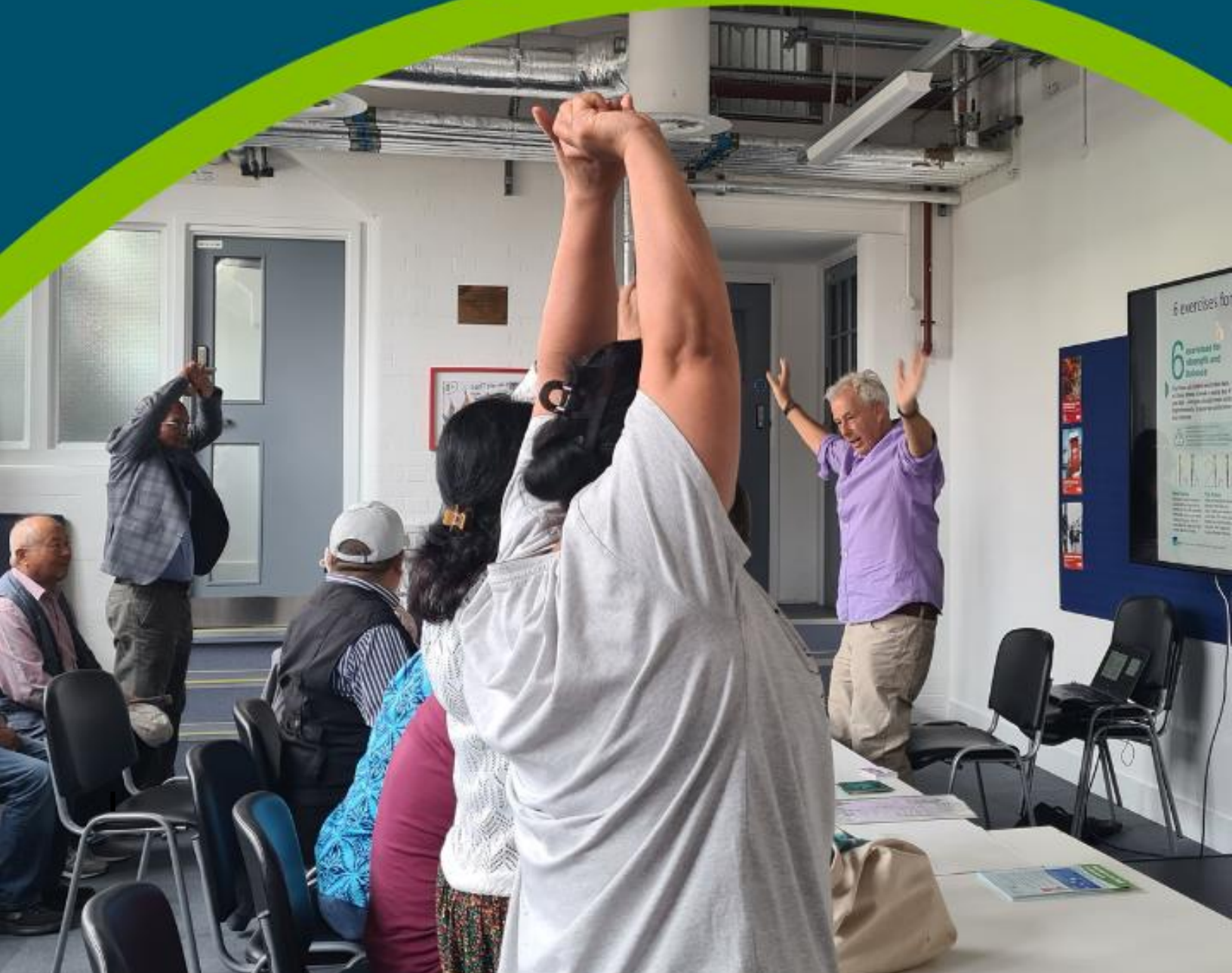
healthwatch Greenwich

Making prevention work for communities

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Introduction and background

Making Prevention Work for Communities presents findings from a Public Health-led pilot providing practical physical-health support to older adults from Greenwich's Global Majority communities. Sessions with established community groups combined health information with discussion, exercise demonstrations and, where available, blood-pressure checks.

This work was informed by findings from Be Well Support, a Public Health-funded project led by Healthwatch Greenwich (HWG). Communities wanted culturally relevant support that recognised the connections between physical health, mental wellbeing, social connection, independence, and access to services. In response to these needs identified by Global Majority communities, Public Health took a proactive approach to developing this pilot, working with Healthwatch Greenwich and established community groups to bring practical health and wellbeing support into familiar community settings. This willingness to listen and respond helped shape sessions around residents' priorities, making preventative information more relevant and accessible.

