



## **Have some more FUN with Public Health** **(Public Health Dorset/Optum/LiveWell/Dorset/VCS Networking Event)** **24<sup>th</sup> April 2015**

As part of a funded project Bournemouth Council for Voluntary Service (BCVS) and Poole Council for Voluntary Service (PCVS) jointly organised a second networking event for voluntary and community organisations (VCOs). The event was for any VCO that considered it is improving health and wellbeing in Bournemouth, Poole or Dorset. The first such event was held on 24 September 2014.

It aimed to allow those attending to have **FUN** (i.e. **F**ind out, **U**nderstand, **N**etwork):

- Find out about the LiveWell Dorset service (the new Health Improvement Hub)
- Meet Optum who will be running LiveWell Dorset
- Identify actions to improve referral/signposting and support between LiveWell Dorset and VCOs.
- Network with other voluntary/community groups, Public Health and LiveWell Dorset.

Any VCO operating in Bournemouth, Dorset or Poole was invited to send up to two delegates. A maximum of 70 places were available and the event attracted 50 bookings. On the day the event was attended by 45 people from 29 VCOs. It was also attended by staff from BCVS, PCVS, Dorset Community Action, Public Health Dorset and Optum/LiveWell Dorset. Delegates were spread across seven tables, each with a facilitator (either CVS, Public Health or LiveWell Dorset staff) to encourage discussions and take notes. For a full list of attendees please see Appendix 1.

### **Why a Health Improvement Hub?**

Following a welcome from Viv Aird (Chief Executive, BCVS) Sam Crowe (Assistant Director of Public Health) set out the reasons why Public Health Dorset has commissioned a new Health Improvement Hub:

- to overcome the previous fragmented and unclear services
- one clear point of access
- clear offer for all Dorset residents over 18
- invest in development of expertise in behaviour change
- support people over the longer term
- get better information on outcomes back

A summary document about the concept of the Hub is available at:

<http://tinyurl.com/ke4mt4d>. After a tendering exercise in December 2014 Optum have been awarded the contract to deliver the hub which was launched on 1 April 2015 with the name LiveWell Dorset.

## **Who are Optum and LiveWell Dorset?**

Rochelle Morris and Ben Hulme (both from Optum) after giving some background to Optum and its track record went on to describe the model of working used by LiveWell Dorset. To see a copy of their original presentation please go to: <http://tinyurl.com/nng2t52>, however as a result of feedback this has been updated to: <http://tinyurl.com/okszwos>.

## **Meet LiveWell Dorset**

Delegates then spent 45 minutes moving between 6 stands finding out about different elements of the LiveWell Dorset service, i.e.

- Initial contact, engagement and ongoing support
- Weight management (Weight Watchers)
- Smoking reduction
- Alcohol reduction
- Physical activity
- Training for VCOs (Health Promotion Devon)

## **Table discussions**

Tables were asked to consider the following questions:

1. What do you see as the benefits of LiveWell Dorset (LWD) to your organisation/services?
2. What are the gaps/issues that will need to be overcome, to deliver this - both at your organisation/service level and at LWD?
3. How can LWD support you to make outbound and inbound referrals into our service?
4. What training would you like to see provided to help deliver this service model?
5. What are the best approaches of engaging with your communities?

Each table produced notes of their discussions which can be seen in Appendix 2.

In summary the tables identified the following:

1. It will be beneficial to have a single one stop shop that will be able to provide a flexible/personalised service and so potentially to meet those most in need. LWD will have data on what services are available as well as being able to report on outcomes. Support for the sector is welcomed. Some tables also thought that LWD will bring some consistency to wellbeing services across the county.
2. The most common issue across the tables was the need for more promotion of LWD so stakeholders are clear about its aims, what it can and cannot do, how to contact and refer. There were also concerns about LWD not being aware or plugged into other existing services and some delegates saw gaps (in particular addressing mental health and the needs of young people and homeless people). Some tables also raised the need to look at determining factors such as poverty, housing, etc. and not just to treat the symptoms.
3. Linked to 2 there was the common need for more LWD promotional material. Increasing mutual understanding between LWD and VCOs was seen as important through ongoing communication, updates on operations and visits by LWD staff to VCOs. Regular feedback on referred and signposted users would greatly help.

4. Training and support on motivational interviewing and behaviour change was a common request.
5. Not surprisingly tables felt that LDW needs to get out and about where communities meet (in the street, in meeting places, at VCO events and group meetings). Also to make use of existing means of communication such as VCO networks and communication vehicles (e.g. newsletters).

