fusebrief

Fuse - Centre for Translational Research in Public Health

- A partnership of public health researchers across the five universities in North East England
- Focused on working with policy makers and practice partners
- A founding member of the NIHR School for Public Health Research (SPHR)
- A UK Public Health Research Centre of Excellence

Integrated Health and Wellbeing Services in North East England: what works?

A growing number of Local Authorities have introduced integrated health and wellbeing services as part of efforts to deliver effective, preventive services, using community-centred approaches.

These models adopt a holistic approach, and aim to address the social determinants of health, such as employment, housing and finance, to support people to live well, build resilient individuals and communities, and tackle inequalities in health.

A team of researchers from Fuse (the Centre for Translational Research in Public Health) and Public Health England (PHE) undertook a study to explore what worked and for whom, to identify the active ingredients that make a difference in the delivery of integrated health and wellbeing services (IHWBS). We interviewed commissioners and providers of integrated health and wellbeing services and held focus groups with people from community groups and voluntary organisations in North East England. In this brief, we draw on the findings from this PHE commissioned study and two independent evaluations of IHWBS undertaken in Gateshead and Durham.

IHWBS in the North East provide different combinations of one-to-one support, group activities, volunteer support, training and workforce development, community-centred approaches and campaigns. Plans to introduce IHWBS were not just about bringing together existing services for weight management, smoking, healthy eating and mental health; they took a different approach in recognition of the connections between health, wellbeing and the wider determinants of health.

Key Findings

- The models evaluated were designed following consultation with local people, service providers and academics. Efforts were made to use local and national evidence, including the Kings Fund (2012) report on the clustering of unhealthy behaviours, to inform delivery. Services aimed to target geographical communities and groups experiencing greatest inequalities, including men, black and minority ethnic communities, older and disabled people.
- IHWBS were successful at engaging people from the 20-30% most deprived wards. However, data about targeted groups was not always available, suggesting further efforts are needed to gather this information systematically.
- The primary reasons for people to contact North East IHWBS services were concerns about diet, weight or exercise. Other underlying concerns emerged around mental health, caring responsibilities, debt, relationship issues, loneliness, loss and bereavement. Participants described the links between mental, physical, emotional health and wellbeing and weight as an important focus for holistic services such as IHWBS.
- People appreciated holistic, person-centred, non-judgemental one-to-one support combined with localised, community-led activities but 8-12 weeks was reported to be insufficient time to make and maintain major healthy life changes. Opportunities to volunteer were also valued by community members.
- Findings suggest that by bringing people together and facilitating social opportunities, community-centred activities, delivered as part of IHWBS, contribute significantly to reducing social isolation. There was evidence that IHWBS improved community cohesion and connectedness, promoted social inclusion, volunteering, and access to advice and peer support, particularly amongst people with mental health and long-term conditions. These are valuable public health outcomes.
- Early intervention through IHWBS by bringing people together to reduce social isolation and promote social relationships, helped to prevent problems escalating, at a time of extreme pressure on public services. Voluntary and Community Sector organisations were a critical part of the successful delivery of IHWBS and reached some of the most disadvantaged communities.

Policy relevance and implications

- Designing holistic services which address people's health needs is complex and requires a joined up approach, involving stakeholders working together.
- Translating evidence into practice is challenging. Clear messages emerged that a whole system approach to IHWBS is effective, but it takes time and visionary leadership, meaningful consultation and engagement processes, and long-term sustainable funding.
- It was important for commissioners and service providers to clearly define and communicate what "integrated" meant so that everyone was clear.
- First contact with IHWBS could be daunting for individuals. The approach of skilled staff offering non-judgemental, tailor made advice and support could make a difference, acting as a catalyst for change, particularly at transition points in people's lives.
- Commissioners and providers described a challenging context for newly emerging IHWB models with reducing budgets, increasing pressures on services, issues with recruitment, funding, staffing, and significant organisational change. The findings also highlight the adverse effects of welfare reform and austerity, suggesting there is an urgent need for research on their impact in North East England.
- The studies raise questions about the best ways to commission IHWB services and measure impact, with less focus on contract compliance and performance monitoring being suggested by participants in favour of a more flexible approach that allows for jointly created approaches to meeting local needs. Over-reliance on measures of one-to-one behaviour change miss whole parts of the IHWBS models, including the community-centred and asset based approaches.

BRIEF DESCRIPTION OF THE RESEARCH

The findings reported here are drawn from three mixed methods studies undertaken to evaluate integrated health and wellbeing services (IHWBS) in North East England, each using co-production approaches.

Cheetham M, Visram V, Rushmer R, Greig G, Gibson E, Khazaeli B, Wiseman A. (2017) 'It's not a quick fix' structural and contextual issues that affect implementation of integrated health & wellbeing services: a qualitative study from North East England *Public Health* 152, 99-107. https://doi.org/10.1016/j.puhe.2017.07.019.

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Cheetham M, Van der Graaf P, Khazaeli B, Gibson E, Wiseman A, Rushmer R. (2018) *"It was the whole picture". A mixed methods study of successful components in an integrated wellness service in North East England*. BMC Health Services Research 18:200. http://rdcu.be/JEAb.

Visram S, Akhter N, Walton N, Lewis S (2017) Evaluation of the Wellbeing for Life Service in County Durham, Final Report. Durham University.

Cheetham M, Billett A, Carlebach S, Rushmer R. (2018) Final report from a cross site evaluation of integrated health and wellbeing services in North East England. Fuse, Teesside University and Public Health England.

FURTHER INFORMATION

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