

Independent Evaluation of Hackney WellFamily Service

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Executive Summary

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)

The Hackney WellFamily service has recently been independently evaluated by Improving Health and Wellbeing UK. Key findings are summarised below.

1.1 The Hackney WellFamily Service Model

Hackney Well-family provides recovery-focused and holistic interventions include a mix of individually targeted and flexible practical and emotional support to promote health and social wellbeing. Hackney is the second most deprived area in Britain with high levels of health and care needs. Service users often present with complex of psychosocial problems including depression, anxiety, financial, employment, housing problems, immigration issues, substance misuse, domestic violence or abuse and social isolation.

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.

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, accessible and non-stigmatised setting.

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**

Hackney Well Family provides short term counselling, advice and practical support for adults. Counselling and advice is combined with practical help over housing, welfare benefits or other material problems. The outcomes for service users are effective as this approach prevents problems escalating and is solution/goal focused.

Key interventions of WellFamily include:

- 1) Advice and information (e.g. regarding housing, debt, welfare benefits, employment support
- 2) Counselling for emotional problems including anxiety, depression, bereavement and relationship difficulties
- 3) Promotion of leisure, social and physical activities and volunteering opportunities
- 4) Signposting and referral to other services
- 5) Carer support and peer support

The service offers intervention and 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.

1.2 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.

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, the impact is much greater (e.g. in terms of specialist mental health service reduction in attendance, reduced Accident and Emergency Hospital attendance, reduced social work costs etc). It is probable that investment in the WellFamily service could demonstrate net cost savings to the health and care economy of over £100,000 per annum on a recurring basis.

The above may represent a conservative estimate of the social return on investment (SROI) as the recent Bristol University research would estimate 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.

1.3 Feedback from General Practice

Survey respondents felt that the WellFamily service reduced subsequent GP consultation rates for non- medical issues

90% of GPs 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 GPs rated the service as good and 68% as excellent, indicating very high levels of satisfaction amongst GPs.

<i>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.</i>

1.4 Outcomes for service users

- Around 81% of service users felt the WellFamily service had mostly or definitely helped them achieve their goals in relation to community participation, social networks, employment and training opportunities, improved physical and mental wellbeing and independent living
- Service users reported clinically and statistically significant reduction in anxiety and depression on validated, standardised outcome measures
- 81% of service users rated service quality as excellent and a further 18% of respondents rated the service quality as good.

- Around 98% 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.

1.5 Opportunities to extend the WellFamily service

The WellFamily Service can be replicated elsewhere and can 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
- Dementia: assessment advice and social prescribing
- Extended family support and group work
- Social Prescribing

1.6 Conclusion

The Hackney WellFamily Service is a very 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.

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:

- A selective review of local and national policy documents relevant to the WellFamily Service
- 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
- Facilitation of a Team Workshop with the WellFamily Team
- Observation of WellFamily worker sessions in GP practices
- Design and analysis of surveys for GP referrers and users of the WellFamily Service
- Analysis of WellFamily activity and outcome data and resources , cost-effectiveness and impact on service user wellbeing and social adjustment
- 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.

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.

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.

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 10-15 years ago 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

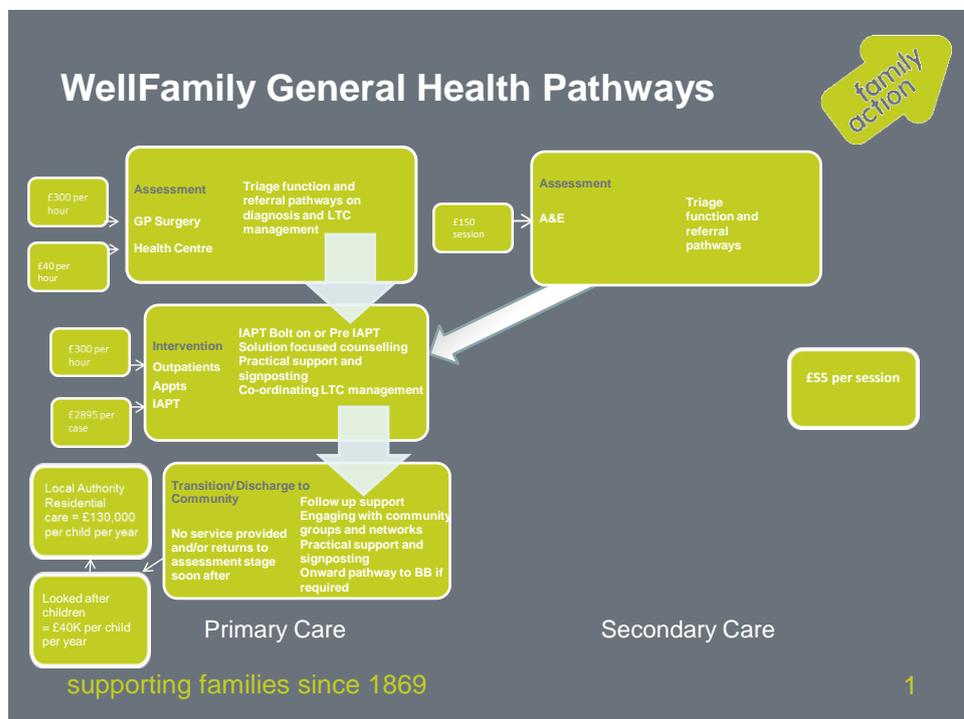
6.3 Primary care based

The service covers 32 of 40 practices in Hackney and is provided all through 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 "siloeed" 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. 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 service complements work of GP based counselling services.

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 overstayed in the UK in relation to their visas) and such individuals can be very vulnerable. Such cases are complex, requiring legal representation and can go on for many years.

6.5.6 Safeguarding and risk management

There is a strong focus on safeguarding and protection of vulnerable adults and children. Clinical supervision focuses on risk management and the service is robust in this area.

6.6 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.

6.7 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%. If a client does not attend, the WellFamily worker will usually contact the client to ascertain the reasons for non-attendance.

6.8 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.

7.1 Staff Profile and development

The WellFamily team of 5.4 w.t.e workers and 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.

8 WellFamily Service Activity and Outcomes

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

8.1 Activity Monitoring

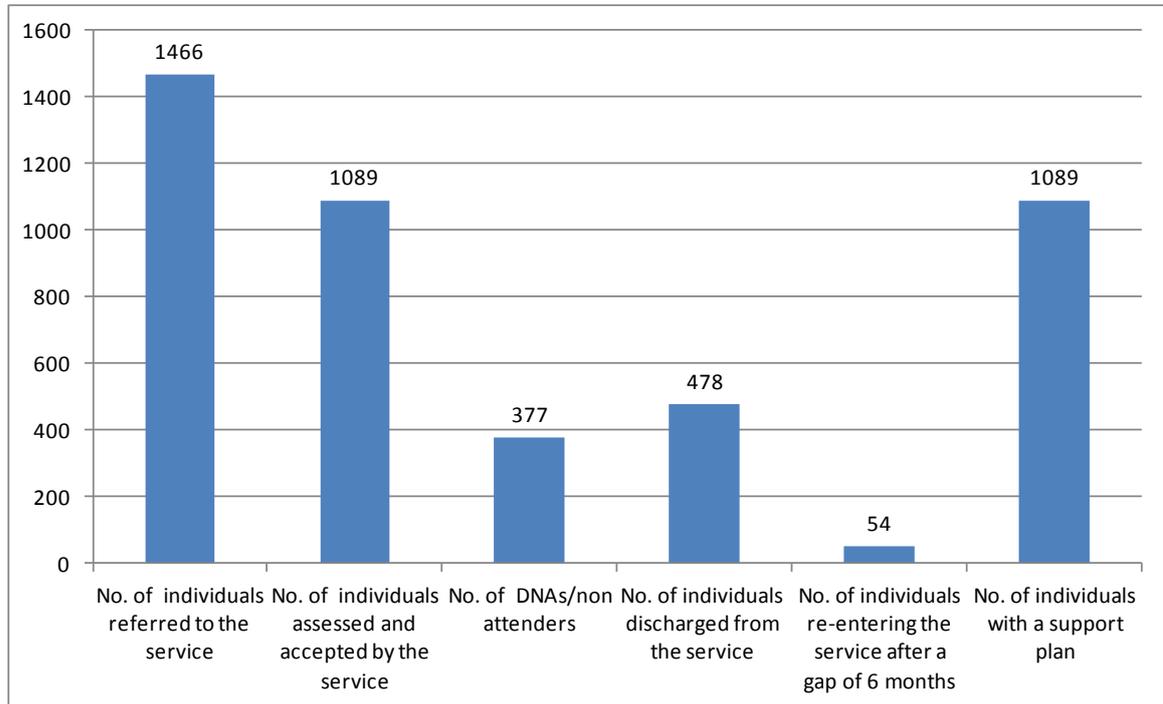
At present, all activity and outcomes of the WellFamily service are recorded on a stand-alone Oracle database which has been designed on a bespoke basis to meet the needs of the service and commissioners.

8.1.1 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.