Healthwatch Greenwich connected Public Health with community groups, captured residents' experiences and priorities, facilitated introductions to relevant services and helped identify potential community health champions. Public Health retains responsibility for the evaluation of the pilot, including assessing and reporting its outcomes.

This report presents the community insight and delivery learning arising from HWG's role in this project. Our report identifies shared themes and differences in residents' experiences across the groups. It explores how factors such as health needs, language, affordability and access to services affect residents' ability to act on health advice and use preventative support.

Groups taking part

Community Group	Residents Attending
Bengali Women's Group	21
CESI Nepalese community	20
Nepalese/Gurkha community	35
Indian Cultural Society	13
Total	**89**

Helping residents put health advice into practice

Residents brought existing knowledge, routines and relationships that supported their health and wellbeing. Bengali women described crocheting and other social activities as sources of enjoyment and connection, alongside keeping active through housework and gardening. Indian Cultural Society members recognised the value of yoga and the importance of regular social gatherings. Residents were already taking steps to look after themselves and valued activities that combined wellbeing with everyday life.

Many already recognised the importance of staying active and shared their own routines. Nepali residents frequently identified walking as a way of maintaining their health: ***"Walking is an important part of how I keep active."*** Recognising these strengths gives preventative support a useful starting point by understanding what residents already do, what they want to maintain, and where further guidance could help.

The discussions also revealed reasons why preventative health advice might be difficult to put into practice. Some Bengali women described living with long-term conditions and described how pain affected opportunities to exercise and complete everyday tasks. Their questions focused on how to remain active while living with ongoing health conditions. Women highlighted that recommendations to increase activity may be readily usable by someone who feels confident exercising, but insufficient for someone experiencing pain or uncertainty about safe movement. General messages about becoming more active may be of limited value unless they connect with their individual circumstances.

Both Nepalese groups engaged strongly with exercise demonstrations and asked what they could continue at home. The chance to observe exercises, practice them and ask questions helped make general advice more concrete. ***"It was useful to actually learn and practice exercises that can help us stay fit and we want more ideas, and sessions like this."*** The request for further sessions suggests interest in developing practical knowledge over time.

The sessions combined health information with discussion, exercise demonstrations and, where available, blood-pressure checks. They provided a starting point for practical guidance that builds on what residents already know and do. They also helped identify where individual support or adaptations may be needed. This supports a flexible approach to Public Health delivery, shaped by residents' circumstances rather than assuming that everyone can benefit from the same advice in the same way.



CESI Nepalese Community



Nepalese/Gurkha Community

Cultural relevance and affordability shape usable advice

The Bengali Women's Group and Indian Cultural Society sessions highlighted the importance of connecting healthy-eating advice with familiar foods and cooking practices. Residents wanted to understand how guidance applied to foods they already ate. Bengali women discussed whether changes to ingredients or preparation could make those meals healthier. At the Indian Cultural Society session, portion guidance tailored to South Asian diets provided a practical reference. Members of the Bengali Women's Group showed particular interest in free cookery classes.



Bengali Women's Group



Indian Cultural Society

Affordability was part of the discussion. Women raised the cost of healthier oils such as olive oil, illustrating how understanding a recommendation does not necessarily make it feasible. Advice that presents a more expensive product as the preferred choice may leave residents uncertain about affordable alternatives. Cultural relevance and affordability need to be addressed together. Advice may fit residents' food preferences but remain difficult to follow within their budget.

Women living with long-term conditions described how pain affected cooking and other daily tasks. This suggests that dietary advice needs to consider the effort involved in preparing meals alongside cultural relevance and cost. Changes that require extra preparation or prolonged standing may be difficult to sustain, even when residents understand the advice and can afford the ingredients.

Making preventative support easier to access

Residents took up blood pressure checks (where these were offered) and expressed interest in further preventative health checks in these settings. This suggests that bringing practical support into places where residents already gather can create opportunities they are willing to use. However, the value of community health checks also depends on what happens afterwards. Residents need to understand their results and be able to obtain any recommended follow-up. Given the GP-access barriers raised across all groups, future planning should consider this connection.

Information about NHS Health Checks encouraged discussion about residents' experiences of preventative care and how to access it. The suggestion that NHS Health Check eligibility should be communicated more clearly highlighted a lack of awareness. A service may be available, but residents may not know about it or how to access it.

Residents connect prevention with access to primary care

Primary-care access was not a planned focus of the sessions, yet residents raised concerns spontaneously across all four groups.

Bengali women described unanswered calls, redirection to online systems they could not use, and needing help from relatives to complete digital processes. Reliance on relatives for digital contact illustrates how access can depend on resources outside the service. Family help can be valuable, but it may not be consistently available. Residents without equivalent support may face greater difficulty using the same route.

