



Public Health
England

Protecting and improving
the nation's health



Local leadership, new approaches

How new ways of working are helping to
improve the health of local communities



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Foreword

The job of improving the population's wellbeing and preventing premature mortality starts locally. It starts in people's neighbourhoods and communities. It is done by local leaders working together, across health and local government, delivering a better deal for their residents.

Too often we equate better health with more healthcare: with hospitals, clinicians and health services. But if our ambition is for people to live as well as possible for as long as possible, it will be neither effective nor feasible to ramp up our spending on healthcare.

We need to find new ways of working that reflect the fact that ill-health is rarely a single, isolated problem but is often tied up with where and how we live, with our jobs, our families, our incomes. People's lives aren't compartmentalised. A crisis in someone's life – perhaps spiralling debt or the shock of unemployment – is likely to spill over into other areas. It may have knock-on effects on housing, on families, and on a person's mental and physical health. A visit to the GP can help with the latter, but it cannot, by itself, address the wider set of problems. When people are dealing with the messy reality of multiple challenges, they need support from local services that are joined-up, timely and convenient.

Local councillors and local health professionals are used to working together for the health of their communities. But we have to make it even easier for them to join forces, especially in tackling long-term diseases – a burden that we know falls heaviest on those who are most deprived and most vulnerable. We have an opportunity, with the changes to our health and public health landscape, to foster collaboration across sectors. It is an opportunity we cannot afford to pass up.

We will learn faster and more effectively if we share the experiences of those who have created joint programmes, and can see the real difference this is making to the wellbeing of local residents. This report contributes to this collective understanding and I am delighted to endorse it and the case studies it highlights. They offer valuable insights to all of us concerned with maximising the impact we hope to have on improving population health and reducing inequalities.



Councillor Izzi Seccombe
Chair of the LGA Community
Wellbeing Board

Introduction

This report is about how local authorities and local health teams work together to improve the health of local communities by focusing on prevention and early intervention. This is not a new idea. Joining up different parts of the health and social care system has been a policy goal for decades. More recently, the leadership of both Public Health England and the NHS have argued that we need new ways of collaborating to tackle the epidemic of long-term diseases.

Our starting point is the idea of **integration**. This is a nationally agreed definition of what integration means for an individual: “I can plan my care with people who work together to understand me and my carer(s), allow me control, and bring together services to achieve the outcomes important to me.”

We hope this report contributes some new insights in two ways. First, it broadens out the idea of integration. Health and social care working together can make a significant difference to people’s wellbeing. But there are other services and other stakeholders that also have a powerful contribution to make. This report tells the story of some of these unusual but effective partnerships, with a particular focus on how individuals have benefited from a preventative, public health approach to integrated services.

Second, this report focuses on implementation: the nitty-gritty of delivering integrated health and care and of putting policy into practice. It describes the experiences of people who deliver such services and of people who use them. Because there will be many different approaches and many different solutions, we hope this report will be the first of a series that highlights best practice across the country.

We begin our exploration of the issue with seven case studies. Each one describes a particular programme or close partnership between a local authority and local public health or health care teams, often with the additional support of the voluntary sector. The examples are varied: they come from different parts of the country, they are aimed at different sections of the population (children, working-age adults, older adults) and they reflect different local priorities, from public health in schools to fuel poverty.

Despite these differences, the case studies share some common themes:

- joint programmes often build on existing relationships and a history of working together
- people value programmes that are simple and convenient and are able to help with multiple problems
- teams from different sectors value the opportunity of working together and the greater impact that they can have on residents’ wellbeing as a result

We have encouraged our interviewees to be candid in describing the challenges they have faced. We know that developing services that work together to meet individual needs is not straightforward. That is why there is value in giving voice to those professionals who are coming up with new ways of working together to provide support that is meaningful to local residents.

