

**Public Health
Annual Report
2022-23**

**Health and
Wellbeing
Coaching**



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Foreword

In this, the final Public Health Annual Report for Cumbria before the County splits into two new authorities (Cumberland, and Westmorland and Furness), I want to focus on one of Cumbria's key public health assets. Since its inception in 2016, the Health and Wellbeing Coach (HAWC) system, which is now the largest part of the Public Health Cumbria team, has grown into an indispensable front-line service that to the best of my knowledge is unique in applying the health improvement techniques that it does, at the scale at which it does it. In creating the HAWC team we have drawn on learning from other well-established approaches, taken some risks with how we've done things, continually learned and adapted to changing environments, and ended up with a positive, dynamic, "can-do" team that makes a huge difference to people's lives.

Needless to say, it's not all been plain sailing. The team has sometimes been buffeted by competing priorities that have threatened to blow it off course. It has to some extent become a victim of its own success, with demands for support outstripping the capacity of the team to work effectively with people. It sometimes feels like it is seen as both a "last resort" service when other teams have nothing more they can offer someone, and a "low level diversion" service when other teams feel that people's needs aren't high enough to justify their input – and this Janus-faced approach can bring challenges. And in all honesty, we have struggled with establishing a satisfactory approach to systematically measuring and monitoring outcomes – this is probably the thing we've changed most often as we've learned and adapted the work of the team. That's not to say there's no proof of success – there absolutely is, as you'll see throughout this report – but it is something we still need to tighten up on. And of course, Covid-19 brought huge challenges for a team that previously did almost all its work face to face with clients – but as ever, the team rose to these challenges superbly.

As we now move to split the service between two new Councils, there is no doubt in my mind that the HAWC service is a very positive legacy that Cumbria County Council bequeaths to its successor organisations. Its value has been recognised by partners, with the NHS now investing in the team to enable it to do ever more work with people with mental health and substance misuse problems, and to further tackle complex need and health inequalities. The new Councils offer opportunities for embedding the HAWC approach in other services as well, and I am sure that the service has a bright future in both new Councils as they move to put public health and engaging communities at the heart of what they do.

The HAWC service is one of the things I'm most proud of in my time as Director of Public Health for Cumbria. But of course, if it had just been down to me, it wouldn't have worked as well as it has. I owe a huge debt to Julie Batsford, the Service Manager, and Louise Elsworth Barnes, the Service Development Lead, who together helped create the vision and then turned it into reality; to the Team Leaders, Paul Phillips, Jo Kent, Kirsty Mills and Kev Bell, all of whom have hugely shaped the way the team operates; and of course to all the Health and Wellbeing Coaches and Officers who have made the team what it is over the years. You have all been magnificent – thank you. I am also indebted to Louise Brennan, one of our public health trainees who in 2022 carried out the first independent evaluation of the HAWC service: her findings are referenced throughout this report and are being used to plan future developments of the service.



A handwritten signature in blue ink, appearing to read 'Colin Cox'.

Colin Cox

Director of Public Health

Introduction

The Health and Wellbeing Team, established in 2016, sits within Public Health as an operational team that plays a pivotal role in the ongoing development of a Health and Social Wellbeing System across Cumbria. The purpose of such a system is to deliver an approach to help individuals and their families to live well, by addressing factors that influence their health and wellbeing and build on their capacity to be independent, resilient and maintain good health for themselves and those around them. In turn, this will reduce or delay the demand for long term specialist services.

Our vision in 2016 was to work with vulnerable Cumbrian residents and give them the opportunity to make transformative changes to their lives that were lifelong, which in turn would contribute to the strengthening of their communities.

Our aim was to challenge and work differently from traditional approaches, and so to create a team that would work in, and with, the communities we serve enabling and empowering people with the tools and skills to live a good life beyond the quick fix solutions.

The team's vision has not changed: it still strives to ensure the service model is customer-centred, outcome focused and delivered by a team with unique qualities and attributes. The team's uniqueness is the staff and the coaching approach. This approach is based on the use of skilful conversation, interventions, and strategies to actively engage with people in behaviour change.

Delivering a person-centred approach requires a workforce that is flexible, creative, can work autonomously and sees the person for their strength and abilities. The team's creativity has resulted in a workforce that adopts many different approaches to coaching that has not only improved the life of individuals and strengthened relationships but has also developed local communities and networks.

This report provides an oversight of the work of the health and wellbeing team, its core values, principles, aims and outcomes.

Evaluation of the Health & Wellbeing Team

Until 2022 the Health and Wellbeing Team had not been formally evaluated. While quarterly and annual reports evidenced positive outcomes and presented case studies, no statistical or qualitative data analysis had been completed. An evaluation project was therefore designed to explore the effectiveness of the service while providing an opportunity for service delivery review following the Covid-19 pandemic and in preparation for Local Government Reorganisation.

The evaluation report 'The effectiveness of the Health and Wellbeing Coaches (HAWCs) in Cumbria' by Dr Louise Brennan (2022), considered both quantitative and qualitative data along with forty case studies. The findings of the evaluation together with feedback from people who have both received the service and worked alongside the team evidencing positive outcomes for people over the past four years, is the focus of this report.

All data within this report is taken from the evaluation covering October 2018 to July 2022 unless otherwise stated.

Background

From Local Area Coordinators (LACs) to Health and Wellbeing Coaches (HAWCs)

The Health and Wellbeing Team developed and grew from a small team of Local Area Coordinators (LACs) established in 2010. The Local Area Coordinator model was first established in Western Australia¹ and prioritised a strength-based approach to service delivery. Local Area Coordinators focused on working with individuals who, due to the level of need or complexity, challenged mainstream services. The service worked directly with individuals and their families, who did not or were unable to engage with local services and included people who were experiencing homelessness. The LAC was the lead professional when no other statutory involvement had been identified.

The Health and Social Care Act (2012) afforded Cumbria County Council new public health duties and responsibilities. This presented an opportunity to refresh and expand the team's remit and reach while maintaining the core principles of Local Area Coordination. The vision was the development of a Health and Wellbeing System that would expand across health and care, addressing the public health priorities across Cumbria by improving the health and wellbeing of the local population and reducing health inequalities.

Founding principles of the Health and Wellbeing Team

The LAC model and the universal principles of Local Area Coordination were well established and evidenced the positive outcomes for individuals engaged with this approach. However, the team refresh provided an opportunity to strengthen this approach and this provided a new set of Health and Wellbeing Team principles:

To challenge traditional services and cultures- community focus rather than service focused.

To adopt a person-centred strength based coaching approach.

To build greater independence and resilience into individuals and communities.

To help Transform lives rather than being a Transactional service provider.

To reduce demand on statutory services and prevent dependency on them.

To have Customer led, evidence-based outcomes.

No artificial cut off times or appointments for working with people.

These principles were later enhanced to include:

Building trusting relationship as a fundamental to person centred working

Focus on areas of high deprivation and poverty in addressing population health issues

Competent and skilled workforce using evidenced based practice.

Enhanced Offer

During 2016-17 the team developed at pace increasing to twenty-eight staff. The transformation process from LACs to Health and Wellbeing Coaches (HAWCs) can be identified by the introduction of:

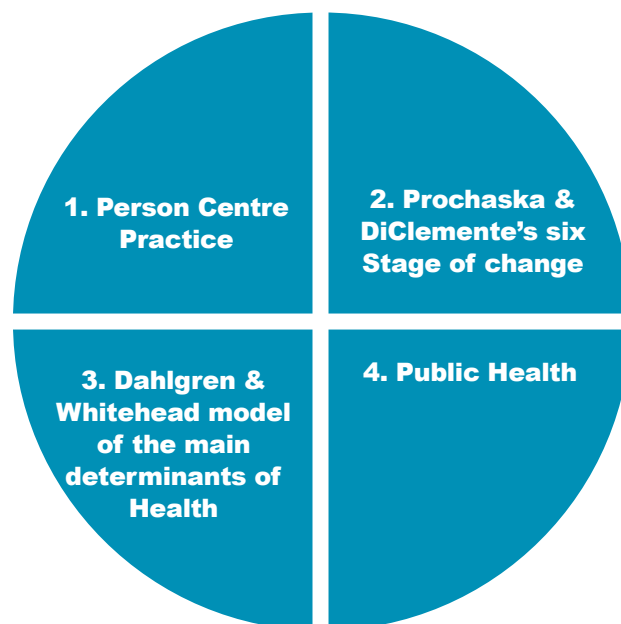
- The development of a bespoke accredited Health Coaching qualification.
- The new emphasis on coaching enabling people to become more independent and resilient for their future to widen their reach into local communities
- Continuation of the drive to delay, deter and prevent people from accessing statutory services
- Undertaking a holistic assessment that has a focus on overall health and wellbeing, coproducing shared agreements with the person and capturing outcomes.

By 2019 the team was fully established with an embedded coaching model. By the end of that year, Claire King, Consultant in Public Health, Cumbria County Council, presented 'How would you like your life to be?' at a Cumbria Learning and Improvement Collaborative (CLIC) event – **video of which** is still available online.²

This talk gave a clear overview of the HAWC model, the approach and the outcomes that can be achieved by people.

Evidencing Best Practice- the Theory that Underpins Practice

The main priority for the Health and Wellbeing Team was having an approach underpinned by theory and evidence due to the diverse and unique work undertaken by the team. The Health and Wellbeing Team approach is underpinned by four main theories:



The combination of Person-centred practice, Prochaska & DiClemente's six stages of change, Dahlgren & Whitehead's main determinants of health, and Public Health, gives the Health and Wellbeing Team a sound evidence base on which to base practice.

Each theory brings different elements to support, however, together, they produce the unique approach that the team delivers.

