

Hertfordshire and
West Essex Integrated
Care System



Hertfordshire and
West Essex
Integrated Care Board

The NHS won't make you healthy!

(well, only a bit)

Health Creation in Herts and West Essex



Tim Anfilogoff
Head of Community Resilience, HWE ICB





The Human Condition
by Magritte

The Wider Determinants of Health



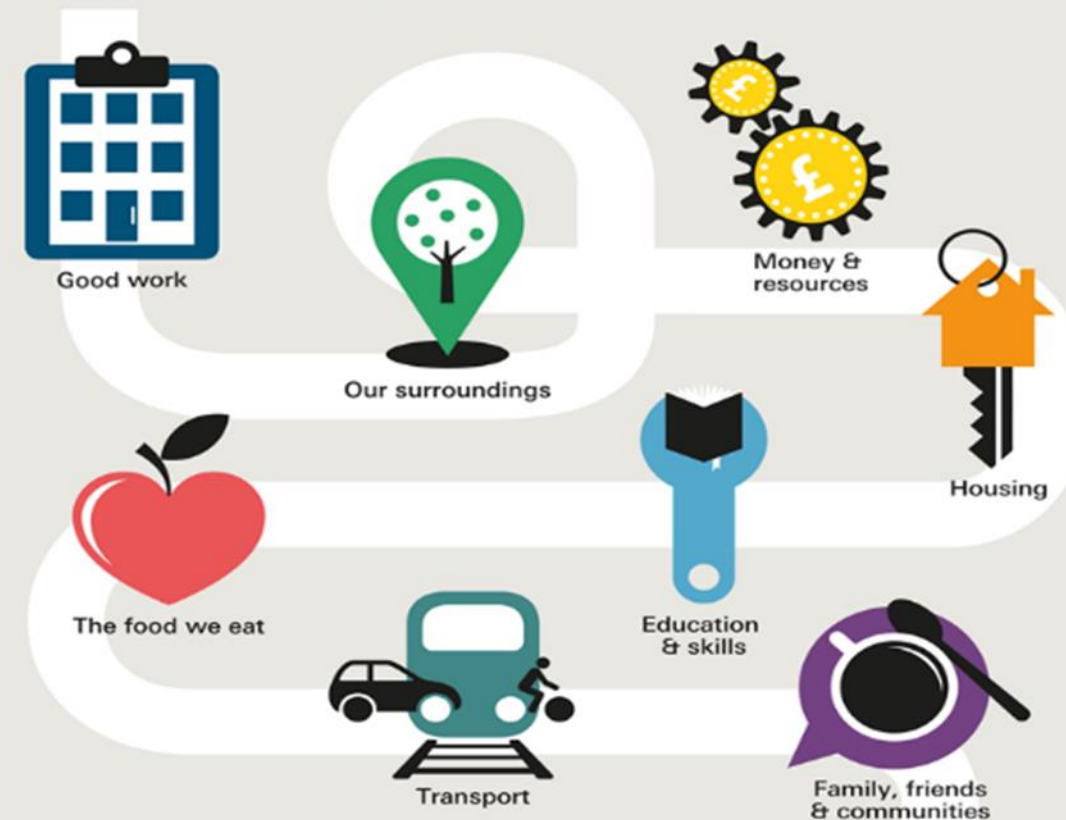
source: Robert Wood Johnson Foundation and University of Wisconsin Population Health Institute in US to rank countries by health status

What makes us healthy?

AS LITTLE AS

10% of a population's health and wellbeing is linked to access to health care.

We need to look at the bigger picture:



But the picture isn't the same for everyone.

The healthy life expectancy gap between the most and least deprived areas in the UK is: **19** YEARS

Fair Question?

‘What's the point of treating people and then sending them back to the conditions that made them sick in the first place?’

Professor Sir Michael Marmot



NHS Demand cannot be managed by medicine alone

Evidence

1. **30%** in most deprived areas used 999, 111, A&E/walk-in centre because unable to access GP (**10%** in least deprived areas)
2. Direct correlation between higher levels of deprivation and higher emergency admissions
3. Increase of stay in critical care beds 2017/18 - 2022/23 was **27%** for most deprived (**13%** for least)
4. For some conditions, prevalence **lower** in most deprived areas BUT **deaths** higher
 - dementia: 1.4 x **less** prevalent in most deprived areas of England but mortality 1.6 times higher
 - atrial fibrillation 1.3 x less likely, deaths 1.6 x higher

References

1. The impact of winter pressures on different population groups in Great Britain: GP practice access - Office for National Statistics February 2023
2. Hospital Admitted Patient Care Activity - NHS Digital 2022/23
3. Hospital Admitted Patient Care Activity - NHS Digital 2022/23
4. King's Fund analysis of Inequalities in mortality involving common physical health conditions, England - Office for National Statistics March 2021–January 2023, Constituency data: health conditions (parliament.uk) 2022/23



**Hertfordshire
and West Essex
Voluntary, Community,
Faith and Social
Enterprise Alliance**

Working together for a healthier future

The Health Creation Strategy, signed off by ICP in December 2022 was co-produced with the Alliance

Amanda Wilson
VCFSE Alliance Coordinator
amanda.wilson@vcfsealliance.org
01438 579317

Meet the steering group



Joanna Marovitch

VCFSE Alliance Chair & CEO, Herts Mind Network.