We think there is appetite to [share insights](#) into how we can make integration more effective. We also think it is vital we understand the impact these efforts are having on population health and how we should measure this impact, for instance through a reduction in hospital admission rates or increased satisfaction of local residents. Ultimately, we would like to build up a picture of whether we are doing a better job of keeping people healthier, happier and independent for longer and the impact this has on making services more sustainable and cost-effective in the long term.

There will not be one way of partnership working but there is one constant focus, and that is on the needs of the person who uses the services on offer. Our challenge is to keep the focus on that person and not on the processes or organisations that deliver the high-quality care he or she expects.

We encourage you to get in touch, to use this report as examples of what can be tried and achieved; and to keep the conversation flowing.

Integrating wellbeing: bringing it all together for people

Blackburn with Darwen

In early 2013, the borough council and the CCG of Blackburn with Darwen saw an opportunity to tackle long-term conditions in a different way: the result was a new wellbeing service that focused on making it easier for residents to lead healthier lifestyles.

This is a priority because an estimated 35% of the local adult population, or 62,000 people, have a diagnosed long-term condition, with people living in the most deprived areas 50% more likely to have such health problems compared with people of the same age living in more affluent areas. Long-term conditions account for around 70% of healthcare expenditure in the Borough – including half of all GP consultations.

The CCG and the borough council have developed the new service together, shaping its key features, such as a streamlined interface with GPs to simplify the referral process. The fact that the CCG and the borough council have several joint commissioning posts and functions means it's been easier to scope out and implement the service.

But the partnership wasn't without its challenges. "One of the things we learned is that you can't assume everyone is on the same page. We had to make sure that we shared the same understanding of the

concept of 'self-care', which is key to the new service. When you ask people round the table for the first time, you may find you have a few different perspectives on it," says Claire Ramwell, head of leisure health & wellbeing at the borough council.

“ *leading walks has really helped, because I have to speak and take control. I get a lot of pleasure seeing people getting out and about, nattering away. The walks improve your mood, they make you fitter.* ”

The service, which started in April 2014, combines CCG-funded projects focused on specific conditions (such as COPD, cardiac, stroke), together with a range of public health-funded services (such as stop smoking, health trainers, community physical activity) as well as core council services to address employment, housing and financial issues. The priority



has been to make the package as easy to use as possible. In the first three months, the new service has seen a 28% increase in call volumes.

As Cllr Mohammed Khan, executive member for health and wellbeing, explains: “We’ve known for some time that locally we have a lot of services that can improve health and wellbeing. But when you put the person at the centre, and see things from their perspective, it can all seem a bit confusing. Even frontline health professionals, the doctors and nurses who are first approached for help, didn’t fully understand the system or get the best out of it.”

The point of the new Integrated Wellbeing Service, according to Cllr Khan, is that it has removed the confusion and allowed the person to get the support they need, when they are able to benefit most from it: there’s one phone number, one email address, one referral process and one website to access a huge range of support.

When Gary, 45, contacted the wellbeing service, he didn’t anticipate the range of things he’d end up doing: the walking group he joined was such a success that he now leads some of the walks in the neighbouring countryside. He also completed a course to help him manage his diabetes and a first-aid course. He’s made huge changes in his diet – going from 12 cans of cola to one or two a day.

He says his activities have helped him to become more outgoing: “I didn’t fit in well, I wasn’t a mixer, but leading walks has really helped, because I have to speak and take control. I get a lot of pleasure seeing people getting out and about, nattering away. The walks improve your mood, they make you fitter.” Gary says his health has improved: he’s had no angina attacks since Easter, his muscles are developing – especially in the leg that was injured in a motorbike accident. He’s joined a gym and goes four times a week. GPs have welcomed the programme, which is included in the new draft CCG strategy for 2014/15 to 2018/19. Outcomes for users and service performance are recorded on a secure, online database that is adapted from the existing one for health trainers, rather than created from scratch, speeding up implementation at lower cost.

