

Paternoster & Shelley Health & Wellbeing Project

Update Report for Epping Forest Health & Wellbeing Board – August 2020

Summary of Need:

- Wider participation in positive activities, both physical and cultural
- Improved community cohesion and resilience
- Support for those struggling with poor mental health
- Enhanced local environment, including tackling anti-social behaviour

1. Background

Prior to the outbreak of Covid 19, the Epping Forest Health & Wellbeing Board discussed and agreed a project to tackle health inequalities in Waltham Abbey utilising a multi-agency “whole systems approach” with the aim of improving the health and wellbeing of residents in a concentrated geographic locality. The objective was to use the learning from an earlier pilot project in Buckhurst Hill where partners from across a range of agencies came together to engage with the community at street-based level in order to understand and tackle issues around loneliness and isolation. Attention and resources were initially deployed within a defined neighbourhood level with the resulting projects upscaled over time.

In March 2020 the Epping Forest Community Hub was established as a local response to the national Covid Operational Shield initiative. The following four months saw an intense period of work to support vulnerable residents to self-isolate through the provision of food and prescription deliveries, and a range of wider support services. As the situation stabilised, the Council, along with wider partners, began to turn its attention to `community restoration and recovery` and, having revisited the proposed health and wellbeing project in Waltham Abbey, determined that this was even more pertinent and relevant as residents emerged from lockdown.

1.1 Paternoster and Shelley Wards

Based on data sets gathered by the Council’s Public Health Improvement Officer, Paternoster ward was identified as the area in Waltham Abbey with highest health inequalities in comparison with other parts of the Town and district. Paternoster has the lowest life expectancy across the Epping Forest district, with men living to an average age of 73 (12 years less than, for example, those in Loughton Forest ward at 85 years) and females living to an average age of 78 (11 years less than in Loughton Forest ward at 89 years.) Residents have the highest incidents of deaths from all causes, and the highest incidents of deaths considered preventable.

Shelley ward has one of the highest levels of income deprivation in the district and the second highest level of child poverty across Epping Forest. Additionally, Shelley has the highest percentage of people over 65 living alone. Following concerns regarding the economic impact of Covid 19 in Ongar and acknowledging the correlation between the economy and the health and wellbeing of communities, it was agreed that Shelley ward would also be added to the project.

The concept and agreed approach for the Paternoster & Shelley Health & Wellbeing Project has been endorsed as a model of good practice by Essex’s Director of Public Health.

2. Methodology

The methodology adopted for the Project is drawn from the Leading Greater Essex (#LGE) programme currently being rolled out County-wide to all key partners including; Local Councils, the NHS, Essex Police, Essex County Fire & Rescue Service, Essex County Council, universities, wider third sector organisations etc.... The focus is on a `whole systems approach` to addressing complex or “wicked” issues, e.g. how to address the wider determinants of health in order to improve the health and wellbeing outcomes for individuals.

In line with this approach, the `discovery` phase of work was planned to place the community right at the forefront of the Project.

To expediate the commencement of the Project, staff from the Council’s Community, Culture & Wellbeing service were mobilised to engage with residents through a door-knocking exercise, whilst observing social distancing. Rather than use a survey style questionnaire, staff undertook “open conversations” with residents, using an agreed framework, in order to capture how residents were feeling and what support or needs they may have in terms of re-emerging after lock-down, or more generally around their health and wellbeing. The only overarching data collected was age, gender, house type and locality (Paternoster or Shelley)

Doorstep conversations were held with 181 households in Shelley ward and 158 households in Paternoster ward.

Staff worked in pairs, alternating the notetaking. Work was programmed over a two-week period and undertaken at various times of the day including early evenings and weekends in order not to exclude residents who had returned to work.

To add to the insights gathered through the doorstep conversations, arrangements were made to re-visit three residents in each locality in order that their full “stories” could be captured, and more in-depth case studies produced.

