“It was the turning point in my life”

How Ways to Wellness social prescribing is improving the health and wellbeing of people with long term conditions.

Evaluation report to the Cabinet Office

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Executive summary

Ways to Wellness[1] (WtW) is a social prescribing intervention targeting people aged 40-74 living in areas of high socio-economic deprivation who have long term health conditions. WtW aims to improve the health, wellbeing and quality of life of people with long term conditions thereby reducing NHS costs. WtW link workers offer support to patients referred by primary care helping them to identify meaningful health and wellness goals and provide support to help them access community and voluntary groups and resources. Newcastle University researchers interviewed 30 patients and 15 link workers to find out: (i) the impact of WtW on patients; (ii) how link workers were delivering the intervention and the challenges in doing so.

Main findings

- Patients referred to WtW reported multiple health problems often combined with mental health problems and other social and economic problems.
- Once engaged with WtW, patients reported positive physical and behavioural changes such as weight loss, increased physical activity and improved mental health. Increased self-confidence and control, reduced social isolation, greater resilience and effective coping strategies were reported, all contributing to better long-term condition management.
- Key to the success of WtW is that it addresses the combination of multi-morbidity, mental health problems and social isolation and related socio-economic issues and is a long-term intervention.
- Link worker and patient accounts were consistent regarding the positive impacts of WtW.
- Link workers presented a positive picture overall but identified a number of challenges in delivering WtW. On a day to day basis these included: variation in amount and suitability of primary care referrals; difficulties balancing quality of intervention provision and meeting referral targets; and their initial training not fully preparing them for their link worker role. At a broader level, public sector cuts negatively impacted on link workers' ability to refer patients into suitable services, either due to unacceptably long waiting lists, or service cuts. Significant challenges

arose as a result of the impact of changes to the welfare benefits system on patients involved with Ways to Wellness.

- An important limitation of this research is that we did not include the experiences of patients with long-term conditions who refuse a referral or who drop out of the programme early.
- Further research is needed into the longer term impact, the reasons for non-engagement and drop out, the impact on secondary care and primary care provider workload and cost benefit analysis.

[1]About Ways to Wellness (WtW): it is one of the first UK organisations to deliver a 'hub' model of social prescribing on a large scale and is based in West Newcastle, which has some of the most socio-economically deprived wards in England. Delivered by four voluntary sector organisations, it is funded for seven years through a social impact bond model. WtW has a target of reaching 11,000 users aged 40-74 with long term conditions, referred by 17 GP practices in the area. Conditions which trigger a referral are diabetes, chronic obstructive pulmonary disease, asthma, coronary heart disease, heart failure, epilepsy and osteoporosis. Most clients have more than one long-term condition, and other associated problems such as low confidence and social isolation. The service offers individual assessment, motivational interviewing and action planning with follow-ups and help to access community services such as cookery classes, art groups, physical activity classes etc. It also signposts volunteering opportunities and promotes improvements in self-care and behavioural change linked to healthier lifestyle choices.

Table of contents

1.1 Introduction

In the health care context, social prescribing is the use of non-medical interventions to achieve sustained lifestyle change and improved self-care among people living with long term health conditions (LTCs). Ways to Wellness [1] (WtW) is one of the first UK organisations to deliver social prescribing at scale. WtW is based within West Newcastle upon Tyne (Population n=13,200*).* This area is ranked among the 40th most deprived in England, [2] 18 per cent of residents are recorded as living with LTC and the receipt of sickness / disability-related benefits are higher than the national average. [3] Seventeen general practices are referring patients into WtW that are aged 40-74 and are living with the following LTCs: diabetes (type 1&2), chronic obstructive pulmonary disease, asthma, coronary heart disease, heart failure, epilepsy or osteoporosis.

WtW was developed with high levels of public and practitioner engagement and has two aims: to improve the health, wellbeing and quality of life of people with LTCs and to reduce the NHS costs required to support people with LTCs. There is no agreed definition of social prescribing, however WtW offers a 'hub' model of working in which a link worker trained in behaviour change methods offers a holistic and personalised service to identify meaningful health and wellness goals, as well as connecting clients, when indicated, to community and voluntary groups and resources. The WtW service comprises: (a) individual assessment, motivational interviewing and action planning, (b) completion of an initial Wellbeing Star assessment and subsequent Wellbeing Stars every six months thereafter for the duration of the intervention, (c) help to access community services (eg. welfare rights advice, walking groups, physical activity classes, arts groups, continuing education), (d) promotion of volunteering opportunities, and (e) promotion of improved self-care and sustained behavioural change related to healthier lifestyle choices. Link workers are able to maintain contact with a client based on need, which may be up to two years. WtW is personalised and is therefore designed to be flexible in response to the needs and priorities of individual clients.

The WtW service was commissioned by the then Newcastle West Clinical Commissioning Group (CCG), now Newcastle Gateshead CCG. It is delivered by four different community based service providers and managed by Ways to Wellness Ltd. Each of the 17 GP practices involved are specifically allocated to one of the four WtW service providers in order to

manage patient referrals. In this Social Impact Bond model, Ways to Wellness Ltd. Special Purpose vehicle acts as the central contract management body. The main roles of Ways to Wellness Ltd are to: raise finance from and hold contracts with social investors to fund the intervention in the early years; hold a seven year contract with the CCG to fund the intervention beyond the early years subject to agreed performance indicators being met; and to procure intervention service providers and manage their performance.

WtW Social Impact Bond funding model is designed to mitigate the risks to the CCG in commissioning the WtW link worker intervention prior to demonstration of beneficial effects, including beneficial impact on CCG resources, whilst promoting the likelihood of sustained service provision of WtW. The four not-for-profit sector organisations that deliver WtW (Changing Lives, First Contact Clinical, HealthWORKS Newcastle and Mental Health Concern) will potentially benefit from sustained funding over a prolonged timescale, planned minimum seven years duration, which makes recruitment and training of staff members to deliver the intervention more viable.

Because social prescribing helps patients access non-clinical sources of support, predominantly in the community sector, [4] it is intended to provide a means by which the well-documented social and economic factors that accompany long-term illness can be addressed beyond the healthcare setting. [5] LTCs are arguably the greatest public health challenge of our time. People from lower socio-economic groups experience higher levels of chronic disease, and also have poorer condition management, worse health outcomes, and higher mortality.[6] Behavioural risk factors for LTCs are socioeconomically patterned [7] but are also affected by wider health determinants and are not simply choices that individuals make. [8 9] Consequently, there is increasing interest in social prescribing as a means of addressing complex health, psychological and social issues presented in primary care.[10]

Despite the potential of social prescribing, there is limited evidence regarding its potential effectiveness in improving outcomes for those living with LTCs. For example, a scoping review [5] identified failure within the relevant literature to attempt to assess any changes in the physical health of those engaging within social prescribing programmes. A recent systematic review [11] indicated that social prescribing has some psychosocial benefits for people with mental health issues. However, the authors also stated that there is an

insufficient evidence base to determine whether social prescribing can improve the health and wellbeing of people living with LTC. [11]

The aims of this research were two fold. First, to explore the ways in which the WtW link workers delivered the intervention and how this developed during the first 12 months of the programme. Second, to examine the impact of WtW on patients using the service. This research therefore comprises two separate, but linked, studies. The first study involved undertaking semi-structured interviews and focus groups with link workers. This took place in two phases. The first phase was very early on in the commencement of WtW, thus the two phase study design enabled an analysis of any changing perceptions as the programme developed with time. The second study comprised semi-structured interviews with patients referred to WtW, examining their experiences of engaging with the service.

1.2 Methods

1.2.1 Recruitment and sampling

Link workers were purposively sampled from each of the four provider organisations. Except those in managerial roles, all link workers, in both senior and delivery positions, were invited to take part in the initial study phase between June and August 2016. The second, follow up phase, in August 2016, purposively sampled link workers based upon time in service (i.e. those newly appointed and those that had been in employment since the commencement of WtW).