The new service is expected to contribute significantly to Blackburn with Darwen’s health and wellbeing priorities: to reduce premature mortality, prevent multiple long-term conditions arising in vulnerable communities, to ensure more years of life lived well and to enable more residents to manage their long-term conditions better.

The service is also expected to reduce preventable hospital admissions, preventable social care service admissions and GP visits. Cllr Khan says the service has “increased our confidence that we are doing the best we can for individuals and getting value for money for the whole population”.

Working in association with:



Transforming the food culture in schools and beyond

Calderdale



When a GP in Calderdale was invited to a celebration of the Food for Life Partnership (FFLP) at a local school, which had achieved the FFLP Gold Award, he tasted food that students had grown and prepared, and was won over by the impact of the programme on the whole school. It was the start of a partnership between health leaders and public health in local government, which resulted in three-year matched funding for the FFLP programme in Calderdale.

FFLP operates across the country. It brings together five partner organisations (Soil Association, Health Education Trust, Garden Organic, Focus on Food, and the Royal Society for Public Health) and takes a holistic approach to children's health: by focusing on the quality of the food children eat at school, but also by teaching children about food. The programme aims to help tackle inequalities and to generate improved social, economic and environmental value. Schools and caterers are recognised for their achievements through the FFLP Awards framework and Food for Life Catering Mark Award.

“ *Our primary focus was to address obesity and we think this programme contributes to this agenda because children are enthusiastically learning hands-on about where their food comes from; how to grow and cook it and they're enjoying eating the finished product.* ”

In Calderdale, the ambition is to transform the food culture throughout all the schools in the area, and to widen the programme so that it also benefits care homes, hospitals and early years settings. Gaynor Scholefield, public health manager at Calderdale Council, says there's widespread support for this type of focus on prevention from colleagues at the CCG and the local NHS hospital trust, who appreciate its potential to improve health and tackle inequalities.



“The programme is comprehensive and flexible. Our primary focus was to address obesity and we think this programme contributes to this agenda because children are enthusiastically learning hands-on about where their food comes from; how to grow and cook it and they’re enjoying eating the finished product. However, we’re seeing much wider benefits to the whole school community and more recently to the hospital community, by making real changes to patients’ food,” explains Mrs Scholefield.

The programme is also helping to connect and benefit people in new ways: in schools, teachers eat with pupils and older people are invited in for special lunches. FFLP is providing a variety of training courses for school staff to enable schools to make sustainable, long-term food changes, for example by integrating food growing, cooking and links to farms within the curriculum.

Tony Mulgrew, catering manager at Ravenscliffe High School says that being part of the FFLP has been a major support: “It’s been great at getting the community on board. We’ve got an allotment that supplies the school. I’ve got a local farmer supplying all my meat.’ He says he’s delighted with the backing from teachers, the head-teacher and school governors – who can see the educational benefits of the scheme. But proof the scheme works is the way it turns children into ‘little

ambassadors’ for healthy eating. “Kids look with their eyes and smell before they even taste food. It’s got to look bright and vibrant if you’re going to entice children to try it,” he says.

Primary school pupils who participated in FFLP said they ate more healthily, with an increase in the proportion of children who say they eat five portions of fruit or vegetables a day, according to evidence from [independent research](#) of the FFLP national programme. There’s also been an impact on families – “45% of parents reporting eating more fruit and vegetables as a result of FFLP and 43% changing their food buying habits.” FFLP schools have also seen an increase in free school meal take-up over a two-year evaluation period. The Calderdale FFLP programme is currently being evaluated to determine the impact locally.

Working in association with:

**food
for life
PARTNERSHIP**



Helping people to stay independent in their own homes

Crawley, Horsham, Mid Sussex

Physical and emotional wellbeing, safe home-based care, and living well with dementia: these are the priorities hammered out by Crawley's local clinical, local government and system leaders over the past decade.

The result is a culture of co-operation that makes things happen. The first joint GP/public health/borough council commissioning was a popular obesity programme: "weight off workshop".

