustainable and joined up health, social care and Wellbeing services

Priorities

- Ensuring healthy standard of living for all
- Create and develop healthy and sustainable places and communities
- Raise aspirations and educational attainment
- Creating fair employment and good work for all
- Invest in robust early help with a focus on the family
- Support emotional health and Wellbeing of young people and their families
- Improve maternal health and early years health and Wellbeing outcomes
- Multi-agency approach to improving lifestyle choices
- Increasing uptake of preventative and early intervention programmes
- Improving emotional health and Wellbeing across the life course
- Reducing variation in the management of patients with long term conditions
- Integrated health and social care services for people with long term conditions
- Delivering the right care, right time, right place

Working better in partnership

- Leadership & Advocacy
- Strategic focus on prevention & early help
- Whole system approach
- Targeted Approach
- Community Engagement

Meeting New PH Responsibilities

- Supporting people of all ages to change their behaviours and lead healthier lifestyles can help local authorities meet their new public health responsibilities including those outlined in:
  - Public Health Outcomes Framework
  - Adult Social Care Outcomes Framework
  - Middlesbrough Health and Well Being Strategy

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Improve Population Health & Wellbeing

- Heart disease, cancers, respiratory diseases and diabetes are a major cause of death and disability.

- Chronic diseases are closely linked to behaviours and lifestyle factors that can be changed e.g. smoking, an unhealthy diet, low levels of physical activity, being overweight, risky sexual behaviour, and harmful alcohol use are all known to increase the risk of, or cause, a range of diseases.

- Making changes in one or more of these areas will help people significantly reduce their risk of illness. This leads to:
  - reduction in population levels of death and disability
  - reduction in costs to local and national government for associated healthcare, social care and benefits

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Why is PA Important?

- Essential for good health, helping to prevent or manage over 20 conditions & diseases.
- Physical inactivity is a significant and independent risk factor for numerous physical and psychological conditions.
- Reduces risk of developing long term conditions such as heart disease, stroke & diabetes by 50%.
- Benefits for mental health, quality of life & wellbeing & maintaining independent living in older age.
- Reducing health inequalities.

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Key Challenges for Middlesbrough

- Only 11.4% of adults in Middlesbrough are physically active (5 x 30 mins of mod. intensity).
- Just over half of Middlesbrough's adult population are inactive (zero days participation per week).
- 59% of Middlesbrough school pupils participate in 3 hours of PE per week.
- People living in most deprived areas are less likely to take part in active sport.
- Middlesbrough continues to have higher than average levels of obesity amongst school age children and adults.

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Key Challenges for Middlesbrough

- High CHD rates & increasing rates of type 2 diabetes.

- Significant health inequalities associated with physical inactivity. Groups with lowest levels of PA assumed to be:
  - Women especially aged 14-24yrs
  - BME populations
  - Those with a limiting illness/disability
  - Lower socioeconomic groups

- Health costs of physical inactivity = over **£2.6 million**

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Development of Strategic Partnership

- To have a strategic direction and vision with the aim of increasing physical activity levels and improving the health & wellbeing of people in Middlesbrough.

- To avoid duplication and work collaboratively.

- Engage with local communities to determine needs and assets in relation to physical activity.

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Partners

- Public Health (Chaired by DPH)
- Tees Valley Sport
- Teesside University
- Sport and Leisure Services
- Environmental Health
- Integrated Youth Support Services
- Middlesbrough Environment City
- Transport Services
- South Tees Hospital Foundation Trust
- Education Services
- Regeneration
- Missing (although have been invited!) town planners; adult social care; voluntary sector; housing.

Format

- Meetings held every 6-8 weeks to establish momentum and engagement.
- First meeting was an opportunity for general discussion about challenges & barriers to access and participation, function of group, shared vision/aim.
- Discussion highlighted:
  - Missing stakeholders;
  - Insight/segmentation work required with local communities to identify needs and assets;
  - Mapping work required re: services available and where;
  - Research and evaluation opportunities linking in with the University.

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Forward Planning

- Leisure needs analysis being carried out to identify all sport and leisure provision in Middlesbrough.

- Sustainability of initiatives → use of community champions and building capacity and capability within communities (reducing dependency on providers).

- Action Planning
  - Agreed to focus on initiatives that are cross cutting and that will have an impact on a large number of people rather than lots of small initiatives with minimal impact;
  - Small working group to identify priorities identified from the mapping and LNA and develop an action plan;
  - Identification of existing indicators to track progress along with use of the University to carry out evaluation and research projects.

County Sports Partnerships (CSPs)

- networks of local agencies committed to working together to increase participation in sport and physical activity
- 49 CSPs in England; Tees Valley Sport includes Redcar & Cleveland, Stockton, Hartlepool, Darlington and Middlesbrough

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Our Approach

- Increasing participation; high quality, achieving personal goals
- Investing in people to support and grow local sport and physical activity opportunities
- Programmes of innovative and attractive activities; national and local dimension
- Investment in facilities and physical resources; widening access and securing funding

