

# Case study

## Royal Borough of Kingston upon Thames: public health, inequalities, migrant communities, community engagement and empowerment

“We are particularly proud of our public health team’s successful and expeditious reintegration into council after 39 years in the NHS. Most public health needs are best dealt with in local authorities who are tuned into local people’s needs and able to target resources where they can do most good.

Although we have always worked closely with our NHS partners every effort has been made to strengthen this generational opportunity to tackle public health issues at a local level. This has included working hard to protect preventative budgets in order to achieve the most beneficial health and social outcomes locally.”

### **Councillor Liz Green, Council Leader and Chair of the Health and Wellbeing Board**

“Kingston is generally a healthy place to live and work, with better life expectancy and healthy life expectancy than the London and England averages.

But local marginalised groups still experience significant disadvantage and far poorer health outcomes than the majority of the population. A major focus of our work is therefore on implementing innovative interventions for excluded communities across Kingston strategic partnerships. We seek to ensure our approach is transformational, proportionate and tailored to addressing need for those who are most disadvantaged.”

### **Russell Styles Associate Director of Public Health**

## Key message

- Kingston is using public health evidence based practice to tackle health inequalities and wider determinants of health through innovative community development approaches to partnership, education and empowerment.

## Context

The Royal Borough of Kingston upon Thames is a small compact outer London borough. Kingston is an ancient market town and is one of the least populated London boroughs and the seventh smallest in geographical area. A total of 194,163 people were registered with Kingston GPs in 2013, over 33,000 more than the 2011 resident population. It has approximately 25.5 per cent minority ethnic residents, among whom the Asian community is the largest, making up 16.3 per cent of the total. Life expectancy for people in Kingston is 2.2 years more than the England average for men and 1.6 years more for women. Kingston has the fifth lowest life expectancy gap in London.

There is a strong record of partnership between local government, the NHS and the voluntary sector. Improving health and reducing health inequalities is Objective 8 of an overarching Kingston Plan. Prior to April 2012, the Director of Public Health (DPH) had been a joint appointment for six years. As a result, the transition to the council (32

staff transferred, including the DPH and 8 senior staff who make up the Departmental Management Team) has proceeded smoothly with little major upheaval. There is a general feeling that being based in the same complex has made 'horizontal working' between public health and other council departments even easier. The public health function is further embedded within the council through the DPH participating in weekly Senior Leadership Team meetings and senior public health representation on each of the council's four main boards: the Health and Wellbeing Board, the Children and Young People's Board, the Safer Kingston Partnership Board and the Place and Communities Board. The input of public health into important council strategies, including the Housing Strategy has helped to ensure successful and joined-up partnership work, such as with the delivery of fuel poverty interventions.

Kingston's Equality and Community Engagement Team (ECET) is commissioned by the Associate Director of Public Health. The eight-member team's approach is based on the NICE guidance, 'Community Engagement in Health'. The work of the team has developed in response to the JSNA, recent Annual Public Health Reports, and the directing of the Health and Wellbeing Board Strategy. The team adheres to the Marmot principle of 'proportionate universalism' in aiming to ensure that actions to address needs are proportionate to the degree of disadvantage. ECET's work is represented in a number of the council's corporate strategies and plans, including both the Strategic Business Service Plan and Public Health Service Plan.

## Refugee and Migrant Strategy

ECET has developed a broad partnership approach to its work with refugee and migrant communities. Its six priorities, agreed with the partners with which it works are:

1. improving health
2. improving housing
3. community safety
4. improving communication
5. improving volunteering opportunities and employment
6. improving information and advice.

The Refugee and Migrant Strategy (RMS) is a good example of how ECET is ensuring that addressing health and wider determinants of health is central to the council's and strategic partners' approach and plans. The needs assessment undertaken as part of the RMS showed that many refugees and asylum seekers in the Royal Borough of Kingston experienced problems accessing health services, such as GP services. This was sometimes due to a lack of understanding how the health system worked, confusion over the specific paper work required or language barriers. The vision for change developed as part of the strategy made a commitment to:

- commission services that support refugees and asylum seekers
- develop clear guidelines for healthcare staff about eligibility and access
- create a culture of "register patients first, then investigate eligibility"
- work with other commissioned healthcare providers to ensure that equal access guidelines are clear and to promote the needs of these communities.

