

Independent Evaluation of Hackney WellFamily Service

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2 Introduction and Background

2.1 National policy: mental health and wellbeing

Mental health and wellbeing has a range of definitions including:

"The combination of feeling good and functioning effectively. The concept of feeling good incorporates not only the positive emotions of happiness and contentment, but also such emotions as interest, engagement, confidence and affection. The concept of functioning effectively (in a psychological sense) involves the development of one's potential, having some control over one's life, having a sense of purpose such as working towards valued goals, and experiencing positive relationships". (Huppert, 2009)

One in four people in the UK will suffer a mental health problem in the course of a year¹. The cost of mental health problems to the economy in England have recently been estimated at £105 billion, and treatment costs are expected to double in the next 20 years². Mental health is high on the government's agenda, with a strategy, 'No Health without Mental Health', published by the Department of Health in 2011. The strategy takes a cross government approach with a focus on outcomes for people with a mental illness.

A recent national survey highlights that the majority experiences good wellbeing although a significant minority of the population experiences poor wellbeing (ONS, 2012).

The Department of Health has recently published a cross-government strategy and delivery plan to promote well-being and prevent mental ill health over the life course. They recommend the following:

- Ensure that everyone has the best start in life
 - Offer support to families and improve maternal mental health and physical health.
 - Ensure that children and young people are developing well
 - Use a targeted approach for children and young people at risk of developing mental health problems. Early identification, stepped care approaches and programmes targeting at-risk children that use parent training or child social skills training are the most effective.
 - Physical activity interventions, leisure activities, cleaner and safer environments, and sustainable, connected and capable communities all improve mental health and wellbeing.
 - Ensure that adults are living well
 - Volunteering increases wellbeing for both the volunteer and the recipient of help.
 - Support people with debt problems with locally available services.
 - Facilitate social networks and social support groups, for example arts and leisure activities.
 - Ensure that adults are working well

- Intervene early with those who are out of work to help to prevent deterioration of mental health and support job-seeking.
 - Encourage employers to create healthy workplaces by reducing stress and raising awareness of mental health issues.
 - Benefits employers too by reducing absence and low productivity.
- Ensure that adults are ageing well
 - Improve the physical and mental health of older people by: reducing isolation, offering support during times of difficulty, increasing social networks and opportunities for community engagement, providing access to continued learning, supporting carers; warm homes initiatives; and promoting physical activity and physical health.
- Ensure that people with mental health problems are recovering well
 - Improve access to mental health care, especially for high risk groups, including some Black and minority ethnic groups, homeless people, people with low skills, asylum seekers and those in the criminal justice system.
 - Ensure that primary and secondary care staff work together using a comprehensive approach to improve care for those with mental health problems.
 - Parenting programmes and/or school-based programmes help to improve child behaviour, family relationships and educational outcomes, and also help to reduce antisocial behaviour and crime.
 - Talking therapies, psychological approaches, vocational support and skills development services can help people to help themselves, improve their relationships, and improve opportunities for education and employment.
 - Support employers to help people stay in, return to and perform well at work.
- Ensure that stable and appropriate housing is provided.
- Ensure that more people with mental health problems have good physical health
 - Improve primary care management of both mental health and physical health conditions.
 - Intervene early to promote healthy lifestyles and reduce health risk behaviours.
 - Promote the use of smoking cessation programmes.
 - Prevent sexual health risk behaviour using sexual health education programmes.

2.2 Family Action

Family Action has been a leading provider of services to disadvantaged and socially isolated families since its foundation in 1869 and works with over 45,000 children and families a year by providing practical, emotional and financial support through over 120 services based in communities across England.

3 Scope and context of the current evaluation

The WellFamily service in Hackney required an independent evaluation. There is evidence that it is currently achieving strong positive outcomes for its clients but these need to be clearly presented to current and future commissioners of the service. The findings can promote the development of new services, but also help to ensure the sustainability of the existing service. Clinical Commissioning Group and Local Authority commissioners are demanding clear, evidence-based and cost-effective outcomes from services in a context where there are many competing demands for reduced levels of funding.

4 Methodology

This independent evaluation of the WellFamily Service was conducted by Dr Alison Longwill, Director of Mental Health with Improving Health and Wellbeing UK (a Community Interest Company).

The activities undertaken included:

- 1) A selective review of local and national policy documents relevant to the WellFamily Service
- 2) In depth interviews with key stakeholders including senior managers from Family Action, GP Clinical Lead, Commissioner, Manager of the IAPT (Improving Access to Psychological Therapies), Clinical Supervisor, Practice Manager (see Appendices 20.10 for full list)
- 3) Facilitation of a Team Workshop with the WellFamily Team
- 4) Observation of WellFamily worker sessions in GP practices
- 5) Design and analysis of surveys for GP referrers and users of the WellFamily Service
- 6) Analysis of WellFamily activity and outcome data and resources, cost-effectiveness and impact on service user wellbeing and social adjustment
- 7) Recommendations for future development and marketing of the service

5 Profile: London Borough of Hackney

Hackney has a Joint Strategic Needs Analysis³ which was updated in 2012 and a more detailed profile of the borough is provided in the Appendix (see Profile: London Borough of Hackney).

Hackney is the second most deprived area in Britain.

Hackney's population is estimated at 246,300. Hackney's population is likely to increase by over 50,000 people by 2031. It has a relatively young age profile. Hackney is a very culturally diverse area, with significant Other White, Black and Turkish communities.

In terms of education, GCSE attainment in Hackney has been in line with or above the national average in 3 of the last 4 years. The proportion of adults in work has increased over the last five years and is now close to the London

average, but the number of people claiming out of work benefits has not fallen significantly over the last 10 years and is still around 30,000.

The proportion of households who rent from a private landlord has more than doubled in the past 10 years. Nearly a third of all households are now private renters. Hackney has the lowest percentage of owner occupiers in London⁴. The most significant problems related to housing and homelessness. There is a shortage of accommodation for single people.

5.1 Health and Wellbeing

Life expectancy in Hackney continues to rise year-on-year for both men and women. Female life expectancy is above the national average. Male life expectancy is below average but the decrease in the gap between life expectancy in Hackney and life expectancy in England has been sustained. Life expectancy in Hackney is below the London average, especially for men.

The main causes of premature death of males in Hackney are: cancer, coronary heart disease, stroke, respiratory diseases, chronic liver disease, accidents, infectious diseases and suicide

In 2011, 14.5% of Hackney residents said they were disabled or had a long term limiting illness.

5.1.1 Mental Health Status

There are complex variations in the prevalence of mental health and mental illness depending on the severity and types of mental condition⁵ and some of the findings from national statistics regarding prevalence are summarised below.

Older people are least likely to have common mental disorders, but may suffer from dementia Women are more likely than men to have common mental disorders but men are more likely to have personality disorders

The prevalence of psychotic disorders is significantly higher among Black men than men from other ethnic groups, but there is no significant variation by ethnicity among women

Common mental disorders such as depression, anxiety and obsessive compulsive disorder are known to be more prevalent in deprived households

In Hackney there is a high rate of serious mental illness in the Black population

There is a very high rate of serious mental illness among people with learning disability. High rates are also seen among deaf, blind and housebound residents

There are above average rates of emergency mental health admissions among Black Caribbean and Black Other residents.

Children and Young People: One in ten children aged between 5 and 16 years has a mental health problem, and many continue to have mental health problems

into adulthood. Early interventions, particularly with vulnerable children and young people, can improve lifetime health and wellbeing, prevent mental illness and reduce costs incurred by ill health, unemployment and crime.

Births: Around one in eight women are affected by moderate to severe post-natal depression following childbirth. This mental health condition has adverse consequences on the mother- intellectual development of children; it also increases the likelihood that fathers become depressed after birth

Deprivation: Common mental disorders such as depression, anxiety and obsessive compulsive disorder are known to be more prevalent in deprived households

Education: The majority of mental health problems affect people early, interrupting their education and limiting their life chances. People with mental health problems often have fewer qualifications.

Employment: Mental health conditions are the primary reason for claiming health-related benefits. Only 7.9% of adults in England with mental health conditions in contact with secondary mental health services are known to be employed. Attitudes towards employing those with a mental health condition are poor: just four in ten employers would hire someone with a mental health condition, compared with 62% of employers who would hire someone with a physical condition.

Housing and homelessness: People with mental health conditions are far less likely to be homeowners than those without these conditions: 38% of those with a mental health condition live in rented accommodation versus 24% of those without a condition. In addition, 43% of those accessing homelessness projects in England suffer from a mental health condition. An estimated 69 per cent of rough sleepers suffer from both mental ill health and a substance misuse problem.

Physical health and life expectancy: People who use mental health services, especially those with severe mental illness (SMI), are at increased risk for poor physical ill health, including: coronary heart disease, diabetes, infections, respiratory disease and obesity than the general population

5.1.2 Prevalence of mental illness

People with SMI die an average of 25 years earlier It is estimated that nationally, at any one time, one in six adults of working age experiences symptoms of mental illness that impair their ability to function. A further sixth of the population have symptoms, such as anxiety or depression that are severe enough to require health care treatment. Between 1% and 2% of the population are likely to have more severe mental illness which requires intensive and often continuing treatment and care during their lifetime, such as schizophrenia or bipolar affective disorder.

Psychosis is an issue and can remain undiagnosed until the person is apprehended by police under Section 136 of the Mental Health Act for mental health assessment.

5.1.3 Wider Determinants of Health

Hackney has somewhat lower average percentage of 16-18 year olds who are not in employment, education or training and a lower percentage rate of hospital admissions for alcohol attributable conditions and an average number of people in drug treatment compared to the England average.

However, a larger percentage of the population live in the 20% most deprived area in England, there are more episodes of violent crime and a higher rate of unemployment within the population.

5.1.4 Risk factors

There is a higher rate of homelessness and a higher number of first time entrants to the Youth Justice System than the England average.

A higher percentage of Hackney's population report a limiting long term illness than the England average. However, the percentage of adults participating in recommended levels of physical activity is about average.

5.1.5 Levels of Mental Health and Illness

There is a lower percentage of adults with dementia but a higher ratio of recorded to expected prevalence of dementia than the England average. There are slightly below average percentages of adults with depression and average percentages of adults with learning disabilities in the Borough compared with England averages.

5.1.6 Mental Health Treatment

There are higher levels of hospital admissions for general mental health and unipolar depressive disorders, Alzheimer's and dementia, and schizophrenia.

The average spend per head for mental health is significantly higher than the England average and the percentage of referrals entering treatment from the Improving Access to Psychological Therapies Programme is above average.

There are average-to above average numbers of people using adult and elderly NHS secondary mental health services, numbers on a Care Programme Approach, in year bed-days for mental health, Community Psychiatric Nurse contacts and total contacts with mental health services.

5.1.7 Outcomes

Hackney has around average numbers of people with mental illness or disability in settled accommodation.

Hackney has below average emergency admissions rates for self harm but a somewhat higher mortality rate for suicide and undetermined injury and an average rate for hospital admissions caused by unintentional and deliberate injuries in the under 18 age group compared to the England average.

The Improving Access to Psychological Therapies recovery rate is below average. However, the under 75 years excess mortality rates in adults with serious mental illness are below the England average.

The recorded prevalence rates of severe mental health conditions and depression in general practice in Hackney remain among the highest in London. The rate of emergency mental health admissions is exceptionally high and is the highest in London.

The crude prevalence of depression in GP practices in Hackney was 10.0% (20,898 individuals) in 2010/11.

This was the third highest recorded prevalence of depression in London which had an average prevalence of 7.5%. The rate is unchanged from 2009/10.

The crude prevalence of severe mental illness (SMI) schizophrenia, bipolar disorder and other psychoses in GP practices in Hackney was 1.2% (3,363 individuals) in 2010/11. This was the fifth highest recorded prevalence in London which had an average prevalence of 0.9%. This rate has been stable over the last five years.

6 The WellFamily Service Model

6.1 Background

Dr Rhiannon England, working as a GP in Hackney, noted around 1996 that there was a significant gap in services for patients suffering from emotional distress. There was a need to continue the whole family context of distress and to bridge the role offered by health visitors and therapists.

Money was obtained for a pilot service from the Primary Care Trust, renewed on a year to year basis.

6.1.1 Previous service evaluations

The WellFamily Service was previously evaluated by Karen Clarke et al from Manchester University in March 2001⁶, but there is a need to update the evaluation of the service in light of new service developments over the last ten years or so. The benefits of the WellFamily service identified by service users included the provision of practical help, liaison with other services, advocacy and emotional support to tackle their problems. This prevented the escalation of problems, reduced the frequency of GP visits and the prescription of psychotropic medication.

The primary health care team identified the value of the WellFamily Service in provision of prompt support and practical help to their patients who presented

with complex psycho-social problems which were beyond the expertise of many primary care staff. This led to better targeting of healthcare expertise and improved teamwork to meet the health and care needs of patients.

The WellFamily service sits within the wider context of Family Action services and pathways. Other evaluations of Family Action's services included "Building Bridges: An independent evaluation of a family support service"⁷ which attested to the impact of the intensive family support service on family wellbeing and subsequent reduction of users' involvement in statutory child protection and related services. Services were assessed as highly cost-effective and achieved improved outcomes for children and their families.

Similarly, Family Action's Perinatal Support Project was evaluated by Warwick University⁸ and noted significant improvements in anxiety and depression, social support, self-esteem and warmth of the mother's relationship with her baby.

6.2 Holistic, recovery-focused approach

The service model is flexible, holistic and is underpinned by a systemic model which includes physical health and mental wellness but identifies the wider determinants of wellbeing including participation in community life, employment status, accommodation and the financial circumstances of families.

The Well-Family service is recovery-focused and offers holistic interventions include a mix of individually targeted and flexible practical and emotional support to promote health and social wellbeing. This may include practical support, counselling, signposting to employment opportunities or training and art/creativity.

Many service users have a high level of social and economic deprivation and often under-access statutory services.

The service has a strong ethos of co-production with active service user and community involvement in the development and delivery of services which are culturally specific and attuned to the community served.

Family Action has significant skills in community work and offers a non-judgemental approach.

The WellFamily service is perceived as "able to deal with everything" from domestic violence, debt, housing and asylum status issues.).

Family Action has developed WellFamily - a **one-stop health and wellbeing service** which health professionals can use to refer this group of patients.

- **Holistic-** services respond to the interrelated problems of the individual or family, not just to a part of the problem. The service seeks to tackle the social problems underpinning medical referral
- **User led** - the service is responsive and works collaboratively with service users to identify their needs and solutions

- To provide a '**single door**' for a wide range of problems , so that users with complex problems do not have to deal with several agencies and professionals;
- To provide a **flexible range** of help to individuals and families whose problems do not fit the eligibility criteria of other agencies and professionals;
- To offer help at an **early stage** , for less serious problems , to prevent more serious problems developing;
- A **base in primary care** : located in an accessible , non –stigmatised setting;
- **Independence** : provided by a voluntary organisation , which benefits individuals and families who often feel alienated by previous contact with statutory services
- A commitment to **measure service outputs and outcomes**

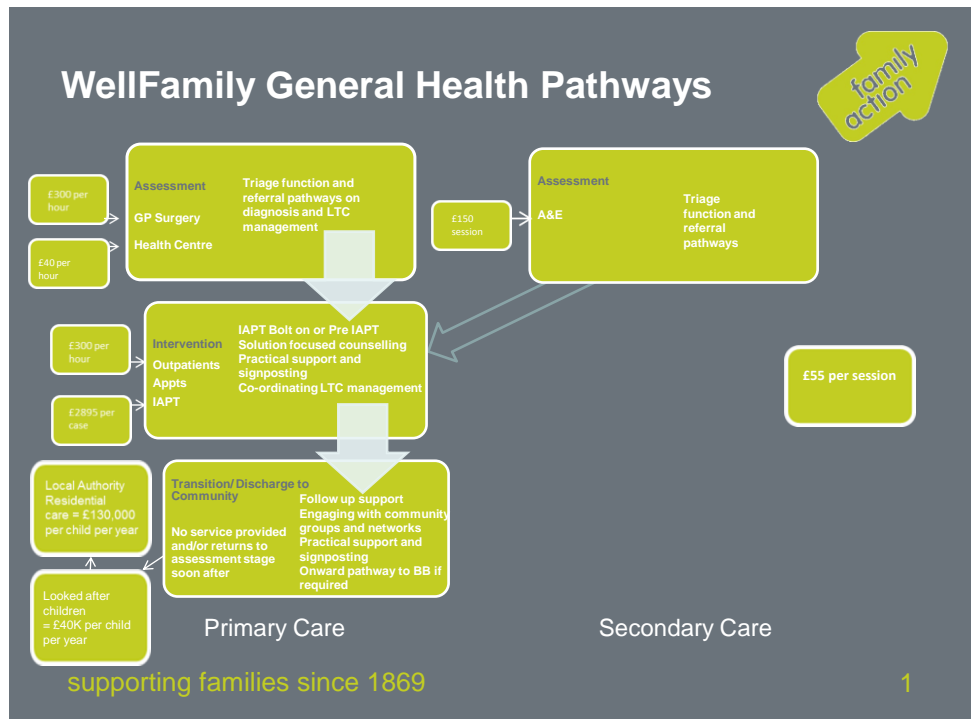
6.3 Primary care based

The service is based in 32 of 40 practices in Hackney but will accept referrals from all the practices and is provided throughout the Borough of Hackney. There are 45 practices and a population in City and Hackney of around 300,000.

Family Action's WellFamily services link with GP practices and work to improve whole family wellbeing by reducing stress, improving health, providing support to individuals to end abusive relationships and improving family relationships. The service is delivered from community based setting and provides a "single door" or point of access for service users with multiple and complex health and social problems.

The GPs traditionally have felt unable to cope satisfactorily with these issues leading to feelings of helpless and demoralisation on both counts. The WellFamily service has resulted in a diminution in GP appointments for psychosocial issues.

6.3.1 Accessibility and referral pathways



Key guiding principles were to achieve equity of access to the service for primary care. Nearly all GPs in Hackney refer to the service and where surgeries do not have space to accommodate a Family Action worker, neighbouring surgeries offer access. Family Action workers tend to work across a number of different surgeries each week.

GPs can refer to the service easily through written referrals or using the EMIS clinical information system and there is a very short waiting time for people to be seen. Individuals can self-refer. WellFamily services are integrated with primary care using the EMIS system to enable swift referral and follow up.

Information from specialist mental health services can be hard for primary care to obtain from CMHTs as issues of patient confidentiality arise. However, as the WellFamily workers are practice based, this is not so much of an issue as they input directly to the EMIS/GP information system. The WellFamily workers record the outcome of their client session on the GP EMIS clinical information system and this greatly facilitates communication and feedback.

There is a commitment to joint working with primary health care professionals to plan individual patient care.

Over 90% of referrals come from GPs with the remainder constituting self-referrals or referrals from other health and social care professionals

Specialist mental health services are seen as rather "siloed" with high thresholds for acceptance of referrals and more formal processes of referral.

There can be a waiting time of 2 months or more to access the IAPT service and 3-4 months to access psychotherapy.

Practice nurses and GPs can refer to the service and it is straightforward and simple for patients to get seen in a timely fashion.

There is reduced stigma for clients as the service is delivered via a universal service primary care service in a familiar setting.

The service provides a 'single door' NHS-based approach that provides practical advice, information and support services to families in need so that users with complex problems do not have to deal with several different agencies and professionals, thus reducing demands on health and social care services, and providing a more rapid, streamlined response to service users' presenting problems.

The WellFamily service is accessible and has a high uptake from BME (Black and Minority Ethnic) communities. The service works with families in their own language, by ensuring employment of staff who reflect the local community.

WellFamily Workers will attend GP meetings and there is a regular team meeting on Mondays to review training and service needs.

There are significant time pressures and funding issues in relation to health and local authority services impact on demand.

The advantage of the Family Action service is ease of referral, informal contact with the GP and mutual input to the GP information system. The patient is seen in a familiar and non-stigmatised setting and access to help is promoted for patients who would tend not to use statutory services as they would not wish to be labelled as having a mental health problem.

The WellFamily service operates within core hours (9.00 a.m. to 5.00 p.m.).

6.4 Presenting problems

There are some differences between surgeries in terms of the types of problems referred to the service ranging from practical support to access welfare benefits, emotional support, counselling and brief therapy approaches.

Typical presenting problems include:

- Feelings of depression, anxiety and isolation
- Relationship issues
- Mental health and wellbeing
- Drugs and alcohol
- Violence at home
- Housing and accommodation issues
- Parenting support
- Family Finances
- Bereavement
- Social isolation

6.5 Interventions

Well Family provides short term counselling, advice and practical support with issues in 6-8 sessions - with the option of assessment for ongoing support and services from Family Action and other providers. The focus is on one-to-one work with adults. The timescales are flexible over 6-12 weeks but duration is linked to assessed level of need with some individuals having very brief interventions (1-2 sessions) whereas others may be seen over a longer period for 10 or more sessions. Flexible caseloads are held, depending on need and demand

Counselling and advice is combined with practical help over housing, welfare benefits or other material problems. The outcomes for service users are effective as they have an opportunity to be seen quickly, and be offered other options besides anti-depressants or non-interventionist approaches of counsellors. This approach prevents problems escalating and is solution/goal focused.

6.5.1 Early intervention

The service offers swift help at an early stage to prevent more serious problems developing and intervenes actively to support adults, children and young people to help them maintain better mental health and cope with life transitions through individual and group counselling and support to build resilience.

6.5.2 Counselling and emotional support

Adults are supported to help them develop and maintain better mental health.

The WellFamily workers are practical problem solvers but it also helps that they have therapy skills.

The WellFamily workers can provide informal support and offer time limited interventions to clients waiting for more intensive psychotherapy. Some clients make a quick recovery and exit the service whereas others are seen for a longer period when they present with complex problems such as sexual abuse.

All WellFamily workers have been trained in issues such as Safeguarding of vulnerable adults and children, and domestic violence issues.

The WellFamily service complements work of GP based counselling services.

The service helps individuals and families meet milestones by providing them with support at critical stages, e.g. births, deaths and other life transitions.

The service does not offer a manualised approach, but is individual tailored to client needs.

6.5.3 Social prescribing

The service also engages in "social prescribing" and encourages service users to grasp new life opportunities that can add meaning, form new relationships, or give

the person a chance to take responsibility or be creative. Usually these services need to be available locally and often within the voluntary, community, and social enterprise sector.

6.5.4 Welfare benefit advice

A lot of clients need help with welfare benefits and at times WellFamily workers have supported clients at Disability Living Allowance appeal tribunals. Practical support is offered in terms of helping clients complete the forms.

6.5.5 Immigration and asylum issues

There are complex immigration issues (e.g. in relation to people who have over-stayed in the UK in relation to their visas) and such individuals can be very vulnerable. They rely on their ethnic community if they are not entitled to benefit but can be exploited. Such individuals are often "below the radar" and unknown to other services. Sometimes the only meal the children have is at school. It used to be the case that if a child was born in the UK and remained until the age of 7 years, the parent and child would be granted discretionary leave to remain, but this is no longer automatic. Such cases are complex, requiring legal representation and can go on for many years.

6.5.6 Safeguarding and risk management

The WellFamily activity targets are high and there are key issues regarding safeguarding in respect of vulnerable adults and child protection. There is a strong focus on safeguarding and protection of vulnerable adults and children. However, local social services operate a high threshold for access in relation to demand and their cases will be rapidly closed if the initial assessment does not indicate a fairly high level of need.

Clinical supervision focuses on risk management and the service is robust in this area.

6.5.7 Referral to other services

In addition, the service facilitates access to other social and health services such as debt counselling, housing departments and health services.

People may access the service as a precursor to the IAPT (Improving Access to Psychological Therapies) for people with mild to moderate anxiety, depression and related psychological problems and may be diverted to more appropriate help obviating the need for IAPT assessment in some instances.

The service can help in monitoring stress levels for clients and determining when individuals may have more significant mental health problems requiring specialist psychological help or mental health services.

Other people require signposting to further support for language and literacy skills.

Signposting to and liaison with specialist services is a key part of the role.

Other common routes of referral include:

- Young Parent's Support Project
- Perinatal Mental Health
- Community Mental Health Team
- Youth Offending Team
- Parenting support programmes
- Volunteer input/befriending

Workers are knowledgeable about other local services (statutory and third sector) and will cross refer in relation to client need.

Around 3 years ago the service obtained Big Lottery funding for a Family Action BME (Black and Minority Ethnic) service targeted for Congolese, Somali and Vietnamese communities whose needs were under-served.

There is also a Family Action perinatal service for individuals who are pregnant and or who have a child under a year.

Volunteer counsellors have a role to play in WellFamily by building capacity and widening the range of interventions on offer. More details of these linked Family Action services are provided in the Appendix (see 19.10.6.1 Perinatal service; 19.10.6.2 Black and Minority Ethnic service; 19.10.6.3 Volunteer Counsellors).

6.6 DNA/Non-attendance issues

Many individuals suffer from stress and mental ill health and find it hard to keep appointments at times. Text reminders and enlisting the support of family members or significant others can assist with this. However, the service does run with a fairly high DNA (did not attend) rate of around 30% from the point of referral to initial assessment. However, once the client engages, the DNA rate is much lower. If a client does not attend, the WellFamily worker will usually contact the client to ascertain the reasons for non-attendance.

The DNA rates can be an issue and people experiencing multiple social disadvantage will often initially be unable to engage effectively or consistently with services, but WellFamily can often persuade people to engage with other services and is a vital link in stepped care.

6.7 Developing local service networks

WellFamily workers are involved in planning and development within the communities they are working in. For example, in children's strategic partnership boards, which are planning services for children and families within the area, voluntary service networks and stakeholder consultations with commissioners and other providers.

7 Resources

The WellFamily has a budget (2013/2014) of £310,500, funded by the Local Authority who monitor key performance indicators and the output target of providing a service to 1000 people per annum.

The service has managed to operate within its budget although there are some pressures including non-pay overheads for accommodation and information technology.

More staff are needed so the service can be rolled out to every GP surgery in Hackney.

7.1 Staff Profile and development

The WellFamily team of 5.4 w.t.e workers including 2.00 w.t.e senior practitioners comprises individuals with a variety of relevant skills and experience. There is a very diverse experience and background and this builds capacity in the workforce to tackle a wide range of complex presenting problems.

In addition to English, around 22 community languages are spoken within the wider multidisciplinary team of WellFamily and linked Family Action services.

A number of staff members have undergraduate and postgraduate qualifications in counselling, group therapy, medicine and psychotherapy.

Many of the workers are at E grade on the Family Action pay scale (2013-2014 rates: £25,135 - £26,790 p.a.), reflecting their skills and experience.

The workers are often undertaking quite complex assessment work similar to those for front-line mental health assessments in community mental health teams (CMHTs). WellFamily workers have considerable certificated training and experience in autonomous assessment and management of complex psychosocial problems and this level of expertise is a key factor driving the overall effectiveness of their service delivery.

There is a strong ethos of teamwork and a number individuals have worked for Family Action for many years, reflecting a stable, committed workforce.

7.1.1 Supervision

All Family Action counsellors are professionally qualified and under regular supervision from the senior coordinators who in turn receive supervision from a clinical psychologist associated with the Improving Access to Psychological Therapies (IAPT) team. There is a partnership agreement between IAPT and WellFamily and one of IAPT Psychological Wellbeing Practitioners undertakes sessional work from the WellFamily service base.

The IAPT team has a worker who works with WellFamily in their office for 2-3 hours a week undertaking psychological wellbeing (low intensity therapy) work. This has been valuable in promoting interagency working. The interventions focus

on short term problem solving focused on mild anxiety or depressive symptoms. More complex cases (e.g. moderate depression, post traumatic stress disorder) will be referred on to the high intensity therapy workers within IAPT.

The Low Intensity workers have a different training and background in psychology and their role is more focused on therapy and signposting.

The WellFamily team generally offer more practical support with issues such as housing, debt and legal support.

A principal clinical psychologist provides regular clinical supervision to two of the WellFamily workers.

8 WellFamily Service Activity and Outcomes

In this Section WellFamily service activity output and outcomes are discussed.

8.1 Activity Monitoring

At present, all activity and outcomes of the WellFamily service are recorded on a stand-alone Oracle database which has been designed on a bespoke basis to meet the needs of the service and commissioners. This has been in preparation for implementation and use of standardised activity, outcomes monitoring and data capture which has been developed across the organisation.

8.1.1 Minimum Dataset

A minimum dataset of input, output and outcome measures has been agreed with commissioners including:

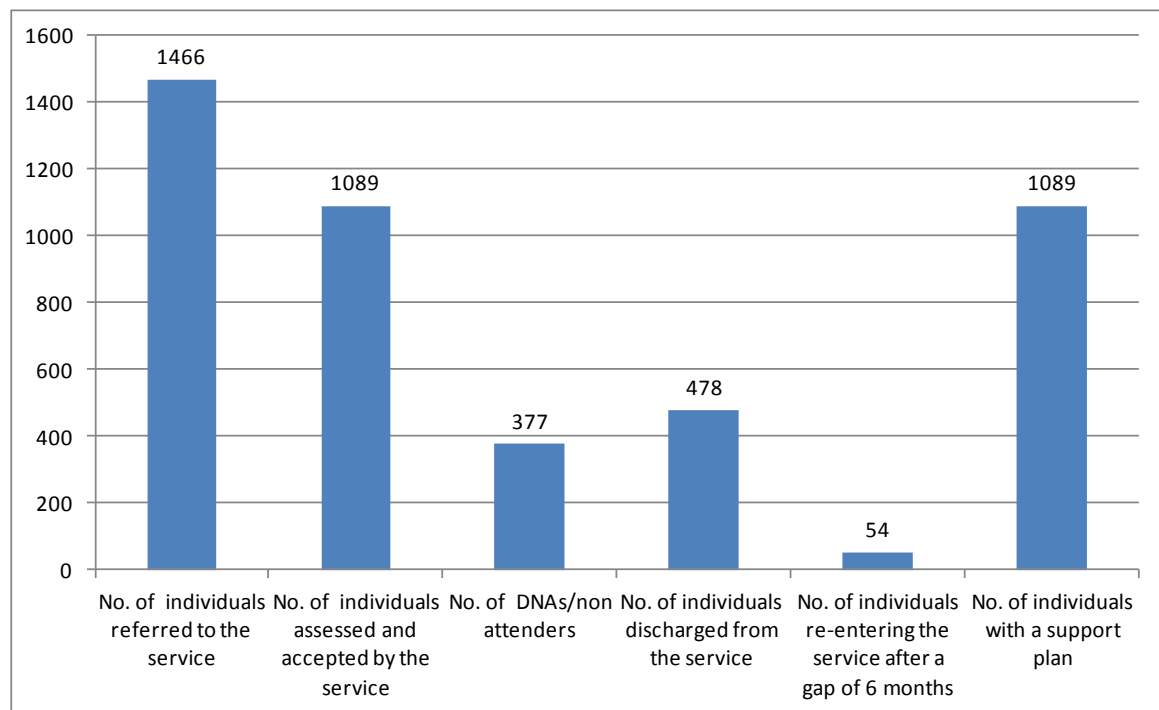
1. Residence
2. Age
3. Current Gender
4. Ethnic category
5. Sexual orientation
6. Faith
7. Disability
8. GP registration
9. Accommodation status
10. Employment status
11. Referral source
12. Service contacts
13. Exit
14. Issues worked (presenting problems)
15. Outcomes (GAD7, PHQ9, CORE10, Recovery Star)

There is a template used by commissioners and the performance report includes demographic details and an outcome profile. The EMIS number is part of this.

8.1.2 WellFamily Service Contracted Activity 2012-2013

The Figure below indicates that 1466 people were referred to the service during the financial year 2012-2013 of whom 1089 (74% of total referred) were taken on for treatment. 377 (26%) individuals failed to attend appointments and 478 (33%) were discharged from the service. 54 (4%) individuals re-entered the service after a gap of 6 months or more since they had last been seen by WellFamily.

All individuals accepted for intervention had a support plan.



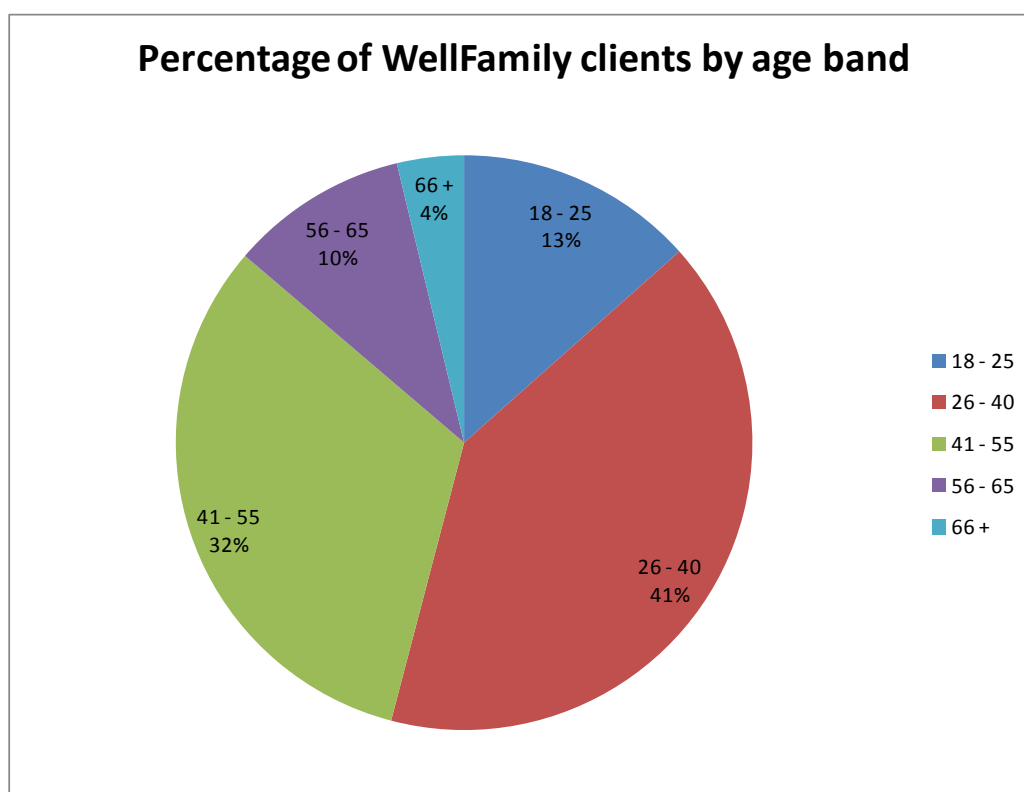
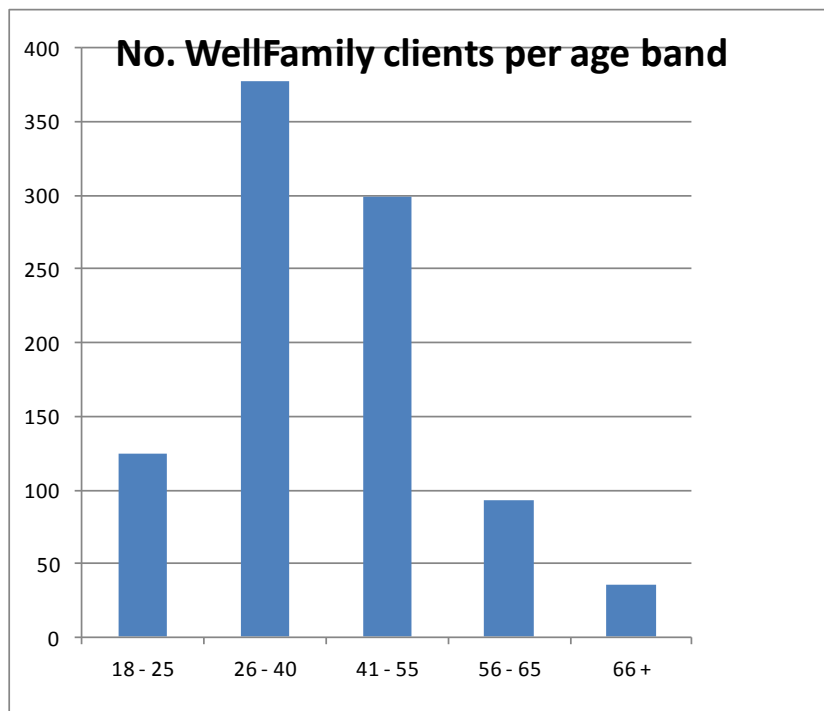
8.2 Profile of Service Users

8.2.1 Gender

	Number	% of total
Male	310	26.9
Female	841	73.1
Totals	1151	100.0

Around three quarters of service users are female.

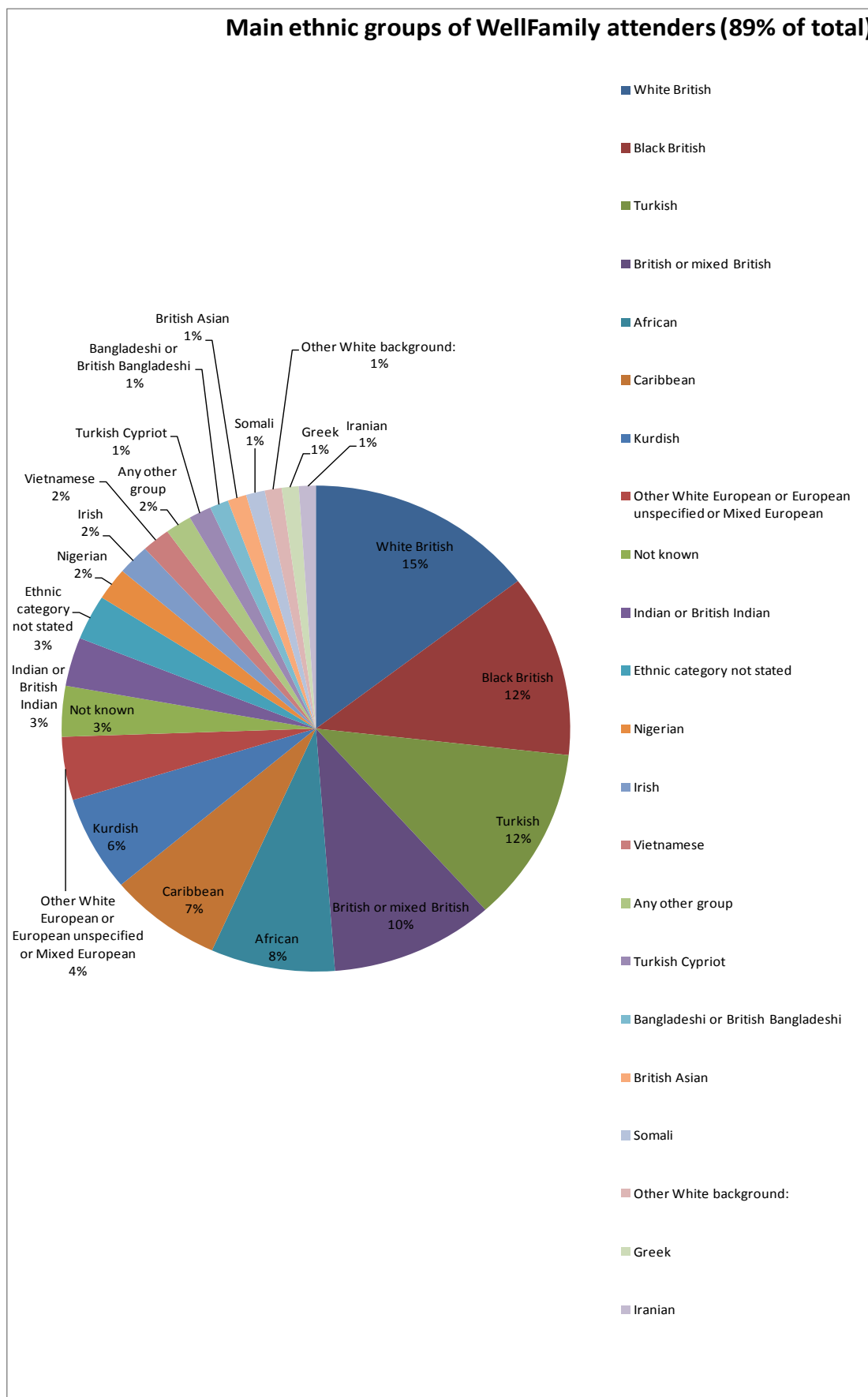
8.2.2 Age group

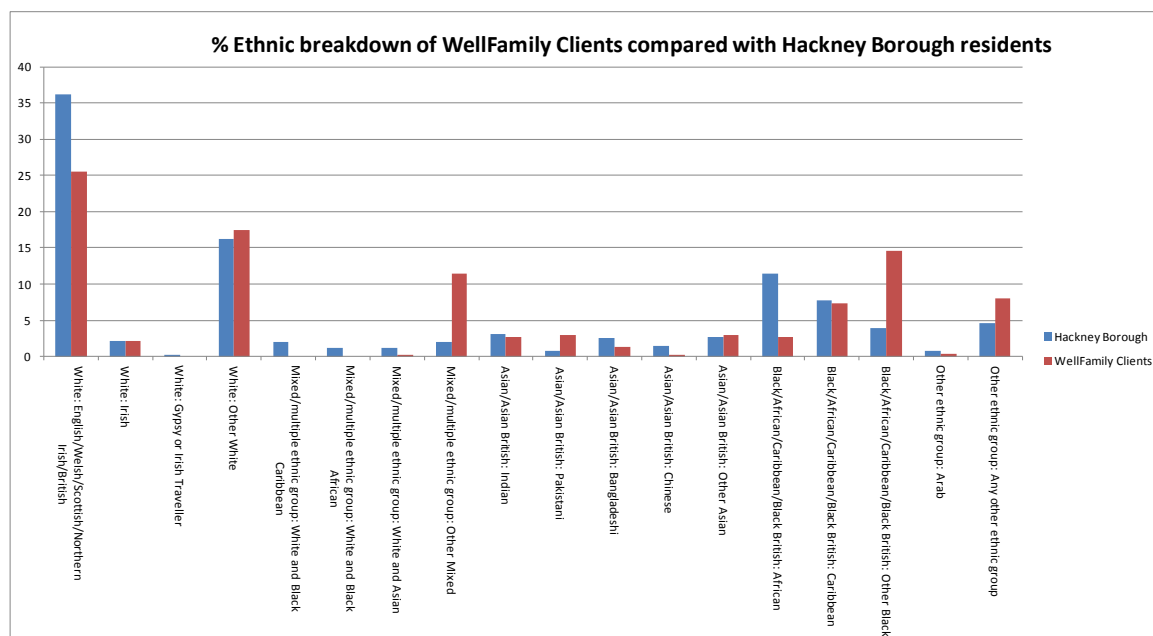


The highest number of services users are in the age group 26 to 40 years followed by those in the 41 -55 year age group. It may be that this age group experiences the largest number or most intense psychosocial stresses.

