



# Voluntary Sector Forum

## 28 February 2024





# Welcome and Introduction

**Jon Evans**  
Assistant Chief Executive

## VOLUNTARY SECTOR FORUM AGENDA

### Networking and Refreshments 09:30 – 10:00 (The Salon, York House)

#### 10:00 – **Welcome and Introduction**

10:10 Jon Evans, Assistant Chief Executive, Richmond Council

#### 10:10 – **Council Update**

10:20 Jon Evans, Assistant Chief Executive, Richmond Council

#### 10:20 – **Sexual and reproductive health needs assessment and strategy**

10:40 Kate Jennings, Senior Public Health Lead, Richmond Council

#### 10:40 – **Launch of Climate Change Microgrants and Climate Risk Map**

11:00 Georgina Creighton, Partnership and Engagement Officer (Climate Change), and Nicola Wheeler, Programme and Policy Lead (Climate Change and Sustainability), Richmond Council

#### 11:00 – **Applying the Prevention Framework within the Voluntary Sector**

11:30 JoAnn Taylor-Villaneuva, Senior Public Health Lead, and Dr Nike Arowobusoye, Consultant in Public Health, Richmond Council

#### 11:30 – **Engaging Communities in Climate Action**

11:45 Paul Jennings, CEO, Habitats & Heritage

#### 11:45 – **Open Forum and Q & A**

12:00

### Networking and Refreshments 12:00 – 12:30 (The Salon, York House)



# Council Update

**Jon Evans**

Assistant Chief Executive



# Council Update

- **Mayoral and GLA elections - 2nd May 2024:** Council will be entering a pre-election period 19 March – 2nd May 2024
- **Council Tax and budget setting for the year:** The core Council Tax is proposed to increase by 2.99 per cent, with a further 2 per cent increase in the precept for Adult Social Care, as allowed under government funding plans in order to protect services.
- **Climate Emergency Strategy:** In 2024 the Council aims to strengthen partnership work within the community through the launch of a new Climate Action Microgrants Programme and refresh of our [Climate Emergency Strategy](#) for 2025-2030.
- **New senior capacity in the Council** – new Executive Director for Innovation and Change who will be taking forward our ambitions around digital and organisational transformation. And new Director of Place aimed at ensuring better holistic work about shaping the places we live.



# Council Update

- **Richmond's Borough of Sanctuary Strategy** - presented to Committee tomorrow evening for approval as a key step in our journey to achieve the Status.
- **New Community Safety Plan 2024-27** - for approval tomorrow night - partnership plan focussing on VAWG, neighbourhood safety, reducing reoffending and prevent Hate Crime
- **Support to residents during change from Housing Benefit to Universal Credit** – 2000 residents in LBR will move to UC via submitting a new claim, with risk of vulnerable families facing hardship. Council is proposing to provide proactive support – communications, tracking, staff to help complete forms.
- **Cost of Living remains a priority:** New Cost of Living Directory launched, which publicises all the in person and virtual spaces and services available to residents across all sectors, including community spaces, food support, health and wellbeing, and advice. The offer is broken down into an interactive map that can be filtered by area.



# Cost of Living Support in Richmond upon Thames



**£926,496**

directed to the **voluntary sector** to support local people



*EntitledTo* calculator completed **788** times in 2023



**158** extra people benefitting from **Free School Meals**, worth £229,890 to local schools

**200** boiler engineer and **handyperson visits** to help lower heating bills



**48** **Community Spaces** in operation



**827** **warm packs** distributed which could save on average £200 per year

**£332,498** **additional benefits** identified that people could claim



**5,500+** **hot drinks and companionships** at libraries



Over **27,300** emails sent to subscribers of our **Cost of Living Support updates**



## Supporting local Volunteering

- Lead members and Directors have agreed to offer staff two days per year paid time for volunteering with community groups, charities, non-profit and other public sector organisations in Richmond.
- We have some work to do on the detail of this – learning from other councils and of course seeing how we can use the existing expertise, capacity and infrastructure we have.
- It is hoped that the scheme will have a real and valuable impact on our local communities and support community organisations to achieve their goals by giving them access to skills that are otherwise unavailable to them.





# Sexual Health and Reproductive Needs Assessment and Strategy

**Kate Jennings**

Senior Public Health Lead, Richmond and Wandsworth  
Councils

# Sexual & Reproductive Health Needs Assessment (SRHNA)

Richmond Upon Thames

Kate Jennings, Senior Public Health Lead  
Richmond and Wandsworth Councils

[Kate.Jennings@richmondandwandsworth.gov.uk](mailto:Kate.Jennings@richmondandwandsworth.gov.uk)



# What is sexual and reproductive health?

## Sexual health

*“...a state of physical, mental and social well-being in relation to sexuality it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled”.*

## Reproductive health

*“...a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so.*

WHO (2006a) Defining sexual health: Report of a technical consultation on sexual health, 28-31 January 2002, Geneva (updated 2010)

[World Health Organisation](#)

# Operationalising sexual and reproductive health

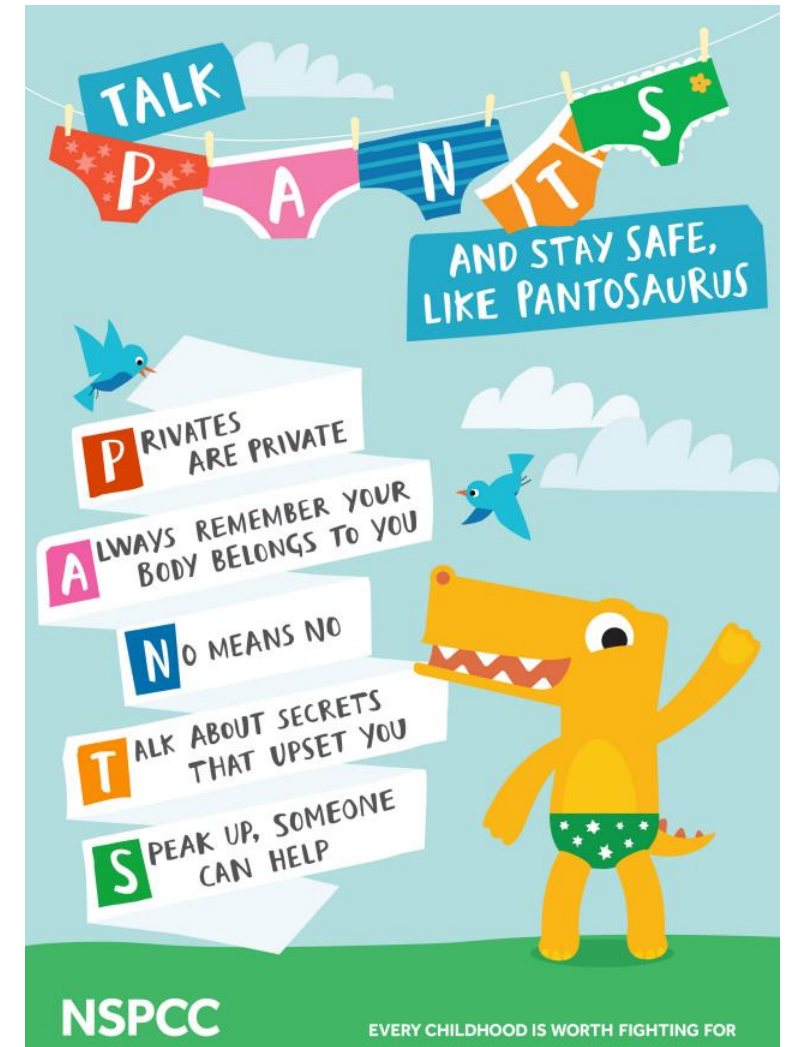
Framework for operationalizing sexual health and its linkages to reproductive health

- A rosette for sexual and reproductive health interventions.
- Eight intervention areas of equal weight, each strengthening the other area to attain sexual health
- Grounded by 6 guiding principles
- Set within a recognition of contributing social and structural factors



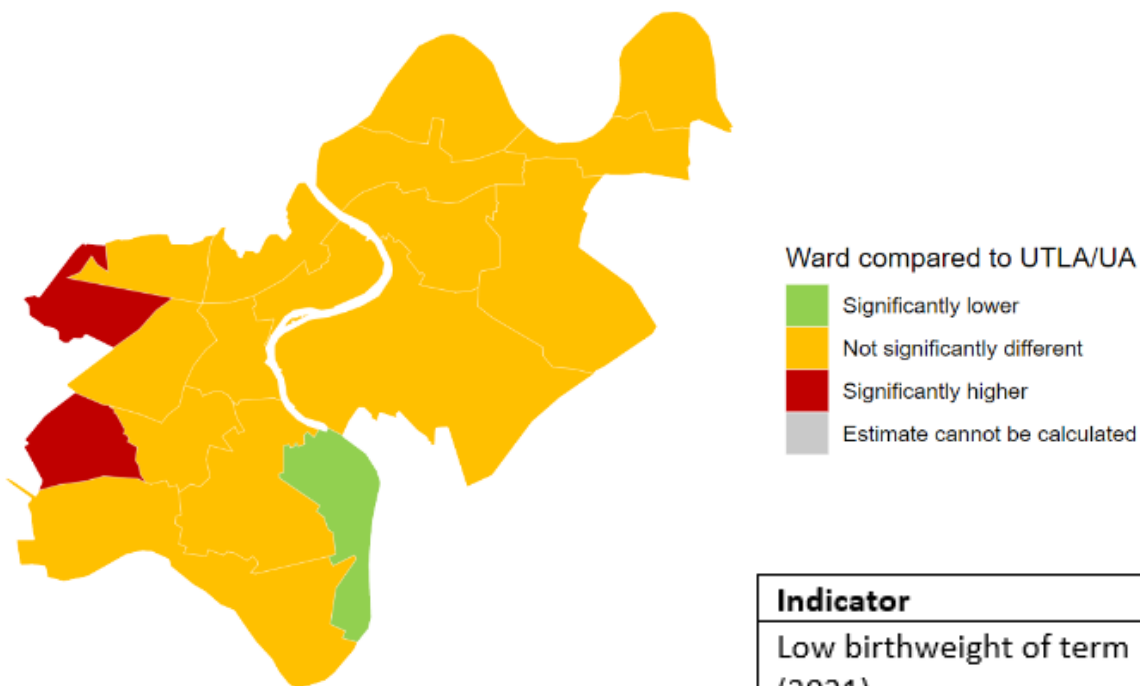
# Sexual and reproductive health through the life-course

- A life-course approach to sexual and reproductive health can be considered from very early childhood.
- Relationships and Sex Education (RSE) increases knowledge, challenges attitudes and moulds positive behaviours.
- Sexual and reproductive health is experienced by adults through a range of life events such as marriage; pregnancy; parenting; physiological changes; infections & diseases.
- Some people are disproportionately affected by poor sexual and reproductive health, affects are accumulative.
- Sexual activity can decline with age, but many adults remain sexually active well into older age.
- Stigma and embarrassment regarding sexual and reproductive health continues into later life.



