

Community-led public health

West Yorkshire and Harrogate

This is the story of how we worked across sectors in West Yorkshire and Harrogate to prevent sight loss and reduce the chances of young people developing musculoskeletal conditions.

The work was led by a steering group comprising representatives of the West Yorkshire and Harrogate ICS, Calderdale and Wakefield CCGs, Wakefield Council Public Health, Voluntary Action Calderdale, Drop the Knife, Visits Unlimited and Active Calderdale, with active participation from the community and young people.

The challenge

West Yorkshire and Harrogate ICS have developed a ‘blended intervention’ approach aimed at understanding which clinical interventions or support services could be enhanced by collaboration across the health and voluntary sectors. We aimed to strengthen existing relationships and involve more community members by building on ‘Harnessing the Power of Communities’¹, an existing programme that linked VCSEs and healthcare agencies.

TERMINOLOGY

CCG

Clinical Commissioning Group

Co-production

In this case, we mean designing public health campaigns with the people who use them.

ICS

Integrated Care System – a new partnership and collaboration system between the NHS, local councils and others, that manages resources collectively to deliver NHS standards and improve the health of the population in their area

MSK

Musculoskeletal

PROMS

Patient Reported Outcome Measures

VCSE

Voluntary, community and social enterprise

¹ <https://www.wyhpартnership.co.uk/our-priorities/harnessing-power-communities>

What we did

We decided early on to focus on prevention and worked with local people and service users to identify health conditions in two sites associated with complex patient needs. After identifying Musculoskeletal (MSK) disorders in Calderdale and preventable sight loss in Wakefield, we tested a new way of working on these conditions by putting communities in the lead.

We worked with community-led groups to take action and supported learning between the two groups.

Musculoskeletal disorders in Calderdale

Evidence has shown that MSK conditions are likely to increase in the UK population over the next 10 years, especially among children and older people. They account for 7% of all reported disabilities among children aged 10-15 and national data highlights that, as the number of elderly people in the community increases, so does the number of people with MSK conditions. Nationally, MSK conditions account for 30% of GP consultations and are the most common reason for repeat consultations in primary care.

In Calderdale, 37% of the population is inactive, doing less than 30 minutes moderate exercise a week. Inactivity is associated with potential complex conditions such as obesity, cardiovascular ill health, MSK conditions and poor mental health. Exercise is a proven way to improve emotional and physical health and reduces the chances of MSK disorders by 60%.

In the first partnership event, young people showed great interest in the issue, voicing the need for more socially approved spaces for exercising. So we focused on raising awareness of the importance of exercise to prevent MSK conditions in this age group. Working with young people and VCSEs, we co-designed and developed public health messages and a series of initiatives to help young people become more active and improve their long-term health.

This co-production of messages began through an initiative called 'A walk in the hills', where a group of young people was invited to take a walk in the hills of Calderdale to explore both the history of the area and the importance of exercise. 'A walk in the hills' will become a regular meeting space where young people from Calderdale's college and sixth forms can congregate and discuss what helps them to get and stay active. They will generate ideas that enable them to engage in activities that improve MSK health and feed these back to the CCG and ICS.

Preventing sight loss in Wakefield

The latest ‘State of the Nation Eye Health Report’ estimates that 250 people in the UK start to lose their sight every day.² Sight loss and eye conditions are detrimental to individual and family health, affecting physical, mental and social wellbeing through falls, injury, depression, loss of independence, social isolation and dementia as well as affecting educational attainment and job opportunities. They also have significant economic consequence, with a recent study estimating that sight loss and blindness costs the healthcare system £3 billion per year.³

Around half of all sight loss is preventable, so raising awareness of the need for early detection through regular eye tests is crucial. A Wakefield residents’ survey around eye health practices revealed that more than half of the 442 respondents did not know how to keep their eyes healthy; and 20% did not have regular eye tests – mainly because ‘my vision is fine’, ‘it’s too expensive’ or ‘it’s not a priority’.

As a result of this survey, we designed a public health campaign aimed at local communities in Wakefield to raise awareness of the importance of eye tests, early diagnosis of eye conditions and how to keep eyes healthy. The campaign was co-produced by community members, service users, the NHS and Wakefield Council Public Health.

We supported the CCG to create a much-needed leaflet promoting the Minor Eye Condition Service. It highlights that this service is vital to preventing sight loss. We also co-produced a preventable sight loss leaflet with input from several community groups and service users. This is not aimed at people who have already lost some vision or those who have regular eye tests. Rather, it is for those who think vision is not a priority.

For children, we piloted an ‘Eye Hero’ project⁴ at the local area level, adapting it further in response to feedback and offering it to schools as an hour-long awareness-raising session. Schools can also apply for a free vision screening tool⁵ that complements the national child vision screening programme for four and five-year-olds. Another local campaign in Wakefield with the School Nursing Service is being developed that provides parents with advice and information, encouraging them to take their children for eye tests.