Charlotte Blizzard-Welch

VCFSE Alliance Vice-Chair & CEO, Citizens' Advice Stevenage

Vacancy

VCFSE Alliance Vice-Chair & CEO, Citizens Advice Uttlesford



Dr Simon Aulton

CEO, Community Action Dacorum



Hannah Morgan-Gray

CEO, North Herts & Stevenage CVS



Alison Wilson

CEO, Mind in West Essex



Rushna Miah

Chair, HAWA Multicultural Services



Pete Maiden

CEO, CHEXS



Sharon Summerfield

CEO, Rainbow Services



Enoch Kanagaraj

Founder & CEO, One Vision Charity



Mark Hanna

CEO, Age UK Hertfordshire



Danielle Warnes

Relationship Manager, Active Essex



[Homepage - The Health Creation Alliance](#)

‘Health Creation is the process through which individuals and communities gain a sense of purpose, hope, coherence, mastery and control over their own lives and immediate environment; when this happens their health and wellbeing are enhanced.’

Hazel Stuteley, OBE, 2014

“Providing the conditions in which people can be healthy and helping them to be so ... helping create resilient, confident, capable and healthy individuals.”

Lord Nigel Crisp, Health is made at Home, 2020

Health Creation Strategy

- No Wrong Door
- An 'Integrated Wellbeing Offer'
- Effective use of data about need and Impact
- Asset Based Community Development
- Health Inequalities
- Creative Health
- Volunteering
- Improving Health of Unpaid/Family Carers
- Joint Strategic Commissioning of VCFSE
- Culture and Co-production

Health Creation Strategy – VCFSE Alliance

Our mission is to bring together charities & community groups so we can best support our region in collaboration & partnership



Independent Investigation of the National Health Service in England, September 2024

Lord Darzi's report proposes three major strategic shifts for fixing the NHS¹²³:

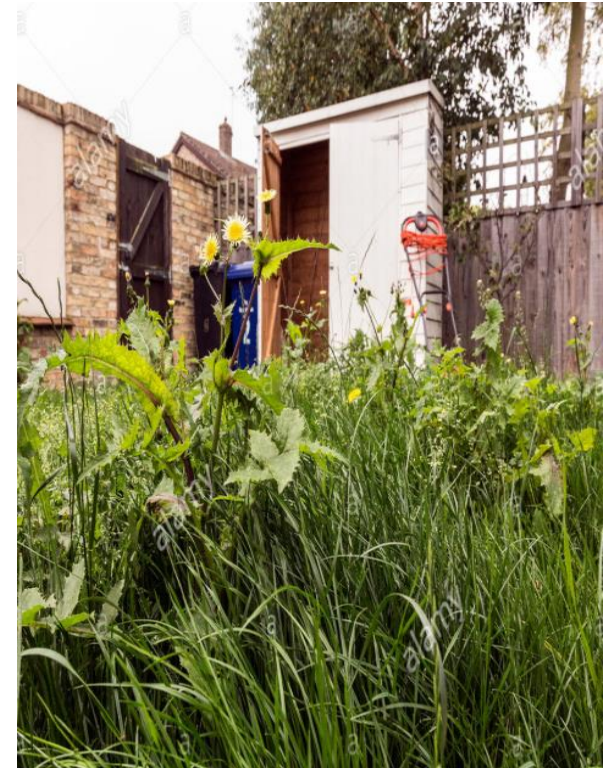
1. Move from hospital to community care
2. Transition from analogue to digital technology
3. Shift focus from treating illnesses to preventing them = Health Creation



David (heart disease patient)

- Social Worker made referral
- Social Prescribing Link Worker visited David at home discovered:
 - Hoarding and property unsafe
 - Stockpiling food, much of it rotting
 - Bedroom & bathroom unusable
 - No heating or hot water
 - Significant unmanaged debt
 - Lonely
 - Unable to use his garden - overgrown and cluttered

Social impact on clinical outcomes is obvious in this case



Connecting for Health:

David – what the VCFSE did

- Link Worker **took** him to **CAB** for benefits advice and **Step Change** to get debt restructured
- **Care 4 Freedom**, hoarding service – worked on psychological dependence on old stuff
- **Herts Healthy Homes** visit sorted emergency heater & finance re fuel poverty
- “Meal at Easter” and church coffee group for social life
- **Greenaiders** cleared his garden
- **Community Hardship** fund for repairs to heating and hot water system
- Being alongside people, taking the time to make sense of it all...

Is *this* what public services do?

‘If you want to get somebody to do something, make it easy. If you want to get people to eat healthier foods, then put healthier foods in the cafeteria, and make them easier to find, and make them taste better. So in every meeting I say, “Make it easy.”’



Richard Thaler, Economics, Nobel Laureate 2017

What do we think NWD means/should mean?