# Antenatal, intrapartum & postnatal care

## Under 18 conception rates by ward compared to borough rates (2017-19)



### Conceptions in Richmond

- 15% decline in the rate of conceptions over the last 5 years. 20.5% decline in live births over last 10 years.
- 62.8% reduction in U18 conceptions in Richmond since 1998
- U18 conception rates in Richmond was 2<sup>nd</sup> highest compared to statistical neighbours.

Indicator	England (%)	London (%)	Wandsworth (%)	Richmond (%)
Low birthweight of term babies (2021)	2.8	3.3	2.8 →	2.3 →
Baby's first fed breastmilk (2021/22)	71.7	87.7	94.2	93.5
Smoking status at time of delivery (2021/22)	9.1	4.5	5.5 ↑	5.5 ↑
Under 25s abortion after a birth (2021)	26	19.5	16.0 →	12.8 →





# Comprehensive education and information

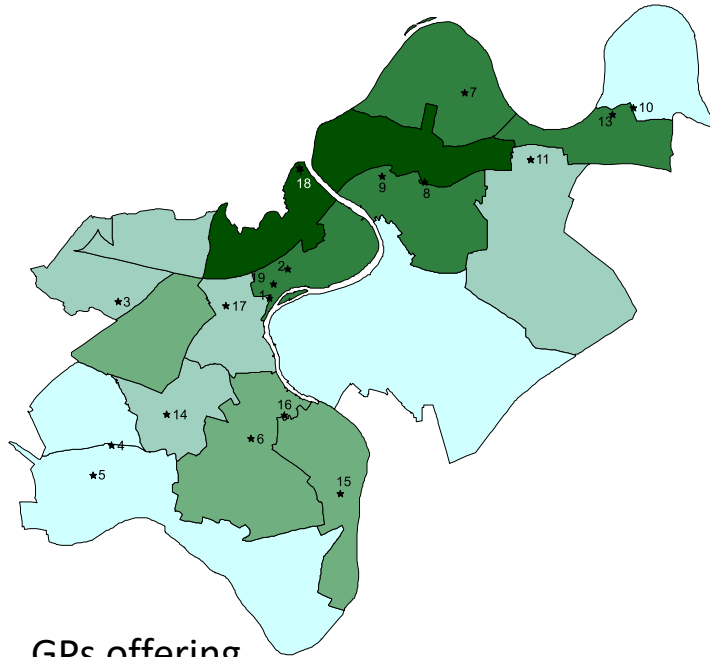
Year 10	Boys	Girls
Consent	70%	78%
Healthy relationships	60%	68%
Sex and the law	63%	59%
Contraception	54%	62%
Sexually transmitted infections (risks and how to avoid them)	52%	54%
Puberty and growing up	51%	53%
Resisting pressure	51%	53%

## Richmond (HRBQ)

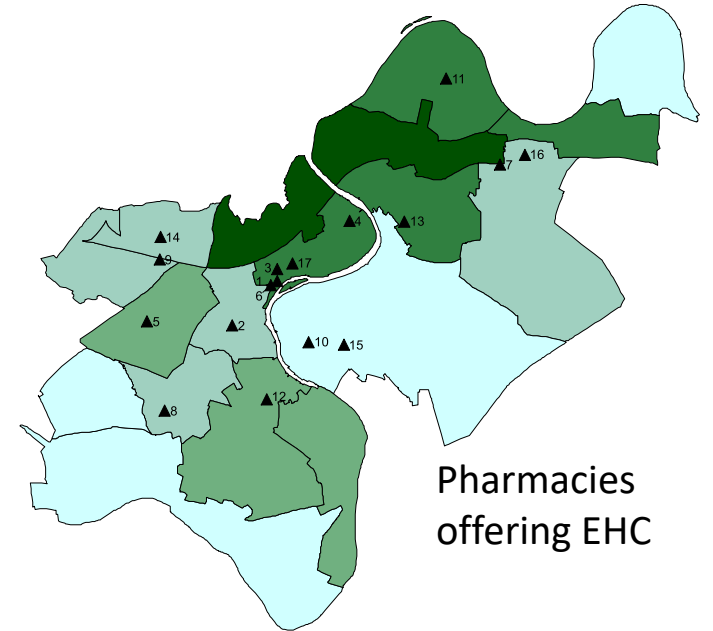
- Only 48% of primary pupils said they feel they know enough about puberty and growing up
- Year 10 pupils who said RSE has helped them understand 'quite a lot', or 'a lot' about:

- Only 44% of the workforce has received training in sexual health in the last 3 years
- 60% of the workforce rated themselves as a 5/10 or lower in terms of their knowledge of and confidence to start conversations about sexual health
- 40% of the workforce did not know or were not sure how to access sexual health services
- Associated stigma around periods, leads to school and work absences and avoidance of exercise or socialising, with 14% missing work, 13% missing school or university or college
- Clear need for Sexual and reproductive health education (SRHE) through the life-course

# Contraception counselling & provision



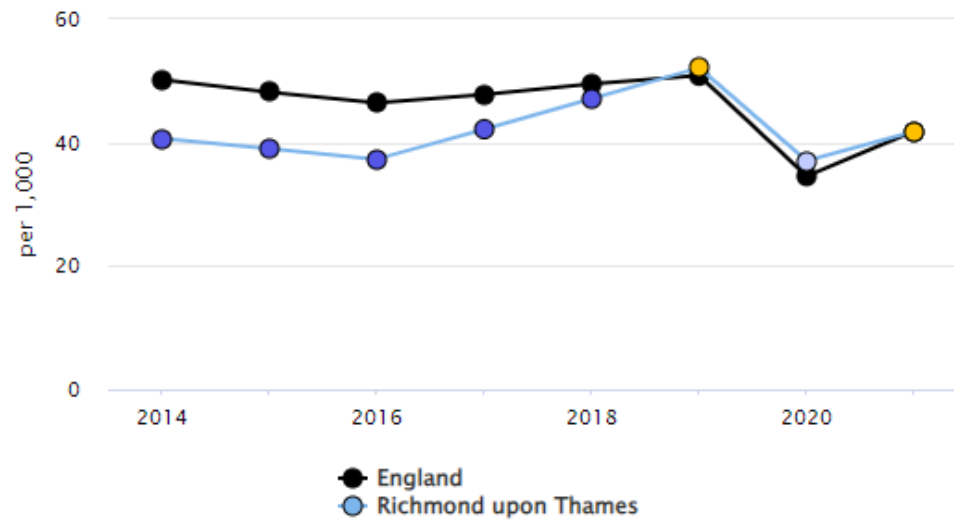
GPs offering IUD/IUS & female population



Pharmacies offering EHC

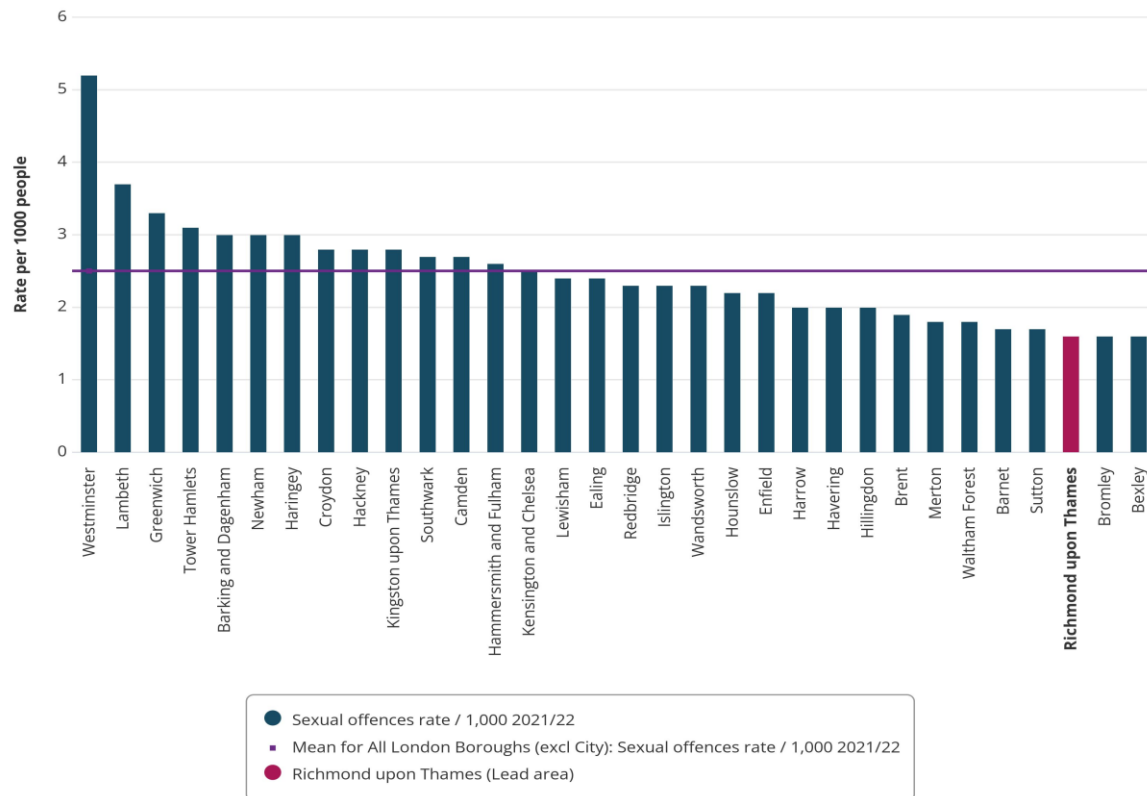
### Richmond

Total prescribed LARC (excluding injection)



# Gender based violence care and support

Violent crime - sexual offences per 1,000 population (2021/22) for All London Boroughs (excl City)



**Source:**

Office for Health Improvement and Disparities (OHID)

Powered by LG Inform

## Richmond

### Sexual offences per 1000 population

- 1.6/1000 recorded sexual offences in 2021/22 is an increase from 1.4 in 2017/18
- 2% of pupils said that naked or semi-naked images of themselves had been shared without their consent
- 1% of boys and 6% of girls in Year 10 said they have been sexually harmed or harassed
- 65% of Year 10 boys and 45% of Year 10 girls said they have viewed pornographic images.
- 5% of children are on a child protection plan under the primary category of sexual abuse

***At least one in ten children in England and Wales are sexually abused before the age of 16***

# Fertility & reproductive care

Table 12: UK Male reproductive cancers, key statistics (2016-18)

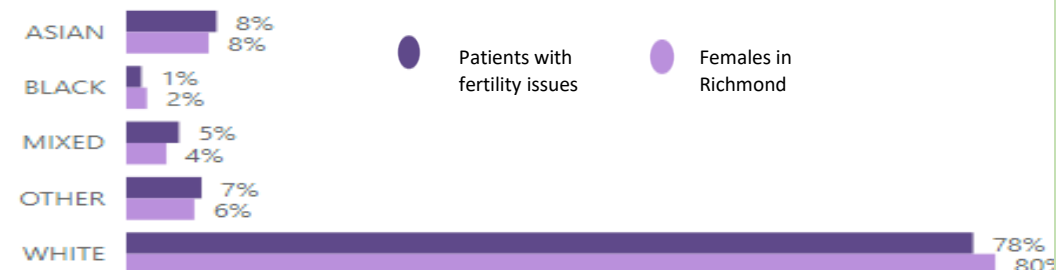
Type of Cancer	New cases / year	Deaths	Survival rate (for 10 years or more)	Preventable estimate	Deprivation (% difference between lowest and highest quintile)
Penile	699	154	68%	63%	52%
Prostate	52,254	12,039	78%	Not known	17% lower
Testicular	2354	65	91%	Not known	16% lower