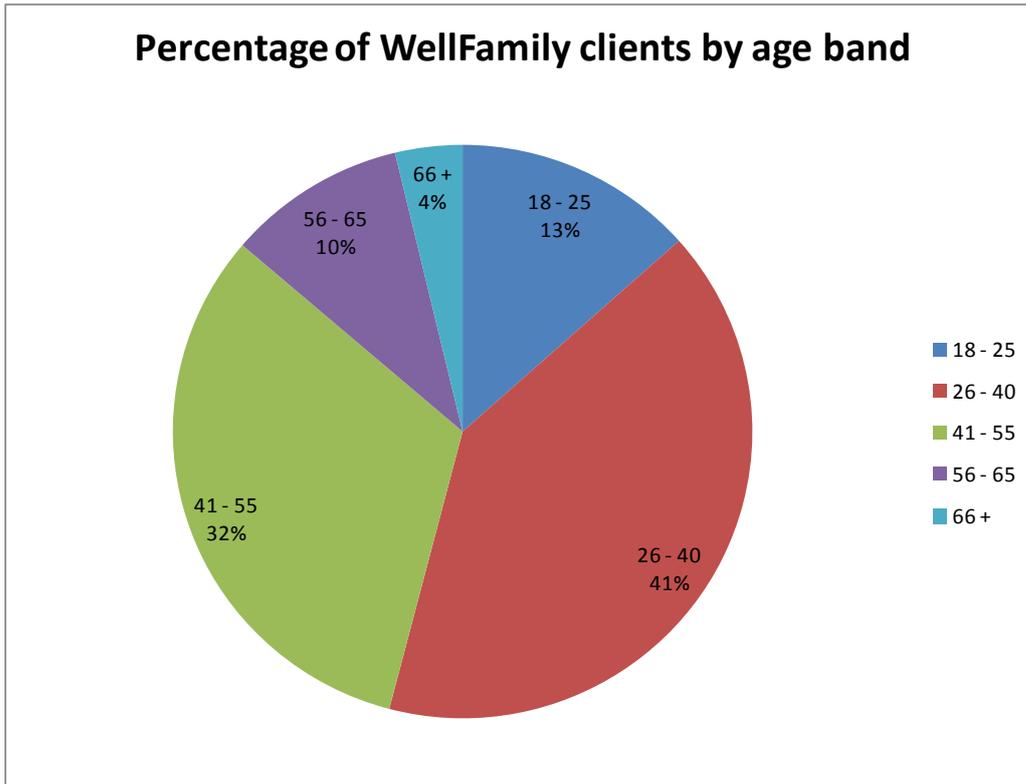
8.2 Profile of Service Users

8.2.1 Gender

Around three quarters of service users are female.

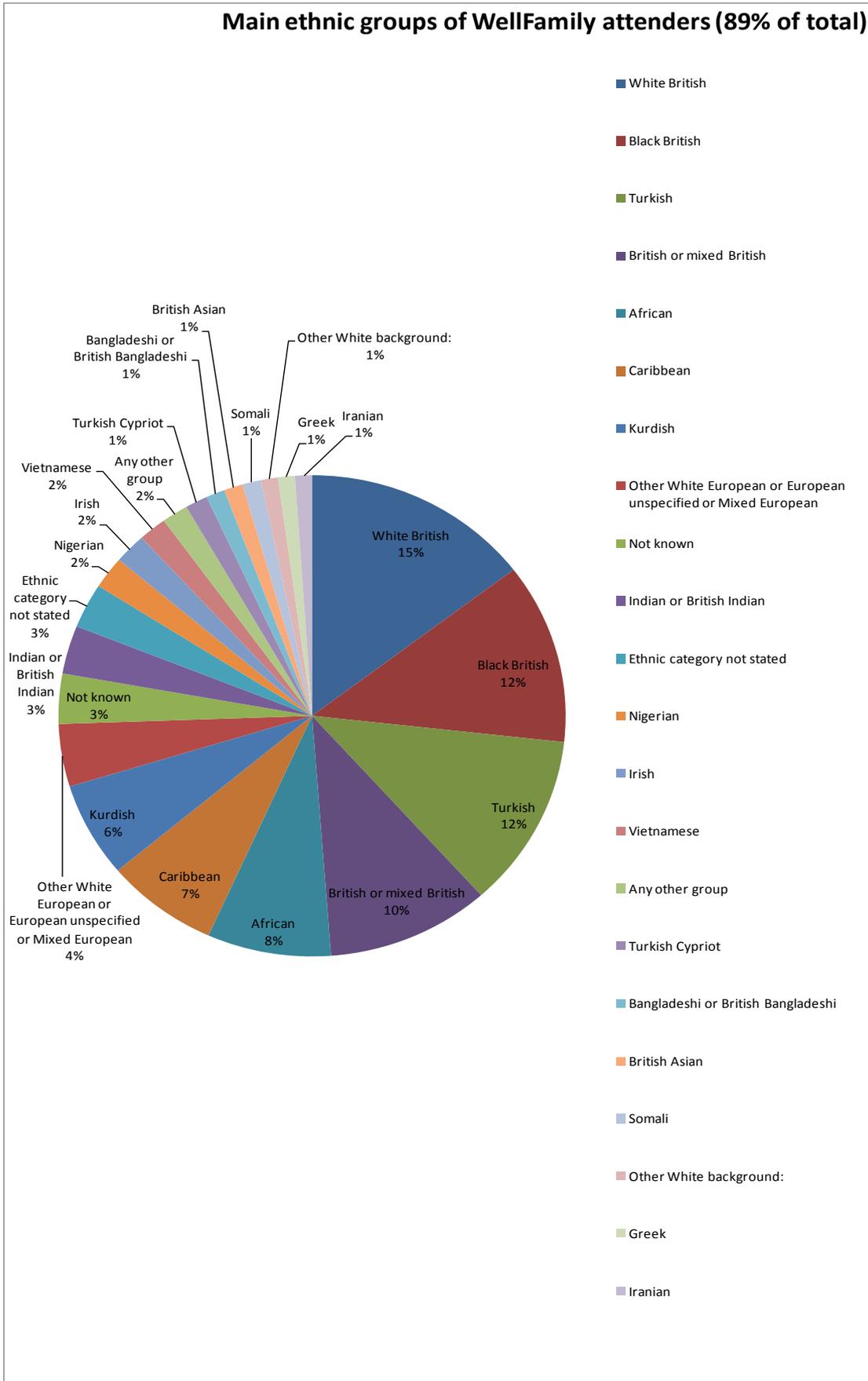
8.2.2 Age group

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.

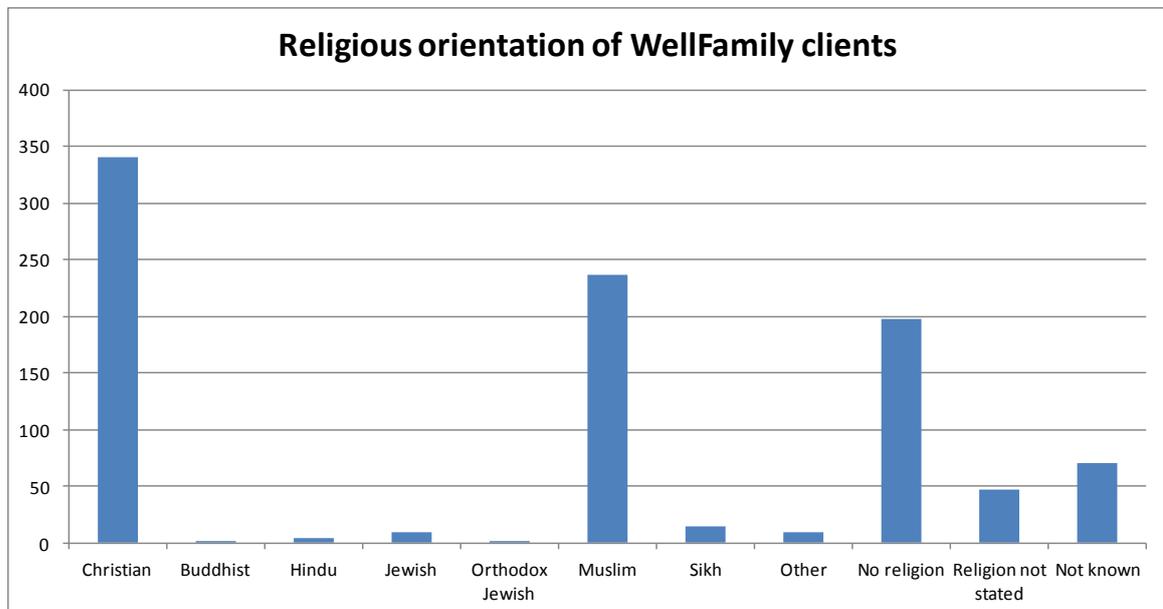


8.2.4 Sexual orientation

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.

8.2.5 Faith

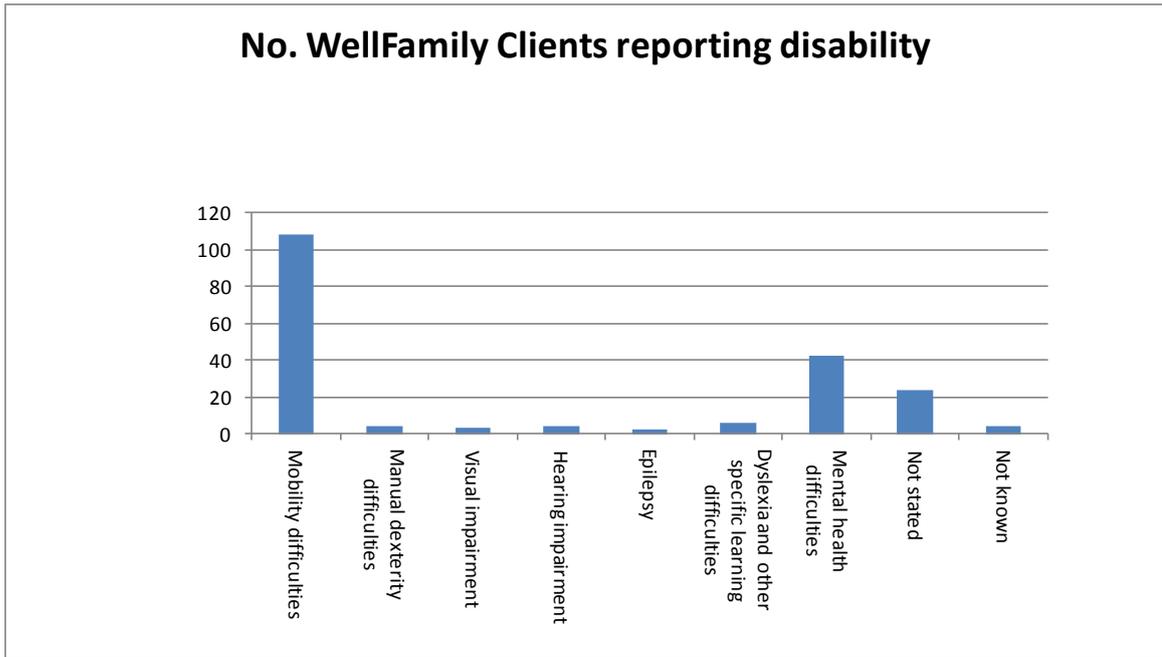
The predominant Faith of WellFamily service users is described as Christian followed by Muslim and individuals who stated no religious affiliation. It is important that the service recognises that for some service users, their faith is integral to their mental health and recovery.