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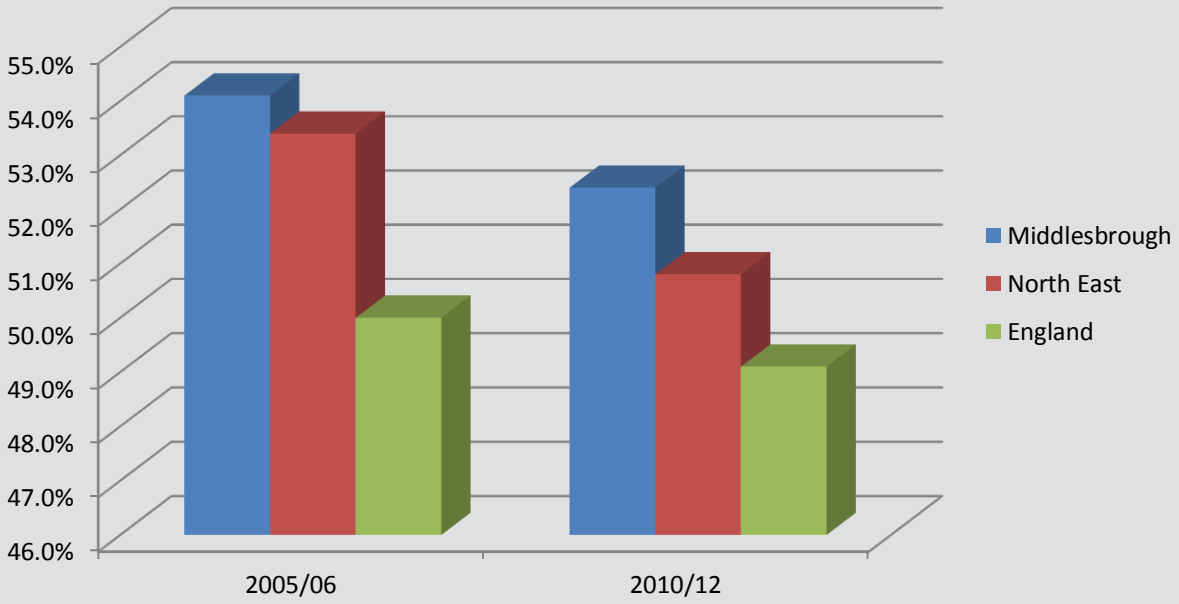
Adult 16+ Participation in Sport and Active Recreation by year, frequency and geographical area

0 x 30 min sessions of moderate intensity activity a week



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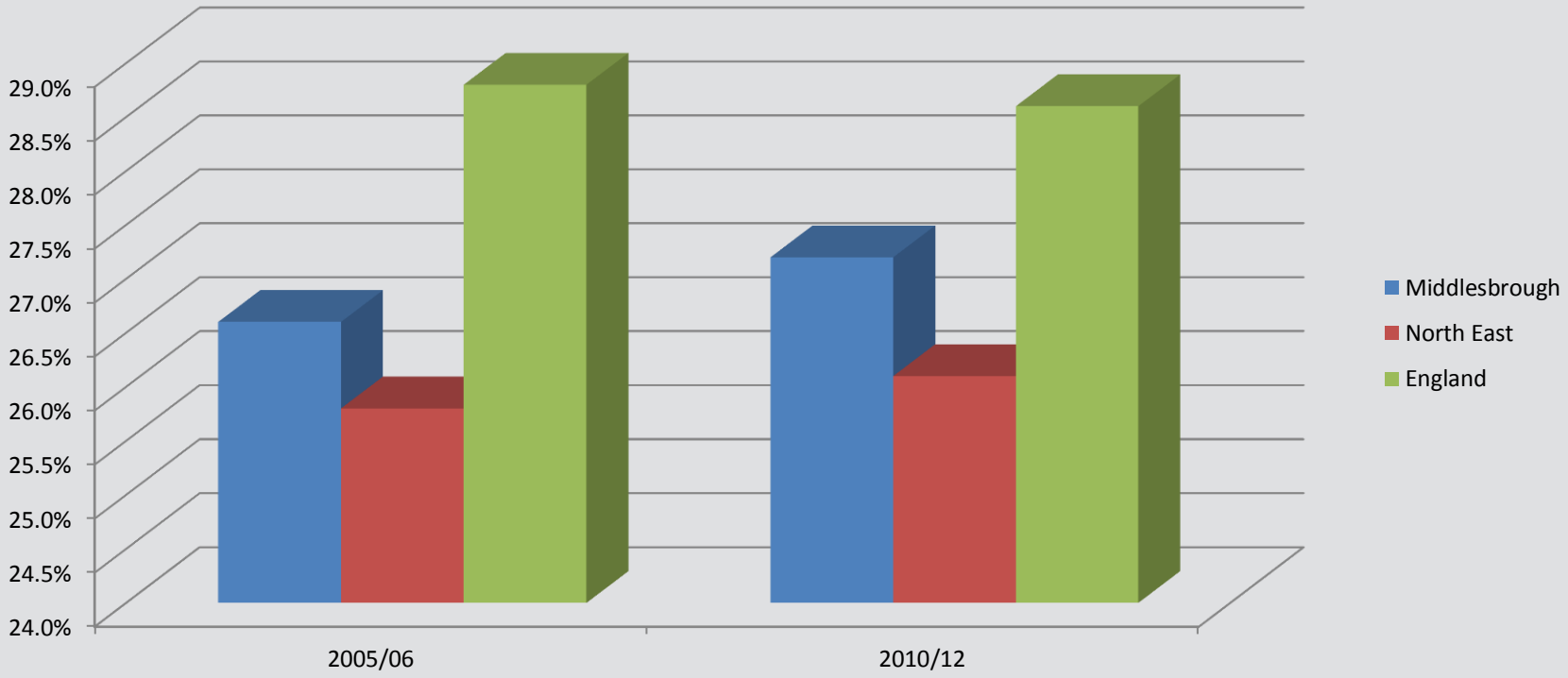
1-2 x 30 min sessions of moderate intensity activity a week