Table 11: UK gynaecological cancers, key statistics (2016-18)

Type of Cancer	New cases / year	Deaths	Survival rate (for 10 years or more)	Preventable estimate	Deprivation (% difference between lowest and highest quintile)
Cervical	3197	853	51%	99.8%	65%
Ovarian	7495	4142	35%	11%	Similar
Uterine	9703	2543	72%	34%	17%
Vaginal	250	110	unknown	75%	88%
Vulval	1372	469	58%	69%	74%

## Richmond

### Ethnicity

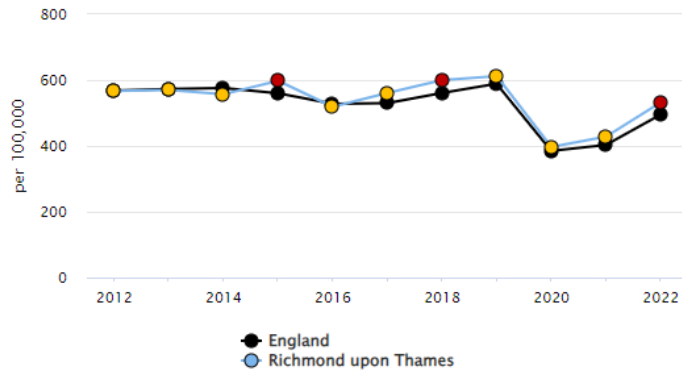


- Cervical screening coverages of 65.5% for 25- to 49-year-olds and 72.8% of 50- to 64-year-olds are well below the national target of 80%.
- Gynaecological cancers are more likely to be diagnosed among White ethnic groups than Black, Asian, and other ethnic groups

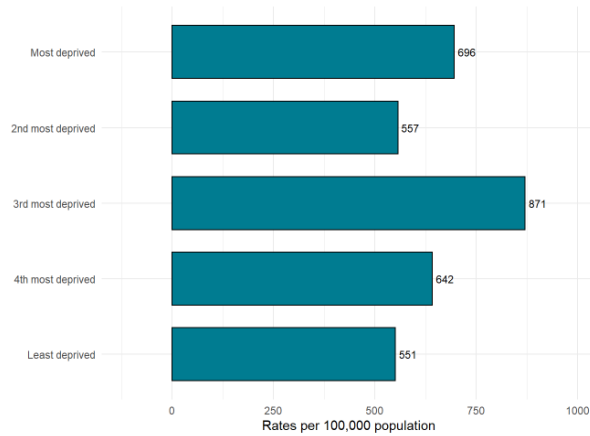
*White women are more likely to be diagnosed with menopause and more likely to receive HRT than Black or Asian women*

# Prevention & control of HIV and other STIs (Richmond)

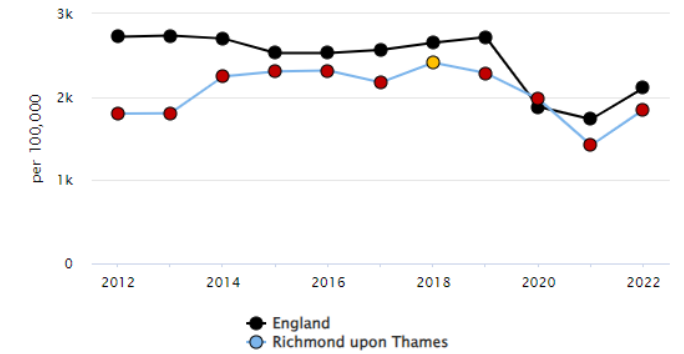
## New STI diagnosis (excluding Chlamydia)



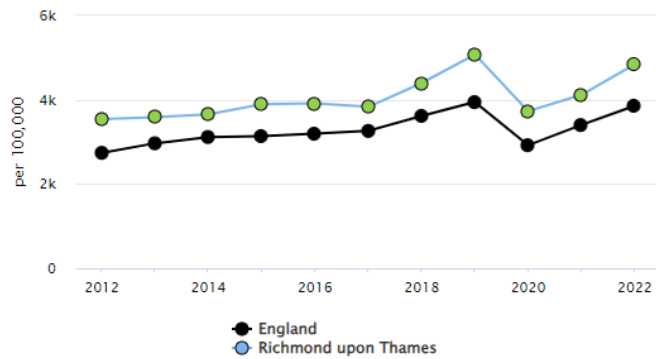
## STI diagnosis by deprivation, per 2020



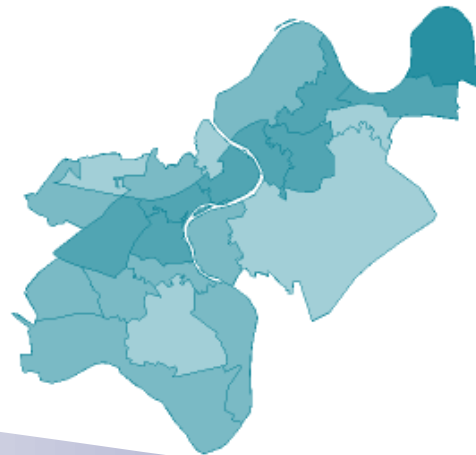
## Chlamydia detection rate aged 15-24 females



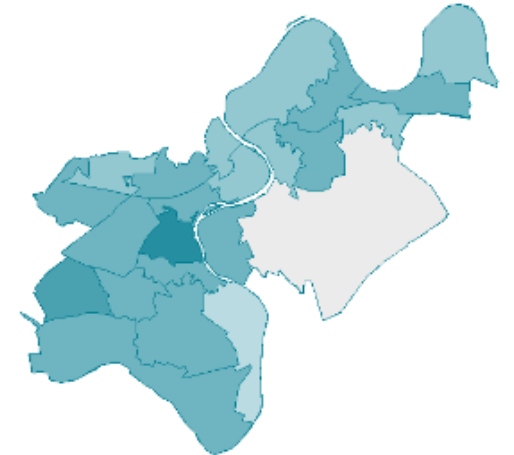
## New STI testing (excluding Chlamydia)



## STI diagnosis per 100,000, 2020

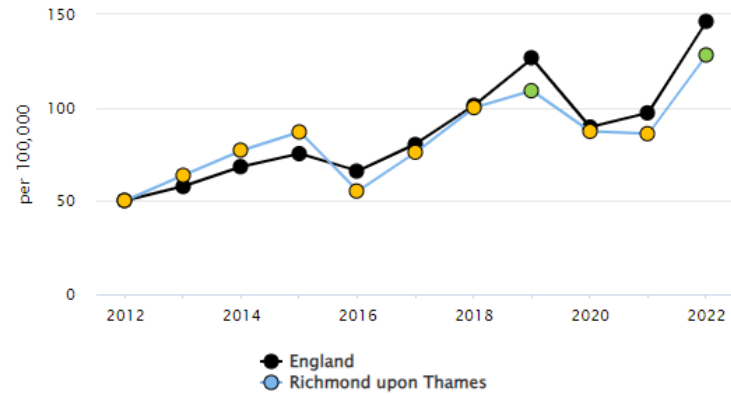


## Chlamydia detection rate aged 15-24 females

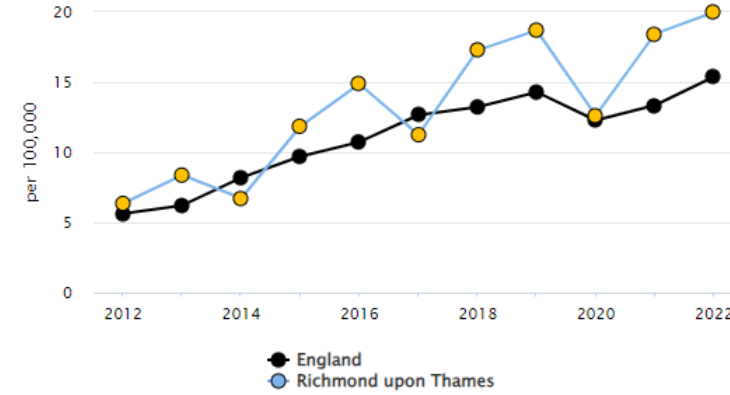


# Prevention & control of HIV and other STIs (Richmond)

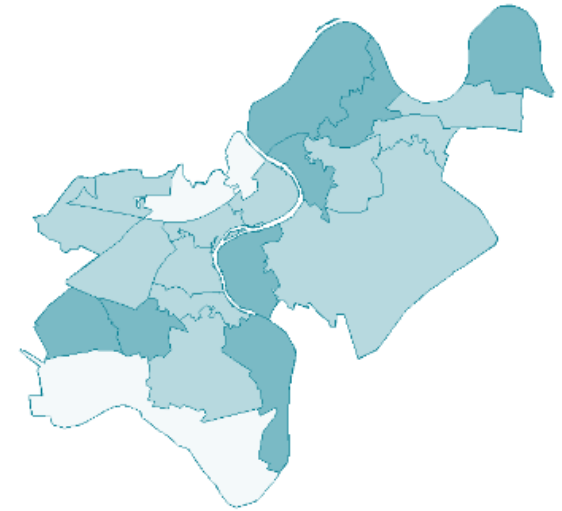
Gonorrhoea diagnostic rate per 100,000



Syphilis diagnostic rate per 100,000

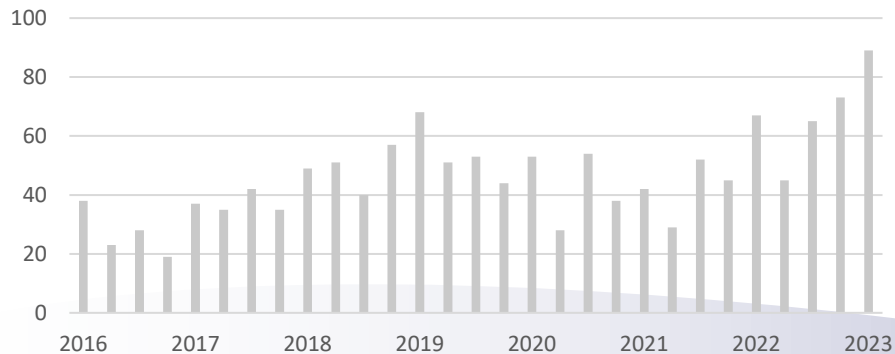


HIV prevalence per 1000, 2020

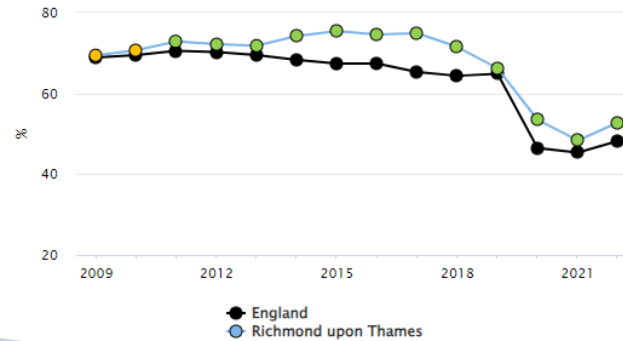


Gonorrhoea diagnosis numbers by quarter

Gonorrhoea diagnosis numbers in Richmond by Quarter (2016-2023)