² <https://www.youtube.com/watch?v=CUHlvSUvgvM>

Person Centred Approach

A person-led approach is where the person is supported to lead their own care and treated as a person first. The focus is on the person and what they can do, not their condition or disability. Support should focus on achieving the person's aspirations and be tailored to their needs and unique circumstances.³

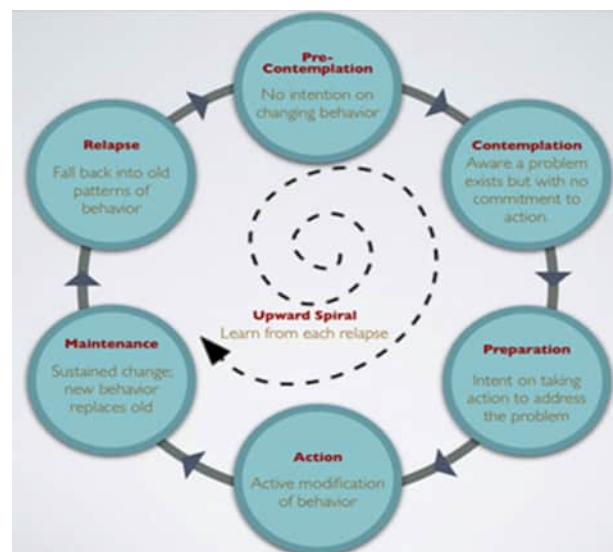
Being truly person centred is at the heart of everything the Health & Wellbeing Team does, from the way in which the team builds relationships, assesses need, coaches, and brings support to closure. It is a fundamental core principle and is based on the following factors-

- Everyone supported by the team is truly at the centre of support and will, at all stages, be the decision-maker.
- Life experience, age, ethnicity, identity, and gender are all vital and will be considered throughout the support
- Flexibility within service is key to ensuring that a person's priorities, wishes, and feelings are acted upon and considered.
- Including an individual's support networks is fundamental
- Acknowledging that an individual is the expert in their own situation and life and so, therefore, ensuring a strength-based approach is adopted, looking at what an individual can do for themselves prior to offering support and solutions.

“A coach who can truly listen and respond appropriately, through their actions as well as words..... (Ukcoaching.org)

Prochaska & DiClemente's six Stages of Change

Based on more than two decades of research, the Transactional Theoretical Model (TTM) has found that individuals move through several stages in the adoption of healthy behaviours or cessation of unhealthy ones (Prochaska & Velicer 1997)



Having a sound understanding and knowledge of the “Stages of Change Model” is key to the Health and Wellbeing Team successfully coaching and navigating individuals through their behaviour change. At each stage of the model, the team may adopt a different approach and so understanding and recognising which stage an individual is at is crucial.

Case Audit 1, Mary (Appendix 1) outlines the impact of adverse childhood experience on ‘Mary’ that presented with poor education attainment, being homeless, a survivor of domestic abuse, contact with children services, anti-social behaviour, complex health issues, engagement with any health and care support was sporadic and at times removed due to behaviours.

³ <https://www.health.nsw.gov.au/mentalhealth/psychosocial/principles/Pages/person-centred.aspx#:~:text=A%20person%20led%20approach%20is,their%20needs%20and%20unique%20circumstances.>

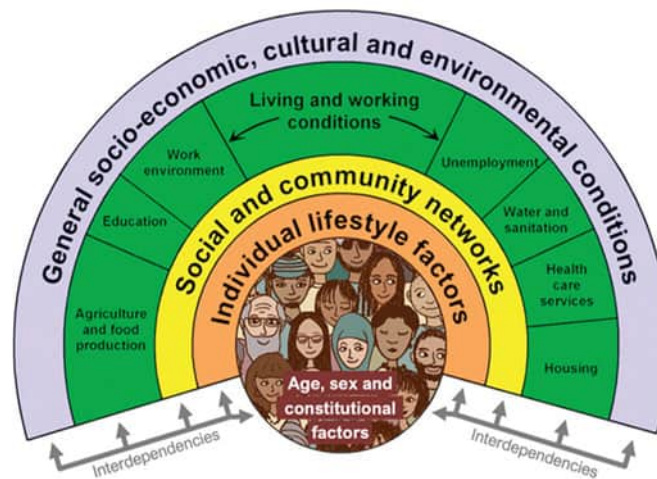
This case study shows that when adopting the 'cycle of change' and recognising people can change, positive outcomes to improve health and wellbeing can be achieved.

"If you can't run, then walk. If you can't walk, then crawl. But whatever you do, you have to keep moving forward" – Martin Luther King Jr.

The Dahlgren and Whitehead model of the main determinants of health

Social determinants of health are the conditions in which people are born, grow, live, work and age. They include factors like socioeconomic status, education, neighbourhood and physical environments, employment, social support networks, and access to health care.

All these social determinants will impact on our health and wellbeing: the environments in which we live, work and play; how education, employment, income, and access to health and care services are distributed; our experiences and perceptions, social behaviour, stigma, and discrimination. (Dahlgren & Whitehead 1991)



The broad social and economic circumstances that influence health throughout life are known as the 'social determinants of health'. There is a social gradient across many of these determinants that contribute to health, with poorer individuals experiencing worse health outcomes than people who are better off⁴.

This theory supports the Health and Wellbeing Team practice as follows:

- Personal characteristics occupy the model's core and include sex, age, ethnic group, and hereditary factors. These cannot be overlooked when working with an individual.
- Individual 'lifestyle' factors include behaviours such as smoking, alcohol use, and physical activity that significantly impact on a person's health and wellbeing should be a focus for the team.
- Social and community networks include family, and wider social circles are also within the heart of the model, therefore are significant to improving and looking at a person's health and wellbeing.
- Wider determinants of health, such as living and working conditions, include access and opportunities in relation to jobs, housing, education, and welfare services also play a part in a person's health and wellbeing and so, where possible, the Health and Wellbeing Team's approach should aim to address some if not all these where required.
- General socioeconomic, cultural, and environmental conditions include factors such as disposable income, taxation, and availability of work that will directly impact on a person and so should be considered.

⁴ <https://www.gov.uk/government/publications/health-profile-for-england/chapter-6-social-determinants-of-health>

The 2022 evaluation showed that:

- Most customers (88%) are unemployed. Sixteen-per cent access food banks and 40% have outstanding debt.
- Eight percent reported a risk of eviction, and 20% said that they felt the home environment was not suitable for their needs.
- Sixty percent of customers reported never participating in social activities important to them.

The Marmot review 'Fair Society, health Lives'⁵ states that action on health inequalities requires action across all the social determinants of health. The Health and Wellbeing Team understands these issues and works with people on an individual basis in trying to address them.

Public Health: reducing health inequalities

Public Health recognises that there is a wide range of determinants of health and wellbeing, many of which lie beyond the reach of health and care services that determine the health of a population. An emphasis on reducing inequalities in health as well as improving health overall is core to public health approaches.

How coaching can reduce health inequalities:



As the HAWC team developed, the focus moved to have greater consideration and understanding of health inequalities and public health . This had a positive impact on service provision, ensuring that individuals can understand and improve their own physical and mental health, in addition to recognising the impact of the wider determinants of health such as housing, employment, and education to improve their overall health and wellbeing.

“Having come out of a coercive and abusive relationship, my HAWC supported me both practically and emotionally in the early days when I was feeling overwhelmed and unable to act in my best interest. Over time my HAWC provided me with links and suggestions to help me begin to rebuild my life and develop new interests and relationships. I now have the beginnings of a new support network and developing friendships which I didn’t have a year ago. I have come through a dark and difficult time and now feel more positive about my future.”

(Customer feedback report July 2022)

⁵<https://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review>

Service Delivery: The Team, Operational Delivery and Coaching

The Team

All coaching staff are required to be educated to degree level and/or have attained a professional qualification. People with a range of backgrounds, qualifications, knowledge, and skills have come together to shape the team, providing a multiskilled workforce.

The workforce is encouraged to show creativity and use their imagination to problem solving. People do not fit into neat boxes, and there are times when they need to look for long term solutions in the community and to support the person to find their own solutions. **Case Study 2: Community Connections (Appendix 3)** provides an overview of a group activity that not only impacted on individuals but their local community.

This has led to a multi-skilled workforce that lends themselves to having the expertise to provide an effective and knowledgeable service to a range of individuals with varying presentations.

“You are the first professional I have worked with that has given me hope that my life can improve; I can see some light at the end of what has been a very dark tunnel for some time.”

(Evaluation direct quote case study 10)

The team’s recruitment process reflected aspects of the Cumbria County Council Social Work Academy recruitment process. This allowed candidates to demonstrate their skills and abilities as individuals within a group setting, to demonstrate a team approach to problem solving, as well to explore their own emotional resilience and behaviours. Fundamentally, the team was recruited more for their positive approach and interpersonal skills than for any professional skillset.

Following successful recruitment, the team undertook an Advanced Diploma/Postgraduate Certificate in Health and Wellbeing Coaching at the University of Cumbria. This one-year bespoke course was developed in partnership with the University of Cumbria and explored approaches to health coaching and motivational interviewing. Health & Wellbeing Coaches (HAWCs) now use these techniques to explore and improve the health and wellbeing of the most vulnerable and marginalised individuals in the county.

Health & Wellbeing Coach and Officer Qualities

- A problem solver
- Positive thinker
- Selfmotivated, with the skills to motivate others
- Flexible
- Empathetic
- Good communication at all levels situations and styles
- Creative and has a can do attitude to problem solving
- Confident to challenge appropriately
- Passionate about the work you do and why you do it
- Non-judgemental and person centred
- Can build relationships with people from all walks of life
- Are not deterred by how people choose to live
- Can encourage and motivate people to make substantial changes to their lifestyle

“Training the Health and Wellbeing Coaches (HAWCs) in Transformative Coaching and Motivational interviewing enables the HAWCs to adopt a person-centred approach to work collaboratively with people to achieve positive Health and Wellbeing outcomes”

(Professor Ian Corrie, University of Cumbria 2022)

⁶<https://www.kingsfund.org.uk/publications/population-health-approach>

Operational Delivery

The Health and Wellbeing team was designed to work with anyone over the age of sixteen who wants to make positive changes to their life. They often work with people in a time of crisis or have multiple complex needs with an aim of preventing or delaying the need to access statutory services. They address previous barriers to change, build trusting relationships, and coach individuals to maximise their full potential.