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.

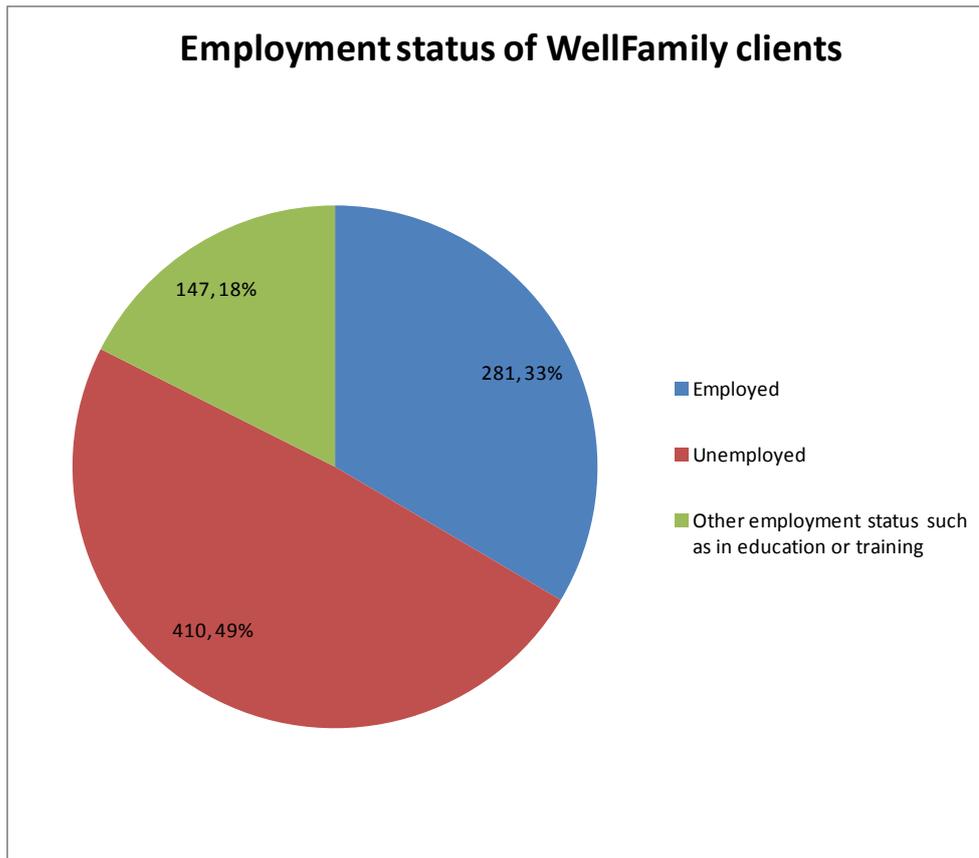


8.2.7 Accommodation status

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

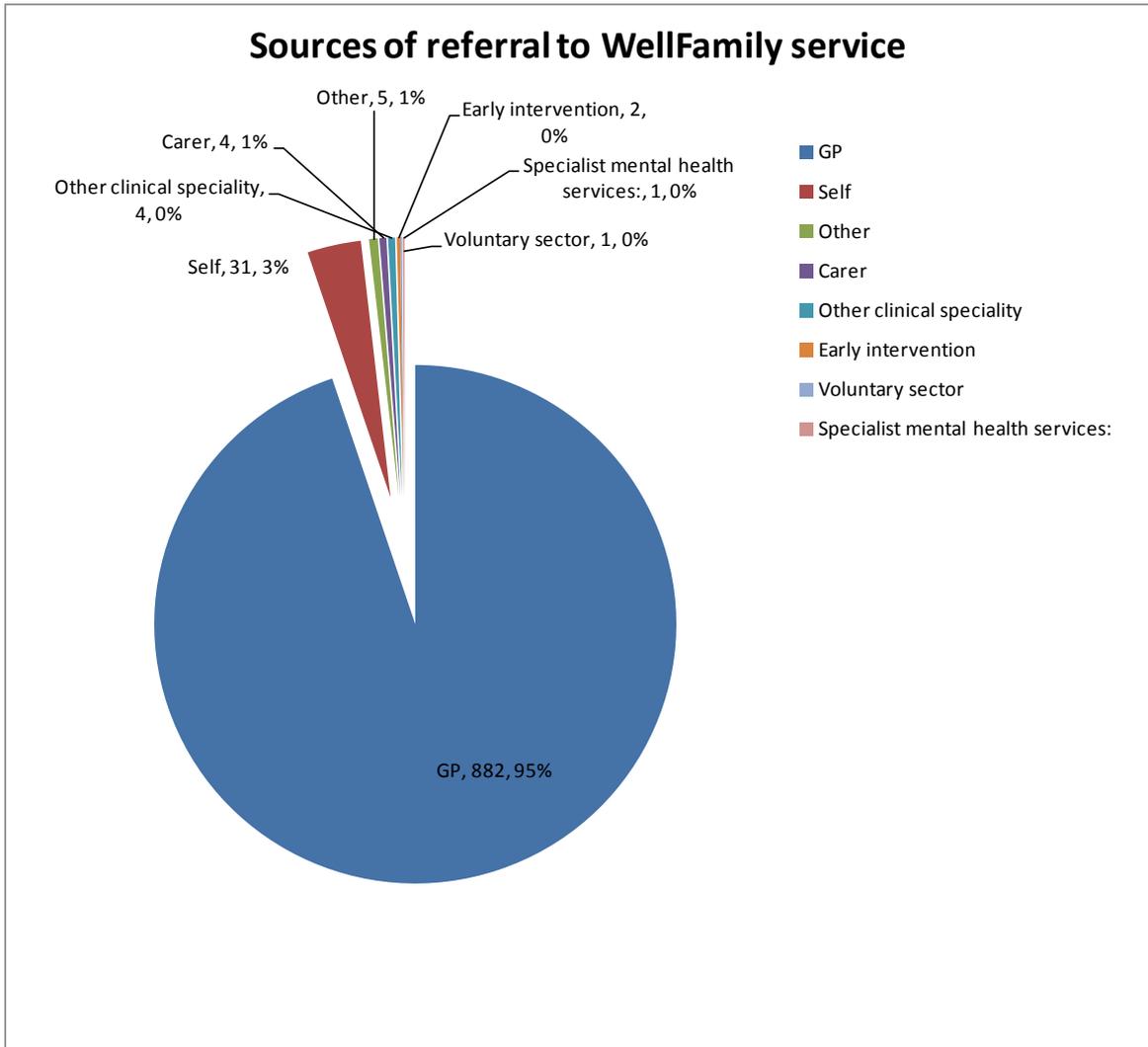
95% of referrals to the WellFamily service come from GPs with the remaining 5% coming from self-referral, specialist mental health services or other statutory and voluntary sector services.

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.

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.

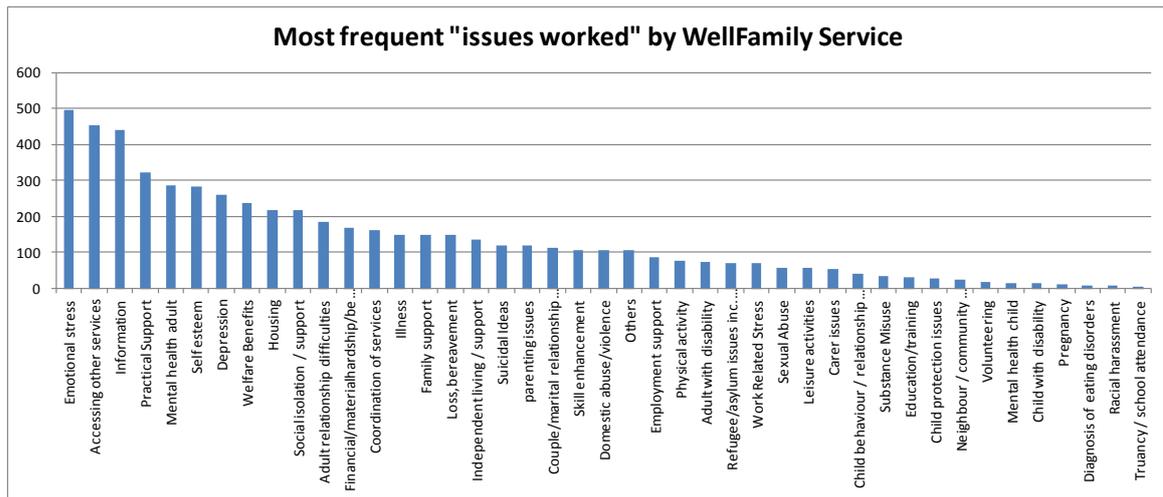


8.3 Issues worked

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.