HIV testing coverage



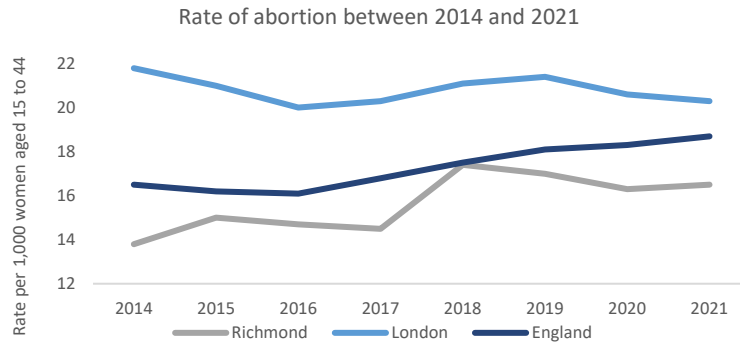
Richmond is in an HIV low prevalence area

- 58.2% of those eligible for an HIV test in received a test compared with 54% for London and 48.2% for England
- In 2022 an estimated 315 residents were living with HIV, (4.34 per 1,000)
- At 25%, Richmond is the NICE amber zone for late diagnosis

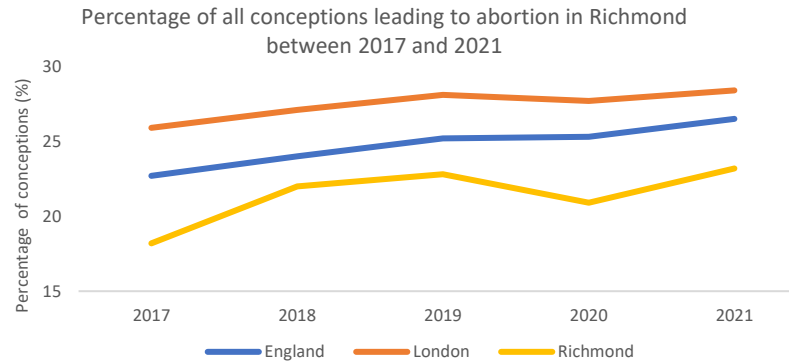


# Safe abortion care (Richmond)

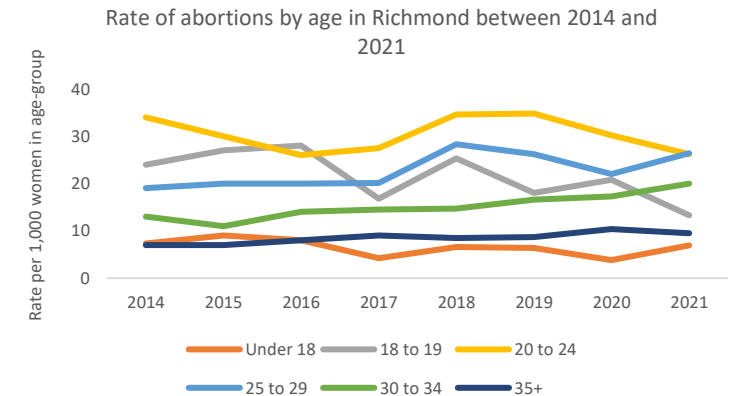
## Total abortion rates 2014-2021



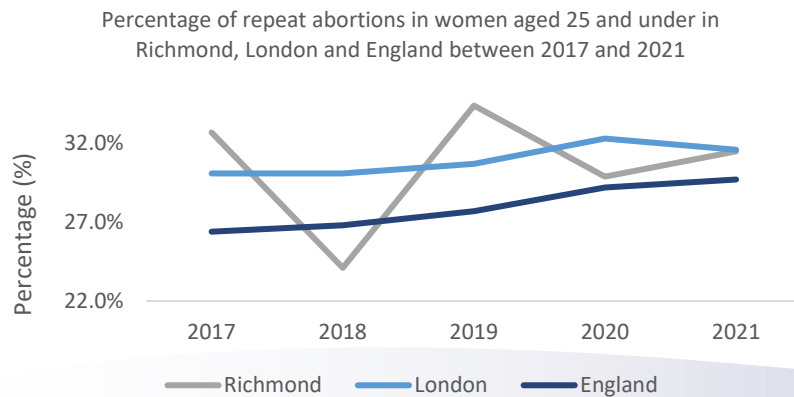
## Conceptions leading to abortion 2017-2021



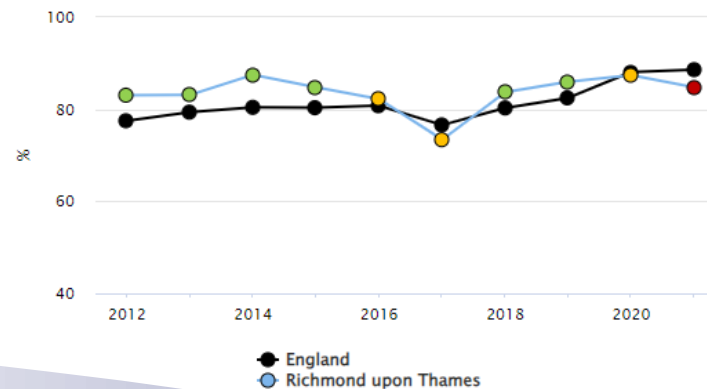
## Rate of abortion by age 2014-2021



## % of repeat abortions aged 25 and under



## Abortions performed under 10 weeks



## Key observations

- Rate of abortion in London declined over the last 10 years but increased in Richmond (as per England trends).
- Increases in the % of conception leading to abortion may indicate increase in unplanned pregnancies & unmet need in contraceptive care.
- Increases in abortion rates for women aged 25 and older may indicate a need to target prevention to older women.
- Increases in repeat abortions and abortion rates higher than statistical neighbours can indicate a lack of access to good quality contraceptive care.

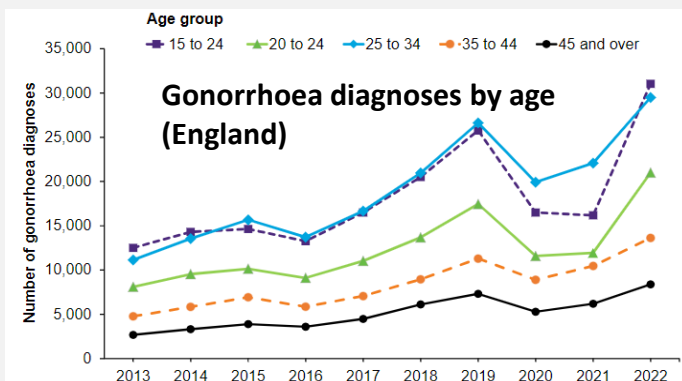
# Sexual function and psychosexual counselling

- Identifying and addressing sexual concerns and difficulties, as well as offering treatment for sexual dysfunction and disorders, are critical components of sexual health care.
- Studies into the prevalence of sexual dysfunction estimate that sexual dysfunction is highly prevalent, affecting about 43% of women and 31% of men.
- Erectile dysfunction is linked with increased risks of cardiovascular disease, dementia, and early death and affects up to one in five men (4.3 million men) across the UK.
- Early detection may help improve the quality of life in affected men and also indicate when interventions may be warranted to prevent cardiovascular disease and early death.
- Sexual dysfunction has been found to impact significantly on interpersonal functioning and overall quality of life in both men and women.
- While psychosexual counselling is offered as part of the integrated sexual health service, it accounts for only 2% of service activity in Wandsworth and 1% in Richmond.

*Please see SRHNA documents for full list of references*

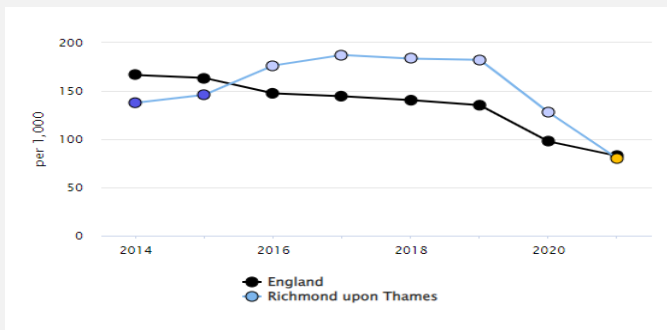
# Disproportionately affected groups (Richmond)

## Young people

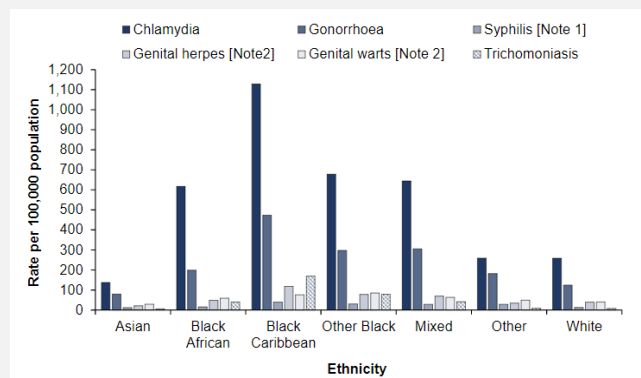


41.4% of diagnoses of new STIs were to young people aged 15 to 24

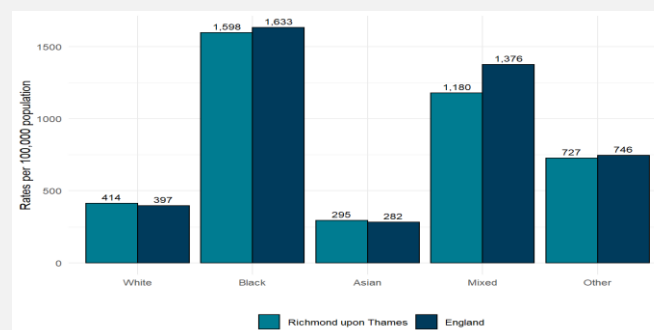
## Under 25s attending specialist contraceptive services / 1000 females