Alternatively, the younger age group may be more mobile, less likely to be registered with a GP or may access more youth oriented services. Similarly, older adults' emotional issues may be co-morbid with long term medical conditions with and/or masked by somatic/bodily complaints.

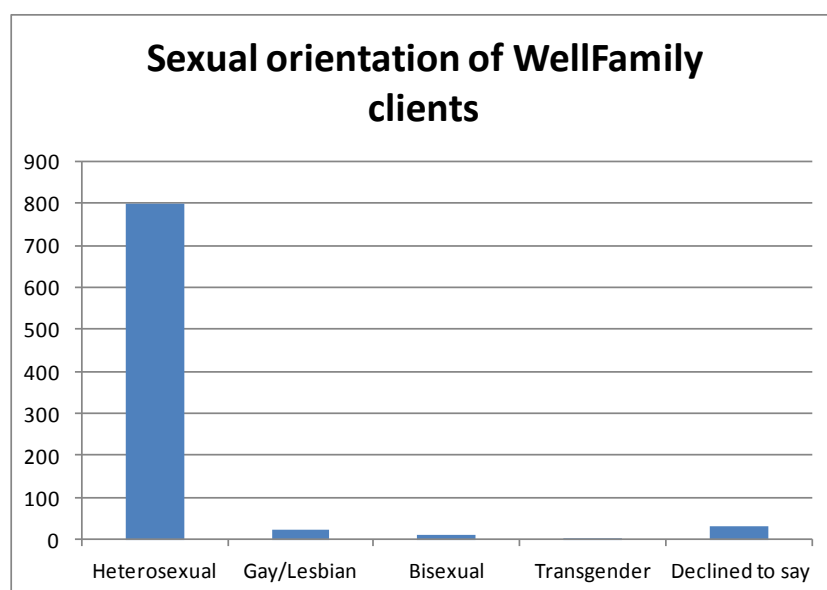
8.2.3 Ethnicity





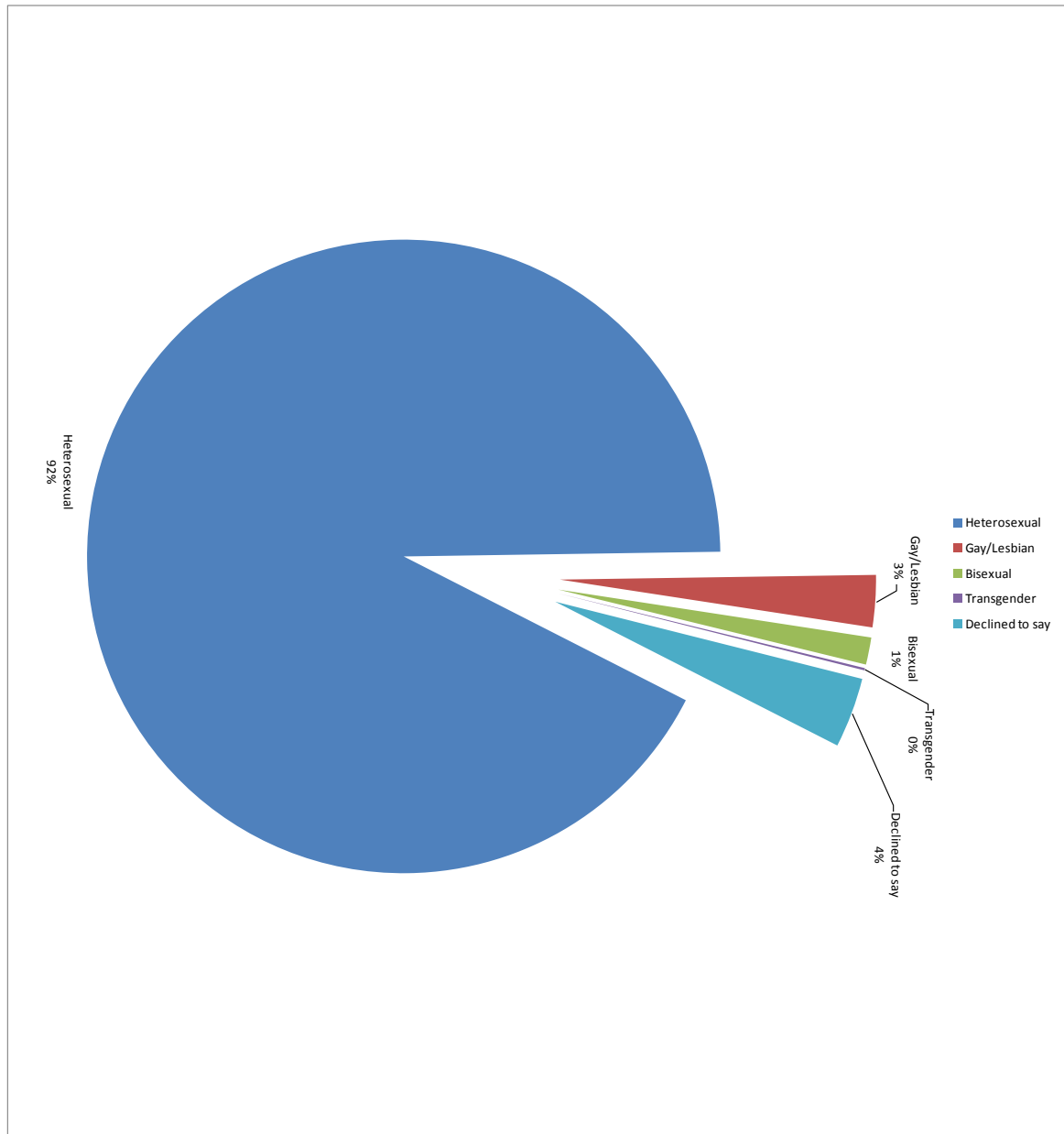
The WellFamily service uses a large number of ethnic codes and some caution is needed in comparing the profile of WellFamily service users to their proportions in Hackney population. However, it would appear that WellFamily service user ethnicities are reflective of the general population of Hackney for the most part. Some people from the Congolese, Vietnamese and Somali communities will be regularly diverted to the Family Action BME (Black and Minority Ethnic) service which is more tailored to the specific needs of this community.

8.2.4 Sexual orientation



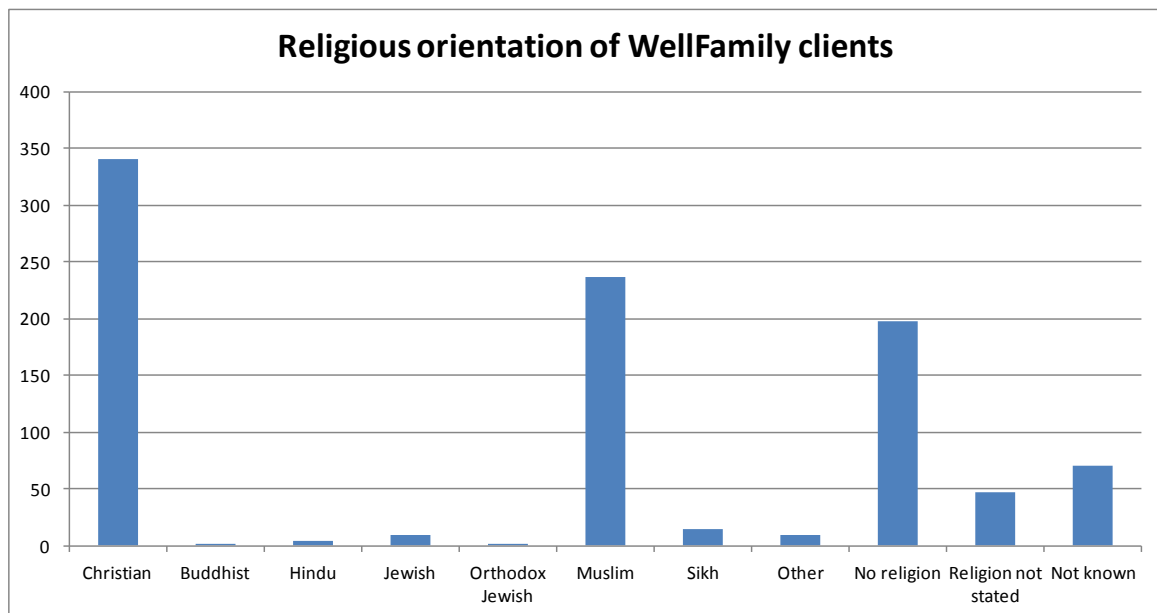
The majority (92%) of WellFamily service users described their sexual orientation as heterosexual, suggesting a degree of under-representation of sexual minorities in the caseload. Around 3% of service users identified as gay/lesbian and 1% as

bisexual which is similar to the proportions found in previous surveys of the Hackney population, and indeed is higher than that found in a recent national survey (2011/12¹⁰) which reported overall that only 1.5 per cent of adults in the UK identified themselves as Gay, Lesbian or Bisexual. However, this may represent an under-estimate as people may be reluctant to disclose their sexuality.

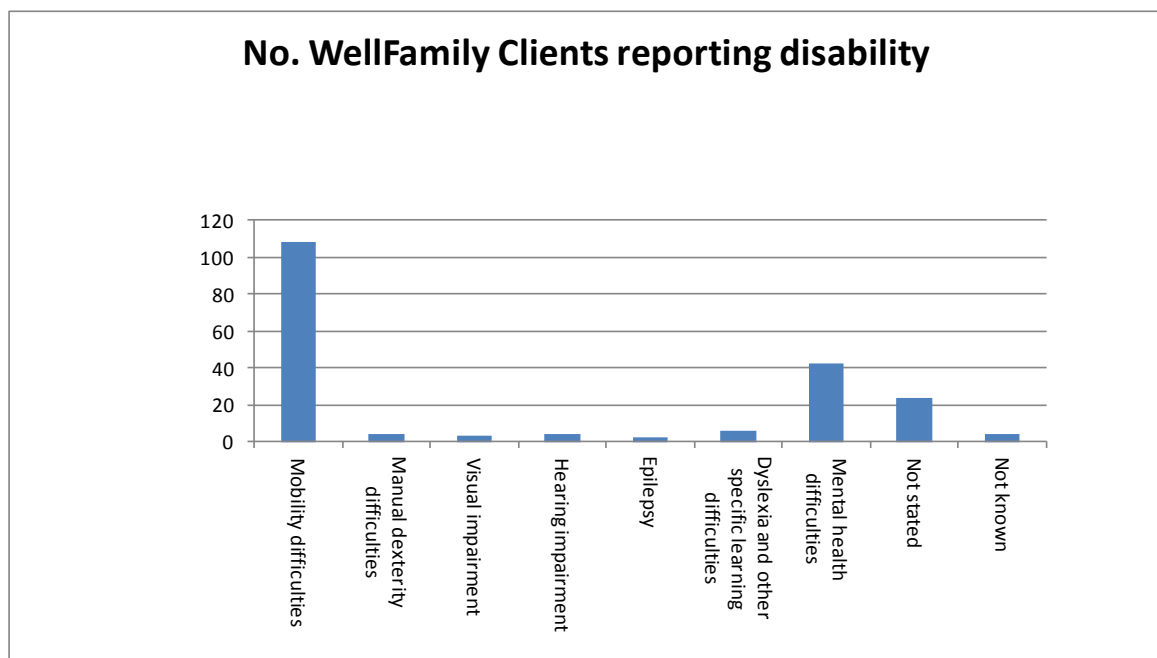


8.2.5 Faith

The predominant Faith of WellFamily service users is described as Christian followed by Muslim and individuals who stated no religious affiliation. It is important that the service recognises that for some service users, their faith is integral to their mental health and recovery.



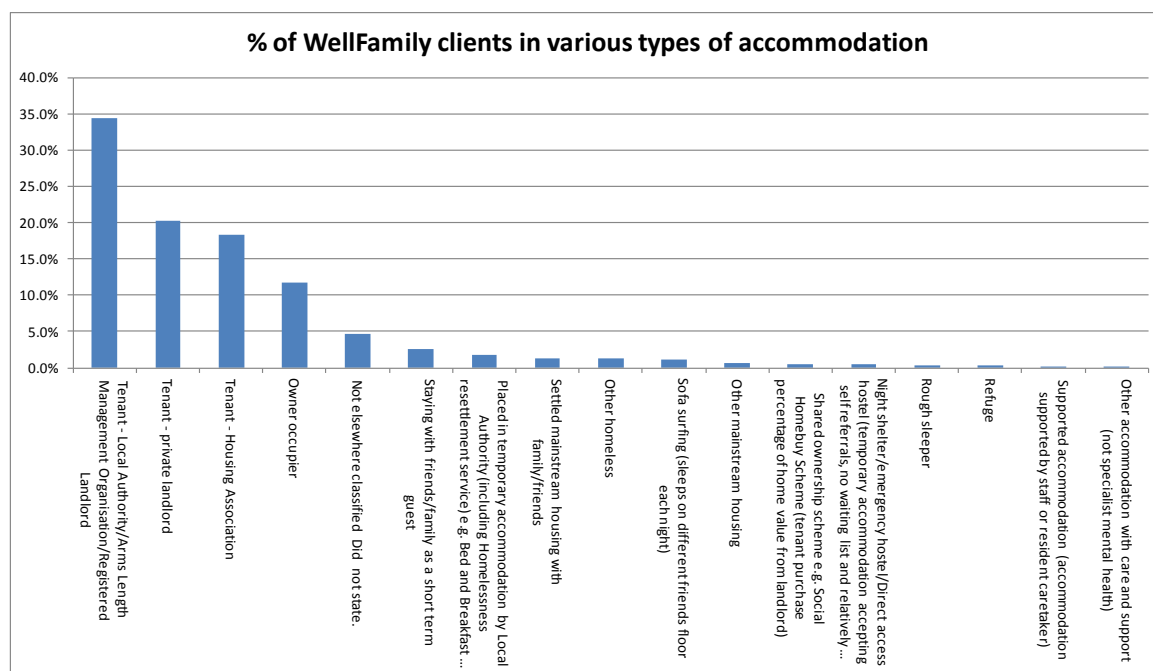
8.2.6 Disability



Over 11% of WellFamily clients reported mobility difficulties and over 4% reported diagnosed mental illness.

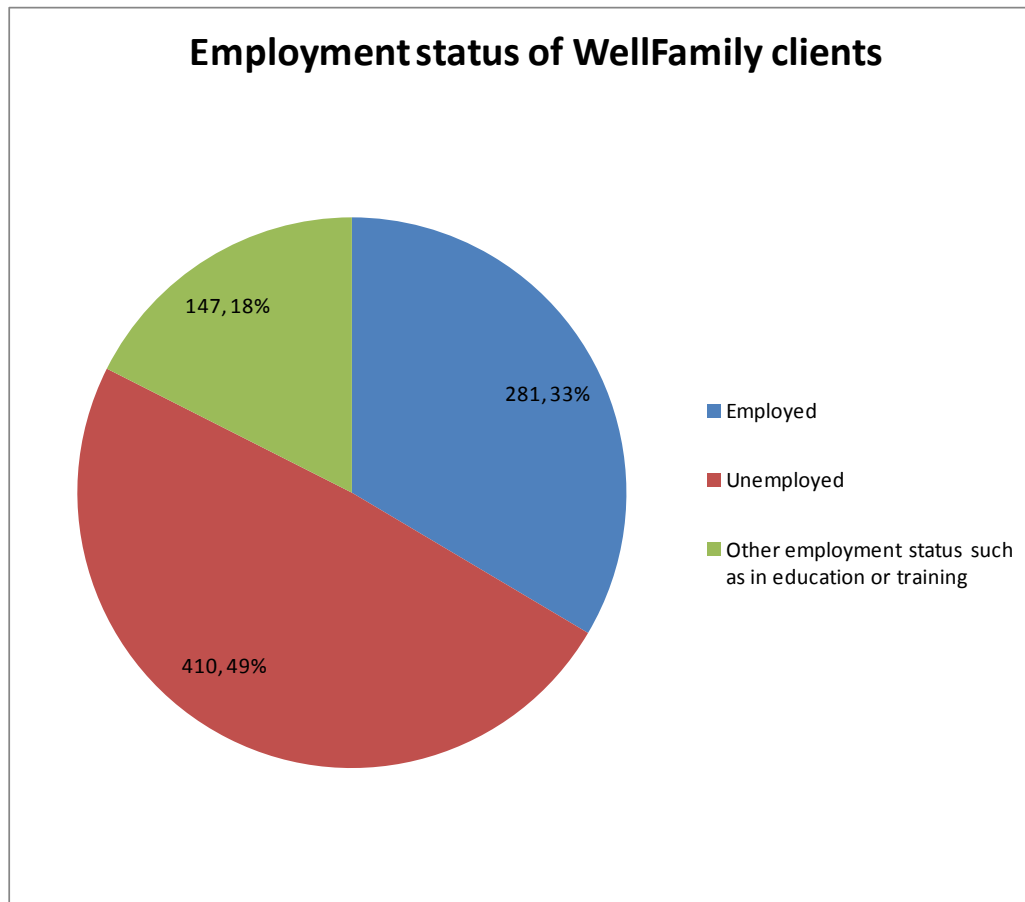
Long-term conditions are more prevalent in older people (58 per cent of people over 60 compared to 14 per cent under 40) and in more deprived groups (people in the poorest social class have a 60 per cent higher prevalence than those in the richest social class and 30 per cent more severity of disease)¹¹.

8.2.7 Accommodation status



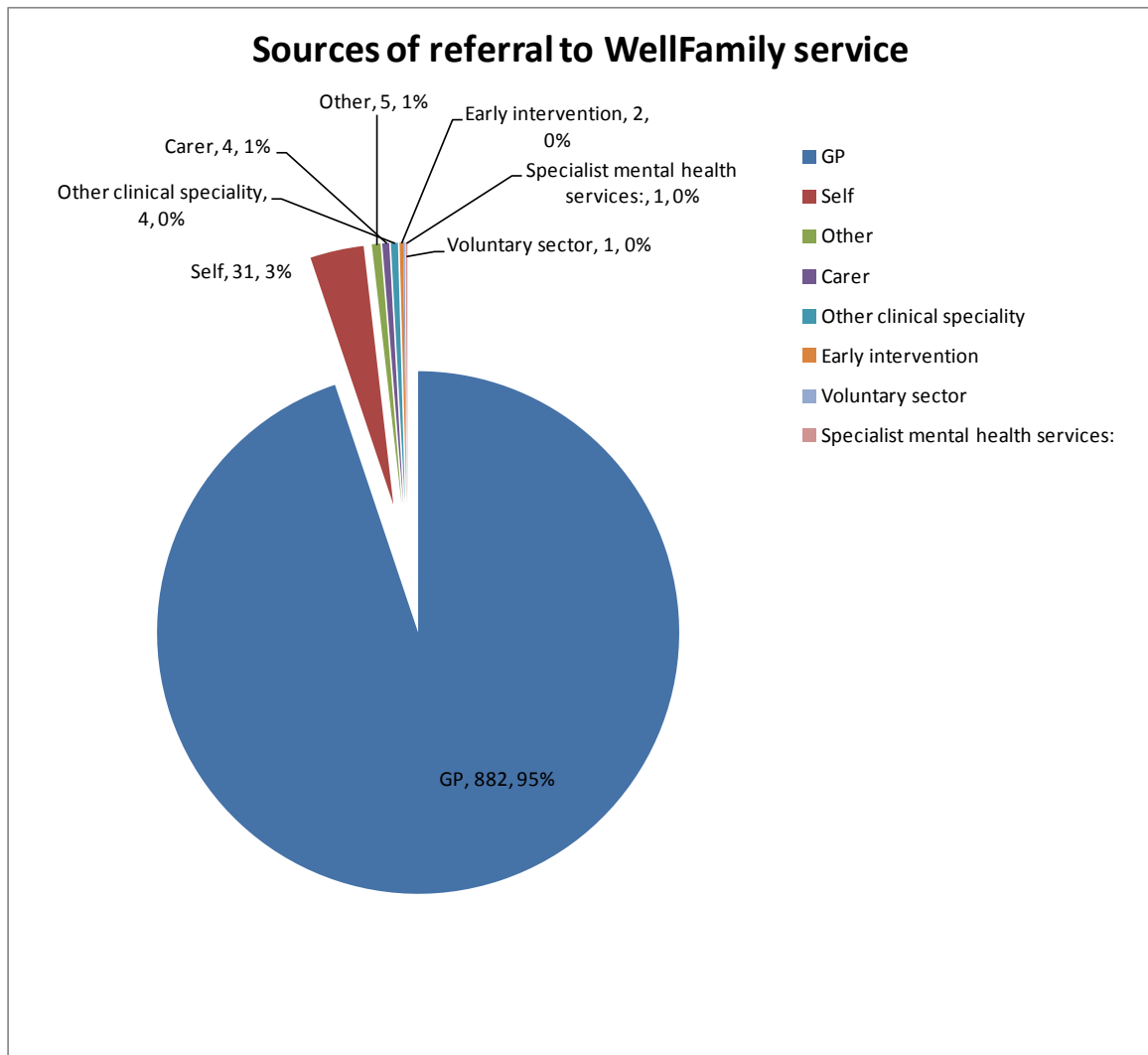
Only around 10% of WellFamily service users were owner occupiers (lower than the Borough average of 26%), with the majority (over 70%) being tenants with the Local Authority, private landlords or Housing Association.

8.2.8 Employment status



Nearly half of WellFamily clients are unemployed, around a third are employed and the remainder were in education or training. Two thirds of WellFamily Clients work 30 or more hours per week.

8.2.9 Source of referral



95% of referrals to the WellFamily service come from GPs with the remaining 5% coming from self-referral, specialist mental health services or other statutory and voluntary sector services.

8.2.9.1 Referral patterns

Different surgeries have different approaches to referral - for instance, some GPs will refer predominantly for practical issues whereas others will mainly refer for counselling. There has not been any systematic profiling of these differences to date. Over 80% of total referrals come from just 18 practices (see Appendix 19.10.6.4 Referral patterns; 19.10.6.5 Percentage of total referrals to WellFamily by GP Practice; 19.10.6.6 Referrals by age group; 19.10.6.7 Referrals by gender for more detail) .

As discussed previously, the majority of individuals are in the 26-55 year age group.

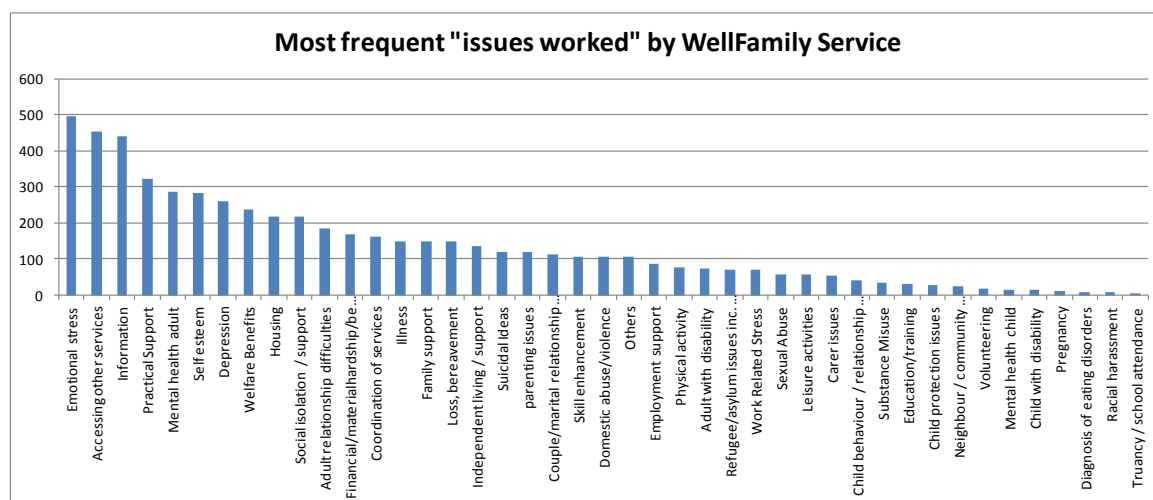
Most higher referring GP practices refer twice as many females as males to WellFamily.

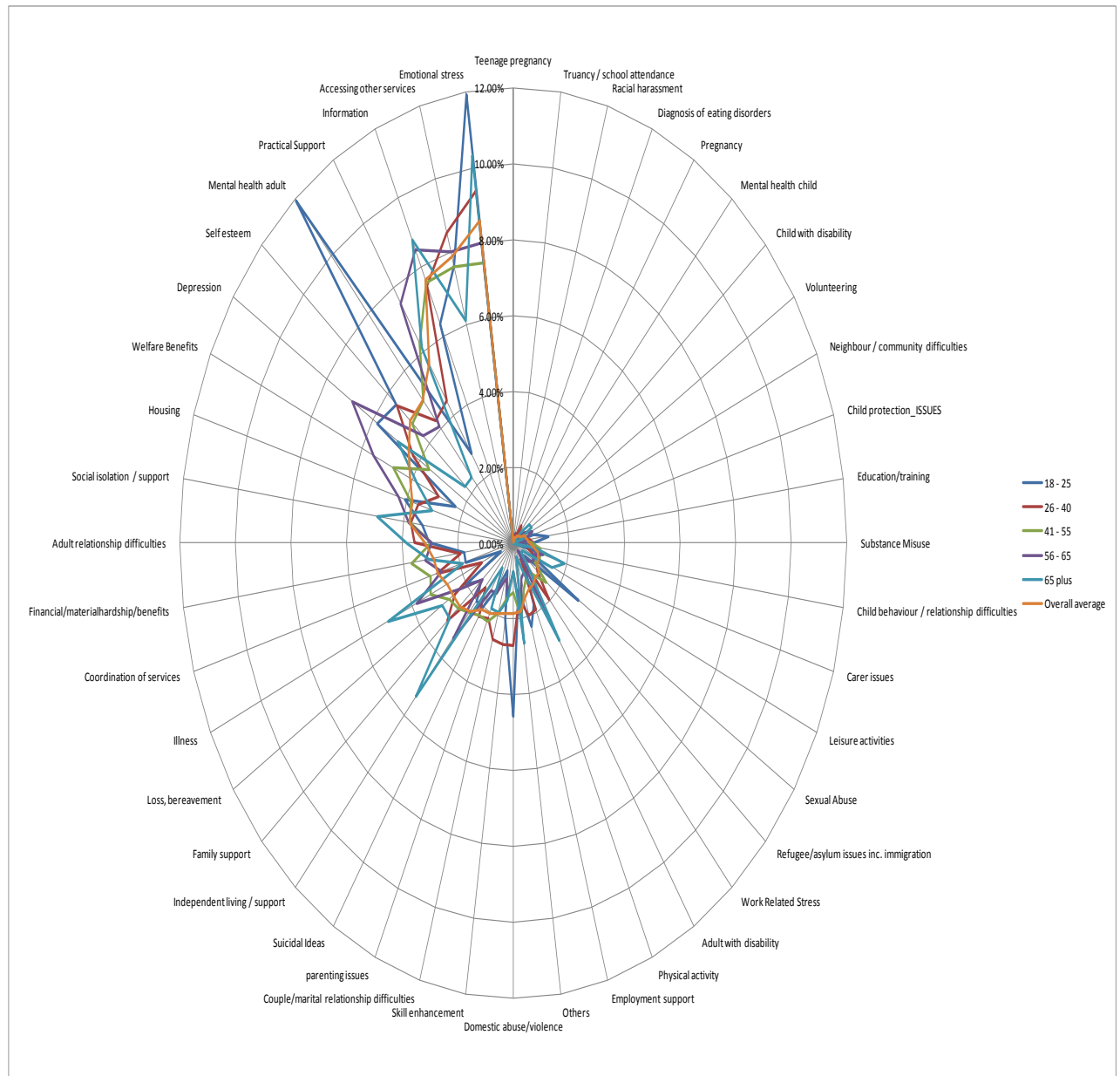
Data was not readily available to examine referral patterns in terms of other sociodemographic indicators such as ethnicity, employment status and sexual orientation. However, it may be useful in the future for such profiling of referral behaviour to establish equity of access and tailor provision to population needs.

8.3 Issues worked

The "top 20" most frequent issues worked by the WellFamily service (in descending order) are:

1. Emotional stress
2. Accessing other services
3. Provision of information
4. Practical support
5. Mental health adult
6. Self esteem
7. Depression
8. Welfare Benefits
9. Housing
10. Social isolation / support
11. Adult relationship difficulties
12. Financial/material hardship/benefits
13. Coordination of services
14. Illness
15. Family support
16. Loss, bereavement
17. Independent living / support
18. Suicidal Ideas
19. Parenting issues
20. Couple/marital relationship difficulties





8.3.1 Issues worked by age band

There were some differences overall in the types of issues worked or presenting problems between different age groups which may be helpful to examine further.

For instance, younger and the oldest service users presented with the highest frequency of emotional stress issues, and younger people presented with highest percentage of mental health issues.

The over 65 group presented with the highest percentage of illness related, independence, disability and carer issues and requests for information.

8.3.2 Issues worked by occupational status

There were some variations in frequency of issues worked in relation to employment status, with unemployed service users presenting more issues. This may be reflective of their higher percentage presentation to the service and ease of access. The unemployed service users were more likely to present with problems relating to mental health, domestic abuse, self-esteem, housing, requests for information, access to other services, depression, need for practical support and welfare benefits advice.

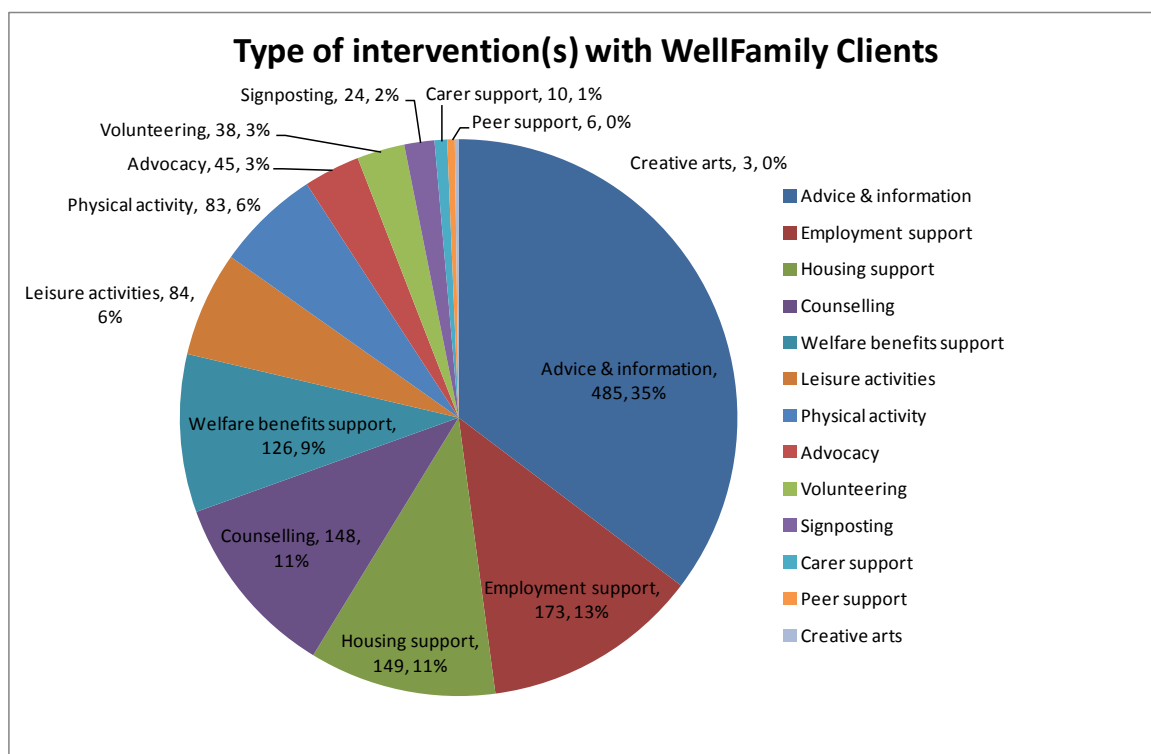
8.3.3 Issues worked by gender

Although overall men and women presented with similar issues, women were more likely to present with emotional issues, depression, domestic and sexual abuse, refugee/asylum issues and child behaviour issues. Men were more likely to present with access to service, information and practical advice, welfare/finance advice, independent living support, physical disability and substance misuse. It may be that men tend to present with more "practical problems" and may be more reluctant initially to admit to emotional problems.

8.4 Types of intervention

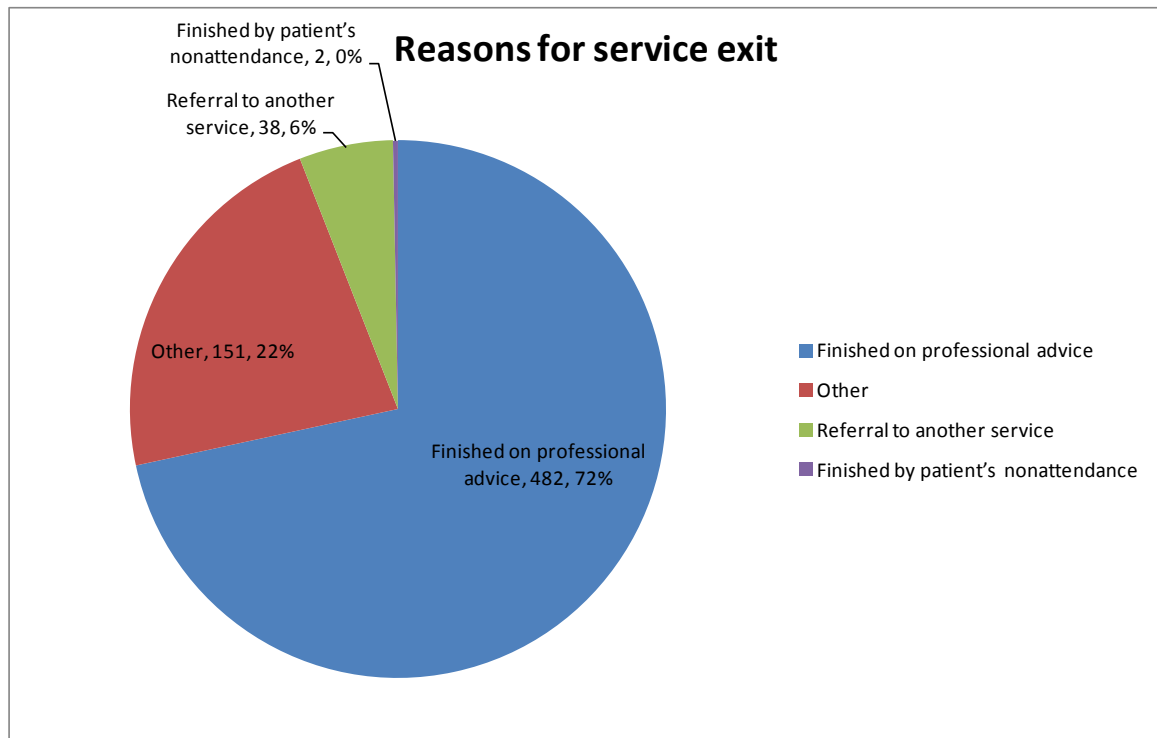
The diagram below indicates the most frequent types of advice/intervention offered by the WellFamily service (in descending order):

- Advice and information
- Employment support
- Housing support
- Counselling
- Welfare benefits support
- Leisure activities
- Physical activity
- Advocacy
- Volunteering
- Signposting
- Carer support
- Peer support



8.4.1 Reasons for service exit

Over two thirds of clients finish their intervention with WellFamily and leave the service on professional advice, indicating a relatively high level of engagement with the service and completion of planned interventions. However, a fifth or so of clients leave for "other" reasons which may indicate premature drop-out from the service, although this is unclear. Other clients are referred on to other services.



8.5 Case Studies: Observation

I had the opportunity sit in client sessions with two of the WellFamily workers and to discuss their current cases, and a brief snapshot summary is provided below.

Male diagnosed with physical disability. Experienced panic and anxiety symptoms and responded positively to counselling.

Female 53, hears voices and has had a psychotic diagnosis in the past. Registered disabled and has immigration issues. DLA payment was stopped as no letter had been received from the doctor. The Well-Family coordinator made a number of phone calls to resolve this situation with the Benefits Agency. There is a pending appeal tribunal in relation to supping of Employment Support Allowance.

Female, 40's alcohol dependent in the past but currently abstinent and has experienced multiple episodes of familiar sexual abuse. Primary care psychotherapy and counselling service referred to but WellFamily counselling service held the situation whilst search for alternative services.

Turkish female pensioner was distressed by neighbour's noise nuisance but has also experienced significant family bereavements. Counselling and support offered.

An Asian female distressed by frequent arguments with her husband and was referred to domestic violence services.

A Lithuanian female has worked as a carer but has been suffering with anxiety in relation to her first pregnancy. The perinatal service was involved and this support reinstated in relation to her second pregnancy. The children's father is from Albania and has some problems in relation to gambling and stealing. Her son is rather anxious in attending nursery.

Grant applications were made to support the family's financial situation.

Male 30's diagnosed with personality disorder. Formerly in a well-paid job but had a mental health breakdown 10 years ago. Currently involved and supported by voluntary sector. Intermittently involved with the local Community Mental Health Team but supported to extend his social networks by WellFamily.

Iranian torture survivor previously worked as a doctor. Suffering from agoraphobia and post-traumatic stress disorder with nightmares and flashbacks. Also sees a counsellor.

Female 30's, suffering from depression and has been a victim of domestic violence and is socially isolated. Has three children. Help offered with financial problems and grant for furnishings as she now is a single parent. Bereavement issues (death of mother) also addressed.

8.5.1 Case Studies: WellFamily workers

WellFamily workers have collated a large number of case studies indicating the nature of their work and outcomes. A couple of case studies are presented here.

Case A

Service user demographics

Age: 54

- Gender: Male
- Ethnic category: British or mixed British

Suffering with depression and anxiety. His second marriage broke down, said that things between them had not been very good for a many years. They have 2 children ages 12 and 15 years old. He was having difficulty motivating and punishing himself for accusing his wife for having an affair with his best friend. When his wife had a miscarriage he accused her of having his best friend's baby, He was feeling very guilty for saying that the baby she miscarried was his friend's. He had left the family home and no longer in regular employment. Homeless and staying with a friend.

Together we explored the feelings, thoughts, behaviour, he was having to enable him to manage himself. His mixed emotions had started to effect his eating and sleeping. He started began using new coping strategies. Looked at problem solving to enable him to look at finding solutions he can use to manage them

effectively. His wife had stopped him having contact with the children. They found it difficult to communicate with each other without having conflict. He expressed that he wanted to have involvement with his children. Together we explored the effects conflict between parents can have on children. Supported him to strengthen his existing relationships with his family and friends. He had begun questioning his mental health and found it very scary. He was seen by Psychiatrist at the surgery and after a couple of sessions was discharged.

Mental well-being outcomes

Started making contact with people in the painting and decorating industry that he knew to enquire about getting regular work. Decreased his reliance on the mental health services.

- Improved quality of life, confidence and self-esteem

Started to feel focused and motivated, it enabled him to get back to painting and decorating. Less conflict through better communication with his wife. Worrying less and is now feeling a lot more optimistic. Has now been offered work.

- Increased ability to manage own mental distress

Mindful of his negative thought process and is able to correct them and has become rational when he finds himself thinking negative. He has started enjoying life again. He reported that he's able to communicate with others a lot calmer. He will be discussing with his GP about reducing his anti-depression tablets.

Case B

Service user demographics

- Age: 58
- Gender: Female
- Ethnic category: African

H requested help in appealing against the decision to deny her Employment Support Allowance. I advised Ms H to keep a diary of her medication and her medical issues, as she would have to present this to the tribunal when she appeared before them in a few months time. Her mental well being was very poor, she saw no hope for the future, was in a great deal of pain from the Fibromyalgia she suffers. She takes a great deal of pain medication and she was aware that her condition was getting worse. She was humiliated by how much she depended on her children's assistance. She tried hard to conceal her mental anguish from them, and had no other means of emotional support. She was quite low emotionally, though she was resistant to taking anti depressants in addition to the other medication she depended on.

Submitted Appeal letter for ESA, which took some months to be heard, but which was heard and granted in March. She has been granted higher rate mobility allowance as well as a carer's allowance, both indefinitely. Her physical visits to

our service dropped drastically, but we had intermittent telephone contact. The case was closed over Easter.

The client's mental well being is much improved, as is the well being of her daughters, as they are relieved of some part of the burden of being their mothers carer. The balance of their parent/child relationship has been restored. The youngest child, who was struggling with balancing her duties at home with her school work reports that she is very relieved that her mother can afford home help. They are a loving family and the children, especially the daughters, had been very worried about their mother's future. Their mother visits the GP for maintenance of her illness, but reports a greater feeling of self esteem and independence. She feels much better not to be so dependent on her children, as her older daughters are in tertiary education and/or raising families of their own. Her youngest daughter, the only one still at home, now no longer shoulders the lion's share of their mother's care.

- *Improved quality of life, confidence and self-esteem*

This client's confidence and self esteem have improved greatly mainly because she no longer feels like a burden on her family. She worked for decades in this country and never claimed any benefits. When her physical ailments prevented her from continuing to work, she lived with chronic and debilitating fibromyalgia for years before being persuaded that she should apply for help.

- *Increased ability to manage own mental distress*

H's mental distress is mostly the result of chronic pain, but her forced dependence on her children exacerbated it. Her physical condition has deteriorated in the time that we have been working together, but her ability to manage her mental distress is improved as she no longer feels that she is a burden on her family. She feels independent and more hopeful. The ESA award has greatly contributed to her sense of well being and hope for the future. Her ability to manage her own mental distress has lead to stronger relationships with her family and friends.