That was before the creation of CCGs and the transfer of public health into local government. For Dr Amit Bhargava, clinical chief officer of NHS Crawley CCG, the new environment makes for a "really rich mix of localism, commissioning powers, accountability and local democratic responsibility. We can and are doing something real and important for our population with that."

On the ground, this is translating into new ways of working that make a difference to local people. Proactive Care is one example. This new programme brings together teams of NHS and social care professionals to get the right support at the right time to people most at risk of emergency hospital admission, helping them to stay well in their own homes. The programme stratifies those most

at risk in the local population and, where possible, combines data and records from both health and social care.

“ *There have been times before when I'd think: who can I call about this or who can tell me about this, but now I know someone to go to and if I need physio, for example, then I don't need to queue at the doctor's and wait for an appointment.* ”

The results are starting to show. In the past two years of phased start, there's been a reduction in hospital admissions, but the benefits go wider than that.

Alan Saunders is a WWII veteran, who spent four hours swimming for his life under enemy fire in the English Channel after the raid on Dieppe. For him, Proactive Care means it's easier to get the care he needs.



“There have been times before when I’d think: who can I call about this or who can tell me about this, but now I know someone to go to and if I need physio, for example, then I don’t need to queue at the doctor’s and wait for an appointment.”

Above all, it means he can stay in his own home, and concentrate on the things he enjoys, like his fund-raising for Blind Veterans UK, which will see him go on the longest zip-wire in the world, three days after his 92nd birthday.

“I can’t imagine not being in my own home, with all my familiar things. I should hate it. I’ve had 30 or 40 years of my life here. And that’s where Proactive Care is so wonderful. It means people like me can stay in their own homes and out of hospital.”

Another example of partnership working is Dementia Friendly Crawley, for which Crawley won a national award. This was achieved through joint work between the CCG, the county and borough councils. Local action is focused on raising awareness, making the environment as supportive as possible, and improving early diagnosis rates (up from 37% to 54% in Crawley). Part of the alliance’s success is the support it has garnered across the community: from the third sector, mental health trust, police, fire brigade and transport services, local businesses such as Marks & Spencer, and the Mayor of Crawley Cllr Brenda Smith.

Partnership working can be a painstaking business. Systematic tools and processes can help, but they don’t provide easy answers. “In real life,” says Dr Bhargava, “we have to have very locally focussed conversations because the communities are very different. Now we’ve got the power to focus on partnerships that work locally and on frugal, local and effective innovation.”

How GPs can link people to other sources of support

Derbyshire

In 98 GP practices across Derbyshire some of the most vulnerable people can get help from the [Citizens Advice Bureau](#) (CAB) to deal with a range of problems, including housing, benefits and debt. It's a long-standing [programme](#), originally commissioned by the NHS and now by Derbyshire County Council.

Users can book appointments with a CAB adviser at their GP surgery and the location makes a huge difference, believes Julie Hirst, public health specialist at Derbyshire County Council. "Because it's in the GP surgery, it's accessible and that's really important for a rural county like ours. Also, because GPs can refer people to the service, it gives those people a nudge, who might otherwise be reluctant to ask for help. The doctor validates it and that's important."

In 2013/14 nearly 6,800 people used the service and additional income of over £10m was secured for patients and families, while debts of over £4.5m were rescheduled or written off. Every £1 invested by Derbyshire County Council generates an additional £12.53 for clients and the same £1 helps clients to manage £2.34 of debt.

“*I can say: I understand why you're depressed. How about some practical advice and you can make an appointment for that advice, here in the surgery. It's popular with patients because it's accessible.*”

X is over 60, lives in local authority accommodation and receives employment support allowance and disability living allowance. X suffers from depression and was referred to the CAB through the GP surgery because financial issues were causing the person's mental health to worsen. X had been told rent and council tax had increased to levels the person didn't think they could afford and couldn't understand. The CAB advisor was able to identify the problem (the new calculation did not include X's award of DLA) and liaise with the local authority to correct the award.



