Evaluation of Approaches to Health Literacy in Ashton, Leigh and Wigan

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Acknowledgements

Contents

Executive summary

Purpose and scope

The purpose of this evaluation is to provide evidence of the effectiveness of NHS Ashton, Leigh and Wigan's approach to building public health capacity; developing health literacy; and empowering people to manage their own health.

It explores the role and value of Health Improvement Practitioners employed by NHS Ashton, Leigh and Wigan, the training they have delivered, and the impact it has had. The evaluation also explores the development of the 'Health Champion approach' and the impact it has had on recipients at an individual and organisational level.

The scope of the evaluation is to describe and provide evidence of the effectiveness of NHS Ashton, Leigh and Wigan's approach in non-NHS settings including local authority, voluntary sector and private business settings. The evaluation is not seeking to measure the effect of an intervention, but rather to describe and explain how effective the approach is in building an infrastructure, which reaches people who could benefit from improving their skills in managing their own health. The focus of the evaluation is to understand processes rather than measure outcomes.

Behaviour change – theory and practice

A range of theories, models and approaches provide guidance on the ways in which individuals and communities can be engaged and encouraged to change health behaviours.

The limitation of individual orientated behaviour change theories is that they do not adequately take into account the socioeconomic and environmental conditions. Both social marketing and health literacy approaches have the potential to act on the wider social determinants of health. Health literacy is a model that can improve people's knowledge, understanding and capacity to act in relation to individual health behaviours but also on the social determinants of health.

The last decade has seen a massive increase in the development of approaches aimed at changing behaviour. Behavioural economics is a way of understanding how people make choices. By using brief intervention type approaches, health care practitioners are able to make the best use of the limited time they may have with patients to discuss issues to do with lifestyle or behaviour. The *Making Every Contact Count*[32] approach has been utilised by a number of local and regional NHS organisations as a way of galvanizing action to improve the health of individuals and communities.

A key aspect of the approach to health literacy in Wigan Borough is the engagement, training and support of Health Champions to enable their friends, families, neighbours and work colleagues to lead more healthy lives. Health Champions can help other people to enjoy healthier lives by raising awareness of health and healthy choices, sharing health messages, removing barriers and creating supportive networks and environments.

Policy and evidence

National policies and guidance have influenced the commissioning and delivery of behaviour change interventions in Wigan.

The National Institute for Health and Clinical Excellence (NICE) state that behaviour change interventions can enable people to consider their lifestyles and have a significant impact on their own long-term health status.[32] The most important indicators of healthy living relate to how and what people eat and drink, how active they are and whether they smoke or not.

The New Economics Foundation report, *Five Ways to Wellbeing: The Evidence*,[29] presents five simple actions that can be built into day-to-day life, which evidence suggests may lead to improvements in mental health and wellbeing. The 'Five Ways' can be summarised as *Connect* (with the people around you); *Be active; Take notice; Keep learning; and Give.*[A]

Reviews of the evidence regarding one-to-one behaviour change interventions cite factors such as the setting, personal circumstances of clients, staff attributes and the process of delivery as impacting upon the effectiveness of behaviour change interventions.[34] Furthermore, interventions which are underpinned by a clear and coherent theory have been found to be much more effective than those without.[36]

Evidence on the effectiveness of Health Champions is limited. An evidence review, however, has shown a range of positive impacts including improved knowledge and awareness of health issues in communities; helping people access health services; and supporting positive behaviour changes.

Approaches to developing health literacy in Wigan

As part of the *Making Health Everyone's Business* initiative, the Public Health Team presented a business case to the PCT, which proposed to work more closely with the local authority and local communities. This resulted in the formation of the Health Improvement Practitioners (HIP) Team in 2008. A key focus of *Making Health Everyone's Business* was to determine how the PCT should work with other organisations; how health literacy could be improved and how individuals and communities can be encouraged to take control of their long-term health.

The approach to health literacy in Wigan Borough has involved the HIP Team establishing a network of Health Champions whose role is to engage with people in their community and help improve their health by providing information and improving knowledge.

The Health Champions operate in a variety of community and workplace settings including neighbourhood-based community centres, amateur sports clubs, voluntary organisations, the public sector and private companies.

The role of the Health Champion depends on the setting and the interest and skills of the individual. In workplace settings this involves initiating health chats, distributing leaflets and posters; instigating activity programmes; and supporting environment change such as having bike racks installed.

[A] Full details of the Five Ways to Wellbeing can be found in Section 2.6 of the main report.

The offer and delivery of training courses are used to recruit and support Health Champions. These include the Royal Society of Public Health Level 2 Award in Understanding Health improvement; the Essential Public Health course and the Connecting Communities to Health programme.

Findings

The Health Improvement Practitioner's are responsible for engaging with potential Health Champions, providing training and ongoing support. During the last three years the HIP Team has delivered training to over 1,000 individuals in support of them taking on a Health Champion role. The HIP Team provides ongoing support to the Health Champions.

The HIP team has built up numerous contacts in the community through which to channel messages about health and influence health behaviours. The involvement of partners can have a long lasting and added value factor. There is evidence that the HIP Team operates in a pragmatic, flexible and innovative way. There is a sense of ownership by the team and in particular for the training packages they have developed with recognition by team members for their respective contributions. The management team is considered to be very supportive, particularly at a time of very significant change.

Participating agencies demonstrate a shared understanding of health and wellbeing issues and the value of partnership working. They value the work of the HIPs. This has resulted in improved relationships between the NHS and participating agencies from public, voluntary and business sectors.

Almost all participating agencies demonstrate that the Health Champion role is well understood and being put into practice. There is a clear link between the training and the Health Champion role. Many course participants are enthusiastic about the Health Champion role and utilise a wide range of approaches to make a positive difference to health and wellbeing.

Discussion and conclusions

The health literacy approach in Ashton, Leigh and Wigan appears to be working. The key factors are summarised below.

Developing partnerships - realising assets

NHS Ashton, Leigh and Wigan have made significant progress in engaging, training and supporting agencies from the voluntary and community sector, social care, criminal justice and other local services, sports clubs and businesses.

There is evidence that course participants have embraced the Health Champion role. They have utilised their knowledge, skills and networks to engage with people about lifestyle behaviours and promote healthy options. The work of the HIP Team can demonstrate much progress in reaching out to a wide range of partners throughout the Borough. The potential benefits of this approach are numerous. A number of agencies that participated in this research spoke about the importance of local people receiving messages from trusted peers and community leaders.

Building relationships - building capacity

The approach has involved developing relationships with individuals and organisations already working with communities, who are respected and valued by those who use their services. The HIPs have utilised a range of skills to develop relationships and 'win friends and influence people', which have contributed to the engagement and involvement of individuals and agencies in health improvement activities.

The Health Champion approach – theory and practice

A key aspect of the approach to health literacy in Wigan Borough is the engagement; training and support of Health Champions to enable their friends, families, neighbours and colleagues lead more healthy lives.

The Health Champion approach is consistent with social norms theory,[22] which suggests that much of people's behaviour is influenced by their perception of how other members of their social group behave. This is done in a multi-faceted way, which can include 'leading by example', informal health chats, posters and leaflets and the placement of fruit bowls and linking in to national health news. A majority of participants described the Health Champion approach as being subtle and suggestive rather than compulsive. The health improvement activity is strongly based on brief intervention principles and practice. There is a good understanding that even the briefest of intervention can make a difference. The '*small changes make a big difference*' approach seems to nurture rather than compel people to take action. The Health Champion approach adopted in Wigan Borough also resonates strongly with the Five Ways to Wellbeing, which are evidence-based public mental health messages aimed at improving the mental health and wellbeing of the whole population.

Training

There is evidence that the training equips individuals to take on a Health Champion role. The course content, style of delivery, the motivational affect of the trainer, the engagement before the course and the support after the course are all important factors.

The findings in this report, however, show that some individuals and partner agencies feel that the Royal Society of Public Health Level 2 Award in Understanding Health Improvement course does not equip people fully with the practical knowhow and tools to promote behaviour change.

Reach and value

The involvement of a wide range and large number of partner agencies and individuals is impressive. Many of the contacts constitute much more than a 'course participant' – a relationship has been formed. Although it is a matter of conjecture, it is interesting to consider this community-led and asset-based approach alongside other approaches, which tend to focus on simply providing training. The value of this approach is not easy to measure, however, during the course of the evaluation process, evidence emerged that indicated buy-in to the Health Champion approach from partners.

The HIP Team

The HIP Team provide a mechanism and a resource for ensuring heath literacy is embedded into the work of the front line staff and community members to benefit their health and also that of the client groups and communities that they engage. The reach alone to Council and workplace staff is considerable, even before the impact on the colleagues, family and friends and the wider public is included. The HIP Team represents a very valuable source of influence within the Borough to empower individuals and communities to improve their own health.

All partners recognise that the type of health improvement programme established in Wigan is not a quick-fix solution. Activity needs to be scaled-up and sustained. This report demonstrates that work to this point has resulted in a platform being established that provides a good opportunity for moving forward.

A number of important issues that will help to move things forward are highlighted.

Health Champion issues

It is important to:

- Continue the provision of behaviour change training. Individuals need help to be able to 'raise the subject' and understand how people's confidence and conviction can be enhanced.
- Review the value of the accreditation process. Whilst it is an essential factor for some people, it is less so for others.
- Learn about mental health and wellbeing. *"Sometimes the smallest thing can boost people's confidence. We need to focus on de-demonising mental health – so it's not a taboo."*
- Provide high-level support for workplace Health Champions.
- Ensure access to ongoing support from the HIP Team. This will help maintain motivation and provide further learning opportunities among Health Champions.