Patients referred to WtW, hearafter termed 'clients', were purposively sampled from each of the four WtW provider organisations based on the following criteria: gender; long-term condition; age; marital status; employment status; socio-economic status; level of engagement with WtW (intensive to non-intensive). For the purposes of sampling, long-term condition was ascertained by the link worker via the referral form, having already been diagnosed by a healthcare practitioner. Clients were approached about the research by provider organisations who acted as gatekeepers. The provider organisations explained the study and issued a participant information sheet. Those who agreed for their details to be passed on to the researcher, were contacted by telephone to confirm willingness to participate, and, if willing, an interview was arranged.

1.2.2 Data collection

Link workers were interviewed in two phases between June 2015 and August 2016. In the first phase (between June and September 2015) five focus groups and fifteen individual interviews were undertaken. Focus groups and interviews were conducted at provider organisations or on Newcastle University premises. Fieldwork was carried out by three researchers (KB[1], LP, MS). Semi-structured interviews were conducted using a topic guide which covered: training provisions, role of LW and development of the service. The second phase of data collection took place in August 2016. During this phase a further four focus groups with link workers and senior link workers were undertaken. Participants included a combination of established and more recently appointed staff. Interviews and focus groups

[1] Kirsten Budig was a student on the European Masters programme. She undertook a research internship at the Institute of Health and Society, during which time she undertook fieldwork alongside Dr Mel Steer and Dr Linda Penn.

were carried out by two researchers (MS, CH[2]). The field work discussions covered; the role of the link worker, workloads and personalisation of service.

Semi-structured interviews with WtW clients took place between January 2015 and May 2016. Clients were interviewed whilst involved with the WtW programme (length of time with WtW ranged from 4-14 months). A topic guide was used to direct the interviews and covered the following issues*:* LTC management, referral procedures; level and type of engagement with WtW; goal-setting; linkage to other services; changes resulting from involvement with WtW; and views of the service. Interviews took place in participants' homes or an alternative venue of their choosing (often where they attended their WtW appointment). Interviews were carried out by two researchers (MS and SL). Following consent procedures, demographic details were collected.

Data collection with both link workers and clients continued until data saturation [12] was reached.

1.2.3 Transcription and data management

Focus groups with link workers lasted between 58 mins and 1 hour and 27 mins (average 1 hour and 15 mins) and interviews with link workers lasted between 16 mins and 1 hour and 19 mins (average 41 mins). Follow up focus groups with link workers lasted between 1 hour 15 mins and 1 hour 32 mins (average 1 hour and 24 mins).

Interviews with clients lasted between 8 minutes and 1 hour 27 minutes (average 41 minutes).

All transcripts were digitally recorded and transcribed verbatim. Transcripts were anonymised, checked for accuracy and entered into NVivo10 software [13] to support data management.

[2] Colin Hill was a final year medical student. Part of his elective placement was with the Institute of Health and Society. During this time he undertook this fieldwork alongside Dr Mel Steer.

1.2.4 Data analysis

Thematic analysis was used. [14] Following close reading, a coding scheme was developed which contained a-priori themes based on the topic guide as well as further themes which emerged from the data.

For clients, the scheme captured data relating to: referral; multi-morbidity; experiences of WtW service delivery and onward referral; relationship with the link worker; impact of WtW and its long term, client led approach; and barriers to service engagement. The coding framework was applied to five interviews, which were double-coded by MS and SL. Disagreements were discussed and modifications to the coding scheme made.

For link workers the scheme captured data relating to: role of the link worker; intervention delivery; impact of WtW approach; intervention improvements; team support and communication; and context and resources of the intervention.

Line-by-line coding and constant comparison were used to code the entire dataset; [15] [16] deviant case analysis, where opinions were sought out which modified or contradicted the analysis, was used to enhance validity. [17]

Once analysis of client and link worker interviews was completed, comparison of the themes emerging from this initial analysis was performed in order to explore commonalities and differences in both link worker and client narratives. This report details the findings of this level of analysis.

1.3 Results

1.3.1 Participant demographics

Fifteen link workers took part in the in the first wave of data collection (five focus groups and 15 interviews); and 15 in the second wave (four focus groups).

Thirty WtW clients were interviewed as part of this research, 14 of them female. Table 1 shows that the mean age was 62 (range 40 to 74). The majority of the clients identified themselves as White British (n=24), five were from Black and Minority Ethnic (BME) communities and one identified as White Irish. The sex and age range of each individual client are detailed in table 1 below. In order to protect anonymity, we present age range rather than actual age.

Table 1: Age range and gender of participating WtW clients

Participant ID	Sex	Age range
1	Male	70-74
2	Female	70-74
3	Female	45-49
4	Female	55-59
5	Female	65-69
6	Male	65-69
7	Male	55-59
8	Female	55-59
9	Male	55-59
10	Male	60-64
11	Male	45-49
12	Male	55-59
13	Male	60-64
14	Male	60-64
15	Female	70-74
16	Female	65-69
17	Female	50-54
18	Female	65-69
19	Male	65-69
20	Male	70-74
21	Female	70-74
22	Female	40-44
23	Male	70-74
24	Female	70-74
25	Female	50-54
26	Male	70-74
27	Male	40-44
28	Male	70-74
29	Male	60-64
30	Female	45-49

As shown on table 2, of the 30 clients, 17 were of working age (defined as being under 65 for both men and women) and of these only four were in paid employment at the time of interview. Occupational social class [18] is based on current or previous main employment and

was used to give an indication of the socio-economic backgrounds of the interviewed clients. For those whose occupation had changed due to health issues, occupation before ill health forced a change was used. The classification works as follows: social classes 1 and 2 represent lower managerial, administrative and professional occupations; social class 3 represents intermediate occupations; social class 4 is small employers and own account workers; social class 5 represents lower supervisory and technical occupations; social class 6 represents those in semi-routine occupations; social class 7 is routine occupations; and social class 8 those that have never worked or are long term unemployed.

With the exception of social class one, all social classes were represented within the sample of WtW clients that were interviewed for this research. The majority were in social classes two to four (n=20); of the remaining ten clients in social classes five to eight, two were in social class eight.

Table 2: Employment status and social class of participating WtW clients

Participant ID	Employment status	Standard occupational classifications description [19 20,]
1	Retired	7 (routine occupation)
2	Retired	2 (lower managerial, administrative or professional)
3	Employed	7 (routine occupation)
4	Unemployed	8 (never worked / long term unemployed)
5	Retired	2 (lower managerial, administrative or professional)
6	Retired	4 (small employer & own account worker)
7	Unemployed	7 (routine occupation)
8	Unemployed	2 (lower managerial, administrative or professional)
9	Employed	4 (small employer & own account worker)
10	Unemployed	4 (small employer & own account worker)
11	Unemployed	2 (lower managerial, administrative or professional)
12	Unemployed	4 (small employer & own account worker)
13	Unemployed	7 (routine occupation)
14	Unemployed	2 (lower managerial, administrative or professional)
15	Retired	8 (never worked / long term unemployed)
16	Retired	2 (lower managerial, administrative or professional)
17	Unemployed	3 (intermediate occupations)
18	Retired	3 (intermediate occupations)
19	Retired	6 (semi-routine occupations)
20	Retired	4 (small employer & own account worker)
21	Retired	5 (lower supervisory and technical occupation)
22	Unemployed	3 (intermediate occupations)
23	Retired	6 (semi-routine occupations)
24	Retired	2 (lower managerial, administrative or professional)
25	Unemployed	2 (lower managerial, administrative or professional)
26	Retired	3 (intermediate occupations)
27	Employed	4 (small employer & own account worker)
28	Retired	4 (small employer & own account worker)
29	Employed	6 (semi-routine occupations)
30	Unemployed	2 (lower managerial, administrative or professional)

Table 3 shows self-reported health status and demonstrates that multi-morbidity was the norm rather than the exception; only one client (15) reported having a single LTC with no

other complicating factors. In addition to the presence of conditions which fitted WtW referral criteria, table 3 demonstrates that most clients reported suffering from a number of other LTCs. Further, 20 clients reported suffering from mental health problems, low confidence and / or social isolation.