Dr Martin Andrew is a GP in a practice with 15,000 patients, and trustee of the local CAB. “For GPs, it’s about having a joined up-service for patients when they come in to the surgery. Maybe they have low-level mental health problems, tied up with financial or housing issues. And I can say: I understand why you’re depressed. How about some practical advice and you can make an appointment for that advice, here in the surgery. It’s popular with patients because it’s accessible.” He says this programme is a net benefit to GPs and that, in his experience, it has eased the pressure on GPs.

“It can help clients with heating and housing, and that has a direct physical impact, for example, for chest problems, which was a big problem last year. The biggest gain is probably on stress and mental health. Patients lose that feeling of despair,” says Dr Andrew.

The transfer of the programme from the NHS to county council has been positive: the service is being rolled out across 54 children’s centres in Derbyshire in addition to GP practices.

“There’s more commitment than ever, I think, because the benefits are so tangible,” explains Dr Andrew. “Because you’re focusing on some of the most disadvantaged people and they’re more likely to have health issues that are amenable to early intervention: issues to do with food and housing. These are things you can tackle in the short term to improve the health of this population.”

Working in association with:



Healthy Homes

Liverpool

Liverpool has one of the highest mortality rates in the country as well as one of the highest levels of health inequality. Over 44,000 households live in fuel poverty. Poor housing conditions are believed to be implicated in up to 500 deaths in Liverpool each year, and around 5,000 illnesses requiring medical attention.

That's the scale of the problem that Liverpool City Council sought to address with the [Liverpool Healthy Homes programme](#), which it launched in 2009 with funding from public health in Liverpool PCT and which was transferred into the City Council in April 2013. The programme was specifically designed to tackle health inequalities by engaging with residents in the most deprived communities, to improve both housing conditions and residents' health and wellbeing.

The programme's staff, or 'advocates', play a crucial role: they speak with residents about many aspects of health and wellbeing. These include housing conditions, but also access to GPs and dentists, benefits, employment advice, fuel poverty, exercise, healthy eating, support for the elderly and residents with young children. Referrals are then made to a number of partner agencies.

“As GPs, we're aware of the impact that poor housing can have on the health and wellbeing of our patients”

The scheme has already led to over 3,000 referrals to dentists and GPs. There have also been many referrals for fuel poverty, smoking cessation, food and nutrition and home fire safety checks. In total, there have been more than 25,000 referrals to various partner organisations, over 5,600 home risk assessments have been carried out and over 4,100 serious housing hazards have been, or are in the process of being remedied. This has resulted in £5.1m of private sector investment by landlords towards improving the condition and safety of properties.

There have been savings to the NHS as well as wider benefits to the local economy. There has also been a reduction in excess winter deaths since 2007 though it is difficult to isolate the contribution of Healthy Homes specifically, given the large number of other projects tackling poverty and health inequalities in Liverpool.

Liverpool
Healthy
Homes
Healthier homes,
Healthier lives



“One of the key elements of what we’re trying to do is identify people who are socially isolated, who are not in the system already,” explains Phil Hatcher, programme manager for Healthy Homes at Liverpool City Council. “We’re not there to replace any organisation but when we’re in the home, we can also link residents to services for smoking cessation, for example, or drug dependency. We can make sure that contact is established.”

Given the health impacts of poor housing, the programme has worked hard to create close partnerships with GPs. “We’ve looked at what we can do with GPs, like healthy homes on prescription (where an alert is added to the clinical record system) and also having a presence in GPs’ waiting rooms. We’re evaluating the data now so we can identify the most effective way of engaging with residents,” says Mr. Hatcher, adding that the ambition is to increase awareness of the programme among other health professionals as well.

Local GP Dr Tristan Elkin has seen first-hand the impact of the scheme: “As GPs, we’re aware of the impact that poor housing can have on the health and wellbeing of our patients. I think the introduction of Healthy Homes and their presence in our practice has meant our patients can readily access help to address housing issues and it can also provide access to other wellbeing-related services,” he says.