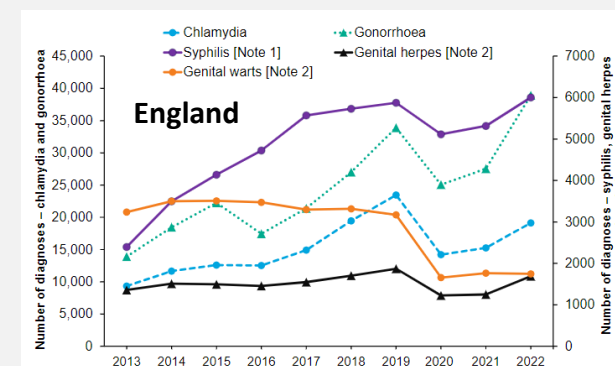
## Black and minority ethnic groups



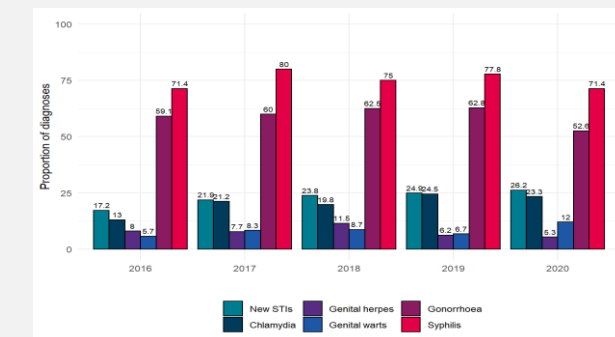
## New STIs by ethnic group / 100,000



## Gay, bisexual and other men who have sex with men



## Proportion of new STIs diagnosed in MSM



# Underserved groups

- **Transgender people** are at higher risk of contracting HIV and STIs compared to the general population and are subject to stigma and transphobia which may prevent them from accessing sexual health services.
- **Women who have sex with women:** Increasing rates of STI diagnoses and poor outcomes in sexual and reproductive health, are driven by a number of factors including; misinformation, lack of perceived risk, poor access to services, discrimination and Heteronormative attitudes towards health promotion.
- **People using substances:** Using alcohol and substances is associated with poorer sexual health outcomes. Chemsex was found to be practiced by only a minority of GBMSM, but there remains barriers to accessing services for those that do. Needle exchange services can help prevent HIV.
- **Individuals who experience homelessness** face disproportionately poor reproductive health, adverse pregnancy outcomes, and a higher risk of STIs. Rough sleepers have a significantly increased prevalence of TB, HIV & hepatitis compared to the general population; and 3 out of 10 female rough sleepers experience sexual violence whilst homeless. Wandsworth homeless health needs assessment (2013) identified that 26% did not know how to access sexual health advice.
- **Sex workers** are a highly marginalised and stigmatised group who carry an extremely high burden of unmet health need.
- **Refugee and asylum-seeking** women have a range of social and sexual health needs, which can include consequences of FGM, sexual violence and exploitation, STIs and inadequate use of or access to contraception and condoms. They are also vulnerable to further exploitation and often lack knowledge in relation to entitlements and navigation of foreign health services.
- **People with learning disabilities** do not have good or equal access to sex and relationship education or information compared to those without and have significant sexual and reproductive health disparities when compared with the general population.
- **Older people:** Older people are often absent from policies and healthcare providers describe difficulties in commencing conversations around sexual health and sexual

# Stakeholder consultation

- 76% of respondents in Richmond confirmed that they were aware of STI testing, treatment, contraception or advice from specialist sexual health services, 89% were aware of services from General Practice, 50% from within pharmacies and 47% from online services.
- The most important consideration for Richmond residents in accessing SRH was speed of access to appointments and a service close to home.
- The most likely two reasons given for not wishing to access online contraceptive services was that they were not aware that this could be an option and a concern for the quality of care that could be given online.
- Richmond residents were unhappy with the lack of in-borough sexual health services.
- Themes emerging from focus groups included a decline in outreach provision to young people's services. A need to increase access for more vulnerable clients, especially those with disabilities.

***Further consultation on the sexual health strategy will take place***

# Proposed high level priorities for the 2025 to 2030

## Strategies

- RSE and sexual and reproductive health education through the life course, specifically targeting disproportionately affected and underserved groups.
- Rapid and targeted diagnosis and access to treatment for STIs and HIV
- Improve HIV prevention including the increased uptake of PrEP amongst underserved groups
- Increased reproductive choice and prevention of reproductive related ill-health
- Increase role of wider community in promoting positive sexual and reproductive health recognising links to emotional health and well-being.
- Increased sexual health service provision and access for Richmond adults

### **Sexual and reproductive health is interdependent**

What additional or supplementary information can your group provide?

Are these priorities the right priorities for a new sexual and reproductive health strategy?





Community Conversation

# Questions?





# Climate Change Microgrants and Climate Risk Map

## **Georgina Creighton**

Partnership and Engagement Officer (Climate Change),  
Richmond and Wandsworth Councils

## **Nicola Wheeler**

Programme and Policy Lead (Climate Change and  
Sustainability), Richmond and Wandsworth Councils

# Climate Change and Sustainability Microgrant Programme

A new micro-grant fund to support and smaller climate action-based initiatives on an ongoing basis.



## KEY DETAILS:

- Year-long pilot scheme
- Grants between £100-£500 allocated on a monthly basis, with funding available for 2-3 grants available each month.
- Easy, accessible online application form.
- All grants must be used within 6 months of allocation and successful grantees must be happy to share their story with the wider community via climate newsletter and other comms channels.



## KEY THEMES:



- Reduce our emissions as a borough
- Engage and teach the wider community about the environment
- Reduce pollution from how we travel and move around
- Provide jobs/skills in repair, upcycling, energy saving and related areas
- Make space for nature
- Help people and nature adapt to climate change
- Reduce how much new stuff we need to buy and use.
- Improve Air Quality
- Improve and support local biodiversity and conservation.

*We are especially interested in supporting projects and ideas that demonstrate a wider community benefit – from involving your neighbours to supporting disadvantaged members of the community.*



# Richmond Climate Risk Mapping

Voluntary Sector Forum

28 February 2024

Nicola Wheeler

Policy and Programme Lead (Climate Change and Sustainability)



## BACKGROUND

- Understand different exposures to climate change impacts across the borough.
- Understand different vulnerabilities of the population to climate change.
- Combined -> understand the risk climate change poses to the borough.



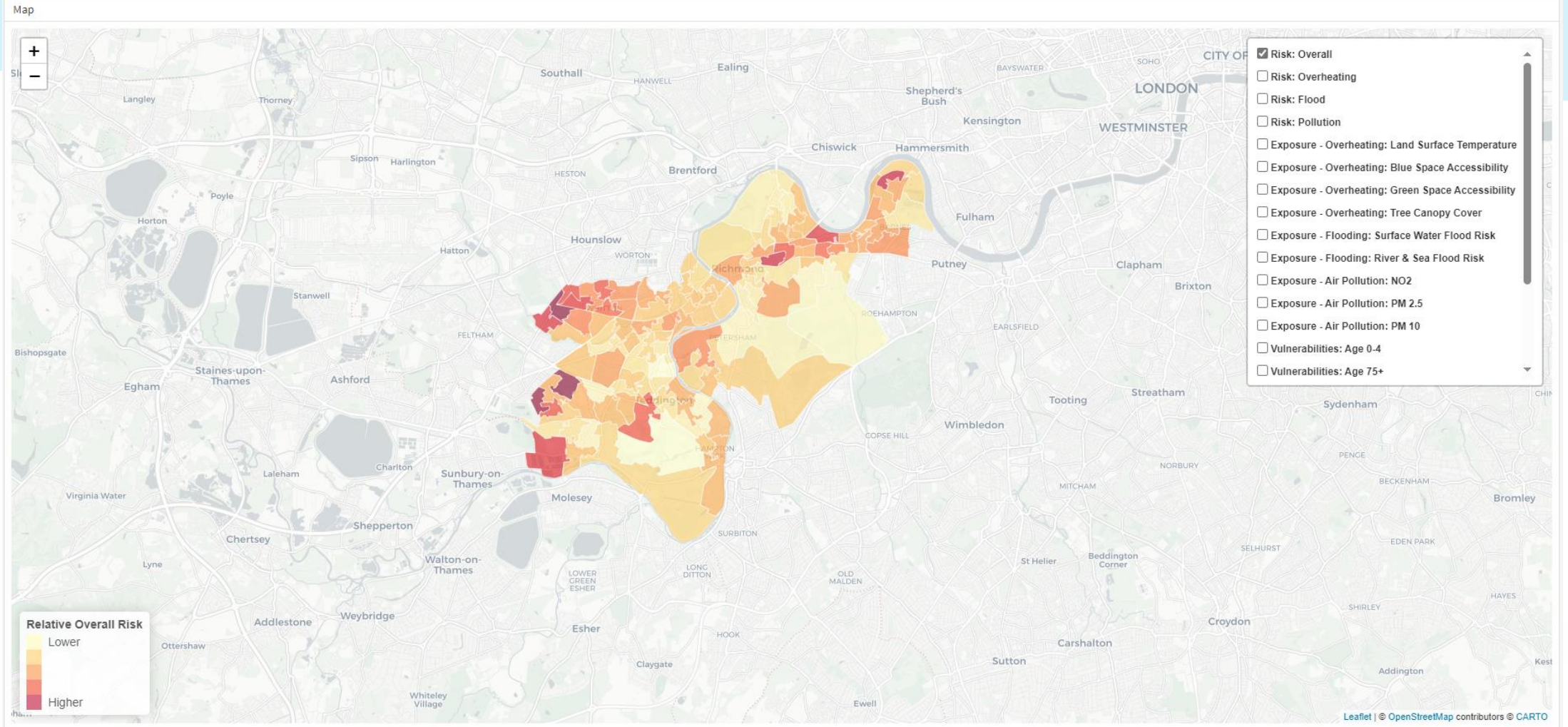


## WHO IS IT FOR?

- ⑩ Council officers -> informed decision making and embedding climate change considerations across the Council's work.
- ⑩ Any other organisations (e.g., VCS) -> better understand climate risks and prioritise areas of work.
- ⑩ The public -> understand their individual risk and lead them to resources to help reduce their risk.