- By taking a strength-based, person-centred approach, looking at factors that influence an individual's health and wellbeing; including lifestyle, relationships, social networks, interests, and home life, they support people to become less isolated or lonely, becoming better connected to the resources and assets in their community. The linking of individuals to their community, in turn, helps to generate greater connections and build stronger communities. Case Study 1: Dan (Appendix 2) provides a summary of Dan, a young person who achieved his goals through community connection and love of football.

The team's approach keeps the individual at the centre of their support and aims to equip them with the tools and skills to make meaningful and long-lasting positive changes to their lives. Individuals are best placed to make their own decisions and produce their own solutions; however, individuals can, at times, require support to enable them to do this.

The journey of a thousand miles begins with one step

(Philosopher Lao Tzu)

The approach taken is different to others in that it will always identify with the person, their strengths, life experiences and presenting concerns, adopting a coaching methodology to improve their health and wellbeing needs and not focusing solely on one issue.

'Before engaging with a HAWC, I had poor health, my home conditions were poor, didn't go out, did not see anyone, and I had no friendships. Now my health has improved. I am now volunteering for British Heart Foundation- for 3/4 days and, on occasions, at the foodbank warehouse. My home conditions have also improved. I am now aware of where I can come for support to stop things becoming a crisis.'

(HAWC customer quote taken from customer feedback June 2021)

Coaching

Taking a coaching approach was integral to the early design of the Health and Wellbeing Team. Providing people with the skills to manage crises and issues in the future is key to the role of the team and through coaching, rather than "doing for", they will strengthen individuals and our communities. The key aspects of the coaching approach can be identified in the following ways:

- Strength based approach – a belief that every person has potential, and it is their unique strengths and capabilities that will determine their evolving story as well as define who they are – not their limitations.
- Building relationships - getting to know the individual and their life story and building a rapport to help achieve this.
- Supporting individuals through the cycle of change – recognising when people are ready to make changes to their lives, but also that relapse is a stage in that cycle, and the HAWC will support them through that.
- Reducing barriers to change – looking at the obstacles individuals face such as lack of confidence or minimal income
- Goal setting – encouraging individuals to set realistic and specific goals to help them move forwards in their lives
- Behavioural activation – establishing positive routines and incorporating meaningful activities into individuals' lives.
- Using a variety of coaching tools and apps, podcasts, mindfulness, and Body Map techniques etc. A creative approach tailoring support to individual needs rather than a service-led, one size fits all approach.

Case Study 3: Vicki (Appendix 4) illustrates the effective outcomes for a person having adopted coaching tools underpinned by the cycle of change and person-centred approach.

Who does the team coach?

Demographics

The Independent review 'An Evaluation of the Health and Wellbeing Coaches (HAWCs) in Cumbria' 2018-2022 undertaken by Dr Louise Brennan shows that three-quarters of customers were in the five most deprived postcode deciles. The largest proportion of customers were from the most deprived area (21% from the most deprived decile), evidencing that the HAWCs intervention does target the most deprived and hard to reach areas of Cumbria.

Most customers were female (57.2%) and aged between 30-59 years (64.3%).

Health & wellbeing behaviours

- Over 55% of customers eligible (aged >40 years) had been invited to and attended an NHS health check. This rate of uptake for this service is higher than the wider population of Cumbria as a whole, where uptake has been 36.2% for the same reporting period 2017/18-2021/22⁷, this suggests that HAWCS customers demonstrate health seeking behaviours.
- Eighty-five percent are on regular medication, with 81% having had their medication reviewed in the past 12 months.
- Three percent of the HAWCs cases have had a stroke, 1.6% have had cancer and 9% have a cardiac condition. Ten percent of customers have been admitted to a psychiatry ward (voluntarily or sectioned) during a previous 12-month period. Irregular sleep is common (72%), and drug misuse was reported in 11% of customers (this is higher than the national average of 2.1%⁸).
- Fifty-eight percent of customers are sedentary in their lifestyle doing less than 30 minutes or no exercise in a week
- The percentage of current smokers was high, at 44% compared to 15% across the county.

Mental Health

Mental health was measured using the Warwick-Edinburgh Mental Wellbeing Scale⁹ (WEMWBS). At baseline, only 5% reported a measure of 'happiness' 'all of the time'. Customers were more likely to report happiness 'some of the time' (30%), 'rarely' (28%) of 'none of the time' (25%). The majority of cases displayed evidence of mental health issues, including suicidal thoughts/ tendencies, depression, anxiety and diagnosed disorders.

Most customers reported a mental health condition (85%), and a higher proportion reported that their mental health impacts their daily living (89%).

Anxiety

Anxiety was measured using the Generalised Anxiety Disorder (GAD-7)¹⁰ questionnaire. At baseline, 44% of customers reported anxiety at least once a day. Only 13% reported never experiencing anxiety.

Depression

Depression was measured using the Patient Health Questionnaire depression module (PHQ-9)¹¹. Thirty-seven percent of customers reported depressive tendencies nearly every day; 21% responded 'not at all'.

⁷<https://fingertips.phe.org.uk/search/health%20check#page/4/gid/1/pat/6/ati/402/are/E10000006/iid/91100/age/219/sex/4/cat/-1/ctp/-1/yr/5/cid/4/tbm/1>

⁸<https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/drugmisuseinenglandandwales/yearendingmarch2020#:~:text=2.1%25%20of%20adults%20aged%2016,to%20the%20previous%20year's%20estimates>.

⁹Tennant, R., Hiller, L., Fishwick, R., Platt, S., Joseph, S., Weich, S., Parkinson, J., Secker, J. and Stewart-Brown, S., 2007. The Warwick-Edinburgh mental wellbeing scale (WEMWBS): development and UK validation. *Health and Quality of life Outcomes*, 5(1), pp.1-13.

¹⁰Williams, N., 2014. The GAD-7 questionnaire. *Occupational medicine*, 64(3), pp.224-224.

¹¹Spitzer, R.L., Kroenke, K., Williams, J.B., Patient Health Questionnaire Primary Care Study Group, 1999. Validation and utility of a self-report version of PRIME-MD: the PHQ primary care study. *JAMA* 282, 1737 – 1744.

Loneliness

Loneliness was measured using the Campaign to End Loneliness Scale¹². Only 8% of customers responded 'strongly agree' when asked positive questions about their friendships and relationships. Almost half disagreed/ strongly disagreed with statements that investigated how content and satisfied they were with their relationships.

Personal Safety

Ten questions are asked about personal safety. At baseline, 14% reported to self-harm, 18% had attempted, and 29% had considered suicide. Eight percent reported hoarding tendencies.

Home environment

Customers are asked four questions about their home environment. Eight percent reported risk of eviction and 20% said that they felt that the home environment was not suitable to meet their needs.

Family, Friends, and Neighbours

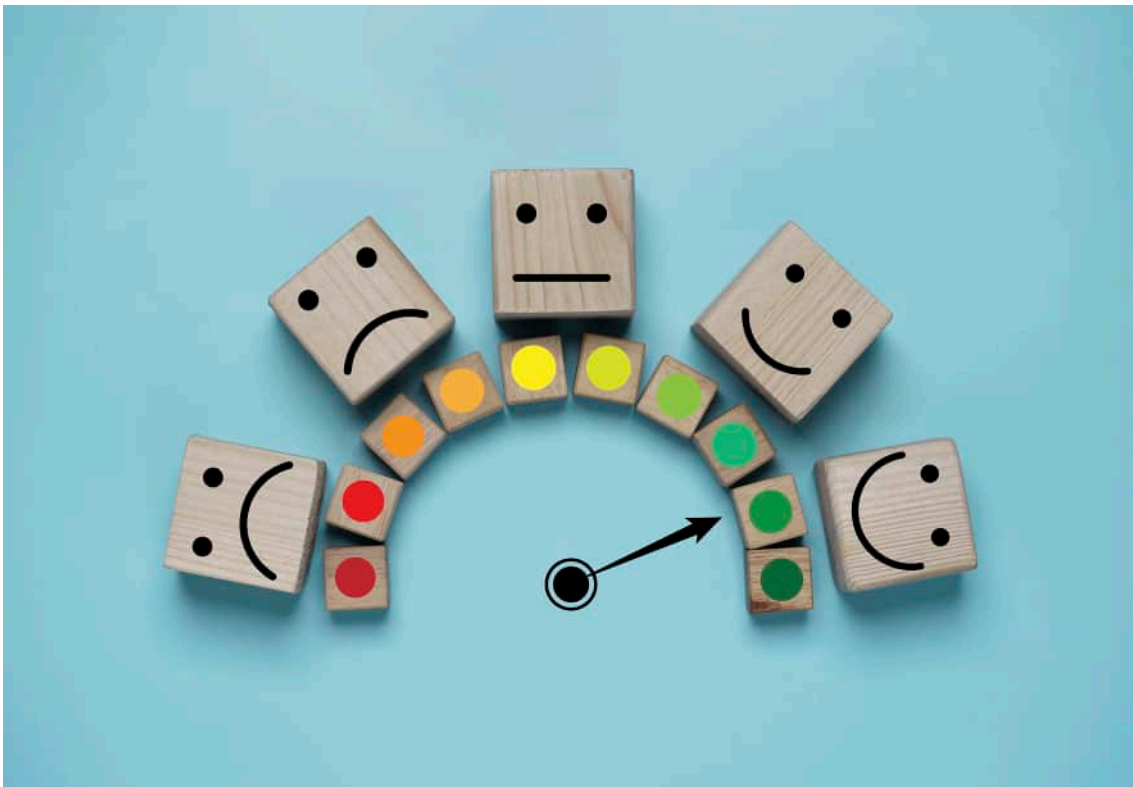
Most customers felt that they have a good support from family, friends, and neighbours all or some of the time. Furthermore, 45% felt that they had someone they could call upon when needed. The majority (60%) of customers said their circle of support was between 1 and 4 people, 4% of customers said they had no one in their circle. Sixty percent of customers reported never participating in social activities important to them.

Contact with other agencies

The majority (61%) of customers have contact with other agencies. Seventeen percent have been assessed by Adult Social Care and 79% have been to their GP.

