

Executive Summary

'Well North' - A Strategic Collaboration

'Improving the health of the poorest, fastest'

Summary

The social gradient in health, the health of the poorest, is of particular concern in the North of England. As the New England Journal of Medicine reported in 2007, medical care accounts for only about ten percent of the variation we see in health outcomes. Behavioural and lifestyle factors are major contributors in around 50% of all premature deaths. There is a need to address the causes of ill health as well as seeking to cure the consequences. Well North is a strategically collaborative programme which seeks to tackle the wider determinant complexity of the whole problem, making visible previously invisible at risk people and attempting to solve, rather than manage, their illnesses and anxieties.

Vision

The Well North Programme¹ seeks to enable a move from a high cost biomedical model to a high value healthcare system. Well North seeks to improve the health and wellbeing outcomes of people and families in our most deprived communities to deliver three strategic goals:

- Addressing inequality by improving the health of the poorest, fastest;
- Increasing resilience at individual, household and community levels; and
- Reducing levels of worklessness a cause and effect of poor health.

A fundamental and critical cross-cutting, unifying philosophy underpinning Well North is the recognition that for health inequalities to be addressed effectively, interventions must be built on developing community based programmes, which enable empowerment, control, self-determination and the freedom to lead lives that people have reason to value. Designing such an environment will deliver healthy behaviours and match the emotional needs of people.

Mission

To develop, test and pilot a set of linked interventions to improve the health of the poorest, fastest, targeting the social life of the social gradient through communities of influence, which support people from some of the most deprived areas of the North of England to improve

Patients Story

2014: *Dennis is a 50 year old man who never goes to his GP: "doctors are for women and kids". He lost his job six months ago. He is overweight, smokes and takes no exercise. He could have undiagnosed hypertension, diabetes, high cholesterol and is heading for a heart attack or COPD.*

Dennis is about to cost the health and care system a lot of money but no-one knows this as he has never been in contact with the NHS.

2015: *Dennis has been diagnosed with multiple conditions following a heart attack. His role as a working man has disappeared and his social network has fallen apart. He cannot meet his housing costs. He has become clinically depressed and is using alcohol as a way of coping.*

Dennis needs to be found in time. The NHS and public sector partners must be able to support him to take control of his health and avoid this outcome.

¹ A Strategic Collaboration between Public Health England, The University of Manchester (on behalf of Well North and MAHSC) and a number of local authorities/CCG's across the North of England

their health, bring the health system and economic growth priorities into closer alignment and build a best practice framework which can be replicated and transplanted.

Guiding Principles

Well North is built on the following guiding principles:

1. A collaborative community leadership approach to complement and add value to the Public Service Reform Programme across the North of England, working within the strategies of local areas to refine and change existing models of provision.
2. To target the 'invisible thousands' of undiagnosed individuals who are hard to reach and, in particular, patients at risk of avoidable hospital admission and A&E attendance.
3. Establishment of a robust baseline of health maps, to test and assess the impact of interventions, and their associate impact, in understanding community capacity, asset development and co-production - the heart of the programme.
4. To work with people, whole families and communities to change behaviour and improve outcomes.
5. To provide interventions based on evidence, and where none exist, developing evidence from pilot sites, by working with health, local government and other partners.
6. To improve integration and sequencing of support across public services to provide an effective service offer which tackles root causes of poor health.
7. To establish robust evaluation, cost modelling and testing of the potential to grow, disseminate and replicate.

The Case for Change

The vision of Well North sits within the principles of Public Service Reform, the work being undertaken across partners within the health, care and wellbeing system, to support the delivery of integration; at a time when communities are experiencing the impact of reductions in public sector spending. It recognises that local authorities, together with their partners, are driving transformational change in the redesign of services, partnership working and breaking down silos to deliver better outcomes and value for money. Well North will add value to this work by developing and testing innovative approaches to improve the outcomes of those with the poorest health and most complex lives, building from public service reform and integration programmes already underway. The lessons from the initial pilot areas will inform the wider roll out and ensure the learning is captured within the wider context of public service reform and integration. Against this context, Well North is based on the following key drivers:

1. The **ambition** by Public Health England **to establish a strategic programme of work** which supports the integration of health, social care and wellbeing and Public Service Reform, which can be replicated and transplanted to other areas.
2. Health services are characterised by long-standing problems that are being **managed not solved**, around the biggest determinants of health where the current situation is both unacceptable and unsustainable.