### **Questions to the Panel**

Each table drafted a question (see below) to a panel made up of:

- Sam Crowe (Public Health Dorset)
- Rochelle Morris (Optum)
- Ben Hulme (Optum)
- Lynne Palmer-Mann (Health Promotion Devon)
- Chris Beale (Poole CVS)

#### **Red Table**

- ***How will organisations who refer into the service get feedback on progress to help them meet gather information for their own targets?***
  - LWD will only be able to give feedback to referral organisations if the individual has given their express permission.
  - LWD will contact you to provide feedback along with regular reports
- ***How many staff will there be and what if there are too many referrals?***
  - If we have lots of referrals we will match this with additional staff or by tapping into additional services that we can refer customers to.
- ***How long will the referral turnaround time be?***
  - Same or next day
  - At the initial contact with the client, we will ask them when it is convenient to call back
  - If a coach is available there and then, then they will speak to a client, if this is convenient for them
  - Fit in around client and their needs
- ***How can we refer on behalf of our clients?***
  - Telephone
  - Fax
  - Online referral form
  - Email

#### **Green Table**

- ***How do you respond to a frequent flyer who contacts LWD on a Sunday who presents with 'x' risk factors?***
  - The service is not open on Sundays. Our role will be to coach them and to understand the reasons that they are frequently contacting the service. It's about looking at what services we can wrap around them to support them and to help with behaviour change.

## Orange Table

- **How do you reach the most vulnerable?**
  - Through advertising: Communications and Marketing strategy
  - Posters in a number of different providers including GP practices
  - Facebook/Twitter (Social Media marketing strategy)
  - Newsletters
  - Word of mouth – for those who are disconnected, this is the most powerful influence. A good/positive experience speaks a thousand words.
  - Look at what forums/events that we can tap into
  - Wellbeing coaches will do a lot of outreach work with the deprived communities, focusing on the 40% most deprived areas. We ask the voluntary/community sector to also tell your communities about the LWD service as you have the relationships with them.
- **How can the CVS best support front line groups to evidence outcomes?**
  - Develop a suite of tools that can be used – guidance on this towards end of June/July
  - Individual Support
  - Explore with Public Health/Optum ways of measuring impact
  - Warwick/Edinburgh wellbeing scale  
[www.healthscotland.com/documents/1467.aspx](http://www.healthscotland.com/documents/1467.aspx)

## Pink Table

- **How can we be confident that GPs will refer to LWD?**
  - Optum has experience of working with 75% of GP practices across the country; we will work hard to build positive relationships (this can be a significant barrier) with the practices locally to encourage them to refer into our service
  - By meeting with them, ensuring they have referral cards
  - Outlining the benefits of LWD
  - Targeted campaigns at GPs that aren't referring
  - Pushing self-referrals and putting as much effort into these as possible
  - By getting rid of referral forms (making the referral process quicker and more stream lined)
  - Helping GPs to see what is in it for them along with getting the Practice Manager on board
  - Making the referral process very simple so we are not creating additional work for the GP practice
- **Is there any financial impact from a government change?**
  - Ring fenced funding for 3 years
  - Public Health funding and how it flows
  - This is the legal responsibility of the Local Authority
  - LWD is a platform to be closer to local communities – innovative and exiting work in the local authority, not NHS
  - There is no appetite to reduce health spending nationally.

- **What are the plans for advertising the LWD service and most vulnerable?**
  - As per Orange table

#### Purple Table

- **How will Optum/LWD maintain on the ground relationships with organisations? With specific consideration to disabilities and different geographical areas.**
  - By engaging with local organisations – maintaining on the ground relationships with them
  - Shadowing staff
  - Building relationships and trust
  - Understand why each organisation exists
  - Wellbeing coaches on the ground e.g. in hospitals
  - Meeting with individuals so we can understand more about them and so we can continue moving forward
  - Working closely with the CVS organisations and Dorset Community Action
- **What are the opening hours?**
  - Currently 9am to 6pm, Monday to Friday. However this will eventually be extended to: 8am to 8pm, Monday to Friday
  - Online web based contact form which is available 24/7.