Employment

Most customers (88%) are unemployed. Sixteen-percent access food banks and 40% have outstanding debt.



¹²<https://measure.whatworkswellbeing.org/measures-bank/cel-loneliness/>

The infographic below shows the presenting needs of individual during 2018-22.

Presenting

3% of the HAWCs cases have had a stroke



Irregular sleep is common (**72%**)

1.6% have had cancer



9% have a cardiac condition

Drug misuse was reported in **11%** of customers (this is higher than the national average of **2.1%**).



10% of customers have been admitted to a psychiatry ward (voluntarily or sectioned) during a previous 12-month period



44% current smokers was high compared to 15% across the county

58% of customers are sedentary in their lifestyle doing less than 30 minutes or no exercise in a week



Mental health

Only **5%** reported a measure of 'happiness' 'all of the time', 'some of the time' (**30%**), 'rarely' (**28%**) of 'none of the time' (**25%**). – **83%** The majority of cases displayed evidence of mental health issues, including suicidal thoughts/ tendencies, depression, anxiety and diagnosed disorders



Anxiety



44% of customers reported anxiety 'at least once a day'. Only **13%** reported never experiencing anxiety = (**87%** reported some level anxiety)

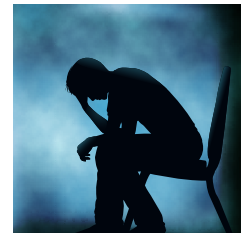
Depression

37% of customers reported depressive tendencies 'nearly every day', **21%** responded 'not at all'. Therefore **79%** reported some level of depression



Loneliness

Only **8%** of customers responded 'strongly agree' when asked positive questions about their friendships and relationships **82%** report some level of loneliness



Personal safety

At baseline, **14%** reported to self-harm

18% had attempted, and **29%** had considered suicide

8% reported hoarding tendencies

Home environment



8% reported risk of eviction and **20%** said that they felt that the home environment was not suitable to meet their needs

Family, friends and neighbours

The majority of customers felt that they have a good support from family, friends, and neighbours all or some of the time. Furthermore, **45%** felt that they had someone they could call upon when needed.



The majority (**60%**) of customers said their circle of support was between 1 and 4 people

4% of customers said they had no one in their friendship circle

60% of customers reported never participating in social activities important to them

Employment

The majority of customers (**88%**) are unemployed.

16% access food banks



40% have outstanding debt

The majority (**61%**) of customers have contact with other agencies

17% have been assessed by Adult Social Care



79% have been to their GP

Key areas of presenting issues for individuals

The evaluation report highlighted two key areas of presenting issues for individuals:

Negative health

Tendencies and behaviours that were detrimental to health were common themes in the analysis. Weight and/or diet was often cited as a concern. Lack of sleep, and hygiene routines were also evident across multiple cases, leading to themes of inadequacy and hopelessness. Similar feelings around lack of resilience were demonstrated by people with hoarding tendencies, which were also put under the theme of negative health. Case Study 4: Tony (Appendix 5) outlines detrimental health issues and how they were addressed.

Past Experience/Trauma

Bullying and abuse were common themes amongst cases. These past experiences were often the cause of feelings of isolation and mental health issues, causing individuals to become withdrawn and avoid going out due to feelings around lack of safety.

“[case] wants to get out more but is paranoid and fearful.” (Case study 1).

“[case] needed reassurance that she would be safe at all times.” (Case study 9).

“[case] does not want to be a burden to anyone and worries that she might spoil things for other people because of her low mood.” (Case study 8).

Managing multiple issues

In addition to the above key themes the team frequently provide support to those with multiple and complex needs accepting that there is the potential of risk to or from self and others. When this is the case, management of risk and personal safety remains a priority and plays an active role in multi-agency meetings and panels along with relevant data sharing protocols and involvement of family and the person.

“The HAWC team are an integral part of the IOM multi-agency approach to supporting offenders in addressing their pathways to offending and supporting behaviour changes. IOM is aimed at the most prolific and problematic nominals, and they often have complex needs and a long journey ahead to move towards desistance. The HAWCs support those on IOM who want to change by helping them to make changes to their lifestyle, develop resilience and independence, and find new, positive, interests and associations. This support is significant helping those who offend to move towards recidivism achievable, where many would otherwise find it an insurmountable task.”

Statement from IOM coordinator (Feb 2023): -

“Just wanted to comment upon the amazing work Susan (pseudonym) continues to undertake for Molly (pseudonym). We are all aware of how difficult and distressing the situation is at the moment however the HAWC has really put Molly at the centre of all interventions and is continuing to support her to make a difference. The support the HAWC is also providing to myself is amazing and very much appreciated!”

Statement from Safeguarding social workers

The unique nature of the team

The 2022 evaluation report found four key themes relating to the team's uniqueness:

Listening: Listening is a key to individuals sharing personal information and trusting the HAWCs in a way that they have not encountered from other services.

" Although I have had many people to talk to over the last few months, it feels like you are the only person who has really listened to what I want. I regress when I am asked to talk about my past; you have never pushed me into talking about that and seem to understand that I need time to talk about what has happened to me; thank you for just taking that time."

(Direct quote from case within case study 9)

The data suggests that listening promotes trust, and in turn, encourages individuals to open up and talk to the HAWCs.

Person-centred: The structure and content of the intervention is very person centred. The format of the intervention is then very much dependent on the person. In discussion with the HAWCs, the difference between the HAWC intervention and other services was discussed:

"We [HAWCs] look at clients differently; I think we don't see them as a number coming in a tray like we need to get rid, to get them through. We look at them as a person and this person's got real problems and needs help and he's asking for help."

(Evaluation focus group)

As well as being flexible in its focus and support provided, the HAWCs intervention is unique in its lack of time restrictions. The pace and number of sessions provided depend on the individual's needs, as demonstrated in the quantitative analysis, this ranges between a small number of weeks and many months. Individuals and HAWCs alike describe this as a key reason for the intervention's success.

[What do you think we do that is good:] "Allowing me to speak freely about my issues without being judged, letting me talk in my own time. Setting realistic goals and not giving me a short time frame to fix myself."

(Customer feedback Questionnaire)

Fluidity: The intervention is unique in the way that it is holistic, in that it is not restricted to service need but is centred towards the person's needs. HAWCs confirm that they are open to any form of intervention and: "whatever it needs to be."

The HAWCs are also proactive in finding tools and solutions that are suitable if the traditional methods are not resonating with the individual. In doing so, the HAWCs go beyond the coaching intervention and tools that they are trained in, using their skills, previous experience, and network to find the most appropriate intervention for their customers, providing a uniquely person-centred approach.

"[HAWC] is a good listener I do not open up to just anyone. She is very intelligent, and I need someone with this as I do not work with fools and the lower intelligent. She is understanding, and she gives me a lot of evidence-based advice and where I can get the advice and help. she also encourages self-help."

(Customer feedback Questionnaire)

Team culture: The HAWCs team appears unusual in its approach to the management and development of the team. HAWCs are encouraged to explore their own solutions and develop new tools. This autonomy allows them to research different tools and methods and share these amongst their peers. The HAWCs describe mentoring and support between peers and their managers. Regular mentoring and support are provided, and the HAWCs describe a team approach to problem solving, with difficult cases being discussed and viable solutions shared.

HAWCs are encouraged to explore their own solutions and develop new tools. This autonomy allows them to research different tools and methods and share these with their peers. The HAWCs describe mentoring and support between peers and their managers.

(Evaluation findings)

The wellbeing of wellbeing practitioners

“Have you ever heard the saying, “You can’t pour from an empty cup”? This means that in order for us as humans to effectively take care of others, we must first take care of ourselves. The notion is intuitive in nature but can be more difficult to put into Practice.”¹³

This principle is at the heart of staff wellbeing within the team. We recognise that the staff team are our most valuable resource, as without them we would not be able to continue to support some of the most vulnerable people within our communities. It is therefore crucial that we support and look after the team as much as they support and look after our communities. The Health and Wellbeing Team provides support including:

- 4-6 weekly 1-1 supervision sessions. These sessions include the opportunity to explore “what has worked well, what are you worried about, what help do you need?”.
- Case reviews and focused supervision are part of the team’s governance and good practice. Staff submit a case audit each quarter that outlines the case, interventions and outcomes for the person supported. Appendix 1 is an example of this.
- Monthly Peer supervision session allow the team to support each other through with action learning sets that considers management of complex cases, share good practice and guidance.
- Annual appraisal system that ensures the individual and team are meeting overall objectives, personal development, and reflection.
- Access to wider team and managers.
- Open access to the Council’s health and wellbeing support services.

The Impact

Making positive changes to a person’s life is the focus of the team and therefore they are required to provide evidence of behaviour change and improvement in the individual’s overall health and wellbeing.

Any intervention from the team is only the start of the journey to improve the health and wellbeing for people. In providing the appropriate tools and building personal resilience sets the individual on the right trajectory to take personal control.

The impact of the team is currently measured through:

- a) Core data
- b) A person’s outcomes: how has life improved
- c) Customer satisfaction feedback
- d) Impact on people’s lives
- e) The number of people who re-present to the team
- f) Demand for the service.