3. The high levels of **worklessness** amongst people with mental health conditions suggests that there are more complex social costs that may not have been included in the overall assessments of mental ill health. Many of these individuals will have a complex, multi-layered dependency on public services. A focus on causes, not symptoms, flows from this.
4. The **excessive level of hospitalisation rates** and costs associated with these hard to reach communities recognising some 95% of health funding still goes on treatment of disease rather than on prevention and early intervention. Effective initiatives to both validate impact and demonstrate a reduction in service demand should pave the way for decommissioning of mainstream programmes.
5. High cost, poor outcome individuals, many of whom have multiple unexplained symptoms, with multiple low level complex morbidity are **not served effectively** by mainstream services. In line with Public Service Reform and integration principles, significant cultural change will be needed to influence behaviours and attitudes among the hardest to help people and communities.
6. The **prevailing healthcare narrative** that shapes our public services has been dominant for so long that many in the healthcare system do not notice the extent to which it shapes assumptions and behaviours and drives poor outcomes. The narrative has produced an industrialisation of healthcare delivery through division of labour with doctors and nurses increasingly specialised in relation to the components of the system which has taken them further away from holistic provision and there is a tendency to fit the patient to the system as best we can.
7. The social, economic and environmental determinants of health are critical to effective health outcomes, and yet our current responses are **disconnected, delivered by separate agencies, objectives and funding streams**. Integrated systems wrapped around the whole person/family need, not designed around the delivery system are required to achieve the best possible outcomes.

The Programme

The Well North Hub Team supports and coordinates with the work of local areas which form the cogs of the Well North operation. Each area has a Spoke Team which works closely with the Hub. The Hub consists of individuals with a wide range of skills, knowledge, expertise and backgrounds and is supplemented by additional capability, as needed. The Programme will operate across 9 sites, within a 'geography' defined by a local authority boundary. Each pilot operates in a relatively small area within the local authority boundary – around 10 lower super output areas (LSOA's), and in some cases, in two areas. The pilot sites are being phased, with 3 commencing on 1st April 2015, with 3 to 4 later in the same year, and the remainder in phase 3. The duration of the programme for each pilot site is three years, with evaluation and growth over 5 years. The Hub becomes the enabling mobile core operation of Well North to facilitate the development of the pilot sites and overall delivery of the programme. The approach underpins the philosophy of the programme, which requires a fundamental change in mind-set to influence and change health behaviours in these hard to reach communities.



The Communication Strategy for Well North will utilise existing communication and dissemination mechanisms such as the Northern Health Science Alliance, working closely with the respective offices of Public Health England, and other partner networks, ensuring the programme provides a stimulus and is fully grounded in Local Health and Wellbeing Boards, given these bodies are statutorily responsible for health and wellbeing in each locality.

Each pilot site appoints a Local Accountable Officer (LAO) from the host organisation (normally the local authority as the lead agency) who reports to the Well North Programme Director. The Well North Programme Director works closely with the pilot site to agree the LAO and one of their immediate priorities is to scope the phase one of the programme and develop a Project Plan. The Well North Executive Board agrees the Project Plan. A number of metrics will be identified to assess the impact of the pilots, which underpin the Well North goals.

In meeting the three strategic goals of Well North, the methodology of the programme is as follows:

1. Hot Spot Analysis

This intervention identifies areas within the locality where high rates of emergency hospital admission coincide with socially and economically disadvantaged communities, using a matched combination of hospital and council data, and other data sources, to identify geographical areas and statistical trends significant in each local authority area.

2. Qualitative Enquiry using a familiar stranger's model.

Using local data, intelligence and contact through networks and 'familiar strangers', the Well North Team maps invisible people and those who are identified as needing additional intervention by a range of public and voluntary sector groups and networks.

3. Identify and Develop Professional Leadership and resident Caristas.

Whilst undertaking 2 above, the Well North Team will identify residents of character who are natural connectors, and who are passionate, about people and their community. Working with the NHS Staff College, using an adapted training programme, these people will be developed as a community resource called 'Caristas'. Parallel professional asset mapping will identify exceptional and motivated multiple agency leaders from the police, education, health visitors, district nurses, mental health outreach workers, social workers, general practitioners, consultant staff and other relevant workers, such as those within the community, voluntary and faith sector. The NHS Staff College Training will be offered to them, in order to develop them as individual leaders, and cohesive and empowered teams. The aim is develop both Caristas and workers together, but much depends on the maturity of relationships.