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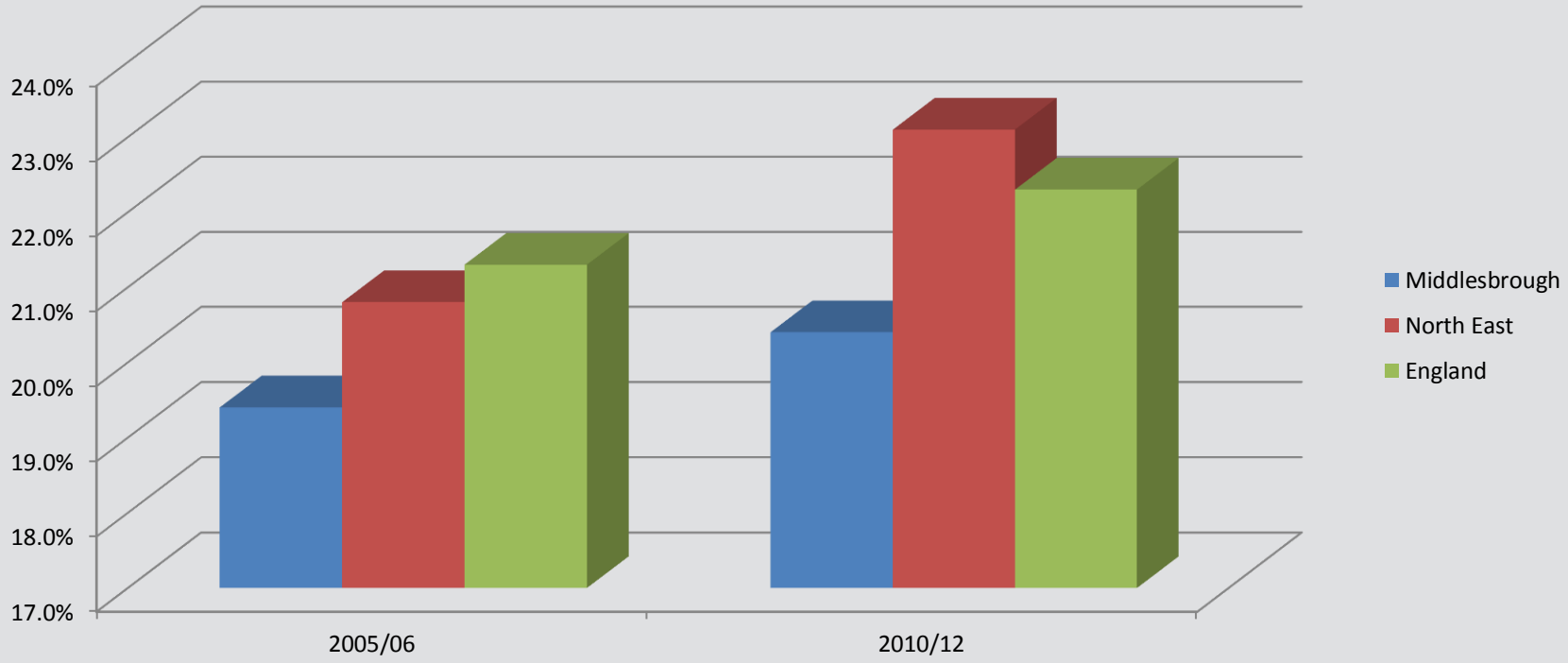
3 x 30 min sessions of moderate intensity activity a week



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What we do

- Core Services Contract; supporting local delivery of National Governing Body Whole Sport Plans

- PE and Sport for Young People
- - Sportivate
- - Sainsbury's School Games
- - School Sport
- - College Sport Makers

- Coaching, leadership and volunteering

- 2012 Tees Valley Legacy work
- - Future Champions
- - Disability Sport

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What we can bring to health and well being work

- Boost delivery of physical activity alongside sport
- People achieve target levels of physical activity through combination of sporting, recreational and lifestyle activities

Participation Pathway

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sky ride

no strings badminton

Inactive Person → Low level activity → Participation events eg Skyride Fun Run Sun Walk → Begin to train → Informal groups or recognised clubs

Get into golf

BRITISH CYCLING

CLOK

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Health and health-related lifestyle of higher education students

Liane Azevedo

Health and Social Care Institute

Teesside University

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Health and Social Care Institute

- Aims
  - research on health and social care topics:
    - **Rehabilitation sciences**
    - **Public health Sciences**
  - Interdisciplinary research across the University and in partnership with external groups and bodies

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Health and Social Care Institute

Chase

Multidisciplinary team within the School of Health and Social Care

Multiple expertise plans research or evaluation based on the client's needs and local structures.

chase
Centre for | health and social evaluation

- Collaboration between 5 Universities of the NE.
- Promotes collaboration between the academic and non-academic sectors.
- A translational research centre
  - **producing evidence that will ultimately lead to better, fairer health for all**
  - **research knowledge can be translated effectively into policy and practice**

- AskFuse: provide a responsive research and evaluation service to policy, practice and voluntary sector partners.

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Evidence Generation

- Alcohol & tobacco
- Obesity, diet and PA
- Inequalities

Evidence Translation

- New professional roles
- Knowledge translation
- Professional & organisational behaviour change
- Commissioning

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Journal of Public Health Medicine

Vol. 22, No. 4, pp. 492–499
Printed in Great Britain

2000

The health of students in institutes of higher education: an important and neglected public health problem?

Sarah Stewart-Brown, Julie Evans, Jacoby Patterson, Sophie Petersen, Helen Doll, John Balding and David Regis

"In studies of health and health-related lifestyles, young people are an **under-researched group** and there are few surveys of the health of students at universities and other higher education institutions… **surveys of students present even more of a challenge** for a number of reasons: **more than one address; many distractions, from academic pressure to social and sporting activities**."

Health Risk

Students may be at risk of adverse health behaviours including:

- Misuse of alcohol
- Smoking & recreational drug use
- Mental health
- Sexual health
- Physical inactivity
- Poor nutrition

Roe & Man, 2006; Burke *et al*., 2010Ward *et al*., 2007; Virtala *et al*., 2006; Royal College of Psychiatrists, 2003

Health Risk - Contributing factors

- Transition stage which allows young people to explore away from parental influence.
- Possible contributing factors:
  - Living arrangements
  - Ethnicity
  - Academic course
  - Extra curricular activities
  - Friendship groups
  - Financial constrains