3. Key Findings

A high-level summary analysis has been put together for the purposes of this report. *A full copy of the data and narrative of the 2,195 comments gathered via open questioning is available on request by emailing Fabrizio Ferrari at fferrari@eppingforestdc.gov.uk*

3.1 Shelley (Ongar)

In Shelley ward a total of 158 households were involved in doorstep conversations. The largest percentage of respondents were in the 65 and over age bracket. The smallest group represented were 18-24.

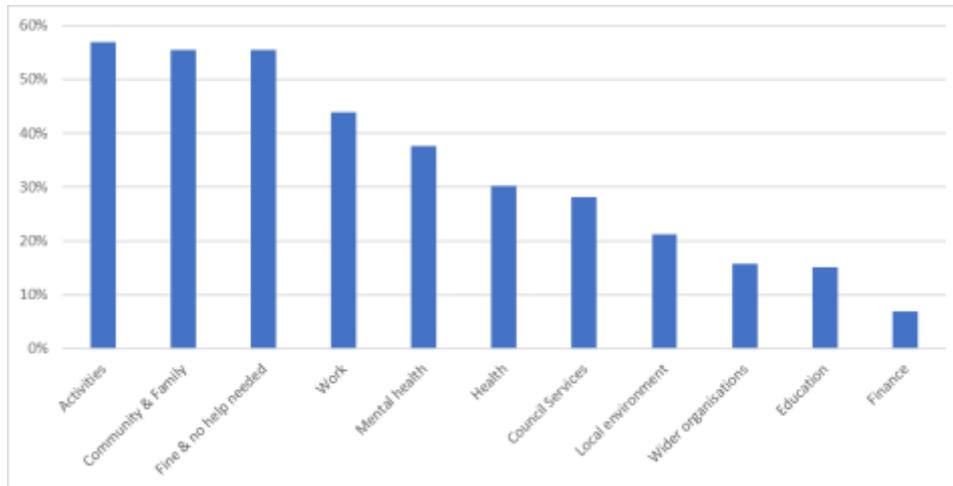
Table 1. Age of consultation respondents Shelley

Age Range	% of Total Respondents
Unrecorded	4%
18-24	6%
25-34	16%
35-44	19%
45-54	17%
55-64	12%
65 and over	26%
Grand Total	100.00%

3.1.1 Conversation themes Shelley

Analysis of the conversations undertaken revealed key themes which could be broadly grouped under 11 headings as highlighted in the table below.

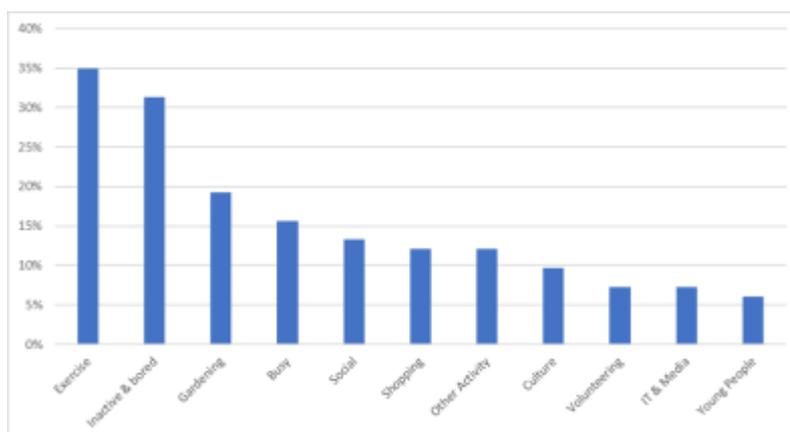
Table 2. Conversation themes Shelley



3.1.2 Activities

The most discussed topic was in relation to activities. The most frequently discussed area within this topic related to physical exercise with 35% of respondents commented that they had increased their physical activity levels during lockdown. The second most frequently commented area related to boredom with people wanting to do more activity or get back to their regular life. In general, the inactivity described was a direct result of lockdown restrictions, with very few people commenting on a fear of leaving the house. Interestingly, many residents mentioned gardening and an increased interest in this, along with the positive impact that they had experienced whilst undertaking gardening.