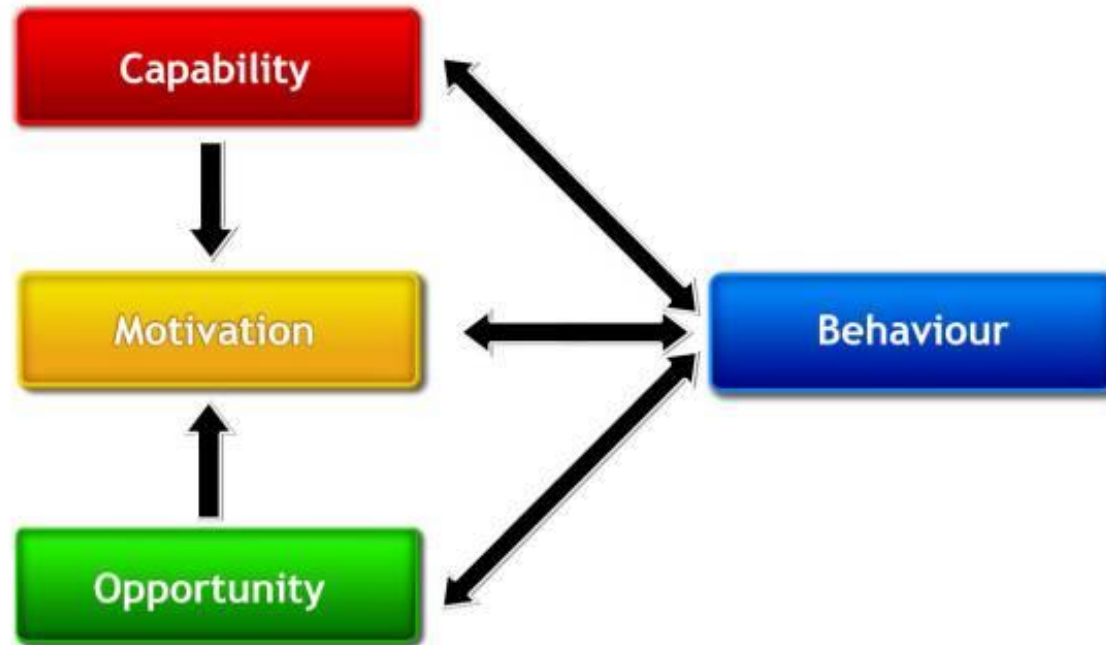
- There is always someone who can help
- The system takes responsibility for **networking** so that people can find the right help
- The system promotes the **No Wrong Door** message to public and professionals: 'If in doubt...'

hertshelp
coll - online - email - text



EWS Essex
Wellbeing Service

Behaviour Change Wheel - Individual



Susan Michie et al, 2011



University of Hull
Hull York Medical School

Empowering vs blaming patients

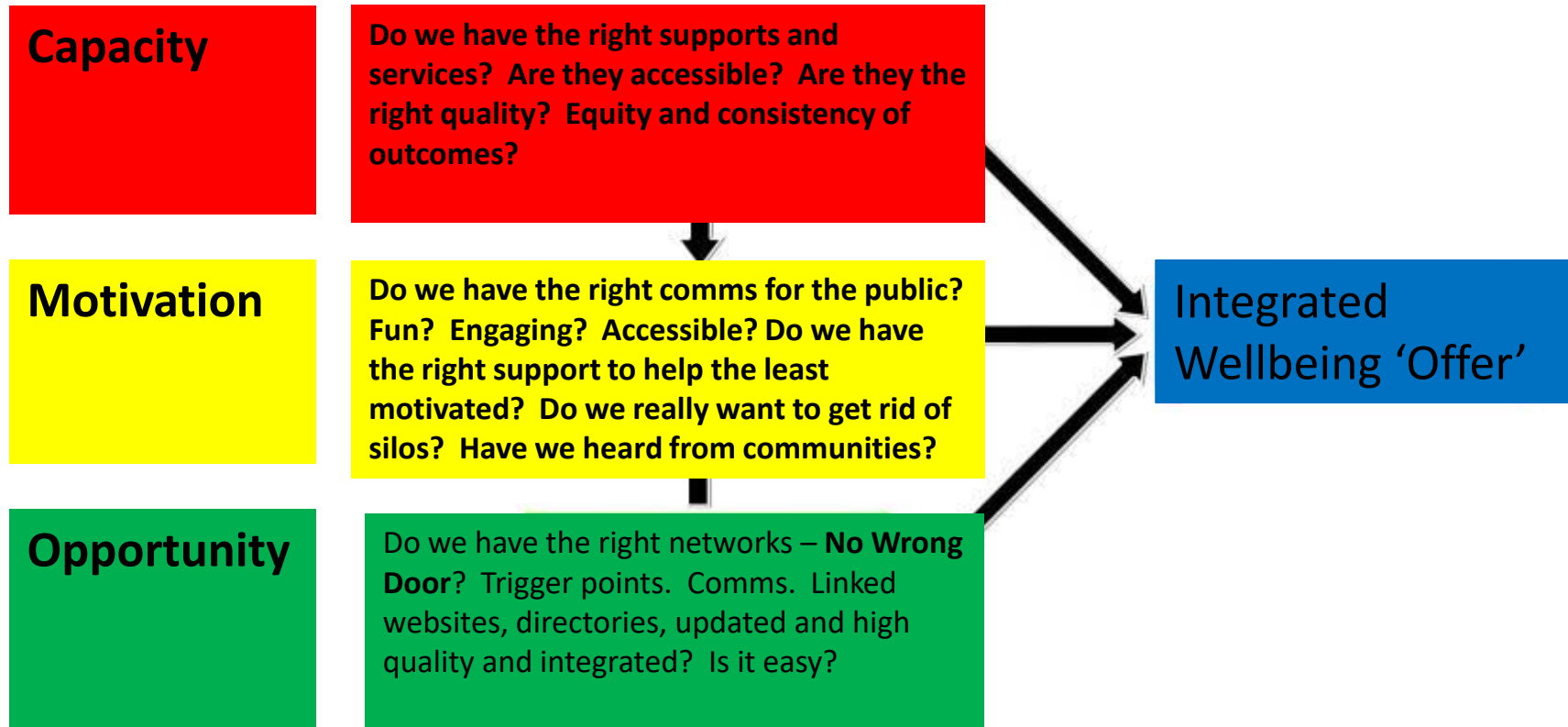
- Survey of 3,000 people with type 2 diabetes
- Loneliness, stigma, embarrassment, blame, guilt
- Feel they're seen as burden on NHS