NHS issues

It is important to:

- Measure the impact of the programme on individual and community health. *"The golden question remains – what impact is the programme having?"*
- Recognise the need to extend the reach of the programme. *"We need to reach out to organisations we are not working with such as adult social care, care homes and the police."*
- Develop the Health Champion role and infrastructure. *"We need a website to share knowledge, create communities of interest and we need to produce things jointly."*
- Determine how partner agencies and the public perceive the 'health offer'. Would a recognisable public-facing identity or brand alongside a wider marketing strategy help? The launch of the website will help.
- Build resilient communities. *"This should be approached in a multi-partner, asset based way, which doesn't* [just] *rely on the PCT. Amateur support clubs have been brilliant at this."*
- Embed health literacy approaches into contracts, service specifications and patient/user questionnaires.

1. Introduction

"I was truly astounded to find [Wigan] *has a handsome and well-maintained town centre."*

Bill Bryson, Notes from a Small Island, 1996

This chapter describes the purpose and scope of the evaluation. The method is briefly described and the main research questions are listed. The chapter begins with a brief summary about health in Ashton, Leigh and Wigan; it then describes the evaluation methods and research questions.

1.1 Health in Ashton, Leigh and Wigan

Current statistics make a strong case for improving the health behaviours of individuals across the North West. The region has the second highest rate for alcohol-related hospital admissions; and six out of the ten local authority areas with the highest rates of hospital admissions for harmful drinking in people aged 16 or over are in the North West.[1] Life expectancy for males and females, deaths from smoking and the proportion of healthy eating adults are all significantly worse than the England average.[2]

Wigan at a glance, 2012

The health of people in Wigan is mixed compared with the England average. Deprivation is higher than average and about 12,100 children live in poverty. Life expectancy for both men and women is lower than the England average.

Over the last 10 years, all cause mortality rates have fallen. Early death rates from cancer and from heart disease and stroke have fallen but remain worse than the England average.

Approximately 19% of Year 6 children are classified as obese. Levels of teenage pregnancy, breast feeding initiation and smoking in pregnancy are worse than the England average.

Estimated levels of adult 'healthy eating', smoking and obesity are worse than the England average. Rates of hip fractures, smoking related deaths and hospital stays for alcohol related harm are worse than the England average.

Priorities in Wigan include reducing avoidable premature deaths from cardiovascular disease and cancer and reducing teenage pregnancy rates.

Data taken from the Public Health Observatories, Health Profile 2012: Wigan, 2012
www.healthprofiles.info

Life expectancy in Wigan is steadily increasing in line with national and regional trends. The latest figures for 2007-2009 show that men in Wigan can expect to live 75.9 years and women can expect to live 80.3 years.[3] However, this is currently 2.4 years less than the average for England in men and 2.0 years less in women; and the gap appears to be widening, especially for men.

Variations in life expectancy by deprivation show how within the Borough there are stark inequalities in life chances depending on where people live. Men living in the most deprived communities live on average 8.6 years less than those in the least deprived/more affluent localities; women live on average 6.2 years less.[4] Lifestyle factors such as poor diet, lack of exercise, smoking, alcohol consumption above sensible levels and drug taking all contribute to this. The prevalence of obesity in the Borough is 28.5%, while around 25% of the population smoke (rising to 47% in some of the more deprived areas).[5]

The economic recession is affecting local people in the Borough. The Director of Public Health's most recent report[6] highlights the challenges to public health as a result of job losses and other factors. Work is seen as having a positive influence on wellbeing,[7] whilst the lost income during unemployment can lead to greater levels of debt and a need to cut back on areas such as healthy eating and heating costs. It is against this background that Ashton, Leigh and Wigan PCT is seeking to develop the health literacy of local people through a range of approaches.

1.2   Purpose and scope

The purpose of this evaluation is to provide evidence of the effectiveness of NHS Ashton, Leigh and Wigan's approach to building public health capacity, developing health literacy and empowering people to manage their own health. There is a need to understand the value that is being obtained from what is being delivered and how this approach has been used to tackle poor health behaviours.

The evaluation explores the role and value of Health Improvement Practitioners (HIPs - formerly known as Health Improvement Workers) employed by NHS Ashton, Leigh and Wigan and the training they have delivered and the impact it has had. The evaluation also explores the development of the 'Health Champion approach' and the impact it has had on the recipients at an individual and organisational level. The strength and weakness of these approaches are also considered.

The scope of the evaluation is to describe and provide evidence of effectiveness of NHS Ashton, Leigh and Wigan's approach in non-NHS settings including local authority, voluntary sector and private business settings. The evaluation does not report on the wide range of health improvement programmes provided within NHS settings

The evaluation is not seeking to measure the effect of an intervention, but rather is seeking to describe and explain how effective the approach is to building an infrastructure, which reaches people who could benefit from improving their skills in managing their own health. The focus of the evaluation is to understand processes rather than measure outcomes.

1.3   Methods

The research involved a number of methods:

- Interviews with the Assistant Director for Health Improvement; the Manager for Health Improvement and Neighbourhoods; and Health Improvement Practitioners to understand the rationale and developmental stages of the health literacy related work.

- Interviews with the Health Improvement Practitioners Team to understand more about their role, how it works and what impact they have had.

- Interviews with representatives from organisations who had received training and other ongoing support.

- Analysis of training delivery data held by NHS Ashton, Leigh and Wigan.

1.4   Evaluation questions

The original evaluation questions included:

- What is the delivery mechanism of the approaches, who do they reach and what is the impact?

- What is the theoretical basis that can be used to describe the approach that has been taken?

- What impacts do delivery mechanisms have on behaviour change? Who has been reached by training? Have individuals changed their behaviour and attitude as result of training? How have trainees changed status/role in settings as a result?

- Have there been changes among individuals and organisations as a result?

- How can the connections between the different elements of the approach be sustained? What are the vital parts and critical factors for success in making it work?

- What will this mean for the future given the changes taking place in the health service and other organisations?

Case study

Restorative Solutions Worker at the Youth Offending Team

The Restorative Solutions Worker (RSW) sees herself as a Health Champion and feels that her colleagues recognise her role. Being a Health Champion mainly involves informing and influencing her colleagues. It is evident that the role has also involved engaging with young people and their families. She estimates that she spends anything from one to three hours per week promoting health issues.

"I see my role with staff but it does have a knock-on effect [with young people]. I talk with young people about what they eat and how much exercise they get. As part of our job we address young people's mental health. We also do work on smoking and alcohol with young people. From time-to-time I've also provided information and advice to parents and carers particularly about mental health related issues."

The RSW undertakes a range of promotional activities, which include sending emails and putting posters up in the workplace. Often national initiatives such as Bowel Cancer Awareness Week and Depression Awareness Week guide the focus of the work.

The RSW has organised events in the workplace including Health Checks, which resulted in 21 staff taking up the offer. She has also encouraged a number of male colleagues to take up the 'Moustache activity in November' initiative. The so-called *'Movember'* urges men to grow moustaches for the month, with the aim of raising awareness of men's health, specifically prostate cancer and other cancers that affect men.

Being a Health Champion involves a 'leadership role' both with colleagues and with family and friends. *"I try and act as a role model. I go for a walk each lunch time. I've also talked with family and friends and even placed bowel cancer awareness leaflets in the toilets at church."*

A part of the Health Champion work that is enjoyable is the one-to-one conversations with people, which include talking about stopping smoking, signposting people to further sources of information and recognising when colleagues are looking stressed. *"It's about saying, 'how are you doing'?"*

Reflecting on her role, the Health Champion says, *"The key aspect is to keep the momentum going and finding new things to focus on."*

2. Behaviour change – theory and practice

"People who want or plan to do something are obviously more likely to try to do it; and people who try to do something are more likely to succeed than those who do not."

Robert West, Addiction Editorial, 2005

Health literacy is a model that can improve people's knowledge, understanding and capacity to act in relation to individual health behaviours but also on the social determinants of health. This chapter examines theories and models that explain health behaviour and health behaviour change at an individual level. Social marketing theory provides a model for planning and delivering interventions in a wider context and the contribution of behavioural economics is considered briefly. The final part of the chapter examines specific delivery mechanisms relevant to the scope of this evaluation including the role of the Health Champion.

2.1   Health literacy

Originally, health literacy was conceived as the patient's ability to understand and follow treatment regimes. Initially, research focused on the basic ability of patients to read prescriptions, medicine instructions and appointment information.[8] From this technical starting point the field has developed, at first questioning why patients may or may not follow prescribed treatments. Recently more broad questions have been addressed about patients' understanding of, and engagement with, the biomedical model of health and disease.[B,9] In this sense, the field has taken on sociological approaches to the context of disease and healthcare within peoples' everyday lives.

The World Health Organization (WHO) has defined health literacy as 'the cognitive and social skills which determine the motivation and ability of individuals to gain access to, understand and use information, in ways which promote and maintain good health'.[10] It can be split into three domains:

Functional health literacy - basic reading and writing skills to be able to function effectively in a health context

Interactive health literacy - more advanced cognitive and literacy skills, to participate in health care.

Critical health literacy - the ability to analyse critically and to use information to participate in action to overcome structural barriers to health.

In developed countries, high levels of literacy are essential for civic participation and moving upwards in the labour market. Yet US research shows that health literacy is affected by basic

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[B] A set of principles that defines diseases objectively, in accordance with particular symptoms being present, and believes that good health can be returned through the use of scientifically based medical treatment.

literacy and numeracy.[11,12] The Skills for Life Survey, 2003 estimated that 16% of the English population aged 16-65 years (5.2 million people) were at entry Level 3 or below for literacy and 47% (15 million) were at entry Level 3 or below for numeracy.[C] Around 1% of the population are estimated to be functionally illiterate and 5% innumerate (below entry Level 1).[13]

The above point about structural barriers relates to an understanding of how environment and lifestyle choices impact on health and the extent to which people are empowered to make informed choices on how to protect their own health and prevent illness. This has important implications for the content and methods of health literacy. Approaches should not only be directed at changing personal lifestyle behaviour. Health literacy can be used to raise awareness of the social determinants of health and the modification of these determinants by advocacy, social action and participation in political processes.