4. Social Determinants of Health/Social Prescribing.

Underpinning specific interventions for individuals and families, Well North will work with partners to develop and progress initiatives that tackle the wider determinates of health. These could include sport and activity, healthy lifestyle, early years and parenting, mental health resources, arts materials, innovative work programmes, reducing debt and domestic violence work. A key component will be to work with partners to support people into work, or to have a purpose to get up in the morning, building on individual assets. Social determinants programmes build on what is good locally, and will seek to provide linkages and cross fertilisation of innovation from other Well North areas. Through the programme, Well North will seek to work with and identify innovation and creativity.

5. Reshaping Services

Using intelligence gained from identifying and defining the characteristics of the Hot Spots, people identified will be owned and their problems solved with them, by the Well North multi-disciplinary team (MDT) which is established in partnership between the Hub and Spoke. The MDT is an essential component, as it is through this that co-ordination will be achieved with a wide range of other MDTs which will already be in place within these areas. The MDT will need to collaborate and agree how and who is best placed to have the conversation with people identified. The MDT will identify breakdowns in service provision, gaps and system failings, but most importantly, with the person, identify opportunities to build personal resilience, and a move from dependence or avoidance, to informed and engaged independence. Intelligence gained will pass through partner organisations to enable a whole health, social and wellbeing economy approach to service redesign where the person is at the fore front.

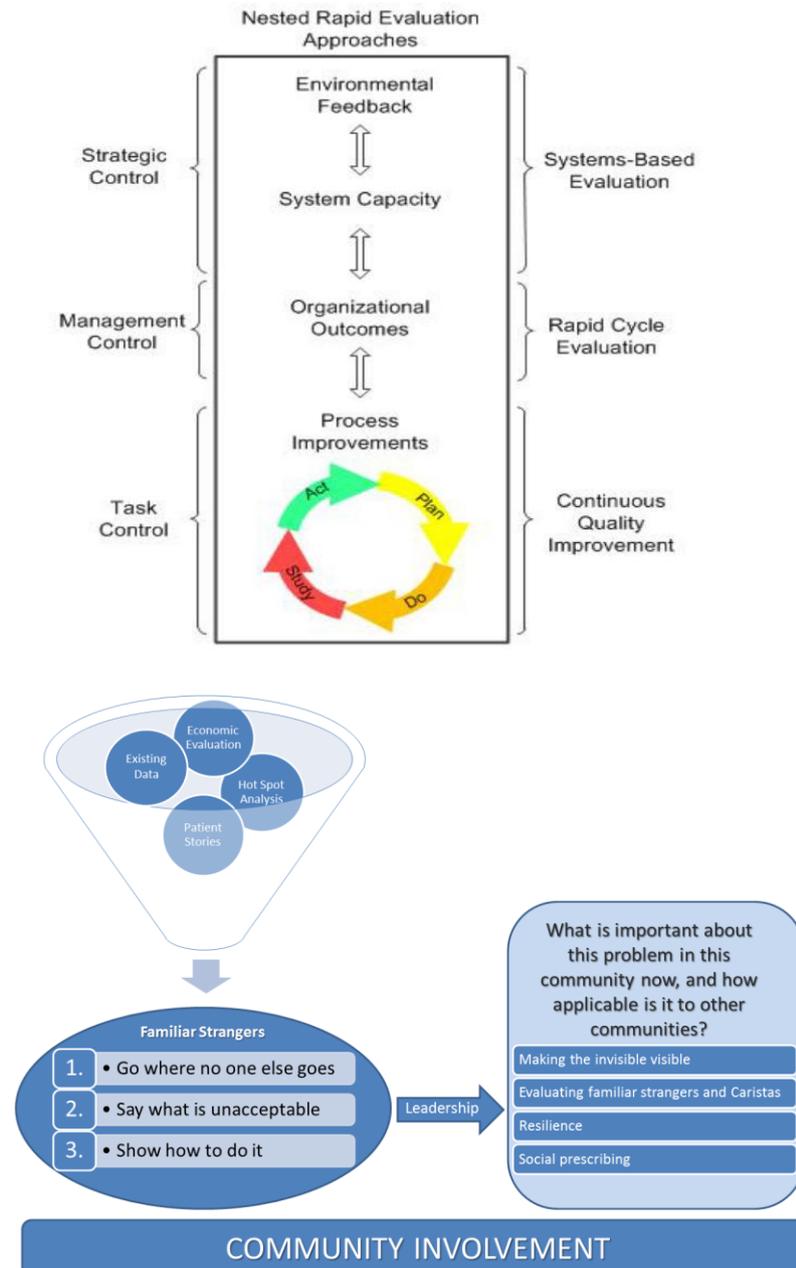
6. Spread, customise and replicate

Changing behaviours and emergent design characterises the Well North methodology. Because "people buy people first", a cadre of Well North people will be developed to transfer lessons learnt from prototype to pilot and from area to area across the North of England. A Hub of elemental tried and tested Well North skills and functions (Hot Spot analysis and Appreciative Inquiry methodology and facilitation; NHS Staff College; Health Economic

monitoring; Primary Care Deep End expertise, etc.) will mobilise to support the individual tailor made adaptation for each Spoke development.