Table 3 – Activities theme Shelley



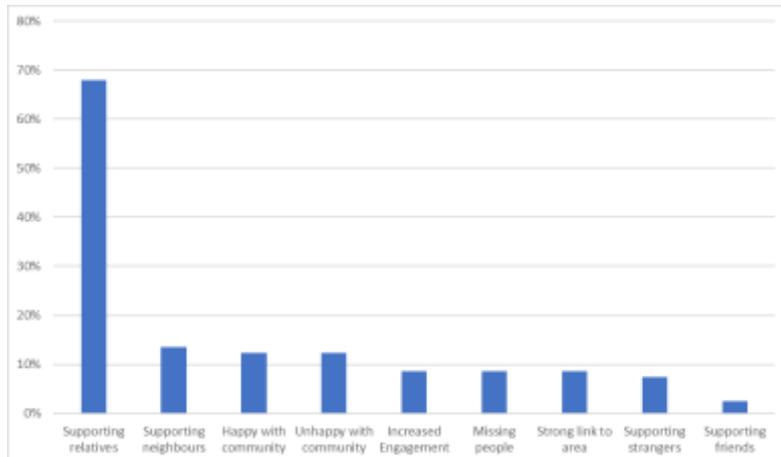
3.1.3 Communities & Families

The second most popular theme related to Communities & Families. Within this topic, supporting relatives was most frequently discussed with 68% of respondents referencing

this. This contrasts sharply with only 13% who said they had been supporting their neighbours.

Only 8% of comments on this topic explicitly described an increase in engagement with their neighbours or local community.

Table 4 – Communities & Families theme Shelley



3.1.4 “Fine/No help needed”

Although the results show many residents initially commented that they were fine (55%), when analysing the conversations further, it was found that residents frequently used this as an opening line, rather than an accurate reflection of their situation. As rapport developed with the interviewer, residents began to expand further and discuss their needs. The individual concerns or needs subsequently raised were then explored further and captured under the appropriate heading.

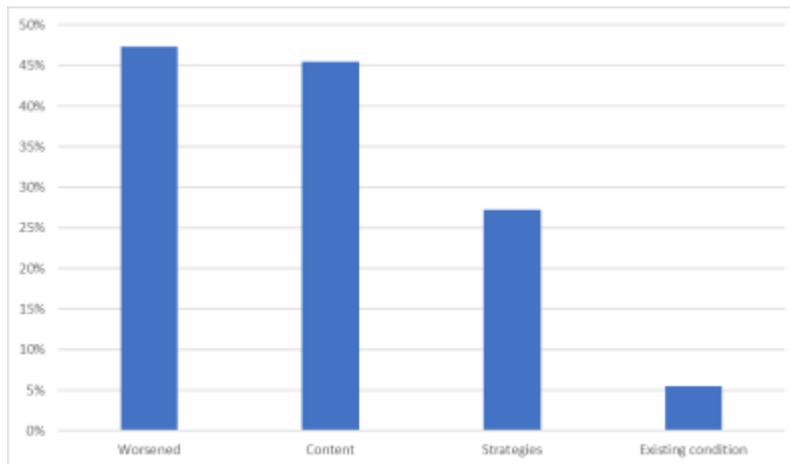
3.1.5 Work

Work was a commonly discussed topic. Interestingly, the majority of references to work related positively to this being largely unaffected. People were proud of their professions and many were key workers who were continuing to work throughout the pandemic. From the conversations undertaken, a high proportion of residents were retired and unaffected by issues such as furlough or unemployment.