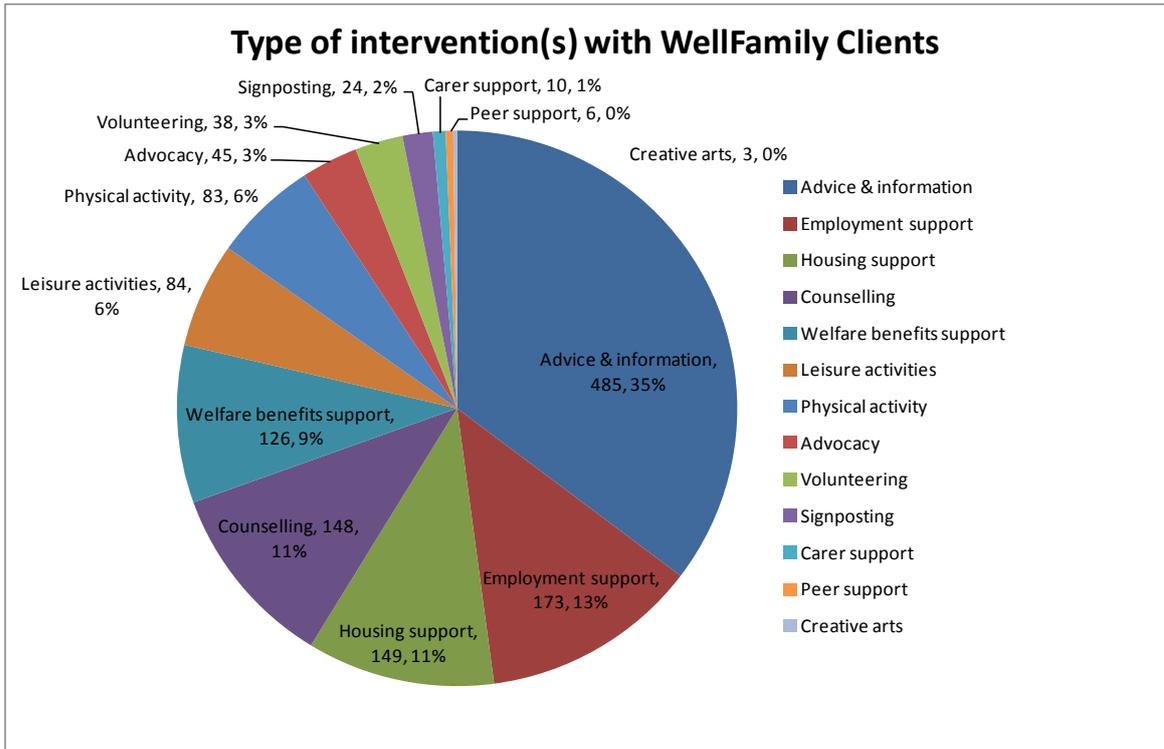
8.3.3 Issues worked by gender

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

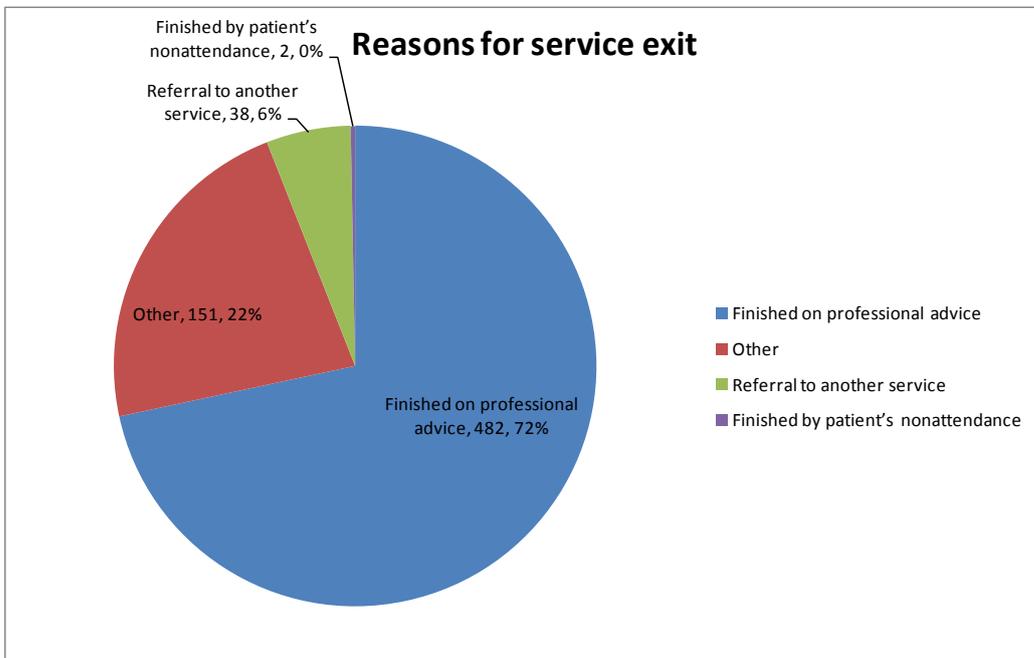
The diagram below indicates the most frequent types of advice/intervention offered by the WellFamily service (in descending order):

- 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 WellFamily 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.

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.

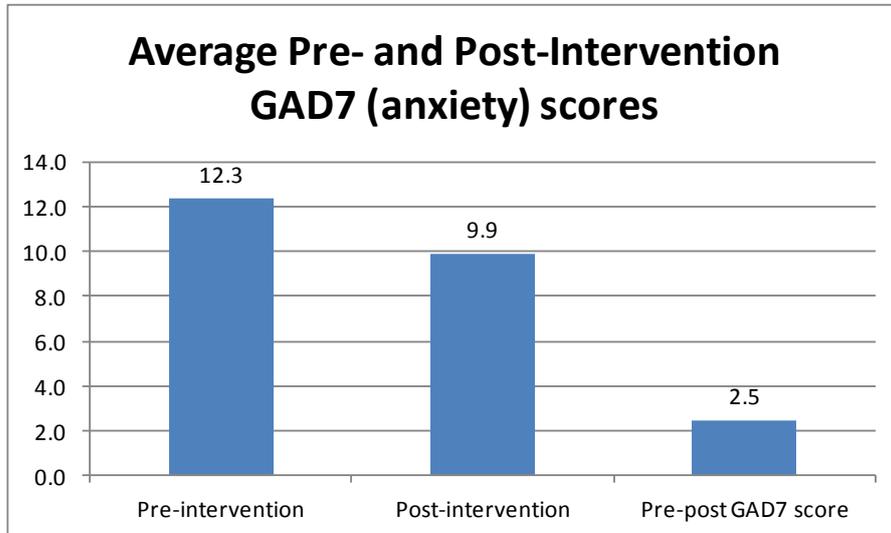
Female 30's, suffering from depression and has been a victim of domestic violence and is socially isolated. Has three children. Help offered with financial problems and grant for furnishings as she now is a single parent. Bereavement issues (death of mother) also addressed.

9 Outcomes measurement

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

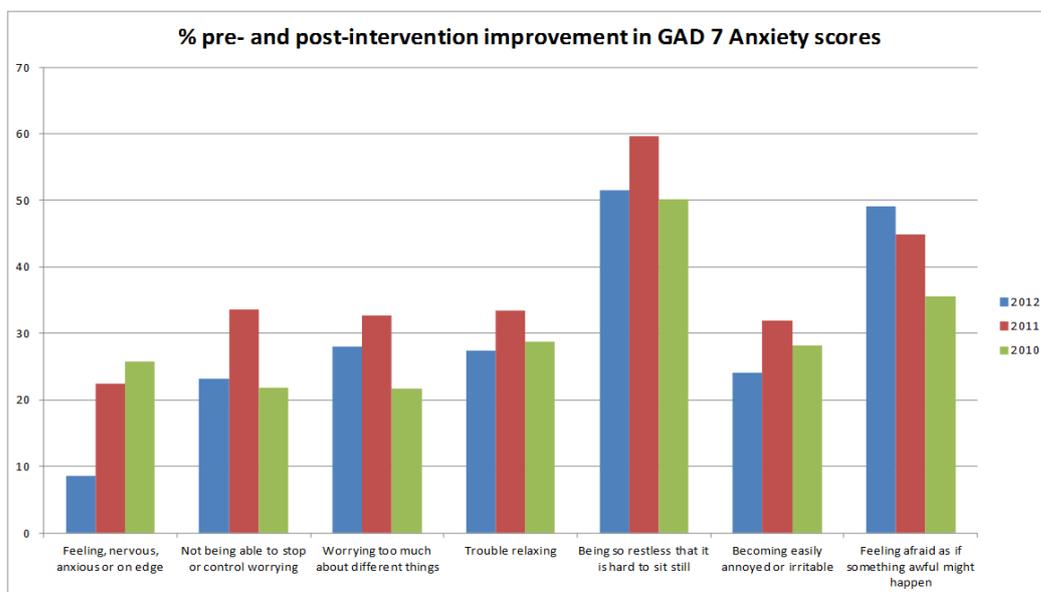
9.1 GAD7 General Anxiety Disorder

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



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.