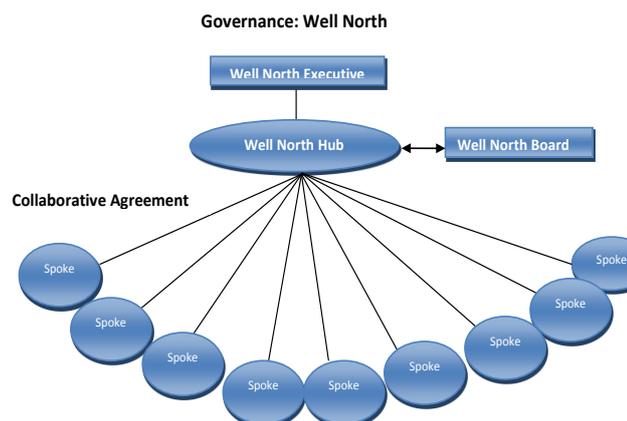
7. Evaluation

A comprehensive evaluation programme will use the nested rapid cycle evaluation approach and will involve continual monitoring and summary assessment of health outcomes (built on baseline hot spot metrics), fiscal and health economic outcomes and narrative evaluation. An academic with a national/international profile in public health will Chair the Well North Evaluation Committee, at 15 months, 33 months and 60 months.



Governance

The accountability of the Well North Programme is through the Well North Board. The Director of Well North, as the Principal Investigator and Senior Accountable lead, reports to the Well North Board, which has an Independent Chair – the Chief Executive of Public Health England. The Well North Team is led by the Well North Programme Director.



The Board provides governance through to Public Health England, The University of Manchester (on behalf of Well North and MAHSC) and back to each local accountable body as parties to the collaboration. A Well North Executive Board drives the delivery of the Programme, and comprises the local accountable officer of each local spoke, together with a range of people, who together, form an Executive charged with providing oversight of the Programme. The Executive Board is Chaired by the Well North Director.

The role of the Well North Board is to:

- Agree the overall allocation of funds from PHE and provision of transparency of its use, and ensure the match of funding in kind and in cash, across pilot sites;
- Assess impact and recommend entry points for transference of services and dissemination across the North of England as appropriate;
- Take a view on high level, exception reporting of performance of interventional impact, management of overall risk and performance against key performance indicators;
- Ensure that success and impact is effectively coordinated, particularly in hard to reach groups;
- Provide strategic oversight for the Programme across the North and support the development of innovation, managed risk taking and proving concepts;
- Provide oversight of the methodology, ensuring it is iteratively developing across Pilot sites, and exploring the learning from the rapid cycle evaluation, and disseminating it across the sites;
- An ambassadorial role outwith of the Board, to promote the Programme and share the learning;
- Seek opportunities to collaborate with other partners, with a particular focus on business, education and skills;
- Provide links and alliances with other partners, partnerships and networks across the North helping to align the work of Well North, with others, and exploring opportunities for linkages where there is alignment of outcomes;
- Provide challenge for the Executive Board, about the delivery of the Programme across all sites, and ensure that the Executive Board is driving delivery and realising the benefits of the Programme'
- Seek out and support bids for additional funding, philanthropic donations and sponsorship;
- Create a space to innovate and connect to maximise the benefits of working collaboratively.