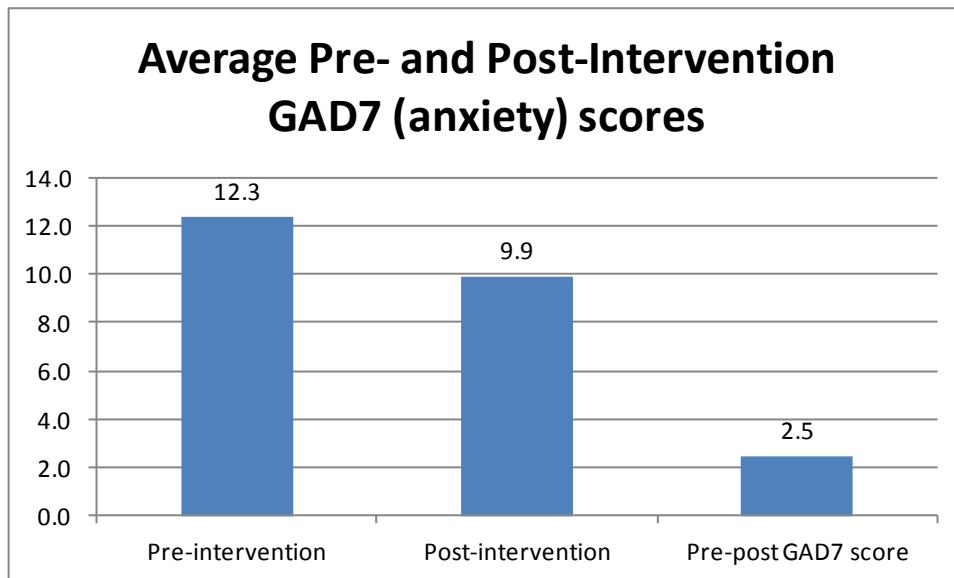
9 Outcomes measurement

The WellFamily service uses a number of well-validated outcome measures to assess the effectiveness of its interventions¹².

9.1 GAD7 General Anxiety Disorder

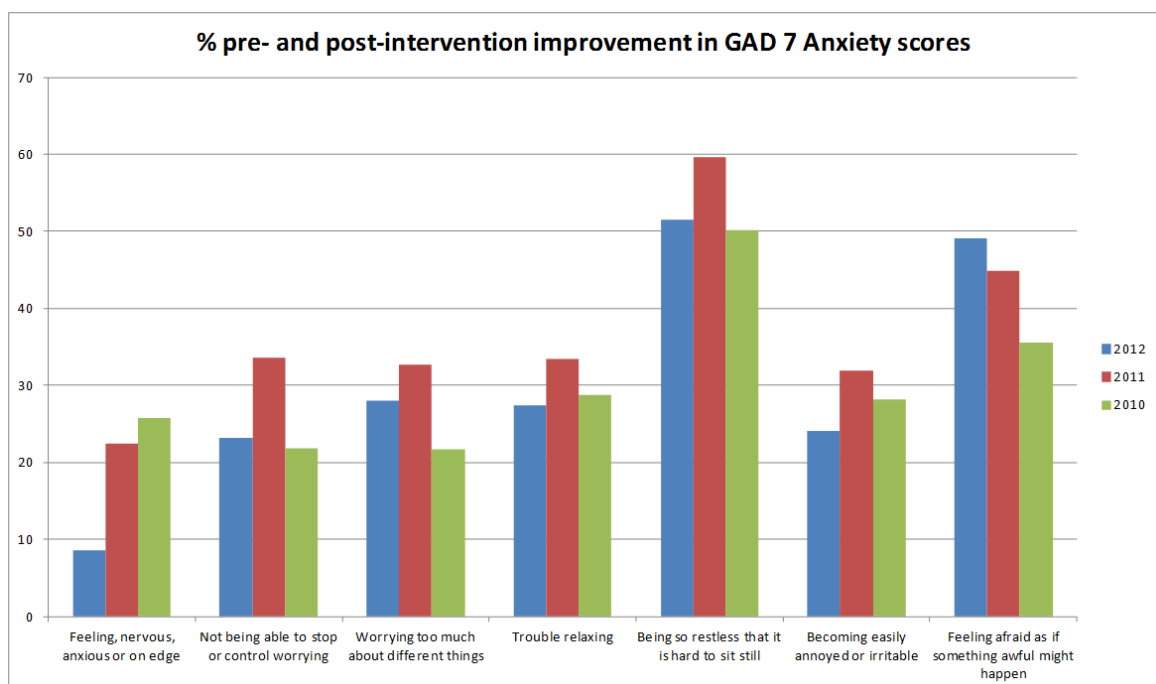
The GAD7 is used as a screening tool for the presence of generalised anxiety disorder¹.

¹ Spitzer RL, Kroenke K, Williams JB, et al; A brief measure for assessing generalized anxiety disorder: the GAD-7. Arch Intern Med. 2006 May 22; 166(10):1092-7.



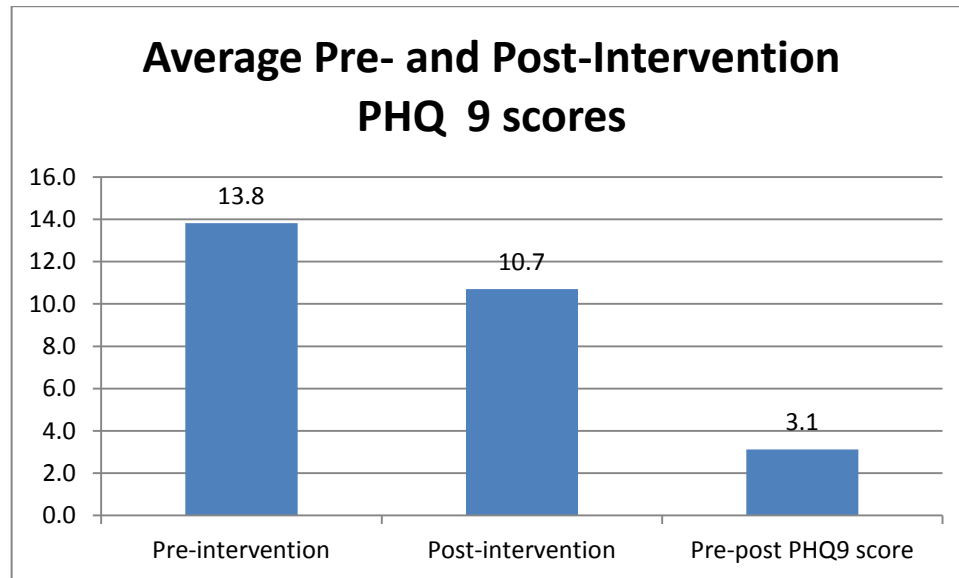
The average diminution in GAD7 scores (based on a sample of 387 clients) is highly statistically significant ($p < .001$). This is also clinically significant as pre-intervention scores are above the GAD7 threshold (10) for diagnosis of generalised anxiety disorder and post-intervention the average score is just below threshold, indicating improvement in symptomatology.

Data from WellFamily indicate significant percentage improvements in GAD7 scores following intervention. Data from the last three years (2010-2012) indicates that these improvements have been consistently demonstrated.



9.2 PHQ 9

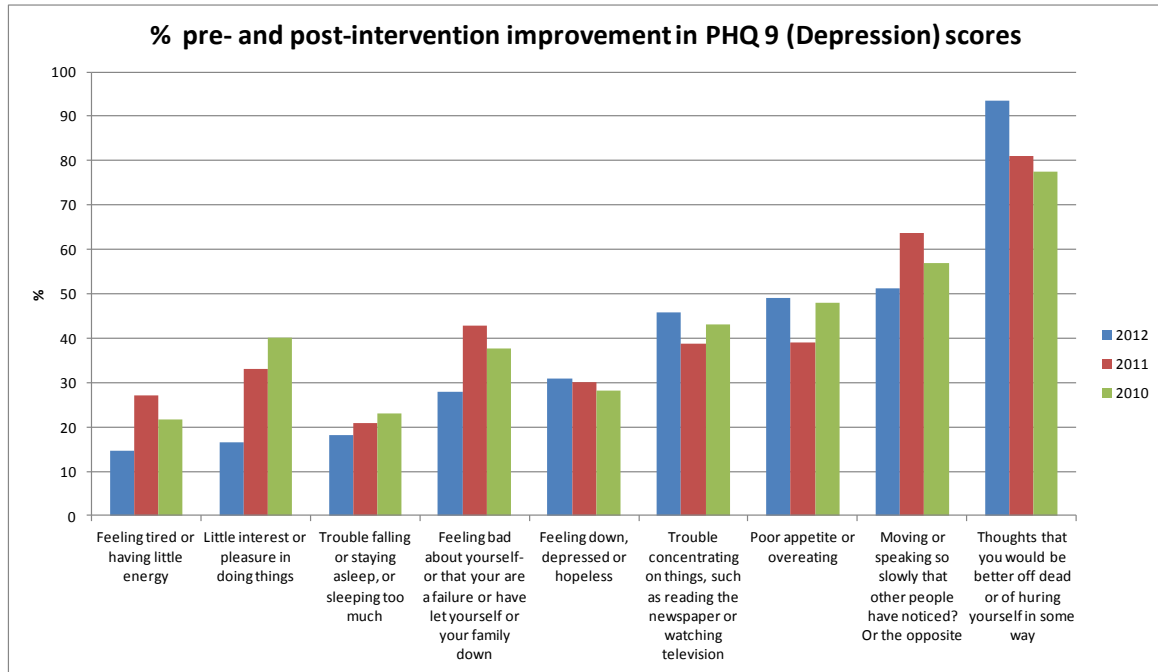
The Patient Health Questionnaire (PHQ)² is designed to facilitate the recognition and diagnosis of the most common mental disorders in primary care patients. For patients with a depressive disorder, a PHQ Depression Severity Index score can be calculated and repeated over time to monitor change.



The average diminution in PHQ9 scores (based on a sample of 387 clients) is highly statistically significant ($p < .001$). This is also clinically significant as pre-intervention scores are significantly above the PHQ9 threshold (10) for diagnosis of depressive disorder and post-intervention the average score is around the threshold (10) indicating improvement in symptomatology, although patients still may be experiencing some mild depressive symptoms, although these are much less marked than at the commencement of WellFamily intervention.

WellFamily data indicate significant percentage diminution in PHQ9 self-report of depressive symptoms, particularly in relation to suicidal ideation.

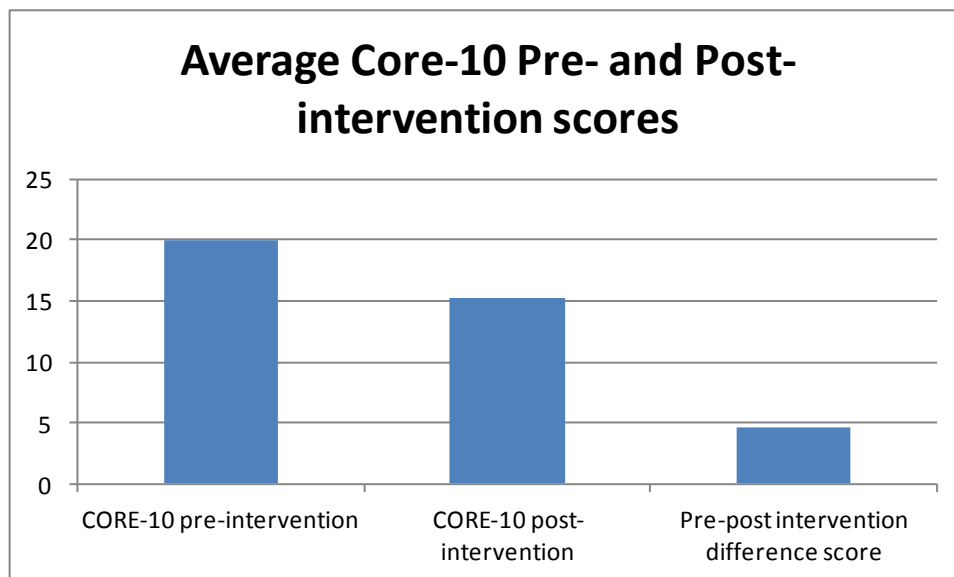
² PHQ materials were developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues, with an educational grant from Pfizer Inc.

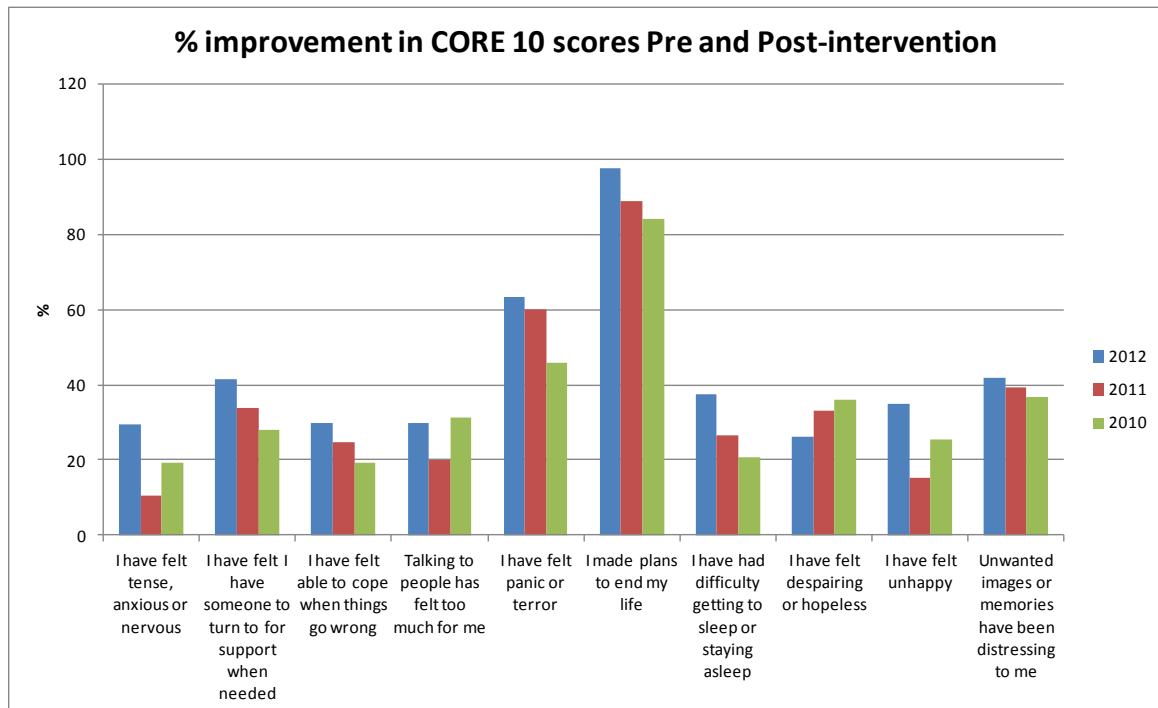


9.3 CORE10

This ten itemed measure is part of a collection of the Clinical Outcomes in Routine Evaluation system (CORE). The system was developed for quality evaluation, audit and outcome benchmarking for psychological therapy services and as a generic measure of emotional problems.

The WellFamily post-intervention scores indicate a statistically and clinically significant reduction in symptomatology ($p < .001$), particularly in relation to suicidal ideation and feelings of anxiety or panic.





9.4 Overall Recovery Outcomes Framework (2012-2013)

Since 2010, Family Action has used an evaluation tool called the Family Star to help engage parents and children in the work they need to do to change family life and measure and record their progress (see <http://www.family-action.org.uk/section.aspx?id=13976>; <http://www.outcomesstar.org.uk/>). The Family Star practice tool was developed with Triangle Social Enterprise Consulting.

The Recovery Star¹³ is a tool for people using services to enable them to measure their own recovery progress, with the help of mental health workers or others. The 'star' contains domains covering the main aspects of people's lives, including:

- mental health
- self-care
- living skills
- social networking
- work
- relationships
- addictive behaviour
- responsibilities
- trust and hope

Service users set their personal goals within each area and measure over time how far they are progressing towards these goals. This can help them identify their goals and what support they need to reach them, and ensure they are making progress, however gradual, which itself can encourage hope.

The Family Star³ and Recovery Star metrics have shown promise as effective outcome measures which can be linked to fulfil Payment by Results (PbR) criteria for Troubled Families work, and linked to cost data for the service.

The scores in relation to the Recovery Star can be categorised as:

"Stuck (1-2), Aware (3-4), Trying (5-6), Finding what works (7-8), Effective (9-10)"

The Family Action WellFamily service customised the mental health focused Recovery Outcomes Framework to make it more robust and meaningful for monitoring by the WellFamily support coordinators. The outcomes framework allows them to capture outcomes where a recovery star was not appropriate, for example where a service user achieved positive outcomes but was not seen for enough sessions to merit a recovery star measure(did not complete 3 stars).

9.4.1 Fiscal Year 2013-2014 (n=182)

The diagrams below indicate a significant improvement in a number of recovery domain scores post-intervention by the Well-Family service - particularly in relation to:

- mental health,
- trust and hope for the future,
- self- care,
- work,
- relationships,
- social networking
- addictive behaviour.

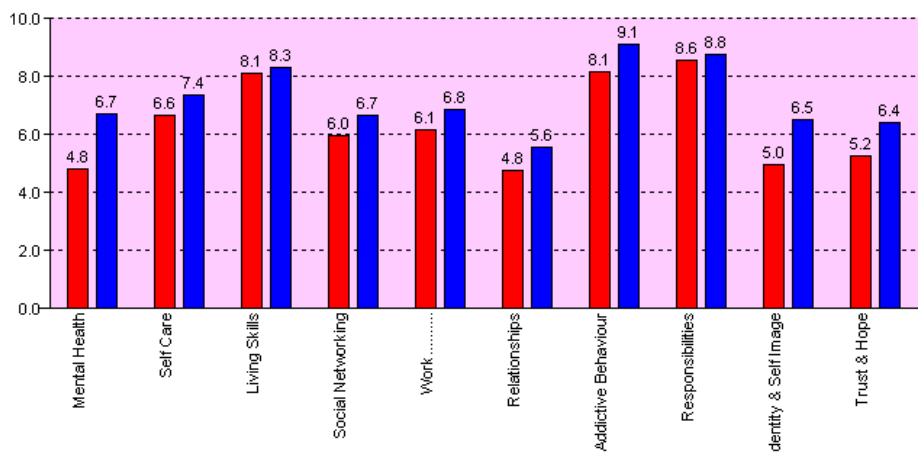


- First Session

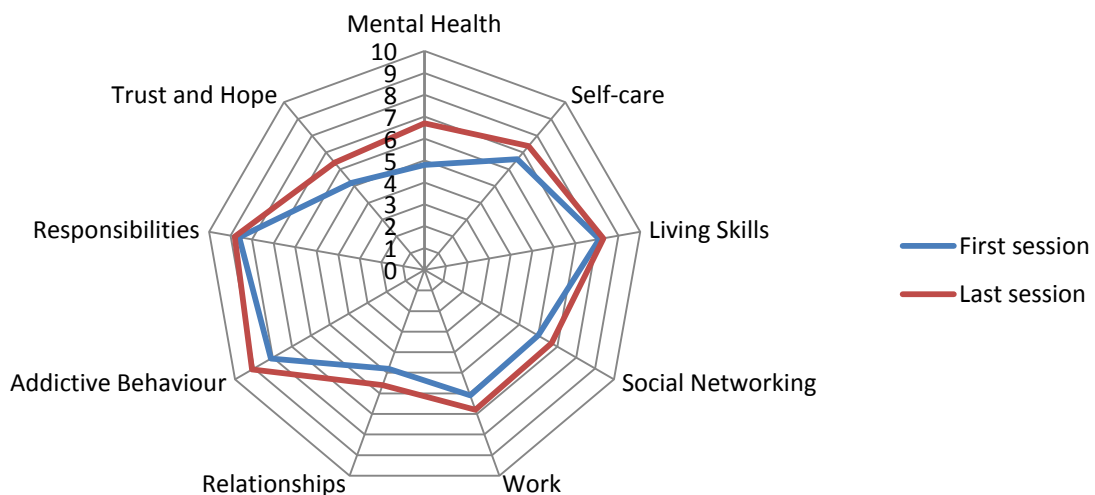


- Last Session

³ York Consulting. Family Action: Family Star Evaluation: Summary Report. June 2013



Recovery Star Scores: first session and last session with WellFamily service

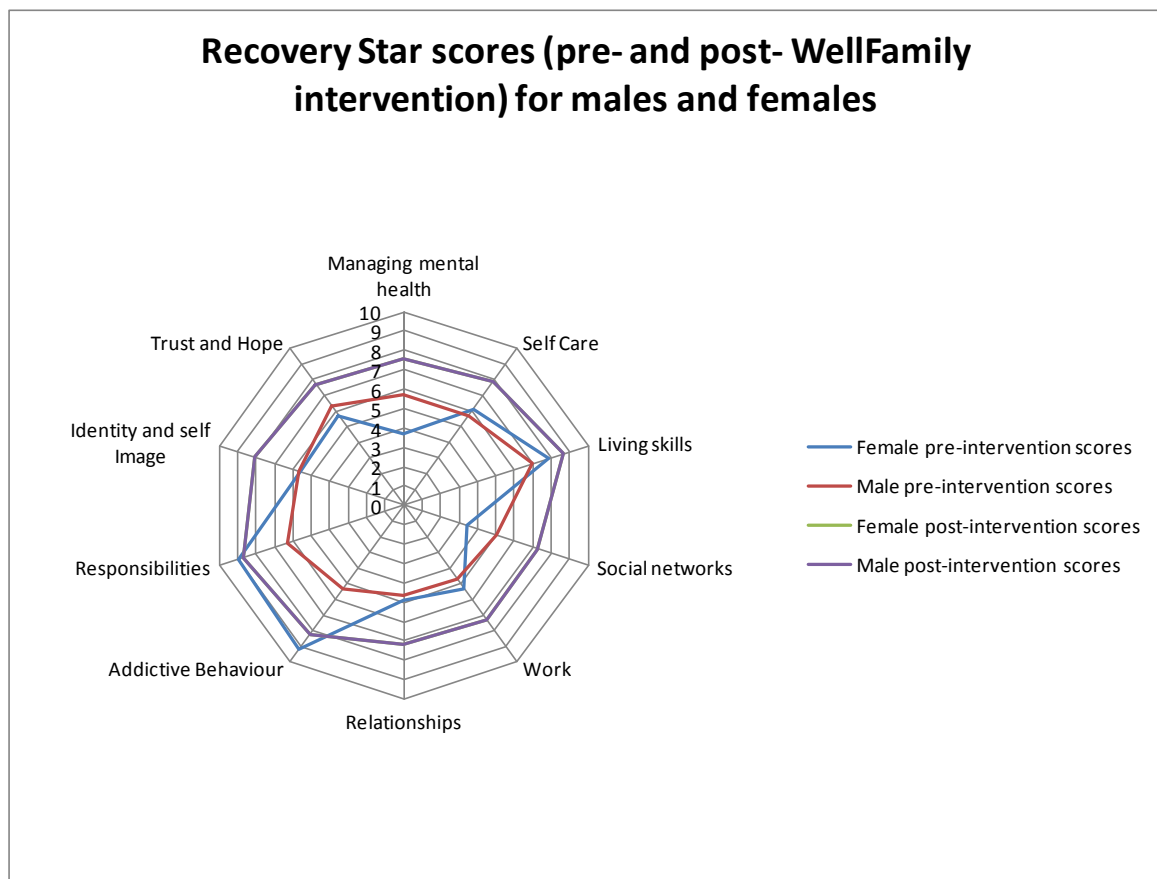


9.4.2 Recovery Outcomes by gender

The Figure below suggests that male and female service users present with somewhat different profiles in terms of their pre-intervention recovery star scores, although similar recovery outcomes were achieved after intervention.

For instance, women report poorer mental health and social networks and somewhat less trust and hope in the future than men. Men tended to present more problems in terms of addictive behaviour, responsibilities and living skills.

Data for analysing recovery outcomes by other sociodemographic variables (e.g. ethnicity, age etc) was not readily available but the ability to analyse service outcomes in relation to demographic indicators will enable more tailored service delivery in the future.



9.5 Detailed Recovery Outcomes Framework 2012-2013)

In this section, key outcomes under the broad recovery domains are analysed:

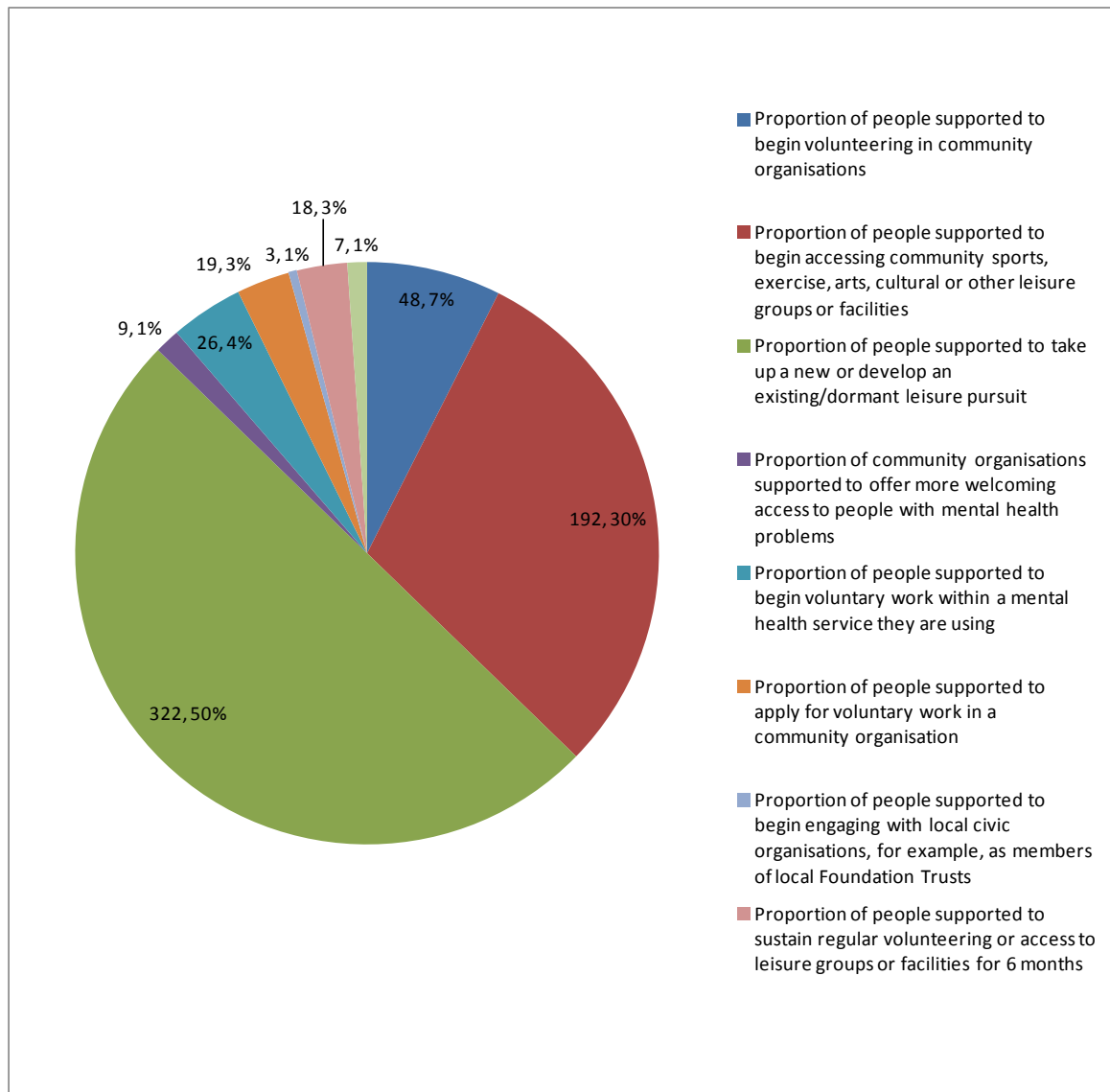
- Community participation
- Social networks
- Employment
- Education and training
- Physical health
- Mental wellbeing
- Independent living
- Personalisation and choice

Each figure records the proportion (number) of people for whom the particular outcome was relevant and achieved and also represents this as a percentage of the total outcomes achieved within each domain.

9.5.1 Community Participation

More detailed analysis of recovery star data from WellFamily indicates that in terms of community participation intervention most frequently helped people to:

- Take up a new leisure pursuit (50%)
- Access sports, exercise arts and culture (30%)
- Volunteer in the community (7%)

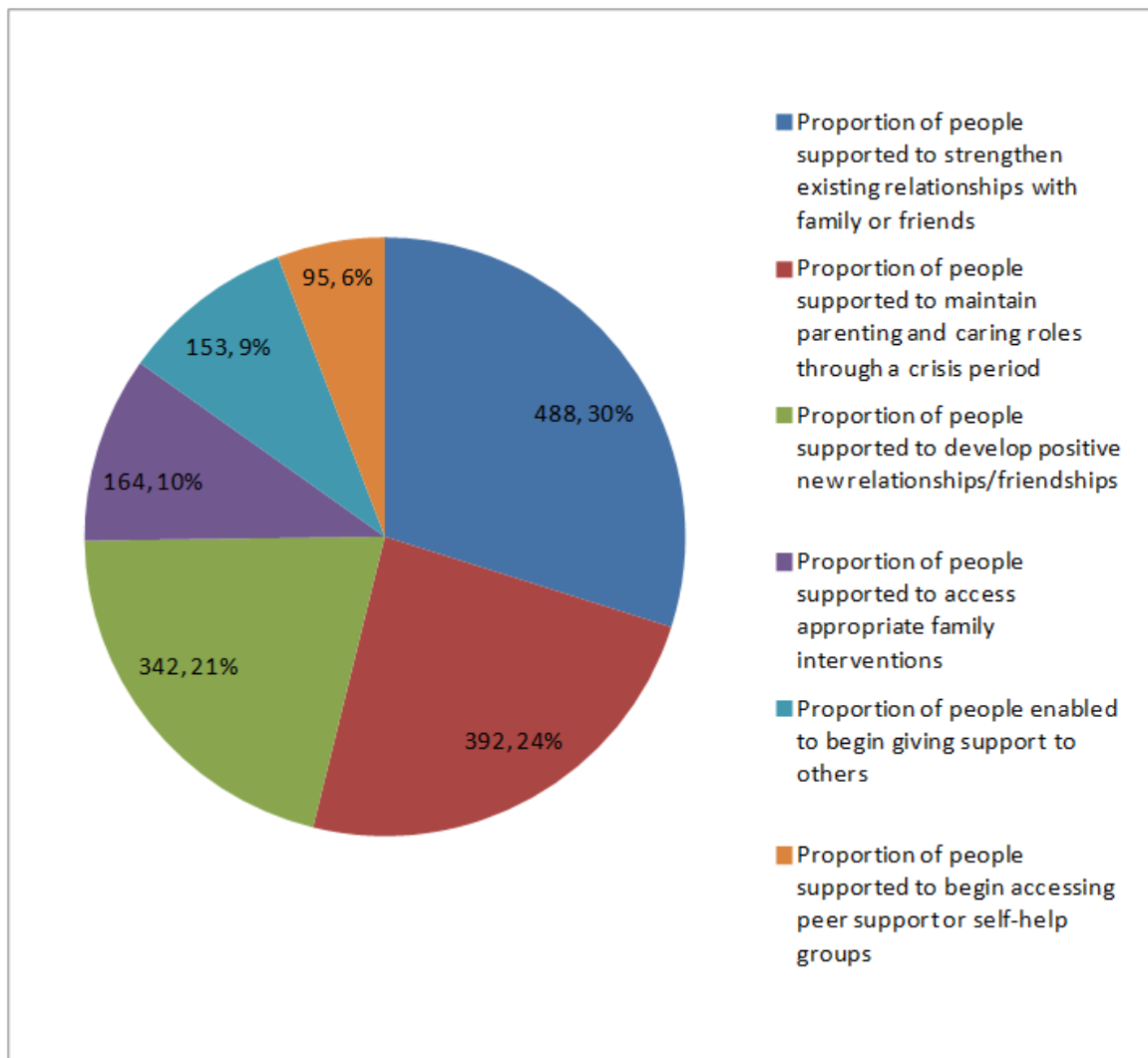


9.5.2 Social networks

In terms of social networks, the most frequent recovery outcomes included:

- Strengthening of existing relationships with family and friends (30%)
- Maintain parenting and caring in crisis periods (24%)
- Development of new relationships (21%)

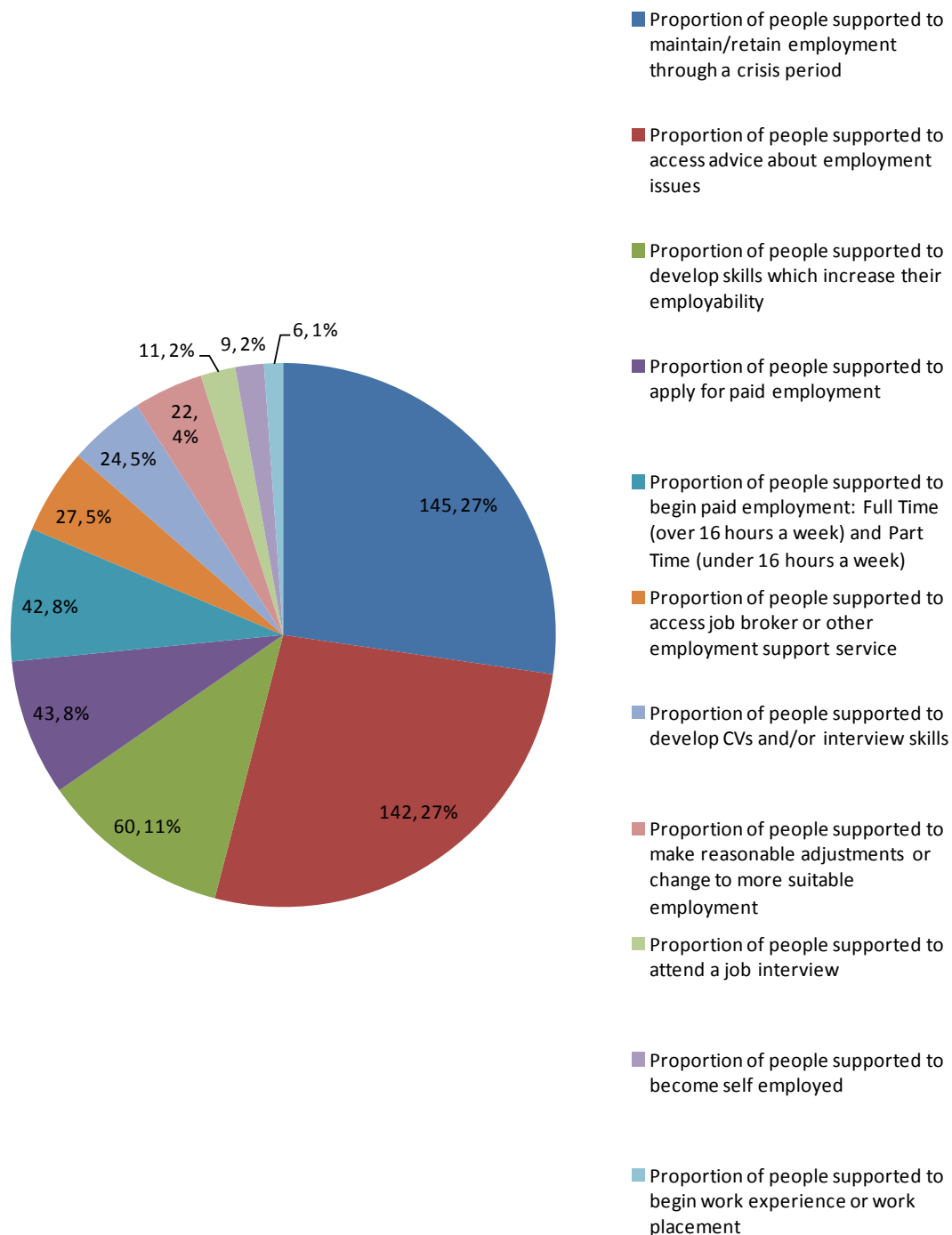
- Access appropriate family interventions (10%)
- Enable individuals to support others (9%)
- Access peer support (6%)



9.5.3 Employment

In terms of employment, most frequent outcomes of intervention included:

- Support to maintain/retain employment (27%)
- Access to employment advice (27%)
- Support to develop occupational skills (11%)
- Support to apply for paid employment (8%)
- Support to begin paid employment (8%)

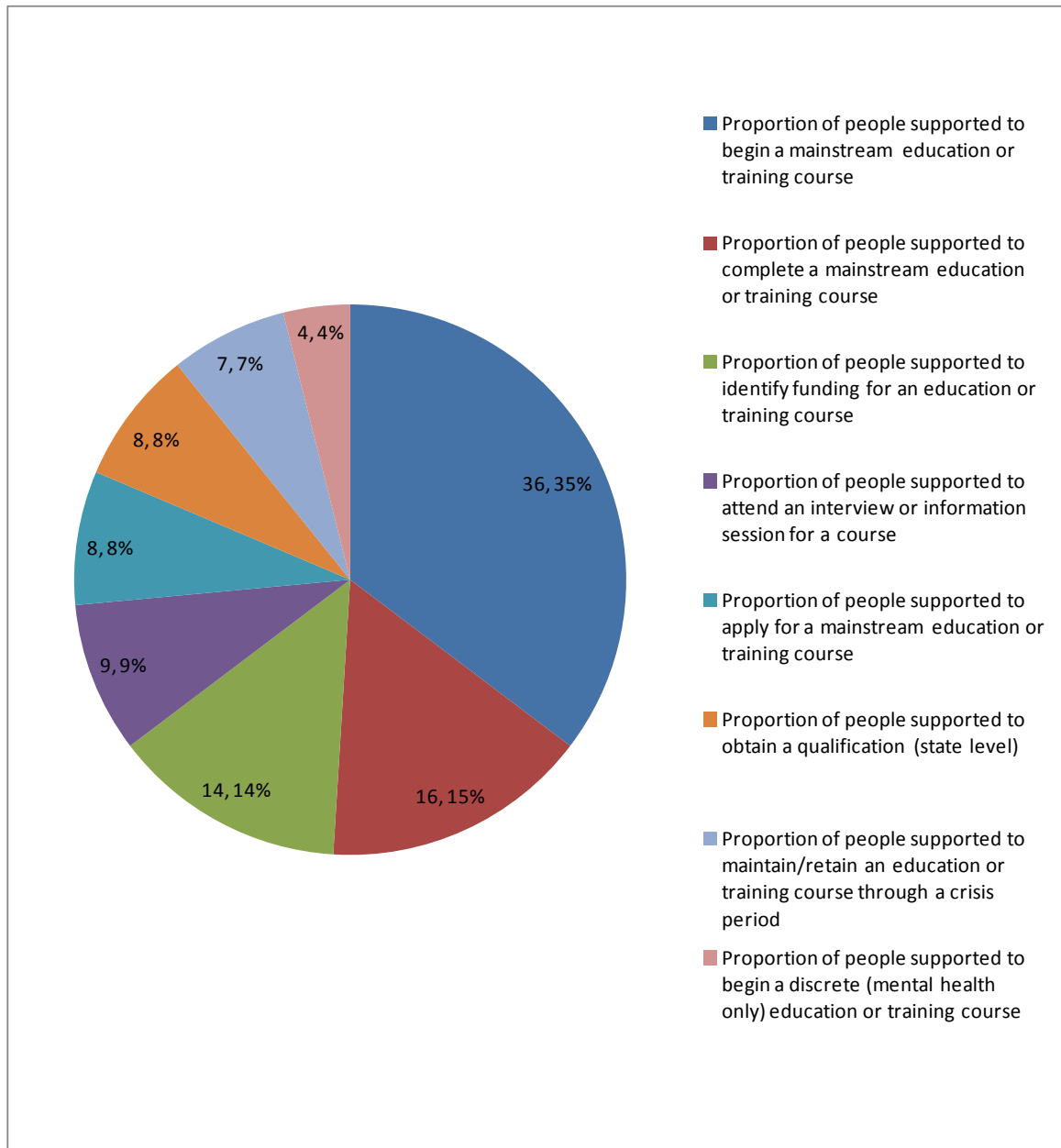


9.5.4 Education and training

Most frequently achieved outcomes included:

- Support to access mainstream education or training (35%)

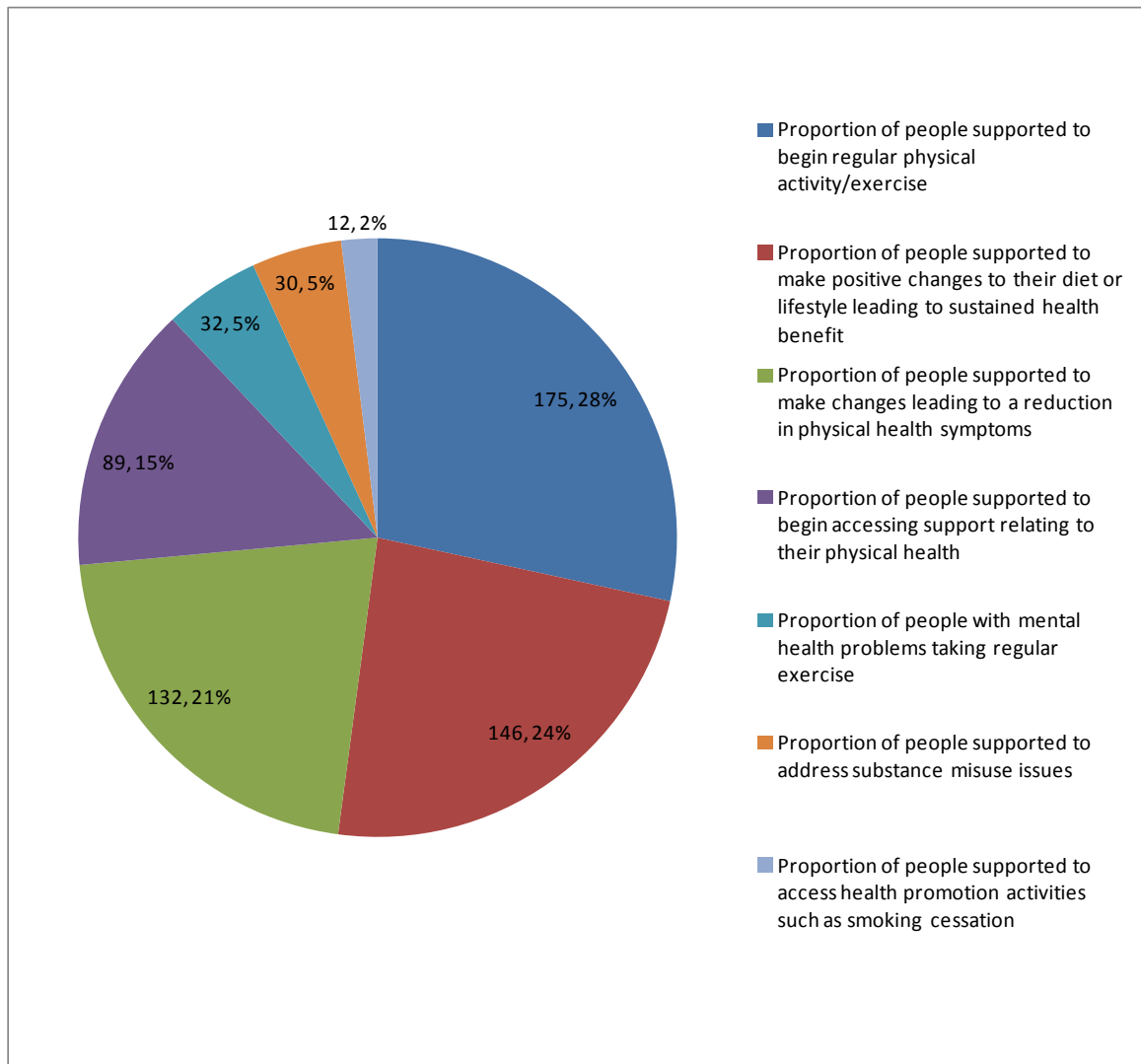
- Support to complete education or training (15%)
- Support to identify funding for education or training (14%)
- Support to attend interview/information about education or training (9%)
- Support to apply for education or training (8%)
- Support to obtain qualifications (8%)