Stewart-Brown *et al*., 2000; Ansari *et al*., 2011

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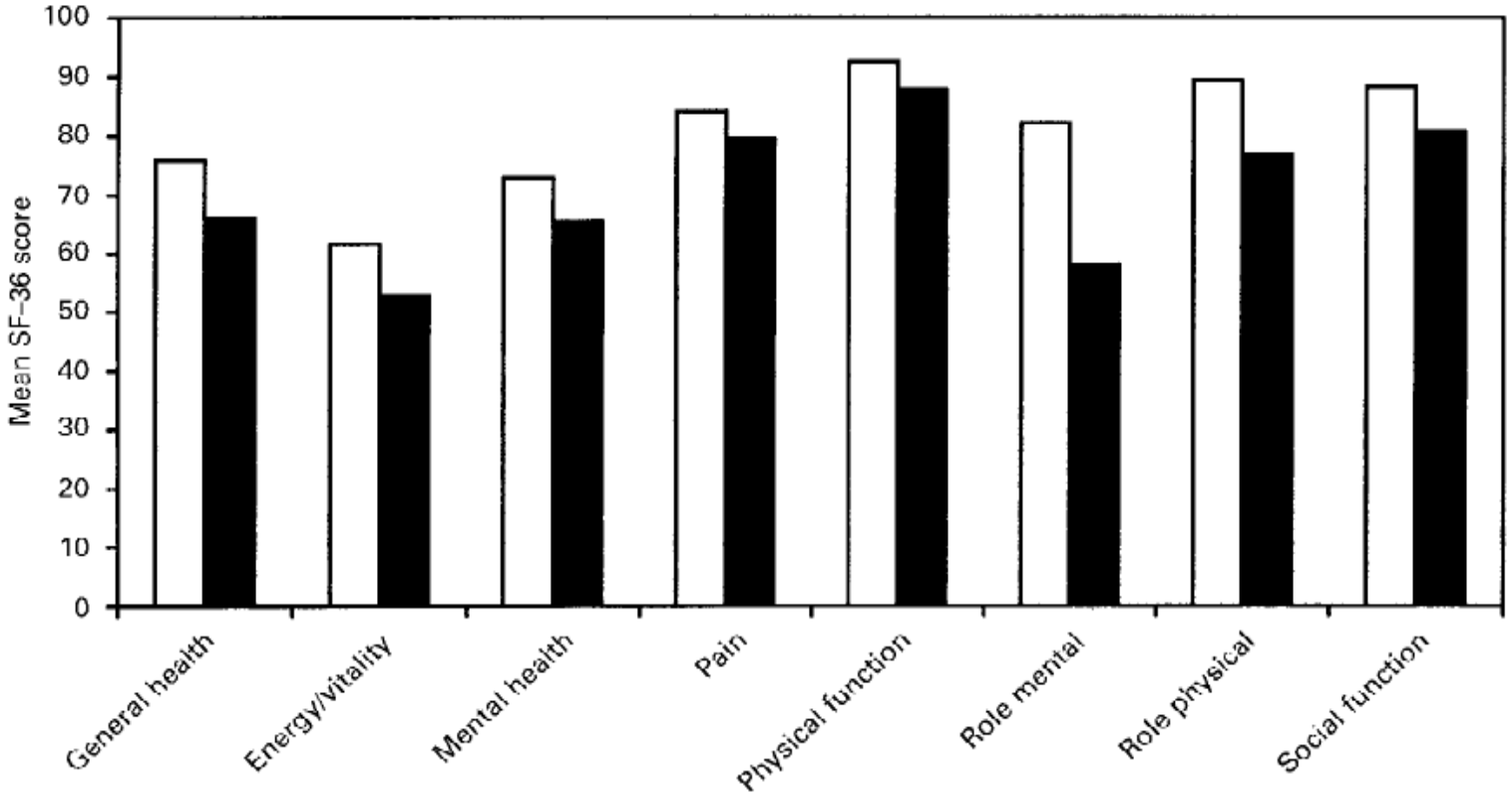

Figure 1 Health status of students and their 18- to 34-year-old peers. Black columns, students; white columns, 1991–1992 population.

Stewart-Brown *et al*. (2000)

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Int. J. Environ. Res. Public Health **2011**, *8*, 1308-1323; doi:10.3390/ijerph8051308

OPEN ACCESS

International Journal of
Environmental Research and Public Health
ISSN 1660-4601
www.mdpi.com/journal/ijerph

Article

Feeling Healthy? A Survey of Physical and Psychological Wellbeing of Students from Seven Universities in the UK

"**health awareness was** quite **high** and the **use of the health services** relatively was **low** in this sample of students from different universities in the UK"

"**clustering effects** of favourable as well as unfavourable health and wellbeing indicators among students."

Ansari *et al.*, 2011

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NHS North of Tyne

Health at University… "it gets easier when you get out of first year"