'If you have type 2 people think it is your fault, that you haven't looked after yourself properly.'

'At Christmas or going out for a friend's birthday it isn't easy to cope with not being able to eat the same food, the same birthday cake as everyone else. So instead – you just don't go out.'

Question: how does a focus on individual behaviour change fit with the need for a societal/systemic culture change? Whose is the 'blame' really?

Behaviour Change – The System's Responsibility to Change and Integrate





**Shifting the Balance Towards Social Interventions:
A Call for an Overhaul of the Mental Health System**

Beyond Pills All-Party Parliamentary Group

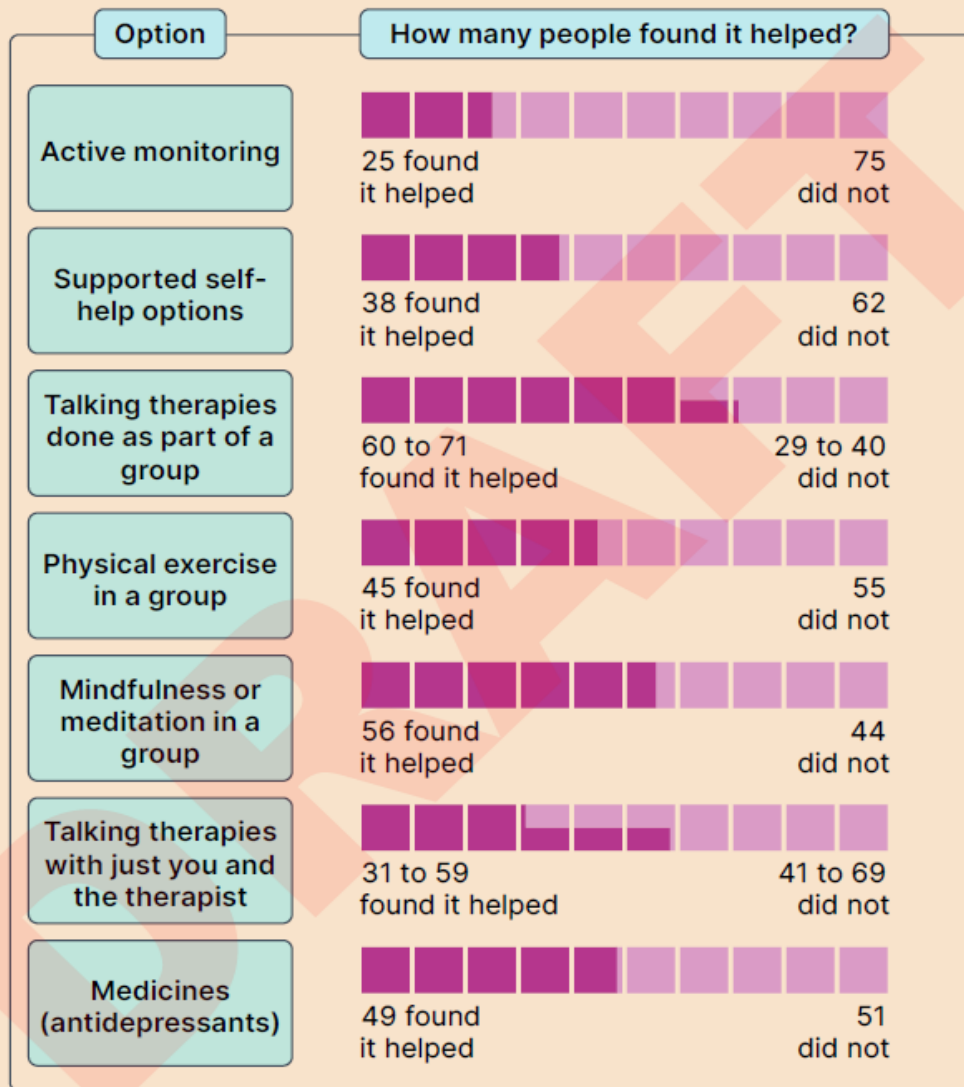
May 2024

Our Mission

“To move UK healthcare beyond an over-reliance on pills by combining social prescribing, lifestyle medicine, psychosocial interventions and safe deprescribing. As well as reducing unnecessary and inappropriate prescribing, this integrated approach will improve outcomes and reduce health inequalities”

Research study results