One beneficiary has been Y, who was referred to Healthy Homes after a district nurse became concerned: Y had no hot water and no heating or gas and was sleeping on the sofa to try to keep warm. A Healthy Home advocate was able to investigate the problem (Y was in debt on his meter and whenever Y topped it up, an automatic deduction left him less than a day’s usage). The advocate discussed the issue with the utility provider who then reset the meter, and the advocate also submitted an application for the Warm Home Discount among other measures.

Promoting public health in schools

Oxfordshire



**OXFORDSHIRE
COUNTY COUNCIL**

When Oxfordshire County Council took over responsibility for commissioning the school nursing service from the NHS, the cabinet decided it wanted something altogether more ambitious: a dramatic ramping up of the service to promote public health in a way that hadn't been tried before, throughout all of Oxfordshire's secondary schools.

The vision was not just to expand the service from 18 to 35 nurses in school full-time (compared with more typically a few hours per week), but also to make sure that school nurses were really part of the fabric of the schools. "We thought the school nurses should be part of head-teachers' teams, and that they should develop plans that responded to the specific needs of each school," explains Cllr Hilary Hibbert-Biles, the county council's cabinet member for public health. "We went round to meet all the head teachers to describe the service, and every one of them was overjoyed."

The shift of public health to local government (with both remit and resources through the ring-fenced budget) and the appointment of a dedicated Cllr for the public health portfolio were the catalysts for change. "I singled out this issue with the backing of the cabinet. In public health, there are about two

thousand possible things you could do and our council latched on to this as a part of a full programme of care for children and young people, integrated with safeguarding, children's social care services and health visitors," says Cllr Hibbert-Biles, adding that the creation of a specific cabinet position for public health has also been an advantage in driving the programme forward.

“ *In terms of outcomes, we want to link this tailored programme to our overall work on obesity, uptake of exercise, sexual health, substance abuse, smoking prevalence, mental health and wellbeing* ”

The programme starts with the individual needs of each school. Nurses will play a key role in ensuring that schools are primed to receive students who may have physical or mental disabilities, so that everyone can make a good start when they begin



in their new school. The nurses will also influence the overall health culture of the school – encouraging more physical activity, for example, and promoting healthy eating. And of course, they will support students with specific health issues – whether it's smoking cessation, advice on substance misuse or sexual health issues – as well as students with long-term health conditions and those who require safeguarding.

Head-teachers are key partners in the programme. And they've been keen that the enhanced service should also help schools support students with stress. "This was really seen as an unmet need – stress arising from a range of issues, from family problems to worries about exams," explains Dr Jonathan McWilliam, director of public health for Oxfordshire.

The programme is still in its infancy, but ultimately, it's expected to contribute to the county's public health agenda of prevention and improved wellbeing. "In terms of outcomes, we want to link this tailored programme to our overall work on obesity, uptake of exercise, sexual health, substance abuse, smoking prevalence, mental health and wellbeing," says Dr McWilliam.

Launched early on in the transition of public health to local government before there was good practice to draw on, the cabinet took the existing national framework and blazed its own trail. Now other local authorities are taking note of Oxfordshire's innovative approach.

Access to wellbeing: a new approach to active living for vulnerable adults

Wandsworth

St George's Healthcare **NHS**
NHS Trust

A novel partnership between social care, the voluntary sector and a community health team in South London has helped frail older people and adults with physical and mental health disabilities to become more active and independent.

The project, called 'Access to Wellbeing', has involved NHS physiotherapists and occupational therapists from the integrated falls and bone health service at St George's Healthcare NHS Trust working with staff in two specialist day centres (the Leonard Cheshire Disability specialist day centres in Wandsworth).

It faced the challenge at the outset of working across different organisations. The issue wasn't just identifying a single pot of funding (which first came via NHS London leadership money and now fits in the Better Care Fund) but also overcoming organisational barriers.