9.5.5 Physical health

Most frequently achieved outcomes included

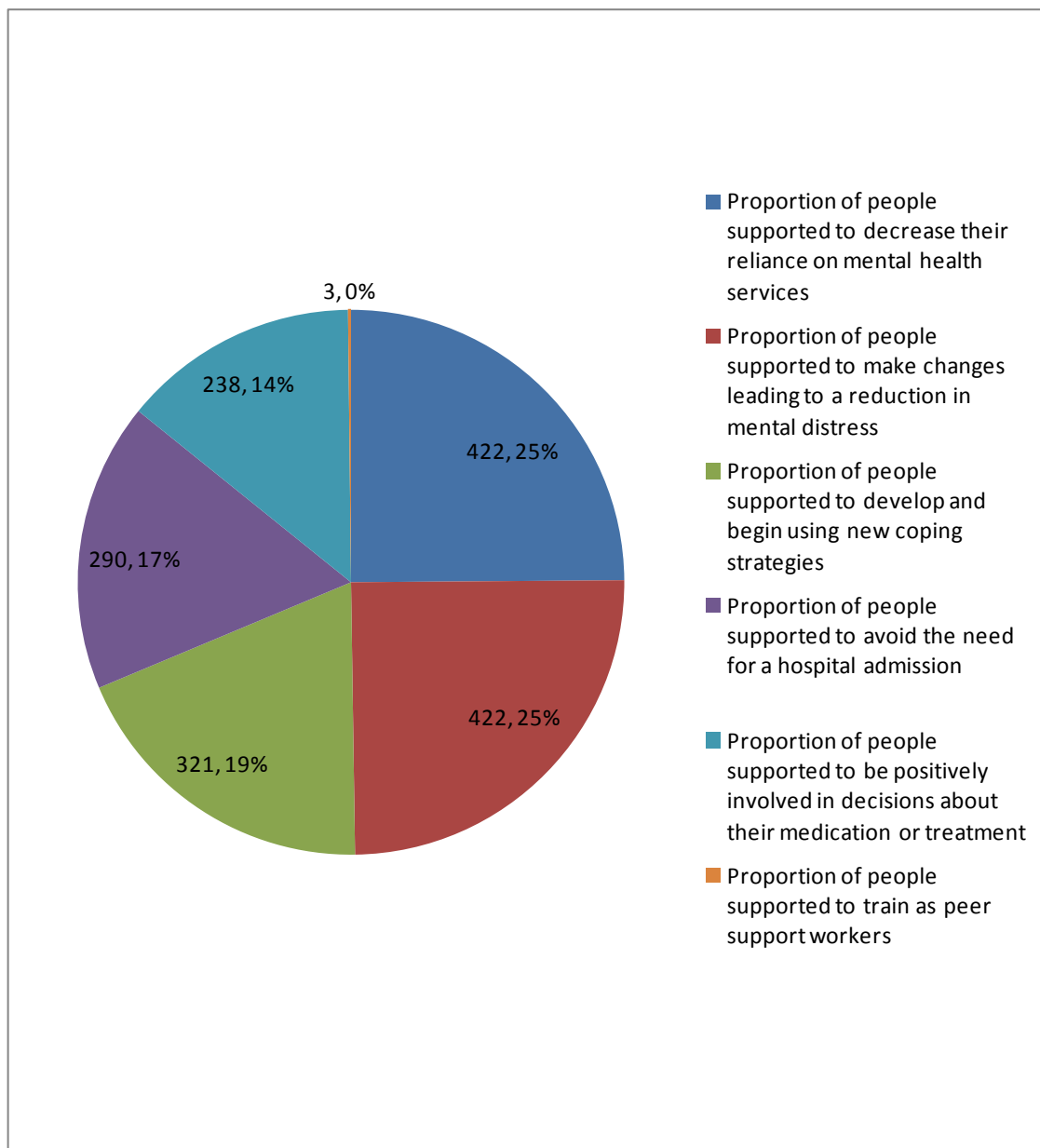
- Support to engage in exercise of physical activity (28%)
- Support for diet/lifestyle changes (24%)
- Support to make changes leading to reduction in physical health symptoms (21%)
- Support to access support for physical health (15%)



9.5.6 Mental Wellbeing

Most frequently achieved mental wellbeing outcomes included:

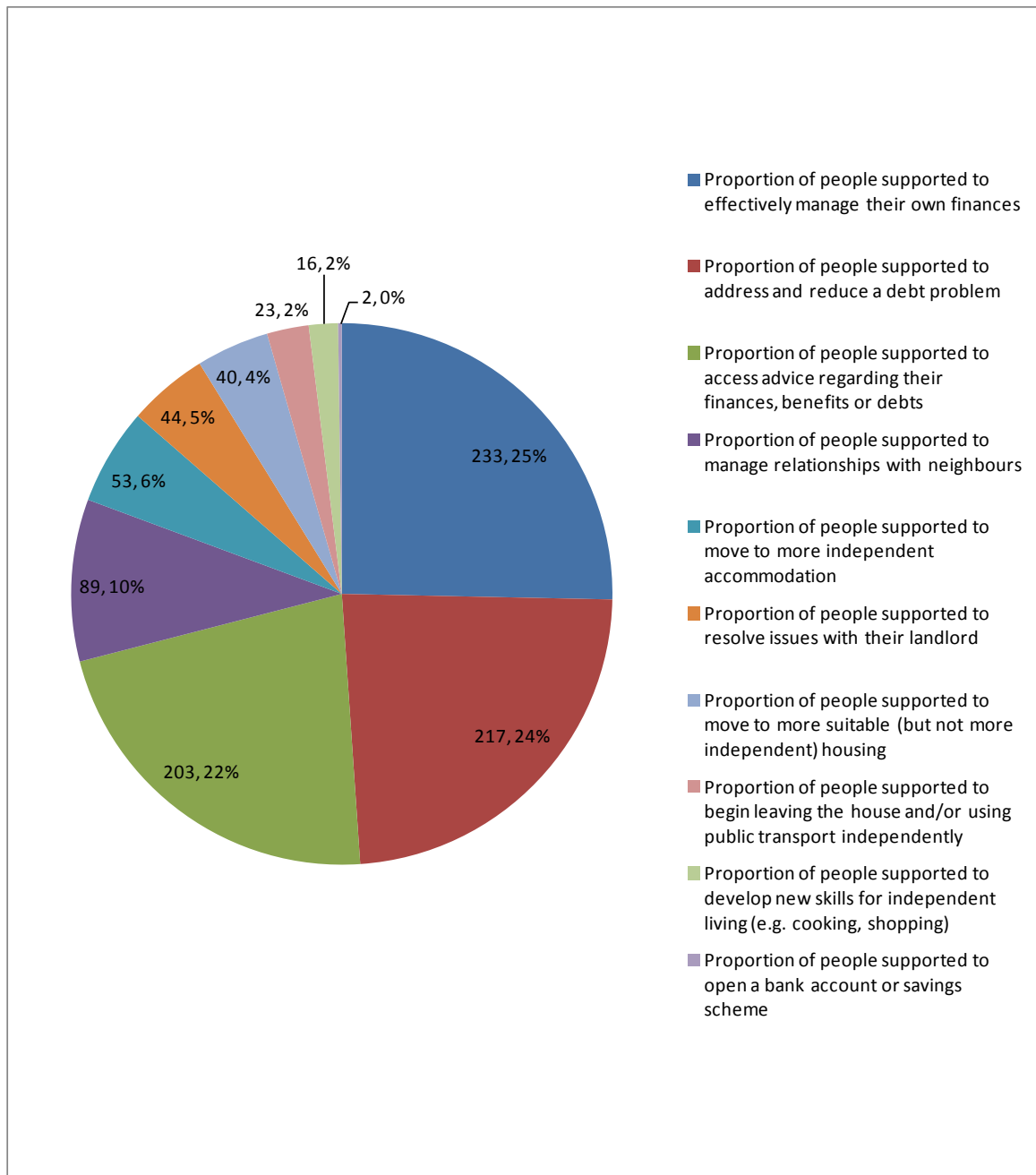
- Enhanced confidence and self-esteem (25%)
- Decreased reliance on mental health services (25%)
- Changes leading to reduction in mental health distress (19%)
- Avoidance of mental health admission (17%)
- Positive involvement in mental health decisions (14%)



9.5.7 Independent living

Most frequently reported outcomes included:

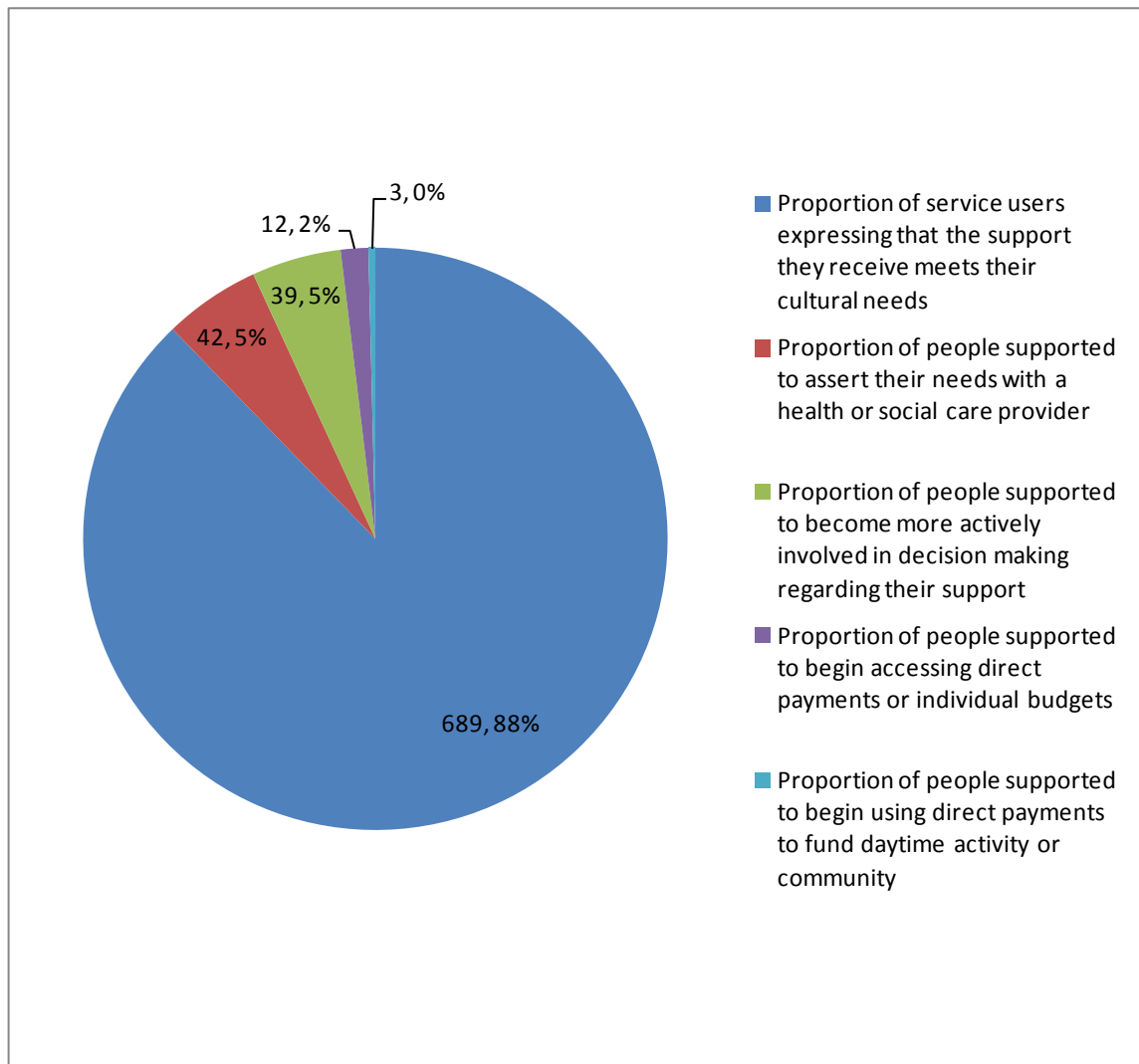
- Support to manage finances effectively (25%)
- Debt reduction (24%)
- Financial/benefit/debt advice access (22%)
- Management of relationships with neighbours (10%)
- Move to independent accommodation (6%)
- Resolve issues with landlord (5%)
- Supported to move to more suitable housing (4%)



9.5.8 Personalisation and choice

In terms of personalisation and choice, most frequently reported outcomes included:

- Support received met client's cultural needs (86%)
- Support to assert their social and care needs with other providers (5%)
- Support to become more actively involved in decision making (5%)
- Support to access direct payments (2%)

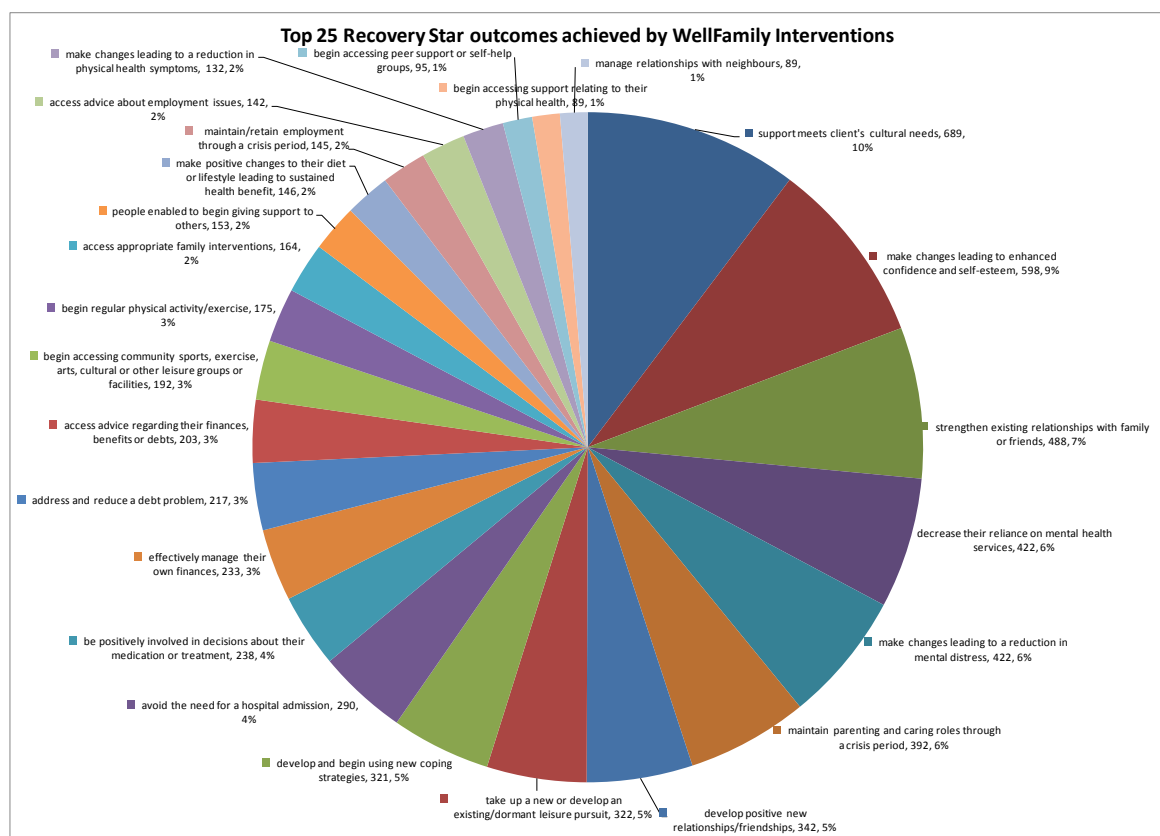


9.5.9 Most frequently achieved Recovery Star Outcomes

The top 25 most frequently achieved recovery star outcomes included:

1. changes leading to a reduction in mental distress
2. service users expressing that the support they receive meets their cultural needs
3. development and use of new coping strategies
4. changes leading to enhanced confidence and self-esteem
5. strengthening of existing relationships with family or friends
6. decreased reliance on mental health services
7. development of positive new relationships/friendships
8. maintenance of parenting and caring roles through a crisis period
9. access to advice regarding their finances, benefits or debts
10. positive involvement in decisions about their medication or treatment
11. avoidance of the need for a hospital admission
12. assertion of their needs with a health or social care provider
13. maintenance/retention of employment through a crisis period

14. accessing peer support or self-help groups
15. move to more suitable (but not more independent) housing
16. addressing and reducing a debt problem
17. access to appropriate family interventions
18. becoming more actively involved in decision making regarding their support
19. beginning to access support relating to their physical health
20. enabled to give support to others
21. beginning regular physical activity/exercise
22. effective management of their own finances
23. making positive changes to their diet or lifestyle leading to sustained health benefit
24. taking up a new or developing an existing/dormant leisure pursuit
25. applying for a mainstream education or training course



Unfortunately, it was not possible within the scope of this evaluation to analyse recovery outcomes in detail by various sociodemographic characteristics (e.g. age, gender, ethnicity).

The recovery star outcome data highlights the value and cost-effectiveness of WellFamily intervention in terms of:

- Early Intervention in mental health

- Prevention of escalation of psychosocial problems
- Health Promotion

Wider health and wellbeing benefits of interventions include:

- Social participation in the community (e.g. through leisure, creativity, volunteering etc)
- Improvement in employment and financial status
- Accommodation status

The recovery star outcome data indicates that many service users are helped to achieve greater levels of independence and social participation in their communities and reduced dependence on mental health and other statutory services. This is likely to be associated with reduced future costs to the health and care economy as people who have experienced WellFamily interventions are less likely to be referred to more expensive statutory services.

10 Stakeholder interviews

A number of face-to-face and telephone interviews were conducted as part of this evaluation (see 20.10) and the key findings are presented below.

10.1 Strengths of WellFamily service

10.1.1 Generic/holistic focus

The Family Action service is more generic and includes emotional support, addressing child and teenage parenting issues and takes a more generic family-centred approach to treatment. The service fills a gap in service formerly undertaken by social workers which is no longer available.

Hackney has a very mobile population. Social problems are complex and often relate to housing, welfare benefit, migration and disability issues.

The service is well-regarded for providing an integrated package of welfare and social benefits advice and for supportive counselling.

They also deal with more complex issues relating to childhood abuse but can refer on to more specialist services.

The service looks at improving quality of life and not just getting people back into paid employment.

The service will refer people on to other agencies and also links with practice counsellors.

WellFamily "never sent a referral back", according on one interviewee, although this can be common with mental health services. They will always try and offer constructive advice or intervention. The communication with GPs is good.

10.1.2 Easy access

There are low barriers to access the WellFamily service. Any adult can access WellFamily services for advice or intervention.

They are engaging and provide an accessible service for people who struggle to make sense of services, who may be disorganised and socially excluded.

WellFamily is embedded in primary care and regarded as an integral and important well-integrated aspect of the overall primary care service with a successful track record of delivery.

10.1.3 Links with IAPT (Improving access to Psychological Therapies) Service

The WellFamily service is closely linked to IAPT services in Hackney (see Appendix 20.7 for more details).

There is the City & Hackney Adult Mental Health Point of Entry (CHAMHPE) service as a single point of access to mental health services and the WellFamily Service is linked to this.

A Psychological Wellbeing IAPT practitioner undertakes sessional work at Arbutus House can provide assessment on site and this has reduced direct referrals to IAPT to some extent. However, space is an issue on site.

When people will not engage with IAPT WellFamily can be a bridge to meet need. WellFamily can provide a portal and encourage people to access adult psychological services at a later date. WellFamily provides some pre-IAPT space for short defined interventions and this can run in parallel for a period.

The IAPT service offers case management consultation support and clinical supervision to WellFamily workers and the two services provide an integrated and seamless approach locally in terms of access to psychological therapies.

10.1.4 Local knowledge and networks

The service is very well-embedded locally and workers have a massive knowledge base and are skilled at linking and brokering services for clients.

The service is long-established and well-regarded by a number of statutory and non-statutory agencies in Hackney.

WellFamily is perceived as invaluable in what they do because of their links with GPs and other member of the primary care team, schools, social services and other voluntary organisations in Hackney, they have the ability to join up care.

10.2 Areas for development of WellFamily service

10.2.1 Clear evidence-based intervention model

Limitations of the service may relate to some lack of clarity in intervention models. The style and nature of intervention may vary between workers, with those with a therapy/counselling background tending to undertake this work. There is not a consistent model of therapy and there needs to be greater clarity about this. Some Family Action workers have a high level of training in psychodynamic, systemic and group counselling and/or have counselling qualifications whereas others do not have training in this area.

The IAPT (Improving Access to Psychological Therapy) service is unclear of the counselling model(s) used by WellFamily workers who use a variety of models, reflecting their different background and therapy trainings. The counselling model thus lacks some consistency and clarity in their roles. The WellFamily service is supposed to adhere to 6 session brief interventions but some individuals can be maintained on caseloads for over a year if they present with personality disorder or complex trauma. This may reflect a gap in services not provided or accessible to clients.

There can be problems managing counselling work when the model is not as clear as it could be. Workers need to be clear about their boundaries and limits.

10.2.2 Identity of the service

There is a need to ensure that new primary clinicians (e.g. GPs and practice nurses) remain familiar with the service and all it can offer - not just debt advice but counselling.

The WellFamily name may be misleading as individuals believe the service is only open to families and this may be a barrier to use.

WellFamily needs a core message regarding "the 5 things we do" and this should be addressed internally within the team and externally so that a clear, consistent message is delivered to present and future commissioners of the service.

Some workers are not aware of the range of interventions available.

Differentiation from Citizens Advice Bureau and other counselling services may not be clear. The CAB does not operate a holistic approach.

The workers are well-informed about welfare and financial support services. However, it is important not to lose the counselling and containment function but this needs explaining to commissioners.

10.2.3 Dependence/Independence issues

WellFamily has a number of dependent and entitled clients who expect the WellFamily workers "to do everything". There is some evidence of a minority of people "over-accessing" services. Such individuals may be given more sessions

than the recommended modal number of 6 sessions and if too many people with complex or highly dependent needs are retained in the service, this necessarily reduces access from people who may benefit from short-term interventions.

There are high levels of social deprivation and poor self-efficacy. There is a need to address dependence- independence issues. Clients need to be encouraged to put psychological and general advice into action.

10.2.4 Training needs

Some individuals may find the primary care work too demanding as it requires a high level of autonomy and skill in assessing and intervening appropriately to address complex psychosocial problems and manage risk.

Workers need more training in recognition of personality disorder and when to refer on to more specialist services.

10.2.5 Whole family approach

There may be a need to extend the approach to a whole family approach involving home visiting and family support. The WellFamily title can be confusing as it may imply that work with the whole family is undertaken, whereas the intervention focus tends to be with individual adults.

10.2.6 Resources

Workers with troubled families are paid less than WellFamily workers (c. £22,000-£25,000) leading to some perceived inequities within Family Action. However, it is acknowledged internally and externally that the WellFamily workers operate in a highly autonomous and complex area of assessment and intervention, necessitating a high level of professional skill.

The under-funding of non-pay needs to be addressed and the main office at Ability Plaza, Arbutus Street lacks space, which inhibits the range of activities which can be undertaken there.

10.2.7 Information and communication technology

Guided self-help and use of computerised CBT can be helpful for mild mental health problems and would increase the capacity of WellFamily workers to meet their demanding activity and intervention targets.

10.2.8 Management structure

There is a need for a clearer management and supervision structure - perhaps to be enabled by the appointment of an assistant manager. The service manager capacity is stretched and she has responsibility for a number of linked services and operational issues. Strengthening the management structure would enable the manager to adopt a more strategic approach in managing external relations and identifying opportunities for service development and change.

10.2.9 DNA management

There needs to be an audit of non-attendance (DNA) rates and reasons for this. DNA rates can be a problem. Reducing non-attendance may be achieved by phoning friends and family of the individual and offering text reminders. This is employed by most workers, but a more consistent policy for managing and reducing non-attendance may be helpful in ensuring most effective use of resources.

10.2.10 Under-served groups

More detailed examination of service activity and outcome data will help to highlight people who are under-utilising the service. For instance, there are group of dependent individuals with learning disability in their 50's whose parents have died or who can no longer look after them and this is an invisible population.

The service may be under-utilised by the 18-25 age group and the over 65's although this may reflect their access to more age specific provision in Hackney.

11 WellFamily Team Workshop

A two hour workshop facilitated by Dr Longwill with the Hackney WellFamily Team was held on 4th November 2013. Issues discussed included:

- A snapshot of the work undertaken and main presenting problems
- Communication with GPs
- Impact of service in terms of outcome measures and user feedback
- Links with other network services
- Issues related to engagement and attendance
- Service gaps
- Resource issues

11.1 Strengths

Accessible service: Many service users are chaotic and do not engage well with statutory services. WellFamily workers have a successful track record of promoting engagement with services

Primary care focus: The WellFamily service was originated in primary care and GPs have ownership of the service which is primary care based and delivered in familiar, informal surroundings which reduces barriers to access. There is good formal and informal communication with GPs who can directly book patients into the service. WellFamily is the only voluntary organisation with access to the EMIS GP clinical information system.

Cost-effective: Engagement with WellFamily reduces frequency of repeat appointments for non-medical issues and enables GPs to focus on medical problems. Patients' medication use is monitored and can be better targeted and overall there is a decrease in depressive and anxiety symptoms and decrease in psychotropic medication use following WellFamily intervention.

WellFamily filters referrals to other agencies and can signpost to other mental and physical health services as required. The service therefore “adds value” to GP services.

Safe, reliable service: WellFamily workers have a high level of skill and experience in dealing with people presenting a complex level of psychosocial need. They provide a high level of containment for people in chaos and have experience in risk assessment and management. They are trained in safeguarding of vulnerable adults and children and have good associated governance and operational policies. The service is reliable, offers continuity and workers understand their boundaries and limits, with realistic expectations. Workers provide structured interventions and have good time management skills. Non-attendance rates are relatively low.

Culturally competent: Staff are fluent in a variety of languages (English, French, Croatian, Albanian, Vietnamese, Cantonese, Turkish, Urdu, Punjabi, Kurdish, Somali, Bengali, Russian, and German) and reflect the communities they serve.

Integrated approach: the service is single agency and offers an integrated approach with streamlined record keeping and avoidance of multiple assessments, with good communication and information sharing.

Practical support and "can-do" attitude: workers are flexible and offer a mix of practical support to those with mental health and emotional problems e.g. in relation to housing debt and welfare issues. They have good resource investigation skills with access to hardship/crisis grants.

Skilled and knowledgeable workforce: workers have a high level of skills and counselling, family therapy, analytic psychotherapy qualifications. This is combined with a high level of knowledge of welfare benefits, housing issues and other network support available in the locality. They have advocacy skills and are good resource investigators (e.g. grant application skills, investigation of funding sources). Workers are resilient have many years of experience and this is reflected in their grading and remuneration. They are required to be autonomous and self-managing and their skills are broadly equivalent to those triaging in mental health assessment services.

Management and supervision: the service is well-managed and flexible staff working is encouraged. The staff turnover is low, reflecting a stable and engaged workforce. There is good camaraderie and the diverse, experienced background of the workers is a strength. Staff receive a high level of management and clinical supervision to support their work.

Accountable and outcome oriented: the service is accountable and routinely collects outcome data regarding sociodemographic profile of service users, symptoms and recovery outcomes.

Community links: the service has excellent local knowledge of services and encourages the use of volunteers to add capacity to its services. Community engagement is encouraged through participation in creative events and celebrations of festivals appropriate to local cultures. Family Action has a long

track record of service in Hackney and is well understood, respected and embedded in the local community.

User involvement: WellFamily encourages service user participation by involvement in client forums, a collaborative approach to co-production of interventions and regular satisfaction and feedback surveys.

Training: WellFamily staff have training skills for other professionals including GPs and other health and care professionals

Identity: WellFamily staff feel they have a strong identity and culture for the service which is respected by others. They respect each other, are non-judgemental and offer a high level of mutual support. There is a lack of hierarchy in the team and they are adaptable manage change well. The service has a history and track record (150 years) of work with disadvantaged families. The service has a systemic/family focus to its work and is a sustainable project.

11.2 Weaknesses/areas for development

Workload pressures: the service is under quite a lot of pressure and workers feel the need for more reflective and service development time.

Infrastructure and resources: there is a need for more office space for counselling, supervision and meetings, accommodation of volunteer counsellors - affects quality/safety of work. Non-pay overheads have been inadequately funded. Training budget needs to be increased to advanced level.

Commissioning changes: GPs like the service but could be more vocal in support although they state they do not have funds to enhance the service. Most GPs are not aware that service is now commissioned by Local Authority

Links with social services: social services do not always share important information with WellFamily and this can lead to problems (e.g. relating to risk/safeguarding). The staff feel that this can result in "dumping" of cases with inadequate information about past and present indicators of psychosocial risk. Social services thresholds are high and have changed Social services no longer do practical support but operate at a more specialist service level and above. WellFamily picks up work traditionally undertaken by social workers.

Immigration and asylum issues: reduced access to public funds causes pressures on staff who are trying to help service users with these issues.

11.2.1 Development potential

The WellFamily Project is growing and the service could be offered to other Boroughs or parts of the country as it is demonstrably cost-effective.

Potential areas for expansion could be:

- Bidding for Tier 2 (first line specialist) social services
- Offering the service to more GP surgeries.

- Increasing number of posts to offer more flexible out of core hours service
- Extending the service to currently under-served groups (e.g. men, young people, learning disability etc)

12 GP and Client Surveys

In this section, key findings from previous and the current GP and WellFamily Client surveys are presented.

12.1 Previous GP Survey (2012)

A GP survey was undertaken in 2012 (results below) which obtained 72 replies and this has informed this evaluation alongside a current (2013) GP survey. As indicated by the Tables below, the replies were overwhelmingly positive in terms of GP views of service utility, accessibility, impact on patients' wellbeing, assistance with patients' practical difficulties and ability to meet patients' cultural needs.

All respondents felt that the WellFamily service reduced subsequent GP consultation rates for non- medical issues and just under 50% stated this was a significant reduction. 98% of respondents stated that there would be a significant negative impact on their GP service if the WellFamily service was ended. All respondents would be likely to recommend the WellFamily service to other GPs.

Overall, this represented a very high level of satisfaction with the service. Further detail regarding these results can be found in the Appendix (20.1 Previous GP Survey (2012); 20.2 Feedback from GPs 2012)

12.2 GP Survey 2013

The current GP and client surveys were designed and conducted using the online SurveyMonkey. Overall 27 GPs completed the survey. It is estimated that there are around 160 GPs covering City and Hackney and thus this is a disappointing response rate, reflecting a likely "request overload" for information from GPs at the time.

The survey asks respondents how they perceive the service and what they value most about it.

12.2.1 Profile of respondents

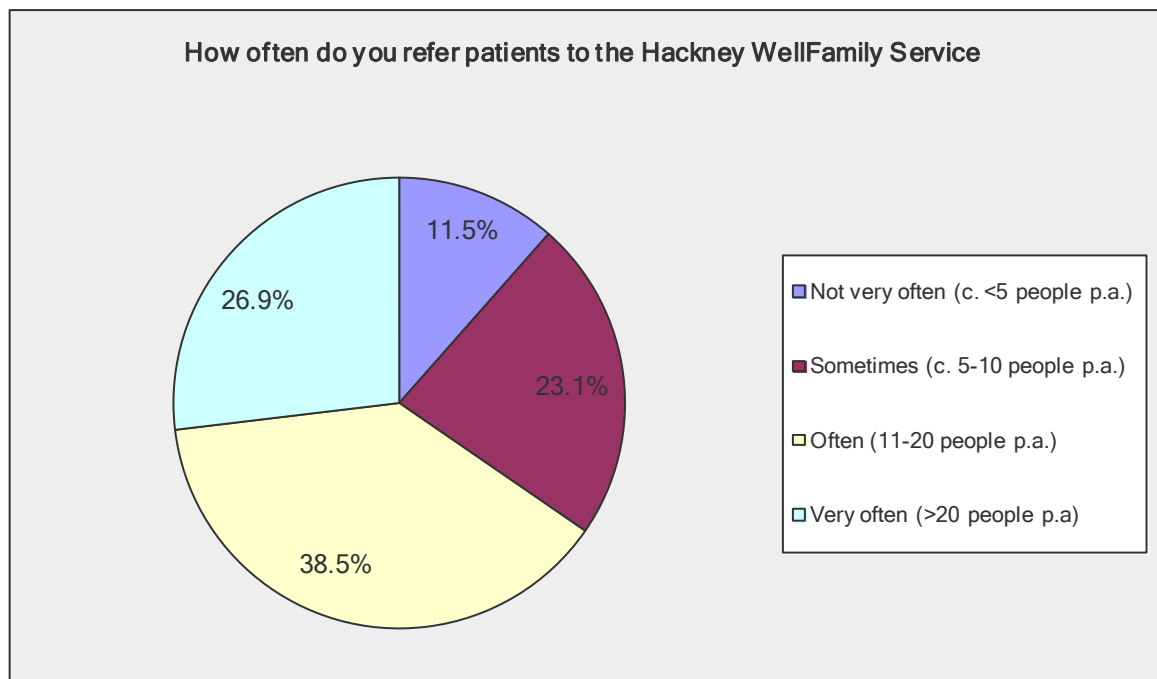
Replies were received from the following practices

- Athena Medical Centre
- Barretts Grove
- Beechwood medical centre
- Cedar Practice
- De Beauvoir Surgery
- Elm Practice
- Elsdale Street

- Heron Practice
- Kingsmead Healthcare
- Pitfield and Beechwood
- Queensbridge Group Practice
- Somerford Grove
- Sorsby Medical Practice
- Springfield GP Health Centre
- Statham Grove
- The Hoxton Surgery
- The Lawson Practice
- The Neaman Practice
- Well St Surgery

Around 65% of respondents were relatively frequent referrers to the WellFamily service.

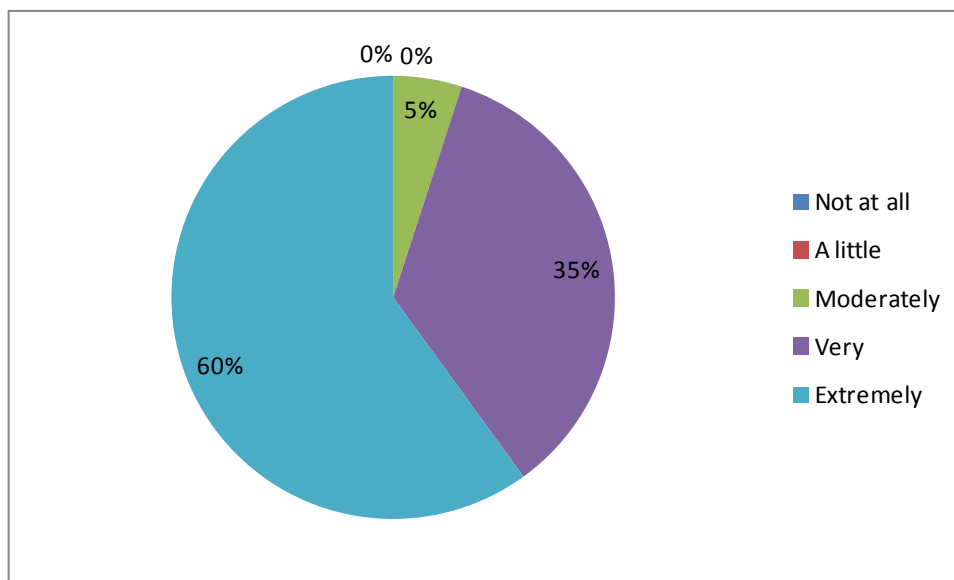
How often do you refer patients to the Hackney WellFamily Service		
Answer Options	Response Percent	Response Count
Not very often (c. <5 people p.a.)	11.5%	3
Sometimes (c. 5-10 people p.a.)	23.1%	6
Often (11-20 people p.a.)	38.5%	10
Very often (>20 people p.a.)	26.9%	7
answered question		26
skipped question		1



12.2.2 Usefulness of WellFamily service

In common with the 2012 survey, 95% respondents found the WellFamily Service very or extremely useful for their patients.