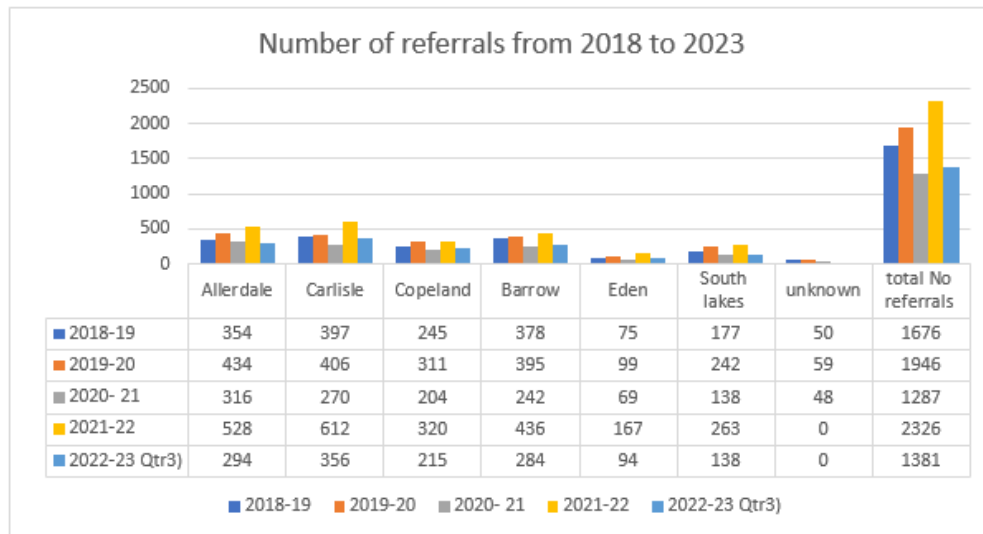
¹³[https://modern-minds.com/you-cant-pour-from-an-empty-cup-why-self-care-isnt-selfish/#:~:text=Have%20you%20ever%20heard%20the,difficult%20to%20put%20into%20practice\)](https://modern-minds.com/you-cant-pour-from-an-empty-cup-why-self-care-isnt-selfish/#:~:text=Have%20you%20ever%20heard%20the,difficult%20to%20put%20into%20practice)

Core data

The 2022 evaluation measured the impact of the service over October 2018 to July 2022 and showed that:

- The team received 7,769 referrals. Of these, 69% went on to receive some level of support.
- Level 1 support (information and advice) accounted for 35% of cases. The remaining 65% received level 2 support (coaching).
- The largest proportion of referrals originate from health professionals (30%) followed by Adult Social Care (16%) and self-referral (8%).
- The average length of intervention time was 29 weeks (~7 months).

Table 1 Shows total number of referrals received from 2018 to 2022 by district



Individual Outcomes

The team measure outcomes for people through a person led assessment and reassessment.

The 2022 evaluation reports notes that the effectiveness of coaching in improving health and wellbeing outcomes for people and the findings of the report conclude:

“Statistical analysis was conducted to determine whether these changes were statistically significant (can attribute the change to the intervention) or not (i.e., the changes happened because of chance) using a Wilcoxon signed-rank test. All results were statistically significant, meaning we can be more than 99.9% certain that the changes in scores happened because of the intervention that the customers received during the time they were assigned to a HAWC, rather than just due to chance.”

(Evaluation report 2022)

The evaluation shows that:

- The mean overall health and wellbeing score reduced from 8.3 (categorised as having serious health concerns) to 6.6 (within the ‘health concerns’ category).
- The WEMWBs scale average score moved from 34 (wellbeing below average) to 41 (wellbeing average).
- Similarly, average anxiety score before the intervention moved from ‘moderately severe’ to ‘moderate’ after the intervention, as did depression (moving from severe to moderately severe depression).
- Loneliness reduced by 1.4 on the scale from 6.6 (with zero being the least lonely and 12 being the most lonely) to 5.2.

- Personal safety also reduced by 1.2 points from 3.7 to 2.5 (with zero being no risk to personal safety and sixteen being extreme risk to personal safety). Finally, the mean number of people that customers felt they would classify in their close support network reduced from 6.9 at baseline to 5.4 at reassessment.

Table 2 shows the Mean Outcome Scores at baseline and reassessment for customers >89 days on intervention:

| 2018-2022 | Initial | Reassessment | Difference |
|------------------------------|--------------------------------|-----------------------------|------------|
| Health & Wellbeing Score | 8.6 (serious health concerns) | 6.6 (health concerns) | -2.0* |
| Alcohol Score | 2.4 (some concerns) | 2.1 (some concerns) | -0.3* |
| WEMWBs | 33.9 (wellbeing below average) | 42.1 (wellbeing is average) | 8.2* |
| Anxiety | 13.8 (moderately severe) | 9.8 (moderate) | -4.0* |
| Depression | 15.7 (severe depression) | 10.9 (moderately severe) | -4.8* |
| Loneliness | 6.7 | 5.1 | -1.6* |
| Personal Safety | 3.8 | 2.5 | -1.3* |
| Family, Friends & Neighbours | 7.0 | 5.2 | -1.8* |

*p<0.001 (there is less than 0.1% chance that this result is due to chance)



The infographic below shows the outcomes for people over the evaluation period:

Outcomes

Over **55%** of customers had been invited to and attended an NHS health check (This rate of uptake for this service is higher than the wider population of Cumbria as a whole, where uptake has been **36.2%** for the same reporting period 2017/18-2021/22, this suggests that HAWCS customers demonstrate health seeking behaviours.)



85% are on regular medication, with **81%** having had their medication reviewed in the past 12 months

Improvement:



45% reported improvement in their loneliness



59% reported improvement in their depression



57% reported improvement in anxiety levels



24% have reduced smoking



18% reduced amount of alcohol intake



39% increased the amount of regular exercise they engaged in on a weekly basis

15% improved their appetite



22% improved their diet

65% reported an improvement in their overall wellbeing



23% are managing their finances better



10.5% improved the level of training/education/employment



23% have a better network of friends, family and neighbours

35% access more social activities

Customer satisfaction survey

All customers are encouraged to give feedback through an online survey at the point of discharge from the service. Of the submitted surveys received during 2019- July 2022, the following percentages of people reported life had improved:

| Question 13 asks: | 2019 | 2020 | 2021 | 2022 |
|--|------|------|------|------|
| How have things changed for you and or your family following your involvement with a HAWC? | 90% | 84% | 91% | 96% |

What impact has there been on people's lives?

Five key themes arose around positive changes that people made because of the intervention:

Sense of purpose

Individuals often took up hobbies, many restarting a previous hobby that had been overlooked or forgotten due to their in-conducive lifestyle. Others found new hobbies and groups to attend, which they described as giving them a reason to get up and go out.

“You are the first professional I have worked with that has given me hope that my life can improve, I can see some light at the end of what has been a very dark tunnel for some time.”

(Evaluation -Direct quote from case study 10)

A number of individuals began volunteering, for some this was a way to give something back, others found this to help with reducing their isolation and increasing socialisation, while another cohort did this as a step towards employment or further education.

“I’m now a chair of a volunteer group, [it] keeps me focused. I have become better at meeting new people and new places, I’m more confident”

(Customer feedback survey July 2022)

Improved socialisation

Improved relationships with family, friends (existing and new) were reported and other agencies e.g., health and social care professionals. There was evidence of a ‘ripple effect’ of the intervention, with positive impacts being reported by family members, e.g., parents, siblings, and children, because of the individuals contact with the HAWCs.

“It has been really good to have a social outlet, someone to talk to and check in on me and someone to try new social activities with.”

(Customer feedback questionnaire)

“I am now a lot more independent, living a healthy and safe environment and am looking after my health better my relationship with my family has improved.”

(Evaluation -Direct quote from case study 6)

Resilience

HAWCs and customers talked about their ability to cope better with their day to day lives and health conditions. For some this was knowing how to deal with their anxiety more effectively.

“[case] is still experiencing strong thoughts of suicide however, now she has input from a HAWC she feels more confident at managing these thoughts and says she doesn’t intend on acting on these thoughts like she always did in the past”

(Evaluation -Direct quote from case study 6)

For others, it meant being able to attend their GP/ health provider for the help they require. Better understanding about their issues inspired some to seek their own information and HAWCs described individuals using the tools recommended between contacts. Better support networks over time meant that individuals became less reliant upon the service and were able to solve problems for themselves that may not have been possible pre-intervention.

“I am 31 years old, and I have never had this kind of support at any time throughout my life, even my own parents have never supported me as much as you have. At school nobody listened; I was just seen as the naughty kid, when I left school I choose a life of crime, which led to me taking drugs, I have never worked. Nobody has ever taken the time to just listen to me, to support me and show me a different side to life. I have stopped smoking cannabis this has had a positive impact in my mood, for the first time, I can think clearly and want my life to be different; I can finally see a way forward”

(Direct quote from Case study 13)

Structure

Individuals reported improvements such as better sleep habits, a reason to get up in the morning, and a better handle on their medication.

“The routine visits were a massive help as it gave structure and routine to the day. HAWC knew the biggest problem was weight, so she set up health lifestyle and diet group and encouraged me to go”.

(Customer feedback questionnaire)

“I never used to sort my own medications my dad done this for me but now I do this. I am learning new things to look after myself”

(Customer feedback questionnaire)

Independence

A greater sense of independence was evident in people who have increased their socialisation and overcome some of the barriers to isolation.

“You gave me the confidence to get out there and make a good life for myself”

(Customer feedback questionnaire)

“Gained independence, go to social groups, routine walks, and settlement. I use taxis independently and care more for others. I know how to keep myself safe doing activities.”

(Customer feedback questionnaire)

Re-presentation

Data analysis shows that 8% of people returned to the H&WC team for a second intervention. The time between the first initial assessment and the initial assessment on the second attendance was an average length of 90 weeks. Twelve customers in the sample had three occasions of intervention with the HAWCs.

Demand for the service

A major impact on the team is increased demand, with the number of referrals increasing year on year. The annual target was set at an average of thirty cases per worker for level 2 cases. Data shows that the average number of level 2 cases per worker is now at 48.

The Impact of Working Together

Although the team works alongside individuals and their families, they can also evidence how bringing people together with similar interests has a positive outcome on a person's resilience, independence, and wellbeing.

Over the years the team have collaborated with many other agencies, community groups and individuals to explore the abilities, skills, and gifts of the people they support. Sometimes it has meant they have had to knock on doors, challenge thinking and approaches to get the support and resources to help people. Yet there are times when community groups and partner agencies have approached the team, asking how they can work together and develop new opportunities for people they support.

Barrow Raiders

In collaboration with Barrow Raiders (local rugby league team) funding was sought through Cumbria Voluntary Services (CVS) to develop wellness sessions in Barrow. Below are quotes from people who accessed the sessions:

'The wellbeing sessions which the Raiders hold for our HAWC clients has been really effective, it has allowed individuals with anxieties to take part in a small safe group, whilst improving their emotional fitness, it is helping with their physical fitness too.'

