

Building Community and Rediscovering Health and Wellbeing in Morecambe Bay

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How can Morecambe Bay become the healthiest place in the UK? After all, our motto is “where beauty surrounds and health abounds” (see the Morecambe Logo) – if only this were true. Unfortunately we have some of the worst health outcomes in the country and there are huge health inequalities within the geography we serve. What can we do about this? Traditionally we have come up with many medically driven health programmes and models, doing things to communities. There have been some successes, and I am not saying that there is no place or need for leadership to steward effective change for the benefit of all. However, too often these schemes end up disempowering people and can lead to an increasing dependency on the provision of services, which are now under increasing strain, unable to meet the needs of the population. We must stop doing things to people, break down the false “us and them” divide, realise that we are all in this together and do things with our communities, because there is only an “us” – we, together, the people must be the change we want to see.

LET’S GET LISTENING

Over the last eighteen months, it has been my pleasure to take the lead clinical role for Health and Wellbeing in Lancashire North CCG and as part of Better Care Together. Better Care Together is the overall strategy for joining up our health and social care organisations around Morecambe Bay, so that we can co-create a safe, sustainable and excellent healthcare system. It means letting go of our old silo-based ways of working and learning to collaborate more effectively for the sake of a better future for everyone.

Together with an amazing team of others, including Jacqui Thompson, Vicky Jackson, Maureen Harrison, Sue Lewis and Di Kenyon-Jackson, focussed on population health, we have hosted a number of conversations, beginning with the local community of Carnforth and now reaching into Morecambe. Others have begun similar work in Barrow, Kendal and Grange-over-Sands. We call this ‘Let’s Get Listening’. We are very honest with them about some of the health problems we are facing, the low morale of staff, the pressures on services and the huge financial deficit we are facing as a health system in this area. We talk about how we can focus on all the problems, turn on each other and find someone to blame, or we can turn to each other, really listen and find solutions together for an altogether different type of future. We need nothing short of a social movement and this means all of us playing our part. (<http://reimagininghealth.com/social-movements-and-the-future-of-healthcare/>)

Using a set of techniques called “The Art of Hosting Good Conversations” (<http://www.artofhosting.org/>), we simply bring communities together to ask good questions and see what emerges. It is important to do this well, otherwise communities do not believe that you really want to work with them, or that anything will change. One question we love to ask is: ‘If this town/bay was

the healthiest place in the UK, what would it be like?’ Engaging our imaginations allows us to think in new ways, to dream differently and hope for something better. In almost every situation people talk about: children having happy and loving homes to live in and safe places to play, the need for communities to be together, break isolation and be more active. They talk about healthy food and safe cycle paths, the desire to sing together and have streets that are not full of dog poo. Granted, these things might not prevent diabetes (though some of them will) or stop folk attending the Emergency Department inappropriately, but they will do so much good for the physical, mental and social health of an area. And then, instead of going away and trying to start all these things, we ask the community what they themselves might do to enable these things to happen. In Carnforth, we have seen so many community activities begin over the last year. Some hosted within our local health centre, but many in schools, church halls and other buildings – we now have a community choir, a mental health café, walking clubs and new support groups, such as neighbour befriending and shopping schemes for the housebound frail elderly. Then, thanks to the amazing work of our District Nurses, Long Term Condition Team and Sarah Baines, our care co-ordinator, we also have a circulation café (to which we bring our isolated and housebound elderly people for leg dressings), an airways café (to help improve understanding and encourage self-care around respiratory conditions), an active lives club for people who have osteoarthritis and are also struggling with their weight – just some simple exercise and we’re seeing a huge impact on blood pressure, HbA1c (a marker in the blood, which tells us the average blood sugar levels over 3 months) readings and BMI! In Morecambe, as a result of conversations there, we will see the rebirth of the Morecambe Comedy Scene and a Time-Bank will also emerge around the whole area of health and wellbeing. There is so much goodness in our communities – so many brilliant people with good hearts who really want to make a difference and work with us to improve the health and wellbeing of all (<http://reimagininghealth.com/the-art-of-hosting-good-conversations-morecambe/>).

These conversations must grow and we must continue to ask deeper and more difficult questions. There are some really tough things for us all to face up to together. How do we create communities in which our children can grow up loved, well, safe and happy? What are we going to do about the fact that child abuse is so rife and remains so hidden? It affects so many of us. Our level 3 safeguarding training makes us aware of the issues, but do we know how to take a trauma history? And if we do, do we have the therapeutic services in place to begin to deal with such complex issues? It is a societal issue and one we need to be brave enough to talk about together. It is, almost certainly our biggest public health issue in terms of its long term consequences and negative health outcomes – both physical and mental – and it requires a major culture change.