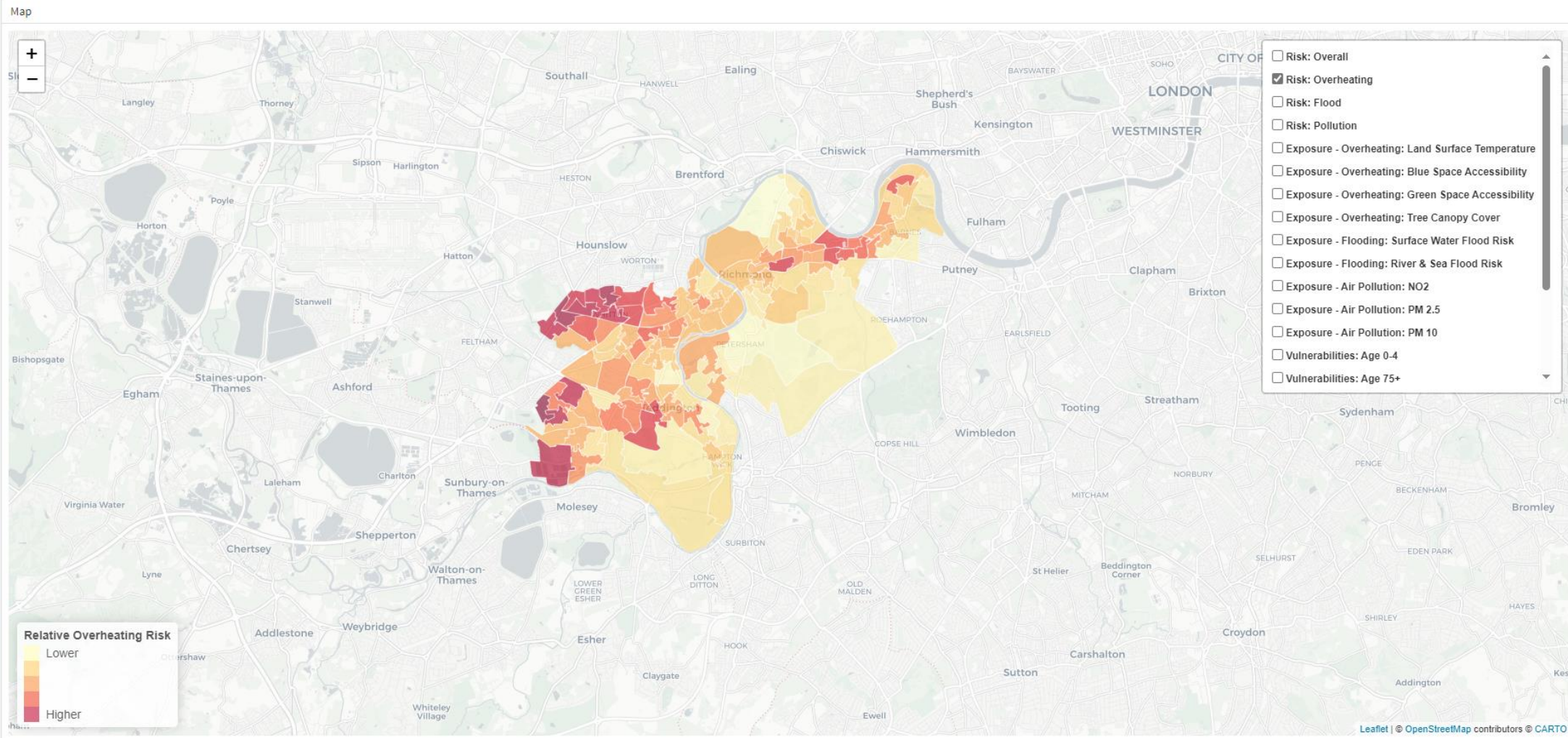




## OVERALL RISK



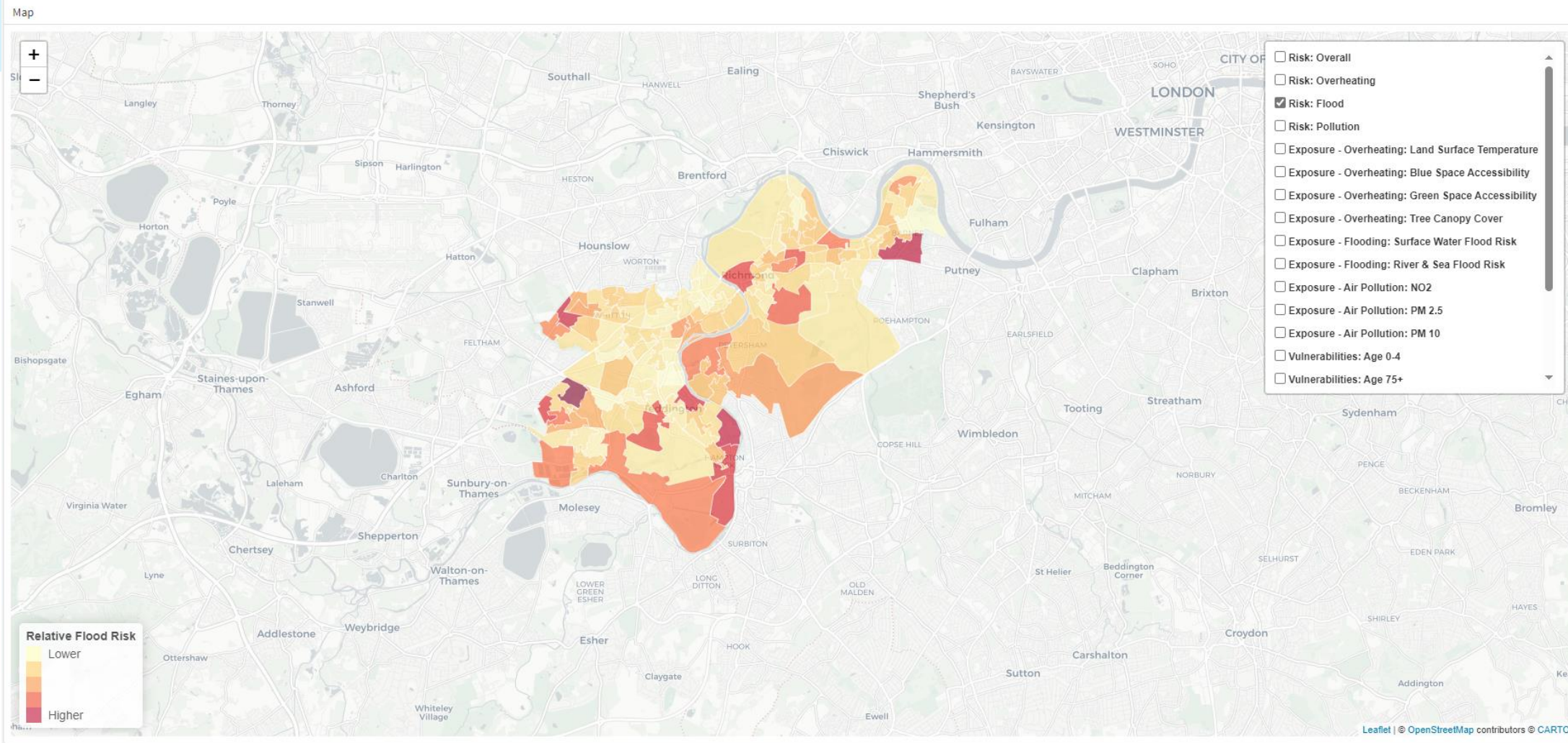




# RISK FROM OVERHEATING

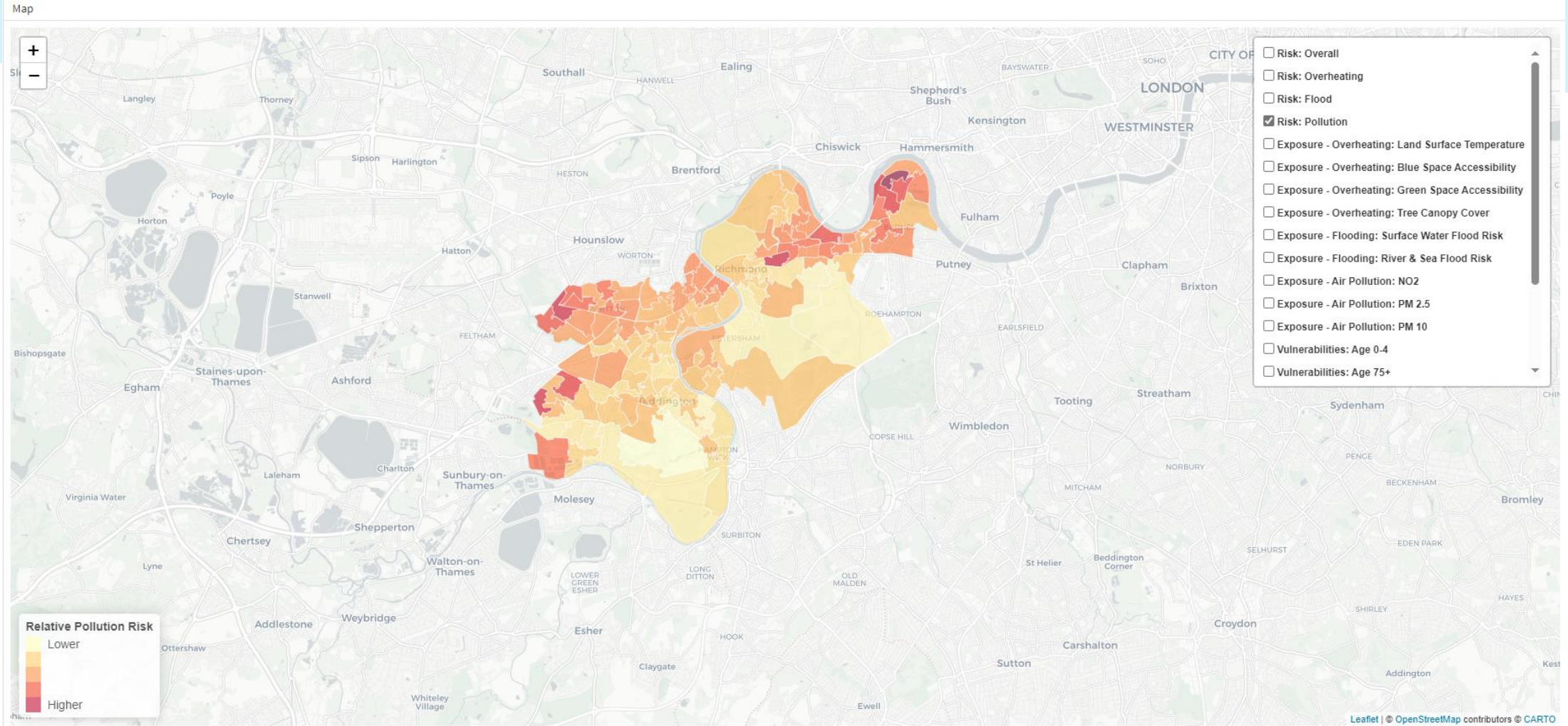






# RISK FROM FLOODING

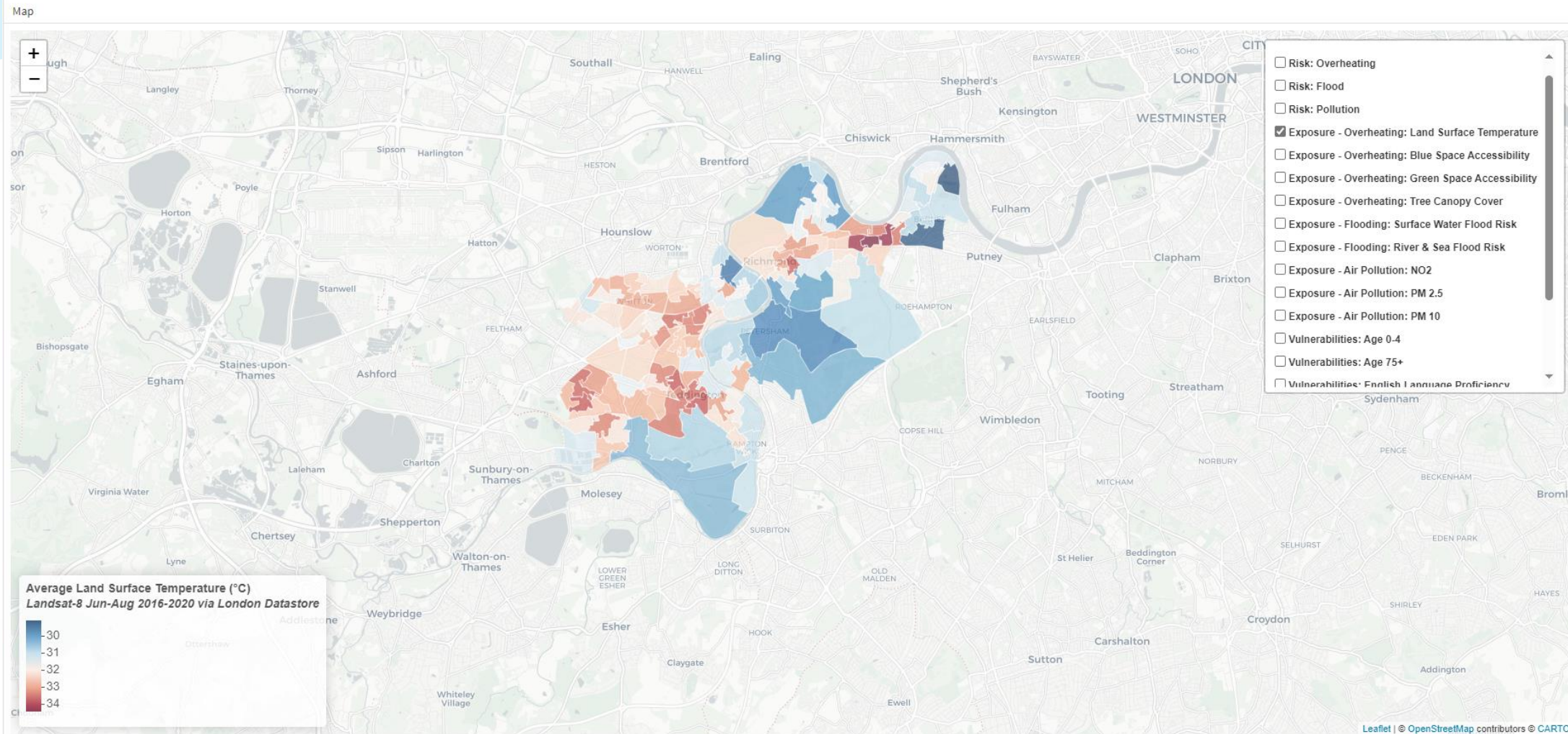




## RISK FROM AIR POLLUTION

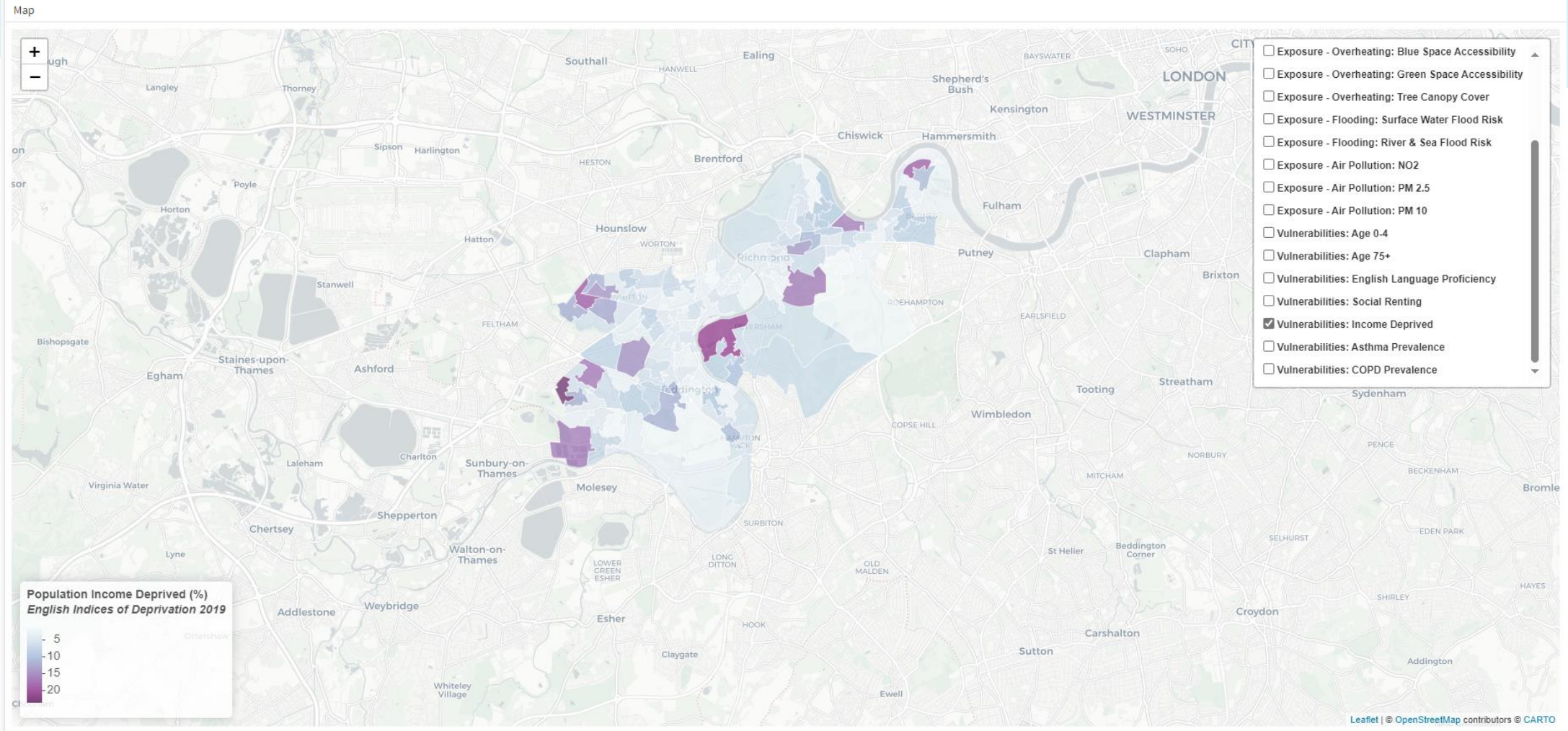






# LAND SURFACE TEMPERATURE





# INCOME DEPRIVED





## NEXT STEPS

- Collate feedback from users of the map
- Phase 2 from 2025 -> new features



## QUESTIONS

If you have any queries, please contact Nicola Wheeler on:  
[nicola.wheeler@richmondandwandsworth.gov.uk](mailto:nicola.wheeler@richmondandwandsworth.gov.uk)





# Applying the Prevention Framework

**JoAnn Taylor-Villaneuva**

Senior Public Health Lead, Richmond and Wandsworth Councils

**Dr Nike Arowobusoye**

Consultant in Public Health, Richmond and Wandsworth Councils

# Voluntary Sector Forum Applying the Prevention Framework



Voluntary Sector Forum Meeting, 28 February 2024

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# Today's objectives

Discuss the key principles and delivery mechanisms of the Prevention Framework