The graphs for each option below show how many people on average found their depression improved (out of 100 people).



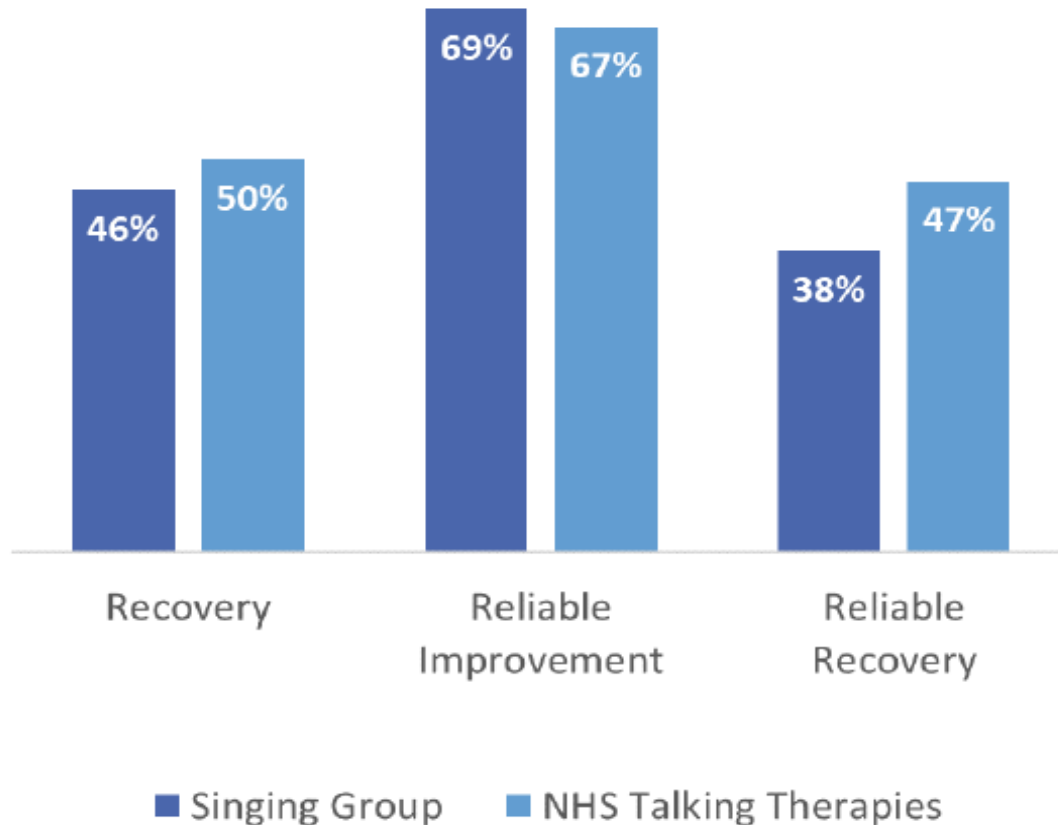
In the studies, depression was measured on a rating scale. The higher the score on the scale the worse the depression. The numbers here are the numbers of people whose depression score halved. This means their depression had improved by a meaningful amount, even if they were not completely better.

Analysis: Depression is probably not caused by a chemical imbalance in the brain – new study, 20 July 2022

Writing in *The Conversation*, Professor Joanna Moncrieff and Dr Mark Horowitz (both UCL Psychiatry) report on their new research showing **no clear evidence that serotonin levels or serotonin activity are responsible for depression**



Comparing Singing Groups to NHS Talking Therapies



Singing groups show promise as an alternative therapy, achieving a 46% recovery rate similar to NHS Talking Therapies (50%)

In IAPT, recovery means no longer being a clinical case for anxiety/depression, reliable improvement shows a big difference in symptoms, and reliable recovery requires both.