3.1.6 Mental Health

Overall of the households participating, 38% made reference to Mental Health. Of those who discussed this theme, 47% highlighted that their mental health had worsened during lockdown. Approximately 30% of respondents referenced employing coping strategies to help their mental health. These coping strategies, however, largely consisted of references to “positive thinking as a mindset” as opposed to a reference to proactive involvement in physical or cultural activity. Of those who felt content with their mental health, the majority of this group had increased their physical activity during lockdown.

Table 5 – Mental Health theme Shelley



3.1.7 General Health

74% of residents who discussed their general health as a topic did so because they, or member of their household, were vulnerable and therefore required to shield. Approximately 30% of responses relating to health were about social distancing with residents expressing concerns that people are not social distancing when in public places. Interestingly, specific wider health concerns did not tend to feature.

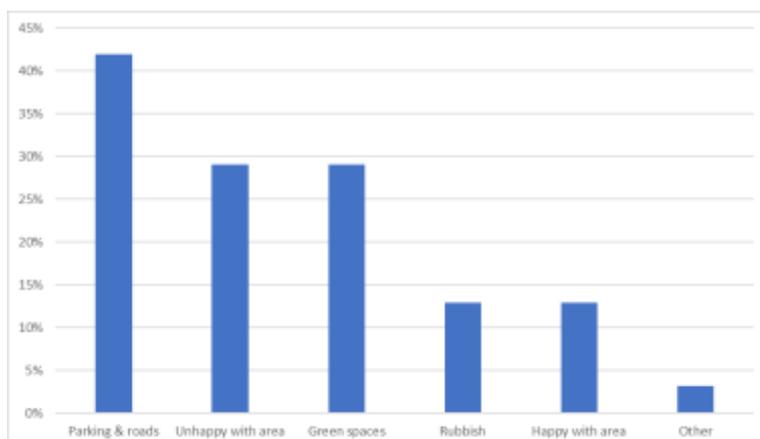
3.1.8 Council Services

Of the 29% of conversations that referenced council services, 48% comments related to the information contained within the leaflet that council staff left with residents at the end of their meeting. 17% said they were very pleased with council services or had received a welfare call or visit.

3.1.9 Local Environment

Another frequently discussed topic was the Local Environment. Many residents expressed dissatisfaction with the outside space directly around their home and estate generally. Parking was highlighted as an issue which had got even worse during lockdown with more people being at home. There were numerous comments about the estate feeling unkept and increased littering. Other comments in relation to resident’s unhappiness with the area demonstrate a perception of increased drug use and anti-social behaviour.

Table 6 – Local Environment theme Shelley



3.1.10 Shelley Case Studies

In order to provide more detailed insight, a number of individual case studies were conducted with residents following the doorstep consultation. *Full copies of the Case Studies in their entirety can be provided on request.* Below is a summary of three case studies conducted with residents from Shelley ward:

Stephanie aged 53

Stephanie is a single mum who lives with her two working age daughters. Stephanie contracted Covid and had to self-isolate at home early on. With the easing of lockdown, she has had to return to work due to financial pressures, but this has caused her real anxiety. Stephanie believes there are not enough activities for young people in Ongar. In her opinion this has resulted in increased drug use and antisocial behaviour on the estate.

Nathalie aged 23

Nathalie is registered disabled. She lives with her mum and sister. During lockdown her relationship with her sister broke down, and her sister moved out to live with her boyfriend. At the start of lockdown, Natalie was made redundant, this impacted considerably on her self-esteem. Natalie “felt terrible” during lockdown and her mental health has suffered.

Terry age 91

Terry lives with his wife who has dementia. Terry’s wife has daily carers but he looks after her in between these visits. Notwithstanding his care responsibilities, Terry maintains a wonderful garden and home. Terry has not been fearful of the pandemic; he has accepted it and is very pragmatic. He is confident that he has taken the necessary precautions to protect himself and his wife. Terry has been venturing out to the shops even though he knows he should be shielding due to his age. Terry has a good rapport with his neighbours, but he preferred to rely on help from his adult son who lives some distance away.