Health Needs Assessment of University students studying in Newcastle

Gill O'Neill
Public Health Specialty Registrar
October 2012

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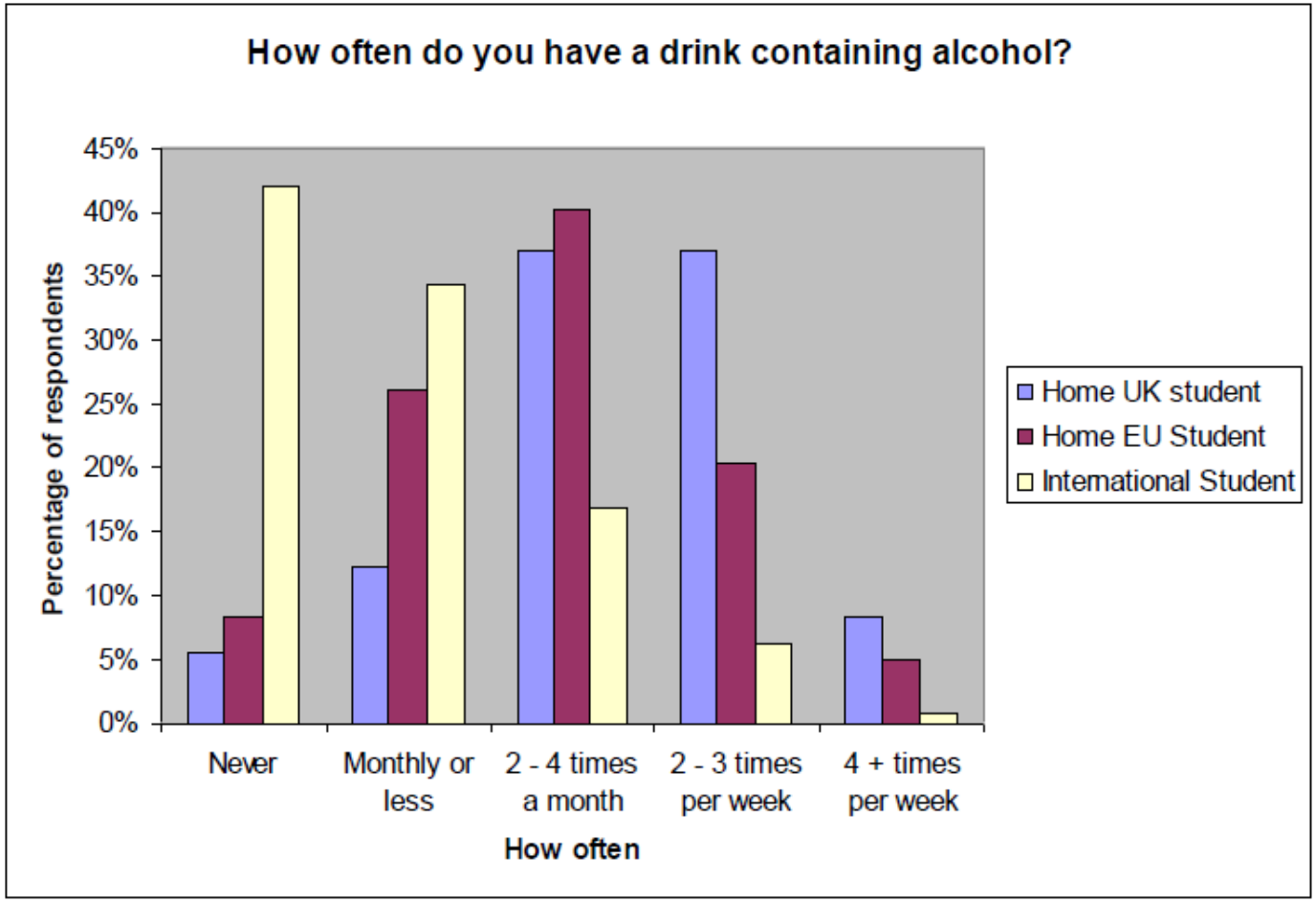
5,355 students

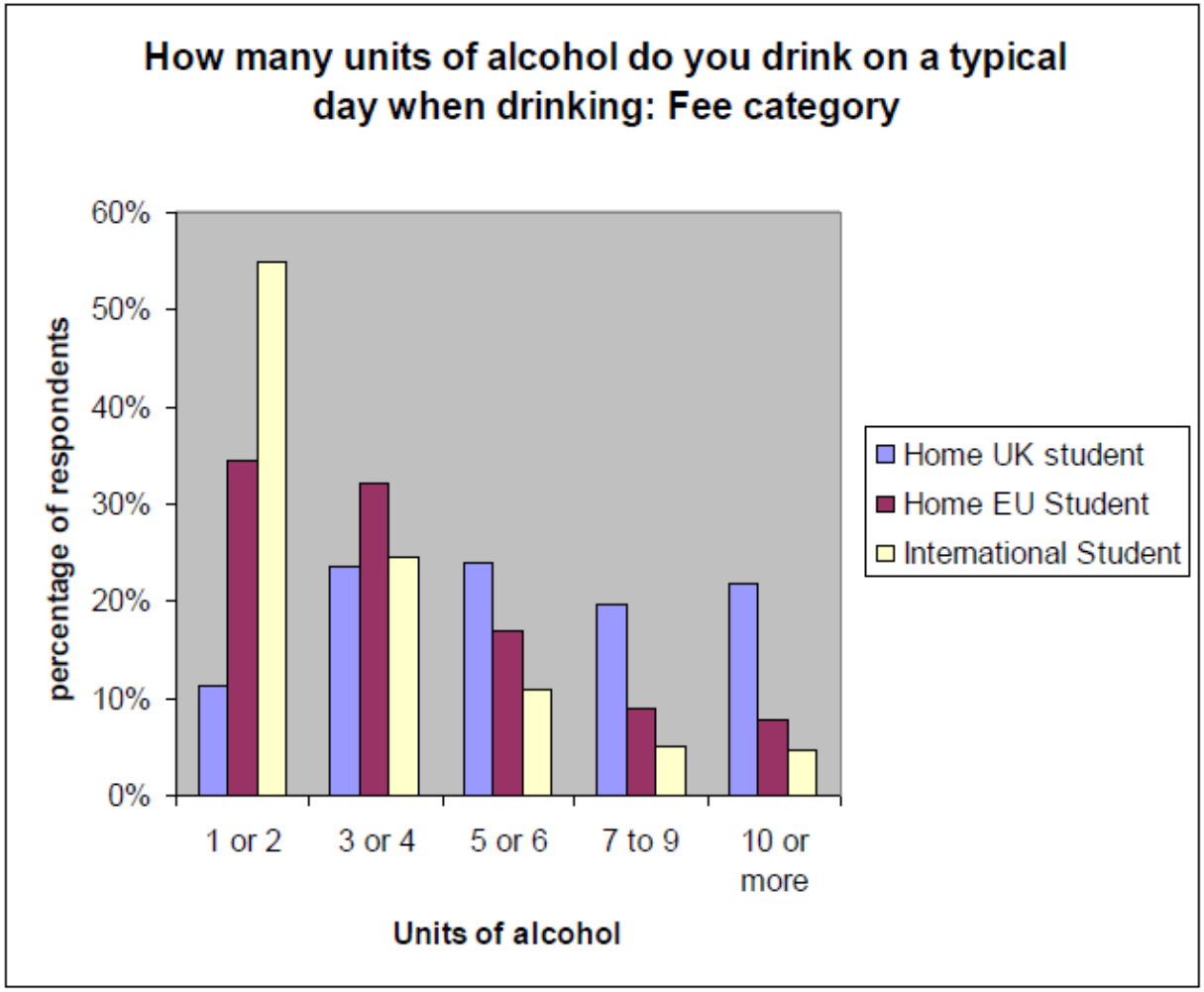
health related behaviour questionnaire.