Table 3: Self –reported health status of participating WtW clients

Participant ID	Number of WtW LTCs	Number of non-WtW LTCs	Mental health / social isolation
1	3	3	Yes
2	3	3	Yes
3	1	1	Yes
4	2	1	Yes
5	2	4	Yes
6	2	1	Yes
7	2	1	No
8	2	3	No
9	3	3	Yes
10	2	4	Yes
11	2	4	Yes
12	1	3	Yes
13	1	2	Yes
14	2	1	No
15	1	0	No
16	2	0	No
17	2	0	Yes
18	3	2	Yes
19	2	4	Yes
20	2	1	No
21	3	1	No
22	2	2	Yes
23	2	4	No
24	2	0	Yes
25	3	1	Yes
26	2	3	No
27	1	1	Yes
28	2	1	No
29	1	3	Yes
30	2	2	Yes

The following sections detail the outcome of the analysis and provide an account of the implementation of WtW and its impact from the perspectives of link workers and clients using the service. The data are organised as follows: (1) describing the impact of long term conditions and multi-morbidity; (2) examining the role of the link worker; (3) detailing the impact of Ways to Wellness on health and wellbeing; and (4) examining the challenges in delivering the service successfully. The data are illustrated with verbatim quotes from both link workers and clients.

1.3.2 The impact of long term conditions and multi-morbidity

Table 3 illustrated the high levels of morbidity and multi-morbidity experienced by WtW clients interviewed for this research. These accounts highlighted the extent to which long term and multiple health problems profoundly influenced their lives, and the negative physical, emotional and social consequences.

> *I had an operation on my spine, I couldn't walk very far, and I had been to the newsagents to get a newspaper, and I was having to stop every so often, and this day in particular, I was just, I had to stop and sit down, because I was getting pins and needles down my legs again, and I had no control of my bowel movements, I had peed myself, and I was sat in the pouring rain, and I just broke down. And I had applied for disability living allowance, then I had told them about it, and I felt ashamed more than anything else, about not being able to control my bowel movements in public. And I just got upset, thinking back to it, and I just broke down. Even now, it still grates us, because I had to go through that humiliation.*
>
> *Client 9, Male, Age band 55 - 59*

The amalgamation of various health issues arising from multi-morbidity could exacerbate a client's symptoms and make managing their conditions much more difficult.

> *I have got asthma and I have got diabetes and high blood pressure. And since I have had the treatment for cancer … my energy levels just plummeted and I wasn't able to do hardly anything. And just simple things like walking up a hill because my asthma had been upset … So basically, my diabetes and my asthma were not controlled as well as they had been and being the diabetes was out of control that meant my blood sugars were high which affected my energy levels. The radiotherapy affected my energy levels. My asthma being out affected it as well. So I was just, you know, I felt like a couch potato because I just couldn't do things. And when I did try and push it to do a little bit then I would be ill for two or three days. It wasn't as if I was doing anything much, sort of, half an hour's worth of walking and that was it. So I really was at rock bottom.*
>
> *Client 8, Female, Age band 55-59*

I have got a lot of problems, high blood pressure, high cholesterol level, arthritis, osteoporosis and borderline diabetes as well. My health conditions were bad and now it is getting worse … I was always independent and I did everything by myself … now I have got a lot of aches and pains and I feel bad because even I can't even go to Asda to do my shopping … sometimes I can't get out from the house.

Client 16, Female, Age band 65-69

Clients frequently reported experiencing depression and/or anxiety. For some, these conditions existed independently of their physical health problems. However, many directly attributed their psychological distress to the difficulties arising from their long term condition(s). Issues such as bereavement, family problems, addiction, low income, homelessness, and unemployment also exacerbated health problems. Consequently, clients often reported feeling at an extremely low ebb prior to meeting their link worker.

And I'm on that many tablets you don't know whether you're coming or going. As this happened, I started putting on weight because I wasn't exercising, I started drinking too much, I think I went through a point where I just didn't care. I was drinking and drinking and drinking. I was probably drinking, at one point, I think I was drinking nearly 20 pints a night, easy. I didn't think I was alcoholic or anything like that … but obviously I was, but it was all stress and then the combustion of, like, my mam dying after that.

Client 11, Male, Age range 45-49

Importantly, clients also acknowledged the impact of their long term health conditions upon others. This was both in terms of caring duties but also the emotional difficulties arising from poor health.

I certainly think it puts a lot onto my wife ... if my mood is down or I'm not feeling sort of very well … I think at times I do give my wife a hard time. At times I just can't be motivated to help her in the house to do housework, or do things. I find that I don't like pressure … I don't think I was ever that way before, but possibly that's down to my illness.

Client 14, Male, Age range 60-64

To summarise, a persistent picture of lives seriously impaired by the effects of long term conditions emerged consistently from the interviews.

Well health wise, my energy levels at that point were in 10 to 15 minute bursts and then I would be flat out for several hours. So I had reached the point, where I knew that health wise for me, a person who had been active, doing all sorts of things, I was down at rock bottom because I could barely function really. Sorry, I always, sort

of, get very upset when I think back and I knew, you are in a vicious circle because you haven't got any energy, you don't do much because you don't do much when you start doing things it wears you out and then you don't feel like doing things which … As I say it just goes round and round.

Client 8, Female, Age band 55-59

1.3.3 The role of the link worker

Accounts from clients highlight the difficult and complex circumstances in which WtW was initiated. It was in this context that the two key aspects of the role, to provide support to individuals and link to other services, were implemented.

Link workers operated an accessible, flexible service between 9am and 5pm, Monday-Friday. Following primary care referral, link workers contacted clients by telephone to arrange an initial appointment. This could be at the GP practice, community centres, cafés, or infrequently, participants' homes. Face to face contact was also supplemented by telephone, email or text. Meeting duration frequency decreased or increased depending on need.

I met her four or five times at the office because it was in the same building. Then when I got here [new home], she came down here all the time. Even when I moved in here [new home], when I bought some furniture and that, she was here to make sure that they brought it in properly and it wasn't marked, it wasn't broken, stuff like that. Yes, she's pretty good.

Client 12, Male, Age band 55-59

1.3.3.1 Link workers support role

Providing one-to-one support to clients was a key part of the link worker role. Establishing a good relationship with the client from the outset was a priority and achieved by adopting a non-judgemental and wholly person-centred approach. This facilitated trust and engendered a willingness for clients to reflect upon their lives and identify where positive changes needed to be made. Critically, clients reported feeling listened to and valued.

It's given me a lot of self-confidence back, even going into town and meeting her and just sitting and having a chat with her in the café. I've been down there a few times, just sat in the café and had a cup of tea and that with her and it's just helped me out.

Client 13, Male, Age band 60 – 64

Building confidence, self-reliance and independence was another facet of the link worker's approach, managed through ongoing support, persistence in finding the right tactics for the individual whilst conveying the need for personal responsibility. This enabled clients to make changes to their lives, engage with other organisations and manage their long-term conditions.

> *Because through my link workers when I'm actually doing different activities now, I'll probably just send her a text, an email, she'll do the same for me. I'll meet up with her on a little course that we've been doing occasionally. And now it's just when I feel I need to come and talk to somebody … because when I was first talking to her it was almost coming in every couple of weeks on a regular basis, but I don't feel at the moment that the way I'm responding, I don't really need that at the moment. But I know they're there if I need them, and that's the good thing. I've got somebody to fall back onto if I had a problem, somebody to talk to if I need it.*
>
> *Client 14, Male, Age band 60-64*

Intensive support was required for clients presenting with a range of problems in addition to LTCs.

> *The role of a Link Worker is somebody that works with clients to find them … resources [and] groups … that will benefit their health later on down the line. That's what it's supposed to be … we find that it does develop more into a Support Worker kind of role … [clients will] cry on our shoulders, and that kind of thing. That's part and parcel of when you trust somebody and tell them, "I need this help" … It is more of a support role than a Link Worker role now … I would say that a good half to two thirds of my clients, I have that kind of rapport with.*
>
> *Follow up focus group 3, link worker 3*

> *Link worker 2: [We are] support workers more than link workers … I think you find when you go in with a client and they've got massive problems, like they've got no money for food, you can't just say, "Do you fancy going to the gym?" We have to look at the problem that's affecting them at the moment … and that's how we get pulled in. That's how we end up doing more than, really, what's in our job title … Link worker 3: We've had to overcome those barriers to then get to the main focus of the health issue …*
>
> *Follow up focus group 4, link worker 2 and 3*

Some link workers described taking more of an advocacy role to fill gaps caused by a lack of adequate services or lengthy waiting lists. Link workers drew on their previous professional experience, training and independent research to deliver basic advice on benefits, nutrition

and diet as well as helping clients to apply for welfare benefits, household aids and equipment and holiday grants.

