



University of Essex

TWO SUCCESS STORIES

from the Essex Local Delivery Pilot

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Introduction

This document depicts two Essex Local Delivery Pilot (LDP) 'success stories' and details the ingredients in making these work, with the intention that other LDPs can learn from them. To illuminate and frame the contained learning we have used Driscoll's (2007) experiential learning cycle. The cycle provides three trigger questions:

What? A description of the intervention and purposeful reflection on selected aspects of that experience

So what? An analysis of the intervention, discovering what learning arises from the process of reflection

Now what? Proposed actions following the intervention, applying the new learning from that experience



1. Influencing the primary care system setting to prioritise tackling physical inactivity as part of everyday practice



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What? The Essex LDP has been successful in establishing a close and productive working relationship with both the North East Essex and Basildon & Brentwood Clinical Commissioning Groups (CCGs). CCGs are NHS organisations set up by the Health and Social Care Act (2012) to organise the delivery of NHS services in England. Key ingredients in this success have been identified as the LDP funding being an initial motivator for collaboration, although the relationship quickly became about much more than that. LDP, local authority and CCG staff have been drawn together through the collective aim of tackling physical inactivity, due to its significant health consequences.

So what? In North East Essex, this now involves LDP staff being part of the North East Essex (NEE) Alliance (a group bringing together hospitals, community and the voluntary sector around a common interest in health). Physical activity has been adopted as a key priority area through NEE Alliance and their 'Be Well' domain. This means there will be a key focus of how all the system partners of the Alliance work differently to support people of North East Essex to increase their physical activity levels, focusing on those areas of greatest need, so it will be a much wider approach than just health. In Basildon the collaboration has resulted in two LDP staff members being part of a transformation team, alongside CCG staff. From these developments there have then been further successes, which include Basildon & Brentwood CCG stating that GPs should give physical activity as their primary piece of health promotion advice, and that they are now using physical activity CQUINS (performance indicators) for all new contracts.

Now what? A programme of 'train the trainer' GP training has commenced, which will involve GP surgeries across both CCGs. Dr William Bird (as a prominent GP with an interest in physical activity) for Intelligent Health has been a particularly important ingredient in this initiative. The LDP and CCG have provided match funding to support the programme of training, which focuses on the benefits of physical activity and connection to nature as a preventative treatment for patients. It is hoped this will lead to an increase in social prescribing and other alternatives to medicine prescription. Critically, the closer working relationship of the local authority and health has been invaluable in the immediate and local COVID-19 response.

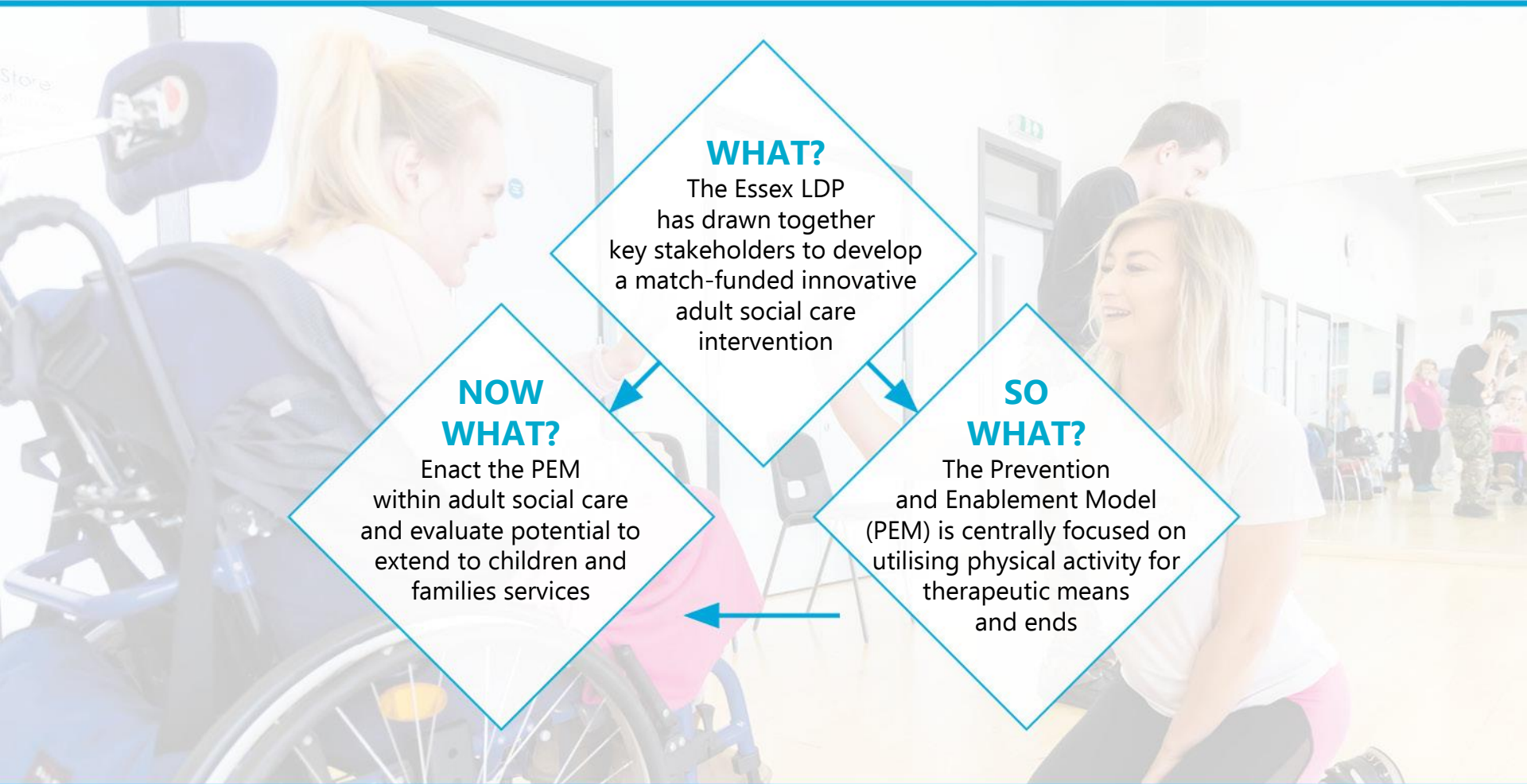
1. Influencing the primary care system setting to prioritise tackling physical inactivity as part of everyday practice