How useful do you find the Hackney WellFamily service?							
Answer Options	Not at all	A little	Moderately	Very	Extremely	Rating Average	Response Count
	0	0	1	7	12	4.55	20
						<i>answered question</i>	20
						<i>skipped question</i>	7

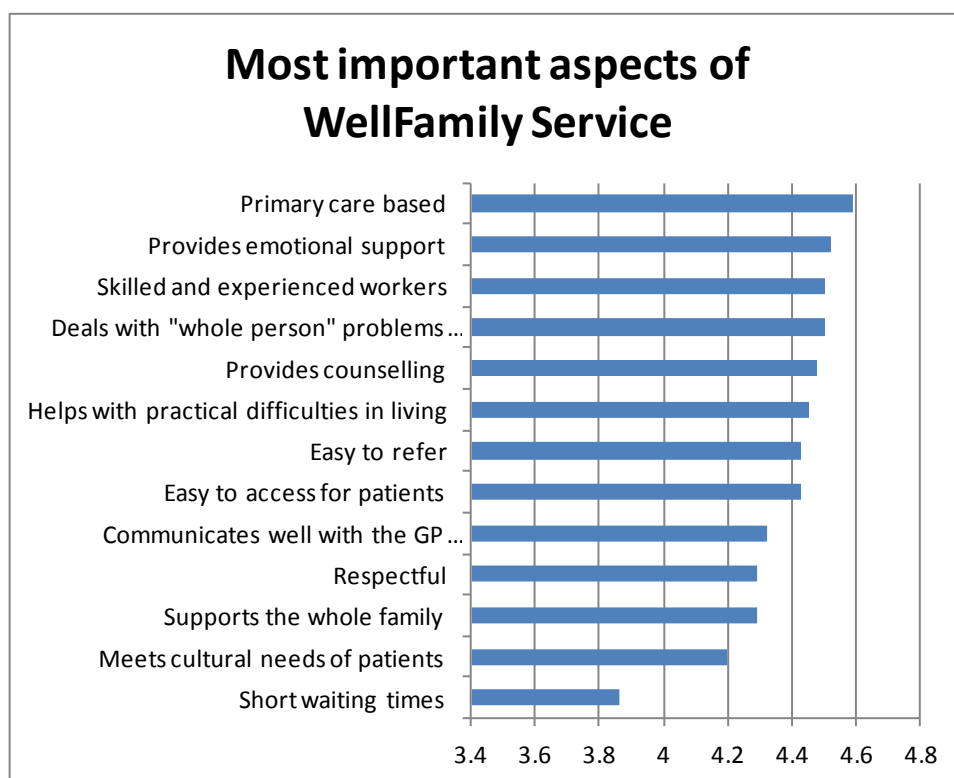


12.2.3 Most important aspects of service delivery

A number of aspects of the WellFamily service were highly valued including:

- Primary care based
- Provides emotional support
- Deals with "whole person" problems (practical and emotional)
- Skilled and experienced workers
- Provides counselling
- Helps with practical difficulties in living
- Easy to access for patients
- Easy to refer
-

What are the most important aspects of the WellFamily service delivery?							
Answer Options	Not at all	A little	Moderately	Very	Extremely	Rating Average	Response Count
Easy to access for patients	0	0	2	8	11	4.43	21
Easy to refer	0	1	0	9	11	4.43	21
Primary care based	0	0	0	9	13	4.59	22
Short waiting times	1	1	3	11	5	3.86	21
Deals with "whole person" problems (practical and	0	0	1	9	12	4.50	22
Helps with practical difficulties in living	0	0	1	9	10	4.45	20
Provides emotional support	0	0	1	8	12	4.52	21
Provides counselling	0	0	1	9	11	4.48	21
Supports the whole family	0	1	1	10	9	4.29	21
Communicates well with the GP practice	0	0	2	11	9	4.32	22
Respectful	0	0	2	11	8	4.29	21
Meets cultural needs of patients	0	0	4	8	8	4.20	20
Skilled and experienced workers	0	0	1	9	12	4.50	22



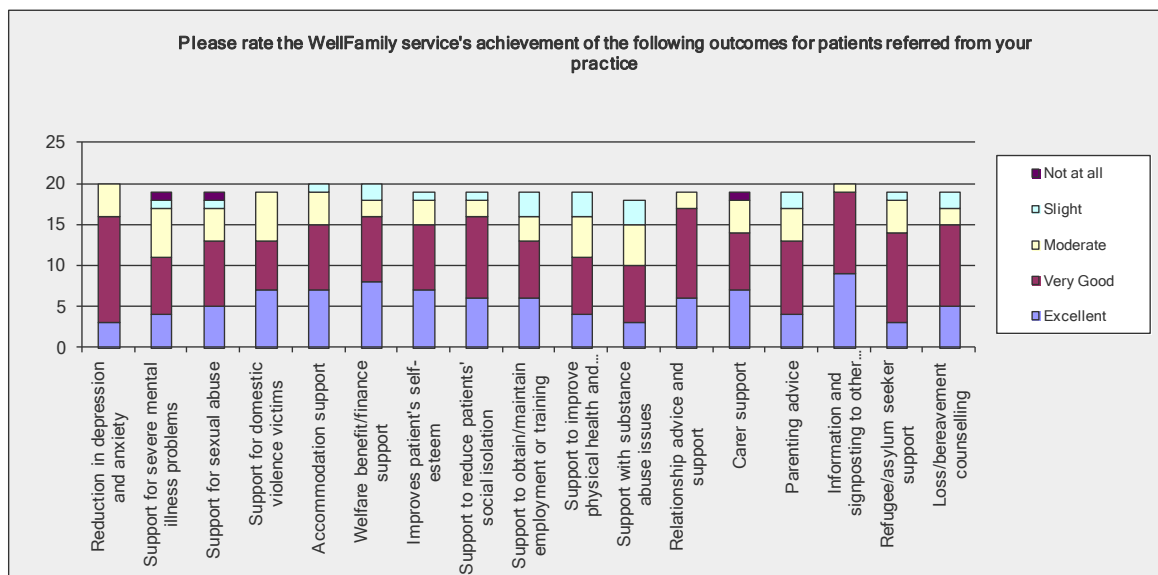
12.2.4 WellFamily outcomes achieved

Many positive patient outcomes were rated as very well achieved including:

- Information and signposting to other services
- Relationship advice and support
- Welfare benefit/finance support
- Support to reduce patients' social isolation
- Accommodation support
- Improves patient's self-esteem
- Reduction in depression and anxiety
- Loss/bereavement counselling
- Carer support
- Support for domestic violence victims
- Support to obtain/maintain employment or training

- Refugee/asylum seeker support
- Support for sexual abuse
- Parenting advice

Please rate the WellFamily service's achievement of the following outcomes for patients referred from your practice						
Answer Options	Not at all	Slight	Moderate	Very Good	Excellent	Response Count
Reduction in depression and anxiety	0	0	4	13	3	20
Support for severe mental illness problems	1	1	6	7	4	19
Support for sexual abuse	1	1	4	8	5	19
Support for domestic violence victims	0	0	6	6	7	19
Accommodation support	0	1	4	8	7	20
Welfare benefit/finance support	0	2	2	8	8	20
Improves patient's self-esteem	0	1	3	8	7	19
Support to reduce patients' social isolation	0	1	2	10	6	19
Support to obtain/maintain employment or training	0	3	3	7	6	19
Support to improve physical health and exercise	0	3	5	7	4	19
Support with substance abuse issues	0	3	5	7	3	18
Relationship advice and support	0	0	2	11	6	19
Carer support	1	0	4	7	7	19
Parenting advice	0	2	4	9	4	19
Information and signposting to other services	0	0	1	10	9	20
Refugee/asylum seeker support	0	1	4	11	3	19
Loss/bereavement counselling	0	2	2	10	5	19
answered question						20
skipped question						7



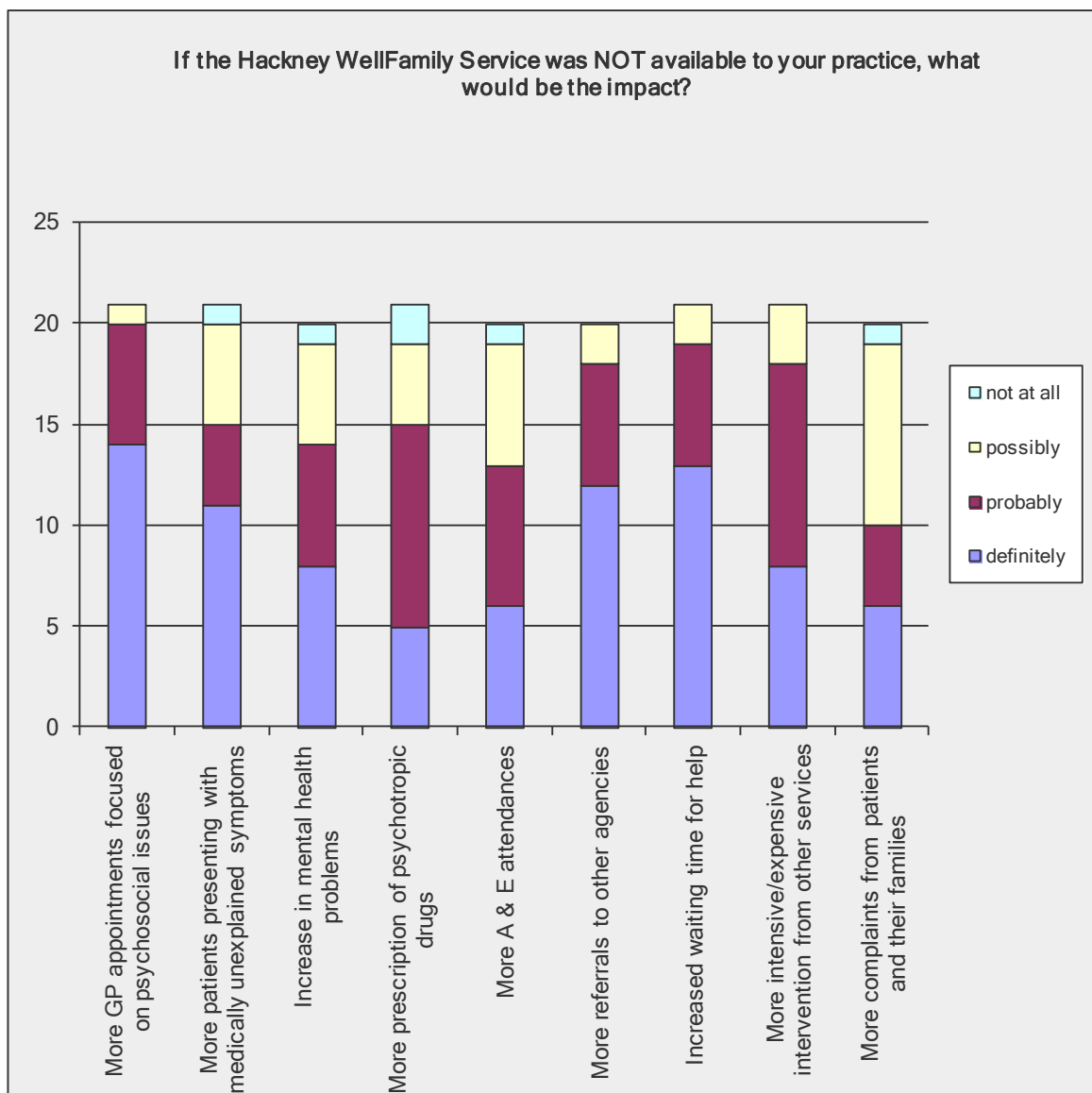
12.2.5 Impact if WellFamily service NOT available

The majority of respondents agreed that if the WellFamily service was not available to the GP practice, it would have the following impacts:

- More GP appointments focused on psychosocial issues
- Increased waiting time for help
- More referrals to other agencies
- More intensive/expensive intervention from other services
- More patients presenting with medically unexplained symptoms
- Increase in mental health problems
- More prescription of psychotropic drugs

- More A & E attendances
- More complaints from patients and their families

If the Hackney WellFamily Service was NOT available to your practice, what would be the impact?					
Answer Options	not at all	possibly	probably	definitely	Response Count
More GP appointments focused on psychosocial	0	1	6	14	21
More patients presenting with medically unexplained	1	5	4	11	21
Increase in mental health problems	1	5	6	8	20
More prescription of psychotropic drugs	2	4	10	5	21
More A & E attendances	1	6	7	6	20
More referrals to other agencies	0	2	6	12	20
Increased waiting time for help	0	2	6	13	21
More intensive/expensive intervention from other	0	3	10	8	21
More complaints from patients and their families	1	9	4	6	20
Please add any additional comments here (please specify)					4
answered question					21
skipped question					6

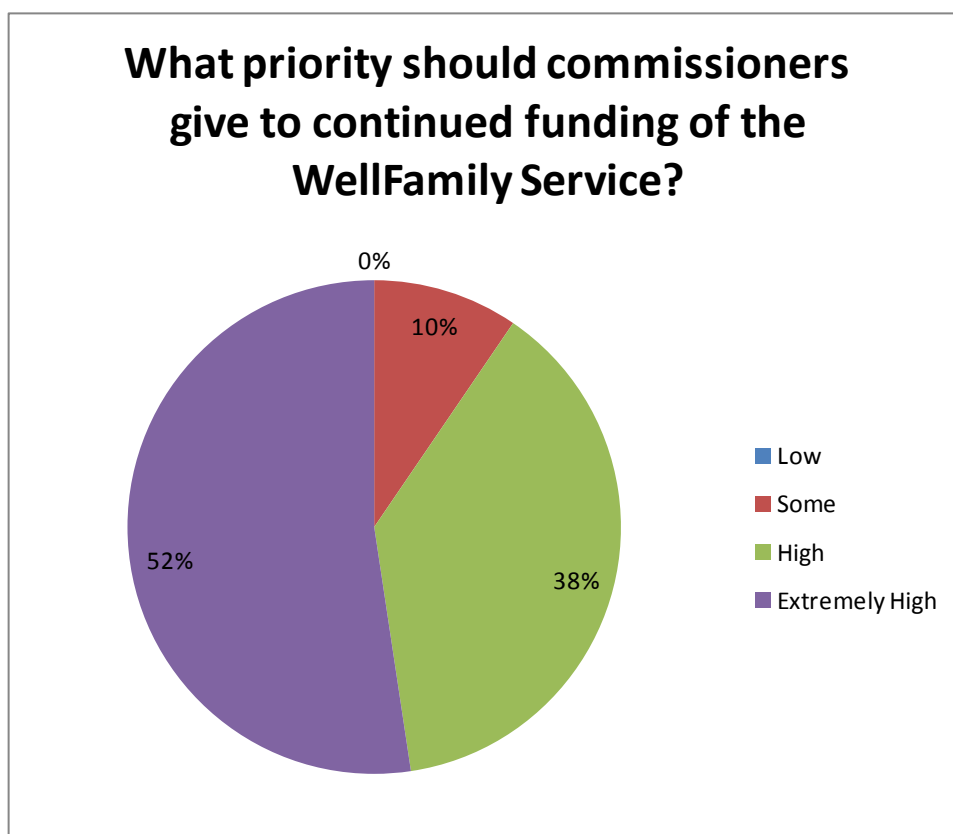


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12.2.6 What priority should commissioners give to continued funding of the WellFamily service?

90% of respondents felt commissioners should give high or very high priority to continued funding of the WellFamily service.

What priority should commissioners give to continued funding of the WellFamily Service?						
Answer Options	Low	Some	High	Extremely High	Rating Average	Response Count
Other (please specify)	0	2	8	11	3.43	21
						2
<i>answered question</i>						21
<i>skipped question</i>						6

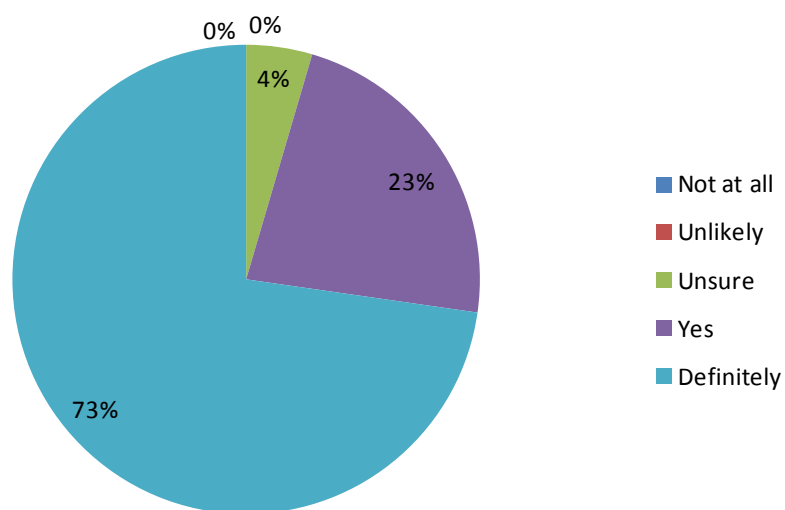


12.2.7 Would GP recommend WellFamily services to other practices?

95% of respondents would recommend the WellFamily services to others.

Would you recommend the Hackney WellFamily Service to other GP practices?						
Answer Options	Not at all	Unlikely	Unsure	Yes	Definitely	Rating Average
	0	0	1	5	16	4.68
						22
<i>answered question</i>						22
<i>skipped question</i>						5

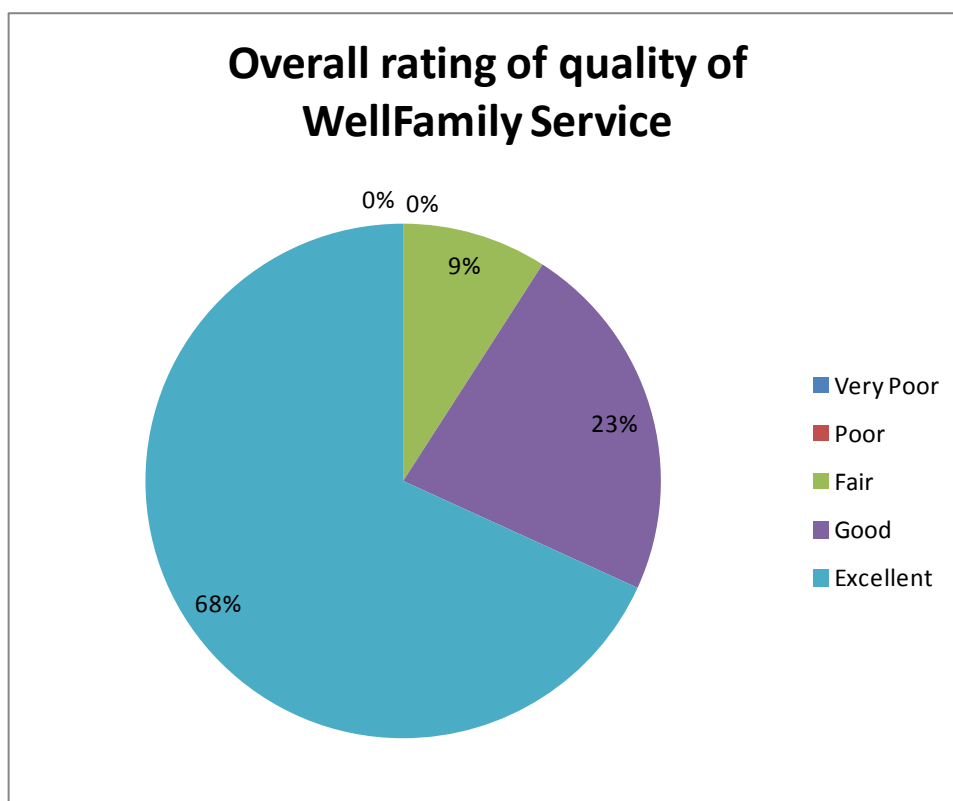
Would you recommend the Hackney WellFamily Service to other GP practices?



12.2.8 Overall rating of quality of WellFamily Service

How would you rate the overall quality of the Hackney WellFamily Service?								
Answer Options	Very Poor	Poor	Fair	Good	Excellent	Rating Average	Response Count	
	0	0	2	5	15	4.59	22	

23% of respondents rated the service as good and 68% as excellent, indicating very high levels of satisfaction amongst GPs.



12.2.9 General comments from GPs

- *It is very useful to have a family worker who is known to the surgery*
- *This is one of the most useful services we have connected to our surgery and has really benefited patients who often feel isolated with nowhere to turn.*
- *Not only would we like to keep this service, we need more time. We have half a day for 6500 patients and it is always booked out weeks in advance.*
- *Very reliable service in every sense*
- *Should have more time allocated to practice based service*
- *Fantastic service with highly skilled workers, takes a lot of pressure off GP's as more appropriate support with longer appointments can be given. Our patients would definitely suffer more if service not available*
- *Well done*
- *Increased availability*
- *We could use more appointments*
- *Our Well Family worker is excellent and we have a great working relationship with her. The GP's refer to her on a regular basis and she works with other outside agencies to provide a whole service to our patients and always feeds back. Other staff often go to her for advice for patients as well. An excellent service.*
- *No, I find the service extremely helpful for my patients especially because it is practice based and more accessible. I would recommend more flexibility of appointments if possible i.e. service availability on other days and times also if possible*

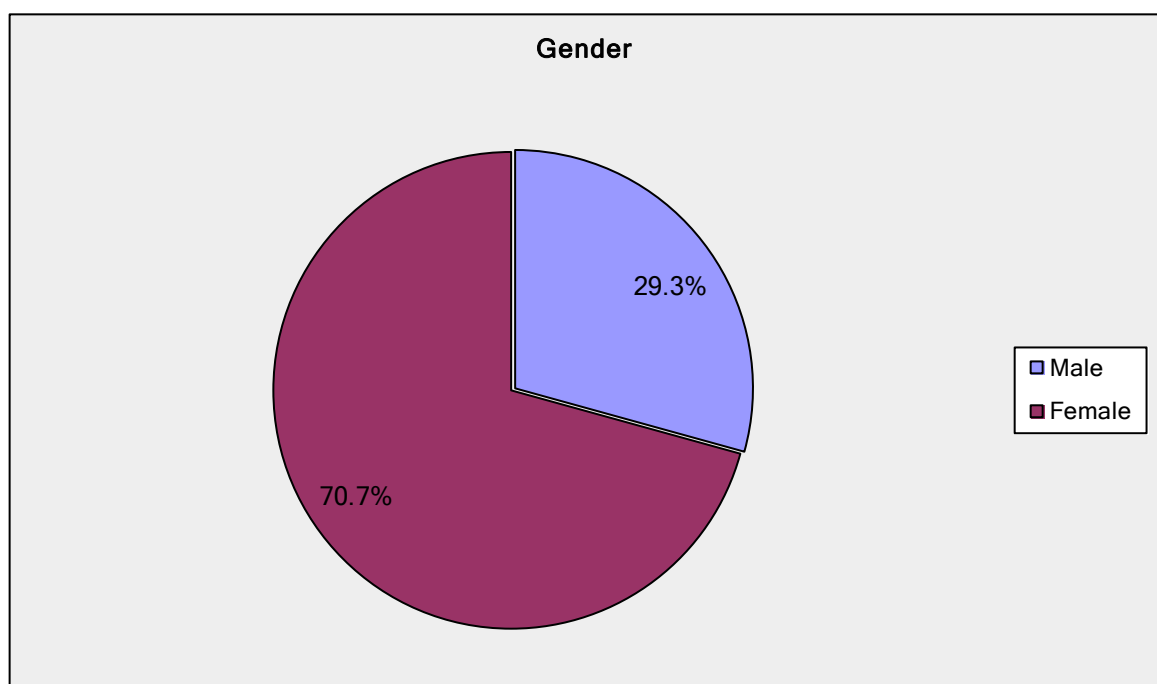
- *Excellent service*
- *needs more hours for our patients, over demand leads to increased waiting times*
- *Could do with more weekly sessions*
- *Very flexible. Very approachable. Very good that will see anyone and everyone short waits for appointments.*
- *Very good service*
- *GPs would be angry if the Family Action model of service is changed but can feel impotent to defend the service.*
- *Doctors and all health professionals are under constant pressure to respond to the needs of patients. Every day they see disadvantaged and isolated individuals and families for whom social and emotional support would be a better solution than NHS services.*
- *Not aware of the service and have not referred to it. Healthcare professionals must be informed about it.*

12.3 Client Survey

Family Action conducts its own satisfaction survey on an annual basis.

12.3.1 Respondent profile

The online client survey was completed in December 2013 by 92 service users (male: 27; female 65), The active team caseload at any one time is c. 22-23 clients per worker, giving a team caseload of 120. The client feedback response rate was thus a respectable 77% and likely to be representative.



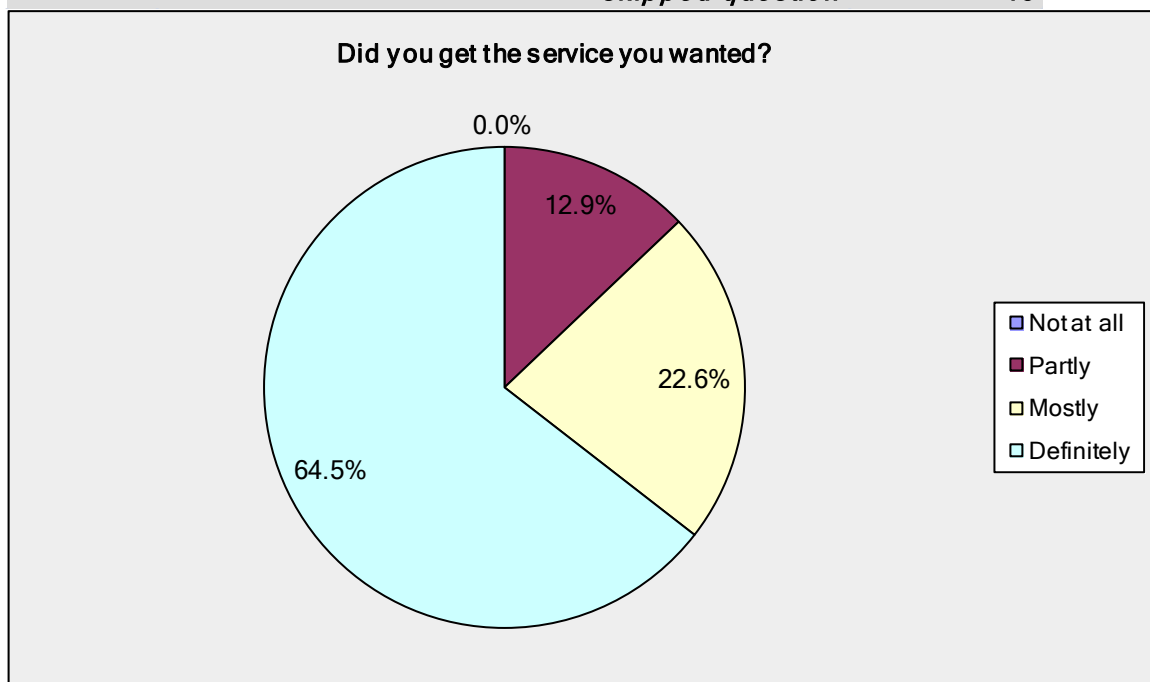
The mean age of respondents was 42.5 years (range 18 to 73 years).

Respondents had been seen for an average of 5.7 sessions (range 2 to 25 sessions).

12.3.2 Did client get the service they wanted?

Around 87% of clients reported that they mostly or definitely got the service they wanted from WellFamily.

Did you get the service you wanted?		
Answer Options	Response Percent	Response Count
Not at all	0.0%	0
Partly	7.6%	6
Mostly	30.4%	24
Definitely	62.0%	49
<i>answered question</i>		79
<i>skipped question</i>		13

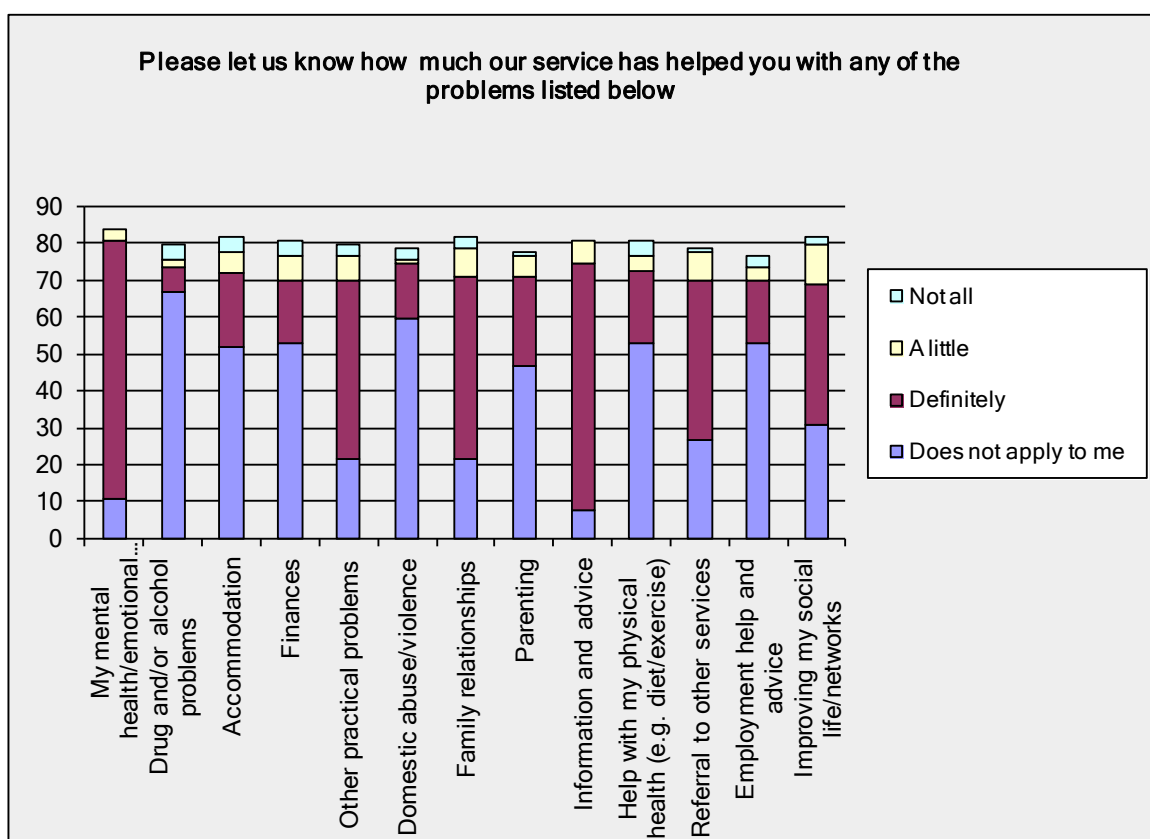


12.3.3 Type of help received and its impact

The vast majority of respondents felt that the WellFamily service had definitely helped them. The most frequently mentioned impact related to:

- Mental health/emotional problems
- Information and advice
- Practical problems
- Family relationships
- Finance
- Referral to other services
- Improving social networks

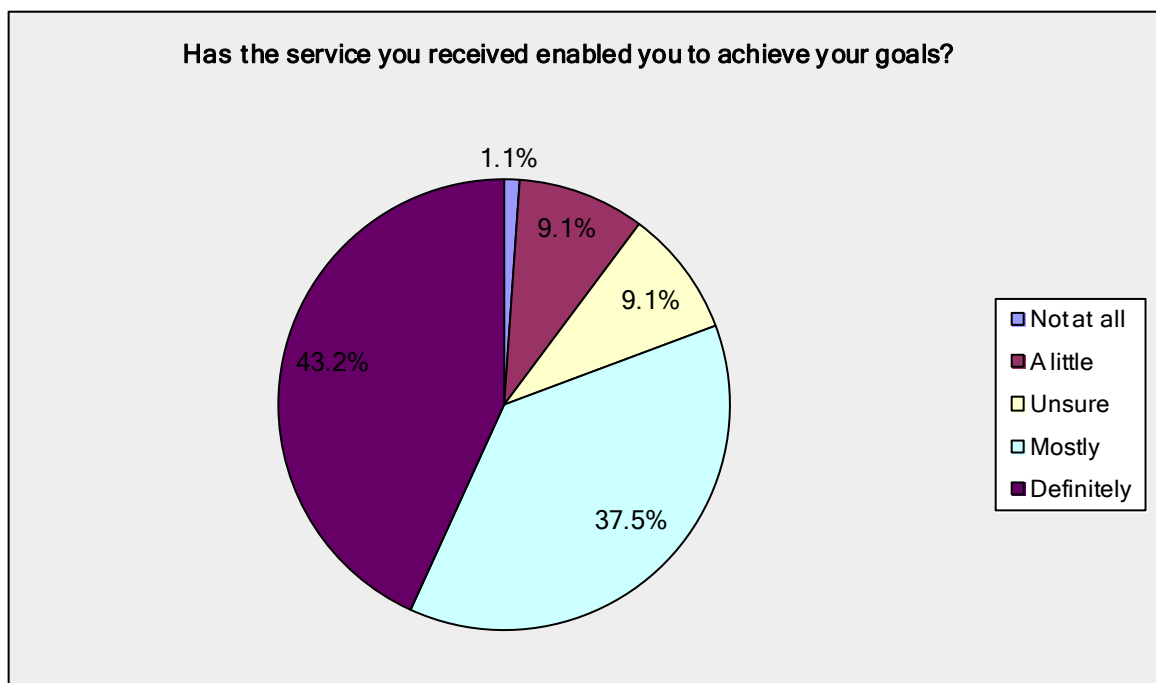
Please let us know how much our service has helped you with any of the problems listed below					
Answer Options	Not all	A little	Definitely	Does not apply to me	Response Count
My mental health/emotional problems	0	3	70	11	84
Drug and/or alcohol problems	4	2	7	67	80
Accommodation	4	6	20	52	82
Finances	4	7	17	53	81
Other practical problems	3	7	48	22	80
Domestic abuse/violence	3	1	15	60	79
Family relationships	3	8	49	22	82
Parenting	1	6	24	47	78
Information and advice	0	6	67	8	81
Help with my physical health (e.g. diet/exercise)	4	4	20	53	81
Referral to other services	1	8	43	27	79
Employment help and advice	3	4	17	53	77
Improving my social life/networks	2	11	38	31	82
answered question					88
skipped question					4



12.3.4 Has the service enable client to achieve their goals?

Around 81% of respondents felt the WellFamily service had mostly or definitely helped them achieve their goals and a further 9% or so felt it had helped a little, and 9% were unsure. Only 1% or respondents felt it had not helped at all.

Has the service you received enabled you to achieve your goals?		
Answer Options	Response Percent	Response Count
Not at all	1.1%	1
A little	9.1%	8
Unsure	9.1%	8
Mostly	37.5%	33
Definitely	43.2%	38
answered question		88
skipped question		4



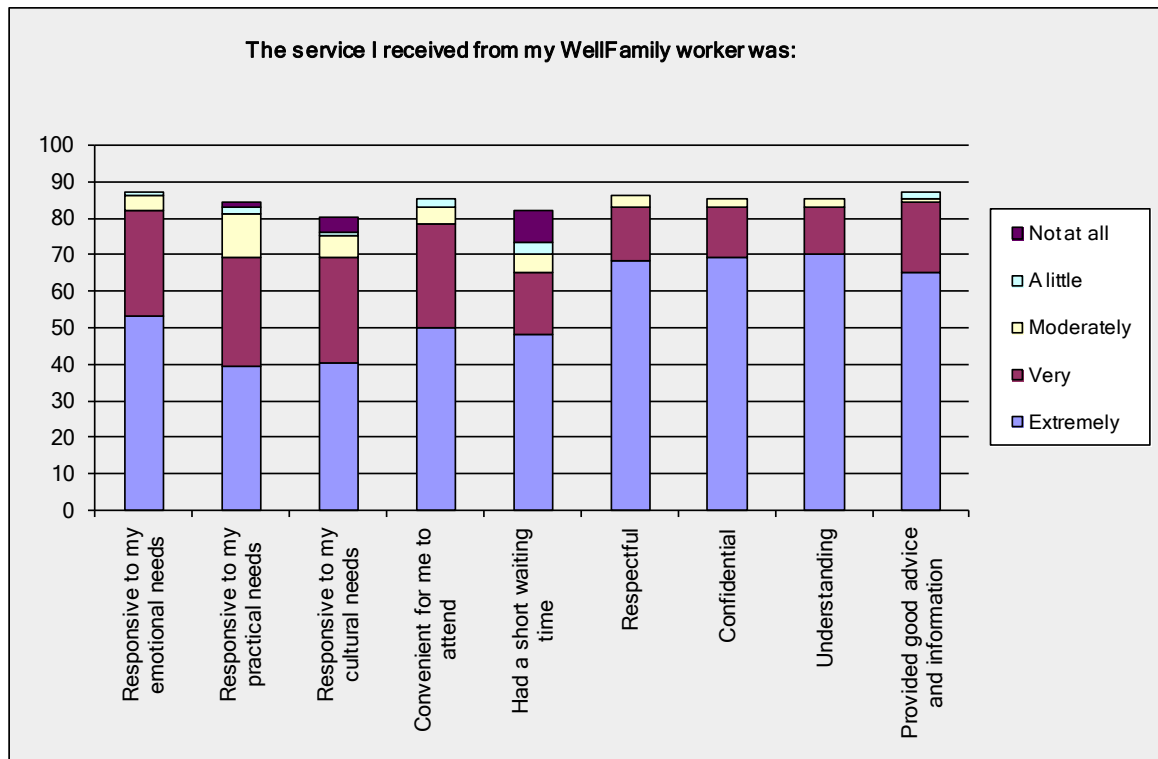
12.3.5 Service from WellFamily worker

Ratings from clients regarding the service they had received from the WellFamily worker were extremely positive in relation to:

- Confidentiality
- Respect
- Understanding
- Advice and information
- Emotional needs
- Convenient to attend
- Practical needs
- Responsive to cultural needs
- Short waiting time

The service I received from my WellFamily worker was:

Answer Options	Not at all	A little	Moderately	Very	Extremely	Response Count
Responsive to my emotional needs	0	1	4	29	53	87
Responsive to my practical needs	1	2	12	30	39	84
Responsive to my cultural needs	4	1	6	29	40	80
Convenient for me to attend	0	2	5	28	50	85
Had a short waiting time	9	3	5	17	48	82
Respectful	0	0	3	15	68	86
Confidential	0	0	2	14	69	85
Understanding	0	0	2	13	70	85
Provided good advice and information	0	2	1	19	65	87
answered question						88
skipped question						4

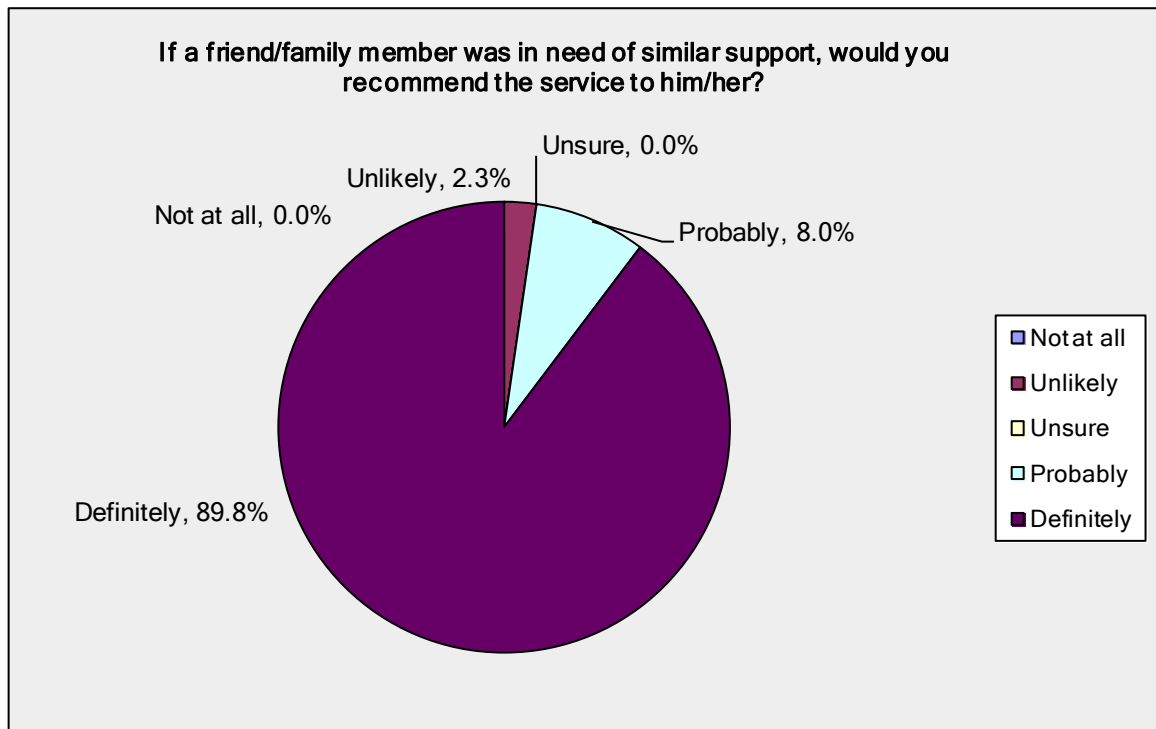


12.3.6 Would client recommend WellFamily service to others?

Around 98% of respondents would recommend the WellFamily service to friends and family.

If a friend/family member was in need of similar support, would you recommend the service to him/her?

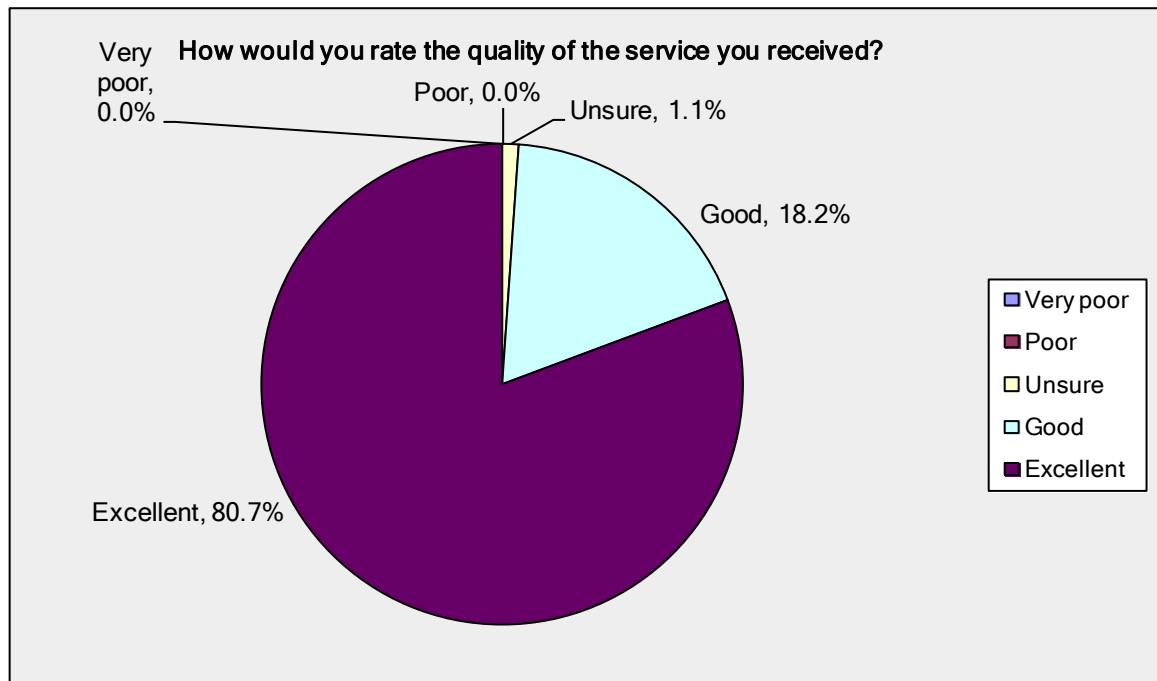
Answer Options	Response Percent	Response Count
Not at all	0.0%	0
Unlikely	2.3%	2
Unsure	0.0%	0
Probably	8.0%	7
Definitely	89.8%	79
answered question		88
skipped question		4



12.3.7 Client's overall rating of service quality

Around 81% of respondents rated service quality as excellent and a further 18% of respondents rated the service quality as good with only one person providing an "unsure" rating.

How would you rate the quality of the service you received?		
Answer Options	Response Percent	Response Count
Very poor	0.0%	0
Poor	0.0%	0
Unsure	1.1%	1
Good	18.2%	16
Excellent	80.7%	71
answered question		88
skipped question		4



12.3.8 Client comments

The following comments are listed from clients regarding the WellFamily service:

- *I am new to this service, but feel comforted knowing someone is on hand in difficult times.*
- *Seeing Beverley has helped and supported me to get through some of my difficulties.*
- *I enjoyed the service a lot, and very helpful indeed!*
- *Would recommend to everyone. Thank you.*
- *No - very good. Come again. Very helpful.*
- *The service i have received from my Wellfamily sessions has been excellent. Thanks!*
- *It's great! I am very happy with the help on offer.*
- *No it's ok. Deliver more*
- *Keep it going; it's needed - especially in this economic climate. 10/10*
- *Spread to all surgeries*
- *None, it's really good as is.*
- *Perfect*
- *Very helpful and understanding.*
- *The same service for children is needed in all surgeries.*
- *Thank you*
- *Just to say thank you to Beverley for all her help during these past few weeks. An excellent counsellor and I would recommend anyone who is troubled to come and see her.*
- *Would like it to continue.*
- *Maybe the sessions could be for a longer duration.*

- *In would be nice to see Beverley more times in the week as she provides an excellent service.*
- *Please continue offering this service*
- *No*
- *No waiting and excellent service -thank you!*
- *No not at all I had a very positive experience in every way.*
- *Long waiting list - 2.5 months from referral*
- *Mine has been wonderful, helping me think things through, and take practical steps to changing my situation. She has referred me on to services that can help me to cope better, and has helped me with the applications, which I find so difficult. She has listened to my anxieties and helped me to see a clear path forward. Knowing that she is here to help makes a big difference, as i am always so worried with getting things finished, and doing the right thing. The service she provides is invaluable. Thank you very much.*
- *Not really - Andrea was great and very supportive. Thank you.*
- *My particular counsellor was very good for me. Other counsellors in the past were much less help.*
- *Andrea is an excellent and helpful person who is obviously very experienced, I wish I could see her for longer and get extended help with the job market. I am grateful for the hard work she puts in and for her kindness and understanding, she is very supportive.*
- *To me i think everything is fine*
- *Useful in difficult times*
- *Andrea was very helpful and is supportive in helping me to do my DLA application. She empowered me to do the form by myself, giving me constructive pointers on what to emphasise. This worked because I am reasonably articulate. However, the appointment time slots may not allow enough time for clients who need to have this very, very long form done for them.*
- *I have been looked after so well Hamra is caring considerate and very thoughtful person she has helped me so much thank you so much*
- *No suggestions. I would just like to say this service has assisted me and my family so much as I have had a very turbulent couple of years. My support worker was very understanding and supportive. She gave me understanding of my situation and many solutions on finding a way forward. I am very grateful for the support, assistance and guidance.*
- *The service is excellent and remarkable. My support worker is the best, I am lucky to have her. (Hamra you are simply the best)*
- *Thank you so much for such a quick referral to this service at a time convenient for me, which has provided much-needed support and validation to help me through a very difficult time with my teenage daughter and low engagement from her dad (my ex-partner), both of which now seem to be improving. The only suggestion for improvement I have is better joining up with other services, so that all would be aware of what each other was doing - in my case that would be CAMHS and Young Hackney. It may also have been useful for my GPs to suggest this support for me when I first talked to them about problems with my daughter, though I didn't ask for this and as soon as I said I felt I wasn't coping they did ask if*

I wanted counselling and I had an appointment within a fortnight. Thanks again.