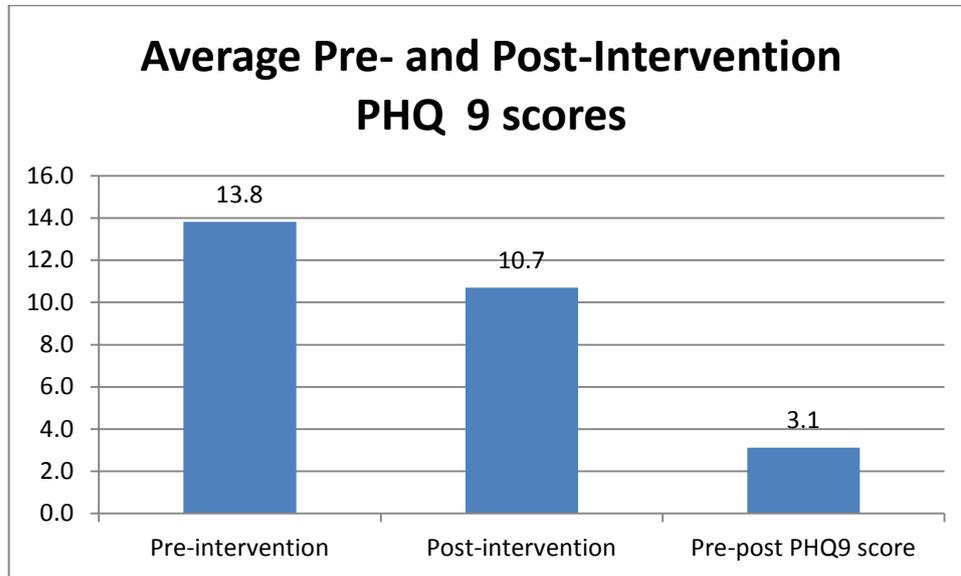
Data from WellFamily indicate significant percentage improvements in GAD7 scores following intervention. Data from the last three years (2010-2012) indicates that these improvements have been consistently demonstrated.



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.

9.2 PHQ 9

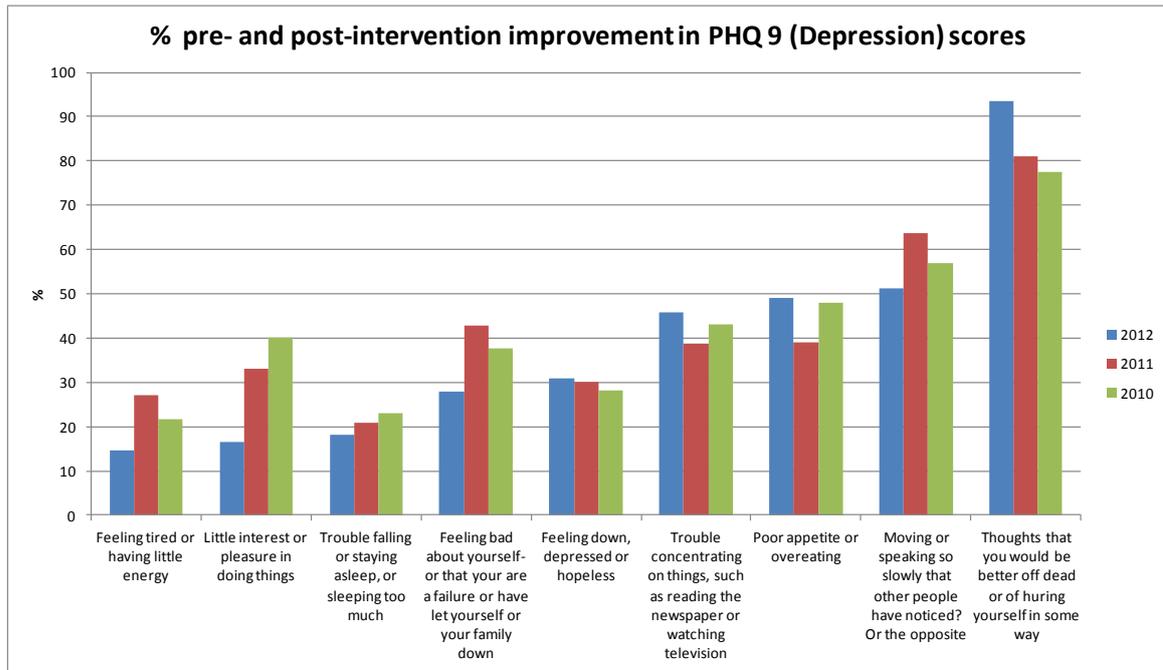
The Patient Health Questionnaire (PHQ)² is designed to facilitate the recognition and diagnosis of the most common mental disorders in primary care patients. For patients with a depressive disorder, a PHQ Depression Severity Index score can be calculated and repeated over time to monitor change.



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.

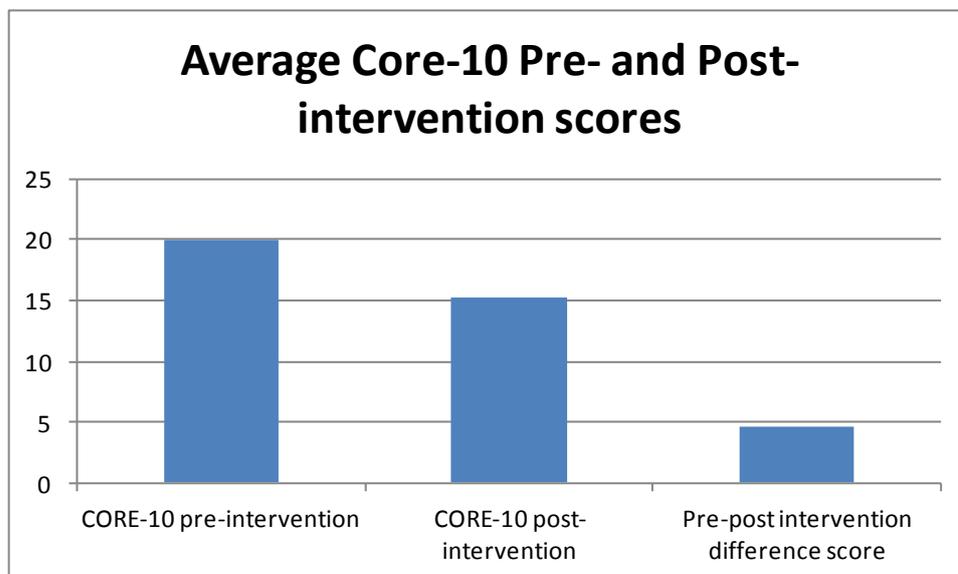
² PHQ materials were developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues, with an educational grant from Pfizer Inc.

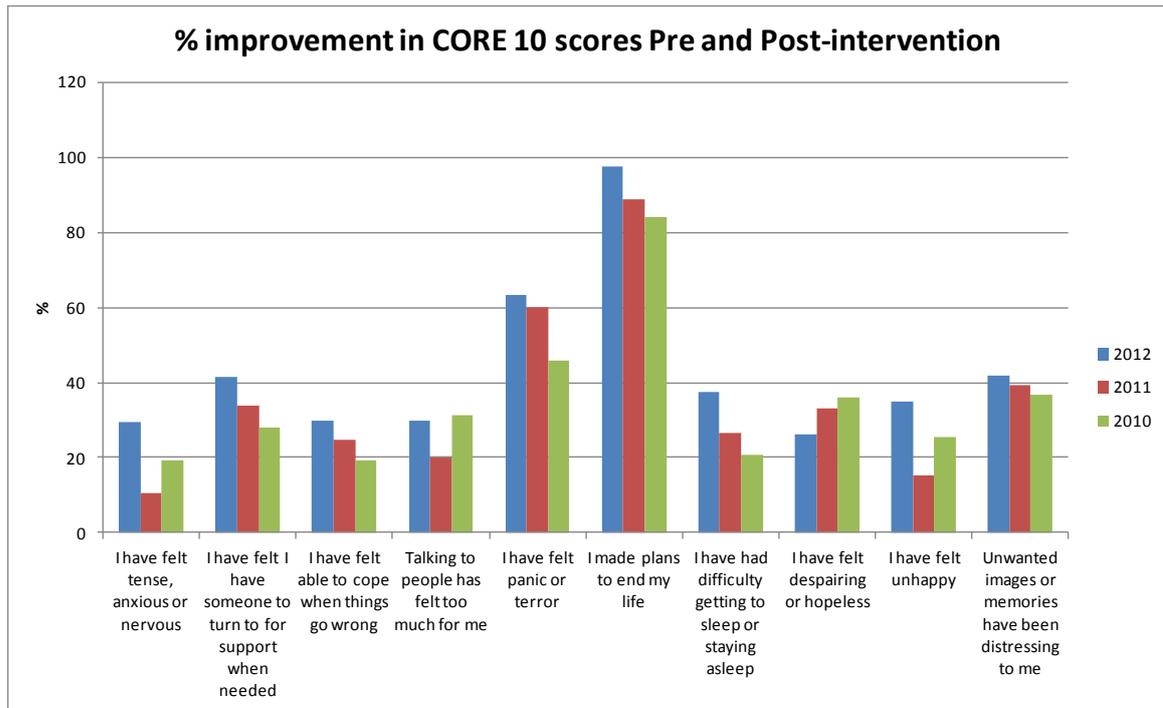


9.3 CORE10

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 Star outcomes (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 .

Family Action WellFamily service customised the Recovery Star to make it more robust and meaningful for the WellFamily service leading to the current Recovery Star Outcomes Framework.

The Recovery Star¹³ is 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.