3.2 Paternoster (Waltham Abbey)

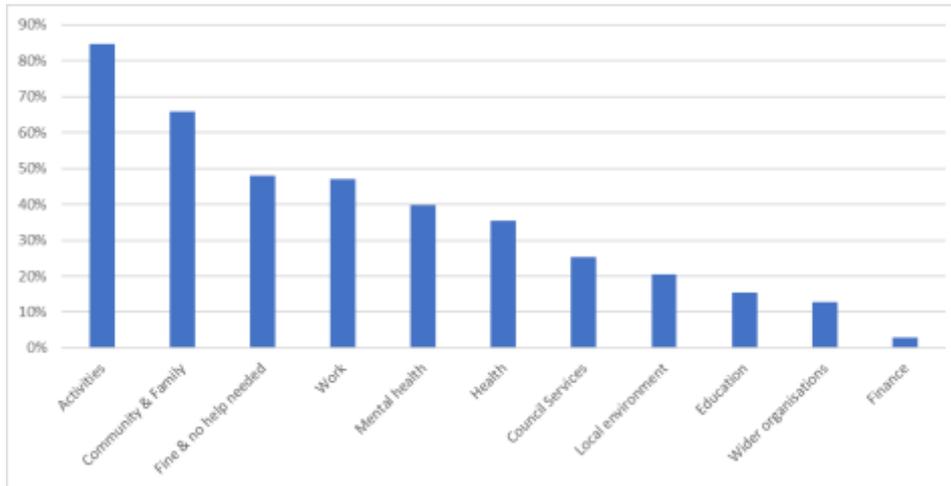
In Paternoster ward a total of 181 households took part in the doorstep conversations. The largest percentage of respondents were in the 65 and over age bracket. The next largest age bracket represented was the 35-44. The smallest group represented was 18-24.

Table 7. Age of consultation respondents Paternoster Ward

Age Range	% of Total Respondents
Unrecorded	4%
18-24	2%
25-34	14%
35-44	24%
45-54	18%
55-64	11%
65 and over	27%
Grand Total	100%

3.2.1 Conversation themes Paternoster Ward

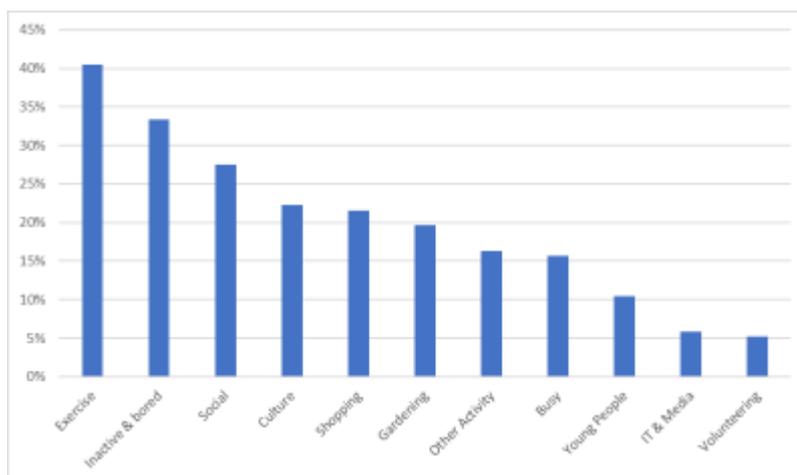
Table 7. Conversation themes Paternoster ward



3.2.2 Activities

Activities was the most commonly discussed theme with 85% of respondents mentioning this. Over 40% of the discussions were about residents increasing their physical activity level during lockdown. Walking was the most common activity mentioned. Inactivity or boredom was the second most discussed issue, particularly amongst residents who were required to shield. Socialising with friends, family and neighbours during lockdown was the third most commonly mentioned area. 22% of respondents stated that they had become more interested in cultural activities during lockdown. Many residents mentioned Epping Forest District Museum (in Sun Street) and were interested in when this would reopen.