Nepali residents described appointment difficulties including language barriers, difficulty using self-service screens and uncertainty about judging symptom urgency through digital triage. ***"In an emergency they just give you a screen and it's difficult if you don't know English."*** For residents facing both language and digital difficulties, the same process may require them to understand instructions, operate technology and describe symptoms before obtaining help. Family assistance can help, but

availability of care then depends on someone else being present. Greater health awareness or digital confidence alone cannot resolve all these obstacles.

Some Nepali residents raised concerns about interactions with GP staff: ***"Sometimes I feel uncomfortable going back to my GP because they seem irritated when I visit frequently."*** Previous encounters can affect confidence in seeking further help. For residents who need repeated contact, feeling that their attendance is unwelcome may become an additional barrier to care. Indian Cultural Society members also raised questions about communication during GP consultations and whether their concerns were fully understood.

The spontaneous discussion of these experiences suggests that difficulties obtaining GP support were important to residents and shaped how they understood prevention. Looking after their health included being able to easily obtain advice, assessment and ongoing care from their GP practice when needed.

Summary

Across the group sessions, residents showed interest in maintaining their health and brought knowledge and routines on which preventative support could build. Their questions often concerned how to apply advice, rather than why healthy behaviour mattered. The challenge was making recommendations workable within residents' lives. Providing information, offering a practical exercise session, or making a service available creates an opportunity, but residents may need different support to use it. Pain, affordability, language, digital confidence and access to assistance can affect the steps a person is able to take. The findings also suggest why barriers need to be considered together. Addressing one difficulty may leave another unresolved. Advice can be culturally relevant but unaffordable; instructions can be understandable but difficult to complete without assistance.

Residents' spontaneous concerns about primary care broadened the meaning of prevention within these sessions. For them, looking after their health was connected to obtaining advice, assessment and ongoing care. Community engagement can strengthen knowledge and confidence, but its benefits may be constrained if residents then encounter services they cannot access, navigate, or feel

uncomfortable approaching. Future delivery therefore needs to consider both the support offered in community settings and the routes into care beyond them.

Public Health's investment in this pilot created an opportunity to listen to residents while offering practical support in familiar community settings. Combining health information, practical activities, and open discussion helped identify what residents valued and what support they needed to make advice usable in everyday life. These findings can inform Public Health's evaluation of the pilot, including questions about who benefits, what adaptations are needed and whether residents can access appropriate follow-on support. Responsibility for evaluating the pilot and assessing its outcomes remains with Public Health.

Limitations

Working through established community groups enabled engagement in familiar settings. However, attendance depended on residents being connected to those groups and able to take part. People who are socially isolated, unable to travel, have caring responsibilities or require additional support may have been missed.

HWG drew on multilingual volunteers and community contacts where possible but could not always provide completely comprehensive language coverage. This may have affected residents' ability to understand information, ask questions or explain experiences in detail. Where communication was supported informally, some meaning or nuance may also have been lost.

Engagement with four established groups provides useful insight into the experiences and priorities of residents who attended, but their views cannot be assumed to represent beyond those who attended. Community identity does not imply a shared experience.

Provider Response

Public Health and Wellbeing Team, Royal Borough of Greenwich

As noted, the Ageing Well workshop pilot has provided Public Health with a valuable opportunity to engage with and better understand the needs of older adults from global majority communities across the borough, while also offering practical health information and support within familiar and trusted community settings.

Following the workshops, tailored health and wellbeing information and local signposting were provided to all group leaders to reinforce the key messages delivered during the sessions and enable them to share these resources with their members.

The workshops have also enabled groups to access additional support and opportunities. This includes a healthy eating workshop for the Bengali women's group and participation by the Nepali group in a Healthwatch-facilitated focus group to further explore barriers to accessing primary care services.

All group leaders have been invited to express an interest in attending the Royal Society for Public Health (RSPH) Understanding Health Improvement accredited training. This will help strengthen health improvement capacity within these communities while supporting a more sustainable connection with the Community Champions programme.

Public Health has also scheduled additional workshops with established global majority older adults' groups across the community, ensuring that engagement, learning and relationship-building continue.

More broadly, the insights gathered are highly valuable in informing the planning and future delivery of outreach, interventions and services aimed at preventing ill health and improving health and wellbeing.

The findings highlight the complex and interconnected barriers that can make it difficult for individuals to adopt and sustain healthy behaviours, and the importance of addressing these barriers in a holistic way. Challenges relating to access to health and wellbeing services, particularly GP and primary care support, emerged as a significant theme. They also demonstrate the benefit of taking health and wellbeing information and signposting, as well as interventions like blood pressure checks to where communities are and that significant reach in terms of numbers can be achieved.

These insights will be shared through relevant channels to inform emerging programmes of work, particularly those linked to the neighbourhoods and prevention agenda, and to support the development of more responsive and equitable approaches to health improvement.

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