Developing a wellness workforce
Creating the conditions for people to be well

Merron Simpson, CEO, New NHS Alliance
What is New NHS Alliance?

A movement of professionals and local people working in equal partnership to reverse worsening health inequalities ... by

• advancing the discipline of Health Creation with communities to make wellness a core part of the health and care system

• providing a platform for people from some of the most disadvantaged communities to have a voice within the system

• advising widely across many sectors, multidisciplinary teams and health systems including general practice, pharmacy, nursing, housing, mental health, local authorities (social care, public health) and commissioning
Health creation is ...
The enhancement in health and wellbeing that occurs when individuals and communities achieve a sense of purpose, hope, mastery and control over their own lives & immediate environment

People need
... to be well

Control
Contact
Confidence

The 5 features of health creating practices
• Listening and responding
• Truth-telling
• Strengths-focus
• Self-organising
• Power-shifting

New NHS Alliance is calling for ...
1. The adoption of health creating practices
2. System reforms to support Health Creation
3. Enhanced education in Health Creation

Become a partner in Health Creation
http://www.nhsalliance.org/becomeamember
Are you part of the Wellness Workforce?

“… are you getting you 5-a-day?”

1. **Listening and responding:** Effective, genuine listening to the reality of people’s and communities’ lives is essential. As is acting differently upon what is heard, and not just reverting to the established systems. Listening can also enable truth-telling if people feel safe to open up about matters they might be hiding.

2. **Truth-telling:** When people and practitioners face the truth, and own up to what holds them back from creating health, rather than treating illness, they can start to get to the root causes of problems.

3. **Strengths focus:** Health creation happens when attention is paid to what people can do for themselves or others. Building on people’s strengths unlocks their potential and builds confidence for creating health.

4. **Self-organising:** Health creating practice enables people to work out what they need for themselves. When people start to rely on themselves and each other, they become less reliant on health and care services.

5. **Power-shifting:** Lasting health creation happens when the features above result in a power shift from practitioners to people and communities. When they are the experts, they can make decisions about things that affect them and their environment. Services can then adapt and respond.
Health Creation diagnostic & learning

- **Stockport Homes** – Homeless Hospital Discharge
- **Moss Care St Vincents** – Over 55s
- **Wolverhampton Homes** – Domestic Abuse
- **Cross Keys Homes** – Connecting Families
- **Berneslai Homes** – Community Link (Mental Health)
- **Rooftop Housing** – Walking Football
- **Nottingham City Homes** – Hospital Discharge and Admissions Prevention

... with National Federation of ALMOs & Placeshapers
The Project

• 2-4 interviews in each place:
  • service users
  • frontline practitioners
  • systems-level leaders

• Feedback to each place

• Workshop for probing, reflecting, learning
  • based on the 5 features

• Publication
The diagnostic – what ‘good’ looks like

Initiatives scored on a scale of 1-5 against for each of the 5 features

<table>
<thead>
<tr>
<th>Feature</th>
<th>Score</th>
<th>Positives</th>
<th>For further consideration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Listening and responding</td>
<td>4</td>
<td>Positives: The scheme (and H3 Charity) came about through a history of organisation listening and responding that continues to present day. There are many routes for people to have a voice – both individually and in a group. Understanding of ‘reflective practice’ in which colleagues are expected to emulate the listening among each other that they are expected to employ with service users. For further consideration: The support worker allocated to individuals seems to change often so the continuity of relationship may be lost. However, the peer mentor provides longer-term support and this may be a better form of support for people.</td>
<td></td>
</tr>
<tr>
<td>Truth-telling</td>
<td>4</td>
<td>Positives: Very good attitude to truth-telling and high level professional skills in getting to the truth – both in terms of the relationship with the person and truth-telling to the system. For further consideration: An incident arose where the resident had expectations raised and was then disappointed – this had a very negative effect on her. How might the likelihood of this happening be minimised?</td>
<td></td>
</tr>
<tr>
<td>Strengths-focus</td>
<td>4</td>
<td>Positives: there is a very big emphasis on focusing on strengths when helping people to rebuild their lives and this runs through just about everything For further consideration: The focus on strengths and on the support people will get when they leave hospital could start earlier. Becky does start this conversation while people are in hospital but it’s not officially in the assessment she does.</td>
<td></td>
</tr>
<tr>
<td>Self-organising</td>
<td>4</td>
<td>Positives: Peer mentor scheme (which is clearly excellent), efforts at reconnecting back into families and connection to agencies and groups in the community For further consideration: Are there any other ways of enabling people to build meaningful connections eg. with each other in the temporary accommodation?</td>
<td></td>
</tr>
<tr>
<td>Power-shifting</td>
<td>5</td>
<td>Positives: Clearly built on foundations of power-shifting, to enable people to regain control over their lives and situations.</td>
<td></td>
</tr>
</tbody>
</table>
Reflections from ‘service users’

“[My support worker] ... made me realise that not everyone wants to be against you – there are people out there that want good things for you”

“She gave me ‘homework’ – things to do so that stopped me to retreating back into myself ... the homework kept me strong!”

“I’ve become a star at the Royal Albert Hall, I have a certificate to prove it”

“[My peer mentor] believed in me and because of that I’ve started to believe in myself ... my diary’s full now”
Insights into a Wellness Workforce

1. Most services already have some features of health creating practices
   Not starting from scratch ... build on what is already working

2. The process of bonding with others must feel natural to people
   “Sometimes the only person you can speak to is someone who’s gone through it”

3. It’s hard to spot and express your own strengths
   “Strengths? ... What strengths?”

4. Advocates are needed when systems don’t listen well
   “My support worker explains it better that me ... for some reason they seem to respect her where they don’t respect me”

5. Must avoid creating dependency
   Important to move quickly on to ‘self-organising’ ... people make their own connections
The enabling challenge

When people make meaningful and constructive connections with others, offering the potential for listening and truth-telling between each other, rather than with professionals, and the possibility for people to employ their strengths together ...

... then a power-shift and lasting Health Creation becomes possible
“Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”

World Health Organisation
Please join (for free) : http://www.nhsalliance.org/becomeamember

And please also consider supporting us by becoming a funding partner

“The 3Cs is spot on ... when someone mentioned the 3Cs to me, it fitted with my own experience”
Promoting wellness

- Maintaining a tenancy
- Promoting healthy living
- Social Prescribing
- Health Chats
- Homeless prevention/ support
- Social inclusion/ isolation programmes
- Empowering Communities
- Low level mental health support
- Hoarding support
- Substantive Dependency Support
- Hospital Discharge Schemes
- Aids and Adaptations
- Involvement in MARAC
- Specialist Housing
- Reablement
- Homeless/hospital discharge
- Damp/warmth/ fitness for habitation
- Building individual and community resilience
- Domestic Abuse services
- Maximising Income/ Employment Support
- Supporting vulnerable families/ young people programmes
- Building individual and community resilience
- Dominating healthy living
- Social Prescribing
- Health Chats
- Homeless prevention/ support
- Social inclusion/ isolation programmes
- Empowering Communities
- Low level mental health support
- Hoarding support
- Substantive Dependency Support
- Hospital Discharge Schemes
- Aids and Adaptations
- Involvement in MARAC
- Specialist Housing
- Reablement
- Homeless/hospital discharge
- Damp/warmth/ fitness for habitation
- Building individual and community resilience
- Domestic Abuse services
- Maximising Income/ Employment Support
- Supporting vulnerable families/ young people programmes