#### Yellow Table

- **How will LWD link to (compliment) existing services across Dorset e.g. Steps to wellbeing, Better Together, My Health, My Way?**
  - As per Purple table

#### Blue Table

- **How much is all this costing? And will some of this funding be used to support the voluntary sector**
  - The costs are the same as we were paying for a number of fragmented services across Dorset
  - Contract: £920,000/year, £645, 000 core & rest performance related
  - Now a systematic, coherent approach to what we do.
  - Find value in the level of resource
  - Networking and relationship building exercise
  - Relationship with DCA
  - No funding as such to offer the voluntary sector. However, it's all about how we share and celebrate success. A whole pathways approach with clear documented impact.
  - Strengthen the need for the voluntary sector by providing feedback, data and measured impact which can help support funding bids/grant applications.
  - Part of this will include good communications/marketing

## **Conclusion**

The event had more delegates than the first one but was not at full capacity unlike the first event. Overall delegates did find out more about Optum and LWD (scoring an average of 4.18 out of 5). However there were many who felt there were still unanswered questions about the service and felt that future presentations and promotional material needed to contain less 'jargon'. This was reflected in scores in evaluations about better understanding of how LWD will operate (average of 3.93 out of 5) and the 'customer' journey (score of 3.63).

LWD wants to develop a two way relationship with the sector and the evaluations do show that the sector has some idea of how this they might work together (average score of 3.72) however more could be done to explain about the different roles within LWD, how LWD will fit into other local health initiatives and how, and what, feedback LWD will be able to give to the sector. Comments suggest that the sector will be happy to promote and signpost LWD but LWD needs to better explain their service to frontline groups and provide appropriate publicity material. This event was designed to start the development of a two way relationship, and delegates scored their networking with Optum/LWD as 3.81, this needs to be developed through regular contact and feedback. A very common suggestion to develop increased understanding and appropriate cross referral is thorough face to face visits. In terms of training and support common suggested areas were measuring outcomes and motivational interviewing.

Delegates reported good networking with others in the voluntary sector (scored 4.24). Delegates suggested that the CVSs can best support front line groups through training, information and other networking events and activities.

## **Action**

The following have been agreed by Public Health Dorset and LWD:

### **Stakeholder engagement**

- Make contact and build relationships with local organisations and community workers in priority neighbourhoods
- Attend existing forums – provide overview of LWD service, how this will work operationally, how the service relates to some of the other interdependencies out there, e.g. My Health My Way, Better Together

### **Communications**

- Produce 'user friendly' version of the presentation so that this can be used by any of the providers to talk about the service
- Provide simplified communications pack for VCS organisations
- Publish articles in the local media to generate further interest in the service

### **Share information**

- Share success stories with providers, and also where lessons have been learned and services changed
- Explore other forums to share information i.e. web, webex sessions
- Provide data to providers

### **Training**

- Agree annual calendar of training for organisations, specific to the LWD service
- Training provided around motivational interviewing
- 5 ways to wellbeing' training

## Appendix 1 Delegates

<b>Organisation</b>	<b>Name</b>
Acts Fast	Simone Walls-Macdonald
BADSUF	Nigel Seal
Barnardo's Bournemouth Childrens' Centre	Lynda Dobson
BCHA	Amanda Goodenough
BCHA	Donna Martin
Bournemouth Asperger Social Support Group	Lisa Brooks
Bournemouth CAB	Emma Lee
Bournemouth CVS	Viv Aird
Bournemouth CVS	Steve Place
Bournemouth CVS	Amy Collins
Bournemouth Interpreters' Group CIC	Alan Marshall
Bournemouth Libraries	Graham Brown
Bournemouth Libraries	Fiona Wilson
Brendoncare Clubs	Julie Lamont
British Red Cross	Carole Smith
Dorset Advocacy	Christina Dollen
Dorset Blind Association	Jonathan Holyhead
Dorset CCG	Kathyrn Goodall
Dorset Community Action	Alex Picot
Dorset Community Action	Paula Bennetts
Dorset County Hospital/Macmillan	Sam Taylor
Dorset County Hospital/Macmillan	Jane Simkin
Dorset Mental Health Forum	Anna Webb
EDAS	Mindy Crespi
EDAS	Michele Lyall
FACE	Sally Nevitt
Health Promotion Devon	Lynne Palmer
Healthwatch Dorset	Louise Bate
Help & Care	Des Persse
Independent Age	Elaine Lawford
Independent Age	Bill Deans
Lions Club of Bournemouth	Vicki Haynes
Lions Club of Bournemouth	Barrie Haynes
Livability at Holton Lee	Emma Browning
Living Well Active	Layne Hamerston
NHS Dorset CCG	Jan Childs
Optum/LiveWell Dorset	Rochelle Morris
Optum/LiveWell Dorset	Anne Sharpe
Optum/LiveWell Dorset	Ben Hulme
Optum/LiveWell Dorset	Marilyn Bowman
Optum/LiveWell Dorset	Kirsty Biles
Optum/LiveWell Dorset	Jo Ford
Poole CVS	Christopher Beale
Poole Hospital NHS Foundation Trust	Liz Bailey
Poole Hospital NHS Foundation Trust	Zena Harrod