The 2010 Public Health White Paper *Healthy Lives, Healthy People*[14] emphasises the need for a new approach that empowers individuals to make healthy choices and which provides communities with the tools to address their own health needs. Low levels of literacy and health literacy impact on people's ability to manage their own health and hence exacerbate health inequality, therefore, developing health literacy is very important in tackling health inequality. This means developing more than functional literacy, but literacy at a level that allows individuals to use information critically, consciously make positive change to improve their health and demand changes of others (whether this be public bodies, employers or commercial organisations), to enable people to live healthier lives.

Health literacy needs to be seen in a wider context of drivers of behavioural change so that people are not only able to critically use information but also have sufficient mental capacity and self-efficacy to feel empowered to use it.

2.2   Theories which explain health behaviour

Health literacy as an approach to behaviour change needs to be seen alongside other important factors that influence health behaviour such as self-efficacy[15] and mental wellbeing.[16] High self-efficacy and positive mental wellbeing have been shown to be associated with positive health behaviour, such as being physically active, drinking moderately and not smoking.[17] Work that has explored the relationship between being ill and being well using the *Health Survey for England* shows that a number of characteristics vary consistently with prosperity, social capital and positive mental health. It suggests that 'being well' is not the same as 'not being ill' and that 'being well' is accumulated by some, but not all, members of society.[18]

Attitudes that underpin behaviour have both cognitive and affective components.[19] Some of the most common individual oriented-type models are outlined in Box 1.

[C] Below Key Stage 4 or 5 GCSEs at grade C or above

Box 1: Health behaviour change models

Health Belief Model
This established model explains health behaviour by promoting a better understanding of beliefs about health. The model predicts that individuals will take action to protect health if they perceive themselves to be susceptible to a problem, and if they believe it will have serious consequences. In addition, individuals also need to believe a course of action is available that will reduce their susceptibility, and that the benefits of taking action outweigh the costs or barriers.

Theory of Reasoned Action
This model shows how behavioural intentions are influenced by attitudes towards behaviours and subjective norms. Attitudes, in this case are determined by the belief that a desired outcome will occur if a particular behaviour is followed and that the behaviour will benefit health. Subjective norms relate to the influence other people have on an individual's behaviour - the views of significant others are important here. A third influencing factor is perceived behavioural control, which includes believing that resources and opportunities will be available to perform the behaviour.

The Transtheoretical (Stages of Change) Model
This model describes the stages that people go through when they attempt to make a lifestyle change. For any behaviour it proposes that people can be in any of a sequence of several stages of change:

- Pre-contemplation - the person is not even thinking of changing their behaviour.
- Contemplation - the person is considering change.
- Determination or preparation - the person makes a serious decision to change.
- Action - the person initiates the behaviour change.
- Maintenance - the person is maintaining the change but may relapse.

Social Cognitive Theory (Social Learning Theory)
Social learning theory addresses both the underlying determinants of health behaviour and methods of promoting change. It is an expectancy value theory that focuses on the interaction between the individual and the environment, particularly how the 'reinforcers' in the environment can shape an individual's behaviour. Social learning theory emphasises the influence of other people on individual's behaviours, observational learning and the role of self-efficacy.

Social Norms Theory
Social norms theory states that much of people's behaviour is influenced by their perception of how other members of their social group behave. Social norms theory seeks to modify social and cultural environments in order to influence individual and group health behaviour in a positive way. It has been widely applied using social marketing techniques.

There are limitations to these theories in that, although they may be able to predict strong intentions to change behaviour, this may not always translate into action. Empirical work comparing different theoretical approaches suggests that self-efficacy is the strongest predictor of behaviour.[20] However, even where self-efficacy is strong there can be a number of environmental barriers to change and the influence of emotional variables needs also to be considered.[21]

2.3   Integrating the models

Given the overlap between the numerous models, academics and practitioners have attempted to produce an integrated social condition model of health behaviour.[20] One such attempt by some of the most prominent behaviour change theorists asserts that eight variables account for most of the variance in any behaviour (Figure 1).

The variables are organised into two sets. Firstly there are those variables, which are viewed as necessary and sufficient determinants of behaviour. Thus, for behaviour to occur an individual must have:

(i) a strong intention;

(ii) the necessary skills to perform the behaviour; and

(iii) experience an absence of environmental constraints that could prevent behaviour.

The second set of variables primarily influences intention, although some of the variables may also have a direct effect on behaviour. Thus, a strong intention is likely to occur when an individual:

(iv) perceives the advantages of performing the behaviour to outweigh the perceived disadvantages;

(v) perceives the social (normative) pressure to perform the behaviour to be greater than that not to perform the behaviour;

(vi) believes that the behaviour is consistent with his or her self-image;

(vii) anticipates the emotional reaction to performing the behaviour to be more positive than negative; and

(viii) has high levels of self-efficacy.

Figure 1: The integrated model – the theorist's view

Self-discrepancy

Advantages Disadvantages

Environmental constraints

Social pressure

Intention

Behaviour

Self-efficacy

Emotional reaction

Skills
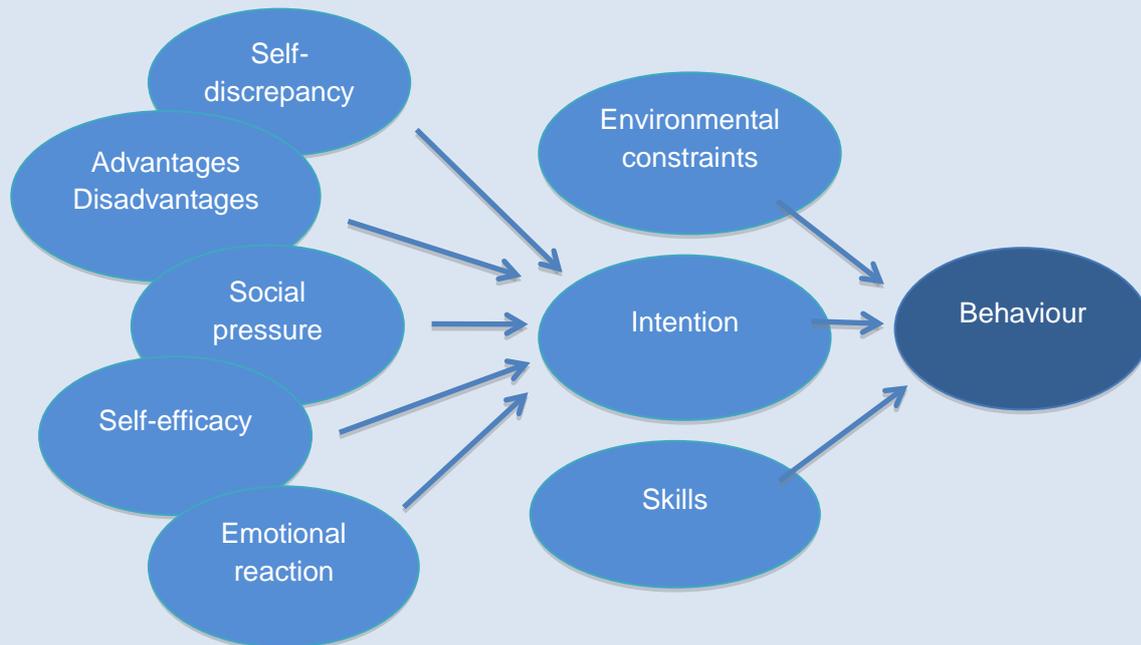
Reproduced from Conner M and Norman P, Predicting Health Behaviour, 2005

2.4　　Actionable insight – moving from theory to practice

The last decade has seen a massive increase in the development of approaches aimed at changing behaviour.

Social marketing evolved as a technique to influence social norms and health behaviours as far back as the 1970s. [22] Today, social marketing provides a model for achieving defined behavioural objectives in identified target audiences. These insights can be used to develop programmes, which have a positive impact on behaviour and help sustain long-term behavioural change.

The National Social Marketing Centre (NSMC) defines social marketing as, 'an approach used to develop activities aimed at changing or maintaining people's behaviour for the benefit of individuals and society as a whole'. The NSMC suggests that there are eight social marketing benchmarks.[23] These benchmarks can be used as a tool for identifying, and planning for, best practice (Box 2).

Box 2: Social marketing benchmarks

- Customer orientation
- Clear focus on behaviour
- Informed by behavioural theory
- Insight into what moves/motivates
- Exchange – increase benefits/reduce barriers
- Competition – external/internal
- Segmentation – targets specific audience groups
- Mix of methods – information/services/rules

National Social Marketing Centre, Big Pocket Guide, 2011

A key aspect of the social marketing approach is to understand the characteristics and motivations of specific target populations. Segmentation work by the Department of Health, under its Ambitions for Health Programme,[24] groups individuals and their propensity to change according to their level of motivation and the positivity of the environment in which they live. It uses self-efficacy scales to underpin this analysis.

The Department of Health state that, *The Healthy Foundations Segmentation Model*,[D] which builds on existing research and knowledge, is one of the most rigorously constructed public sector segmentation models to date. It offers social marketing, behaviour change and public health practitioners insights into the needs, lifestyles and motivations of different individuals and groups within society. The intention is that the *The Healthy Foundations Segmentation Model* will make it possible to tailor interventions or services to particular 'segments', with a view to improving effectiveness and efficiency by promoting a more targeted use of resources. The resulting Healthy Foundations segmentation[25] has grouped the population into five segments (Box 3).