Table 8. Activities theme Paternoster

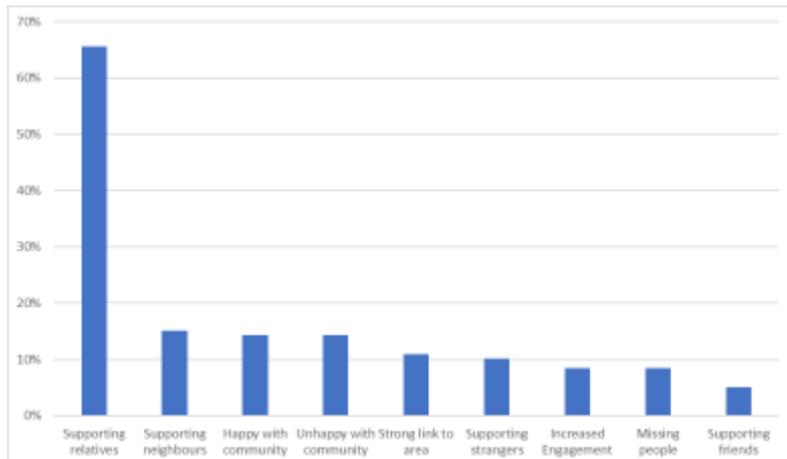


3.2.3 Community and Family

The second most discussed theme was Community and Family. 65% of the comments in this topic related to people supporting their family. Only 15% had supported a neighbour.

Only 9% explicitly mentioned supporting wider residents living on their estate.

Table 9. Community and Family theme Paternoster



3.2.4 “Fine/No help needed”

As with Shelley ward, a high proportion of residents started interviews saying they were fine (48%). But further analysis shows as the conversation evolved people began to talk about their needs. The individual concerns or needs subsequently raised were then explored further and captured under the appropriate heading.

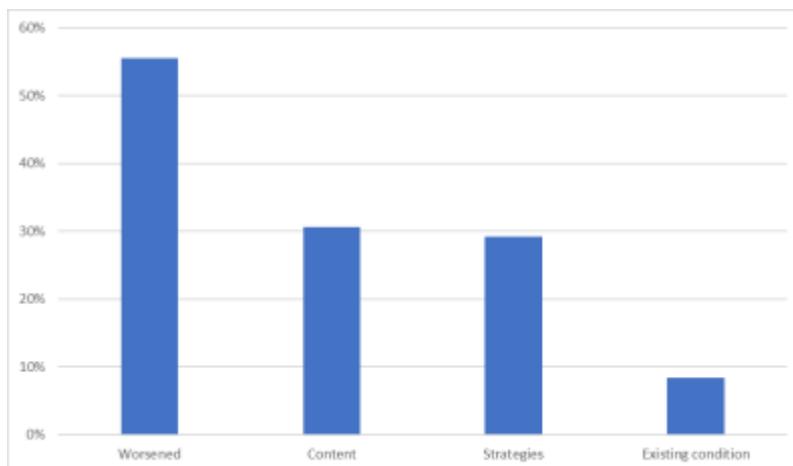
3.2.5 Work

45% of residents who discussed work as a topic talked about pride in their profession as a key worker. Generally, comments in this topic were positive with only 9% of respondents mentioning their employment being affected by the lockdown.

3.2.6 Mental Health

40% of households referenced mental health. Over half the comments in this topic were regarding residents` mental health worsening during lockdown. The majority of conversations focused on anxiety relating Covid and having to begin to leave the house after lockdown. Approximately 30% of respondents stated that they were content with their mental health.

Table 10. Mental Health theme Paternoster



3.2.7 General Health

Discussions regarding general health made up approximately 35% of all conversations. 88% of responses in this area were regarding residents being vulnerable or shielding due to pre-existing medical conditions. The second most discussed area in this topic was medical support with most respondents pleased with the medical support they had received in lockdown.