The role of the Executive Board is to:

- Provide oversight and support through Project Management practices across all the Pilot Sites;
- Monitor progress and achievement of deliverables, performance indicators and timescales, within the collaborative agreement, and escalate, by exception, issues to the Well North Board;
- Support Pilot sites by creating a space to think creatively and differently to help find solutions to complex issues which are encountered and compare solutions, trends and findings from 'case' management;
- Act as "critical friend" to Pilot Sites and provide challenge where progress or performance is not being progressed to plan;
- Share ideas across the Pilot Sites, and look at ways of engaging across the North, so that there is maximum benefit from the collaboration;
- Explore how to move from pilot to scale, at pace, and from small to larger geographies within Pilot Sites;
- Provide a place where problems encountered can be shared, compared and solved;
- Provide oversight of communications on the Programme;
- Act as ambassadors for the programme, and identify ways to virally involve, engage and share, as the Programme unfolds;
- Provide oversight of the emergent methodology, having an input into its refinement, and sharing ideas how it can be improved on as the learning across sites starts to unfold; and
- Support and Challenge the Spoke leads to achieve delivery of the Programme, in collaboration with the Well North Hub Team.

The Well North Programme Director will:

- Ensure there is a coherent plan, monitoring performance against key performance indicators;
- Ensure effective engagement and ownership of clients and stakeholders in the programme;
- Effectively communicate the work programme, impact, success and lessons learned;
- Align existing programmes to ensure Well North becomes mainstream business; and
- Ensure that the Well North Hub and Spokes have sufficient capacity, capability and skills to deliver at each site

The recent evidence from unemployment figures by constituency brings fairly stark reading to the current situation in the North of England and highlights the importance of this work in Phase four, for wider dissemination across the North. The platform to launch will be a standing conference facilitated by the Well North Board.

Work Programme

The work programme is segregated into:

- a) Phase one pilots, which involves three areas
- b) Phase two pilots and subsequently phase three involves two to four areas in each phase commencing at a date to be determined.
- c) The final year of the programme focuses on embedding the programme in each of the pilot sites and assessing the requirements for wider dissemination of the programme across the North of England.

Phases of the programme

Phase	2015/16	2016/17	2017/18	2017/18	2018/19
One : (Research: 3 Pilots)					
Two and three : Intervention, and 6 Pilots					
Formal Evaluation			●	●	●

Funding Assumptions

The basis of the funding arrangements for Well North is summarised as follows:

- Well North is a five year collaboration programme with £9M of funding from Public Health England, and is directed by Professor Aidan Halligan as Principal Investigator, with match in cash and kind from partners to the collaboration.
- A Collaborative Agreement between PHE, The University of Manchester (on behalf of Well North and MAHSC) and a number of local authorities/CCGs (on behalf of the local partners within a number of areas) (as yet to be defined), will describe how the resources will be discharged. The Hub Team will comprise a range of people, employed by The University of Manchester and a range of partners from the North, contributing to the project by being engaged part time to provide capacity, expertise and the skills to deliver the Programme.
- Match funding from collaborators to the Programme is profiled over three years, to pump prime activity, and ensure that the interventions are given time to embed in each local area. In-depth independent evaluation will be commissioned through the Hub to inform the subsequent phases of the programme.

The principles and rules for funding each local area are based on:

- Endorsing the agreed methodology for Well North and supporting its development.
- The hub and spoke shall collectively be known as the Well North Team. The Programme in any given area shall be known as Well [insert name of the area]
- Committing to the iterative nature of the Programme, and contributing to the development of the methodology, to maximise the benefits for those collaborating, and for wider partners across the North, in particular, commitment to supporting the production of evidence of effectiveness.
- Contributing match funding, in cash and in kind, for the £1M investment from Well North to provide a sustainable return on investment.
- Appointment of a local accountable officer, which shall provide accountability to the Well North Executive, the local governance arrangements agreed in the collaboration agreement, and to the Well North Board.
- Designation of a local accountable body, normally the local authority, which acts as the host of the pooled budget, and provides robust reporting to the Well North Board and Executive Board,

- The cash component of funding from PHE will be profiled over 3 years, with £1M match provided locally in cash and in kind: the cash component shall be held in a pooled budget by the local accountable body, with spend being controlled jointly by the local accountable officer and the Programme Director for Well North.
- The local accountable officer shall be responsible for accounting for the spend, through the local governance arrangements, to the Well North Board, and shall be held to account by the Well North Executive.
- The local accountable officer shall have sufficient capacity, capability and influence to deliver the Programme locally with the Spoke and Hub Team collaboratively, reporting to the Programme Director for Well North.
- In partnership/collaboration with the Well North Programme Director, establishing a team of key people (known as the spoke) to work with the Well North Hub Team and together with the Programme Director, refinement of the Project Plan which sets out the key deliverables, timescales and resources.
- Establishing or determining the most appropriate form of local governance arrangement to oversee the Programme and embed it locally.

The funding assumptions shall be negotiated by the Well North Programme Director and the local accountable officer and summarised in the collaboration agreement.