Developing health literacy involves taking people though a cognitive process that overcomes some of the emotional aspects to changing behaviour and attitude, which for some groups can be significant and requires a tailored approach. Health literacy when supported by social cognitive learning theories is likely to be more effective if it works in tandem with other approaches, such as the removal of environmental barriers to change.

Health literacy in the sense of giving people information and empowering them to make choices may be only part of the story in changing health behaviour and may assume a rational decision making process. Developments in behavioural economics suggest that people may not always act rationally to maximise their own self-interest and draws on psychological theory to support this.[26]

Interventions that are based on a theoretical position tend to be more successful than those that are not.[22] A theory is merely a model containing the most important influences on a behaviour or set of behaviours such as smoking, drinking, eating and exercising. Nutbeam states that, *"If you know what might influence eating, you can design an intervention to overcome any barriers and to foster positive influences."*[22]

[D] The Healthy Foundations Segmentation Model was used to better understand the characteristics and motivations of populations in relation to awareness and uptake of lifestyle services across the Borough of Wigan in order to inform future commissioning strategies in 2009.

Box 3: The Segmentation Model - five core motivational segments

Health Conscious Realists
They are motivated people who feel in control of their lives and their health. They generally feel good about themselves, but have more internally focused aspirations to better themselves, learn more and have good relationships. They tend not to take risks and take a longer-term view of life.

Balanced Compensators
They are positive and like to look and feel good about themselves. They get some pleasure from taking risks. However, they don't take risks with health. Health is very important to them, and something they feel in control of. A healthy lifestyle is generally easy and enjoyable. They are not fatalists when it comes to health and understand that their actions impact on their health both now and in the future.

Live for Todays
They definitely like to "live for today" and take a short-term view of life. They believe that whatever they do is unlikely to have an impact on their health, so what's the point? They tend to believe in fate, both where their health is concerned, but also for other things in life.

Hedonistic Immortals
They are people who want to get the most from life. They do not mind taking risks – as this is part of leading a full life. They feel good about themselves and are not that motivated by material wealth or possessions.

Unconfident Fatalists
Overall, they feel fairly negative about things, and don't feel good about themselves. A significant proportion feel depressed. They feel that a healthy lifestyle would not be easy or in their control. Generally they don't feel in control of their health anyway. They are quite fatalistic about health and think that they are more likely than other people of the same age to get ill.

Department of Health, Health Improvement and Protection Directorate,
Healthy Foundations Life-stage Segmentation Report, 2011

2.5   Behavioural economics and choice architecture

Behavioural economics is a way of understanding how people make choices.[23] It moves beyond traditional or 'neoclassical' economics, which assumes that people make decisions in a logical way. The approach recognises that people don't always behave rationally, with behaviours often being governed by instinct, emotion, past events and the people around us. Many 'problem' behaviours – such as eating unhealthy food or drinking too much alcohol – are testament to this irrational decision-making. Understanding this can help design behavioural interventions that affect positively the ways in which we make decisions. Relatively simple changes can be made to the external environment that can prompt behaviour change.

The influential book *Nudge*[27] advocates a range of non-regulatory interventions that seek to influence behaviour by altering the context or environment in which people choose, and seek to influence behaviour in ways which people often do not notice. They define a 'nudge' as "*... any aspect of the choice architecture that alters people's behaviour in a predictable way without forbidding any options or significantly changing their economic incentives. To count as a mere nudge, the intervention must be easy and cheap to avoid. Nudges are not mandates. Putting the fruit at eye level counts as a nudge. Banning junk food does not.*"[27]

2.6 Five Ways to Wellbeing

The Five Ways to Wellbeing is a set of evidence-based public mental health messages aimed at improving the mental health and wellbeing of the whole population. They were developed by nef (the new economics foundation) as the result of a commission by Foresight, the UK government's futures think-tank, as part of the Foresight Project on Mental Capital and Wellbeing.[28]

The New Economics Foundation report, *Five Ways to Wellbeing: The Evidence,*[29] presents five simple actions that can be built into day-to-day life, which evidence suggests may lead to improvements in mental health and wellbeing (see Box 4). The messages differ from some traditional public health messages that have a negative focus (i.e. messages telling people what *not* to do) and help make the point that mental health is determined in part, by factors over which individuals have some control.

Box 4: Five ways to Wellbeing

Connect - With the people around you. With family, friends, colleagues and neighbours - at home, work, school or in your local community. Think of these as the cornerstones of your life and invest time in developing them.

Be active - Go for a walk or run. Step outside. Cycle. Play a game. Garden. Dance. Exercising makes you feel good. Most importantly, discover a physical activity you enjoy and that suits your level of mobility and fitness.

Take notice - Be curious. Catch sight of the beautiful. Remark on the unusual. Notice the changing seasons. Be aware of the world around you and what you are feeling. Reflecting on your experiences will help you appreciate what matters to you.

Keep learning - Try something new. Rediscover an old interest. Sign up for that course. Take on a different responsibility at work. Learn to play an instrument or how to cook your favourite food. Set a challenge you enjoy achieving. Learning new things will make you more confident as well as being fun.

Give - Do something nice for a friend, or a stranger. Thank someone. Smile. Volunteer your time. Join a community group.

The New Economics Foundation, Five-Ways to Wellbeing: The Evidence, 2008

2.7 Brief interventions

This report focuses primarily on the delivery of education or communication based interventions employed at an individual level. The actual delivery mechanisms employed to deliver behaviour change at an individual level can be described in a variety of different ways including; brief advice, brief interventions and motivational interviewing. Definitions of these methods are provided in Box 5.

Increasingly the term 'brief intervention' is used to describe a range of encounters with a patient or member of the public that require relatively little time. Brief interventions are defined as interventions that are focused on changing behaviour and are limited by time – often to a few minutes per session.[31]

Brief interventions emerged from drug and alcohol treatment where research found that interventions for alcohol problems consisting of one to three sessions of approximately 5 to 30 minutes were as effective as more intensive interventions and more effective than no intervention.[30] By using structured, brief interventions, health care practitioners are able to make the best use of the limited time they may have with patients to discuss issues to do with lifestyle or behaviour.[31] The National Obesity Observatory explains that:

"Brief interventions range from a single session providing information and advice to a number of sessions of motivational interviewing or behaviour change counselling. They may involve screening, assessment and feedback about current behaviour, behavioural techniques such as goal setting, self-monitoring, and reinforcement and can be delivered by a range of health professionals."[31]

2.8 *Making Every Contact Count*

Current guidance identifies a key role for frontline staff, through everyday contact with service users, in helping people to adopt and sustain healthier lifestyles through the use of brief interventions and other behaviour change approaches

In 2007, NICE stated that it is important to "*make every contact count with a health and social care professional a health promoting contact with clear advice, support and sign-posting to appropriate service to prevent illness or recurrence of illness."*[32]

The *Making Every Contact Count* approach has been utilised by a number of local and regional NHS organisations as a way of galvanizing action to improve the health of individuals and communities. The intention is that for a relatively modest investment in training, the existing workforce will be able to reach more people as they go about their daily jobs. For instance, NHS Yorkshire and Humber's region-wide *Making Every Contact Count*[33] programme aims to ensure that NHS staff are trained and confident to make the most of the opportunities, which help people stay healthy and reduce system-wide costs to the NHS.

The recent NHS Future Forum report *The NHS's role in the public's health*[43] asserts that millions of people come into contact with the NHS every day, and that every contact must count as an opportunity to maintain and, where possible, improve the mental and physical health and wellbeing of the presenting patient:

"Every healthcare professional should use every contact with an individual to maintain or improve their mental and physical health and wellbeing where possible, in particular targeting the four main lifestyle risk factors: diet, physical activity, alcohol and tobacco – whatever their specialty or the purpose of the contact."

Increasingly, the *Making Every Contact Count* approach has been utilised with, and adopted by, non-NHS or non-health agencies. For example, Salford's *Making Every Contact Count* programme aims to equip staff from across the public and voluntary sector to engage with the public around health and wellbeing issues. Similarly, NHS Western Cheshire are training a wide range of non-health staff to provide alcohol, smoking and mental health brief interventions.

2.9 Making it happen – training

Building capacity and capability amongst health practitioners and the wider workforce to deliver behaviour change interventions is key to achieving Government health targets, particularly in relation to tackling health inequalities. If frontline staff are to deliver behavioural change interventions in a variety of settings, across a range of health issues, to a consistent standard and with a high likelihood of success, the role of training is key.[34]

The *Prevention and Lifestyle Behaviour Change: A Competence Framework*[35] developed by NHS Yorkshire and Humber describes the competencies required by the workforce to enable them to develop their skills in addressing a range of lifestyle health and wellbeing needs of the local population. A key purpose of the framework is encapsulated below.

"Commissioners will be able to recommend the levels of workforce delivery required to address local priorities, disease areas and health and wellbeing for communities. It enables providers to build on current best practice and be innovative and flexible about their workforce; identify how the workforce will become competent; source appropriate training and ensure the right workforce has the right skills in the right place."

2.10 Health champions

A key aspect of the approach to health literacy in Wigan Borough is the engagement, training and support of Health Champions to enable their friends, families, neighbours and work colleagues lead more healthy lives.

The use of the word 'champion' to describe people who formally or informally volunteer to promote health in their communities is relatively recent and is not used extensively in international research. [36] The NICE Guidance on Community Engagement recommends recruiting community members *"to plan and deliver health promotion activities and help address the wider determinants of health."* [37] It describes both Health Champions and Community Champions as people able to inspire and motivate community members but also able to advocate for change and influence local organisations. A definition of a Health Champion is provided in Box 6.

Box 6: What is a Health Champion?