Understand the application of the Prevention Framework to the voluntary sector.

Explore resources to apply the Prevention Framework

Share examples of work where the voluntary sector has embedded Prevention

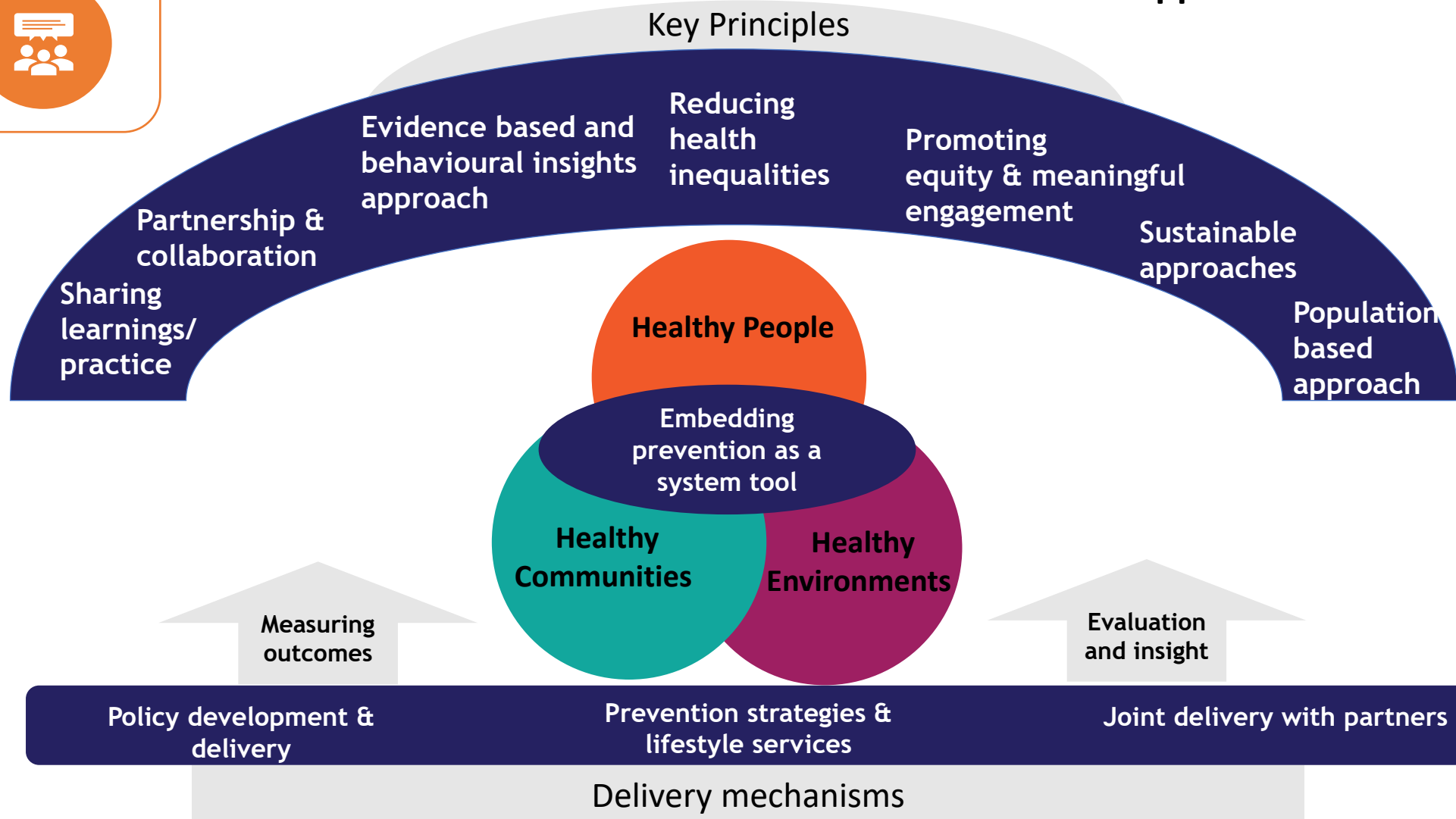
At the Prevention Framework centre, **is embedding prevention in all portfolios, policies, and work areas at three interconnecting levels within the borough** - people, the community, and the environment to promote positive health and wellbeing and to address health inequalities

[https://www.richmond.gov.uk/council/how\\_we\\_work/policies\\_and\\_plans/adult\\_strategy/framework\\_for\\_prevention](https://www.richmond.gov.uk/council/how_we_work/policies_and_plans/adult_strategy/framework_for_prevention)

Introduction



# The Prevention Framework Model – The Council’s approach to Health in All Policies <sup>1</sup>



**Learn more how to embed prevention.**  
Read the Prevention Framework paper: [Richmond](#)

PF Update to Committee paper [Richmond](#) (item 47)

1. Framework concept of Healthy People, Healthy Communities and Healthy Environment was adapted with permission from the Somerset Activity & Sports Partnership.