- My WellFamily workers was very keen to help; their support was extremely helpful. Their advice was something that means a lot to my situation then and now. Mine and Beverley was a tower of strength in my time of needs, and was and is a pleasure to refer the service to anyone. A big thank you for the support and help received. God bless and continue with the good work.*
- Try to keep it going at all costs. Being able to see my worker regularly and flexibly has improved the quality of my life enormously, has given me strategies and allowed me to make significant changes in my life and reduce my anxiety. A really really important service. The only improvement would be to make it more widely available.*
- Beverley is very understanding and supportive, and even when I feel I don't have any pressing issues, she is there to just chat with me which is helpful in its own way!*
- A lifeline - so glad I enquired at my GP's practice and got referred.*
- On like the person that use to attend me , she use to follow every mistake any one dose and take it up from there immediately .*
- If client needs an emergency appointment, they should receive one straightaway if possible.*
- Your service is good and they support me all the time honestly and kindly.*
- Mina was lovely I have complicated healthcare issues and will see her again soon to continue working with me*
- Not applicable really. The help I received was superb.*

13 Cost-effectiveness of WellFamily Service

A detailed health economic cost-effectiveness evaluation of the WellFamily was out of scope of the current evaluation. However, a recent analysis of the Hackney Social Care Forum Infrastructure¹⁴ undertaken by Bristol University suggests a Social Return on Investment (SROI) of £5.96 for every £1 invested in family action. The high return observed was attributable to Family Action having:

- Specialist services available to meet growing demand and different client needs
- Strong business model with clear processes for successful client intervention
- Outcomes duration likely to be long term with lasting changes in quality of life
- Value in the work conducted with other institutes such as schools

However, there is converging evidence that the WellFamily service achieves clinically significant impact on clients' wellbeing and social adjustment and represents a cost-effective investment for commissioners. The service achieves sustainable outcomes and decreased rate of re-referrals.

Evidence from WellFamily in Hackney where it is used extensively by GPs shows that:

- 90% of the GPs said WellFamily reduced repeat or inappropriate visits.
- One patient sample shows a 70% reduction in unnecessary GP visits
- 291 people may have been prevented from attending A & E representing a cost saving.
- GPs appreciate the WellFamily worker role in writing letters to housing/benefits agency which would otherwise attract a fee of £35-£50 per letter.

13.1 Indicative model: Potential cost savings to health and social care economy of investment in WellFamily service

The spreadsheet below models some assumptions regarding the impact of the WellFamily service on the health and social care economy per annum. The evidence base of these assumptions needs to be robustly and empirically tested^{15, 16}

Some practices report that they have a fairly low referral rate to primary care mental health services as they use in house counsellors and the WellFamily worker to meet most needs, representing a cost-saving in term of secondary mental health referrals.

However, if every WellFamily attender had just one less GP appointment per year (at a unit cost of £300 per attendance - to include overheads, prescriptions and GP time), the WellFamily service would be "cost neutral" to the health economy. However, outcome, interview and survey data suggest the impact is much greater (e.g. in terms of specialist mental health service reduction in attendance, reduced Accident and Emergency Hospital attendance, social work costs etc). If these assumptions were demonstrated as correct, then investment in the WellFamily service could demonstrate net cost savings to the health and care economy of over £100,000 per annum.

Indicative Model of Potential Cost Savings to Health and Social Care Economy of investment in WellFamily Service					
No. Of WellFamily Clients seen p.a.	Other services	Unit cost/hour	Per annum reduction per WellFamily client	Total unit reduction	Potential cost saving
1089	GP consultation	300.00	1	1089	£326,700.00
	CMHT consultation (nurse)	53.00	0.2	218	£11,543.40
	Consultant psychiatrist	137.00	0.1	109	£14,919.30
	A & E attendance	120.00	0.25	272	£32,670.00
	Social worker assessment	55.00	0.1	109	£5,989.50
	Referral to IAPT High Intensity service	192.00	0.2	218	£41,817.60
	Total potential cost saving (other services)				£433,639.80
	WellFamily Service Budget				£310,500.00
	Net cost saving p.a. to health and social care				£123,139.80

The above may represent a conservative estimate of the social return on investment (SROI) which according to the Bristol University estimate would suggest an SROI of circa £1.8 million from the WellFamily service cost of £310,500, indicating a significant positive impact on the health and social care economy.

13.2 WellFamily Outcomes linked to National Adult Social Care, NHS and Public Health outcomes

WellFamily could be jointly commissioned and supports delivery of a wide range of indicators across the NHS, Adult Social Care, Public Health and Commissioning Outcomes Frameworks. Outcomes consistent with national health and social care policy achieved by WellFamily are highlighted below

WellFamily Outcomes	Adult Social Care ¹⁷	NHS ^{18, 19, 20}	Public Health
<ul style="list-style-type: none"> Reduction in GP appointments and referral waiting times early preventative intervention in health care reduces the need for more intensive and expensive interventions by statutory services Reduction in A&E attendance Reduction in cost of intervention (£55 vs £300) Reduction in suicidal ideation Reduces dependency on Tier 3 and 4 specialist mental health services Reduction in anxiety and depression Reduction in isolation Reduction in family breakdown 	<ol style="list-style-type: none"> Enhancing quality of life for people with care and support needs <ul style="list-style-type: none"> The proportion of people who use services who have control over their daily life Proportion of people using social care who receive self-directed support, and those receiving direct payments Carer-reported quality of life Proportion of adults with learning disabilities in paid employment Proportion of adults in contact with secondary mental health services in paid employment (to be replaced with Proportion of working age adults in contact with social services in paid employment) Proportion of adults in contact with secondary mental health services living independently, with or without support Proportion of adults with learning disabilities who live in their own home or with their family Delaying and reducing the need for care and support <ul style="list-style-type: none"> Effectiveness of 	<ol style="list-style-type: none"> Preventing people from dying prematurely <ul style="list-style-type: none"> Reducing premature mortality from the major causes of death Reducing premature death in people with serious mental illness Reducing deaths in babies and young children Reducing premature death in people with a learning disability Ensuring people feel supported to manage their condition <ul style="list-style-type: none"> Enhancing quality of life for people with long-term conditions Improving functional ability in people with long-term conditions Reducing time spent in hospital by people with long-term conditions Enhancing quality of life for carers Enhancing quality of life for people with mental illness Helping people to recover from episodes of ill health or following injury <ul style="list-style-type: none"> Emergency admissions for acute conditions that should not usually 	<ol style="list-style-type: none"> Improving the wider determinants of health <ul style="list-style-type: none"> Children in poverty School readiness Pupil absence First-time entrants to the youth justice system 16-18 year olds not in education, employment or training People with mental illness or disability in settled accommodation People in prison who have a mental illness or significant mental illness Employment for those with a long-term health condition including those with mental illness Sickness absence rate

	<p>prevention/preventative services</p> <ul style="list-style-type: none"> Delayed transfers of care from hospital, and those which are attributable to adult social care <p>3. Ensuring that people have a positive experience of care and support</p> <ul style="list-style-type: none"> The proportion of carers who report that they have been included or consulted in discussions about the person Overall satisfaction of people who use services with their care and support Overall satisfaction of carers with social services The proportion of people who use services and carers who find it easy to find information about services People, including those involved in making decisions on social care, respect the dignity of the individual and ensure support is sensitive to the circumstances of each individual. <p>4. Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm</p> <p>The proportion of people who use services feel safe</p>	<p>require hospital admission</p> <ul style="list-style-type: none"> Emergency readmissions within 30 days of discharge from hospital Preventing lower respiratory tract infections (LRTI) in children from becoming serious Improving outcomes from planned treatments - Response to IAPT has been added Improving recovery from injuries and trauma Improving recovery from stroke <p>4. Ensuring that people have a positive experience of care</p> <ul style="list-style-type: none"> Improving people's experience of outpatient care Improving hospitals' responsiveness to personal needs Improving access to primary care services Improving people's experience of accident and emergency services Improving women and their families' experience of maternity services Improving experience of healthcare for people with mental illness Improving people's experience of integrated care Improving children and young people's experience of healthcare <p>5. Treating and caring for people in a safe environment and protecting them from avoidable harm</p> <ul style="list-style-type: none"> Delivering safe care to children in acute settings 	<ul style="list-style-type: none"> Domestic abuse Violent crime (including sexual violence) Re-offending Social contentedness <p>2. Health improvement</p> <ul style="list-style-type: none"> Under 18 conceptions Child development at 2-2.5 years Excess weight in 4-5 and 10-11 year olds Hospital admissions caused by unintentional and deliberate injuries in under 18s Emotional wellbeing of looked-after children Hospital admissions as a result of self-harm Diet Excess weight in adults Smoking prevalence – adult Successful completion of drug treatment Reduction in Substance misuse People entering prison with substance dependence issues
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			<p>who are previously not known to community treatment</p> <ul style="list-style-type: none"> ○ Recorded diabetes ○ Alcohol-related admissions to hospital ○ Take up of the NHS Health Check Programme – by those eligible ○ Self-reported wellbeing <p>4. Health care public health and preventing premature mortality</p> <ul style="list-style-type: none"> ○ Infant mortality ○ Tooth decay in children aged 5 ○ Mortality from causes considered preventable ○ Mortality from cardiovascular diseases ○ Mortality from cancer ○ Mortality from liver disease ○ Mortality from respiratory diseases ○ Excess under 75 mortality in adults with serious mental illness ○ Mortality from communicable diseases
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			<ul style="list-style-type: none">○ Suicide○ Emergency readmissions within 30 days of discharge from hospital
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14 Commissioning arrangements

The WellFamily Service is now commissioned by the Local Authority. The wellbeing agenda is led by the Health and Wellbeing Board. The service is not commissioning health treatment but wellbeing and hence falls under a public health remit. The focus is to promote independence and wellbeing.

The budget for the WellFamily service was formerly provided by City and Hackney PCT but from April 2013, the budget transferred to the Local Authority who has a more limited understanding of the service.

There is not a clear service specification from commissioners in relation to the service model, quality standards and expected outcomes. There are aspects of the contract which need to be re-written as it is not reflective of the work. The service had some Key Performance Indicators that it could not deliver. The reporting requirements of commissioners tend to vary year on year which has posed some challenges.

The WellFamily service has felt under threat regarding funding in the recent past as the budget has been reduced. A £50,000 budget reduction has resulted in a loss of two posts in the WellFamily service and some contraction of the extent and range of services offered. The service offered less home-based family support and focused on short-term interventions than its predecessor service.

The Local Authority has recognised the need to rationalise voluntary sector contracts as there were a large number. City and Hackney have a strategy for voluntary groups aimed at reducing variation. There is an opportunity to rethink commissioning of the 27 or so third sector contracts and commissioners would like to see some strategic rationalisation of services to avoid gaps and overlaps in provision.

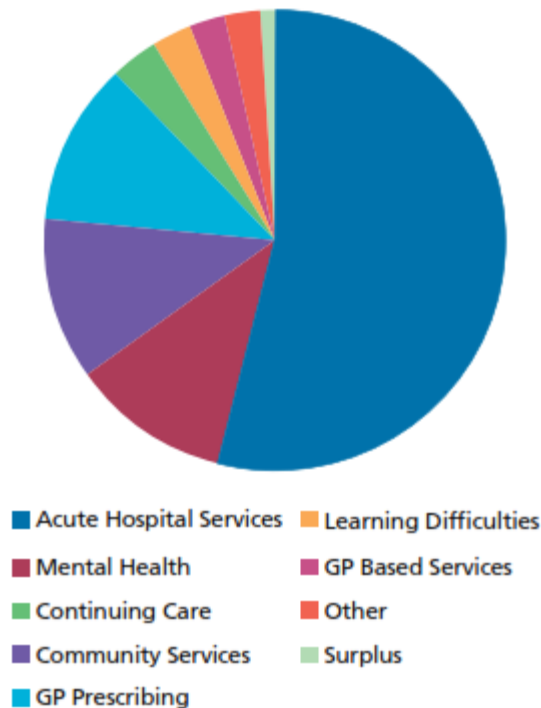
There will be some re-tendering of services and revisiting of specifications.

There has been a stakeholder meeting involving service users and carers and this is operating to tight timescales. A Provider Forum was held in December 2013 to address these issues.

There is a regular health network meeting for third sector health and care provider members to share knowledge. The split of health and wellbeing to the local authority can lead to some issues in ownership of the service.

The Clinical Commissioning Group for City and Hackney cannot fund voluntary organisations directly but Section 25 monies from the Local Authority can be used for this. There may be other sources of funding but it is difficult to put health service money directly into the WellFamily service under current arrangements.

The CCG allocation for the year ending 31 March 2014 is £341million²¹. The CCG's financial plan sets out how this allocation will be used and the chart below provides an indicative breakdown of the investment in services commissioned.



The CCG is required by NHS England to end the year with a 1 per cent surplus, equal to £3.5m; to start the year with a planned contingency of £1.8m; and for 2 per cent of the allocation to ensure it is only committed non-recurrently.

In 2013/14 the CCG's allocation was increased by 2.3 per cent from the equivalent PCT baseline. However assumptions for inflation and demographic and non-demographic growth result in pressures which significantly exceed that increase. To offset this funding gap, the NHS requires its providers to deliver 4 per cent efficiency savings. As a commissioner, the CCG has a Quality, Innovation, Productivity and Prevention (QIPP) programme in place to deliver savings of £5.5m (1.6 per cent) for 2013/14. Demand for health services continues to grow and the CCG will have a similar QIPP challenge for each of the years 2014/15 and 2015/16 in addition to that delivered in 2013/14.

The CCG also receives an annual running cost allowance (RCA) of £25 per head for City and Hackney patients to cover the operating costs of the CCG which, for the year ended 31 March 2014, is £6.5million. Running costs include board costs, premises, audit, clinical leadership and commissioning support services. The CCG has a contract with the North East London Commissioning Support Unit, which provides support services to 12 CCGs across North and East London.

There is a strong lobby from GPs and by the CCG for the WellFamily service as it is well-embedded in primary care, but local authority commissioners are keen that there should be no favouritism in future procurement and services should be judged in terms of evidence and outcomes.

Personal health budgets may be a way forward for clients to purchase WellFamily services directly but administrative and budgetary arrangements for this are currently limited. Direct payments may assist with recovery. Clients can buy services from the voluntary sector network or elsewhere.

The service may benefit from corporate sponsorship in the locality given its proximity to rich City companies who may wish to invest in local philanthropy. A number of WellFamily staff have well-honed resource investigation skills locally which could be extended.

There are fears amongst a number of providers about the stability of voluntary sector contracts and the mental health and physical health spend for Hackney.

However, there is a significant role for the voluntary sector in providing commissioning support. For instance, the robust evaluation of WellFamily outcomes can lend evidence-based support and confidence to commissioning decisions²². The Nuffield Trust report (op.cit.) states "*There are some areas of commissioning support where the voluntary sector offers particular expertise, including needs-assessments, business intelligence, service re-design, and public and patient engagement.*"

Voluntary sector organisations recognise that they need to be more explicit about the services they offer and their impact, and need to demonstrate how they can support wider commissioning agendas such as efficiency gains and integration, alongside improving patient outcomes and experience".

15 Scoping the Market

This evaluation indicates that there are some gaps in service uptake (i.e. potential service users who are eligible to receive the service but are not doing so) and there are further potential opportunities for WellFamily service development in terms of promotion of family health and wellbeing, in line with local Joint Strategic Needs Analysis priorities identified by the local Health and Wellbeing Board²³.

15.1 Competitors and Partners

There is quite a complex network of voluntary services in Hackney of differing sizes. There can be a competitive atmosphere between organisations which is not conducive to partnership working.

Commissioners developed a network model to try and rationalise 36 contracts in the Borough in terms of one overall commissioning framework may be efficient and cost-effective. However, the framework²⁴ is proving challenging to implement and the proposal is currently being re-fashioned to some extent following feedback. However, in a period of diminished overall funding there is a need for greater clarity and cost-effectiveness to ensure that duplicative services are not being commissioned²⁵.

A guide to counselling and therapy services in Hackney²⁶ lists a variety of third sector organisations in this field. City and Hackney Health and Social Care Forum comprises a network of over 230 voluntary and community sector (not for profit) groups working in health and social care in Hackney and the City^{27, 28}. There is a talking therapies provider forum.

The market place is fragmented. There tends to be a "cottage industry mentality" where services are well-embedded locally but do not have an identity beyond this

or fail to envision the wider service impact they could achieve with a more forward-looking strategic approach.

A directory of voluntary and community sector services for children and young people in Hackney was published in July 2011.

Family Action services in Hackney have close links with other providers including:

- Barnardos
- Action for Children.
- Derman (provider of services the Turkish community).
- New projects associated with domestic violence.
- Age UK (information and advice service)
- MIND offers psychological therapies. However, access to these therapies is means tested and clients may need to pay a fee for counselling.
- The Jewish community charities which support the Charedi community.

There is a need to capacity build in the voluntary and community sector and to map community resources.

It may be helpful for Family Action to profile more systematically local competitor or partner provider services and to gain clarity on its "unique selling points" in relation to present and future commissioners of service. For instance, where does WellFamily fit in the patchwork of voluntary sector services and does it link or overlap e.g. with services provided by Hackney MIND or Barnardos?

A starting point would be for Family Action to profile key competitor services in terms of their ethos, target service users, activity and quality standards. The "soft intelligence" about these matters from experienced service managers could be a basis for initial profiling. This would help WellFamily to identify its "unique selling points" within the field of local and indeed national services in this domain.

16 Recommendations for service innovation and development

16.1 Branding and Marketing WellFamily service model

The WellFamily service requires a clearer definition of the service model and its components. This would enable some of the manualisation of the service offering to ensure that effective replication of the service can be achieved whilst maintaining fidelity to the effective service model. Further work is needed to clarify "the ethos and brand and what WellFamily stands for".

A clearer evidence base and identity for the service would assist WellFamily service internal and external differentiation and may indicate some areas for service redesign and development.

There is a need to identify and describe the specific interventions offered by the service ranging from public health and health promotion of "family wellness" to providing therapeutic interventions for families with identified problems and

issues. The WellFamily title may be somewhat misleading currently as the service focuses mainly on individual rather than whole family work with adults although it is mindful of the systemic/family context of the work.

Market research and insight needs to be based on knowledge of the internal services and competitor activities in the market place.

There is a need to structure and gather information and keep up to date. This information needs to be disseminated internally with people having access to it.

More strategic use of social media will help to improve "brand awareness" regarding the WellFamily service.

Family Action needs to send a clear message to external audiences. There is a need to capitalise on the model and position Family Action clearly in the market place to meet commissioner requirements.

Marketing needs to emphasise why the service is achieving better outcomes than its competitors. Emphasis on quality of services evidence-based best practice in provision will be key.

However, the service needs to engage with partner organisations and may seek to offer collaborative or integrated services with compatible partners where this offers improved integration or cost-effective provision to commissioners.

16.2 Information and Communication Infrastructure

There needs to be a brand with a clear identity with WellFamily more closely embedded in Family Action. This will be assisted by WellFamily adoption of a common information platform.

There is a need to modernise the way things are done in terms of ICT infrastructure, marketing and communications.

The WellFamily project has had its own bespoke database. Some weaknesses are recognised in the current WellFamily system as the system is stand-alone and depends on input from an external consultant to make changes or provide reports for commissioners. The current information system for WellFamily is a robust clinical management system which generates a wealth of data but it has proved somewhat difficult to summarise and analyse this data.

There are firm plans to migrate the service to the Family Action corporate system. The new IT system is more flexible in its ability to record service outcomes e.g. from family support interventions and needs of vulnerable or under-accessing groups such as homeless people who may not be registered with the GP. It operates as an electronic care recording system.

The current system is a version of the Salesforce software called Inform which is specially adapted to monitor contracts, service outcomes and activity for third sector organisations. The WellFamily service is the last to migrate but there are plans to do this in the next couple of months or so.

The service can monitor issues such as school attendance and link with national indicators and data from other organisations.

The new system is vital to demonstrate service effectiveness and to drive policy direction for Family Action - for instance indicating areas for new services or service change and development.

There is a need to ensure that the information system supports the analysis of data and that reports can be designed and produced simply to inform service commissioners and referrers. In addition, feedback to the service team is vital to highlight service strengths and areas for development.

A consistent, shared information system will also facilitate learning and cross-fertilisation within Family Action between its projects and services.

This system should enable easier production of bespoke activity and service outcome/impact reports for internal performance management of the WellFamily service and provision of timely, relevant information to external commissioners.

There is a need to understand what factors are associated with positive outcomes for service users.

16.3 Profiling service needs and gaps

The current data analysis indicates the value in profiling service uptake in terms of sociodemographic characteristics (e.g. age, gender, sexual orientation, employment status, ethnicity) and comparing this to the resident population profile to establish whether the service is equitable (i.e. if service users are represented in the proportions expected). This can highlight areas of over- or under-access of the service by referrers and service users. Service access by men, older adults and people with mild learning disability may be areas for further analysis and redesign of services.

Similar profiling can establish if there are systematic differences in issues worked or presenting problems within various sociodemographic groups. This may highlight areas for service development or redesign.

Similarly, more fine grain analysis of service outcome data can indicate which recovery or mental health outcomes are best achieved by the service and areas for further service development or action where outcomes are poorer.

16.4 Demonstrating cost-effectiveness

There is a need to understand more fully the cost-effectiveness of the service and what other data could be collected or referenced to support the outline model.

This is an increasing preoccupation of NHS and local authority commissioners in times of austerity.²⁹

The impact of quite low key but early intervention has the potential to general huge cost efficiencies within the health and care economy.

16.5 Integrated care pathway: IAPT and WellFamily

WellFamily service provides a signposting and service intervention aimed at helping families with practical and social issues as a precursor or alternative to engaging in the local IAPT (Improving Access to Psychological Therapies) service for people with mild to moderate psychological problems such as anxiety and depression.

According to the Kings Fund 12 - 18 per cent of all NHS expenditure on long-term conditions will be spent on issues related to poor mental health. WellFamily can help to prepare an individual for therapeutic counselling by dealing with practical issues which are a barrier to addressing underlying problems. It can therefore supplement the Improving Access to Psychological Therapies (IAPT) pathway or function as triage for IAPT.

The IAPT and WellFamily service thresholds need to be in an integrated care pathway and WellFamily can be an early intervention/access service to promote mental health and wellbeing.

The service should offer targeted preventive support to people who do not fit into other service categories.

Specialist mental health services struggle with signposting for more general information and advice.

There needs to be a shared vision of providing the least intensive services to promote independence. Early intervention is key.

There are some issues about the access of older people to IAPT to be addressed.

There may be some funding from Children and Young People's IAPT funding to extend similar services to children and young people and there is scope for WellFamily to become a credible provider of low intensity IAPT services³⁰.

16.6 Replication and development of the WellFamily model

The WellFamily service is very popular with referrers and the service has good relationships with local commissioners. There is scope for the service model to be copied elsewhere in the UK. There is a role to support the development of new services, networks and relationships and to share learning with other Family Action services.

There is a need to examine the replicability of the Hackney WellFamily service elsewhere and this may require manualisation to ensure fidelity to the model.

There is a similar service in Lowestoft and Norfolk area but it has a somewhat different operational model. The service is partly based in the Community Hospital in Norfolk.

16.7 Social prescribing

WellFamily has elements of the social prescribing model which was nearer to the original WellFamily model. About 80% of current WellFamily activity is brokering advice and grants and therapeutic/counselling activity. 10-15 % of activity could be construed as social prescribing.

Family Action has recently won a year- long pilot project for social prescribing involving wellbeing coordinators and volunteers to promote patient participation in healthy activities. Diabetes is the key long term health condition being targeted (see Appendix 16.7 for more details).

The social prescribing project needs to be differentiated internally within Family Action from social prescribing activities undertaken by WellFamily which only comprise a minority of WellFamily service interventions. The two services have some overlap but are not coterminous.

16.8 Extending family support and group work

Family Action Services in Leicester³¹ are involved in helping people who have been sexually abused, post-adoption and young people in care for specialist provision.

Help for 7 troubled families on a payment by results has reduced truancy, reduce number of ASBOs and reduced level of worklessness. The service worked with the Tavistock mode from the USA, linked to a parenting programme. Intensive group work and family support is part of the programme. The family support unit is based in local schools. They run family group conferences.

Other Family Action projects work on extending opportunities for people with learning disability using personal budgets.

There is scope for achieving more synergy of the model and modus operandi of WellFamily with other services delivered by Family Action.

16.9 Dementia

Other areas of development may include services for dementia or people with more complex mental health problems (see below).

A service for dementia sufferers and their families would include short term social needs assessment, signposting and brief interventions and onward referral to dementia specialists upon diagnosis or deterioration of dementia or where there is a high level of presenting social support needs.

A Social Prescribing Service to increase the opportunities for social inclusion and engagement and help to maintain social networks for those with dementia who are isolated. Carer/family support would also be an important aspect of this service.

16.10 Increased support to people with severe mental illness

The Family Action Building Bridges service was for people with significant mental health issues. Adults with severe mental health problems received family support for a year this would represent a more intensive, whole family approach for people presenting with long term mental health conditions.

Mental health recovery can be addressed by improving social inclusion and opportunities in the community for people for those stepping down through care clusters. This involves signposting to other sources of support.

A flexible service user needs led approach would also focus on employment retention and support and social integration.

16.11 Criminal justice system

The WellFamily service could link more effectively with the prison and probation service to reduce reoffending and improve social reintegration of offenders from prison. The service could support prisoners in maintaining links with their families.

Offenders in the community could be assisted with emotional and practical problems to improve their wellbeing and reduce reoffending.

16.12 Early intervention: Children and Young People

The recent Chief Medical Officers Report prioritises the need to improve the health and wellbeing of children and young people³²

There is a need for early identification and emotional well-being screening in schools. The pupil premiums can provide money for school counsellors but as many child problems relate to family issues, there is a need for these counsellors to work more systemically with families.

Young people between the ages of 18 and 25 years may be under-accessing the WellFamily service and there are opportunities to expand the service to this age group - possibly involving more "youth-oriented" service settings.

16.13 Accident and Emergency provision

Around 15 million people a year visit A&E departments across the UK.

Research shows that Accident and Emergency department attendance is more frequent amongst those who are disadvantaged, with low income and isolated and many will be better helped by community support. When located in Accident and Emergency, WellFamily can work as part of a triage system, so that individuals who repeatedly visit for social rather than medical reasons can be referred to WellFamily.

Having WellFamily in an Accident and Emergency Unit (previously piloted) would have an role in diverting people from expensive hospital admission by meeting

their psychosocial needs. The A & E service would also lead to a decrease in subsequent GP visits and psychotropic prescriptions.

Increasingly, it is being recognised that individuals are attending A&E with mental health problems, or due to immigration status

- As a failed asylum seeker, there is no entitlement to sign up with a GP, or to free health services. As such, many failed asylum seekers visit A&E for minor problems, so that they will be seen. This increases A&E waiting times
- Family Action would like to establish a Triage in A&E to help support as many visitors as possible who have attended A&E with: Mental Health problems, Relationship difficulties, Problems at home, Wellbeing problems

The service would:

- Work with the staff in the A&E to help ensure they can see as many patients as possible
- Mean A&E has reduced waiting times through seeing the real emergencies
- Reduce the costs on the NHS through taking on some of the case load

WellFamily also works effectively in community hospital settings from where the service can signpost to Family Action services which cover higher, medium and low intensity pathways, offering tailored interventions and group support.

17 Summary and Conclusions

This is one of the most useful services we have connected to our surgery and has really benefited patients who often feel isolated with nowhere to turn.

Fantastic service with highly skilled workers, takes a lot of pressure off GP's as more appropriate support with longer appointments can be given. Our patients would definitely suffer more if service not available. (GP survey 2013)

17.1 The WellFamily Service Model

The WellFamily service is recovery-focused and offers holistic interventions include a mix of individually targeted and flexible practical and emotional support to promote health and social wellbeing. This may include practical support, counselling, signposting to employment opportunities or training and art/creativity.

WellFamily service users often present with a complex constellation of psychosocial problems including depression, anxiety, financial, employment, housing problems, immigration issues, substance misuse, domestic violence or abuse and social isolation.

Hackney is very culturally diverse and is the second most deprived area in Britain, with high levels of health and care needs.

The advantage of the Family Action service is ease of referral, informal contact with the GP and mutual input to the GP information system. The patient is seen in a familiar and non-stigmatised setting and access to help is promoted for patients who would tend not to use statutory services as they would not wish to be labelled as having a mental health problem.

The service has a strong ethos of co-production with active service user and community involvement in the development and delivery of services which are culturally specific and attuned to the community served. The WellFamily service is accessible and has a high uptake from BME (Black and Minority Ethnic) communities. The service works with families in their own language, by ensuring employment of staff who reflect the local community

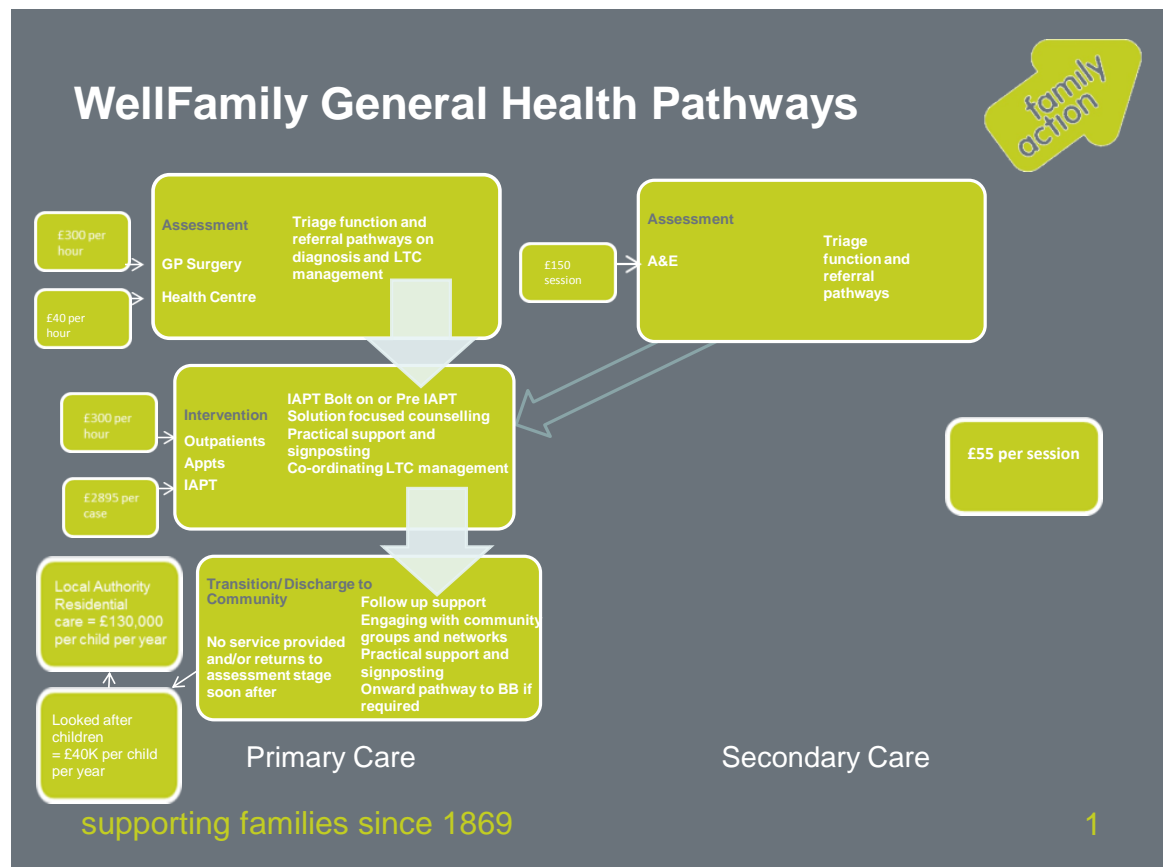
Family Action has developed WellFamily - a one-stop health and wellbeing service which health professionals can use to refer this group of patients.

- **Holistic** - services respond to the interrelated problems of the individual or family, not just to a part of the problem. The service seeks to tackle the often complex social problems underpinning medical referral
- **User led** - the service is responsive and works collaboratively with service users to identify their needs and solutions
- **Culturally competent** service tailored to the needs of the local population
- To provide a '**single door**' for a wide range of problems , so that users with complex problems do not have to deal with several agencies and professionals;
- To provide a **flexible range of help** to individuals and families whose problems do not fit the eligibility criteria of other agencies and professionals;
- **In depth local knowledge and extensive networks** to facilitate access to and referral to other services when appropriate
- **Highly skilled and experienced workforce** with capable of assessing and intervening to address complex psychosocial problems and managing risk
- To offer **help at an early stage** , for less serious problems , to prevent more serious problems developing;
- A **base in primary care** : located in an accessible , non –stigmatised setting;
- **Independence:** provided by a voluntary organisation , which benefits individuals and families who often feel alienated by previous contact with statutory services
- A commitment to **measure service outputs and outcomes**

GPs can refer to the service easily through written referrals or using the EMIS clinical information system and there is a very short waiting time for people to be seen.

The service provides a 'single door' NHS-based approach that provides practical advice, information and support services to families in need so that users with complex problems do not have to deal with several different agencies and

professionals. Thus, reducing demands on health and social care services, meaning shorter waiting times for all.



17.1.1 Intervention

Well Family provides short term counselling, advice and practical support with issues in 6-8 sessions - with the option of assessment for ongoing support and services from Family Action and other providers. The focus is on one-to-one work with adults. The timescales are flexible over 6-12 weeks but duration is linked to assessed level of need with some individuals having very brief interventions (1-2 sessions) whereas others may be seen over a longer period for 10 or more sessions.

Counselling and advice is combined with practical help over housing, welfare benefits or other material problems. The outcomes for service users are effective as they have an opportunity to be seen quickly, and be offered other options besides anti-depressants or non-interventionist approaches of counsellors. This approach prevents problems escalating and is solution/goal focused.

10 key interventions of WellFamily are focused on:

- 1) Advice and information
- 2) Employment advice and support
- 3) Housing advice and support
- 4) Counselling for emotional problems including anxiety, depression, bereavement and relationship difficulties

- 5) Welfare benefits and financial advice and support
- 6) Promotion of leisure, social and physical activities
- 7) Advocacy
- 8) Volunteering
- 9) Signposting and referral to other services
- 10) Carer support and peer support

17.1.1.1 Early intervention

The service offers swift help at an early stage to prevent more serious problems developing and intervenes actively to support adults, children and young people to help them maintain better mental health and cope with life transitions through individual and group counselling and support to build resilience.

17.1.2 Improving Access to Psychological Therapies

People may access the service as a precursor to the IAPT (Improving Access to Psychological Therapies) for people with mild to moderate anxiety, depression and related psychological problems and may be diverted to more appropriate help obviating the need for IAPT assessment in some instances.

17.2 Positive, cost-effective outcomes

There is converging evidence, using validated outcome measures, that the WellFamily service achieves a clinically significant impact on clients' wellbeing in terms of anxiety and depressive symptoms and improved social adjustment and recovery in terms of mental health, financial status, self-care and physical health, social networks, work, education and training, relationships, independent living and addictive behaviour; thus supporting key national health and social care policy outcomes.

The WellFamily service thus represents a cost-effective investment for commissioners. The service achieves sustainable clinical symptom and social outcomes and decreased rate of referrals to specialist services .

Evidence from WellFamily in Hackney where it is used extensively by GPs shows that:

- 90% of the GPs said WellFamily reduced repeat or inappropriate visits.
- One patient sample shows a 70% reduction in unnecessary GP visits.
- 291 people may have been prevented from attending A & E representing a cost saving.
- GPs appreciate the WellFamily worker role in writing letters to housing/benefits agency which would otherwise attract a fee of £35-£50 per letter.

If every WellFamily attender had just one less GP appointment per year (at a unit cost of £300 per attendance - to include overheads, prescriptions and GP time), the WellFamily service would be "cost neutral" to the health economy. However, this evaluation has found that the impact is much greater (e.g. in terms of specialist mental health service reduction in attendance, reduced Accident and

Emergency Hospital attendance, social work costs etc). If these assumptions were demonstrated as correct, then investment in the WellFamily service could demonstrate net cost savings to the health and care economy of over £100,000 per annum.

17.3 Referrer and User feedback

17.3.1 2012 GP Survey

All respondents felt that the WellFamily service reduced subsequent GP consultation rates for non- medical issues and just under 50% stated this was a significant reduction. 98% of respondents stated that there would be a significant negative impact on their GP service if the WellFamily service was ended. All respondents would be likely to recommend the WellFamily service to other GPs.

17.3.2 2013 GP Survey

90% of respondents felt commissioners should give high or very high priority to continued funding of the WellFamily service and 95% of them would recommend the service to other practices.

23% of respondents rated the service as good and 68% as excellent, indicating very high levels of satisfaction amongst GPs.

Doctors and all health professionals are under constant pressure to respond to the needs of patients. Every day they see disadvantaged and isolated individuals and families for whom social and emotional support would be a better solution than NHS services.

17.3.3 Client Survey

Around 81% of respondents felt the WellFamily service had mostly or definitely helped them achieve their goals.

81% of respondents rated service quality as excellent and a further 18% of respondents rated the service quality as good.

Around 98% of respondents would recommend the WellFamily service to friends and family.

25% of people supported by the WellFamily service feel more confident and higher self-esteem

25% of people supported by the WellFamily service had a decreased reliance on mental health services

This service has assisted me and my family so much as I have had a very turbulent couple of years. My support worker was very understanding and supportive. She gave me understanding of my situation and many solutions on finding a way forward. I am very grateful for the support, assistance and guidance.

Try to keep it going at all costs. Being able to see my worker regularly and flexibly has improved the quality of my life enormously, has given me strategies and allowed me to make significant changes in my life and reduce my anxiety. A really, really important service. The only improvement would be to make it more widely available.

A lifeline - so glad I enquired at my GP's practice and got referred.

17.4 Recommendations:

17.4.1 Clarity of model

Further work is needed to achieve more clarity regarding the identity and ethos of the service with external agencies, potential referrers and commissioners.

There needs to be a clear evidence-based intervention model which will address expectations of staff, clients and commissioners regarding the type, length and frequency of interventions. There is a need to differentiate the various service offerings e.g. counselling/therapeutic intervention; information/advice and advocacy, social prescribing, onward referral and signposting. A manualised approach to service delivery and a clearer service specification may assist with this process.

17.4.2 Management

There is a need to strengthen the management function with more capacity for the management of external relations and strategy and this may be achieved by appointment of an assistant management.

More assertive or consistent management of DNA (non-attendance) may further enhance service cost-effectiveness.

The service needs to be underpinned by an agile and capable information and communications technology infrastructure and strategy. This would assist internal and external performance management and help to highlight areas of unmet need, service gaps or inequity and areas for service re-design, in addition to providing objective evidence of service effectiveness.

17.4.3 Training and skill development

WellFamily staff have sound therapeutic skills and experience by may benefit from more training in the assessment and intervention with people with personality disorder.

17.4.4 Improving equity of access

The service could be extended to ensure improved equity of access across the Borough of Hackney as there are some disparities in uptake between GP practices.

Some sociodemographic groups may be under-accessing services (e.g., males, older adults and people with mild learning disability) and this may be an area for further analysis and redesign of services.

17.4.5 Commissioning for outcomes

The WellFamily service has some strong activity and outcome data which would benefit from further analysis and an information system which would enable more rapid and easier production of analytic reports for internal performance management and to demonstrate outcomes for commissioners. There is a need to structure and gather information and keep up to date. This information needs to be disseminated internally with people having access to it.

Marketing needs to emphasise why the service is achieving better outcomes than its competitors. Emphasis on quality of services evidence-based best practice in provision will be key.

There is a need to ensure that the information system supports the analysis of data and that reports can be designed and produced simply to inform service commissioners and referrers. In addition, feedback to the service team is vital to highlight service strengths and areas for development.

The service can provide a level of detail in terms of activity and outcome data which would be compatible with Payment by Results (PbR)³³ and related pricing and payment systems. The advent of personal health budgets and direct payments may enable service users to extend their choice and direct purchase of services from Family Action.

There is a need to understand what key factors are associated with positive outcomes for service users and this would be facilitated by a clearer framework and evidence base for interventions and a "fit for purpose" information and feedback system.

There is a need to evaluate more fully the cost-effectiveness of the service and what other data could be collected or referenced to support the outline model.

17.4.6 Marketing the service

Family Action to profile more systematically local competitor or partner provider services and to gain clarity on its "unique selling points" or "brand" in relation to present and future commissioners of service. For instance, where does WellFamily fit in the patchwork of voluntary sector services and does it link or overlap e.g. with services provided by Hackney MIND or Barnardos?

Family Action could make greater use of information and communication technology and develop more strategic use of social media will help to improve "brand awareness" regarding the WellFamily service and its potential to extend into other areas.

Family Action can also provide commissioning support to health and social care agencies on a consultancy basis, using its extensive knowledge and experience of service delivery to support future third sector service development.

17.4.7 Opportunities to extend the WellFamily service

There is a need to support the development of new services, networks and relationships and to share learning with other Family Action services and to examine the replicability of the Hackney WellFamily model.