Community Health Champions are individuals who are engaged, trained and supported to inspire and help their friends, families, neighbours and work colleagues lead more healthy lives. Within their families, communities and workplaces they empower and motivate people to get involved in healthy social activities, create groups to meet local needs and signpost people to relevant support and services. Community Health Champions help others to enjoy healthier lives by raising awareness of health and healthy choices, sharing health messages, removing barriers and creating supportive networks and environments.

Altogether Better Website, www.altogetherbetter.org.uk/community-health-champions, 2012

A range of theories, models and approaches provide guidance on the ways in which individuals and communities can be engaged and encouraged to change health behaviours. The limitations of behaviour change theories include that they do not adequately take into account the socioeconomic and environmental conditions. Both social marketing and health literacy approaches have the potential to act on the wider social determinants of health. Recognised ways of delivering behaviour change interventions have also been considered.

Case study

Borough Wide Community Network representatives

"Make a difference, even a little difference."

The Network has recently been supported and sustained by funding from the Public Health Directorate to deliver the Royal Society of Public Health (RSPH) Level 2 Award in Understanding Health Improvement training and from Wigan MBC to contribute to Wigan in Bloom.

The representatives link both areas of work to health improvement. *"The whole point of community empowerment is a stronger voice, feeling better, making Wigan a better place to be, which is all health related. We feel that* [Wigan] *In Bloom is health focused and every event we go to we link health and the wellbeing generated by Wigan in Bloom. You see people smiling, their shoulders back and their heads up and they really enjoy it."*

The Network strongly believe that the courses they provide make a positive impact on people's lives. A key factor in this process is ensuring that the course content is relevant and useful for the participants. For instance a course for young mothers' will include information about child care. The impact is often very visible. The Network representatives say that as the course progresses the participants look different and seemingly grow in confidence.

Representative one says, *"Most of the group of young Mums had disengaged from school. They had poor literacy, no qualifications and seemingly an absence of praise. When I said to one girl that you must come next week because you are going to do alright in this (the exam), she nearly started crying because I was giving her praise. When I rang her up I had to tell her three times that she had passed the exam."* Representative two continues, *"The qualification is the first one she has got. That's a real achievement. She left the course much more confident and with a qualification she can put on her CV."*

Another scenario involved a participant's husband seeking help for a medical condition. Representative two says, *"He was reluctant to go to the doctor's because he had to get time off work. He thought the condition was serious and he would lose his job."* The following week the participant said her husband had been for treatment and was back in work. It was also reported that, *'He had now had a glass of water instead of Coke."*

3. Policy – what works?

"Britain is now the most obese nation in Europe. We have among the worst rates of sexually transmitted infections recorded, a relatively large population of problem drug users and rising levels of harm from alcohol. Smoking alone claims over 80,000 lives every year. Experts estimate that tackling poor mental health could reduce our overall disease burden by nearly a quarter. Health inequalities between rich and poor have been getting progressively worse. We still live in a country where the wealthy can expect to live longer than the poor."

Healthy Lives, Healthy People, 2010

This chapter provides information about recent national and local policies, which have the potential to produce a significant impact on major causes of mortality and morbidity. The intention is to describe the policies and guidance that have influenced the commissioning and delivery of behaviour change interventions in Wigan. The evidence for individual orientated behaviour change interventions is also summarised.

3.1 Policy context

The 2004 White Paper *Choosing Health: Making healthy choices easier* [38] presented an approach to public health that promoted individual choice. This referred to the desire of individuals to make their own decisions regarding aspects of their lives that impact upon their health, and which are informed by credible and trustworthy information. The consultation that was conducted to inform the White Paper, established six overarching public health priorities. These were; reducing the numbers of people who smoke; reducing obesity; increasing exercise; encouraging and supporting sensible drinking; improving sexual health; and improving mental health and wellbeing.

The document set out how the NHS will increasingly focus upon a health improvement and prevention service, which will support individuals in the choices, they make. It outlined a need to ensure that the NHS takes advantage of the millions of encounters that it has with individuals each week by providing NHS staff with the training and support to include health improvement activities in their day-to-day roles.

Publications such as *Fair Society, Healthy Lives* [39] and *Healthy Lives, Healthy People*[14] emphasise the importance of putting prevention at the heart of everything health services and their partners do. Prevention is a key component of ensuring a healthy workforce that is able to deliver high quality service. There is good evidence to demonstrate that prevention and early intervention improve efficiency and save NHS resources. Box 7 provides an overview of recent national policies, which have emphasised the importance of preventive services to improving health and wellbeing.

Local reports such as *Our Life in the North West*[41] have highlighted the need for evidence-based interventions to be scaled to the size of the problem at hand. These interventions cannot adopt a 'one-size-fits-all' approach and must be designed so that they reflect and meet the needs, profile, aspirations and lifestyles of the targeted population.

The *Boorman Review*[42] highlighted the workplace as a setting with enormous potential for improving the health of the adult population by providing access to a large number of people, many of whom are at risk of adverse health effects. The NHS workers – via their families, friends, patients and contacts – touch millions of people every day and have significant opportunity to influence by example. This is also the case for the millions of other people

employed in the public, private and third sectors.

The NHS Future Forum has published key recommendations to Government on the future for NHS modernisation. [43] The forum – an independent panel of Government advisers - was launched in 2011 as part of the Government's listening exercise on the current Health and Social Care Bill.

In 2012 the forum will set out their conclusions on four other areas - public health, information, improving links between services, and education and training. The recent report *The NHS's role in the public's health*[43] asserts that millions of people come into contact with the NHS every day, and that every contact must count as an opportunity to maintain and, where possible, improve the mental and physical health and wellbeing of the presenting patient.

3.2   Evidence

The use of behaviour change interventions has also been widely promoted in public health guidance published by the National Institute for Health and Clinical Excellence (NICE).[32] The NICE guidance explains that behaviour change can be categorised into four areas: policy; education or communication; technologies; and resources.

This evaluation report focuses primarily on the delivery of education or communication based interventions employed at an individual level. However, it is important to consider that the effects of an intervention or programme may not be restricted to one level. For example, an intervention aimed at reducing alcohol consumption among individuals in a specific setting such as a workplace could have an impact on the individual's family and friends and wider community.

NICE state that behaviour change interventions can enable people to consider their lifestyles and have a significant impact on their own long-term health status. The most important indicators of healthy living relate to how and what people eat and drink, how active they are and whether they smoke or not.

Reviews of the evidence regarding one-to-one behaviour change interventions cite factors such as the setting, personal circumstances of clients, staff attributes and the process of delivery as impacting upon the effectiveness of behaviour change interventions.[34] Furthermore, interventions which are underpinned by a clear and coherent theory have been found to be much more effective than those without (see Chapter 2).

Evidence suggests that behaviour change interventions may be successful in a number of different healthcare and community settings. The skills of the individual delivering the intervention are of greater importance than their formal role, and the likelihood of the intervention being effective is enhanced if those delivering one-to-one behaviour change interventions demonstrate genuine concern for their clients. [44] Interventions should also be client-led and tailored to changes within individuals' lives, as significant events or transition points in people's lives present an important opportunity for intervening at some, or all, of the levels. It is during significant events or transition periods that people often make contact with services. Typical transition points include leaving school, entering the workforce, becoming a

parent, becoming unemployed, retirement and bereavement.[32]

Evidence also suggests that more focused interventions involving a small number of techniques are more effective than interventions involving a large number of techniques. Providing information and facilitating goal setting have been found to be the most helpful techniques when dealing with low-income groups.[45]

Evidence of the effectiveness of training to professionals delivering or providers of brief interventions is limited. While not strictly looking at behavioural interventions, a similar recent research investigation into sexual health training for front line young people's service providers in the North West found improved self-reported confidence, knowledge and attitudes.[46]

Evidence on the effectiveness of Health Champions or lay health workers is limited. An evidence review was commissioned as part of the evaluation of the *Altogether Better* programme that aims to empower people to improve their own health and that of their families and their communities in the Yorkshire and Humber area.[36] The review showed a range of positive impacts associated with Community Health Champions including improved knowledge and awareness of health issues in communities; helping people access health services including increasing uptake of preventive measures such as immunisation; and supporting positive behaviour changes, particularly when working with disadvantaged, low income or minority ethnic communities. There is also evidence demonstrating that Health Champions can support the appropriate use of health care services, including decreasing hospital admissions. Some evidence shows benefits for communities, such as increased social networks and community building activities, but generally it is recognised that it is difficult to measure the impact on the wider community.[47]

The behaviour change approach utilised by the Health Improvement Team in Ashton, Leigh and Wigan will be considered in relation to the theories and models, approaches, policy and evidence described here and in Chapter 2.

Case study

Sustainable Travel Plan Officer, Wigan Borough Council

The Sustainable Travel Plan Officer is currently organising the *Walk to Work Week* annual event, which involves over 200 staff walking to work, walking to meetings and walking at lunch times. There are prizes for the teams walking the most steps. In addition to this event Dawn organises walks at lunch times for staff.

The Officer is also involved with the *Cycle To Work* scheme. "*I've just taken delivery of six commuter (hybrid) bikes and I've had a lady wanting to borrow one. She'll be able to use it for eight weeks, see if she likes it and if she does she can buy her own bike. We provide training and hopefully it will encourage people to cycle more and promote health and wellbeing.*"

Other important aspects of encouraging cycling are the availability of tax-free bikes as part of the national *Bike2Work Scheme*. The scheme aims to reduce environmental pollution, promote healthier lifestyles and make cycling to work a cost-effective option for employees. The Officer says that, "*Since we moved to this building the requests for tax free bikes has gone up and the storage facility is quite full. People are coming to work on their bike.*" Furthermore, "*These activities are the things that a Health Champion would do anyway but it fits nicely with the role I have anyway.*"

The Officer's Health Champion role also involves placing fruit bowls around the building to promote healthy eating. Posters and leaflets about a range of issues including diabetes, obesity and heart disease are also placed on noticeboards and the information turntables on each floor. She also uses the Intranet to disseminate information. For instance, "The Walk To Work Week has been sat on the home page for two weeks."