## Introduction



# Key principles and delivery mechanisms of the Prevention Framework to apply to pieces of work across the borough

## Principles

- Evidence based and behavioural insights approach
- Partnership & collaboration
- Population-based approach
- Promoting equity & meaningful engagement
- Sustainable approaches
- Reducing health inequalities
- Sharing learnings/ practice

## The PF's delivery mechanisms

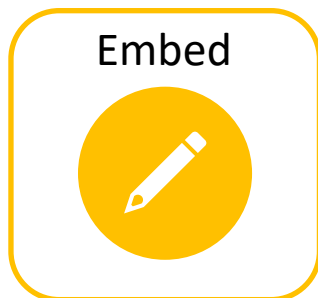
- Policy development or delivery
- Interventions, strategies or lifestyle services
- Joint delivery with partners outside of the council

Resources to implement the principles: [DataRich](#), [Public Health Publications](#)

Read about different delivery mechanisms: [Place-Based Approaches for reducing health inequalities](#).







# Checklist to consider in applying PF to your work

- How will you apply the Prevention Framework to your work?
- How would you apply the Prevention Framework Principles?
- How would you ensure your policy/ intervention/ advice was in line with the different levels of the Prevention Framework?
- What is missing?
- How would you know that you are preventing ill health?
- How would you know that you are addressing health inequalities?
- What can you measure?

## Questions?

Contact any staff member of the Public Health Division or [JoAnn Taylor-Villanueva](mailto:j.taylor-villanueva@richmondandwandsworth.gov.uk), j.taylor-villanueva@richmondandwandsworth.gov.uk.

By considering all these questions when you are planning or reviewing your activity, intervention or delivery this will help embed Prevention and Preventative actions to reduce health inequalities.

# Group work: Your organisation applying the PF in your projects



Think about a project you are working on or just completed- review the template on the next sheet.



Discuss: How would you apply the Prevention Framework to embed prevention to your work?



Update the template



Embed



How can you embed prevention to your work? Record it on this worksheet.

Title:

Who: Organisation name

Context of your piece of work:

Applying the PF– to benefit which level (individual, community or environment) and how?

PF Principles applied: Which ones apply? How did you apply it?

- Evidence based and behavioural insights approach
- Partnership & collaboration
- Population-based approach
- Promoting equity & agency
- Sustainable approaches
- Reducing health inequalities
- Sharing learnings/ practice

Delivery mechanism: Which one? Describe it.

# Reflection time

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Write down one thing you learned today and one potential action you will do as a result.

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Questions for your reflection:  
Was how you embed prevention clear, is our work addressing HI unclear? How will you address the barriers? How will you apply this information?



# Feedback on today's session

- Feedback is valued. Share your feedback or questions with JoAnn on [J.Taylor-Villanueva@richmondandwandsworth.gov.uk](mailto:J.Taylor-Villanueva@richmondandwandsworth.gov.uk)
- Let's keep striving to find ways to help embed prevention that you and the Council do.
- Thank you!

Public Health



# Additional Reading and Resources

Council examples, video and Prevention Framework on a Page

# Some examples of where prevention has been embedded across the Council

**Equality Impact Needs Assessment** updated with specific groups like people living in **higher deprivation areas, carer responsibilities.**

Cost of Living Programme with **MECC discussions in Warm Spaces and Warm Homes service.**

Achieving for Children provided school holiday provision and healthy meals to children eligible for (benefit related) free school meals.

Climate Emergency Strategy refers to prevention of ill-health through a healthier more sustainable environment, promoting active travel, and improving air quality.

Richmond Carer Strategy Reference Group's focus is on ensuring that unpaid carers are supported in their role with respite support.

Community Toilet Scheme has expanded with new scheme members with disabled toilets and baby changing facilities to increase equitable access

What difference has it made?

- more health-promoting environments

- linking health inequalities with existing work

- increased partnership working within the Council and with the voluntary sector and local businesses.



# Worked Example of Embedding Prevention Using Key Principles – Adult Weight Management

Developed specifications for a new **evidence-based** Tier 2 adult weight management service, for populations most impacted by living with obesity.

Co-produced the delivery content and promotion messaging by gathering resident insights and continued **engagement with community stakeholders**

Partnered with stakeholders to develop a comprehensive referral pathway between all levels of support to promote a healthy weight.

Embedded prevention in the community – enabling Healthy People and connecting them to community assets through universal activities like walking groups, leisure facilities and green spaces for a **sustainable approach**.

Weight Class	Body Mass Index (BMI)	Risk stratification - Co-morbidities Present (refer to pre-assessment)
Healthy weight	18.5 kg/m <sup>2</sup> to 24.9 kg/m <sup>2</sup>	
Overweight	25 kg/m <sup>2</sup> to 29.9 kg/m <sup>2</sup>	A (Unless black African, African-Caribbean and Asian groups - BMI ≥ 30 kg/m <sup>2</sup> – go to category B)
Obesity I	30 kg/m <sup>2</sup> to 34.9 kg/m <sup>2</sup>	B
Obesity II	35 kg/m <sup>2</sup> to 39.9 kg/m <sup>2</sup>	B, only C if any one of the 5 co-morbidities – diabetes, CVD, hyperlipidaemia, Obstructive Sleep Apnoea, uncontrolled hypertension, following attendance community-based service
Obesity III	40 kg/m <sup>2</sup> or more	C

**Tier 1 Prevention:**  
Offer Tier 1 universal physical activity and healthy eating interventions, stop smoking services, IAPT services.

**Tier 2 – With LTC:**  
Exercise on Referral (certain LTC conditions)  
If pre-diabetic:  
• NDPP or  
• Decathlon (participating PCNs)  
If diabetic: Low calorie diet  
If none above apply:  
• NHS Digital Weight Management (diabetic and/or hypertensive)  
• Adult Weight Management Service (priority at-risk groups)  
• Guys Get Active (men only)  
• Priority: Black, Asian and Minority Ethnic, and/or with a Learning Disability, and/or Low income

**Tier 3**  
Referral to multi-disciplinary programme (St George's Hospital)  
**Tier 4**  
Bariatric Surgery

Obesity II  
Obesity III

**Plant-based protein**

**Short, Mid & Long-Term Goals**

**Healthy meals under £3**

**enable.**



### Population-based campaigns

#### Richmond & Wandsworth MI & AWM Training

Thursday 22nd February  
9.30am - 3pm (CPD 5 hours)

**Venue:**

York House (Terrace Room)  
Twickenham  
TW1 3DT

Refreshments and lunch provided

Do you struggle to use the word obesity with patients?  
Can your/our weight make a difference in what patients think?  
How do you feel about body weight?

Having those difficult conversations with patients can be, well, difficult.

- Join Michaela in a **safe environment** to find out more about how you can help both **you** and your **patients with weight and physical activity**
- Learn more about the **Adult Weight Management Service in Richmond and Wandsworth**
- Come and meet the **Enable** weight management team – understand the **referral pathway** and take part in a **mini-taster session**

**Who should attend?**

Anyone involved in the delivery of NHS Health Check

Click [HERE](#) or scan the code to book

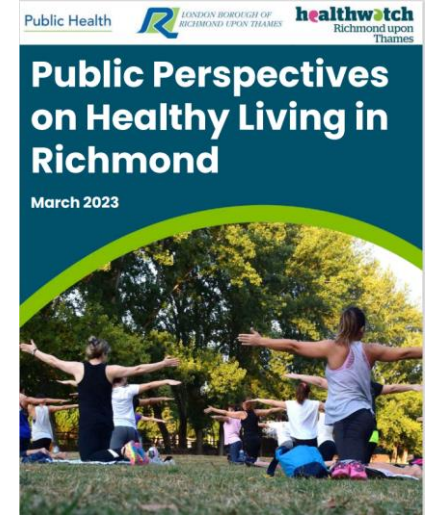


### Sustainable approaches - through training



### Partnership working – Public Health and Food Safety Standards

Prevention Framework principles applied to different interventions – a way of working that contributes to better health for residents and reduction of health inequalities

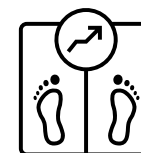


### Evidence-base and behavioural insights

### Promoting equity - supporting people at risk of falls



# Example of applying the Prevention Framework at three interconnecting levels to improve accessing healthier nutritious food and drinks



NHS Health Checks - people gain **knowledge** of their health and given advice about lifestyle behaviours such as a healthy nutritious diet.



Workplaces - Employers supported to encourage staff to eat **healthier nutritious food choices and water**, from the recommendations of the Council's Local Healthy Workplace Award



Built environment **Healthier Catering Commitment by cafes** that offer food lower in fat, salt and sugar and water, promoting **healthier high streets**.



# Tools

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Case stories (videos), [an example](#)



[Prevention Framework on a page](#)



Worksheet and checklist (shared today)







# Questions?





# Habitats & Heritage

**Paul Jennings**  
CEO, Habitats & Heritage



**Paul Jennings**

Chief Executive Officer

Engaging communities in climate action and conservation of nature and the built environment.

## Community engagement and education

### Habitats

- Friends groups
- Green hubs
- Partnerships
- Youth volunteers

### Heritage

- Restoration
- Public engagement
- Training

### Sustainability

- Energy efficiency
- Waste minimisation
- Food growing



Habitats  
&  
Heritage



# Example Habitats & Heritage projects



## Grove Gardens Chapel

- Heritage restoration
- Community space
- Nature conservation
- Climate training hub



## Kilmorey Mausoleum

- Heritage talks
- Wildlife gardening model
- Performance space



## Kew Road Ha-ha

- Habitat creation
- Heritage restoration
- Skills training
- Accessible interpretation



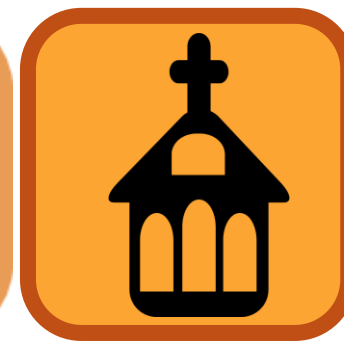
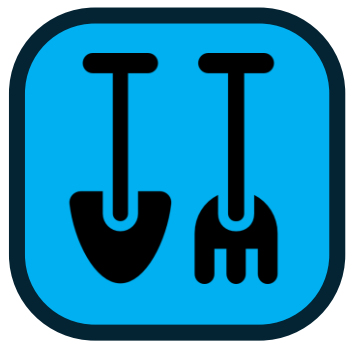
Habitats  
&  
Heritage





# Habitats & Heritage's offer

- Litter pickers and tool loan for community groups.
- Nature conservation advice and support.
- Support in the formation of green space groups.
- Community funding and events newsletter.
- Community group training e.g. risk assessment.
- Heritage tours for community groups.
- Structures and spaces for community use.



# We need the forum's help to increase the diversity of people we engage.

- 1) **Sharing our events and activities through your communications networks.**
- 2) **Consider us as partners for collaboration and funding applications.**
- 3) **Encourage your communities/ groups to contact us about creating green hubs or visiting our heritage sites.**



Habitats  
&  
Heritage





Habitats  
&  
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**Any  
questions?**



[Paul@habitatsandheritage.org.uk](mailto:Paul@habitatsandheritage.org.uk)



Community Conversation

# Open Forum and Q & A