How often have you worried about the things listed within the last month?

Worry	Overall %	Number
Study/work load	59%	3,161
Money problems	35%	1,881
The amount you are eating	35%	1,888
The way you look	31%	1,686
What people think of you	29%	1,539
Emotional health	21%	1,113
Physical health	19%	1,031

O'Neill, 2012


How often do you have a drink containing alcohol?
Percentage of respondents
45%
40%
35%
30%
25%
20%
15%
10%
5%
0%
Never
Monthly or less
2 - 4 times a month
2 - 3 times per week
4 + times per week
How often
Home UK student
Home EU Student
International Student


How many units of alcohol do you drink on a typical day when drinking: Fee category
60%
50%
40%
30%
20%
10%
0%
percentage of respondents
1 or 2
3 or 4
5 or 6
7 to 9
10 or more
Units of alcohol
Home UK student
Home EU Student
International Student

Conclusion – alcohol drinking

Health Needs Assessment of University students studying in Newcastle

- The number of students drinking **at increasing risk levels and above is high**.

- **White British students, male students, 18 – 20 year old** students and students **living in halls of residence or private rented accommodation** are **more likely to binge drink** on a regular basis.

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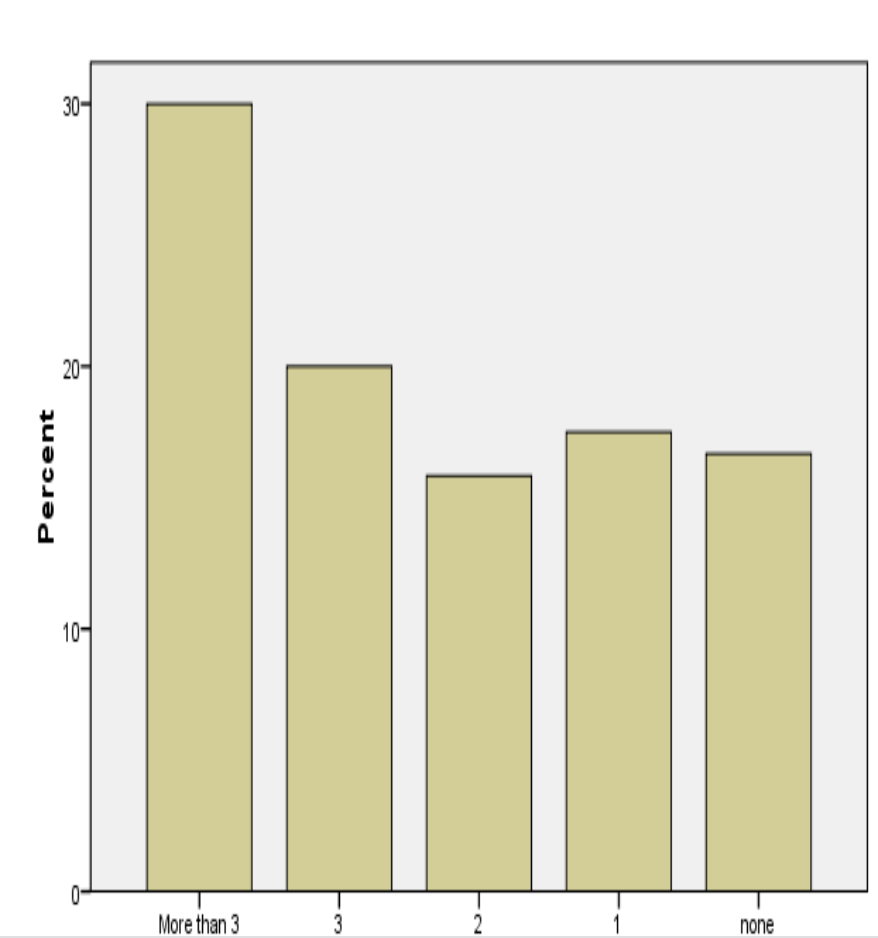
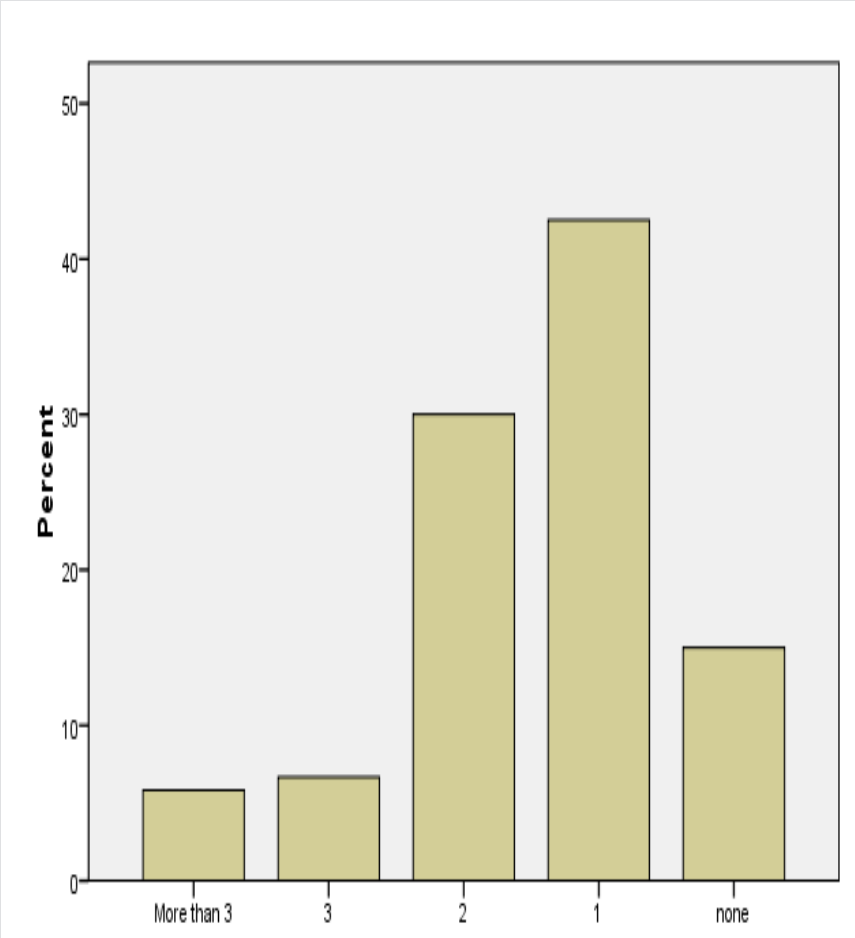
Sessions of moderate exercise students participate