The Sustainable Travel Plan Officer says that the vast majority of colleagues are in support of her role. "*There's very little resistance from people. I don't tell people what to do. I can only encourage people.*"

Summing up her Health Champion role, the Officer says, "*We all do something a little different. I think it's about steering the staff and giving them the information. If we didn't give people the information, a lot of the people would not be involved in the activities we provide. So in a way, I do think we help to turn lives around.*"

4. Approaches to developing health literacy in Ashton, Leigh and Wigan

"The Health Improvement Team here at NHS Ashton, Leigh and Wigan, Public Health believe that 'Health is Everyone's Business'. To help us spread this message across the Wigan Borough we have developed a network of Health Champions."

NHS Ashton, Leigh & Wigan, Health Champions Website, 2012

NHS Ashton, Leigh and Wigan has developed a range of programmes, which seek to strengthen local public health capacity and improve health literacy across the Borough. The approach involves the engagement, training and support of Health Champions by the Health Improvement Practitioner Team. This chapter describes briefly the key components of the approach, which will be examined in later chapters.

4.1 Background

This report mainly covers the period of time from the employment of the Health Improvement Practitioners (HIP) in December 2008 to December 2011.

The PCT has invested in various initiatives prior to the employment of the Health Improvement Practitioners. For instance, stop smoking services since 2004; the *Lose Weight – Feel Great* Programme in 2009; and the *Health Trainer* programme in 2006. As part of the *Making Health Everyone's Business* initiative, the Public Health Team presented a business case to the PCT, which proposed to work more closely with the local authority. This resulted in the formation of the Health Improvement Practitioners Team in 2008. A key focus of the *Making Health Everyone's Business* was to determine how the PCT should work with other organisations; how health literacy could be improved and how individuals and communities can be encouraged to take control.

The HIP Team was established by the PCT in 2008. The HIP team comprised six members of staff whom each possessed different specialist areas of expertise, skills and experience. These areas of expertise include children and young people, older people and men's health. Health expertise include alcohol, tobacco and smoking, eye health, nursing practice, self-care and workplace health. Five of the HIPs were allocated to work in the five geographic areas of Wigan Borough based on twinned townships.[E]

[E] Wigan Borough comprises ten townships: Ashton Bryn; Atherton; Golborne Lowton; Hindley Abram; Leigh; Orrell, Billinge, Winstanley; Standish, Aspull, Shevington; Tyldesley Astley; Wigan North; and Wigan South.

One HIP had an alcohol leadership role across all of the townships, but when this person left their post in October 2011, the remaining five HIPs were designated two townships. Even though the HIPs are allocated to a specific area, the team has worked in a flexible way that reflects their own skills and competencies and supported each other when necessary. For example, HIPs will always deliver training in partnership with a colleague.

The approach to developing health literacy involves two main strands:

- Engaging, training and supporting a network of Health Champions; and

- Developing the competency and confidence of individuals through the delivery of the Royal Society of Public Health (RSPH) level 2 award in Understanding Health improvement, the Essential Public Health course and the Connecting Communities to Health programme.

4.2 Health Champions

The approach to health literacy in Wigan Borough has involved the Public Health Directorate establishing a network of Health Champions whose role is to engage with people in their community and help improve their health by providing information and improving knowledge. This approach began prior to the employment of the HIP. The Health Champions operate in a variety of community and workplace settings including neighbourhood-based community centres, amateur sports clubs, voluntary organisations, the public sector and private companies (see Box 8).

Box 8: What makes a Health Champion in Wigan?

Health Champions are not traditional volunteers who give a set number of hours each week or month. Instead each Health Champion commits to trying to make a positive difference to health and wellbeing in whatever way they can. Often this is through incorporating the messages received in training to improve the health of their own family, community network and workplace. This could range from speaking to family and friends about health and wellbeing, signposting someone to a lifestyle service or promoting health campaigns within the workplace or community.

NHS Ashton, Leigh & Wigan,www.alwhealthchamps.nhs.uk, 2012

The role of the Health Champion in Wigan depends on the setting and the interest and skills of the individual. In workplace settings the role could involve information giving, putting up posters and distributing leaflets; instigating activity programmes; supporting environment change such as having bike racks installed; and policy development such as ensuring that 'healthy eating' is included into catering contracts. In community settings such as schools, community groups and clubs there is opportunity to engage with friends, neighbours and the wider community to influence behaviour. In both settings the potential impact extends beyond the immediate recipient – family and friends may also be indirectly prompted to consider and change their health related behaviour.

Two examples illustrating the differing approaches are shown in Box 9.

Box 9: Health Champion examples

AGE UK Wigan Borough

"Our aim as an organisation is to improve the lives of older people in our Borough. Supporting our service users in maintaining and improving their own health and wellbeing is central to the work that we do. Twenty-eight staff and volunteers in our organisation undertook RSPH Level 2 Award in Understanding Health Improvement. The course assisted our staff to develop their knowledge and understanding of health improvement issues, which they have subsequently been able to apply in their day to day work with service users."

Chief Officer, Age UK Wigan Borough,2012

Greater Manchester Fire & Rescue Service

"For many years the Fire and Rescue Service in Greater Manchester has been visiting peoples homes in order to safeguard and protect against the effects of fire. It was clearly evident that Fire Fighters could add more value to the wider health agenda by signposting people to essential services that may save their lives in an entirely different way. This is the reasoning behind the fire service in Wigan getting involved with public health teams."

Wigan Borough Commander
NHS Ashton, Leigh and Wigan, *www.alwhealthchamps.nhs.uk*, 2012

4.3 Developing competency and confidence

The offer and delivery of training courses are used to recruit and support Health Champions. These include the Royal Society of Public Health (RSPH) Level 2 award in Understanding Health improvement; the Essential Public Health course and the Connecting Communities to Health programme. The training is augmented by a number of public-facing resources and ongoing support. These are described in Box 10.

Box 10: Training courses

RSPH Level 2 Award in Understanding Health Improvement

This accredited course is aimed at organisations with an interest in the health and wellbeing of their workforce and customer/client groups. It provides an ideal way of equipping individuals with basic health advice and methods of support, which they can then use to inform and assist colleagues and/or customers.

Holders of this qualification will have the underpinning knowledge and understanding necessary to work effectively in helping people who need support and encouragement to make positive changes in their lives, including how to help them access further assistance (in, for example, identifying barriers to change, and setting goals) towards the objective of adopting and maintaining a healthier lifestyle. The programme in Wigan Borough is run over a seven-hour period, which can be split into two or more sessions.

RSPH Train the Trainers course

A train the trainer course has been provided to a number of organisations. This course is also accredited through the RSPH. The objective of this initiative is to increase the number of individuals who can deliver the RSPH Level 2 award.

Essential Public Health

Essential Public Health is a training programme developed by NHS Stockport, which is being used to develop skills and knowledge in basic behavioural change techniques. Essential Public Health specifically seeks to increase frontline staff knowledge of local public health issues; increase individuals understanding of their role in improving health outcomes; increase confidence in addressing lifestyle issues through conversations with patients/clients; and increase referrals into lifestyle support services.

Connecting Communities to Health

Connecting Communities to Health is an *InnovateNoW*[F] funded programme, developed by the HIP Team to target communities with the aim of empowering and engaging individuals to take responsibility for their health and wellbeing. The objective is to educate and inform local residents about healthy lifestyles choices, through an informal model of conversation and facilitation. The course is designed to build capacity within the community and, as appropriate, increase uptake of existing lifestyle services. The six themes running throughout the course are smoking, alcohol, healthy eating, sexual health, mental wellbeing and physical activity.

The initiative has three specific target groups – young people, adult men and older people. A resource has been developed for each group. The *Why Bother?* card game for young people; a roulette wheel format for adult men; and a catalogue style discussion guide for older people.

The Train-the-Trainer course provides the opportunity for representatives from partner agencies to become trainers and thus extending the reach of the programme.

[F] InnovateNoW is the NHS regional innovation fund for the North West. The programme aims to *"identify and encourage the spread of innovative practices and services to bring about sustainable healthcare improvements which engage and empower patients."* For further information see: *www.innovatenow.org.uk*

Case study

Forklift Truck Driver & Human Resources Manager, Electrium

"Please say a big thank you. We thought it was fantastic. You can't put a value on this – especially those people who found out about certain conditions."

The 12 staff that attended the RSPH course have all played a part in raising the profile of health and delivering health related activities. Marie summarises this by saying, *"We've really embraced it at Electrium. It's amazing how many people are interested in a healthier lifestyle."*

A range of approaches have been used at Electrium. The Forklift Truck Driver is happy to engage colleagues in informal health chats. *"I went out [to talk to people] but not so much so it seems like you are pushing it into people's faces. You can't tell someone to give up [smoking] but you can talk about the benefits of stopping smoking and suggest things that might help."* The informal approach is also recognised by the HR Manager. *"Health issues come-up in general conversation. Health really comes up in everything - especially with women who are often saying that they'll have to lose some weight."*

The Forklift Truck Driver says that he has signposted a few people to other sources of help and advice when things come up in general conversation. *"It's different with fellas, they sometimes think we are telling them not to smoke or not to drink or what to eat. We are not saying that. Sometimes people don't realise what we are trying to get across to people."*

Both Electrium employees say that they have experienced reluctance rather than resistance from their colleagues. If anything, this has led to an even more determined approach. *"We need to stick at it and be pragmatic,"* says the Forklift Truck Driver. *"Hopefully I'll be there when they need any help. We are there to encourage them for their benefit."*

As well as health chats a range of other approaches have been used. Fruit baskets are placed around the company and topped-up three times a week. Posters are also used to reinforce the healthy eating message. The company buys the fruit and the staff make a charitable donation, which is presented to a local charity each month.