Poole Well-being Collaborative	Judith Bacon
Poole Well-being Collaborative	Charlie Sheldrick
Prama	Jeff Russell
Public Health Dorset	Jo Tibbles
Public Health Dorset	Sarah Prest
Public Health Dorset	Tracy Rowland
Public Health Dorset	Catherine Boulton
Public Health Dorset	Sam Crowe
Public Health Dorset	Stuart Burley
Public Health Dorset	Rhoda Halling
Richmond Fellowship Poole CBS	Sam Bevis
Routes to Roots (Poole) CIO	Gabriele Sanger-Stevens
RVS	Lisa Knight
Skills and Learning BDP	Teresa Barton
Slimming World	Shirley Miller
Southbourne Children's Centre	Lindsey Flack
Space Youth Project	Helen Walsh
Stroke Association	Sarah Day
West Howe Community Enterprises	Diane Humphries
West Howe Community Enterprises	Joe Elston

## Appendix 2

### Table discussions

#### Question 1: What do you see as the benefits of LWD to your organisation/services?

##### Yellow Table

- Focal Point
- Signposting
- Facilitation
- Huggyness
- One Stop shop
- Consistent approach
- Engagement – rapport
- Specific information
- Key older people
- Introduction to services/support
- Caring - barriers

##### Red Table

- Single (referral) signposting service
- Someone managing the 'fluid' nature of services
- Someone checking the quality / validity of services
- Outcome sharing with referrers in and out
- Ability to track clients (12, 24, 52 weeks)
- From a central hub to local provision (simple)
- Supported service – with follow up

##### Green Table

- One contact point
- Not time limits / no fixed criteria
- Pan-Dorset
- Common sense approach

##### Orange Table

- Housing association (BCHA) partnerships – vulnerable clients
- Better access / outreach / drop-in
- Inclusion of marginalised communities e.g. Roots to Roots
- Increase referrals to Poole Wellbeing collaborative
- Signposting isolated/lonely to support
- Different approach – personalised
- Better understanding of what's out there for support
- Skills /training / development – accredited training

- Skills and Learning – can outreach to others' venues
- Better linkages across providers increasing referrals

#### Blue Table

- Is there actual benefits to our service?
- Single point to refer to would be helpful
- Signposting to services is helpful
- Database is useful
- How will it all connect
- Carers – where do they go?

#### Pink Table

- Help live longer (fd/health/ageing population)
- One central contact point
- Assist as resource base of services
- CAB good to refer on
- Knowing about all the services
- Hopeful to receive referrals from LWD – more users for our services

#### Purple Table

- Direct referral /self-referral for ease of access
- Ongoing support welcomed
- Shared objectives e.g. LW mapping organisations is useful for others

- Using data to better evidence outcomes – feedback to providers

- Need simple process /pathway
- Understanding of all services available
- Opportunity to have an umbrella
- Alcohol at Poole General Hospital
- Aligns with holistic services already in place

- Reaching hard to reach population
- Specialist knowledge for other services – independent
- Medical label – encourage
- Light /first touch: path to engagement
  - Path to engagement
  - Confidence in path
  - plug gap to specialist services

- Single point of contact, don't have to have lots of different information to hand out /same number for whole area
- Being able to go to same place for different issues as people generally have more than 1 thing they need support with

## Question 2: What are the gaps/issues that will need to be overcome, to deliver this - both at your organisation/service level and at LWD?

### Yellow Table

- Gaps – young people – provision
- Capacity issues
- Communication/feedback to other Healthcare professionals/Community voluntary sector workers
- Facility for audio links / different languages
- Launch, presence
- Comms and marketing
- Win hearts and minds

### Red Table

- Important that outcomes are shared with referrers (in and out)
- Ability for advisors to track 'other' support involved to share (with permission) outcome data
- Concerns over lack of local knowledge of current "public health" provision e.g. alcohol support services
- Clear message of expectations – managing these
- Clear message of milestones and capacity of service
- "DORSET" can put off areas that don't geographically see themselves as "DORSET" e.g. Bournemouth & Poole
- Publicity of opening hours

### Green Table

- 16 – 17 years eating disorders / mental health
- Telephone / face to face (communication issues)
- 8am – 8pm (Monday to Friday)
- Transport
- Info on fringe expenses
- Affording support groups

### Orange Table

- Engaging communities in the most effective way
- Uncovering the means to be able to support and meet needs
- Physical, Psychological and other factors inhibiting access / engagement
- Lack of provision for some marginalised groups (homeless) specifically in Poole
- LWD will need to develop meaningful links / understanding of local knowledge and provision beyond data / spreadsheets etc.
- Need to minimise data collection where duplication exists
- Better data sharing
- Police /probation providers need to be engaged