The singing group also cost only **£61** per patient compared to IAPT's **£877** - a cost that's **14x higher**

Avoiding Unnecessary Attendances and Admissions MH



- **Mind Crisis Cafes (Herts):** 10,000 referrals pa, 2,000 of whom explicitly attended Crisis Cafes instead of A&E of whom 1,340 were supported to stay safely at home
- Crisis House (for short stay): 10% referrals from Ambulance Service/A&E, 11% from police
- Of people referred to Crisis House in Hemel for short crisis stay, 10% were referred into the house by A&E and ambulance staff, 11% by police
- Community Service: 49% contacted a Hertfordshire Mind Worker at their local charity site and were referred in for crisis support
- If visit to A&E costs £420 and just 75% of referrals prevent A&E attendances, saving to acutes = c.£3m, less £1.1m for the service = **saving to system of c.£2m**
- Patient experience: holistic, wrap around care, support to stay in/connect with their communities and be more resilient in the future



Involving carers in hospital discharge
reduces the risk of re-admission by **25%***.

*Systematic review by American Association of Retired Persons (AARP) compared discharge in 'usual care transitions' with those where carers had been integrated - these were associated with **25% reduction** in hospital re-admission.

Find out who is providing support for your patient at home

Invisible?

Carer called by the Waiting Well Team

'I am waiting for a hip replacement. I am in a very bad place right now. I can hardly walk and can't stand for very long. I am now permanently using crutches. I am a full-time carer for my husband but now he helps me. He has severe mobility issues and has a heart condition but has postponed a heart operation so he can support me.'

Fair Question?

‘What's the point of treating people and then sending them back to the conditions that made them sick in the first place?’



Professor Sir Michael Marmot

In response to question about carers at International SP Conference, London, June 2024:

‘We need to recognise that there are some groups in society that are at much higher risk from the social determinants of health and carers is a prime example...we need to build that into our thinking.’

- 1.2m carers live in poverty (400k in deep poverty)
- Poverty rate 50% higher than for non-carers
- Nearly 1 in 10 carers (9%) live in deep poverty in the UK

<https://www.carersuk.org/reports/poverty-and-financial-hardship-of-unpaid-carers-in-the-uk/>

Darzi on Carers:



‘Carers UK points out that all too often unpaid carers do not receive the recognition and support that they need and deserve from the NHS. Instead, they feel **invisible, misunderstood and unsupported** despite their huge contribution.’

‘A fresh approach is needed which regards unpaid carers both as **people with their own needs** where caring is a significant factor in their lives, but **also as a provider of care** who should be treated as an equal partner. **The current paradigm leads to poorer outcomes for people needing care, for carers, and for the health service**. A different approach is needed.’

Population Health Data (2021 Census)

- Increase in those caring 20 hours+ in HWE to **52,381** people, of whom **30,737** are caring 50 hours+
- Impact of caring 50+ hours = loss of **18 days of full health** each year (no evidence of health benefits)*
- Higher % of carers in most deprived areas and caring more: 4% of population in most deprived decile caring 50+ hours (1.9% in the least deprived)
- Recent research indicates that 42% of parents had experienced suicidal thoughts and behaviours while caring for a disabled or chronically ill child**
- Norton et al's study of 1,221 couples in the US suggests a six-fold increase in the risk of developing dementia if you care for a spouse with dementia, compared to carers of spouses who did not have dementia

[*Informal carers' health-related quality of life and patient experience in primary care: evidence from 195,364 carers in England responding to a national survey - PubMed \(nih.gov\)](#)

[**Full article: Suicidal Thoughts and Behaviors in Parents Caring for Children with Disabilities and Long-Term Illnesses \(tandfonline.com\)](#)

National GP Survey 2021 (not 100% online)	National GP Survey 2024 (online by default)	Extrapolations – how many in HWE in 2024??
54% carers had Long Term Condition (47% non-carers)	68% of carers (56% non-carers)	63,323
11% had MH condition (8%)	17% (11%)	19,935
18% arthritis/joints issues (14%)	22% (16% non-carers)	25,798
57% - condition limited day-to-day activities (52%)	62% (55%)	72,704
27% go to A&E when GP closed (25%)	26% (22%)	30,489
11% had mobility problems (9%)	16% (12%)	18,762
1% had 2+ falls needing med. attention (2%)	3% (2%)	3,517
14% isolated (12%)	10% (6%)	11,726

Case Study

56 yo woman, 5 years post ICD implantation Known to Heart Failure and Obesity Service

- Referral: **Struggling with care responsibilities which were impacting on the finances of the family**
- First assessment:
 - moderately low mood,
 - struggled with carrying shopping
 - required support with applying for benefits.
- Prescriptions:
 - local talking therapies service
 - signposted to a benefits advice service
 - a follow up appointment was booked to complete an application for discount travel for minicab services (taxicard)

MyCAW Assessment Scores



Case Study 1

56 yo woman, 5 years post ICD implantation Known to Heart Failure and Obesity Service

- Referral: **Struggling with care responsibilities which were impacting on the finances of the family**
- First assessment:
 - moderately low mood,
 - struggled with carrying shopping
 - required support with applying for benefits.
- Follow up session: (2 months later)
 - Support from NHS Responders
 - Received benefits advice and is now in the process of applying for PIP and carers allowance.
 - Referred to local wellbeing hub to discuss health and wellbeing programmes
 - Referred to Newham Community Carers for information on carers rights and their monthly training sessions for carers.