'The Barrow Raiders wellbeing group made a big positive impact on my life. I have problems with PTSD, anxiety and depression and as a result I was totally isolated.'

'Through working with a HAWC, I was able to attend sessions that helped build some confidence and because it was a small group I was able to interact with others and be reminded there is something in the outside world I can go to and build confidence again. The Raiders themselves are brilliant. They were supportive, friendly, knowledgeable, encouraging and understanding to my limitations. Absolutely crucial in aiding mental and physical wellbeing'

'I absolutely love attending this group. It gives me confidence and boosts my energy levels for the day. My mental health has improved tremendously, and it has allowed me to make new friends. I'm so thankful to the HAWC team and Barrow Raiders who run the sessions.'

'I was anxious about first coming here, but Anton and all the Raiders are so friendly I was quickly made to feel at ease. There's a nice mix of casual conversation and physical activities (nothing too strenuous!), and there's always something different to do each week that keeps things fresh. Taking part in these sessions has noticeably increased my confidence in my own social skills, I'm really glad I gave this a shot!'

Community Learning and Skills- Art for Wellbeing Group

The Health & Wellbeing Team have an effective working relationship with Cumbria County Council's Community Learning & skills Team as they have been working together to develop specific sessions and courses for the people they support.

Staff from both teams had discussions to explore how they could work together to support people who had an interest in art. It became apparent that they could work together to deliver 'Art for Wellbeing' which began during the 21/22 Academic Year.

The overall aim of the course was for learners to explore a range of artistic materials, tools, and techniques, creating mix media work in the style of the renowned artists to promote wellbeing. Learners worked independently and in groups.

The weekly group sessions were led by an art tutor who developed a course with the following outcomes:

- Learners will be able to feel the benefit of how art can help promote good mental health and wellbeing
- Learners will have gained confidence to explore a range of artistic techniques like the Great Artists in History.
- Learners will have gained confidence to explore a range of artistic tools like the Great Artists in History.

- Learners will be able to create work using mix media.
- Learners will feel confident enough to participate in discussions relating to art and The Great Artists.



This sketch was completed by one of the group members. It is an interpretation of Edvard Munch's The Scream, they stated they chose to do this to express how they were feeling stating "that is me, how I feel."

They have been receiving support from the HAWC team since July 2021, initially being referred by the crisis team. At the point of referral, the individual was struggling to express how they were feeling, go out of the house independently and everything just felt too much.

The Art for Wellbeing group gave the individual a different outlet in which they were able to express how they were feeling, learn new skills but also build social and support networks.

The group now has a what's app group in which they offer peer support to each other outside of the art sessions and have even met up on several occasions for lunch, coffee and even a trip to the local theatre.

Overall, the programme not only improved their art techniques it also improved their confidence and self-esteem. Moving forward the group members will be progressing onto either a group led by themselves or going onto further Accredited Adult Learning Courses which will help them into further education and employment in the future.

Local Community Football Group

This case study outlines the development and sustainability of a local community football group that started in 2019 and continues to this day.

The group was formed following conversations and feedback from individuals that our Health and Wellbeing Coach Dan Grindley was working with, and the idea of creating a community-based football group was discussed and Kendal Community Football was created in the summer of 2019.



We wanted an opportunity for individuals in the community to access social and physical activities but recognised that there are barriers to doing so. These barriers include social isolation, physical inactivity & mental health issues. For many people, football is an activity they had always enjoyed, but may not have participated in for years, or even decades in some instances.

Working with partners from GLL Kendal Leisure Centre and Westmoreland FA a small football team was established. Initially attended by 4-5 people each week. Over time this group grew to up to 16 people attending each week. Not only did this group benefit from the physical activity associated with football but they also developed friendships and attended social events such as a trip to see Manchester United play football with the match tickets generously funded by the club and the subs paid each week by the team provided transport costs.





During the lockdown, we continued to remain in contact with each other through our WhatsApp group. A range of topics were discussed from “who is the best footballer of all time?” to people’s stories of living in lockdown and how they are managing. In addition to this, we shared weekly ‘challenge’ videos consisting of different exercises and football skills to keep active and have some fun. People in the group then filmed their

attempts and shared on the page. The group provided mutual support at a difficult time and checked in on people to make sure that they were safe and well, but they also set up on-line FIFA tournaments to support each other through the boredom many of us experienced.

Going in and out of Lockdowns impacted on the team’s individual wellbeing. However, throughout each lockdown the support continued with members coming together and supporting each other.

And today.....Kendal Community Football goes from strength to strength. Numbers averaging 20+ per week. Self-managing and affiliated to Westmorland and Furness FA. Due to move on to the rugby club 6th April so will expect to see numbers rise again. We’re in a really good financial position to sustain the group after receiving a grant from Cumbria Community Foundation trust of £3,700.



All members now have a club sports jacket which means people have appropriate clothing and helped create a strong group identity.

Plans going forward for 2023:

- Extending the session to 1.5 hours to offer 30 mins coaching at the start of the session. We will use some of our funds to purchase all new equipment once we’ve worked out what we need.
- Opening a new introductory group. Funds to be used to cover additional pitch hire.
- Offering members, the opportunity to complete refereeing training and coaching badges – in discussion with the FA about this.

Hawse End/ Cumbria Outdoors Activity Day

Across the county the Health & Wellbeing Coach team in conjunction with Cumbria County Council’s Adult Education teams and Hawse End/ Cumbria Outdoors set up several funded outdoor Activity Days, where individuals supported by their coach could experience something new that ordinarily would have been out of their abilities to do especially financially. Trips ran from West, North and South Cumbria.

The overall aim of the day was to develop peoples’ communication skills, self-confidence, and resilience, and to participate in a physical activity in a ‘green space’.

The days were a success with individuals challenging themselves and putting into practice tools and skills developed through 1-1 work with their coach.

Without the partnership working between the HAWC team, Adult Education and Hawse End/ Cumbria Outdoors these days would not have been possible.

One individual who attended one of the activities days said this-

“I really enjoyed it and it gave me a bit of confidence. I’ve even made a friend out of it. I struggled joining in with things but still feel pleased with what I managed to do with it being my first time doing anything like that. I would definitely do something like that again. The thing I enjoyed most was the boats, it was such good fun! I was so depressed but that picked me back up and now I’m back in the gym and more motivated than ever”.

“It was great to meet new people and make some positive memories.”

Collaborative working with practitioners

The team are fortunate that they have strong links with the social care workforce across adults and young people. The partnership has developed where the team working alongside each other to review referrals, allocation to the right person/ team is timely and effectively risk managed.

I would just like to highlight some extremely positive practice I have observed whilst working alongside Hazel (pseudonym) on a Safeguarding Enquiry for a lady in the community. Hazel has consistently gone above and beyond to support AB to leave an extremely abusive relationship, something that is quite rare in Domestic Abuse Safeguarding and is extremely rewarding to see. It is clear that Hazel has built up a strong rapport with AB where other professionals have found this difficult and has ultimately facilitated AB's journey to safety.

Statement from Safeguarding social workers

Systems Approach to delivery and development

As a result of the team's success, partners across the health and social wellbeing system have, over the past 12 months, commissioned the team to extend their offer to support specific cohorts of people. This includes:

South Cumbria Mental Health Transformation board

The NHS Long Term Plan pledged to bring £2.3 billion of extra funding to mental health services in England by 2023/24 and to establish a new model of primary and secondary mental health care. The model was built around a new framework that would set out what people could expect from community mental health services and that would close the gap between primary and secondary care.

As a result of this investment, the Health and Wellbeing Team in South Cumbria has appointed an additional seven members of staff to work across primary care services providing Health and wellbeing support to people affected by mental health issues.

NHS North Cumbria: Addressing health inequalities

NHS Northeast and North Cumbria (NENC) has been allocated £13,604,000 recurrent revenue between 2022/23 and 2024/25 (3 years) as a specific allocation to support targeted reductions in health inequalities. The North Cumbria allocation is £240k per annum.

The funding will be used during 2022/23 to support access to healthcare for asylum seekers and refugees. Longer term however, the Director of Public Health and Communities, and the Director of Place (North Cumbria) at the Northeast and North Cumbria Integrated Care Board (NENC ICB) have agreed that the funding should support additional capacity within the system to support individuals with multiple complex needs. They have jointly identified the Health and Wellbeing Coach service as the best area where additional capacity should be developed.

Working with Derbyshire County Council

The Team has been connecting with other Local Authorities who provide Public Health and Health and Wellbeing Services. Over the last two years, the Team has developed a close working relationship with Derbyshire County Council. In 2022 Derbyshire County Council implemented the Health and Wellbeing model into their Public Health Team, which Cumbria County Council developed. Looking ahead we aim to enhance our partnership with Derbyshire by developing a Health Coaching network that will provide additional governance and support to the teams.

What next?

A considerable body of evidence now shows that coaching approaches that help connect people better together and with their local communities have significant potential to improve health and social wellbeing in the long term. Cumbria has grasped this opportunity and has significantly invested in a team that has demonstrated its value time and time again.

As Cumbria becomes two Councils on 1 April 2023, the team will embrace this change, moving from a countywide service serving the people of Cumbria to two teams that will serve the same people within the new Cumberland and Westmorland & Furness Councils. Both new teams are engaging with NHS partners to integrate their ways of working ever more closely with primary and community care teams, where there is considerable potential to reduce demand on those services through HAWC interventions.

Moving forward and building on strong foundations with partner agencies and local communities the team will continue to develop and adapt to meet the changing needs and public health priorities across Cumbria.

The team will strive to become more connected with colleagues in the wider health and wellbeing arena, therefore a priority for the team is to ensure countywide governance of current service delivery across the two new councils and the development of a Health a Wellbeing network starting with Cumbria and expanding further afield.