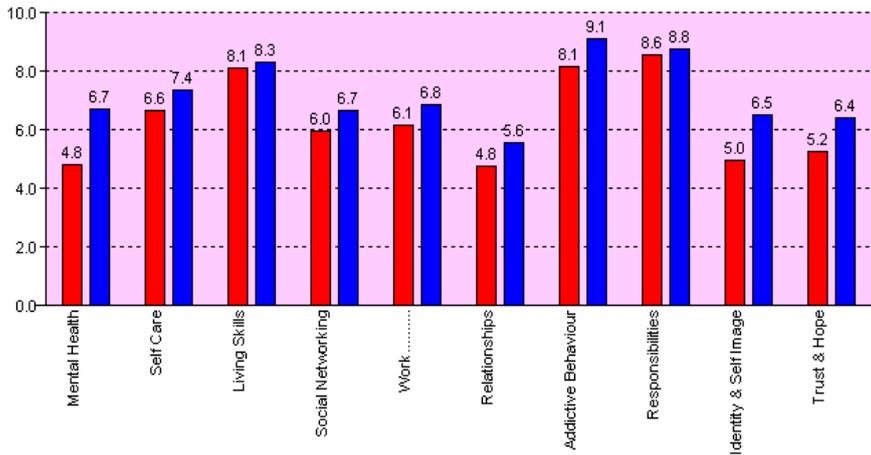


- First Session

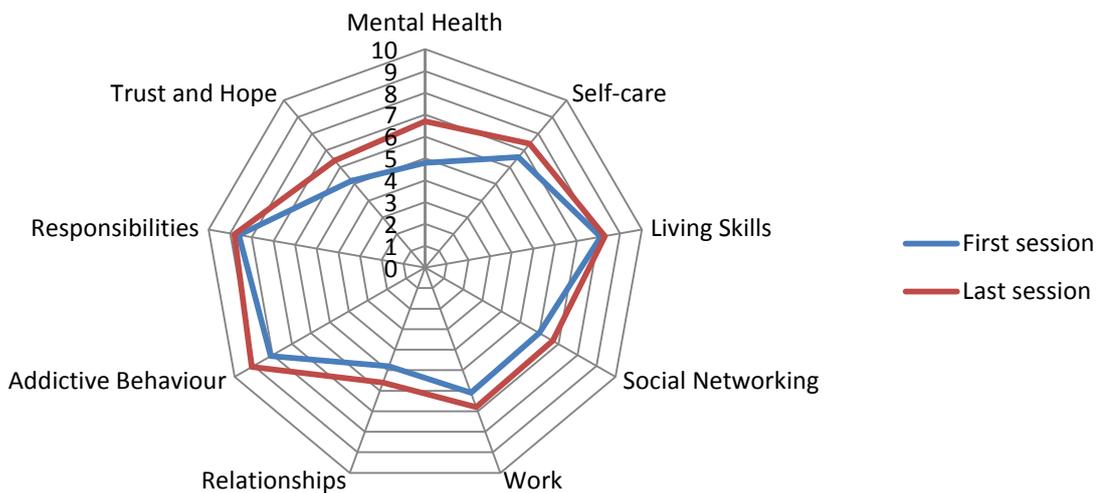


- Last Session

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



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



9.5 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

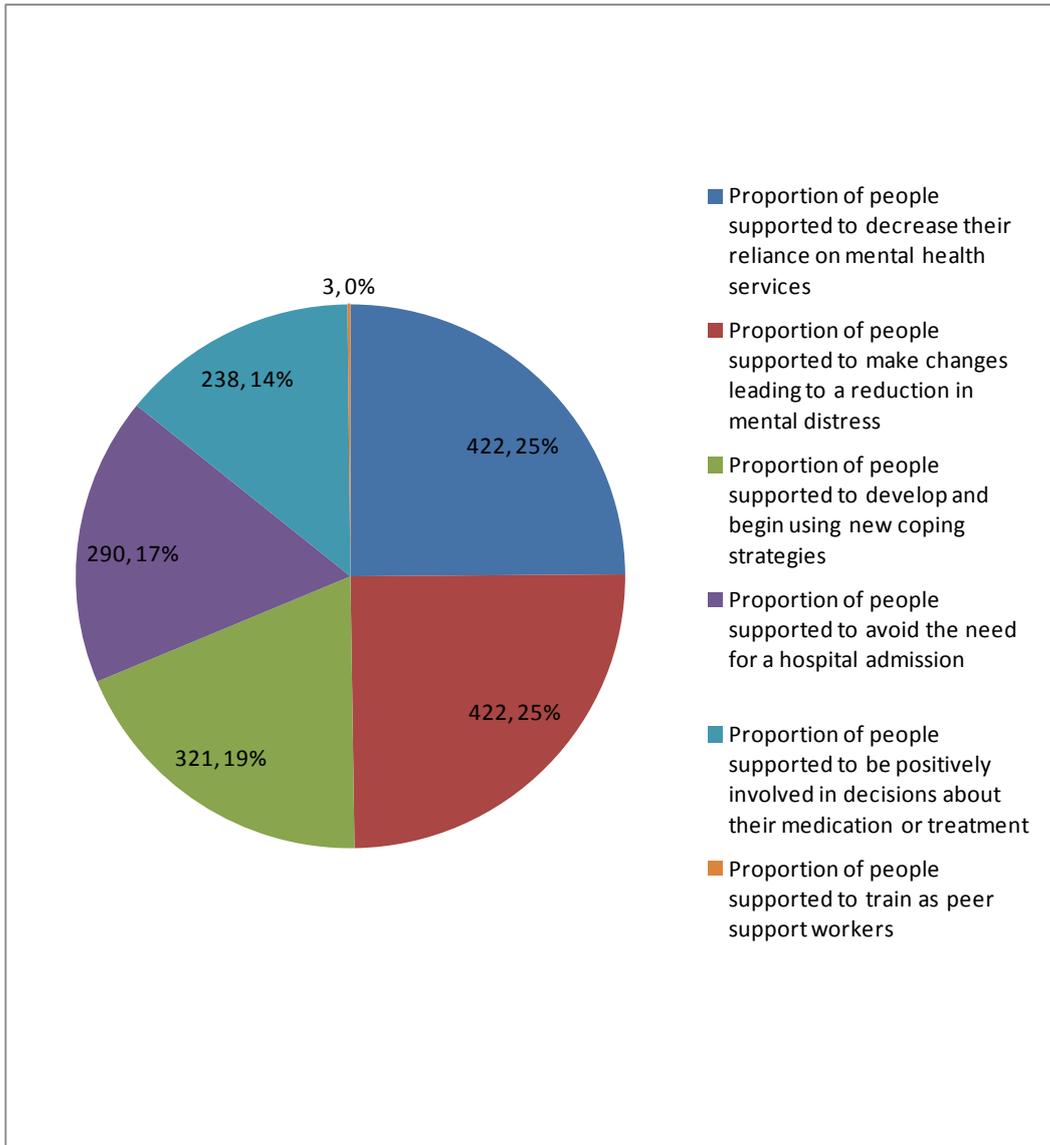
Most frequently achieved outcomes included

- 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:

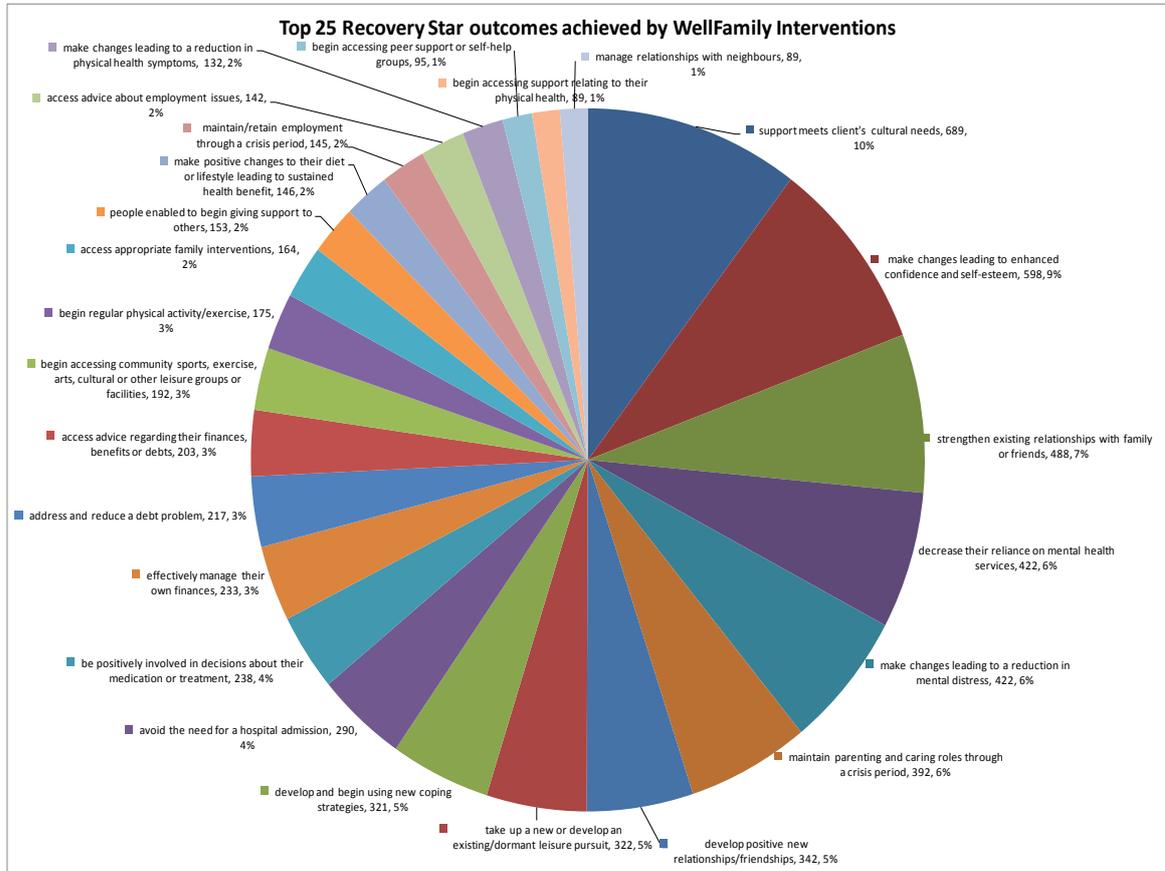
- Support received met client's cultural needs (86%)
- Support to assert their social and care needs with other providers (5%)
- Support to become more actively involved in decision making (5%)
- Support to access direct payments (2%)
-