There is a need to ensure that the WellFamily service is equitably delivered across the Hackney Borough and to address the needs of currently under-served populations (e.g. young people, over 65 age group and people with mild learning disability) who might benefit from the service. This may involve extending the service to other settings or localities and/or extending hours of service provision.

The WellFamily Service has potential to extend its support to people in a diverse range of settings outside primary care including:

- IAPT (Improving Access to Psychological Therapies) as a partner providing low intensity/psychological wellbeing interventions for people with common mental health problems as part of an integrated care pathway
- Accident and Emergency provision to address presenting psychosocial problems and divert people to more appropriate cost-effective help and intervention
- Early intervention: Children and Young People
- Criminal justice system (prison and community): to address emotional ill health and promote social reintegration
- Increased support to people with severe mental illness: extending family and carer support in conjunction with specialist mental health services
- Dementia: assessment advice and social prescribing
- Extended family support and group work
- Social Prescribing

17.5 Conclusion

The Hackney WellFamily Service is a well-regarded, primary care service which addresses complex psychosocial needs of service users in an timely and holistic fashion. WellFamily achieves demonstrably cost-effective positive outcomes in terms of mental health symptom reduction, enhanced social recovery and participation and reduction in use of specialist services. The service is highly regarded by referrers and service users.

The service delivery can be further enhanced by achieving more clarity of the service model, supported by an agile information and communication system and strategy.

The WellFamily service can be extended as part of an integrated care pathway to other areas of high health and social care need where it is likely to have a significant impact on the health and wellbeing of service users.

18 Appendices

19 Profile: London Borough of Hackney

Hackney has a Joint Strategic Needs Analysis³⁴ which was updated in 2012 and forms the basis for some of the data presented below.

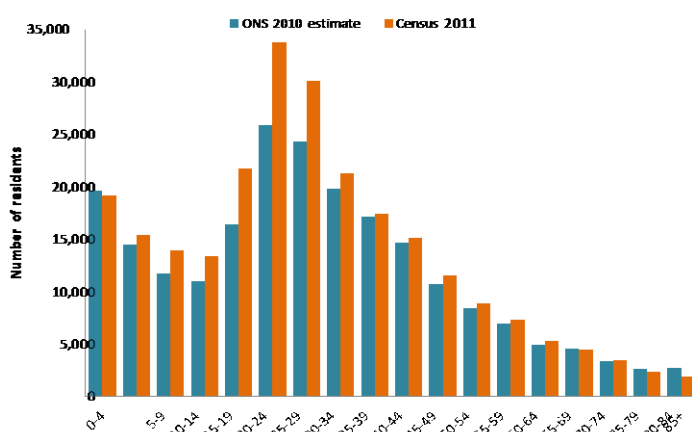
Hackney's population is estimated at 246,300. Hackney's population is likely to increase by over 50,000 people by 2031.

Hackney is the second most deprived area in Britain.

19.1 Age

Hackney is a relatively young borough with a quarter of its population under 20. The proportion of residents between 20-29 years has grown in the last ten years and now stands at 23%. People aged over 55 make up only 14% of the population.

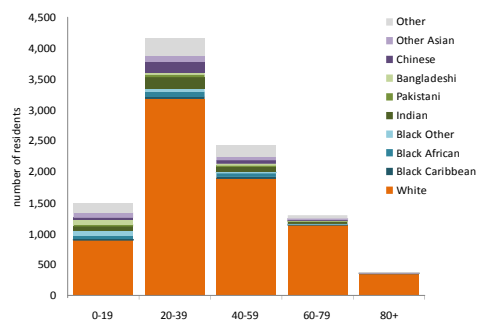
Age group	Hackney population	Age group	Hackney population
0-4	19,200	45-49	15,100
5-9	15,400	50-54	11,500
10-14	13,900	55-59	8,900
15-19	13,400	60-64	7,300
20-24	21,700	65-69	5,300
25-29	33,800	70-74	4,400
30-34	30,100	75-79	3,400
35-39	21,300	80-84	2,300
40-44	17,400	85+	1,900



19.2 Ethnicity

Ethnic group	estimated number	%	Ethnic group	estimated number	%
White British	75,648	32%	Congolese	1,025	<1%
Black Caribbean	16,186	7%	Sierra Leone	609	<1%
Turkish	11,497	5%	Greek	537	<1%
Indian	7,687	3%	Afghan	414	<1%
Nigerian	7,411	3%	Albanian	375	<1%
Bangladeshi	5,583	2%	Traveller of Irish heritage	370	<1%
Pakistani	3,384	1%	Portuguese	278	<1%
Ghanaian	3,161	1%	Angolan	278	<1%
Chinese	2,266	1%	Gypsy/Roma	243	<1%
Somali	2,213	1%	Filipino	183	<1%
White Irish	1,778	1%	Kosovo	145	<1%
Kurdish	1,741	1%	Sri Lanka	135	<1%
Vietnamese	1,515	1%	Korean	115	<1%

Figure 1.9 Ethnicity of City residents by broad age group, 2011 projection (GLA)



Hackney is a culturally diverse area, with significant Other White, Black and Turkish communities. The Charedi Jewish community is concentrated in the north east of the borough and is growing.

There are a variety of community languages in the Borough - for instance French is spoken by a number of Black African residents, Turkish, Kurdish and Somali language is also common.

There is also an established Vietnamese population.

The neighbouring area of Tower Hamlets tends to have more people of Asian/Bangladeshi ethnic origin.

Polish people are the largest group who have recently come to live in Hackney from abroad followed by Nigerians, Spanish people and Australians.

There have been big changes in the local population in relation to migration. There are now more Black African residents but there is still a large Turkish/Kurdish population.

Rank	Language	Percentage of households	Rank	Language	Percentage of households
1	Turkish	5.5%	11	Twi	0.8%
2	Yiddish	5.2%	12	Arabic	0.7%
3	French	2.2%	13	Italian	0.6%
4	Gujarati	1.8%	14	Kurdish	0.6%
5	Bengali	1.6%	15	Vietnamese	0.6%
6	Yoruba	1.3%	16	German	0.6%
7	Spanish	1.0%	17	Polish	0.6%
8	Panjabi	1.0%	18	Chinese	0.5%
9	Portuguese	0.9%	19	Hebrew	0.5%
10	Urdu	0.9%	20	Greek	0.4%

19.3 Faith

Religious Denomination	Hackney	The City	London	England
Christian	47%	55%	58%	72%
No religion	19%	25%	16%	15%
Muslim	14%	6%	8%	3%
Jewish	5%	3%	2%	1%
Buddhist	1%	1%	1%	0%
Hindu	1%	2%	4%	1%
Sikh	1%	0%	1%	1%
Any other religion	1%	1%	1%	0%
Religion not stated	12%	9%	9%	8%

Just over a third of Hackney's residents are Christian, although this is a lower percentage than the London and England averages. Hackney has significantly more people of the Jewish and Muslim faiths and a higher proportion of people with no religion and those who did not state a religion than London and England.

Nearly four fifths of residents say that Hackney is a place where people from different backgrounds get on well together.

Hackney's diversity and multiculturalism are the main factors contributing to residents feeling proud of Hackney.

19.4 Sexual identity

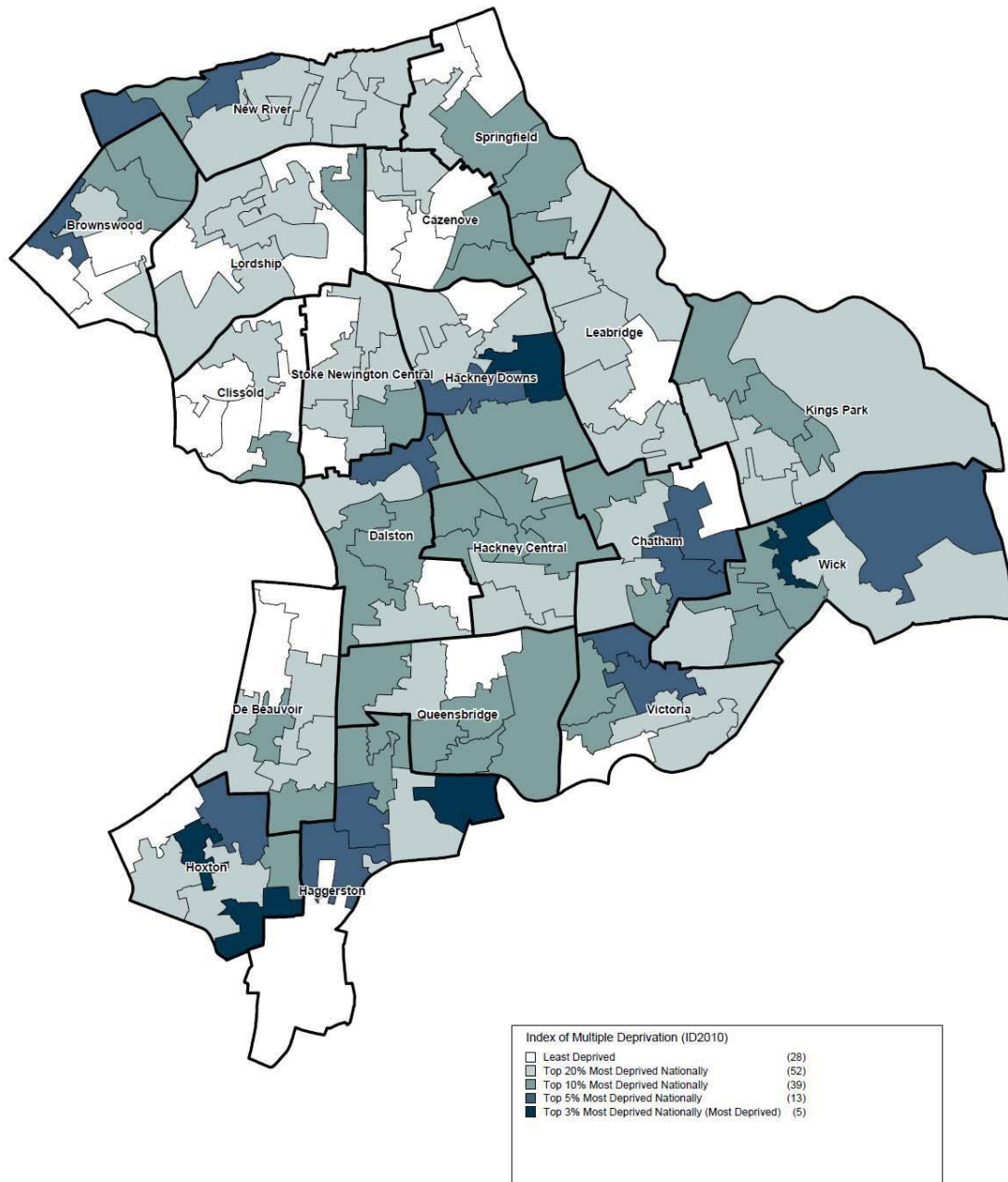
Around 4% of the Hackney community identified as gay/lesbian and around 1% as bisexual.

Table 1.8 Population estimates of sexual identity (GP patient survey and ONS)

	Hackney	England		
	All adults	All adults	Men	Women
Heterosexual/ straight	82%	94.8%	94.9%	94.9%
Gay/ lesbian	4%	1.0%	1.3%	0.6%
Bisexual	1%	0.5%	0.3%	0.7%
Other	2%	0.5%	0.5%	0.5%
Don't know/refusal	10%	2.8%	2.8%	2.9%
No response	-	0.5%	0.6%	0.4%

19.5 Deprivation

There are complex social issues in relation to gangs and drug use. Many young males lack positive male role models as they are brought up by single parent females.



Hackney remains the second most deprived local authority in England on the Government's Indices of Multiple Deprivation and all of the wards are in the top ten percent most deprived in the country.

The majority of deprivation domains showed an improvement in 2010, compared with levels in 2007, with a reduction in the number of Lower Super Output Areas experiencing high levels of deprivation, with improvements in the health, employment and crime domains. The housing and environment domains experienced an increase in relative deprivation

19.6 Education

60% of pupils obtained five or more GCSE's grade A*-C including English and Maths in 2012, up from 43% in 2008. GCSE attainment in Hackney has been in line with or above the national average in 3 of the last 4 years

19.7 Hackney's economy

Some 48% of Hackney-based businesses specialised in professional, scientific, technical, information and communication services. Retail and hospitality made up a further 14% of firms in the borough, art, entertainment and leisure were 10% of the business stock, 13% are in information and communications and 10.4% are in arts, entertainment, recreation and other services.

The proportion of adults in work has increased over the last five years and is now close to the London average, but the number of people claiming out of work benefits has not fallen significantly over the last 10 years and is still around 30,000.

In 2011, median gross weekly pay for full-time workers living in Hackney was £620 per week, compared with £648 in London and £500 for Great Britain.

30% of people who work in Hackney are employed in public administration education and health, 37% are employed in creative, technology, financial and business services and 18% work in High street businesses including restaurants, bars and retail and personal services.

Some 59% of Hackney's residents are employed in managerial, professional and associate professional and technical occupations. 48% of adults living in Hackney are educated to degree level and above.

19.8 Accommodation

The proportion of households who rent from a private landlord has more than doubled in the past 10 years. Nearly a third of all households are now private renters. Hackney has the lowest percentage of owner occupiers in London³⁵.

Nearly half of all households rent from a social landlord. They tend to have higher unemployment and lower average incomes than people living in other tenures.

Over 20,000 new homes are expected to be built in the borough from in the next 15-20 years, with Brownswood and Dalston wards in the west, Hoxton, Haggerston and De Beauvoir in the South, Hackney Central ward and Wickwar d in the East expected to see the biggest growth.

The most significant problems related to housing and homelessness. There is a shortage of accommodation for single people.

19.9 Health and wellbeing

Life expectancy in Hackney continues to rise year-on-year for both men and women. Female life expectancy is above the national average. Male life expectancy is below average but the decrease in the gap between life expectancy in Hackney and life expectancy in England has been sustained.

Life expectancy is increasing for men and women, and is now 77.4 years for men and 83 years for women. Life expectancy in Hackney is below the London average, especially for men.

The main causes of premature death of males in Hackney are: cancer, coronary heart disease, stroke, respiratory diseases, chronic liver disease, accidents, infectious diseases and suicide

In 2011, 14.5% of Hackney residents said they were disabled or had a long term limiting illness.

19.10 Mental Health Status

There are complex variations in the prevalence of mental health and mental illness depending on the severity and types of mental condition³⁶ and some of the findings from national statistics regarding prevalence are summarised below.

Older people are least likely to have common mental disorders, but may suffer from dementia. Women are more likely than men to have common mental disorders but men are more likely to have personality disorders

The prevalence of psychotic disorders is significantly higher among Black men than men from other ethnic groups, but there is no significant variation by ethnicity among women

Common mental disorders such as depression, anxiety and obsessive compulsive disorder are known to be more prevalent in deprived households

In Hackney there is a high rate of serious mental illness in the Black population

There is a very high rate of serious mental illness among people with learning disability. High rates are also seen among deaf, blind and housebound residents

There are above average rates of emergency mental health admissions among Black Caribbean and Black Other residents.

Age: Rates of mental illness vary by age. Older people are least likely to have common mental disorders, but may suffer from dementia. A high proportion of mental health problems develop during ages 14-20. The prevalence of antisocial personality disorder is most prevalent among 16-34 year olds.

Gender: Women are more likely than men to have common mental disorders; however, men are more likely to have personality disorders. Rates of psychotic disorders are slightly higher among women than among men across England.

Ethnicity: Rates of mental health admissions are higher for Black African, Black Caribbean and Black Other groups compared to White British, Indian and Chinese groups nationally. The prevalence of psychotic disorders is significantly higher among Black men than men from other ethnic groups, but there is no significant variation by ethnicity among women.

Children and Young People: One in ten children aged between 5 and 16 years has a mental health problem, and many continue to have mental health problems into adulthood. Early interventions, particularly with vulnerable children and young people, can improve lifetime health and wellbeing, prevent mental illness and reduce costs incurred by ill health, unemployment and crime.

Births: Around one in eight women are affected by moderate to severe post-natal depression following childbirth. This mental health condition has adverse consequences on the mother- intellectual development of children; it also increases the likelihood that fathers become depressed after birth

Deprivation: Common mental disorders such as depression, anxiety and obsessive compulsive disorder are known to be more prevalent in deprived households

Education: The majority of mental health problems affect people early, interrupting their education and limiting their life chances. People with mental health problems often have fewer qualifications.

Employment: Mental health conditions are the primary reason for claiming health-related benefits. Only 7.9% of adults in England with mental health conditions in contact with secondary mental health services are known to be employed. Attitudes towards employing those with a mental health condition are poor: just four in ten employers would hire someone with a mental health condition, compared with 62% of employers who would hire someone with a physical condition.

Housing and homelessness: People with mental health conditions are far less likely to be homeowners than those without these conditions: 38% of those with a mental health condition live in rented accommodation versus 24% of those without a condition. In addition, 43% of those accessing homelessness projects in England suffer from a mental health condition. An estimated 69 per cent of rough sleepers suffer from both mental ill health and a substance misuse problem.

Physical health and life expectancy: People who use mental health services, especially those with severe mental illness (SMI), are at increased risk for poor physical ill health, including: coronary heart disease, diabetes, infections, respiratory disease and obesity than the general population

19.10.1 Prevalence of mental illness

People with SMI die an average of 25 years earlier It is estimated that nationally, at any one time, one in six adults of working age experiences symptoms of mental illness that impair their ability to function. A further sixth of the population

have symptoms, such as anxiety or depression that are severe enough to require health care treatment. Between 1% and 2% of the population are likely to have more severe mental illness which requires intensive and often continuing treatment and care during their lifetime, such as schizophrenia or bipolar affective disorder.







Psychosis is an issue and can remain undiagnosed until the person is apprehended by police under Section 136 of the Mental Health Act for mental health assessment.

This following information is available from Public Health England (2014)³⁷. The "spine graph" coloured dots indicate the relative ranking of Hackney Borough in relation to the England Average (significantly below average = red; average range = blue and above average = green)

19.10.2 Wider Determinants of Health

Hackney has somewhat lower average percentage of 16-18 year olds who are not in employment, education or training and a lower percentage rate of hospital admissions for alcohol attributable conditions and an average number of people in drug treatment compared to the England average.





However, a larger percentage of the population live in the 20% most deprived area in England, there are more episodes of violent crime and a higher rate of unemployment within the population.

Wider Determinants of Health		Local value	Eng. Ave.	Eng. Worst*	England Range	Eng. Best*
1	Percentage of 16-18 year olds not in employment, education or training, 2011	3.9	6.2	11.9		1.9
2	Episodes of violent crime, rate per 1,000 population, 2010/11	27.1	14.6	34.5		6.3
3	Percentage of the relevant population living in the 20% most deprived areas in England, 2010	79.2	19.8	83.0		0.3
4	Working age adults who are unemployed, rate per 1,000 population, 2010/11	79.7	59.4	106.2		8.3
5	Rate of hospital admissions for alcohol attributable conditions, per 1,000 population, 2011/12	15.6	23.0	38.6		11.4
6	Numbers of people (aged 18-75) in drug treatment, rate per 1,000 population, 2011/12	7.2	5.2	0.8		18.4

19.10.3 Risk factors

There is a higher rate of homelessness and a higher number of first time entrants to the Youth Justice System than the England average.

A higher percentage of Hackney's population report a limiting long term illness than the England average. However, the percentage of adults participating in recommended levels of physical activity is about average.

Risk Factors		Local value	Eng. Ave.	Eng. Worst*	England Range	Eng. Best*
7	Statutory homeless households, rate per 1,000 households, all ages, 2010/11	9.04	2.03	10.36		0.13
8	Percentage of the population with a limiting long term illness, 2001	17.3	16.9	24.4		10.2
9	First time entrants into the youth justice system 10 to 17 year olds, 2001 to 2011	1,168	876	2,436		343
10	Percentage of adults (16+) participating in recommended level of physical activity, 2009/10 to 2011/12	10.9	11.2	5.7		17.3

19.10.4 Levels of Mental Health and Illness

There is a lower percentage of adults with dementia but a higher ratio of recorded to expected prevalence of dementia than the England average. There are slightly below average percentages of adults with depression and average percentages of adults with learning disabilities in the Borough compared with England averages.

Levels of Mental Health and Illness					
11	Percentage of adults (18+) with dementia, 2011/12	0.21	0.53	0.95	0.21
12	Ratio of recorded to expected prevalence of dementia, 2010/11	0.38	0.42	0.27	0.69
13	Percentage of adults (18+) with depression, 2011/12	10.25	11.68	20.29	4.75
14	Percentage of adults (18+) with learning disabilities, 2011/12	0.36	0.45	0.21	0.77
		Local	Eng.	Eng.	Eng.

19.10.5 Mental Health Treatment

There are higher levels of hospital admissions for general mental health and unipolar depressive disorders, Alzheimer's and dementia, and schizophrenia.

The average spend per head for mental health is significantly higher than the England average and the percentage of referrals entering treatment from the Improving Access to Psychological Therapies Programme is above average.

There are average-to above average numbers of people using adult and elderly NHS secondary mental health services, numbers on a Care Programme Approach, in year bed-days for mental health, Community Psychiatric Nurse contacts and total contacts with mental health services.

Treatment	Local value	Eng. Ave.	Eng. Worst*	England Range	Eng. Best*
15 Directly standardised rate for hospital admissions for mental health, 2009/10 to 2011/12	449	243	1,257		99
16 Directly standardised rate for hospital admissions for unipolar depressive disorders, 2009/10 to 2011/12	65.4	32.1	84.8		4.7
17 Directly standardised rate for hospital admissions for Alzheimer's and other related dementia, 2009/10 to 2011/12	109	80	226		5
18 Directly standardised rate for hospital admissions for schizophrenia, schizotypal and delusional disorders, 2009/10 to 2011/12	233	57	233		5
19 Allocated average spend for mental health per head, 2011/12	248	183	147		257
20 Numbers of people using adult & elderly NHS secondary mental health services, rate per 1000 population, 2010/11	4.7	2.5	0.0		9.6
21 Percentage of referrals entering treatment from Improving Access to Psychological Therapies, 2011/12	71.1	60.1	28.9		99.7
22 Numbers of people on a Care Programme Approach, rate per 1,000 population, 2010/11	10.8	6.4	0.3		17.1
23 In-year bed days for mental health, rate per 1,000 population, 2010/11	296	193	72		489
24 Number of contacts with Community Psychiatric Nurse, rate per 1,000 population, 2010/11	214	169	3		584
25 Number of total contacts with mental health services, rate per 1,000 population, 2010/11	696	313	31		823

19.10.6 Outcomes

Hackney has around average numbers of people with mental illness or disability in settled accommodation.

Hackney has below average emergency admissions rates for self harm but a somewhat higher mortality rate for suicide and undetermined injury and an

average rate for hospital admissions caused by unintentional and deliberate injuries in the under 18 age group compared to the England average.

The Improving Access to Psychological Therapies recovery rate is below average. However, the under 75 years excess mortality rates in adults with serious mental illness are below the England average.

Outcomes					
26	People with mental illness and or disability in settled accommodation, 2011/12	67.4	66.8	1.3	92.8
27	Directly standardised rate for emergency hospital admissions for self harm, 2011/12	91	207	543	52
28	Indirectly standardised mortality rate for suicide and undetermined injury, 2010/11	134	100	174	29
29	Hospital admissions caused by unintentional and deliberate injuries in <18s, 2009/10	110	123	217	68
30	Improving Access to Psychological Therapies - Recovery Rate, 2011/12	34.8	43.8	9.9	65.3
31	Excess under 75 mortality rate in adults with serious mental illness, 2010/11	583	921	1,863	210

* - For indicators 6, 20, and 22-25, there is no perceived polarity, so "lowest" and "highest" replace "worst" and "best"

The recorded prevalence rates of severe mental health conditions and depression in general practice in Hackney remain among the highest in London. The rate of emergency mental health admissions is exceptionally high and is the highest in London.

The crude prevalence of depression in GP practices in Hackney was 10.0% (20,898 individuals) in 2010/11.

This was the third highest recorded prevalence of depression in London which had an average prevalence of 7.5%. The rate is unchanged from 2009/10.

The crude prevalence of severe mental illness (SMI) schizophrenia, bipolar disorder and other psychoses in GP practices in Hackney was 1.2% (3,363 individuals) in 2010/11. This was the fifth highest recorded prevalence in London which had an average prevalence of 0.9%. This rate has been stable over the last five years.

19.10.6.1 Perinatal service

There is a Family Action perinatal service for individuals who are pregnant and or who have a child under a year. Some support group interventions are provided. The Perinatal Service takes referrals from WellFamily from Hackney. Volunteers offer a befriending service and they work closely with Children's Services and local Mental Health Services.

Health visitors and G.P.s tend to refer to the service. They may have issues of perinatal depression, which can lead to attachment and bonding issues. Such individuals may be referred to parenting sessions at local Children's Centres. Midwives are based at Children's Centres but offer parenting classes, boundary setting and respite creche but not the same level of practical and emotional support as offered by Family Action.

The service has a 1-2 week waiting time for a counselling referral or practical support (e.g. with welfare benefits). Common focus is on parenting, relationship and domestic violence issues.

19.10.6.2 Black and Minority Ethnic service

The BME Family Action service has been in existence for around 3 years and the number of referrals has steadily increased. The service concentrates on three ethnic communities (Congolese, Vietnamese and Somali). They undertake outreach work as well. There is a short waiting time 1-2 week for the service which provides practical and emotional support and is holistic and takes a systemic view. Appointments are usually around 30 minutes. The service promotes cultural understanding and sensitivity and acts as a bridge between two cultures. Partnership work e.g. with Children's Centres, IAPT, Shelter and a single homeless project is also important,

The service for Congolese families is not GP based and referrals are received from social services, hospital, health visitors, and self-referral and also from WellFamily workers and other charities.

There is a service gap for the Congolese population who are often rather fearful of statutory agencies, linked to frequent problems associated with immigration status.

Congolese often express mental health issues in terms of spirit possession. There are issues associated with Female Genital Mutilation and educative work is undertaken in this area.

There is more acceptance of help for mental health needs although the community expresses stigma about these issues. Depression and somatisation of emotional problems can also be an issue.

The service offers a mix of emotional and practical support.

People are often affected emotionally by political issues and violent conflict in the Congo affecting their family members.

In terms of the Vietnamese community, it can be difficult to recruit volunteers and the worker's resource for supervising them is limited. There are a lot of self-referrals and there is a drop-in session on Mondays which draws people from a wide area including Lambeth. There are language and literacy issues and the community is quite isolated.

There can be issues in the Vietnamese community associated with whether the worker is originally from North or South Vietnam, linked to the historic Vietnam War conflict.

A lot of the community are not familiar with counselling as an intervention to help with emotional distress as this has not traditionally been part of their culture.

Some clients are seen in the WellFamily building and some are seen in GP surgeries or at school.

Some individuals self-refer but there can be a long waiting list and difficulty obtaining other counselling services because these services are not accessible in Vietnamese.

Parenting training interventions are offered to the Somali community where families often feel isolated from other mainstream services. .

Interventions are also aimed at education and community cohesion (e.g. celebrating cultural festivals and events) are an important aspect of the work of the BME service.

Many BME clients are single mothers heading up families and feel pressure to gain employment which leads to increased stress levels.

There is a large Turkish population in Hackney with a lot of resources to support Turkish speakers.

19.10.6.3 Volunteer Counsellors

Volunteer counsellors have a role to play in WellFamily by building capacity and widening the range of interventions on offer. Counselling courses look for placements for students but the service is not supported financially for this. There are usually around 8 volunteers, currently including Serbo-Croat and Albanian, Turkish, Russian, Somali and Congolese native speakers.

Art therapist counsellors are popular with clients as they undertake creative work with them.

Most volunteers offer a substantial commitment of around 3 hours per week and can see four people in a day. They are linked to the British Association for Counselling and Psychotherapy for accreditation.

Family Action services thus play an important part in the development and up-skilling of the health and social care workforce.

19.10.6.4 Referral patterns

Different surgeries have different approaches to referral - for instance, some GPs will refer predominantly for practical issues whereas others will mainly refer for counselling. There has not been any systematic profiling of these differences to date.

19.10.6.5 Percentage of total referrals to WellFamily by GP Practice

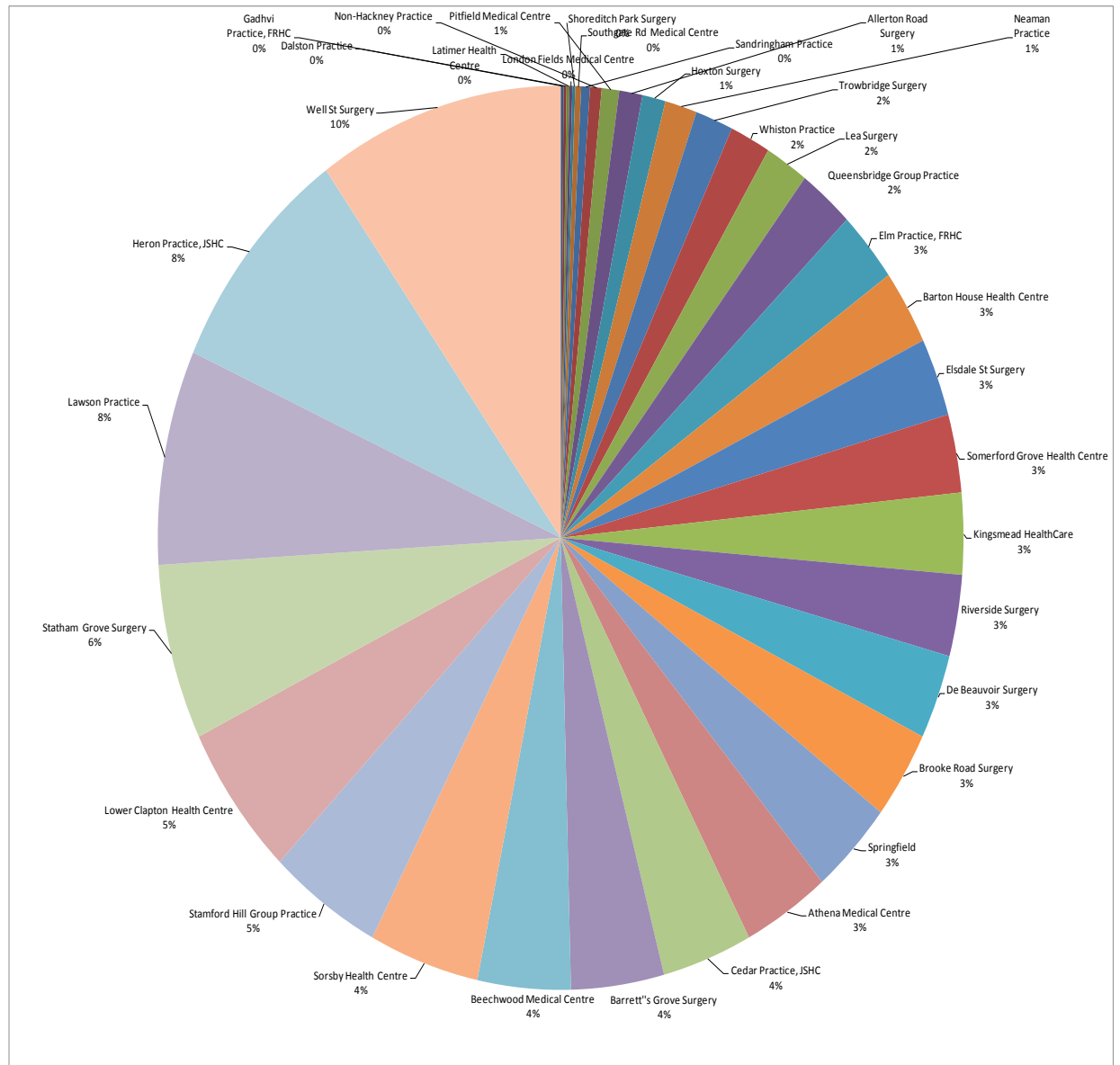
The diagram below indicates the percentage of total referrals to WellFamily over the period January 2013 to November 2013 by GP practice. It can be seen that there is considerable variation in referral rates between Hackney GP practices.

Over 80% of total referrals come from the following 18 practices (in descending order of frequency of referrals):

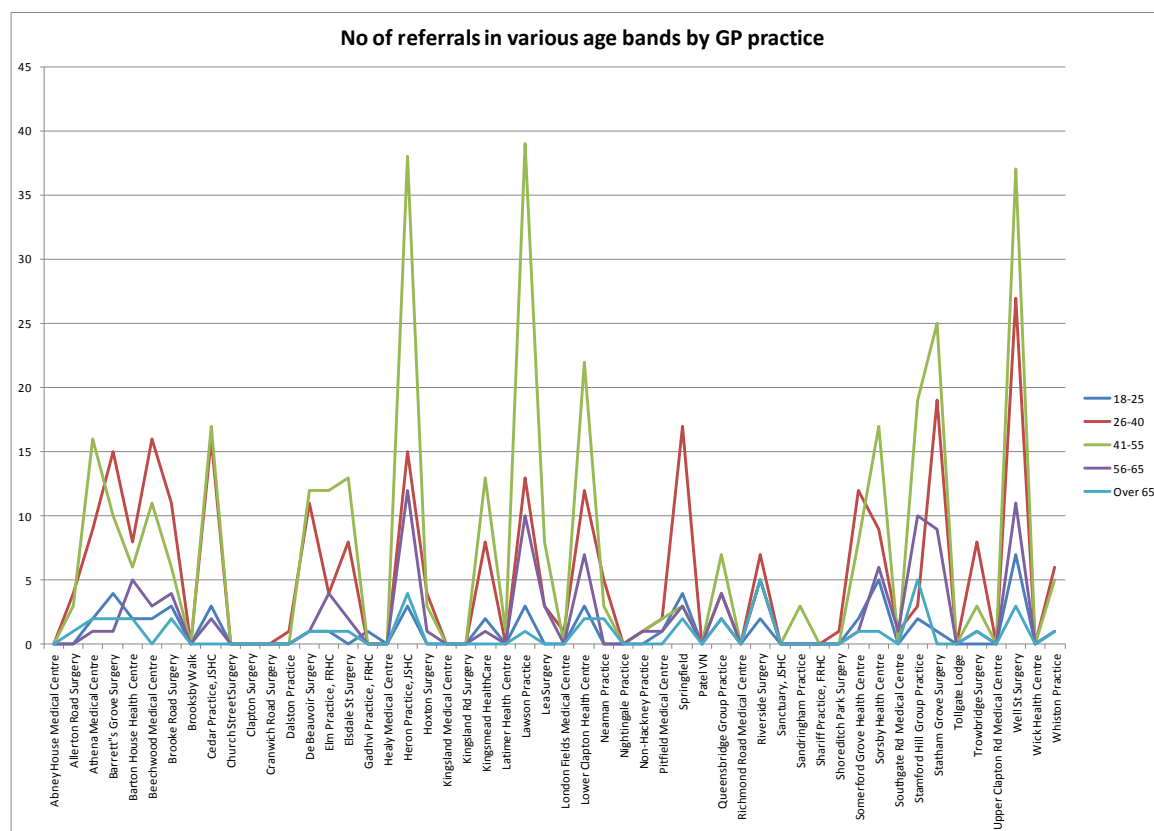
- 1) Well St Surgery

- 2) Heron Practice
- 3) Lawson Practice
- 4) Statham Grove Surgery
- 5) Lower Clapton Health Centre
- 6) Stamford Hill Group Practice
- 7) Sorsby Health Centre
- 8) Beechwood Medical Centre
- 9) Barrett's Grove Surgery
- 10) Cedar Practice
- 11) Athena Medical Centre
- 12) Springfield
- 13) Brooke Road Surgery
- 14) De Beauvoir Surgery
- 15) Riverside Surgery
- 16) Kingsmead HealthCare
- 17) Somerford Grove Health Centre
- 18) Elsdale St Surgery

The disparity in referrals between surgeries is indicative of some lack of equity of access to the WellFamily service across the Borough which may reflect referrers' lack of knowledge or engagement with the service and/or differences in patient morbidity.



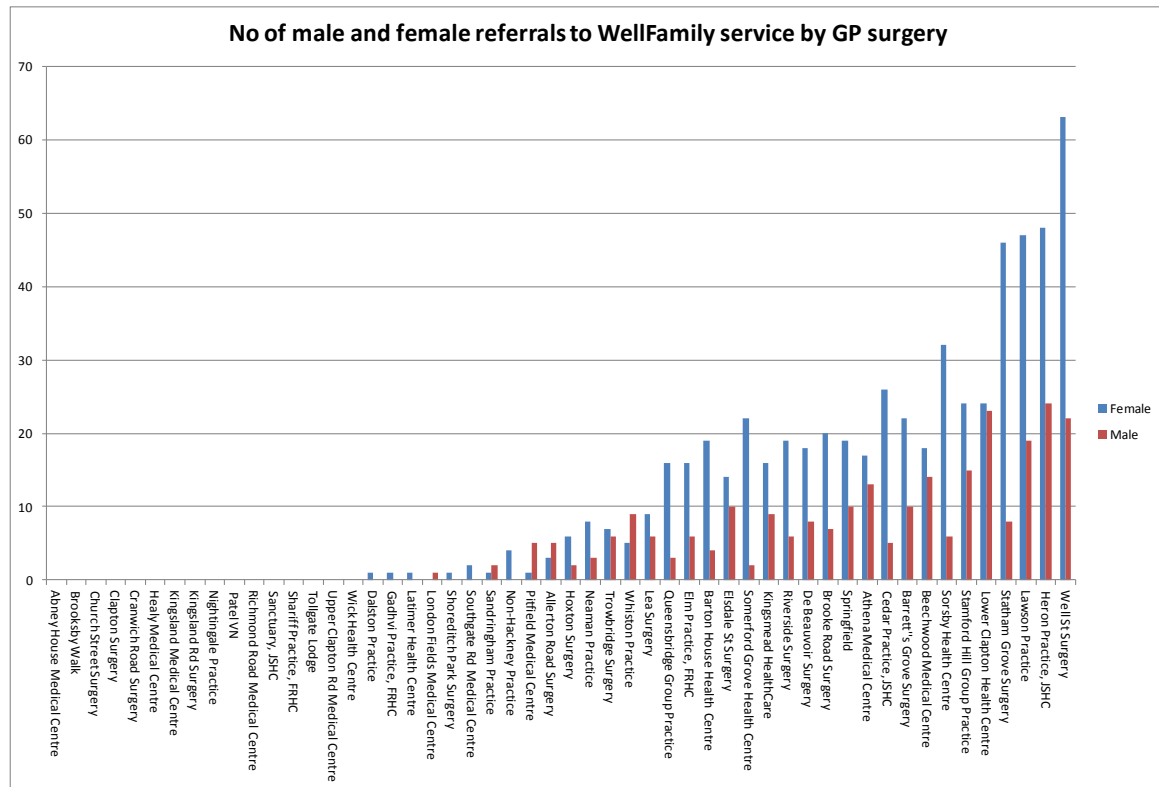
19.10.6.6 Referrals by age group



The above graph indicates considerable variation in the number of people referred to WellFamily by different GP practices. As discussed previously, the majority of individuals are in the 26-55 year age group.

19.10.6.7 Referrals by gender

Most higher referring GP practices refer twice as many females as males to WellFamily.



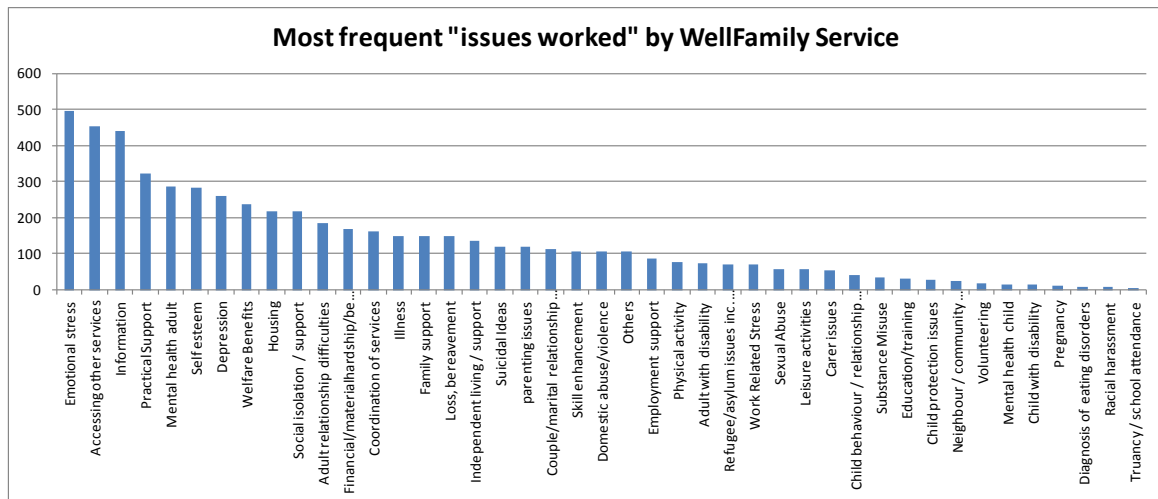
Data was not readily available to examine referral patterns in terms of other sociodemographic indicators such as ethnicity, employment status and sexual orientation. However, it may be useful in the future for such profiling of referral behaviour to establish equity of access and tailor provision to population needs.