“The LDP came along at exactly the right time to coincide with the development of Primary Care Networks. Without the LDP, the willingness of primary care to engage in the physical activity agenda would have been minimal. We would have more likely resorted to a traditional health approach to wellbeing where we look at a single disease (such as diabetes) and develop a narrow stream of initiatives specific to that disease. The LDP encouraged us think more holistically. As a result, we are seeing a strong buy in from GPs, practice managers and other practice staff in the understanding the impact that physical activity can have on ill health and wider wellbeing, particularly for those patients that do not readily engage in an active lifestyle. The advocacy and evidence provided by the LDP led to the decision to make physical activity the number one public health message that we wanted all of our health practitioners to give to their patients and service users”

William Guy, Head of Commissioning, Basildon and Brentwood CCG



2. Influencing the Essex adult social care system setting to hardwire physical activity into mainstream prevention and enablement work



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What? The Essex LDP has been successful in bringing together key stakeholders in order to develop a match-funded innovative intervention with the adult social care system setting. The Head of Strategic Commissioning within Adult Social Care at Essex County Council was a key ingredient, as they had already connected with a local social enterprise and begun to vision a new, preventative way of working that utilised physical activity for therapeutic means and ends.

So what? A collective interest in harnessing the therapeutic potential of physical activity provided a connection between the Essex LDP, adult social care commissioning, and [Sport for Confidence CIC](#). Together they constructed a match-funded (Essex LDP £140,020 and adult social care £57,500) intervention relating to developing the practice of adult social care staff in order for their practice to be more centrally focused on utilising physical activity for therapeutic means and ends, and then in turn supporting adult social care clients to be more active and live healthier lifestyles. This intervention has been titled the Prevention and Enablement Model (PEM).

Now what? The enactment of the PEM offers an exciting opportunity to deliver adult social care in a new way, which has the potential to be transformative in terms of health and lifestyle. However, it will also be challenged by persistent tendencies towards silo working between county and local level, within a two tier local government system. It is also acknowledged that in the longer-term the potential to extend PEM to incorporate children and family services is something that needs to be explored. NB: At present the enactment of the PEM model is paused due to the UK COVID-19 outbreak.

2. Influencing the Essex adult social care system setting to hardwire physical activity into mainstream prevention and enablement work

“Adult Social Care in Essex needs to transform to be sustainable; empowering people to live healthier lives for longer is key in enabling this transformation. The LDP has provided us with the impetus and innovation to test how the social care system in Essex can use physical activity as a tool to enable independence, to improve population health and create communities that are inclusive to people with disabilities. The LDP has also supported the foundations for change; stimulating partners to step further across organisational divides to design, deliver and sustain action to achieve lasting change for the citizens of Essex. Recognising the power in using physical activity not only as a tool to improve health and wellbeing but a tool in changing behaviours, connecting people to each other and creating possibilities that enable people to thrive. We see this as a long term relationship with the LDP to test and learn to permanently change the Essex Adult Social Care system.”

Rebecca Jarvis, Head of Strategic Commissioning and Policy, Adult Social Care, Essex County Council



References

Driscoll, J. (2007) Practising Clinical Supervision: A Reflective Approach for Healthcare Professionals. 2nd ed. Edinburgh: Bailliere Tindall Elsevier