For adults, Carers Wakefield & District staff have taken the lead on using the Eyes Right Toolkit⁶ with their client groups and represented Wakefield at a National England Vision Strategy Conference in London, promoting our work around preventable sight loss and our use of the Eyes Right Toolkit. Several Wakefield Council employees have volunteered to offer free vision screening as part of their

2 www.rnib.org.uk/state-nation-2017

3 <https://www.rnib.org.uk/professionals/knowledge-and-research-hub/research-reports/general-research/economic-impact-sight-loss>

4 <http://www.eyeheroes.org.uk>

5 <https://screeningforschools.co.uk/>

6 <https://www.pocklington-trust.org.uk/project/eyes-right-toolkit/>

work. We are developing a trial project targeting vulnerable adults who feel unable to go to the optician because of caring responsibilities, cost, or other vulnerabilities, including risk of homelessness. We have also developed social media messages and infographics giving quick and simple eye health messages and are developing a series of podcasts, with local people and partner organisations taking the lead.

What we achieved

Through these two community-led public health initiatives, we have developed a new model of working. Although the projects had different starting points and took different approaches, both listened and responded to community need. The ICS has agreed to establish internal capability for co-producing solutions to local health and care issues with patient groups and communities, supporting this new model of service design. We are exploring ways to sustain these interventions with our public health prevention programme aimed at West Yorkshire and Harrogate area as a whole, including talks on 'what good looks like' to spread the work and learning of these community-led initiatives.

Along the way, we have also developed and adapted various toolkits that will help use, adaptation and replication of the work in other areas.

Our new model of partnership working has helped us develop better and more integrated relationships across sectors and within the VCSE. Two organisations – Drop the Knife and Visits Unlimited – that were not explicitly connected with health and therefore not previously on our radar have become very involved with Voluntary Action Calderdale. They are now a great resource, bringing added capacity and energy to take this work forward, opening up new possibilities in the VCSEs' work with the statutory health sector.

What made it work?

- **Strategic support and commitment to dedicate resources** to the issues was absolutely key. Nothing would have happened without this.
- **Being flexible, responsive and prepared to go where people are:** One of the strengths of these projects was that we listened to what the community needed. We took time to talk to people in their own environments (mostly community groups, and later on, focus groups), which allowed us to understand what people know about and think about eye health. In the Calderdale pilot, we had no preconceptions of what we would do.

The programme developed in response to input from young people at Calderdale College. '[Building Health Partnerships] gave us the opportunity and permission to start with no preconceptions about what would happen –to be able to take opportunities and evolve projects'.

- **Having community assets that enabled residents and the community to contribute to the programmes:** Having willing volunteers was vital to the programmes' success. The willingness of community groups and particularly Wakefield District Carers, who embraced the use of the Eyes Right Toolkit from the outset, was crucial. All of their staff and some volunteers were trained in the use of the kit and have been promoting the importance of regular eye tests as part of their daily work. The Falls/Frailty Prevention Partnership also took a lead role in campaigning and the backing of these organisations, large and small is key to getting messages out to people.
- **Making the decision to start somewhere,** regardless of whether you are building on with something that already exists or starting with a blank page. We found that it is not always necessary to seek permission. Sometimes you just have to have a go.
- **Thinking about how to work with the statutory communications team from the start:** This helped build capacity, created ownership and ensured that we tied into local economy initiatives.
- **Getting the word out:** Creative Connections made a video⁷ for us which has been shown to community groups around the district and podcasts are being made. Getting people talking about, debating and sharing information about eye health has been key to the success of the project.

What next?

The ICS will be establishing an internal capability for co-producing solutions to local health and care issues with patient groups and communities, supporting this new model of service design. The learning from both projects will be taken forward to embed in current and future projects around sight loss prevention and to support people making healthier choices around their lifestyle. In encouraging people to adopt an active lifestyle it is hoped this will prevent them developing MSK conditions and then needing to access health care services.

Having completed pilot phases, both prevention projects are now being rolled out more widely across the local ICS, such as working with primary care and community care colleagues in the newly formed Primary Care Networks, with colleagues in other CCGs and councils, and also other voluntary and community groups.

⁷<http://www.wakefield.gov.uk/health-care-and-advice/public-health/preventable-sight-loss>

Musculoskeletal conditions

in Calderdale

We have made an agreement with Calderdale College that this campaign would be a graded project as a part of their course work for the young people that take part. We are planning a large-scale event with sixth form students and community organisations, with a pot of money available for peer-selected ideas to be tried out. This will involve creating a marketplace of VCSE initiatives, where young people work together with VCSEs to design a range of initiatives to encourage young people in Calderdale to be more physically active in a way that is fun and improves their emotional and physical health.

We aim to adapt and replicate the successful walk in the hills programme, exploring new places where we can try and test the approach with different communities and across different age groups. We are also piloting working with housebound people under social care to help them 'live a larger life', and there is scope to involve young people in this project to encourage intergenerational interaction.

Preventing sight loss

in Wakefield

The Wakefield project has identified some gaps - including healthy schools, parent-teacher associations, the fire service and care homes - and aims to bring them into the programme.

The Eyes Right toolkit is being used around the district by community groups (adults) and work is ongoing to get it shared by other well-known community organisations. The Eye Heroes project is starting by offering a one-hour awareness raising session to four schools, with the aim of attracting volunteers within schools to continue and roll the session out further. The School Screener EZ tool will also be promoted.

Contact

If you are interested in finding out more about this case study, please contact Tracy Leach ([tleach@wakefield.gov.uk](mailto:tlead@wakefield.gov.uk))

Further information

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⁸ <https://www.ivar.org.uk/our-research/building-health-partnerships/>