Appendices

Appendix 1

Case Audit Summary: Mary – Adverse Childhood Experience

Staff are required to provide a case audit on a quarterly basis using the format below as part of the team's quality governance. This is a sample case audit summary.

| Case Audit summary One - submission as part of team's quality governance Qtr3 2021-22 | | | |
|--|--------|---------------------|------|
| IAS record number | 'Mary' | Open or closed case | open |
| <p>The person has:</p> <ul style="list-style-type: none"> experienced Childhood Adverse Experience, on-going abuse into adulthood. Kidnapped and raped as a teenager. been a substance user from late teens. a low level of education, particularly around reading and writing. displays possible Dyslexia and LD either due to poor level of access to education, and trauma ACE. been previously evicted for ASB. served time for theft from a person suffered Domestic abuse from several partners. had past long-term intervention from CS regarding her Children. Has child with LD, Autism, MH, and PTSD due to past trauma who suffered from paternal grandparents. As an adult they chose to live with their mother. history of not working with agencies. in private rent, there are on-going issues with the property, from poor to no heating, mould, damp, all of which is impacting on her health. Anti-social behaviour, unsavoury characters congregating in the unlocked doorway and substance abuse. diagnosed with cancer. suffered MH breakdown and self-neglected. They initially rejected any treatment; (radiotherapy). <p>Challenges to overcome:</p> <ul style="list-style-type: none"> Communication. distrust and poor engagement with other organisations who could support them. Childs MH; suffering anxiety due to parent becoming ill. reactive response and poor coping mechanisms; hence, several incidences of serious self-harm, and stating they want to die; usually burning. Property owner wanting to evict but not following the legal process. unable to vocally communicate with all services, poor literacy skills, chaotic routine, on-going substance use, poor management of money, further incidents of DA from partner. Housing refusing to rehouse them in social house. Private rent much higher, thus, will increase chances of further debt. they and most family members do not have access to a car, thus, rely on the bus service. experiencing on-going infections and MH vulnerability. Housing wanting to place them in a private property in the next town away from their family support system, the chemist and Gp. had an accidental fire in the flat, due to a candle. they & child needed to be immediately moved out and placed temporarily with daughter. Overcrowded, thus, needed support to move to an emergency temporary accommodation. lost all their medical equipment for their throat in the fire and could not be replaced. has a negative marker against them with a lot of services, which has been reflected in their attitude and lack of eagerness to support them to make changes. | | | |

Case Audit summary One - submission as part of team's quality governance Qtr3 2021-22

Work Done:

- Consulted with professionals, from Psychologist linked to the ENT, Macmillan OT, Housing, CAB, Foodbank, Recovery Steps, ASCMHSW, LDSW, Gp and family.
- Supported to access CBL and bid – benefits – arrange appointments a support work with CAB around the legal issues. Foodbank.
- Referral to Recovery Steps.
- 1-1 to coach, challenge, signpost, liaise with other professionals, refer to CRISIS/MH services, and make calls on their behalf whilst present, so that their voice/ wishes are being heard.
- Support family to gather knowledge which will help them have a better understanding of how to manage relationships, their challenges, housing, and illness.
- Coaching to support them find coping strategies to learn to manage their reactive responses.
- Email and letter.

Outcome:

- attended all her treatment appointments
- now in recovery
- is collaborating better with all professionals.
- attending Recovery Steps and now wants a Detox.
- is now attending all her Gp appointments.
- no longer using street drugs.
- is wanting support for their MH, however, they have been rejected several times.
- has engaged well with the H&WC.
- has received letters of support from Psychologist, Recovery Steps and Gp; to support a house move, all claiming they has engaged well with them.
- aspires to be able to communicate with her grandchildren.
- aspirations to have a home of her own.
- is no longer with their partner.
- benefits are correct.
- No ASB or intel from Police since June 21.
- Ongoing support to address new goals.

Appendix 2

Case Study 1: Dan – Member of Football Group

This case study outlines the impact of 'Dan' a young person with learning difficulties joining and becoming an active member of the Kendal's local community football group.

| Reason for Referral: | | |
|--|------------------------------|--------------------------------|
| <p>Dan had been experiencing an escalation in stress and anxiety resulting in loss of sleep and routines and family carer exhaustion. He was assessed under the MHA but not admitted. Dan has a learning difficulty, is autistic and has a diagnosis of bi-polar disorder. A support provider is commissioned to provide some time to occupy Dan at home and help him and his family. Longer term, on the back of the covid years he would like to work towards getting more involved in activities and especially training / employment related goals as he is feeling low and upset at the comparisons, he makes between himself and his siblings who are now at university. There are also issues around Dan's sleep hygiene and medication. HAWC requested input was around goals and activities to promote self-esteem.</p> | | |
| What it looks like: | | |
| <p>Bunch of Lads playing football</p> <p>More Football week after week...</p> <p>Playing against other local teams and trips to Old Trafford and guests of Kendal Town FC</p> | | |
| What it was..... | | |
| <p>Commitment, reliability, positive attitude, exercise, improved diet</p> <p>This led to: - becoming a role model for younger players, improved sleep pattern, feeling healthier, feeling happier, feeling more independent of parents</p> <p>That further led to: - Discipline/Time keeping/Comradery/Friendship/team building Respect for others and from others, Lifetime experiences, Immersed into own community, feeling positive, greater wellbeing</p> | | |
| Outcomes for the person: | | |
| Assessed Needs | Initial assessment | Final outcome |
| Health & Wellbeing | 5 – Some Changes needed | 0 – Good Health |
| PHQ-9 Depression | 3 – Mild Depression | 1 – Mild |
| GAD-7 Anxiety | 6 – Moderately severe | 1 – Mild |
| Campaign to End Loneliness | 3 – Mild | 1 - Mild |
| Friends, Family & Network | 5 – Limited Support Networks | 1 – Reasonable Support Network |
| Comments: | | |
| <p>We believe there was some minimisation of Dans original scores due his learning disability and lack of insight into his worsening mental health at the time of presentation.</p> | | |

Appendix 3

Case Study 2: Community Connections

Maryport Wellbeing Group

Health & Wellbeing Activity: Litter Picking in Crow Park, Maryport 30 August 2022

Background

The Maryport Drop-In is well established but since Covid restrictions have been lifted there has been a regular weekly 2-hour Wellbeing Group meeting at Maryport library. It is informal and is open to all, including people that we are currently supporting and those that have received support in the past. The first hour of the session is a relaxed and supportive way to meet new people and engage in positive activities, have a cuppa or get further support and guidance from the Health & Wellbeing team. Activities include quizzes, games, discussion, mindful colouring and problem solving/communication activities. Every month there is a Workshop where we explore Skills for Wellbeing and cover topics such as Goal Setting, Self-esteem and Confidence and Budgeting. The second hour is a Wellbeing Walk and this is a different route around Maryport each week

Activity: Litter Picking

It was during one of the Wellbeing Walks that it was noticed by the group that there was a lot of litter in the area. We discussed the impact that this has on the community, environment and wildlife and the group decided that they would like to carry out a litter pick and make a difference to their local community. It was proposed that the group would litter pick in Crow Park, Maryport. HAWO suggested that some of this rubbish could be used to raise money as Blood Bike Buddies were using crushed aluminium cans to raise money for Blood Bikes Cumbria. The group agreed this was a good idea and would help a vital charity organisation



Preparation

We discussed what equipment would be needed to carry out this activity and the group identified litter pickers, gloves, sanitiser and bin bags and how this would be carried out safely using a risk assessment, which was reviewed prior to starting the activity. Michael, Tim, James and Mark provided consent for pictures and the activity to be shared



Tim James Michael Mark

Maryport Wellbeing Group Litter Pick 30 August 2022—Tina Johnson (HAWO) & Lauren Gray (HAWC)

Achievements

The group really enjoyed the activity and worked well as a team, supporting one another with collecting and filling bags. We filled **10** bags with rubbish – this included **3** filled with aluminium cans for charity fund-raising for Blood Bikes Cumbria

We discussed the positives about the activity we were completing which included exercise and still completing our steps, helping wildlife by removing plastic and harmful rubbish, improving our own health and wellbeing by spending time surrounded by peaceful woodlands and nature, spending time doing something worthwhile, enjoyable and with others, and giving something back to the community. One activity that was included whilst litter picking was for each group member to think of a positive statement about what they were doing or how they felt, a positive way of boosting self-esteem

Each member was able to think of something good and were able to see the effects of this in terms of self-awareness, supporting each other and feeling good that that they had achieved something positive together



Positive Statements Included:

- *If you are feeling rubbish, pick up rubbish – it will help*
- *It's a Triple Whammy – it improves your mental health, it improves nature and we are helping the Blood Bikes charity*
- *Helps wildlife*
- *It feel's good to do good*



Recognition

The positive statements during the activity prompted further discussion and everyone recognised that they had made a difference to the community and felt good about themselves. The rubbish bags were then taken to Memorial Gardens to be collected by Allerdale Borough Council. As we were dropping the bags at the collection point members of the public in the gardens asked the group what they were doing. The group explained they had been litter picking and that some of the rubbish would be used to raise money for Blood Bikes Cumbria. The group were praised by those people who said that they had done a brilliant job and should be proud, which improved self-esteem

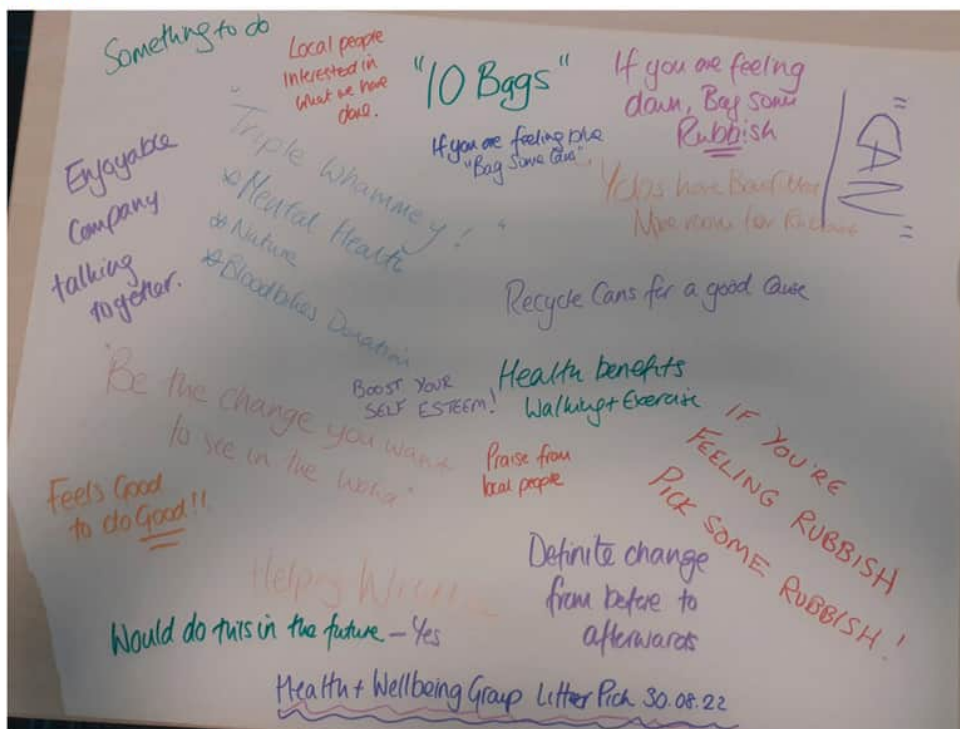
Review

Back at the library we discussed our achievements and how this activity had made us feel. Everyone contributed to the discussion and we added to the positive statements we had made whilst litter picking and these were highlighted on paper. Everyone said that they had enjoyed this activity and would definitely do this again.