Sessions of moderate exercise students <u>perceive</u> participate



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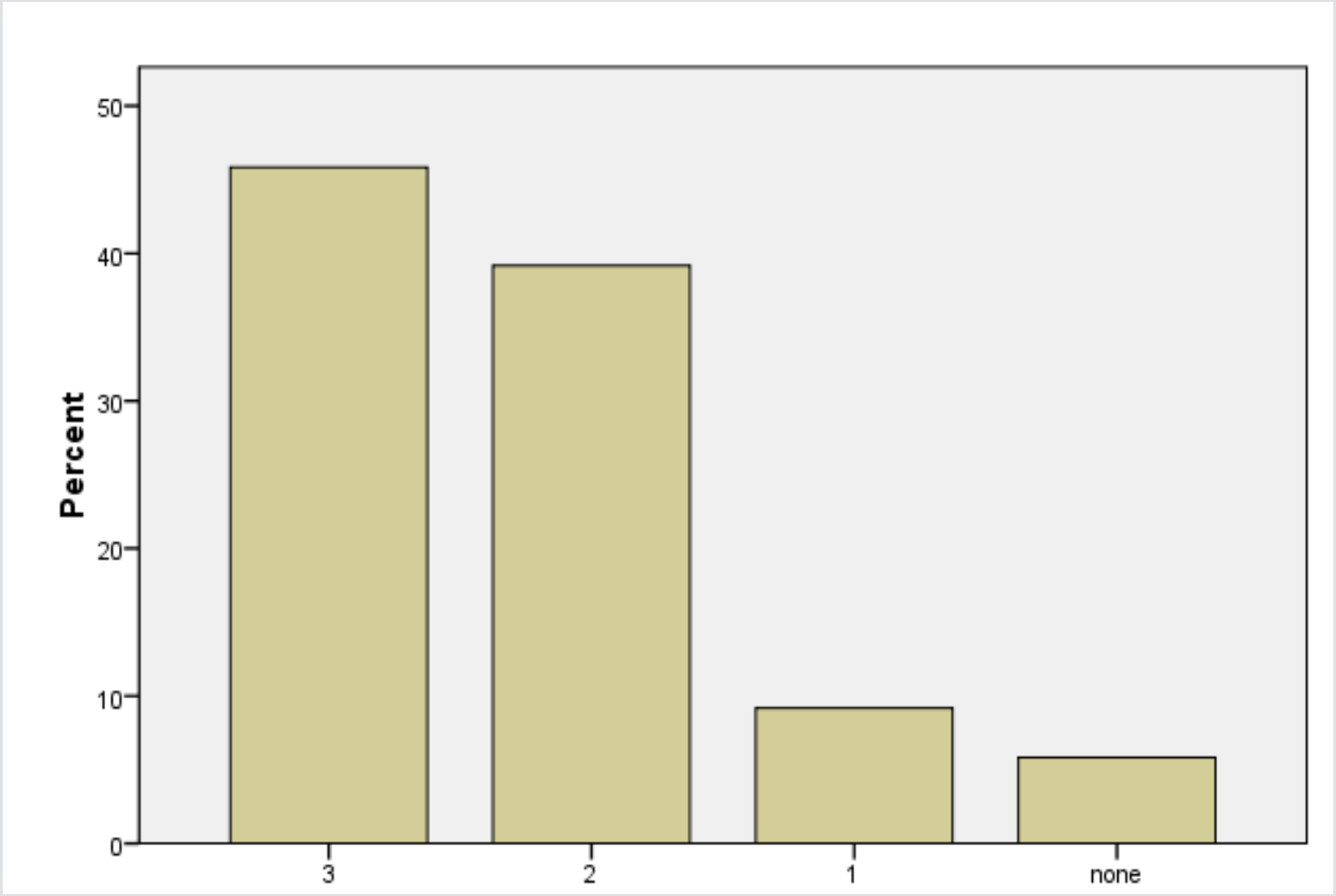
Knowledge of recommendation of moderate physical activity per week