MyCAW Assessment Scores



Worry about
Finances

Worry about
Low
Mood/Husbands
Health

General
Wellbeing



Worry about
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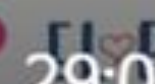
Barts Health
NHS Trust



Bromley
by Bow
Centre



Barts
Charity



FL&D

29:06 / 1:23:34



Mastra 2025

1x

GP Case study

Male patient

Age: 64

Past medical history: Rheumatoid Arthritis

Medications: (Repeats) Codeine, Naproxen, Methotrexate

Urgent face to face
consultation to discuss
worsening joint pains

Issues: joint pains and stiffness, difficulties carrying out work-related tasks, didn't want to take time off work

On questioning him further about any changes in his activities which might be worsening his condition, he advised that his wife needed increasingly more help with physical tasks. He went on to tell me that his wife had young onset dementia, and he was looking after her mostly on his own with some help from their daughter. He also told me he had been waiting for an appointment at the hospital for months for joint injections.

Having just been in a meeting with Kevin Hallahan one day prior, where he presented he and Tim Antifilogoff's data on Carer Health, I knew that carers have **high incidence of conditions** e.g. hypertension, stress disorders, chronic pain **and are under-recognised in Primary Care**

Source: Bonnie Boyle, GPST2 in Health Equity, West Essex

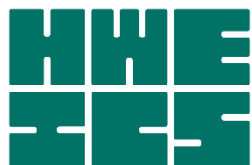


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Outcomes from the consultation	Health Equity focus
Checked the joint injection request – had been cancelled as patient had not attended first appointment offered – this had not been flagged so I wrote to them to explain his situation and request new appointment	Reducing barriers to / improving access to healthcare services often experienced by carers
Prescribed analgesia and scheduled follow-up at a date/time that worked for him	
Put carer status on GP record	Improving identification and tracking of inequities by coding characteristics
Referred to social prescriber for sources of support	Tailored approach for patients – increasing access to and involvement with community support

Source: Bonnie Boyle, GPST2 in Health Equity, West Essex



Hertfordshire and
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Partnerships to address health inequalities

Sunnyside Rural Trust's Post



Sunnyside Rural Trust



874 followers

1d



Did you know that individuals with learning disabilities are at a higher risk of facing health inequalities compared to those without?

Sunnyside is working in partnership with the Health Inequalities team to help change this! Thank you to Kevin Hallahan and Helen Roe-Wotton for providing our public locations with blood pressure monitors. People with learning disabilities often have greater health needs, yet they may not receive the necessary extra monitoring. Our goal is to encourage regular use of these monitors to help individuals become more comfortable with checking their blood pressure. Combatting health inequalities one step at a time!

#HealthInequalities #WorkingTogether #SunnysideRuralTrust #NHS



Example: Bangladeshi community working to manage/reverse 2 diabetes

ICB funded videos based on the work of Adda Club's Diabetes Lifestyle Coaching work.

- Film 1 <https://youtu.be/gzh-SzVXX6s>
- Film 2: <https://youtu.be/TUHU5Y2CJhA>
- Film 3: <https://youtu.be/eQvtgp7xA2w>
- Film 4: <https://youtu.be/T-xJ5aRNnO4>
- Film 5: <https://youtu.be/GUvTj19zbS8>
- Film 6: <https://youtu.be/9u5tFKLjvZo>

Reaching people not normally reached – addressing cultural assumptions like 'we're Asian, diabetes is inevitable...'



Diabetes Lifestyle Coaching

GET READY TO...

TAKE BACK CONTROL OF YOUR LIFE

SIGN UP TO THE FREE COURSE IF YOU

- **Want** lifestyle changes to **REDUCE SUGAR LEVELS**
- **Need Help with EXERCISE**
- **WHAT TO TO EAT** on South Asian diets
- **WANT** to **MANAGE** your **TYPE 2 DIABETES**
- **WANT TO FEEL BETTER, HEALTHIER & FITTER**

**12 WEEK ONLINE COURSE &
FACE TO FACE GROUP SESSIONS**

REGISTER AT THEADDA CLUB.CO.UK



Participant feedback on 90 Day Challenge

Bangladeshi male:

HbA1c at start

- 6.1 mmol/mol

Weight at start

- 125kg

HbA1c at end

- 5.4 mmol/mol

Weight at end

- 119kg

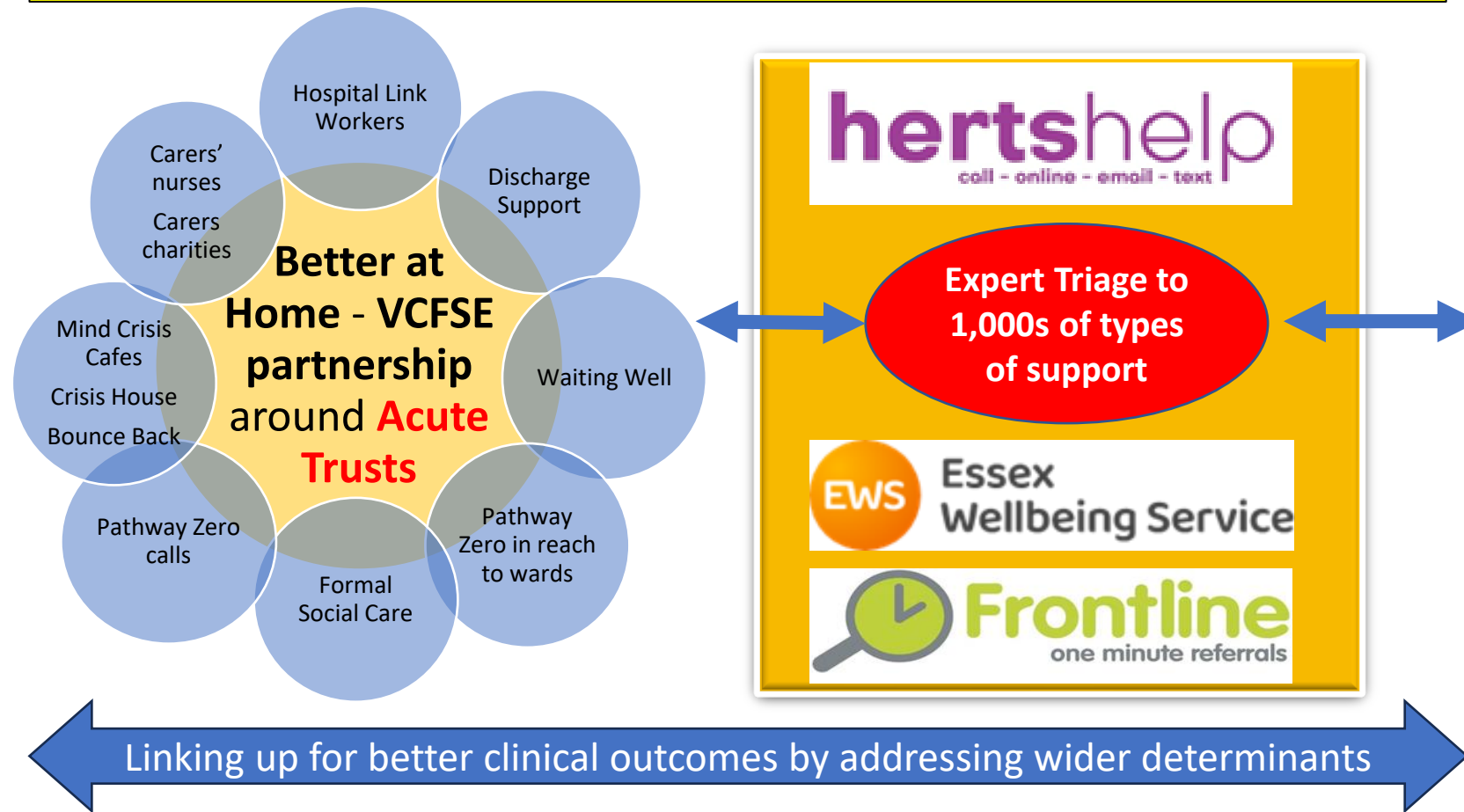
This is an amazing course, right for people like me with Type 2 Diabetes. There is so much info about food that I was not aware of it, especially around food portion and calorie control. Due to the knowledge, of the coach, I have learnt how to control this aspect, especially when I am buying food while I'm shopping. The good thing about this course is the interactive part and involvement with other people who joined like me.

There was a group conversation with real food brought by the coach where we had to discuss and guess the calories, sugar percentage and carbs quantities.

Another good aspect is the presence of a personal trainer as a guest, who brought simple and effective exercises that could help to reactivate body movement and create small habits to be fit. This was successfully demonstrated by taking part of the exercise with every participant. Overall, I believe this is a truly great course that can help to reduce body fat and diabetes. Thanks to exercise tips and food knowledge, I think this will create small habits to be fit and healthy again.

On my personal experience the result was almost immediate as I was told by my GP that the blood sugar level was really low compared to before I started the programme. Couldn't be happier. I highly recommend this programme!

BETTER AT HOME STRATEGY (as part of ICP endorsed Health Creation Strategy) – INTEGRATE WORK OF ACUTES WITH OFFER FROM VCFSE – INCREASE RESILIENCE, IMPROVE PATIENT EXPERIENCE, REDUCE AVOIDABLE USE



4,000+ VCFSE Orgs in HWE

- Social Prescribing
- Carers' Organisations
- Befriending and social activities
- Citizens' Advice (especially money advice)
- Health and Independent Living Service (sees 1500 OP a day in Herts) – falls prevention and ageing well, meals on wheels etc
- Age UK – advice and social activities
- Active Essex/Herts Sports Partnership/Health Walks (pre/rehab)
- Emotional support
- Cold Homes/Warm Spaces/Cool Spaces
- Advocacy etc etc ETC

MAKING IT EASY FOR ACUTES TO LINK IN WITH VCFSE OFFER

MAKING USE OF VCFSE OFFER TO KEEP PEOPLE OUT OF CRISIS

RANGE OF FREE SERVICES THAT HELP YOU STAY OUT OF HOSPITAL