"We were working across four organisations initially (community health, mental health, social care and voluntary organisation providers), none of which were allowed to share data and electronic information with one another, so we had to get the clinical governance in place to allow us to work as a single team," says Bernadette Kennedy, clinical team leader of the integrated falls and bone health service.

“ We know that people are capable of more but sometimes the physical environment and the 'doing for people' attitude can be disabling ”

One of the features of the project is the broader cultural and organisational change it fosters. Care staff are empowered to work with service users to set personal goals that promote independence – whether it's cooking a meal or playing football. In implementing the programme, care staff have been supported by professional therapists and clear supervision and accountability systems to monitor progress.

"We know that people are capable of more but sometimes the physical environment and the 'doing for people' attitude can be disabling," adds Mrs Kennedy. For example, lack of space in the minibuses meant that people left their walking aids at home: making sure there were walking frames in the centres helped reduce the time they spent in wheelchairs.



The emphasis of the project is on active living, which ultimately is expected to have an impact on hospital admissions, reported levels of wellbeing, early prevention of falls and reduced need for packages of care from social services. These are all risks for this disadvantaged population, many of whom have long-term health conditions and are socially isolated.

Mr C had suffered a stroke and has additional co-morbidities. He's been supported to shift from a relatively sedentary lifestyle towards a more active lifestyle: he now goes to the gym at the day centre twice a week, swims once a week and takes golf lessons weekly. His confidence is so improved that he's just started a one day "return to work" trial. His care package has been reduced. The project has had an impact on staff, service users and carers at home, according to initial findings and interviews. Staff say the scheme helps them to become active partners in the wellbeing of users.

The wife of one service user was overwhelmed as her husband progressed to walking independently, having been in a wheelchair for two years. "It matters, it really matters – we don't have to wait for a carer to come for him to go to the bathroom – he can walk there himself and manage everything," she said. Users say they have higher levels of wellbeing, and many have exceeded their original goals.

For over a year, the project has been self-sustaining at the specialist day centres, with a daily rehabilitation assistant to support staff. The next challenge is to take a model that does not fit neatly within a specific commissioning work stream and pilot its impact in other settings.

Closing thoughts

This report is about local leadership and what it can achieve when health and local government work hand-in-hand.

The examples that we have included have, at their heart, a simple but powerful idea: give people the support they want, in ways that suit them and that can help with the things that matter to them: their health, their jobs, homes, families and neighbourhoods.

This isn't a new idea, and it isn't easy to put into practice. It can take time to build the relationships, the common language and the processes to make joint working a reality. But, as these case studies show, when it comes together, it can change lives.

That's because there's something incredibly powerful about different professionals being linked into each other's services. It means that if they spot something they know is harmful to their client, but is beyond their professional remit, they can still do something practical and timely – as in the example of the district nurse who was able to refer a patient with no heating and hot water to the Healthy Homes programme.

Ultimately, it will be people who use the services who will decide whether partnerships are working and are relevant to their needs. What's striking about the examples we describe in this report is

how deliberately they have been created with the user in mind. So, for example, a service to help residents lead healthier lifestyles has collected all of the local programmes together on one website, with one email, one telephone number and one referral process.

The job of the health and care system is to make it easier to get the best ideas off the ground so they can start delivering for local people – whether that's through new forms of joint funding such as the Better Care Fund or through new ways of working together such as health and wellbeing boards.

But change doesn't happen just because the right sorts of structures are in place. It happens because of the commitment and the imagination of people who can see how these structures can be made to work to improve wellbeing and reduce inequalities.

This report highlights a handful of case studies that we hope brings this to life and does justice to the variety of programmes flourishing across different communities. The contexts and details will vary, but there's much to learn from each example, about how people have found common ground and overcome challenges to build sustainable and impactful models of joint working; and about the powerful role that public health teams can play in integrated services.



Duncan Selbie

Duncan Selbie
PHE chief executive

About Public Health England

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