> *Link worker 2: A lot of the issues were with benefits and [link worker] knew a lot about benefits in her previous roles, so she shared that information with us and we helped a lot of people … we've got no one to refer them to help with benefits … A lot of people are just sitting right on the breadline, they've got no money or sanctions ….*
> *Link worker 4: Yes, a lot of them are frightened of filling in these forms. Then if you wait to try and refer them to some kind of benefit support they're [services] full to capacity so you end up doing it yourself … supporting the client to do that …*
> *Link worker 1: The good thing is, something that we do say is, "We are not medically trained. We are not trained in benefits. We are not trained in housing. However, I can do my best to help you with this. What will be will be and it will be out of my hands once it goes to them." So you make them aware that you're willing to do that for them rather than waiting for three months and then being out on the street and it being too late. But you're doing something … It doesn't mean that they're going to get it, it just means that we're going to help them do it the best we can with their support.*
>
> *Follow up focus group 4, link worker 1, 2 and 4*

Whilst this intensive support work was valued, it did raise issues of over-reliance on the link worker, as well as capacity to offer such intense support to larger numbers of clients. The WtW model of work was based on an assumption that after an initial, perhaps intensive period, clients' needs would by gradually met by onward referral. This was not always the case and, in the current climate of public and voluntary sector cuts, was on on-going issue.

> *I lost [my house] because I owe them money and the Civic Centre they were paying my benefit but there was all this complication with the Job Centre, the medical service and everything. They didn't hear from me for a long time and I didn't pay my council tax and all of this joining together. But when I got involved with Ways to Wellness and I sorted out some of them then I was able to go everywhere and sort out everything. I went to the Civic Centre, I went to the Job Centre just once to make sure there is nothing left. After that most of the things that officially were important were done by [Link Worker] calling the different places and everything …*
>
> *Client 30, Female, Age band 45 – 49*

1.3.3.2 Enabling engagement with services

The other key aspect of the link worker role was to enable clients to engage with services and the community. Link workers needed to collect and synthesise a wide range of information regarding local services whilst developing partnership links with relevant projects in order to effectively signpost clients to appropriate, high quality activities and groups.

> *The role being somebody that links people with long term health conditions into different agencies or organisations or activities or services to help build up their feelings of wellbeing and manage their long-term conditions better … and gain more of an understanding and knowledge about what's in the local area so that they don't have to just go to the doctors and take medication so they can see that's there other options, there's other things that they can do.*
>
> *Initial focus group, link worker 13*

Link workers emphasised the importance of service quality, developing feedback methods for clients to ensure positive service referral pathways. This further built up greater levels of trust between the link workers and their clients.

> *You need more than just looking on a website. It's not enough. Not with people who are vulnerable, when they might agonise for two weeks over making one phone call. You want that phone call to be brilliant.*
>
> *Initial focus group 3, link worker 2*

> *Getting that insight perspective [from clients] in the service gives you an idea as to who would engage with it, who would enjoy it the most.*
>
> *Follow up focus group 2, link worker 2*

> *If I've heard the others workers use a certain service and say bad things about it, I would be wary myself to refer someone there … Then on the opposite side of things, if a service is really good … we sort of bombard them with our clients because we know that we can trust them and it's a really nice environment for the client to go to.*
>
> *Follow up focus group 1, link worker 3*

Further to ensuring that clients were referred to high quality services, clients also described skilful referral management by link workers was important in initial engagement and continued interaction with services. Some clients needed considerable support in order to develop the confidence necessary to engage with external services (particularly those concerning physical activity). As a result of good relationship building, link workers were able

to gauge and negotiate the level of support necessary, particularly in the early stages of engagement.

> *We can go to the first few sessions with people until they're comfortable and until they recognise faces within the room.*
>
> *Follow up focus group 3, link worker 2*

> *And I said, "Well, I don't like the thoughts of a gym at my age, and going in where there's stick thin youngsters." And, you know, I just didn't really feel comfortable about that idea. But then she said, "Well, you must give it a try. You can't just dismiss it. Give it a try and go and have a look." So the next morning, believe it or not, I got a phone call from my link worker here, from [link worker]. And I said the same things to him. I would be interested but I was really apprehensive. So he said, "Well, come along and we'll have a chat."*
>
> *Client 2, Female, Age band 70-74*

The interviews were replete with examples of how the link workers successfully facilitated and supported engagement with WtW and other services, helping clients to gradually address their problems. Engagement with such activities also directly addressed the social isolation experienced by many.

> *I already knew what to expect. I was told … [link worker] said, "No, you won't go on any of the appliances. It's just gentle exercise," and that was fine. … [when they first went to classes] my stomach was churning. But as I say, everyone that's there are either my age or older … I'm pleased that I went out to the Leisure Centre … because I've met some nice people.*
>
> *Client 21, Female, Age band 70 - 74*

> *He came with me once, in the very early stages … if I'm in the gym … he'll just suddenly pop his head round [to ask] "is everything fine?" … I just expected the link worker to introduce me to the gym, and that would have been it. And I think, if it had just been, the link worker showed me the gym, I would have turned round, and I would have gone the opposite direction. But because of the way it was so gradually and really professionally linked in to different things, I just felt as though I'd floated into it, rather than getting shoved from behind. I just felt as though it was gradually moved into it.*
>
> *Client 2, Female, Age band 70 - 74*

Due to the level of physical, mental and emotional problems and social issues it was inevitable that such issues could impacted on clients' ability to engage with WtW, but more particularly other services that clients were linked into.

Also there was the depression, the day when I zoomed along the road [to attend the service], parked up and I couldn't get out the car. I just sat there, I just couldn't face it. I had made the effort to get there, I had got there and I had parked. Then I just thought, "I can't do this." And I came home, so not good … it all depends on my mood really. When I am on top of it, which I am at the moment, I could do anything … [but I am] up and down like a yo-yo. I am feeling really good this week, but what I will be like in a fortnight I don't know.

Client 18, Female, 65-69

When you go to these classes you don't know if it's going to be beneficial or not, or whether it's going to be detrimental to make things worse … I'd loved to be involved in doing city walks or whatever, something involving exercise, but at the moment I feel as though I'm stuck in first gear, can't get out of the gear … I don't think I could do it because of the way I am physically.

Client 26, Male, Age band 70 – 74

Link workers worked closely with clients to try to overcome such difficulties and to support them to engage with services. However, finding the right balance between supporting individuals and linking them into other services was challenging. The 'right' balance varied depending on clients' needs, but also by the orientation of service providers and link workers. Not all WtW service providers viewed intense individual support as being part of the link worker remit. Some providers placed greater emphasis on clients to external services and thus enabling them to access expert help independently. In contrast, other service providers offered a more intensive support service.

I think the role is quite varied across the service providers, so to speak. When we catch up with other providers and things, sometimes, I get the impression of, "Yes, there's the job specification that we all applied for, but that's not standardised across the board." Some people are offering a lot more help and advice … Then, other people are saying, "Well, that's not our job. We're just supposed to link them to somebody who can do that job."

Follow up focus group 3, link worker 1

The work that we do is quite in-depth with the client … Some people say, "Well we should just be signposting and that's it." But actually we know that our clients, if we did that, they're not going to engage … So really we are quite intense. We will go into detail with the clients. We will ring them up. We will prompt them. We will write letters.

Follow up focus group 1, link worker 2

We're not support workers, we're link workers. For me our focus is in patient activation and self-agency, enabling people to make healthy choices about their lives and to feel connected and have a sense of agency over their own existence.

Follow up focus group 2, link worker 3

The next section provides evidence from both clients and link workers about the impact of WtW on health and wellbeing.

1.3.4 The impact of Ways to Wellness on health and wellbeing outcomes

Link workers reported the positive impact of the WtW intervention on client's health and wellbeing derived from their clients' feedback, which in turn, gave link workers considerable job satisfaction and motivation.