A social movement around health and wellbeing is absolutely vital if we are to have a hope of creating

a sustainable NHS in the future. We need to share the reality of our financial deficit with the people in our communities. But a social movement alone will not be enough, there are other measures we can take as clinical leaders to help develop population health; things we can do to work more effectively.

LET'S BEGIN WELL

We want people in Morecambe Bay to get the very best start in life. 'Let's Begin Well' is the work we are doing around helping women before pregnancy and pregnant mums to be as healthy as possible. This includes looking at diet and exercise, smoking and mental health issues, including domestic violence. It also means thinking about how we make the right investment in the first year of life in terms of enabling parent-child bonding, breast feeding and immunisations. We currently spend an enormous percentage of our budget in the last year of someone's life. I wonder what the effect might be if we made a similar investment in the first year of life?

One of the well-publicised things going on in our locality is 'Run a Mile' or 'Let's Get Moving'. This initiative, which started in Stirling, Scotland, is gaining real traction, here in Morecambe Bay. We now have over 2000 4-11 year olds running a mile every day, with another 3000 across Lancashire. It takes some relationship building with local schools and sharing the good news stories, but such a simple 15 minute intervention is already showing loads of promise. Our early data, from a research project we're doing with the Health Hub at Lancaster University is showing significant improvements across the board in terms of physical, mental and academic wellbeing. One Head Teacher, herself, lost 3 stone in 6 months, simply by running a mile a day with the 5 year olds in her school. In one year those same kids have now run over 190 miles! I went to present some awards there recently, and there are now no obese children in the school! We are only going to change the health statistics for the next 50-70 years if we make the right investments in our children and young people now. I recently had a thank you letter from a parent saying how much their child's behaviour had improved. In fact, when things are going a bit stir crazy at the weekend, the family go out for a run! Culture change may be slow, but there are some lovely stories emerging. In Westgate School, Morecambe, one of our most deprived wards, the children have invited their parents in to run with them, as they feel the benefit is so good.

Run a Mile is so transferrable and we know that kids feel mentally better, are physically healthier and are working more efficiently, with better academic results, and so we could easily see this emerge across the adult population for those working in the public and private sector. If we know we're all more effective in our work if we stop and do 15 minutes exercise (without the need to expand our working day), it seems a no-brainer. This is now being introduced in several community healthcare settings and the city council are promising that they will also introduce this soon. The Morecambe Bay Mile could become a daily reality for us all, building community and health in the process.

One of the major issues we are facing, both locally and nationally is the rising cost of type 2 diabetes on

our health and economy. Currently nearly 1 in every 10 pounds is spent as a direct result of this preventable disease (<http://www.diabetes.co.uk/cost-of-diabetes.html>). We are in the process of working with NHS England and some Supermarkets to launch a national initiative around this, so keep your eyes peeled as I hope to have some good news about this with some research to back it in a future edition.

LET'S WORK WELL

Another area we are focussing on is called 'Let's Work Well'. It has three main components to it. The first is to help us all focus on how healthy we are in the work place itself. The IHI have recently published some work to show that the single most important factor in creating a truly excellent, high quality, safe and sustainable health system is to foster a culture of joy! That is an amazing statement! This involves three main components – building a sense of purpose, people feeling trusted to do their work and have a sense of camaraderie. Here is a more detailed blog about this: (<http://reimagininghealth.com/creating-a-culture-of-joy-in-the-nhs/>).

We also need to take time to ensure we are leading by example when it comes to our own health and wellbeing. 'Physician heal thyself'. At UHMB we have 'Flourish' which matches very closely. In the community setting, we have introduced the '5 Ways to Wellbeing', using the research from the New Economics Foundation. The 5 Ways are simple, and encourage everyone to have time for the following things: 1) Be Active (e.g. Run a Mile), 2) Connect (take time to build relationships with the people you work with and check that each other are ok – building a culture of kindness), 3) Take Notice (this can be as simple as 2-5 minutes mindfulness, simply stopping what we are doing and focussing on some deep breathing), 4) Keep Learning (in all the fast paced change, organisations are at their healthiest and staff morale at its highest where there is a learning culture and good opportunities for personal development), 5) Give (we do this a lot in the NHS every day, but sometimes, it can be as simple as saying 'thank you' to the people you work with, or volunteering for a local charity). We spend much of our time caring for others, but often we're not very good at caring for ourselves or being self-compassionate. If we are to be able to provide the best health care in the UK, we must take this more seriously, put some barriers in place where we need to do so and therefore create more capacity in ourselves to do the difficult and demanding but wonderful work we do.