9.5.9 Most frequently achieved Recovery Star Outcomes

The top 25 most frequently achieved recovery star outcomes included:

- changes leading to a reduction in mental distress
- service users expressing that the support they receive meets their cultural needs
- development and use of new coping strategies
- changes leading to enhanced confidence and self-esteem
- strengthening of existing relationships with family or friends
- decreased reliance on mental health services
- development of positive new relationships/friendships
- maintenance of parenting and caring roles through a crisis period
- access to advice regarding their finances, benefits or debts
- positive involvement in decisions about their medication or treatment
- avoidance of the need for a hospital admission
- assertion of their needs with a health or social care provider
- maintenance/retention of employment through a crisis period
- accessing peer support or self-help groups
- move to more suitable (but not more independent) housing
- addressing and reducing a debt problem
- access to appropriate family interventions
- becoming more actively involved in decision making regarding their support
- beginning to access support relating to their physical health
- enabled to give support to others

- beginning regular physical activity/exercise
- effective management of their own finances
- making positive changes to their diet or lifestyle leading to sustained health benefit
- taking up a new or developing an existing/dormant leisure pursuit
- applying for a mainstream education or training course



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, representing a significant Social Return on Investment¹⁴.

10 Stakeholder interviews

A number of face-to-face and telephone interviews were conducted as part of this evaluation. 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 and 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. 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.

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.

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

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.

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 GP and Client

the current GP and WellFamily Client surveys are presented.

11.1 GP Survey 2013

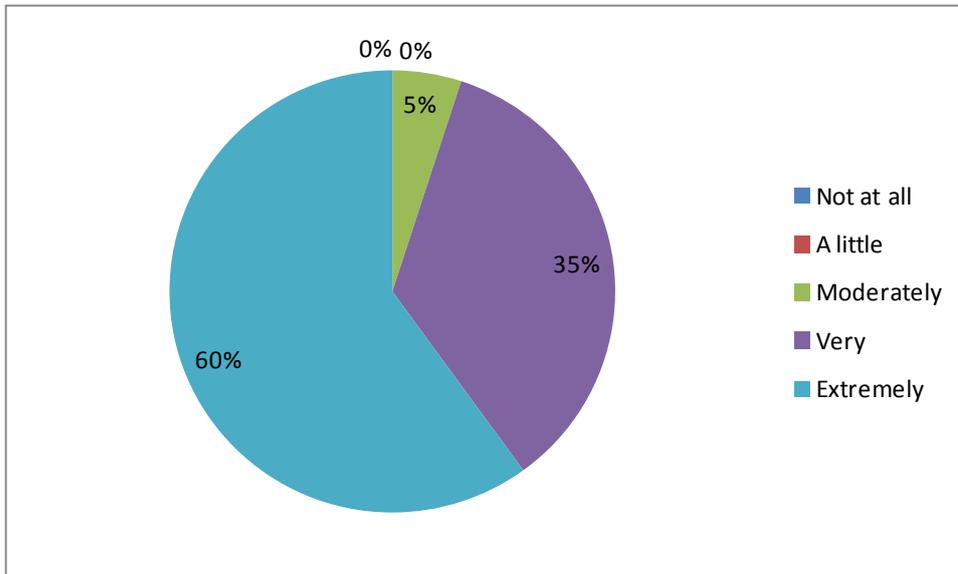
The current GP and client surveys were designed and conducted using the online SurveyMonkey. Overall 27 GPs completed the survey. It is estimated that there are around 160 GPs covering City and Hackney and thus this is a disappointing response rate, reflecting a likely "request overload" for information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

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

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

11.1.1 Usefulness of WellFamily service

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



11.1.2 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

11.1.3 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

11.1.4 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

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

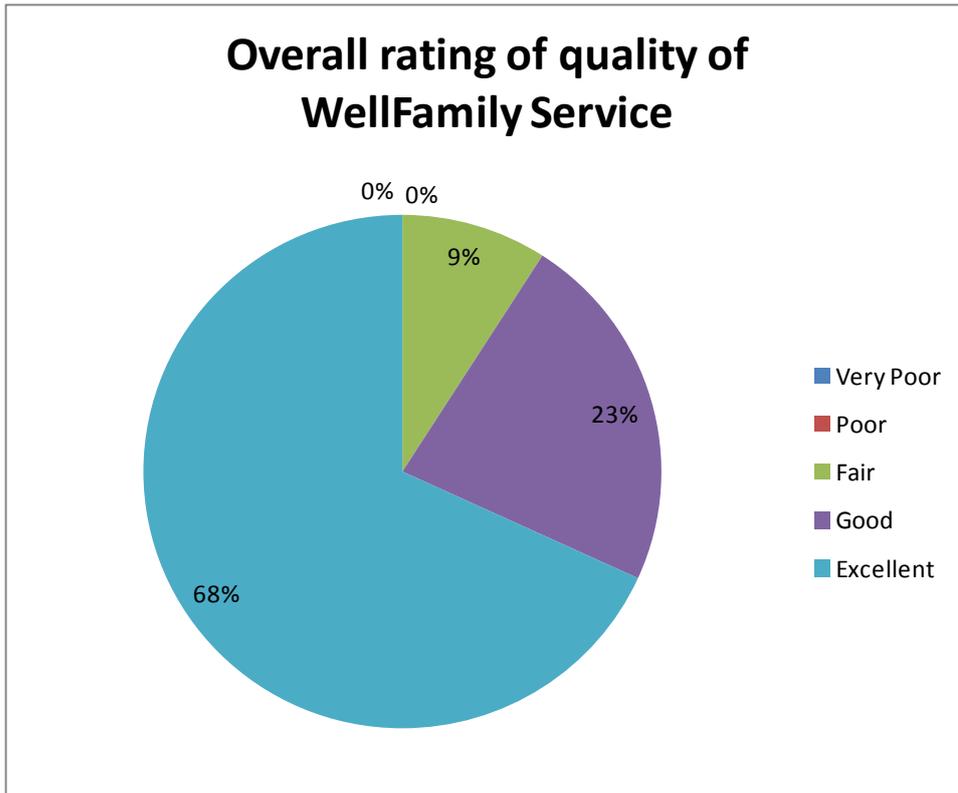
90% of respondents felt commissioners should give high or very high priority to continued funding of the WellFamily service.

11.1.6 Would GP recommend WellFamily services to other practices?

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

11.1.7 Overall rating of quality of WellFamily Service

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



11.1.8 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.*

11.2 Client Survey

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

11.2.1 Respondent profile

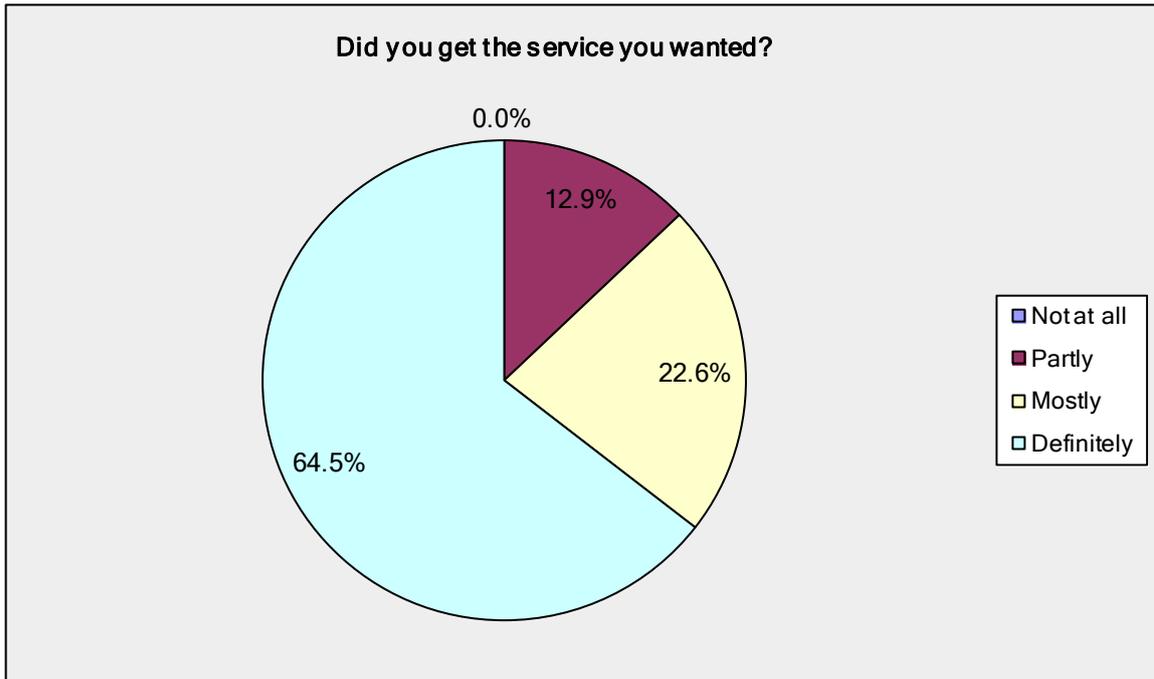
The online client survey was completed in December 2013 by 92 service users (male: 27; female 65), The active team caseload at any one time is c. 22-23 clients per worker, giving a team caseload of 120. The client feedback response rate was thus a respectable 77% and likely to be representative.

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).