And some clients … have improved their health … they have come back with the reports where they no longer have diabetes or they've increased their social outlets … One of the clients … he came and he was initially really, really low in mood [but] he is doing phenomenally now. Now he's got his wife and sister involved … he's doing Tai Chi, bike-riding and actually he's almost like a changed man … I think that everything interlinks really – physically, mentally, financially.

Follow up focus group 1, link worker 2

I have clients now, because it's been a few months … that I'm seeing for follow ups and catch ups that are saying, "Yeah I feel fitter, I feel healthier, I feel more confident, I'm socialising a bit more" … I'm starting to hear evidence that things are making a difference and people are feeling like they're genuinely improving.

Initial focus group, link worker 13

Client narratives were also focussed on the positive effects that the WtW intervention had had upon their lives. For example, some clients were encouraged by their link worker to attend exercise classes that were specifically tailored to their health needs. This tailoring ensured that they felt confident enough to engage and re-engage as necessary.

Well, [service provider] I went for about three or four weeks and I felt a lot fitter. I used to sweat a lot. Just sitting in the chair and I would sweat. It stopped most of that. I felt, myself, I was getting fitter, better. I had a bad turn of the COPD and I was off for four weeks. They restarted me instead of starting me from that day, so they restarted me and I had another bad turn. They said, "What we'll do is we'll start you back up from scratch, from the beginning of this year," so from the beginning of this year I think I've been three times … I just feel a bit fitter. I can walk without perspiring/sweating, and a little bit further without stopping.

Client 1, Male, Age band 70 – 74

Some clients also reported in detail the impact of dietary advice and cooking education that they had received. Not only had their knowledge of nutrition improved but they were also able to employ this education to make healthy changes to their diet.

> *My link worker, he brought me a pile of information on all foods and the sugar content in it. And that because almost like a little – I don't know how to put it – but I became really interested in it. So, every time I was – not every time I was eating anything – but I was looking through it and thinking, "I'm not going to get that at the supermarket this week. Have you seen the contents of the sugar in that?" And it was absolutely amazing. I mean, even a banana, you know, the difference between buying the big bananas and the small bananas, it's making a big difference with the contents. This will sound stupid on there, does it, about my bananas? But it's just little things like that, it really is.*
>
> *Client 2, Female, Age band 70- 74*

Clients frequently discussed weight reduction and increased fitness and energy levels that were attributable to their altered lifestyle. Critically, they recounted that these improvements facilitated a break in the 'cycle of illness' because they were able to restart daily activities and re-engage with their lives in ways that were meaningful to them.

> *I could only do half the course in the first week and I was thinking, "God, this is going to kill me." Over a couple of weeks I'd actually improved that much and on the first session of the dance exercises which was a similar thing, dancing and going around these stations, as I put it, doing the sidekicks and the steps and kicking. It was quite a similar thing. I got around there twice, I couldn't believe it. I thought, "Well, losing weight, this exercise, a year ago I wouldn't have been able to walk 100 yards without being breathless and having problems with my knees, having problems with my back, back pain and knees." It's not a long period that I've been doing the bit of fitness, but I basically went from 19 stone and I got weighed this morning just to check, and I'm 16 and a half stone … I certainly feel fitter, like I said, I can walk for longer sessions. I can still get problems with my knees at certain times. I don't know whether it's all the weight and whether I've done damage long term, but I can certainly sort of walk longer now.*
>
> *Client 14, Male, Age band 60-64*

> *Well, it was but, also, it was a combination of things, really. But my weight was one issue. And, I mean, I use a hill or a bank as my yardstick now. I mean at one time, when I went up that, I was, phew, you know, and I used to stop. And rather than make it look as though I couldn't cope, I would look as though I was looking for somebody to come, and that gave me a few minutes to get back up again. But now I can walk directly up that hill. So it's wonderful for me.*
>
> *Client 2, Female, Age band 70 - 74*

Many clients were living with anxiety and/or depression. For some this was a direct consequence of their ill health and was frequently compounded by social isolation. For these clients, a key advantage of the WtW intervention was that by engaging in the activities suggested by the link worker they were able to socialise within their communities. This improved confidence and prompted a sense of improved emotional wellbeing.

> *Well, she's [client] had a sleeping problem for five, six or seven years, but getting out, because she gets out and she goes for walks now. She's confident now. She wasn't confident before, because my dad passed away about three years ago and after that we didn't really go out. So we're getting out and about now. She's come here walking, because when she slipped and broken her ankle it was locally and then she wasn't confident coming out and now she is. She's still got a walking stick, but she's confident. She feels much better now.*
>
> *Daughter of client 15, Female, Age band 70 - 74*

This improvement in emotional wellbeing further helped break the 'cycle of illness'. Clients felt empowered to prioritise their own health and in doing so, were better able to maintain lifestyle changes.

> *It's like these doors seem to be opening up for me now, things I've thought about and all of a sudden turn up and I can … As I said, a year ago, I could have still been going through all my weight problems and my health problems, and it was just by going into the doctors on that day, and I thought, "God, I can't believe it." Things have changed so much since September.*
>
> *Client 14, Male, Age band 60 - 64*

Engaging with services that were specifically aimed at long term condition management were found to be particularly helpful because they often employed a combination of expert and peer advice regarding symptom management and coping strategies.

> *I have never at my doctor's surgery ever had an assessment of how I use my inhaler. And they [specialist group] actually had a Practice Nurse come in and showed you how to use your inhaler and I thought, "Oh…" And realised that I hadn't been doing it 100% correctly for all these years. I have been using a spacer but what they don't tell you is you are supposed to change the spacer every year. I have had mine for 10 years so I think it … So all these little tips and things, practical tips. Things like the recovery pack which is mainly aimed at people with COPD so I don't quite fit into that category but I asked the question at the doctors whether or not I was one that should have one which contains antibiotics and steroids. So should you suddenly take a downturn in the winter and it is sometimes difficult to get an appointment then following the criteria that they give you, you could start treatment beforehand with your antibiotics or whatever … But other little things, sort of all these little tips*

that people have. Because everybody is at different stages in their lung conditions and so they come up with different things which I may not need at the moment but in the future it is a potential and you can always ask somebody who has got a condition that is perhaps worse than you, "Well how did you deal with so and so?" And they have come up with a lot of practical ideas.

Client 8, Female, Age band 55 -59

Both link workers and clients reported that they believed WtW was having an impact within the wider community. Clients were disseminating their new knowledge regarding health and wellbeing through networks of family and friends.

It's motivating, empowering people and encouraging people to take control of their own lifestyles … to help people improve their quality of life. It has a dramatic knock-on effect for everything else. Not just for them; for their families, for their local communities.

Initial focus group, link worker 2

Well, obviously everything dietary has changed dramatically … the whole family we're a lot healthier now … even my little girl turns round now and says "You shouldn't be eating that, there's too much sugar in it". So now we're even training her to look at things as well. So we're definitely going to keep this up, we've been doing this since November, and we're managing so far.

Client 22, Female, Age band 40 -44

The gym, well, I will [keep going] because I've got my daughter interested and my granddaughter interested in it. She's getting fit.

Client 1, Male, Age band 70-74

1.3.5 The success of Ways to Wellness

Further to discussing the specific positive outcomes arising from their involvement in WtW, clients were overwhelmingly positive about their participation in WtW.

Excellent, without a shadow of a doubt I couldn't fault it … I just think it's a damn good service and you could not fault it. If it wasn't for Ways to Wellness and, especially [my link worker], I don't think I'd be in the position I am at the minute … I'm really grateful … it's made a heck of a difference.

Client 10, Male, Age band 60- 64

I don't have one complaint about them. The service … help … [and] information has been great. I really couldn't ask for anything more. I haven't had anything off them, what they've said, that hasn't helped us … I'm over the moon with it. If anybody was asking me and they said, "I've had a phone call off this Wellbeing", I would say get

there as quick as you can. Seriously. They really have helped me … I've got nothing but praise. I can't say anything else. If it was on a scale of one to ten, mine would be eleven. That's really the way I feel.

Client 28, Male, Age band 70-74

She's helped me out with loads of problems, not just for my health; my home life. She's been brilliant … I can't say there's anything I don't like. It's all been positive … If it hadn't been for them, or even the health nurse putting me in touch with them, I think I would just have been stuck in a rut, and when I was bad, I wouldn't be doing anything about it. They're so good … I just hope they keep the scheme going and put other people in touch with them, because they are there for you.