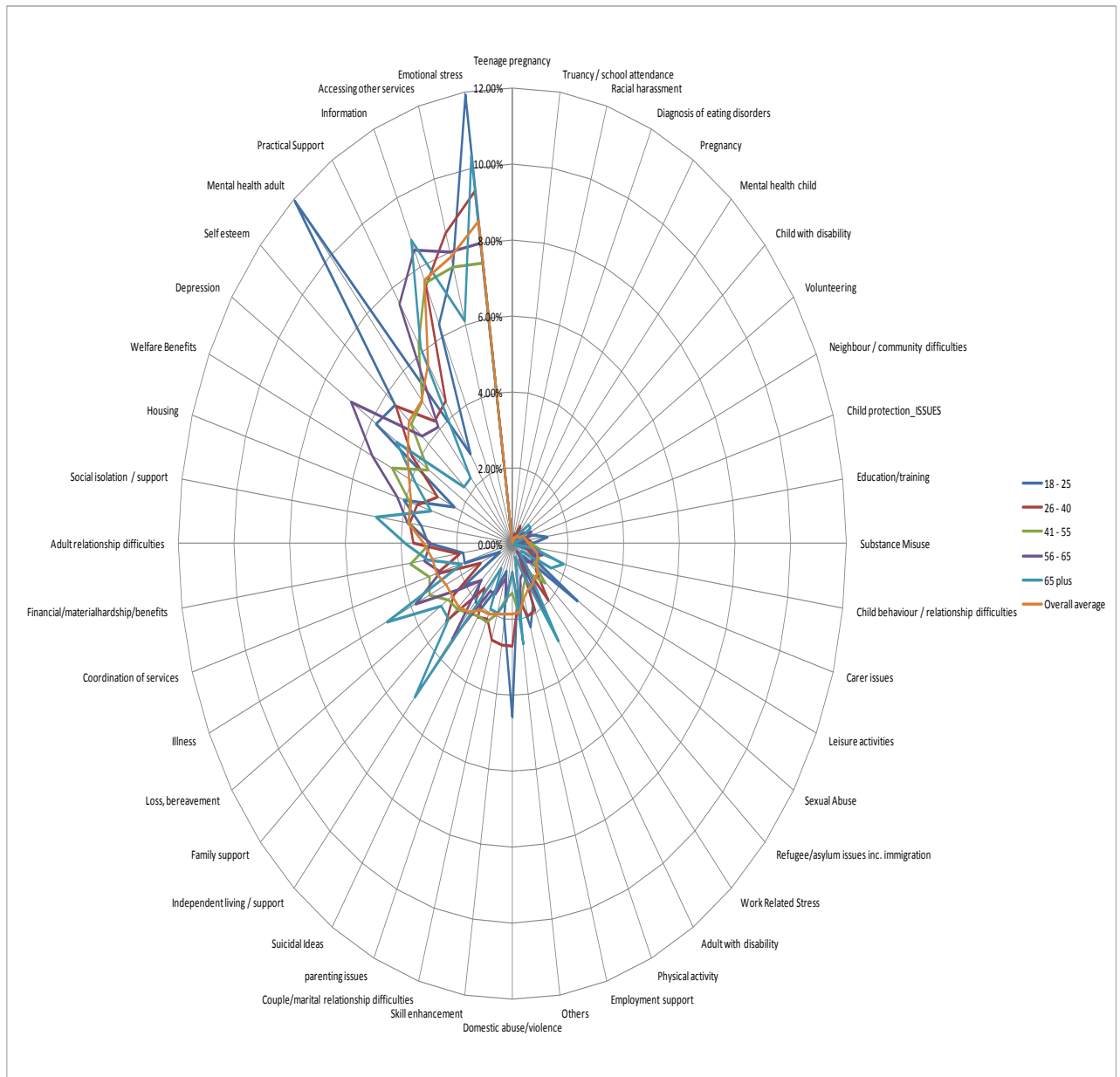
19.11 Issues worked

The "top 20" most frequent issues worked by the WellFamily service (in descending order) are:

21. Emotional stress
22. Accessing other services
23. Provision of information
24. Practical support
25. Mental health adult
26. Self esteem
27. Depression
28. Welfare Benefits
29. Housing
30. Social isolation / support
31. Adult relationship difficulties
32. Financial/material hardship/benefits
33. Coordination of services
34. Illness
35. Family support
36. Loss, bereavement
37. Independent living / support
38. Suicidal Ideas

39. Parenting issues
40. Couple/marital relationship difficulties



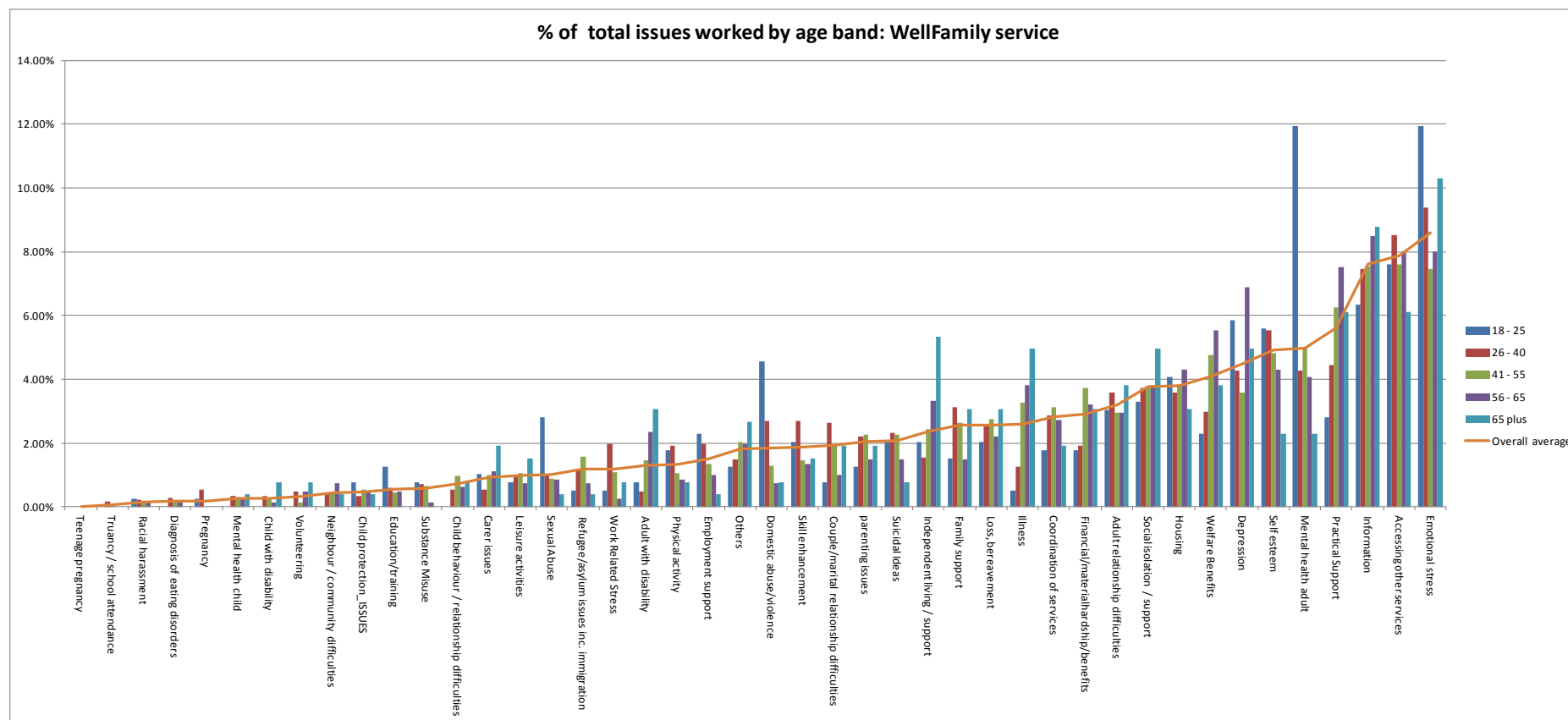


19.11.1 Issues worked by age band

There were some differences overall in the types of issues worked or presenting problems between different age groups which may be helpful to examine further.

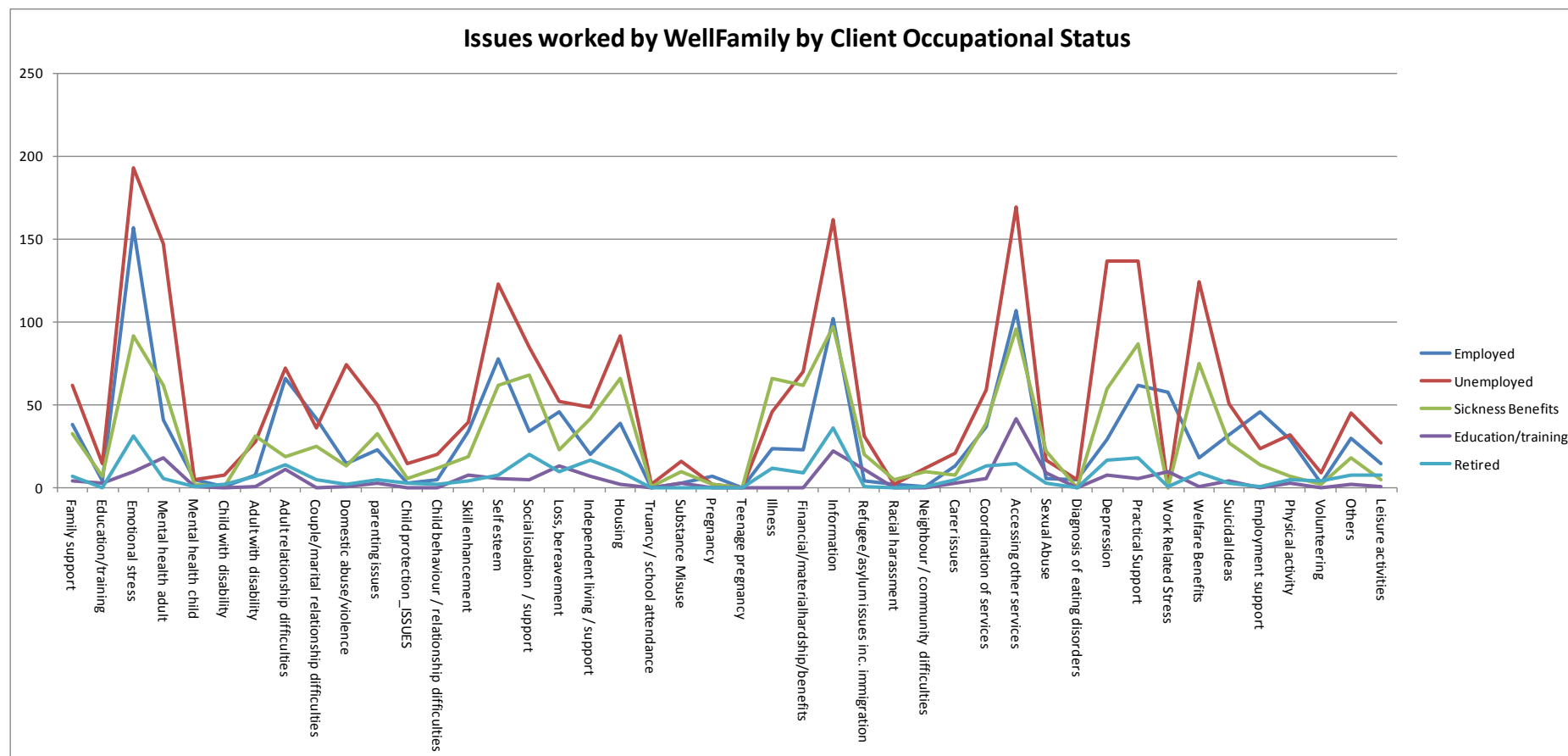
For instance, younger and the oldest service users presented with the highest frequency of emotional stress issues, and younger people presented with highest percentage of mental health issues.

The over 65 group presented with the highest percentage of illness related, independence, disability and carer issues and requests for information.



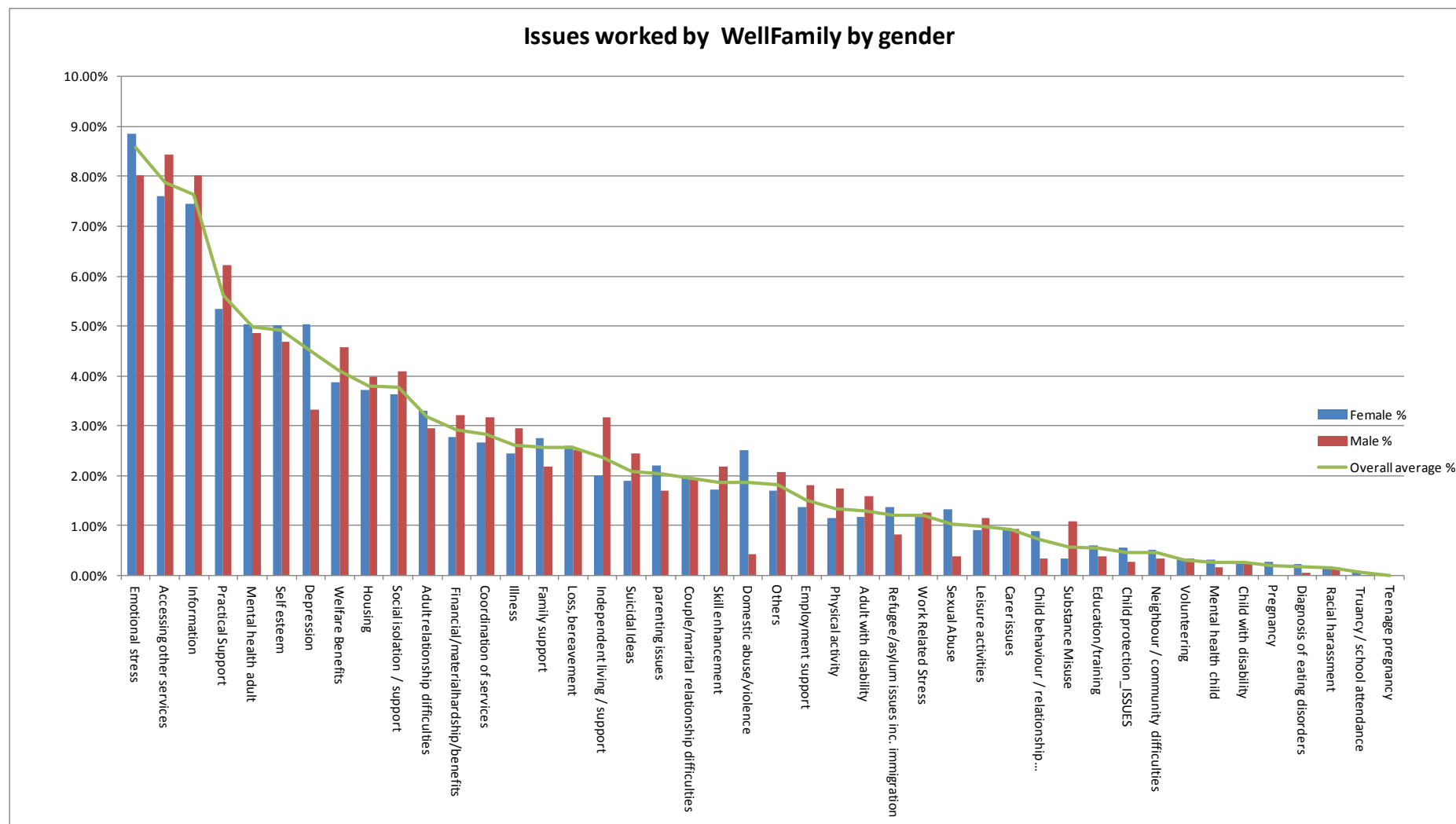
19.11.2 Issues worked by occupational status

There were some variations in frequency of issues worked in relation to employment status, with unemployed service users presenting more issues. This may be reflective of their higher percentage presentation to the service and ease of access. The unemployed service users were more likely to present with problems relating to mental health, domestic abuse, self-esteem, housing, requests for information, access to other services, depression, need for practical support and welfare benefits advice.



19.11.3 Issues worked by gender

Although overall men and women presented with similar issues, women were more likely to present with emotional issues, depression, domestic and sexual abuse, refugee/asylum issues and child behaviour issues. Men were more likely to present with access to service, information and practical advice, welfare/finance advice, independent living support, physical disability and substance misuse. It may be that men tend to present with more "practical problems" and may be more reluctant initially to admit to emotional problems.



19.11.4 Recovery outcomes by sociodemographic characteristics

Unfortunately, it was not possible within the scope of this evaluation to analyse recovery outcomes in detail by various sociodemographic characteristics (e.g. age, gender, ethnicity).

However, the figure below indicates recovery outcomes by occupational status.

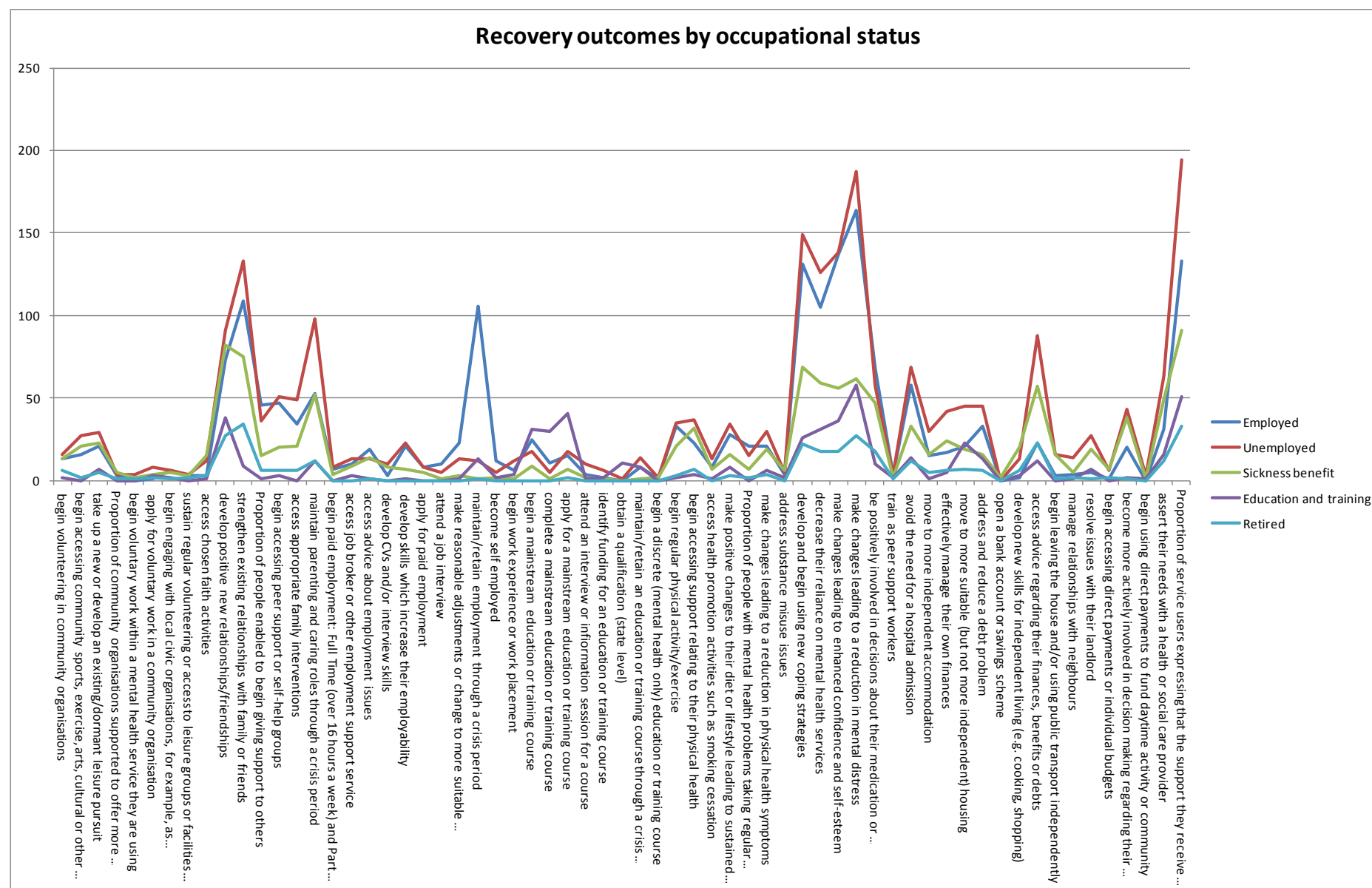
For instance, unemployed service users have a similar profile to other service users in terms of frequency of presenting problems.

However, employed service user outcomes compared to those who were unemployed were more likely to include:

- maintain/retain employment through a crisis period
- make changes leading to enhanced confidence and self-esteem
- be positively involved in decisions about their medication or treatment
- enabled to begin giving support to others

Conversely, unemployed service user outcomes compared to those who were employed were more likely to include:

- access advice regarding their finances, benefits or debts
- maintain parenting and caring roles through a crisis period
- service users expressing that the support they receive meets their cultural needs
- assert their needs with a health or social care provider
- resolve issues with their landlord
- effectively manage their own finances
- move to more suitable housing



20 GP and Client Surveys

In this section, key findings from previous and the current GP and WellFamily Client surveys are presented.

20.1 Previous GP Survey (2012)

A GP survey was undertaken in 2012 (results below) which obtained 72 replies and this has informed this evaluation alongside a current (2013) GP survey. As indicated by the Tables below, the replies were overwhelmingly positive in terms of GP views of service utility, accessibility, impact on patients' wellbeing, assistance with patients' practical difficulties and ability to meet patients' cultural needs.

All respondents felt that the WellFamily service reduced subsequent GP consultation rates for non- medical issues and just under 50% stated this was a significant reduction. 98% of respondents stated that there would be a significant negative impact on their GP service if the WellFamily service was ended. All respondents would be likely to recommend the WellFamily service to other GPs.

Overall, this represents a very high level of satisfaction with the service.

Usefulness of service

<i>Value Label</i>	<i>Value</i>	<i>Frequency</i>	<i>Percent</i>	<i>Valid Percent</i>	<i>Cum Percent</i>
Mostly useful	3	9	12.86	12.86	12.86
Definitely useful	4	61	87.14	87.14	100.00
<i>Total</i>		70	100.0	100.0	

Accessibility of service

<i>Value Label</i>	<i>Value</i>	<i>Frequency</i>	<i>Percent</i>	<i>Valid Percent</i>	<i>Cum Percent</i>
Fairly accessible	2	1	1.43	1.43	1.43
Mostly accessible	3	22	31.43	31.43	32.86
Very accessible	4	47	67.14	67.14	100.00

Total	70	100.0	100.0	
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Service use reduces GP consultation

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
Fairly often	2	5	7.14	7.35	7.35
Sometimes	3	30	42.86	44.12	51.47
Significantly	4	33	47.14	48.53	100.00
	.	2	2.86	Missing	
Total		70	100.0	100.0	

Help patients manage wellbeing

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
No, not really	2	1	1.43	1.43	1.43
Yes, generally	3	22	31.43	31.43	32.86
Yes, definitely	4	47	67.14	67.14	100.00
Total		70	100.0	100.0	

Help with practical difficulties

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
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Yes, generally	3	21	30.00	30.00	30.00
Yes definitely	4	49	70.00	70.00	100.00
<i>Total</i>		70	100.0	100.0	

Impact if service ended

<i>Value Label</i>	<i>Value</i>	<i>Frequen cy</i>	<i>Percent</i>	<i>Valid Percent</i>	<i>Cum Percent</i>
Mild impact	2	1	1.43	1.45	1.45
Considerable impact	3	23	32.86	33.33	34.78
Significant impact	4	45	64.29	65.22	100.00
	.	1	1.43	Missing	
<i>Total</i>		70	100.0	100.0	

Meet cultural needs

<i>Value Label</i>	<i>Value</i>	<i>Frequenc y</i>	<i>Percent</i>	<i>Valid Percent</i>	<i>Cum Percent</i>
No, not really	2	1	1.43	1.47	1.47
Yes, generally	3	31	44.29	45.59	47.06
Yes, definitely	4	36	51.43	52.94	100.00
	.	2	2.86	Missing	
<i>Total</i>		70	100.0	100.0	

Recommend service to other GPs

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
Yes, I think so	3	9	12.86	13.04	13.04
Yes, definitely	4	60	85.71	86.96	100.00
	.	1	1.43	Missing	
<i>Total</i>		70	100.0	100.0	

Rating of service quality					
Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
Good	3	10	14.29	14.49	14.49
Excellent	4	59	84.29	85.51	100.00
	.	1	1.43	Missing	
<i>Total</i>		70	100.0	100.0	

20.2 Feedback from GPs 2012

GPs were asked for general comments on the WellFamily service and any suggestions for service improvement.

<i>Maintain current standards.</i>	<i>Athena Medical Centre</i>
<i>Excellent, happy and friendly service.</i>	<i>Barretts Grove</i>
<i>Good job.</i>	<i>Beechwood Medical Centre</i>
<i>Wonderful service which bridges the gap between psychological help and practical support.</i>	<i>De Beauvoir Surgery</i>
<i>We have had this service in-house for a number of years and it is excellent and invaluable.</i>	<i>De Beauvoir Surgery</i>
<i>We would welcome an increase in the number of sessions. Quality of our current provider is excellent.</i>	<i>Elm Practice</i>

<i>More capacity if possible. Not sure if realistic.</i>	<i>Heron Practice</i>
<i>Cover when illness or leave at short notice.</i>	<i>Kingsmead Surgery</i>
<i>Increase the service two or three times a week</i>	<i>Kingsmead Surgery</i>
<i>Increase AL / sick leave cover</i>	<i>Kingsmead Surgery</i>
<i>This is a fantastic service and patients with significant life and health problems benefit from it.</i>	<i>Lawson Practice</i>
<i>More time here!</i>	<i>Lawson Practice</i>
<i>Would like more of it</i>	<i>Lawson Practice</i>
<i>Need <u>more</u> appointments!</i>	<i>The Lea Surgery</i>
<i>Excellent Service</i>	<i>Lower Clapton Road Surgery</i>
<i>It will be good to have sessions every week like we used to.</i>	<i>Lower Clapton Road Surgery</i>
<i>More time please!</i>	<i>Lower Clapton Road Surgery</i>
<i>Lack of cover if advocate is away on planned or other leave. Sometimes not enough sessions when demand.</i>	<i>The Riverside Practice</i>
<i>Perhaps some feedback to GP would be helpful eg. 'discharge summary' when finished seeing a patient.</i>	<i>Somerford Grove Practice</i>
<i>More of the service please!</i>	<i>Sorsby Medical Centre</i>
<i>More appointments!</i>	<i>Sorsby Medical Centre</i>
<i>More appointments!</i>	<i>Stamford Hill Group Practice</i>
<i>Could accept patient self referral and advertise this for reducing unnecessary appointments to fill in forms etc by GP. I think this service is outstanding.</i>	<i>Statham Grove</i>
<i>Keep the service.</i>	<i>Well Street Surgery</i>
<i>Have more of it!</i>	<i>Well Street</i>

Patients are very happy and satisfied.

Whiston Road Surgery

20.3 Recovery Outcomes Framework Measure

Outcome	Ref	Key Performance Indicator (KPI)	Target
Community Participation	D1.1	Proportion of people supported to begin volunteering in community organisations	
	D1.2	Proportion of people supported to begin accessing community sports, exercise, arts, cultural or other leisure groups or facilities	
	D1.3	Proportion of people supported to take up a new or develop an existing/dormant leisure pursuit	
	D1.4	Proportion of community organisations supported to offer more welcoming access to people with mental health problems	
	D1.5	Proportion of people supported to begin voluntary work within a mental health service they are using	
	D1.6	Proportion of people supported to apply for voluntary work in a community organisation	
	D1.7	Proportion of people supported to begin engaging with local civic organisations, for example, as members of local Foundation Trusts	
	D1.8	Proportion of people supported to sustain regular volunteering or access to leisure groups or facilities for 6 months	
	D1.9	Proportion of people supported to access chosen faith activities	
Social Networks	D2.1	Proportion of people supported to develop positive new relationships/friendships	
	D2.2	Proportion of people supported to strengthen existing relationships with family or friends	
	D2.3	Proportion of people enabled to begin giving support to others	
	D2.4	Proportion of people supported to begin accessing peer support or self-help groups	
	D2.5	Proportion of people supported to access appropriate family interventions	
	D2.6	Proportion of people supported to maintain parenting and caring roles through a crisis period	
Employment	D3.1	Proportion of people supported to begin paid employment: Full Time (over 16 hours a week) and Part Time (under 16 hours a week)	
	D3.2	Proportion of people supported to access job broker or other employment support service	

	D3.3	Proportion of people supported to access advice about employment issues	
	D3.4	Proportion of people supported to develop CVs and/or interview skills	
	D3.5	Proportion of people supported to develop skills which increase their employability	
	D3.6	Proportion of people supported to apply for paid employment	
	D3.7	Proportion of people supported to attend a job interview	
	D3.8	Proportion of people supported to make reasonable adjustments or change to more suitable employment	
	D3.9	Proportion of people supported to maintain/retain employment through a crisis period	
	D3.10	Proportion of people supported to become self employed	
	D3.11	Proportion of people supported to begin work experience or work placement	
Education and Training	D4.1	Proportion of people supported to begin a mainstream education or training course	
	D4.2	Proportion of people supported to complete a mainstream education or training course	
	D4.3	Proportion of people supported to apply for a mainstream education or training course	
	D4.4	Proportion of people supported to attend an interview or information session for a course	
	D4.5	Proportion of people supported to identify funding for an education or training course	
	D4.6	Proportion of people supported to obtain a qualification (state level)	
	D4.7	Proportion of people supported to maintain/retain an education or training course through a crisis period	
	D4.8	Proportion of people supported to begin a discrete (mental health only) education or training course	
Physical Health	D5.1	Proportion of people supported to begin regular physical activity/exercise	
	D5.2	Proportion of people supported to begin accessing support relating to their physical health	
	D5.3	Proportion of people supported to access health promotion activities such as smoking cessation	
	D5.4	Proportion of people supported to make positive changes to their diet or lifestyle leading to sustained health benefit	
	D5.5	Proportion of people with mental health problems taking regular exercise	
	D5.6	Proportion of people supported to make changes leading to a reduction in physical health symptoms	
	D5.7	Proportion of people supported to address substance misuse issues	

Mental Well-Being	D6.1	Proportion of people supported to develop and begin using new coping strategies	
	D6.2	Proportion of people supported to decrease their reliance on mental health services	
	D6.3	Proportion of people supported to make changes leading to enhanced confidence and self-esteem	
	6.4	Proportion of people supported to make changes leading to a reduction in mental distress	
	6.5	Proportion of people supported to be positively involved in decisions about their medication or treatment	
	6.6	Proportion of people supported to train as peer support workers	
	6.7	Proportion of people supported to avoid the need for a hospital admission	
Independent Living	7.1	Proportion of people supported to move to more independent accommodation	
	7.2	Proportion of people supported to effectively manage their own finances	
	7.3	Proportion of people supported to move to more suitable (but not more independent) housing	
	7.4	Proportion of people supported to address and reduce a debt problem	
	7.5	Proportion of people supported to open a bank account or savings scheme	
	7.6	Proportion of people supported to develop new skills for independent living (e.g. cooking, shopping)	
	7.7	Proportion of people supported to access advice regarding their finances, benefits or debts	
	7.8	Proportion of people supported to begin leaving the house and/or using public transport independently	
	7.9	Proportion of people supported to manage relationships with neighbours	
	7.10	Proportion of people supported to resolve issues with their landlord	
Personalisation & Choice	8.1	Proportion of people supported to begin accessing direct payments or individual budgets	
	8.2	Proportion of people supported to become more actively involved in decision making regarding their support	
	8.3	Proportion of people supported to begin using direct payments to fund daytime activity or community	
	8.4	Proportion of people supported to assert their needs with a health or social care provider	
	8.5	Proportion of service users expressing that the support they receive meets their cultural needs	

20.4 Copy of GP Survey 2012

SATISFACTION WITH WELLFAMILY SERVICE

1. How useful do you find the service?

1	2	3	4
Not Useful	Sometimes Useful	Mostly Useful	Definitely Useful
		9	63

2. How accessible do you find the service?

1	2	3	4
Not Accessible	Fairly Accessible	Mostly Accessible	Very Accessible
	1	21	50

3. Does using the service reduce the number of inappropriate repeat visits by patients / service users to you?

1	2	3	4
No, not at all	Fairly	Sometimes	Significantly
	5	32	36

4. Does the service help your patients manage their wellbeing?

1	2	3	4
No, definitely not	No, I don't think so	Yes, I think so	Yes, definitely
	1	22	49

5. Does the service help your patients manage their practical difficulties?

1	2	3	4
No, definitely not	No, not really	Yes, generally	Yes, definitely
		21	47

6. What would be the impact of not having the service at your GP practice?

1	2	3	4
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No impact	Mild impact	Considerable impact	Significant impact
	1	24	49

7. Do you think the service meets your patient's cultural needs?

1	2	3	4
No, not at all	No, not really	Yes, generally	Yes, definitely
	1	34	37

8. Would you recommend the service to another GP service?

1	2	3	4
No, definitely not	No, i don't think so	Yes, I think so	Yes, definitely
		10	63

9. How would you rate the quality of the service you received?

1	2	3	4
Poor	Fair	Good	Excellent
		11	62

10. Any comments or suggestions as to how we could improve the service?

20.5 Copy of GP Survey 2013

Copy can be obtained on request.

20.6 Copy of WellFamily Client Survey 2013

Copy can be obtained on request.

20.7 Feedback from WellFamily Staff Team Workshop

20.7.1 Strengths

20.7.1.1 Accessible service

- Many service users are chaotic and do not engage with statutory services

- Service has good engagement strategies

20.7.1.2 Primary care focus

- GP originated service - they have ownership
- Service is visible
- Service enables GPs to focus on medical issues
- Decrease in repeat appointments
- Decrease in frequency of non-medical issues
- Informal access is liked
- Decrease in consultations for medically unexplained symptoms.
- Decrease in depressive symptoms
- Decrease in medication
- Service monitors need for medication and this may be more targeted
- There is good informal and formal communication.
- The service adds value to GP Services
- WellFamily filters referrals to other agencies. Filtering mental health and physical health signposting
- Risk assessment - some cases are complex
- GP can directly book patients
- Reduced barrier to access
- Only voluntary organisation with access to EMIS

20.7.1.3 Safe, reliable service

- Deal with complex cases
- Provide a high level of containment for people in chaos
- Service is reliable
- Understanding safeguarding
- Limits and boundary setting
- Service is containing
- Flexible re: tasks
- Managing realistic expectations
- Good time management
- Structured sessions
- Good policies
- Safeguarding
- Low DNA rates
- Offer continuity

20.7.1.4 Culturally competent

- Variety of languages (English, French, Croatian, Albanian, Vietnamese, Cantonese, Turkish, Urdu, Punjabi, Kurdish, Somali, Bengali, Russian, German).

20.7.1.5 Integrated approach

- Keep things in house as a single agency and one organisation

- Streamlined record keeping
- Avoid multiple assessments
- Sharing information

20.7.1.6 Practical support and "can-do" attitude

- Housing, debt and welfare issues prominent
- Hardship and crisis grants - delivery tangible benefits to clients.
- Increased practical support to those with mental health problems

20.7.1.7 Skilled and knowledgeable workforce

- High level of skills: counselling, family therapy, analytic psychotherapy
- Knowledge of welfare benefits
- Advocacy skills
- Resource investigators: grant application skills and investigate funding sources
- Group supervision and case reviews and support
- Resilience of staff
- Years of experience
- Skilled assessments
- Staff are E grades and are autonomous and self-managing
- Flexible working of staff is encouraged
- Good management
- Stable staff group.

20.7.1.8 Accountable and outcome oriented

- Service is accountable and routinely collects outcome data
- Recovery star looks at whole family impact

20.7.1.9 Community links

- Use of volunteers including art therapist
- Local knowledge and networks
- Many creative events e.g. Christmas parties and cultural celebrations which encourage community networking
- Family action Hackney is well understood and embedded in the local community

20.7.1.10 User involvement

- Good use of resources.
- Involve clients in forums
- Client orientated
- Complements and feedback forum.

20.7.1.11 Training

- Training skills for other professionals including GPs

- Staff member previously involved in Newpin training.
-

20.7.1.12 Skilled and stable workforce

There is good camaraderie and the diverse, experienced background of the workers is a strength. The staff at WellFamily have a good skill mix including some therapy qualifications.

20.7.1.13 Identity

- Strong identity and culture for service
- Respected by others High trust
- Respect for each other
- Mutual support
- Non judgemental and not rejecting
- Helping orientation
- Lack of hierarchy in team.
- Manage change well
- Adaptable
- Service has a history and track record (150 years) Work with disadvantaged families
- Sustainable project
- Rich context for families

20.7.2 Weaknesses/areas for development

- The service is under quite a lot of pressure and workers feel the need for more reflective and service development time.
- More office space for counselling, supervision and meetings, accommodation of volunteer counsellors - affects quality/safety of work
- Overheads not funded
- GPs like the service but could be more vocal. State they do not have funds.
- Most GPs not aware that service is now commissioned by Local Authority
- Would prefer health/GP to fund rather than local authority but responsibility has transferred to local authority.
- Training budget needs to be increased to advanced level.
- Social services are lax in sharing information and this can lead to problems (e.g. relating to risk/safeguarding).
- Can get "dumping". Social services thresholds are high and have changed and WellFamily picks up work traditionally undertaken by social workers
- Immigration - no access to public funds causes pressures
- Social services no longer do practical support but operate at Tier 2 and above.

20.7.3 Development potential

- Project is growing

- Cost effective
- Social services - could bid for Tier 2 services.
- Offer the service to more GP surgeries.
- More posts would be needed to cover out of hours.
- Offer service to other Boroughs
- Needs analysis will highlight some service gaps to be addressed
- More men/fathers could be involved. Need to consider how to engage with men. e.g. DIY sessions rather than therapy groups

20.8 Brief Description of IAPT (Improving Access to Psychological Therapies) Service in Hackney

The IAPT service provides evidence based treatment for common mental health problems - mainly for Care Clusters 1-3 although some individuals in Clusters 7 and 8 are seen who may not engage with secondary mental health services. Treatment is mainly offered at steps 2, 3, and 4.

Over 5000 people are seen every year. Around 40% receive high intensity therapy and 60% low intensity.

There are 14015 Psychological Wellbeing practitioners offering low intensity treatments and over 20 CBT therapist and psychologists offering high intensity or more specialist therapy.

The Improving Access to Psychological Therapies (IAPT) service can be seen as rather rigid by primary care. There is 15% access target for those in the local population presenting with mild-to-moderate anxiety which is achieved by IAPT but the recovery rates are below the national average.

IAPT offers cognitive therapy, behavioural couples' therapy, interpersonal therapy and links to physical health and neuropsychology services for people with long term conditions.

The IAPT service has 60 therapists with expertise in CBT and psychology but some clients do not like the more structured CBT approach and may drop out or disengage. Some patients with medically unexplained symptoms and/or personality disorder who are frequent attenders may also disengage but may be more suited to the Tavistock service.

The Tavistock Clinic runs a psychotherapy consultation services for more complex cases. This service and WellFamily are highly valued.

The physical health and rehabilitation services see a number of people with chronic, long term physical conditions. Some of these individuals step up to secondary care.

The service offers NICE compliant therapy and supervision for treatment of common mental health problems including depression, anxiety and trauma.

They do some training in motivational interviewing skills and mindfulness.

20.9 Brief description of Social Prescribing Project in Hackney

Family Action has recently won a year long pilot project for social prescribing involving wellbeing coordinators and volunteers to promote patient participation in healthy activities. Diabetes is the key long term health condition being targeted.

The CCG strategy emphasises improving outcomes of people with long term conditions and increasing the number of people who feel well-supported in this area by the GP.

There may be an increase in self-referrals to IAPT. Books on prescriptions may be part of the intervention. Support with the voluntary and community sector is vital.

The structured social prescribing intervention is intended to be time limited focusing on people with Diabetes 2 who are over 40 and isolated. The coordinators and attached volunteers have a remit to promote health and well-being through diet, exercise and social/leisure engagement. The intervention will be over 6-10 weeks and the service will only accept GP referrals.

The project will take place in 3 consortia (Well Street, South West and Rainbow and Sunshine practices). The focus will be on Type 2 (non-insulin dependent) diabetes.

The focus will be on people who are over 50 and socially isolated. There will be psychosocial assessments using the recovery star. Each patient will have a health and wellbeing plan (i-care). There is a website with advice about keeping well.

The CCG works in partnership with the voluntary sector and public health and the pilot project has £50,000 funding to develop a partnership with the voluntary and community sector. The project was tendered for by 5 voluntary and community sector groups and Family Action was successful in gaining the contract. This was related to strong local links and good infrastructure and a strong history of managing and providing similar services (e.g. WellFamily) in Hackney.

The project was approved by the Health and Wellbeing Board and championed by local counsellors.

The service will involve healthcare assistants and practice nurses referring people to the service for ongoing work.

There is a social prescribing coordinator and 10 volunteers to be recruited by Family Action, linked with the Hackney Volunteer Centre. The clients will co-produce their i-care plan and this will be facilitated by the coordinator and volunteers.

The service aims to see 100 people per week and cases will be help for 8 weeks.

The social prescribing service will assess what assets are available in the community. Small voluntary and community initiatives can be very helpful. There is a need to tackle social isolation, promote activity and exercise.

The plan and services are co-produced by the worker and the client.

The Shoreditch Trust is a local organisation supporting healthy lifestyles, although their health trainers were recently decommissioned.

There is to be an external evaluation from University of East London or Queen Mary.

There is a 3 year contract for the social prescribing model. The service will be evaluated in terms of pre and post consultation rates and psychotropic medication prescriptions - particularly antidepressants.

The recovery star measure will be used to assess outcomes.

There could be an extension of this project to social prescribing for children.

20.10 List of contacts

Ms Saniye Aldemir, Senior Practitioner WellFamily

Ms Mine Aslan, Family Support Coordinator WellFamily

Ms Anja Bailey, Head of Sales and Marketing, Family Action

Mr Norman Blissett, Director of Systems and Impact, Family Action

Ms Sandra Cater, Project Officer, Social Prescribing Project, Family Action

Dr Shirley Coventry, Clinical Psychologist

Dr Rhiannon England Clinical Lead for Mental Health, City and Hackney CCG

Ms Vicky Fathers, Head of Business Systems, Family Action

Ms Emel Hakki, Service Manager, WellFamily Service

Mr David Holmes, Chief Executive, Family Action

Mr Shahid Islam, Contracts Manager, Hackney Borough

Mr Colin Jacobs, Practice Manager, Elsdale Road surgery

Ms Beverly James, Family Support Coordinator

Ms Christine Knights, Interim Mental Health Commissioner.

Ms Heather Loxley Director of Service and Innovation

Ms Andrea Paul Family Support Coordinator, WellFamily

Ms Tanya Rayner, Operations Manager, Family action

Mrs Zoe Robinson, Consultant to Family Action

Mr Michael Rooney, Team Leader, IAPT service

Ms Stacey Samuels, Business Development Officer, Family Action

Ms Jayne Stokes, Director of Development, policy and campaigns

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