- Mental health needs – lack of services, problematic access to MH services

#### Blue Table

- Referral into Hub
- Twitter / Facebook
- Referral cards
- Needs to be a push on self-referral

#### Pink Table

- WBC – directory of organisations and knowing about them \* visit them to know more
- Service shallow – needs more depth of knowledge
- WBA – if issues not fall within LWD where do they go?
- Only phone / email – personal contact / need alternatives

#### Purple Table

- LW need to get to know services – in person/physically, best way to understand / get a feel for the service. Emails etc. may be missed
- Establish links with other sectors/commercial etc.
- Access for those with disabilities – may not be able to use suggested services
- Capacity with organisations to accept referrals – capacity building required

- Risk that this service becomes a panacea
- Need clarity on what it does and doesn't do

- More advertising from LWD
- Hard to reach groups – define these?
- Self-referrals in-out

- Forms? Fear of paperwork elements
- No of Coaches? Will there be enough to fulfil enquiries
- Communication to service providers
- Flow chart from PowerPoint: Point A etc. What happens at each stage – outcomes
- Coaches to consider financial position of individuals

### Question 3: How can LWD support you to make outbound and inbound referrals into our service?

#### Yellow Table

- Transparency – managing expectations

#### Green Table

- Feedback from LiveWell on client journey e.g. organisations referred to
- Signposted organisations are accredited

#### Red Table

- Supporting referrals – up to date information about LiveWell capacity/issues (database – leads to a regular update e.g. newsletter)
- Timings e.g. waiting times etc.
- Outreach venues – list shared
- Various referral routes
- Training (local)
- Funding support
- Build relationships with VCSE
- Database Member (partner status)
- Support information \*How can you help someone to access LiveWell
- Being on database brings benefits e.g. training/info/updates/guidance
- Betterment support for VCSE

#### Orange Table

- Cards are great
- Using Bournemouth and Poole CVS to act as broker / signposting

#### Blue Table

- Support
- Can we generate more self-referrals
- Advertising vs word of mouth
- Positive product – marketing
- Example – vaping – trendy – we are healthy

### Pink Table

- Coaches to visit for those needing referral
- Data issues – collection of data / share information between providers and LWD
- Online access restricted
- Direct referrals – advise from orgs from LWD for referral
- Do these advisors know / are aware of local issues – Bournemouth/Poole/Dorset

### Purple Table

- Understand pathways / what would happen after a referral (understand criteria for referral and the 'patient' pathway)
- Maintaining contacts / database – ongoing contact
- Resources available
- Feedback on service/experience of using org
- Supporting those with disabilities who may need physical assistance to access services especially physical activity

- Remote areas
- Training to WBC and WBA
  - Benefits of service available
  - Process of what services offer
  - Implications etc.

- Data required to show activity in and out as a result of LWD for
  - Funding
  - Capacity
  - Impact on service
- If a voluntary service is supporting a high number of referrals they will need extra support/capacity

#### Question 4: What training would you like to see provided to help deliver this service model?

##### Yellow Table

- Local training provision

##### Green Table

- Asperger's
- Recovery education centre
- Long-term conditions

##### Orange Table

- Train the trainer
- Cascade training

##### Blue Table

- Training
- Motivational interviewing

##### Pink Table

- Capacity to attend
- Financial cost implications
- Take part in monthly service meetings
- For volunteers

##### Purple Table

- Up to date information, what is happening, anything new etc.
- Walk the journey ourselves

- LW – talk to customers
- Customer care
- Post stroke training

- Skills and Learning
- Interpersonal skills – rapport building

- Educational programme

- How to motivate people – make changes
- Roadshows – two way education
- Know what happens at each stage of flow chart
- Service providers to give clear answers

- Behaviour change information
- Train the trainer to make it sustainable in communities

## Question 5: What are the best approaches of engaging with your communities?

### Yellow Table

- Community Awareness / getting out there

### Green Table

- Bus stop posters / and buses
- Old peoples' homes
- VCSE's
- GP surgeries / GP TV
- Mindfulness of VCSEs and have info to hand

### Orange Table

- Go to where the people are!
- Define the community first

### Blue Table

- Engaging communities
- Newsletters
- Sharing success stories
- Increasing pride
- Showing what can be achieved – awareness raising
- Training: behaviour change / motivational interviewing
- Difference

### Pink Table

- Reaching communities
- Libraries
- Supermarkets
- Word of mouth
- Battle bus

### Purple Table

- Overcoming trust issues
- Peer mentoring/champions
- Building relationships
- Attending existing event