The group agreed to start looking for other potential sites when out on future Wellbeing Walks. The group acknowledged their work and were proud that they had given back to the local community. They took part in a positive activity, boosted their self-esteem and confidence, and contributed to raising money for charity



Feedback



Maryport Wellbeing Group Litter Pick 30 August 2022—Tina Johnson (HAWO) & Lauren Gray (HAWC)

Michael

Michael agreed to a referral to the HAWC team after a meeting with his housing support officer at Home Group. Michael suffers with anxiety and depression and also ME and Fibromyalgia and, due to these conditions, Michael found he was starting to lead a reclusive lifestyle, finding it hard to get out and into the community. Michael felt as though: *everyone was getting on and enjoying life but I was barely hanging on to the coat tails of life*

Michael has been working with his HAWC since June and has been able to develop skills to manage anxiety and depression and his own health and wellbeing through exercise and developing a positive diet plan. This has enabled him to build his confidence and engage in activities that are meaningful to him. Michael has also attended the Wellbeing Group since his support began and believes the group, the activities and workshops, and the combination of support has been beneficial in his recovery and progress:

the tablets (anxiety and depression) and counselling over the last ten years don't compare - that day that we went litter picking was the best day of my life for, I can't remember when. Just being part of something special, doing something constructive, being in the open air with no worries where time didn't mean anything, it was just us having a good time, nobody is judging you – it was just one of the best days. No amount of tablets would have made a difference compared to that

Michael has learnt a lot about himself and others attending the Wellbeing Group and gets a real sense of achievement from the activities, workshop sessions and discussions with the other members of the group: *I didn't think I could be as tolerant, when you see people with Tourette's Syndrome you think they shout and swear a lot, they don't. Until I came here and spent time with James, and Mark with his autism, I'd have been like, no, I can't cope with that, but because now you are not seeing their conditions, you are seeing through that and seeing the person behind it. I am pleased that I have had the opportunity to do that because, I am not judgemental but I think, because of the ME I wouldn't have thought of this, thinking they would have drained me mentally but they don't. You learn to tune out the Tourette's Syndrome noises that James makes and the noises Mark makes and I know that that isn't important and when they speak you can listen because that's important*

Michael is managing his anxiety, coping with his depression and is aware that poor mental health can affect everyone. However, Michael knows that this is not the case for everyone: *I think it's important to talk about mental health stuff, you can't be ashamed of it, everybody can suffer, if you've got a brain, you can suffer with mental health. The more people that talk about it the better it will be for everyone*



Appendix 4

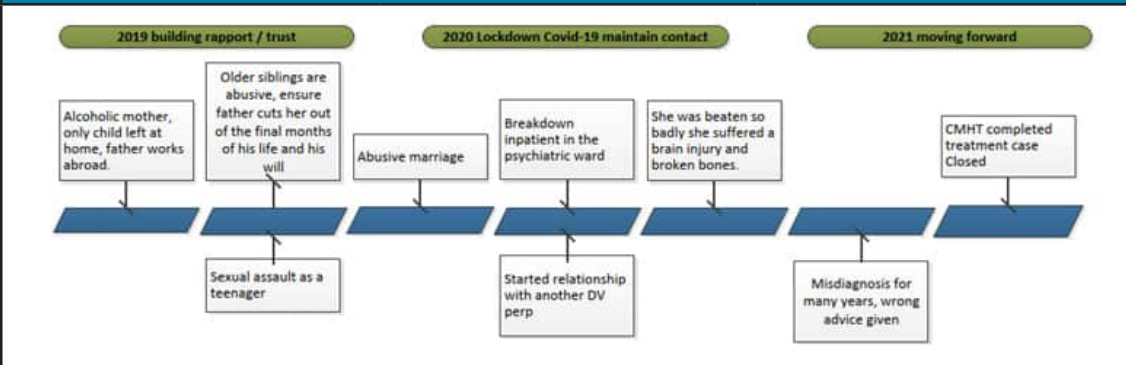
Case Study 3: Vicki - The effectiveness of Coaching Tools

The team adopt many different coaching tools to bring about positive behaviour change. This case study highlights different tools used over a 2-year period whilst supporting a person with significant issues through the Covid-19 pandemic when contact was restricted.

Reason for Referral:

Case was referred to the H&WT by Psychologist. The information received gave the following picture: Vicki was socially Isolated, had PTSD. And unhealthy Relationships. During initial conversations Vicki disclosed EUPD, brain Injury, a desire to lose weight and fear of groups/other people.

Timeline of events



What it was.....

Motivational interviewing

Person-centred coaching

Being somebodies' champion

Providing unending belief in the individual

Getting to know that person inside and out, their fears, their likes/dislikes, their passions, their drives, their personality, their dreams, and their history in order to know what appropriate and sustainable next steps are.

Learning to think like them.

Understanding their mental health conditions - the reasons they have those conditions is equally important as knowing how they are affected by them.

Ensuring the individual feels like an equal like a teammate, not inferior and not like a patient or a service user.

Instilling a sense of being both worthy and capable

Coaching tools adopted to bring about behaviour change

Cycle of change Motivational interviewing Grow/ TGROW

Challenging and exploratory coaching Challenging negative thinking

Diamond model Steppingstones – small achievable goals

Food diary Life wheel Journalling Setting personal boundaries

Planning a small business Work on intrinsic values, and intrinsic and extrinsic motivations

| Outcomes for the person: | | |
|---|--------------------|---------------|
| Assessed Needs | Initial assessment | Final outcome |
| Health & Wellbeing | Below average | average |
| PHQ-9 Depression | Moderate to severe | moderate |
| GAD-7 Anxiety | moderate | moderate |
| Campaign to End Loneliness | concerns | concerns |
| Friends, Family & Network | | |
| Comments: | | |
| <p>The coaching tool were adopted over a two year period.</p> <p>And where are they now:</p> <p>Taking courses with adult education following through on their series of mental health courses</p> <p>*Regular self-study in the library</p> <p>*Completed self-esteem and confidence course.</p> <p>*Working towards qualifications to be a support worker for domestic abuse victims.</p> <p>*Regular gym sessions</p> <p>*More stable mental health and tools to help dips and troughs</p> <p>*Increased confidence and self-belief</p> | | |

Appendix 5

Case Study 4: Tony – Improving Health & Wellbeing

The team adopt many different coaching tools to bring about positive behaviour change. This case study highlights different tools used over a 2-year period whilst supporting a person with significant issues through the Covid-19 pandemic when contact was restricted.

| Reason for Referral: | | |
|--|-------------------------|---------------------|
| <p>Tony referral stated that he:</p> <ul style="list-style-type: none"> • Sporadic heroin user • On a Methadone programme • COPD • Underweight, poor appetite, poor diet • Anxiety, depression, low self-worth, low self-confidence. • Limited support network • No daily routine • Past criminal justice involvement <p>With the request to focus on:</p> <ul style="list-style-type: none"> • Improve routine and social network • Improve his diet and eat better | | |
| What it looks like: | | |
| <ul style="list-style-type: none"> • Walking around the local area • Attending Games Groups and HAWC led walks • Going shopping | | |
| What it was..... | | |
| <ul style="list-style-type: none"> • Exploring how life is now, finding out interests, asking how do you want your life to be? • Planning for change, Confidence building, Gradual exposure - Tony to feel comfortable in the area he lives. Walking past a community allotment when no one is there. • Introducing to allotment facilitator • This led to: Learning to enjoy time with others. Discussing self-worth. Challenging negative thinking. Learning how to find out what is on in the community. • Reflecting and building confidence to attend other groups, learning courses, considering future plans. • And: GP appointment to discuss COPD and referral to nutritionist, Anxiety tools to manage going out. Behavioural activation and routine planning, exploring barriers • Food diaries, obtaining a refurbished cooker, Meal planning, changing shopping habits • Gaining weight | | |
| Outcomes for the person: | | |
| Assessed Needs | Initial assessment | Final outcome |
| Health & Wellbeing | Serious health concerns | Some changes needed |
| PHQ-9 Depression | Moderately Severe | Moderate |
| GAD-7 Anxiety | Moderately Severe | Moderate |
| Campaign to End Loneliness | Moderate | Mild |
| Friends, Family & Network | Limited support | Reasonable support |
| Comments: | | |
| <ul style="list-style-type: none"> • Attends the Community Allotment every week has taken on two vegetable beds • Attends Men in Sheds every week, and has restored fireplaces that have been sold in the Restore shops . Is accessing Community Learning Courses and has signed up for Welding & Electronics course • Has obtained his driving licence; he is practising his theory and plans to sit the test • Diet has improved significantly; he enjoys food and has started to put on weight | | |