The company has also organised a range of health improvement activities including Health Checks for the workforce, *Wii Fit* sessions and presentations by local speakers.

Chapters 5 and 6 examine the delivery and impact of health literacy approach from the perspectives of the HIP Team and the Health Champions.

5. Findings

"What is the spark that makes people think about their own health and wellbeing? And what could be done to help people take control of it?"

Lynne Calvert, Ashton, Leigh and Wigan PCT, 2011

This chapter presents the findings from the individual and group interviews held in Wigan. Data pertaining to who has received training is also presented. The findings are presented in two ways - reflecting the perspectives of the **HIP Team, including the managers at the PCT** and the **Health Champions** who received the training and support. A key purpose is to understand how the health literacy approach works, who is reached and what impacts are achieved in Wigan. Although some anecdotal evidence will be provided, the reach to and impact on the beneficiaries is outside the scope of this investigation.

HIP Team perspective
- Engagement
- Training
- Support

→

Health Champions perspective
- Information
- Events
- Training

→

Beneficiaries
- Self
- Family and friends
- Neighbours
- Community members
- Employees/colleagues
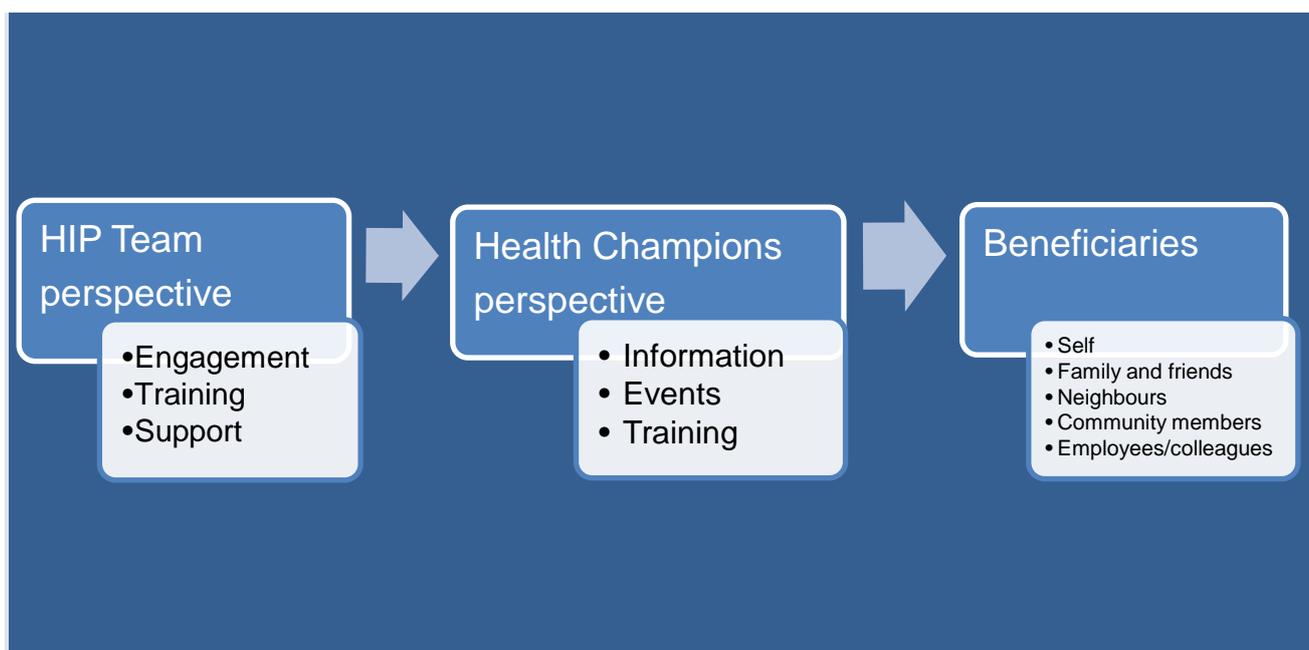
5.1 Health Improvement Practitioner Team perspective

5.1.1 Engagement

The HIP Team describe their role – especially when they first started their work – as capacity building and relationship building. It was important that HIP workers connected with local people before, during and after the training course. Team members speak about the importance of connecting with people on their terms. One HIP worker thought that it was important to reveal, "*that we are all human. It can be helpful to share our foibles as well, such as drinking too much*

from time-to-time, eating fast food and too many chocolate biscuits. It's important to connect as a human being."

An immediate and ongoing challenge is the public perspective of health and health improvement. "*When people think health they automatically think hospital, doctors, illness. They don't think about the preventative side of things."*

An important aspect of the 'offer' to the public was expressed as an opportunity for a 'health conversation' or a 'health chat'. *"It's all about helping people make informed choices."*

Team members stressed the importance of taking a holistic approach to people's health. "*We look at the wider determinants of health rather than focussing on losing weight. Alcohol or obesity may not be the real problem, it may be debt."*

The 'training offer' is not just a means to an end. It has been used as a means to engage with organisations and build up contacts. The HIP Team engages with organisations at their level and develops bespoke training so as to tie in public health objectives to those of the organisation, for example training Fire Fighters on how to communicate messages on alcohol and smoking, given these behaviours are contributory factors to fire risk.

A member of the HIP Team explained that Health Champions in the Wigan Borough are often described in a formal or structured way. It is assumed that they will be known by the HIP Team and will have received the Royal Society of Public Health (RSPH) accredited training. However, it was recognised that, "*there are Health Champions out there that we don't even know about."*

5.1.2 Training

The HIP Team has delivered a number of different types of courses during the period March 2009 to December 2011. These are described in Chapter 4, Section 4.3.

Initially, the RSPH Level 2 award in Understanding Health Improvement[G] course was provided. From the onset it was thought that an accredited course would provide an incentive to organisations and individuals to participate in the training. The HIP Team believe that this has been the case.

The RSPH Train-the-Trainer course is also accredited. This course was provided with the aim of increasing the number of accredited trainers in the Wigan Borough. The intention was that by having accredited trainers working in partner agencies, the RSPH Level 2 course would reach out to a greater number of people.

The HIP Team has adapted the RSPH training to address specific local needs and utilised other training approaches. Feedback from partner organisations and training recipients, and the availability of funding led to the HIP Team using other training approaches.

Feedback showed the strength of RSPH courses to be on describing the public health impact of lifestyle behaviours, which in turn motivated participants to take on an active Health Champion role. However, it emerged that for some participants the course did not provide the knowhow and skills to initiate health conversations with family, friends, colleagues and community

[G] Information about this course is available on the Royal Society for Public Health website at:
www.rsph.org.uk/en/qualifications/qualifications/qualifications.cfm/Level-2-Award-in-Understanding-Health-Improvement

members. This viewpoint was confirmed by a National Support Team on Health Inequalities visit in 2009. The team recommended the *Making Every Contact Count* initiative as a priority and considered that the RSPH course did not enable frontline staff to make use of their everyday contacts with the public. According to a HIP Team Manager, *"They had the information but they didn't have the ways and means to instigate a conversation with people."* The Essential Public Health course, which had been tried-and-tested in Stockport, was deemed to have this more practical application.

The Connecting Communities to Health is an *InnovateNow* funded programme, developed by the HIP Team to specially target young people, adult men and older people. The training component is augmented by resources, which are designed to engage and inform participants. Resources are shown in Box 11.

The HIP Team have developed bespoke courses in order to meet the needs of agencies that have come forward and requested training. These courses are described as hybrid courses – the most relevant parts from the suite of courses are taken and repackaged for specific groups. Such a course has been developed for the Fire and Rescue Service.

Box 11: Training resources
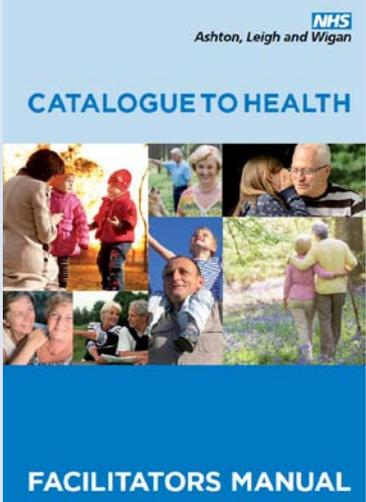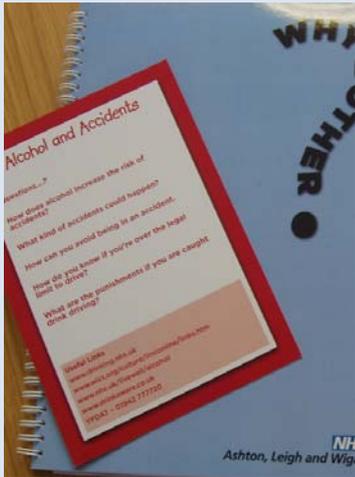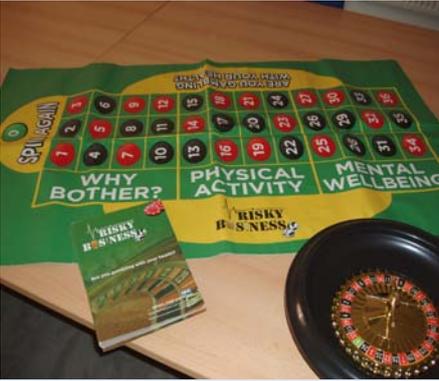
| A catalogue-style discussion guide for older people | The *Why Bother?* card game for young people | A roulette wheel format for adult men |

The HIP Team has delivered training to over 1,000 participants from over 50 organisations in the public, voluntary and private sectors. Table 1 shows the type of courses and the number of participants by course type.