The RMS was reviewed for the inception of the Health and Wellbeing Board (HWB) and in response to the Joint Health and Wellbeing Strategy, one of whose four key priorities is improving the health of disadvantaged communities. The HWB's first major piece of work for disadvantaged communities was to endorse and take on responsibility for developing, implementing and monitoring RMS key performance indicators. Reports on progress are made to the HWB every six

months and decisions are taken on future direction, where necessary. For example, in response to the numbers of refugees and migrants fleeing the warzone in Syria, funding has recently been increased for crisis support of this community.

Further interventions of the Joint Health and Wellbeing Strategy for disadvantaged communities include ECET supporting groups with development and releasing capacity through utilising community development approaches to education and empowerment. A small sample of these initiatives is given below.

### **Training community health advocates**

A public health-funded Community Development and Health course, accredited by the Open College Network, has drawn on expertise from across the council in the teaching of learners. The course recruits health advocates from the most deprived communities in the borough and runs modules such as those on building the strength of communities and power and powerlessness. There are 15 graduates of the course in 2013 – key outcomes include personal qualifications, new learner-led participation in communities, and public health retaining key links to those communities through course members. Graduates have also gone on to further learning and employment opportunities. A recent success has been to appoint a graduate of the Community Development and Health course as a Korean link worker as part of the European Funded 'Empower and Inspire' programme described below.

### **Empower and Inspire**

Kingston's Empower and Inspire programme has won a £240,000 European Union Integration Fund bid. The programme will focus on the positive health outcomes it can bring for community members who are often isolated and vulnerable – particularly women and young people who don't have English as a first language. By improving English language skills, the intention is that the project

will give people independence in accessing health and other services, improving their health, becoming integrated with the wider community and helping them to get on in life – all important aspects of their general wellbeing. Empower and Inspire builds on the success of the European Integration Fund programme delivered by ECET between 2009-13. The new programme will involve the council's Heritage Service as part of a project to raise the profile of All Saints Church where the Kings of England were originally crowned. New community facilities will also be provided, which will include English language support for migrants/third party nationals and young people.

### **Income Maximisation Project**

ECET's public health-commissioned work on income maximisation in association with Kingston's Citizen's Advice Bureau (KCAB) was a very early example of work to mitigate the impact of welfare reforms and the recession. ECET set up a number of programmes including financial capability training sessions run by KCAB throughout the borough. The objectives of these sessions were to help develop and empower residents to take control of their own personal financial situation and reduce stress and related wider determinants of health issues.

A number of partners were engaged to advise and refer clients and those that they support to the sessions. The partners include those working in adult social care, the council's benefits department and the income recovery team, children's centres, voluntary organisations who support vulnerable and disadvantaged groups and local community groups. In addition referral flyers and posters advising and giving details of the content of the sessions were distributed and displayed at strategic locations such as GPs' surgeries, community venues, local neighbourhood notice boards and in the council's advice and information centre. Process, output and outcomes indicators were also put in place to measure impact. An evaluation amongst tenant learners who attended the sessions

(with a comparator group of people who had not taken part) indicated positive behaviour changes among participants, including changes in money management resulting in positive financial benefits.

### **Learn English at Home**

Learn English at Home (LEAH) is a voluntary organisation that supports and empowers Kingston residents who have limited spoken English language to attain a level of English needed to communicate their everyday needs and assimilate into the wider community. One-to-one home tuition is provided by trained volunteers, community classes and social activities. ECET set up an innovative project with LEAH which has previously received funding from both external funders such as the Migration Impact Fund as well as Public Health which aims to embed English and health messages into English language provision. More recently LEAH have also set up weekly community 'walk and talk' walks. Sessions focus on specific topic areas each week, doing basic skills activities such as 'cook and eat' while learning English which embed nutrition, exercise and mental wellbeing learning within them. The project Director and ECET have discussed plans to incorporate pre-natal and post-natal key messages including breast feeding, nutrition and emotional support for new mothers who do not have English as a priority, again aiming to give children from marginalised groups the best start.

## **Future plans**

To further develop its work with disadvantaged communities, the ECET Plan is currently being refreshed as a three year plan for 2014-2017. The Plan is being revised under the headings of the 6 Marmot objectives. Interventions that fall under the main Marmot objectives include strategic and community development work to tackle poverty issues, further researching the needs of refugees and asylum seekers and developing localised partnership plans, developing a strategy for prioritised work in

geographical locality areas of deprivation and further developing volunteer community advocates who can reach into marginalised and vulnerable groups.

Concurrently, the core data set of the JSNA is also being revised and compiled under the Marmot objectives. This involves public health working across council supported by data specialists in the Kingston Data Observatory. Developing work streams for public health include partnership groups focussed on creating fair employment and good work for all (Marmot Policy Objective C).

## **Contacts**

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