11.2.2 Did client get the service they wanted?

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



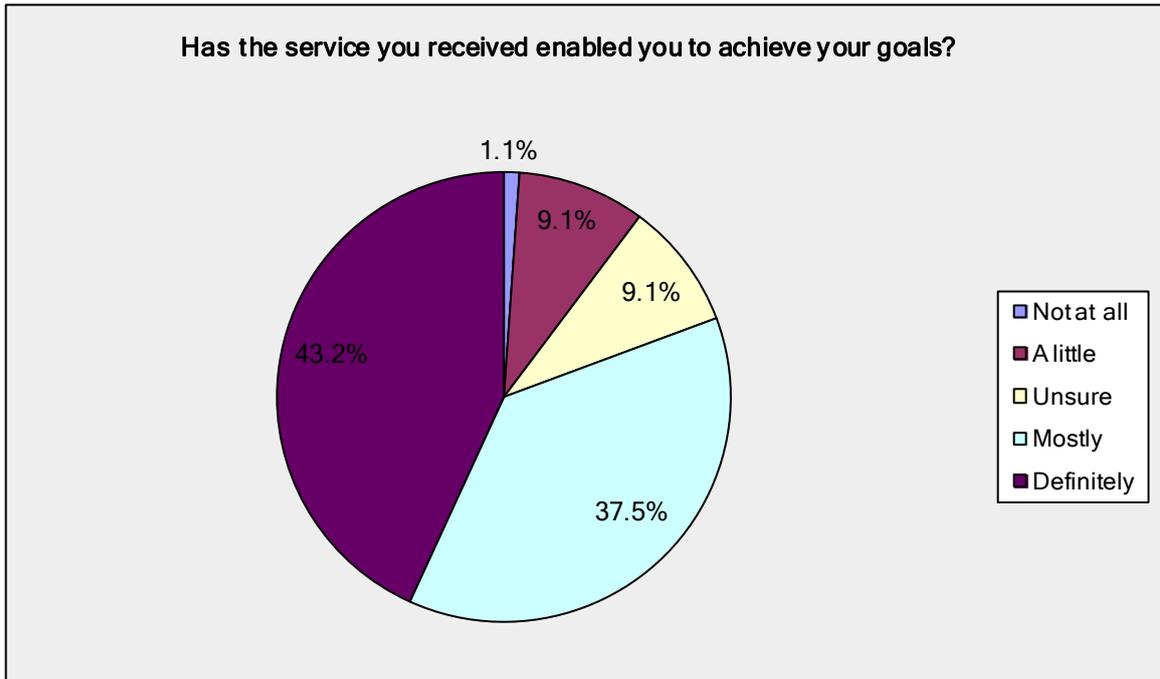
11.2.3 Type of help received and its impact

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

11.2.4 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.



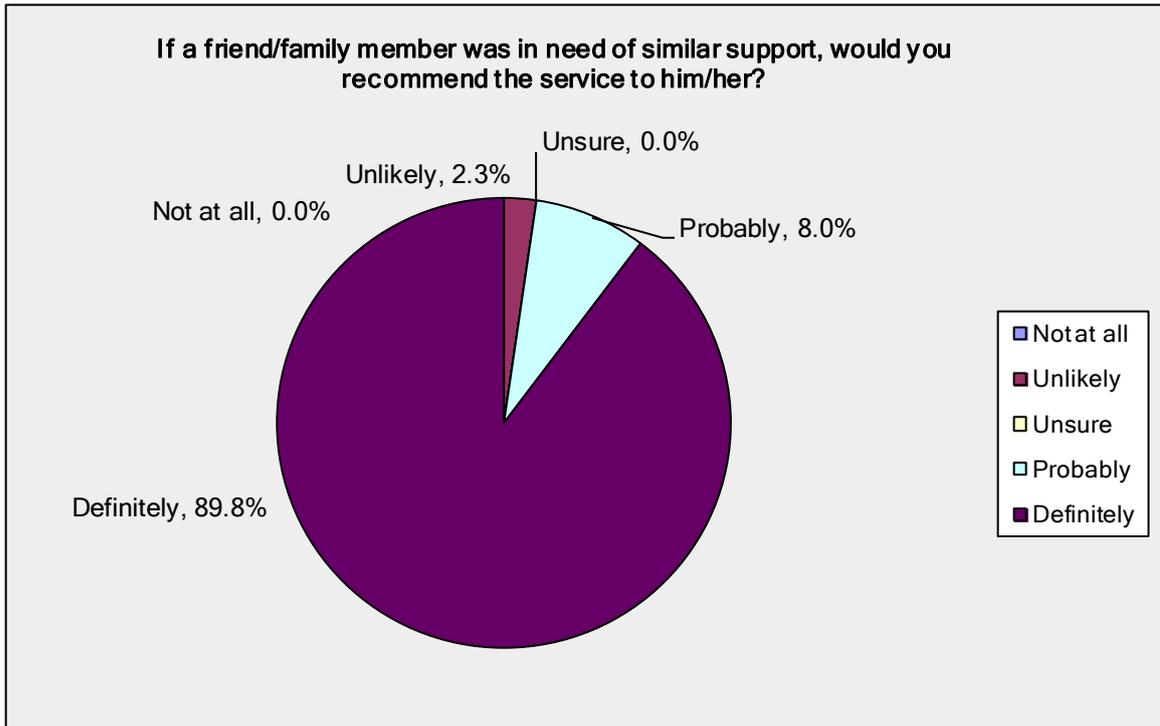
11.2.5 Service from WellFamily worker

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

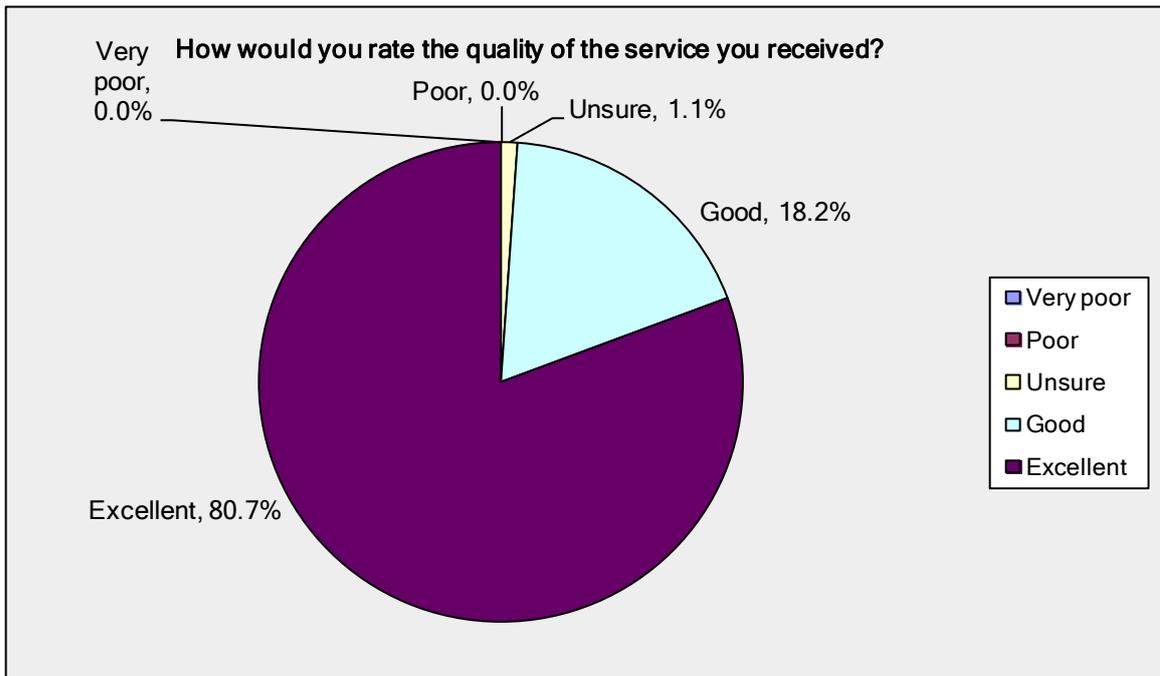
11.2.6 Would client recommend WellFamily service to others?

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



11.2.7 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.



11.2.8 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.*

12 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 recently analysis of the Hackney Social Care Forum Infrastructure¹⁵ 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.

12.1 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^{16, 17},

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.

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.

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

The WellFamily Outcomes clearly link to National Policy Performance Indicators in relation to Social Care, NHS Services and Public Health Outcomes^{18, 19, 20} including:

- Enhancing quality of life for people with care and support needs
- The proportion of people who use services who have control over their daily life
- 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
- 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.
- Improving access to primary care services
- Improving outcomes from planned treatments
- Proportion of adults in contact with secondary mental health services living independently, with or without support
- Improving experience of healthcare for people with mental illness
- Improving people's experience of integrated care
- Enhancing quality of life for people with long-term conditions
- Improving functional ability in people with long-term conditions
- People with mental illness or disability in settled accommodation
- Supporting people who have experienced domestic abuse
- Improving levels of social contentedness and self-reported wellbeing

13 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.

There is a strong lobby from GPs and by the Hackney and City Clinical Commissioning Group (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 decisions²¹. 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".

14 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 Board²².

14.1 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 framework²³ 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 commissioned²⁴.

A guide to counselling and therapy services in Hackney²⁵ 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^{26, 27}. 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.

15 Recommendations for service innovation and development

15.1 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.

15.2 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.

15.3 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.

15.4 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.²⁸

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

15.5 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 services²⁹.

15.6 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.

15.7 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 15.7 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.

15.8 Extending family support and group work

Family Action Services in Leicester³⁰ 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.

15.9 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.

15.10 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.

15.11 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.

15.12 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 people³¹

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.

15.13 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.

15.14 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.

16 Appendices

There are extensive appendices providing more analysis and detail regarding the findings in a separate report.

16.1.1 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 began 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.

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