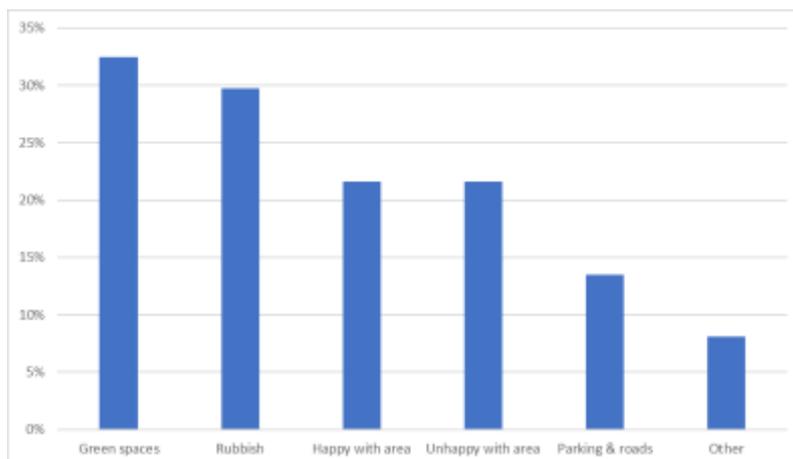
3.2.8 Council Services

Of those that mentioned council services the largest proportion of responses (41%) were positive about the community initiatives that had supported shielding residents such as the delivery of food parcels and welfare calls.

3.2.9 Local environment

20% of conversations featured the Local Environment. The majority of comments focused on green space (32%), with the common theme being the unkept appearance of the green spaces on the estate. Fly-tying was also raised as an issue on numerous occasions. Over 20% of responses involved residents being unhappy with the area in which they lived. Many comments centred around a perception of an increase in drug taking and antisocial behaviour.

Table 11. Local Environment Theme – Paternoster



3.2.10 Paternoster Case Studies

In order to provide some more detailed insight a number of individual case studies were conducted with residents following the doorstep consultation. *Full copies of the Case Studies in their entirety can be provided on request.* Below is a summary of three case studies conducted with residents from Paternoster ward:

Hannah aged 33

Hannah is a single mum with two children who both have disabilities. Lockdown was extremely stressful for Hannah as she was unable to rely on her normal support networks for respite care. She had to take her children everywhere with her as she wasn't aware of any support services available. The whole situation has made Hannah's anxiety worse and she has had her medication increased.

Lorraine aged 60

Lorraine lives in a 3-bedroom house with 7 others, her husband two daughters and 4 grandchildren. All adult members of the household are key workers. The whole family worked throughout lockdown, but they have not found this a very pleasant experience. The family has struggled to home school the children and therefore stopped. As a household they are anxious about the easing of lockdown.

Maxine aged 49

Maxine lives with her husband and adult sons. Maxine works in a local primary school and has continued to work throughout lockdown. Maxine felt that lockdown built a better community rapport as her family and their neighbours would regularly socialise in their little 'court'. Maxine also helped run events during the lockdown which helped boost morale. In Maxine's opinion there is not enough to do on the estate for young people.

4. Summary of Findings and Need

The detail and breadth of the insight gathered through both the doorstep conversations and the six case studies is extensive.

Health & Wellbeing Board partners will undoubtedly find it useful to deep dive further into the insight gathered around specific areas of interest.

It is possible, however, to identify four key needs which emerge prolifically across both wards. These relate to:

- Wider participation in positive activities, both physical and cultural
- Improved community cohesion and resilience
- Support for those struggling with poor mental health
- Enhanced local environment, including tackling anti-social behaviour

5. Next Steps

Board to consider key findings of report and agree collaborative support for a whole systems approach to address the needs highlighted in both geographic areas.

Report to be presented to Action Groups and action plans developed and implemented in line with agreed priorities and overarching objectives of the Epping Forest Health & Wellbeing Board.