Client 4, Female, Age band 55-59

In particular, the type of service offered by the link workers was often contrasted favourably with clients' previous experiences of attempts by other health care professionals to aid them in dealing with their complex health issues.

She [WtW link worker] got us to write down what I was having for breakfast, for dinner, my tea and used to go through that with us and help us with that. You know, you've got too much there, you've got to do this and do that and I could take it. I used to take it off her. With other people, the way they talk to you is that you've got to do this, you've got to do that … They [WtW] helped me in ways the doctors and nurses and nobody else has helped me. The only person that did help doing things.

Client 13, Male, Age band 60-64

Client and link workers were remarkably concordant in terms of why they felt that WtW had been so effective in supporting clients to improve their health and wellbeing. Both groups felt that it was the holistic, long term and client led nature of the approach employed by WtW that were pivotal in its success. These factors enabled clients to prioritise the healthy lifestyle improvements they wanted to make, commit to them at a sustainable pace that had been determined by them, and receive holistic support for a broad range of socio-economic issues.

1.3.5.1 The holistic nature of the intervention

Alongside working with clients in order to make healthy lifestyle choices, link workers addressed a broad range of non-biomedical factors such as income, housing and social isolation also known to have an effect on health and wellbeing. Through assessing a client's need and supporting them to access a wide range of counselling, advice and social activities,

groups and services, link workers saw their role as tackling the social issues impacting chronic health conditions to ultimately improve overall health and wellbeing.

> *Social prescribing is looking at how to complement medical prescribing … demographics, where they live, socioeconomic status, family issues, work issues … money … social isolation has a big impact on health … You need to look at a person socially and understand where they are in their lives [and] what is going on around them to help improve it.*
>
> *(Initial Focus Group, link worker 5)*

> *Link worker 3: You're going from benefits, to housing, to health, to family relationships …*
> *Link worker 4: to bereavement, suicide and mental health…*
> *Link worker 3: to domestic violence, drugs and alcohol. You name it and we've probably done it in this room.*
>
> *(Follow up focus group 4, link worker 3 and 4)*

Client experiences further emphasised that addressing personal, social and economic issues had been hugely beneficial in increasing capacity to address long term health conditions.

> *And, of course, [Link Worker]'s been great because, I mean, she's done all kinds for us [me]. She got my chair heightened, my toilet seat heightened. Through her help I'm now getting a shower fitted, a proper walk-in shower, because I can't use the bath. So they're getting that done for us, they're getting a grab-rail… Well they're getting a whole new bathroom done for me, you know. They've got a special thing on my bed now to help me get up in the morning and I've got this thing, because I can't lie flat, so I've got, like, this little thing. It's just like a deck-chair. You've got a little bar at the back of it and lift it up so it's like, at an angle, so you sleep at an angle so you're not lying flat.*
>
> *Client 11, Male, Age band 45 – 49*

For clients of working age, health-related unemployment was a major concern. Thus, the specific activities to aid clients finding work (either paid or voluntary) or in making reasonable adjustments to work settings were highly appreciated.

> *I feel as though I can do my job again, I started looking for new work, but because of my medication, I know there's certain jobs I can't do, which I was trying for them jobs in the beginning, knowing that I might get them, but I wouldn't be able to sustain them in the long term, whereas the job I do, I know I'm good at. Even though it can be stressful at times, I know I'm good at my job.*
>
> *Client 9, Male, Age band 55 -59*

1.3.5.2 The long term nature of the intervention

Link workers appreciated the long term nature of the intervention (potentially up to two years) as it afforded them the time to build up a rapport with clients before setting any goals. This fostered the open communication needed to facilitate and support realistic and meaningful goal-setting.

> *Link worker 3: People are putting a lot of trust in you and they're telling you things that they've not told anyone before …*
> *Link worker 4: That patient has needed that time to open up and share all these problems, worries and concerns …*
>
> *Follow up focus group 4, link worker 3 and 4*

> *We're a long-term … not a short-term fix … in the initial consultation, we can spend up to an hour with them. Whereas, with a doctor, you've got seven or eight minutes. So, we can sit and listen to them and I think we can make them feel that bit valued. That, in itself, is a huge benefit to the client.*
>
> *Initial focus group, link worker 7*

Critically, both link workers and clients felt that the long term nature of WtW helped establish the ideal pace needed for clients to make meaningful and sustainable lifestyle changes.

> *Link worker 2: It's not just about helping clients make changes … it's about keeping that support open and making sure that changes are sustained …*
> *Link worker 4: One big life event can slip you back in a lot of different aspects of your wellbeing and emphasising that sometimes you can be up there but one significant life event can change everything … I think it is one of the massive selling points to this [intervention] is the longer time that you can work with someone and that you can support them through the journey.*
>
> *Follow up focus group 2, link worker 2 and 4*

> *As I say a lot of it has been based around, well obviously Wells to Wellness, your health issues and ways to make incremental changes; because it is not really a fast fix. It is going to take time to sort things out and we have come up with a structured plan to make little incremental changes. So that overall the big picture is to get back to a really good state but we know that we have got to do little things in between. And we have started on the lung side first and the plan of campaign is when I finish my Pulmonary Rehab, then to start addressing the dietary and the diabetes side of things.*
>
> *Client 8, Female, Age band 55 -59*

Clients also felt that the long term nature of WtW accounted for their variable health status, supporting re-engagement with the intervention after time in hospital, periods of depression or events such as a family bereavement. Some link workers also had the flexibility to offer home-visits which enabled house-bound participants to engage despite limited mobility caused by their long term health conditions.

> *I had a very nasty fall … so, I rang [link worker] and I told him about it, and he says, "You must make sure that you're absolutely right before you come back" … I'm quite happy about that as I was a bit anxious thinking, "Well, if I haven't been for a few weeks, what's going to happen? Am I going to be told, "Well, no, you can't come back again?" But that hasn't happened.*
>
> *Client 11, Male, Age band 45-49*

> *I had an appointment, but I was in terrible pain and I couldn't go. I told them I can't go anywhere, but if they come here I can. They made an appointment and they are coming here to see me.*
>
> *Client 16, Female, Age band 65 – 69*

Fundamentally, clients experienced WtW as an approach that understood and responded appropriately to their experience of living with one or in most cases, multiple, long term conditions. Expectations were therefore realistic and reflected that a long-term approach was necessary to make improvements, helping people to live with, rather than cure, their conditions.

> *So I know that I have got to take it bit by bit so it sticks. So if I could be, say in a year's time be healthy enough to go back to work that would be wonderful. I think I have got to be practical about it; it is going to take a while to get there. I would like to do it sooner but if I could get to a point, where I am well enough to go back to working even part-time it would be wonderful but I need to get my energy levels up. So I need to follow suggestions – dietary and looking after my lungs and exercising – from the professional people that I have been referred to.*
>
> *Client 8, Female, Age band 55 -59*

1.3.5.3 The user led nature of the intervention

A key dimension of WtW was that link workers worked with clients to set meaningful goals and tailored the intensity of support to enable clients to achieve their goals. Link workers reflected that this achieved better results because clients felt valued and in control to explore the goals they felt to be important. Link workers observed that such an approach

led to greater client commitment in making and maintaining positive, healthy lifestyle changes.

> *I think it's really important … [to] listen to what somebody's telling you …. [and] support them to put a plan of action in place to achieve what they deem their goals to be, not what I feel their goals should be.*
>
> *Initial focus group, link worker 15*

> *Goal setting has to be personal, there's no point in setting a goal for somebody if they're going to go away and not achieve it … it has to be person centred in its approach.*
>
> *Follow up focus group 2, link worker 4*

> *I think the benefit to the client is feeling worthwhile, feeling valued, not being judged. "You shouldn't smoke", they probably know they shouldn't smoke, they don't need me to tell them that.*
>
> *Initial focus group, link worker 7*

Link workers reported the need for a wide range of highly developed communication skills in order to facilitate this user-led approach. A friendly, empathic and non-judgemental style helped build up trust with clients, enabling them to speak openly about sensitive issues they may be facing. Exercising active listening and reflection skills further helped clients fully explore the goals they wanted to set for themselves.