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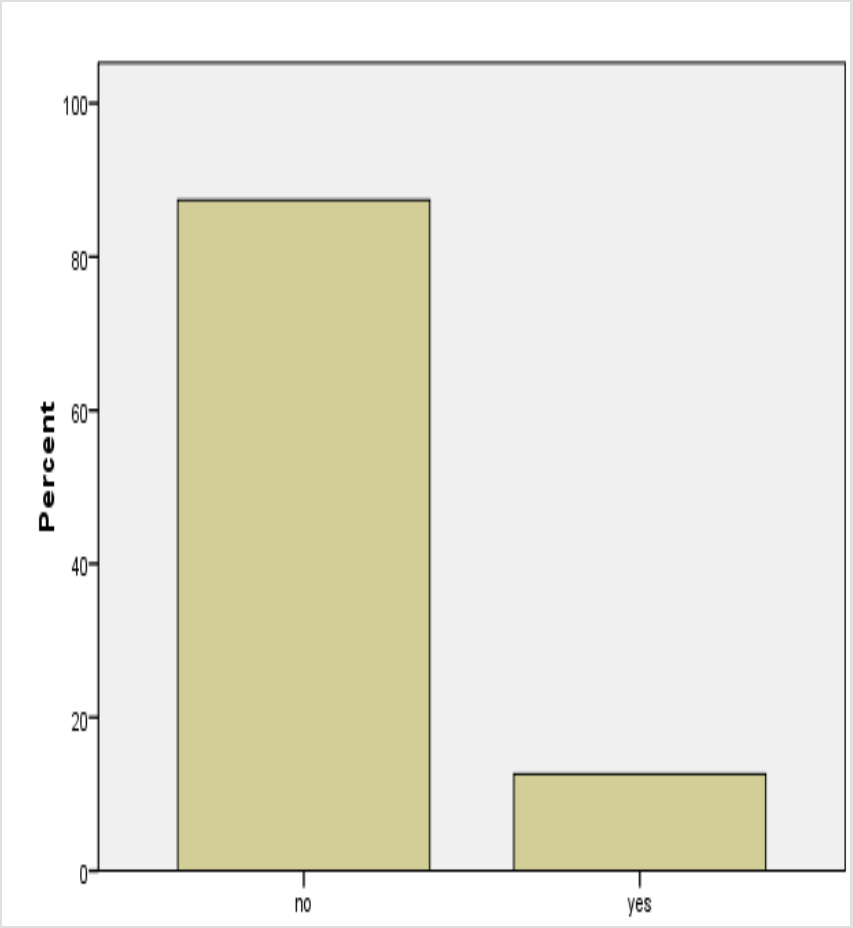
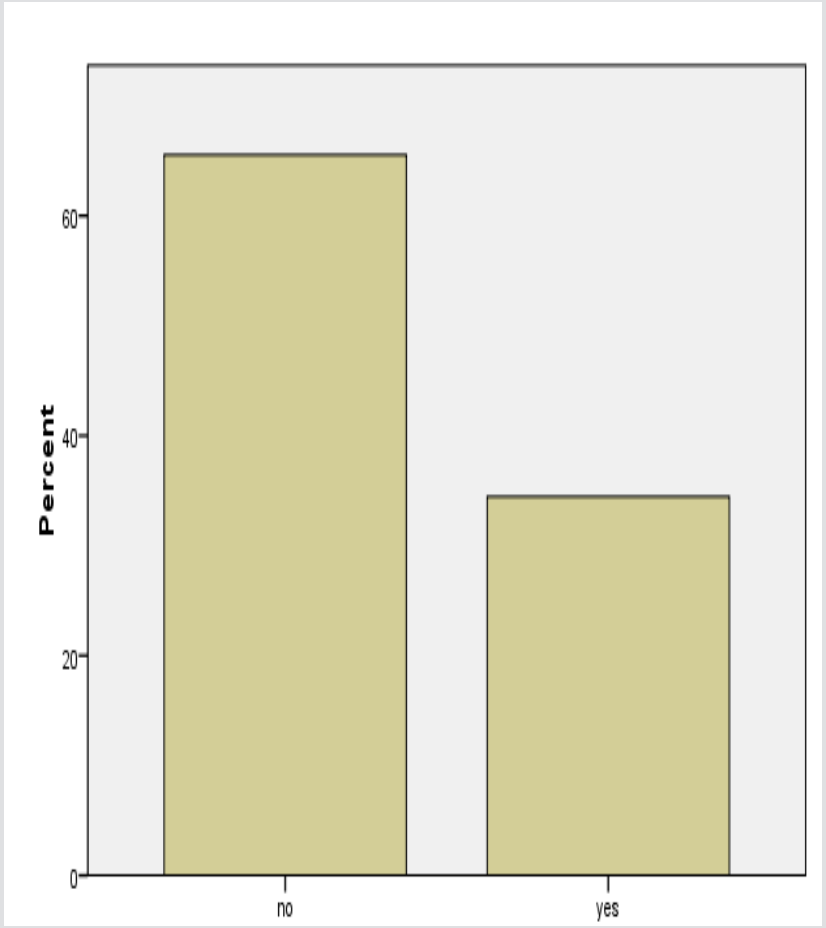
Percentage of students participating in University sports, teams, societies and clubs



Percentage of students who are a member of the university gym



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Key messages

- Although University students are at a risk of several adverse health behaviours (e.g. alcohol, smoking, drugs, mental health, sexual health, health care utilization), they are still an under-researched group.

- Students tend to present high health awareness but the use of the health services is relatively low (Ansari *et al*., 2011).

- Risk taking behaviours should be considered holistically and not in isolation (O'Neill, 2012).

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Workshop

- Think of your own circumstances where you are based
- Discuss in general from all of your points of view OR pick 1 example from your table
- Discuss the following:

  In relation to working with the new Public Health infrastructure and wider partners (to aid the implementation of your well-being strategy/development of HU approach in your areas/institutions:

  - What has worked already/so far (strengths) – if anything – why has it worked?
  - What has not worked? (barriers)– why do you think it has not worked?
  - What do you think you can do to make it work?
  - Think of at least 1 action you will take away from today to help it work?

  Tip – you may want to use a reflective practice approach eg. What?– So What? – Now what?

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Top tips

- Network, network, network
- Be persistent and be prepared to ‘play the long game’
- Identify the ‘gate keeper’
- Don’t re-invent the wheel – look at pilot programmes, interventions and service models that have had successful outcomes in other localities.
- Share good practice
- Use your networks to find out what strategy/partnership groups exist that you could attend rather than duplicating efforts
- Think about and discuss with partners how you could add value to their service or aid in meeting their objectives and you yours
- Use the evidence base – there is a lot of easily accessible local information to understand your local population needs and assets e.g. local health and physical activity profiles, Sport England data, local JSNA and Health and Wellbeing strategy documents
- Risk taking behaviours of students should be considered holistically and not in isolation
- There is a need to facilitate students’ access to health services