The second area of 'Let's Work Well' is to do with the style of our consultations. When we're under stress or pressure, it's all too easy to fall into a 'Nurse/Doctor knows best' style of interaction. However, a coaching approach is shown to be much more effective and empowering in helping our patients achieve real and lasting change. We must resist the temptation to take out our paternalistic wagging finger and work with people collaboratively and empower them to make effective choices for behavioural change around their own health. With this kind of approach we stop trying to be the 'fixers' and recognise we all (including the patient) have a role in the healing process. We must work with people to help them understand the conditions they are living with

and how to manage them effectively themselves. Self-care is one of the areas that the Nuffield Trust say can make a major difference in terms of the health economy, but this doesn't mean we just leave people to it. This is about education and empowerment on our part which builds understanding and personal responsibility. We have much to learn about our consultation styles and the excellent work Sascha Wells has done in conjunction with Mel Gard, the chair of the Maternity Services Liaison Committee, is a shining beacon in Morecambe Bay of how we can learn to do things differently, learning from both best practice and our mistakes to enable us to be the most effective communicators, whatever the situation. I would love to see this kind of work become standard training for all of us.

The third area of 'Let's Work Well' relates to our combined vision across the clinical community to work as effectively as possible in terms of resource allocation. I recently wrote a paper asking us to be braver in our approach to certain conditions – namely Cardiovascular Disease, Respiratory Disease, Non-Insulin Dependent Diabetes Mellitus (NIDDM), Cancer, Mental Health and Frailty. How might we work more effectively together, for the benefit of our communities around the Integrated Care Communities (ICCs)? Shouldn't we be seeing NIDDM as a preventable and reversible condition, and if so, how might we work differently? Do patients really need multiple respiratory appointments across both primary and secondary care? Are there ways we could share our skill mix and resources more purposefully? Every NHS pound spent in our NHS locally is spent by clinicians. This year we face an £85 million funding gap across the Accountable Care System in Morecambe Bay. We simply can't afford to continue behaving like we always have and we have a corporate responsibility to examine our own practices and think about how we keep care safe and accessible, whilst making it more sustainable for the future by being willing to change the way we work together. We have a great set of relationships across the clinical community and we must utilise the strength of them to work for the benefit of the community of which we are a part.

LET'S AGE WELL

We have another area of work, which we are calling 'Let's Age Well'. This set of projects are focussed on working with people who have finished working, but still have much to contribute to society. We know that volunteering hugely improves people's wellbeing and there are many opportunities to start or get involved with initiatives that improve the health and wellbeing of the local community. It is also a time of life in which we definitely need to have more active conversations with people around their wishes for future care and help people to think about both how to live well, but what would be important to them when the face the end of their life.

LET'S DIE WITH DIGNITY

Finally, we must face the fact that as clinicians, we are so in the business of saving lives, that we sometimes find it hard to face up to when a patient is dying or when a course of treatment is unlikely to be successful and enable

a person to receive excellent palliative care instead. We are calling this work 'Let's Die with Dignity'. If you haven't read it, Atul Gawande's 'Being Mortal' is an absolute must! Although, we are doing 'better' than the rest of Lancashire, we still see far too many patients admitted from Residential and Nursing Homes, particularly at a weekend, when they could be cared for just as effectively in the environment they are familiar without the need for double payment of beds. The evidence base for admitting such patients to hospital is poor in terms of better outcomes and a collaborative approach between our primary care and elderly care teams is vital to help us tackle this conundrum. The increasing social care cuts are seriously affecting our ability to discharge patients back into the community once they are in hospital beds, which only makes our ED crisis even worse. We need to think more creatively together about how we proactively keep people from going in to hospital, both with a shift of resource out towards more effective community care and a strengthened team in the Emergency Department, including a palliative/bereavement service, to ensure that our hospitals are used as effectively as possible.

Together we can see Morecambe Bay's Health and Social Care System one of the most cutting edge in the world. We have the vision and talent to do something really special. We have already achieved so much but there is more to do. It means a further breaking down of our barriers, turning to each other and finding creative solutions to the problems we face. We must do it with the community of which we are a part and pave the way towards Morecambe Bay becoming a beacon of hope.

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