> *I've had a gentleman who, obviously, because we've struck up a little bit of a relationship and I've done some things that he's been happy with, he's then come back and said, "Well, actually, I've got a problem with debt," and it's because we've built up that relationship. It's never something that he was going to tell me at the first appointment, but because you've done something and got to it now, where he thinks, "Actually, I can trust you, you might be able to help me with this."*
>
> *Initial focus group, link worker 10*

> *Obviously, if people have that rapport with you, they're more likely to commit to certain things. I've had clients coming in and saying, "I'm never going to touch that with a bargepole," but once they've got that trust and once you've done a couple of things for them, they feel like, "Oh, yes." They will try to stop smoking or they will try to go the gym or change their diets and stuff.*
>
> *Follow up focus group 3, link worker 2*

Again, clients paralleled link workers in their appreciation of how link workers maintained encouragement, but never pressure, to engage with other services. This encouragement felt

supportive and ensured that clients felt in control of the referral process, both in terms of the service itself and the timing of the referral. Feeling in control ensured that WtW was sensitive to a client's readiness to engage.

> *Yes, because if I don't like something I'll say, "No, no" or "Okay then, I'll try it." I automatically say no to everything anyway, but then she'll say, "Well, you're not going to say no." I'll go, "Oh, I'll try it," and then I'm quite pleased. Like she said, "Try the gym." So I went to the gym class. I didn't like it. I goes, "[Link worker], I don't like it. I'm not going back." It's too hard and I don't like being in a room full of people like that. So we did the walking group.*
>
> *Client 15, Female, Age band 70 – 74*

1.3.6 Challenges in delivering the Ways to Wellness intervention

As well as the benefits arising from WtW identified by both clients and link workers in the previous sections, link workers described a number of issues that made their roles challenging, and which we discuss in this section. Operational factors included variation in amount and suitability of primary care referrals and difficulties balancing quality of intervention provision and meeting referral targets. At a broader level, link workers reported how wider resource constraints, specifically public sector funding cuts, impacted on their ability to refer patients into suitable services, either due to unacceptably long waiting lists, or service cutbacks. Over the period of initial to follow-up interviews, link workers also reported significant impacts resulting from changes to the welfare benefits system including: the effects of benefit sanctions, the 'bedroom tax' and real terms reductions in income. We begin, however, by examining link workers' views on training and preparedness for their role.

1.3.6.1 Link workers' training and preparedness

Link workers came from a wide range of employment backgrounds, including, but not exclusively, community development work, health promotion and welfare rights advice. Prior to the launch of WtW in April 2015, newly employed link workers underwent a 10 day training programme which took place over four weeks. The course comprised a Health Trainer qualification, training in the use of the Wellbeing Star, motivational interviewing skills, and training in the understanding of LTCs and mental health issues. Further training on other issues (e.g. safeguarding) was provided by the different provider organisations. The link workers from the initial focus groups reported that this training increased their

confidence in confidentiality and safeguarding procedures and gave them a practical understanding of how to assess clients using the Wellbeing Star. However, initial and subsequent follow-up focus groups indicated that the training lacked some of the more practical elements that link workers required in order to feel confident in dealing with the wide range of problems presented by clients particularly difficult mental health issues, safeguarding, financial and social problems. Link workers also felt they lacked sufficient knowledge about the long term conditions presented by clients. Peer support, team mentoring and previous professional skills and experience were resources that link workers drew on and shared across the four provider organisations in order to gain confidence and competence in their role.

> *Link worker 1: … it was my community development experience in advice and guidance that helped me with this job …*
>
> *Follow up focus group 4, link worker 1 and 3*

Overall, link workers indicated that the Health Trainer qualification and other initial training sessions was not sufficient to prepare them for the complexities of their work and the wide range of problems that their clients faced. However, by drawing on their own professional experience, learning by experience and sharing their learning, link workers were able to assist clients to set and achieve goals, as well as link and support clients into services necessary to help them manage their long term conditions into the future. Link workers produced important insights into suitable training provision, and the findings from the interviews and focus groups have been fed back to WtW management to inform future training.

1.3.6.2 Primary care referrals

In line with other social prescribing services in the UK, [21] WtW link workers reported considerable variations in referral numbers by general practice. Some practices were more engaged than others and this affected the number of referrals received as well as the suitability of the referral according to WtW criteria. Link workers suggested this could be due to a number of factors including: primary care practitioner (PCP) perceptions that the age range of 40-74 and the restriction to seven conditions were too limiting; lack of financial incentives for referrals; and time pressures limiting a PCP's ability to explain and refer clients onto WtW within routine appointments. Link workers developed ways of providing regular

feedback to PCPs to promote the positive outcomes of the intervention. In the follow up focus groups lack of PCP engagement from some practices was still a problem. However, when compared with the first round of initial interviews, it appeared that during the intervening period more PCPs had engaged with WtW.

> *I don't think the GPs have bought into the project. One is really up for it and the rest, it's crazy. They're part of the CCG [Clinical Commissioning Group], CCG have brought it in, we are designed to help the practise, to stop people coming back and back and back. Trying to give them an option and yet they're not using us.*
>
> *Initial focus group, link worker 7*

> *The main issue at [Name of GP surgery] was just the lack of referrals from GPs. I mean if it was left to GP referrals alone, I don't think we had a referral at [Name of GP surgery] since February I think. They're just not engaged in the slightest at the moment but it's something we're working on.*
>
> *Follow up focus group 2, link worker 2*

Link workers interviewed in the follow up focus groups continued to identify considerable variation in referral procedures. For example, whilst some clients were reasonably well informed about their referral, others had been referred into WtW without an understanding of what the intervention was, or even that their PCP had passed their details on. Some referrals also came with limited notes leaving the link workers to engage with new clients without adequate background information on the client.

> *It's hard because on the referral form, some referrers write a lot of information and give you a lot of detail. Others just tick the boxes and on paper you think, "Got diabetes, need a bit of understanding, it will be quite straightforward." Then they come in and meet you and in the first appointment they tell you they are suicidal and they've got lots of mega-issues.*
>
> *Follow up focus group 1, link worker 3*

The suitability of some of the clients being referred into WtW was also an issue of concern. Link workers discussed that they were receiving more referrals with increasingly complex physical and mental health needs, who were also frequently dealing with concurrent multiple financial and social difficulties. Whilst link workers embraced their role as advocates, they felt that some clients were inappropriate for WtW because their issues were so severe that such clients needed high-intensity or specialist support that link workers did not have the expertise or capacity to deliver.

Link worker 2: I did have a client that actually said to me, "They've only sent me to you because they've got nowhere else to send me. They've tried everything else." They know that we're a Link Worker service, but to keep them out of the GP practice, they feel like they've been referred to us so that they have someone to talk to.
Link worker 1: Sometimes, I find as well that they come to us, but with the services which are available, like [Health Improvement Service], [Weight Reduction Service], and these sorts of exercise referrals and things, they've already been through those services … Then again, that becomes a, "Oh, well, I could have a little look over your food, make sure your food is okay, and give some brief advice around food swaps and things. Then, again, that's more of a support role.

Follow up focus group 3, link worker 1 and 2

Some link workers affected by these referral issues opted to change the referral procedure and directly contact lists of eligible patients supplied by participating primary care practices. This approach gave link workers more control to recruit potential clients. However, it also resulted in limited client uptake because the service had not been endorsed by their PCP.

It's kind of cold-calling, so people say, "Yes," to get you off the phone … If a nurse passes them over, they feel like it is a genuine service [and we would not be] having to sell it to people.

Follow up focus group 3, link worker 2

1.3.6.3 Increasing referral targets

Link workers from the initial focus groups did not anticipate that they would need to spend considerable time and effort with PCPs in order to promote the benefits of WtW. In the early stages of the intervention, and captured by the initial interviews, lower than expected target numbers of referrals caused anxiety and link workers found themselves focusing on 'marketing' WtW to primary care.

I didn't anticipate there being a slow start in terms of GP's referring and that's been difficult because it meant that marketing, promotion, selling, that has become quite a big part of the role … it's frustrating … we're doing strategic planning in our team meetings rather than looking at case studies, so it's like the quality of the work with the clients is running parallel and sometimes is side-lined by this panic of getting referrals.

Initial focus group, link worker 13

As WtW was implemented, referral numbers improved and were, across all provider groups, exceeding targets by the time link workers participated in the follow up focus groups (August 2016). However, achieving referral targets was still felt to be a pressure. Some link workers

described how this put pressure on service providers to accept client referrals of very high need which had implications for workload and service capacity

> *Because of the means … by which [clients] haven't been referred from the GPs, which is what we want, sometimes the referrals we get through probably aren't matching the types of people that we need. We are getting a lot of high needs people who don't want to leave the house, aren't motivated to do anything … people who are wanting to make a change … because we've got targets that we have to hit, we've ended up taking a lot of these people on, because we've needed to and payments are attached to it, but then it's kind of working with those clients to get them to do something, that's been the hardest task … working out, "Well, what can we do?" The doctors and the nurses are saying they don't know what to do with them. They don't want to access any services, they come through to us and then it's on our shoulders to work with them and it takes a long time.*
>
> *Follow up focus group 1, link worker 3*

Dealing with higher numbers of clients, often with multiple and serious issues, was a cause of stress for some link workers who expressed concerns about their caseloads. The support aspect of the link worker role, identified as so important by clients, was often time intensive, but appeared to be a pivotal reason for the positive results demonstrated by clients. Balancing provision of support, linking into other services and empowering clients to manage their conditions independently took expertise and, above all, time. Concern was expressed about balancing quality of service provision with meeting targets and this was an ongoing issue.

> *At the end of the day these are real people with real conditions who need real time, some of them can't just be linked into a service, it just doesn't work like that … there are just not going to be enough staff in here to cope with that demand and referrals … Is the money more important or are the people more important?… We're seeing the numbers increase massively, which is great … but those numbers are slowing us down and keeping us in the office a lot more …*
>
> *Follow up focus group 4, link worker 1*

1.3.6.4 Impact of local authority and third sector funding cuts

The impact of public sector cuts within the voluntary sector were increasingly reducing service capacity. [22] Link workers reported the significant effect this had on WtW through limiting the number of services they could refer into. Many link workers in initial interviews and focus groups reported gaps within local service provision in healthy eating, exercise and

health peer support groups; whilst link workers within the follow up focus groups depicted a lack of services for men, those of middle age and BME clients.

> *Services are under-funded and they've only got specific numbers … it's very difficult to link into something that might not be there … I don't know where they think all these services are for all these different health conditions and all these groups or these gyms are … I don't think all these things have been taken into consideration of there's not enough funding out there to keep these groups open that are open and if we overwhelm them by sending lots of patients there, they're not going to be able to fund them.*
>
> *Initial focus group, link worker 4*

> *Link worker 3: I think, for me, the massive gap is for [Name of GP Surgery], if you're in [Name of GP Surgery] there's nothing. There's a Spa, a Chinese [takeway], a Greggs, a library and a sports centre. That's it … There is nothing there … people need to bear in mind that we work in poverty areas. The council have no money to put into these poverty areas so all the activities and services are few and far between now.*
> *Link worker 4: So what was there to initially grab onto when we first started the service is slowly dwindling away as well. Sometimes you feel like you're fighting a losing battle.*
>
> *Follow up focus group 4, link worker 3 and 4*

High service demand despite decreasing service capacity meant many clients found themselves referred onto lengthy waiting lists in order to access mental health support, welfare rights and housing advice, as well as other health and wellbeing services. Many link workers interviewed in the follow up focus groups described feeling frustrated as they were forced during these 'wait list' periods into delivering in-house support and advice due to the urgency of client's issues. They felt this in-house support was less adequate than specialised provision which they should have been able to access.

> *Link worker 1: You're bridging that waiting gap within that six months [for talking therapies] … you're not so much a counsellor, but you're then talking about their problems, and their issues and things …*
> *Link worker 2: We're finding that funding cuts are having a massive impact on us because we've got nowhere to put people, which also links into the Support Worker thing. If we've got nowhere to put them who else is to do it? Us.*
>
> *Follow up focus group 3, link worker 1 and 2*

> *Link worker 1: It's impossible just to link because so many services are overwhelmed and at full capacity. You can't just link because the time scales are too long for these patients who need it immediately. So that's where, again, you have to take on a*

different role and work directly with that patient …
Link worker 3: I had a client who I referred to a service for benefit advice, by the time they actually turned up we'd already sorted the benefits out and they'd got a back payment of about £800. So they turned up and I was like, "Who are you?" He was like, "I'm from such and such service." I was like, "I referred them back in April, what are you doing here now?" This was June when he turned up.
Link worker 4: They could've starved to death by the time you'd waited.

Follow up focus group 4, link worker 1, 3 and 4

Clients also highlighted the difficulties arising from the lack of appropriate, accessible local services. For some, this represented a significant obstacle in their engagement with WtW.

The [weight reduction] session only lasted four weeks then it was cancelled. What they said down at the centre was its budget cuts … what was so disappointing was that I was losing weight … this class is doing so good … I thought, "God, this is brilliant." Then to turn up, and they say, it's cancelled due to funding. I thought, "I can't believe this".

Client 14, Male, Age band 60 - 64

I use public transport because I don't drive; and so for me … the [community group] was my kind of age group … but it was very, very difficult to get to … We have got a lovely community hall up the road but they seem to aim most of their things at young mums and kids. So it doesn't really seem to have much that fits my age group.

Client 8, Female, Age band 55 -59

Aside from limited services and increasing waiting lists, link workers described how changes to the welfare benefits system, which reduced incomes for working age people reliant on state benefits, and increased benefit sanctions were causing many further problems for their clients. [23] Many clients come to WtW needing immediate support and advocacy from link workers in order to appeal rejected welfare benefit claims, sanctions, eviction notices, and manage spiralling debt before they could focus on improving their physical or mental health.

Link worker 4: You've got medical assessments for benefits, it's a massive time consuming exercise. It's mentally draining. You've got two hour appointments. You've got elderly people who are facing homelessness because they've lost their benefit when they were getting disability. I just don't think the people at the top can see what's going on at the bottom …
Link worker 2: It is mentally draining.

Follow up focus group 4, link worker 2 and 4

1.4 Conclusions

Both WtW link workers and clients reported that the WtW intervention has had positive impacts on clients' health and wellbeing by reducing social isolation, and fostering better management of long term health conditions for clients with multiple, and often interlinked, mental and physical health conditions. The population receiving WtW experienced multi-morbidity, and challenging social and economic circumstances. The positive health and wellbeing impacts observed have, over the longer term, potential to impact within wider family, friendship and community networks.

Clients and link workers spoke positively about WtW, contrasting it favourably against other primary care and third sector services previously used or delivered, due to its holistic, user led and long term approach. The user-led nature of the intervention ensured that link workers empowered clients to direct their sessions to set desirable and realistic goals. This improved client's commitment to maintaining the healthy lifestyle changes made, sustaining the positive impacts of the intervention over time. Support to access key services was an important link worker role, as well as practical support to address wider socio-economic issues impacting on health and wellbeing. The long term approach was highlighted as key to the success of WtW. Such a timeframe allowed link workers to develop a supportive professional relationship with clients and work with them at the required pace; setting, achieving and maintaining goals in order to build up and incorporate sustainable, healthier lifestyle changes. Additionally, the long term intervention developed flexibility to cope with fluctuating health conditions and life circumstances, giving clients the opportunity to dip in and out of support. This gave clients the ability to engage with the intervention positively when they had the capacity to make meaningful changes.

Inevitably, challenges were identified including: variation in primary care engagement and referrals across difference practices; and link worker training and capacity once operating a large caseload. Link workers and clients also discussed the deleterious effects of funding cuts to local service provision, with increasing waiting lists and reduced services. Out of necessity, and regardless of previous skill or expertise, link workers found themselves filling service gaps when clients were unable to access required services in a timely fashion.

Further research is required to fully evaluate the impact of WtW. Analysis of routinely collected quantitative date would provide insights into the impact of WtW on primary and secondary care, providing the context for a cost benefit analysis. In addition, more qualitative, particularly ethnographic, research would enable examination of the ways in which WtW is influencing family, friendship and community networks and how it is supplementing health care over the longer term.

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