The HIP Team are effective in identifying Health Champions in a range of sectors including children's services, criminal justice, education, fire and rescue, health, and social care. Figure 2 shows the participants by sector.

Table 1: Course type and number of participants

Course type	Participants*
Royal Society of Public Health (RSPH) level 2 award in Understanding Health improvement	521
Royal Society of Public Health Train-the-Trainer course	101
Essential Public Health course	84
Essential Public Health course Train-the Trainer	35
Connecting Communities to Health programme	54
Bespoke courses	212
Total	**1,007**

* The data primarily relates to the time period when the HIP Team started delivering training from March 2009 to December 2011. The Health Improvement Team Manager and staff member delivered a small number of the RSPH courses prior to this during 2008.

The largest group in Figure 2 is the community organisations group, which comprise a wide range of voluntary sector agencies. Figure 3 shows the community organisations and individuals whom have received training. The list includes agencies that engage with range of people in a variety of settings.

5.1.3 Support

The HIP Team provides ongoing support to the Health Champions. For example, Health Champions that take on a training role, such as those at the Wigan Borough Community Network, are offered a range of support including the option to co-deliver the training with a HIP Team member; receive advice via telephone calls or one-to-one meetings; and obtain resources and participant course handouts.

The HIP Team also ensure that Health Champions are informed about health and wellbeing matters including changes to relevant government or expert advice; the availability of free resources and; national and local health related events, such as National No Smoking Day and the location of the Health Check Bus in Wigan.

Figure 2: Participants by sector

Horizontal bar chart. X-axis: Number of participants (0 to 300). Y-axis: Sector type.

Sector type	Number of participants (approx.)
Child care	25
Community organisations	267
Criminal justice	25
Drug & Alcohol Service	43
Education	22
Employment/training	130
Fire & Rescue	160
Health	158
Housing	43
Sports Club	43
Wigan Council	82
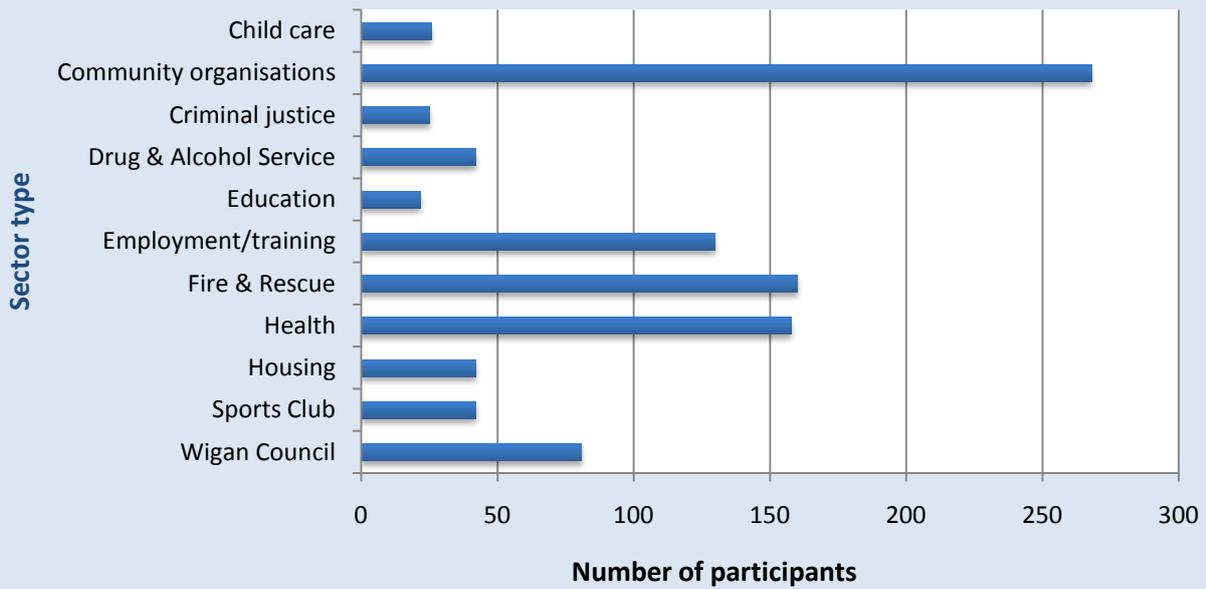
Figure 3: Community organisations by agency

Horizontal bar chart. X-axis: Number of participants (0 to 60). Y-axis: Agency type.

Agency type	Number of participants (approx.)
Age UK	34
Barnardos	4
Borough Wide Community Network	10
Community	21
CVS	2
Groundwork Public	14
Groundwork Staff	33
*MOMU - via Groundwork	50
Princes Trust	15
Quit Factor Winner	1
Richmond Fellowship	1
Sunflower Project	42
Think Ahead Stroke Group	2
Well Woman Centre	8
Willow	10

*Moving On Moving Up (MOMU) is a six-week course designed for young adults who haven't worked for some time and want to become more active and start thinking about new options provided by Groundwork. *www.northwest.groundwork.org.uk/lancashire-west--wigan/what-we-do/skills-training-and-employme-1/moving-on-moving-up.aspx*

5.1.4 Impact

5.1.4.1 Health Champions

A member of the HIP Team describes the Health Champion role in Wigan Borough as follows. *"It's the caretaker at a health centre that keeps the notice board up-to-date; provides a fruit bowl or just talks about health. Anyone can do this in the community. The RSPH gives people a little bit more confidence, signposting etc. People tend to want more after the training. In the workplace it's the organiser in the office who organises the Christmas do, sends flowers when ill, etc. The role ranges from putting a poster up to organising health sessions."*

The HIP Team stress that it's important to ensure that all partners know that the smallest of involvement can make a difference. *"No pressure is placed on partners to do more – it comes naturally."* It is also recognised that the champion role extends to family and friends. "*In the PCT, two admin staff have been trained to deliver the training – they are now having health conversations on a regular basis."* Sometimes the impact can be very impressive. It was reported that an NHS auditor attended a short Cancer Chancer course.[H] As a result this Health Champion spoke to 1,200 people about cancer.

Through their training role, the HIP team has built up numerous contacts in the community through which to channel messages about health and influence health behaviours. It has also led to organisations approaching the HIP Team for help on specific issues, for example schools bringing the problem of young people burning themselves on sunbeds.

The involvement of partners can have a long lasting and added value factor. The Fire and Rescue Service is a key partner in the health literacy programme with over 150 staff having attended a bespoke training course. Chapter 6 shows that a number of staff engage with the public about health issues, especially those linked to fires, smoking and drinking. More recently the service has taken on a domestic violence role, which anecdotally, has resulted in a number of referrals. A factor in this continued broadening of role may well be the positive experience the Fire and Rescue Service had with the HIP Team.

A wide range of partners is on board with the PCT's health improvement approach. The HIP Team acknowledge that some partners were reluctant at first. There is evidence to show that some of the more cautious partners are now very committed and approach the PCT with ideas and recommendations for new initiatives. The team has been supported in developing its contacts at higher levels through PCT Senior Managers and the Director of Public Health.

5.1.4.2 Intelligence gathering – a two-way process

The team has been involved in developing strategic approaches to improving the health of target groups, for example leading on the men's health strategy. A key role for the HIP Team has been acting as a two-way communication route between the PCT and the local population. The HIP team has been involved in feeding back information to PCT commissioners and in this respect appears to be performing an intelligence gathering function through developing its understanding of local communities as well as communicating outwards and building relationships.

[H] In January 2011, Greater Manchester and Cheshire Cancer Network and the Central Office of Information embarked on a training programme to extend the reach of an early cancer detection campaign by creating a large cohort of Cancer Champions actively engaging in the local community. Further information can be found at: *http://champions.cancerchancer.com*

The intelligence gathering function and insight into local communities could present a valuable resource to the Wigan Borough Clinical Commissioning Group or the local authority in the future when seeking to engage effectively with their populations and shape services around their lifestyles.

5.1.4.3 Factors that make the team effective

The PCT managers recognise that the HIP Team are very skilled and successful at building relationships. A Manager stated: *"Some people just run with it. They recognise the need to identify those key individuals. It's about winning hearts and minds."*

There is evidence that the HIP Team operates in a pragmatic and innovative way. A Manager spoke about the need to identify joint or share agendas with partners. *"What's their remit, what is ours, where's the overlap (between partners) and make this the area of focus."* It was also said "*We have to sell it to partners – it doesn't come naturally.*" The involvement of professional and amateur rugby and football clubs is noteworthy. This is seen as being an important factor in the engagement with young men. *"It's successful with males because it is delivered on the back of something else such as Wigan FC. Health isn't sexy but sport is."*

The HIP Team is flexible and responsive. Over 150 staff from the Fire and Rescue service have received training. The first ten staff attended the accredited RSPH Level 2 course, which lasted for seven hours. Feedback showed that the length of the course was impractical for the Fire and Rescue Service. More importantly, the content was not resonating with the participants. A decision was made to design and deliver a short two-hour course. This decision is likely to have been a key factor in the Fire and Rescue Service embracing the Health Champion role in the enthusiastic manner that they have.

The HIPs recognise the value of working in an opportunistic way. Existing partners make significant demands on the team. Age UK have requested help around cancer; the Fire and Rescue Service has requested work around mental health; and an amateur rugby club approached the HIP Team following the suicide of a famous professional player in 2010. Out of this type of situation, health improvement opportunities arise. The HIP team are able to create opportunities and take advantage of those that are presented to them, in order to get messages out and to achieve behaviour change.

The HIPs are able to work innovatively and to take risks. The HIP Team feel empowered by their managers to be able to do this. The approach of the team is such that they are able to highlight health issues among people who may not be aware of them. For example, the HIP Team report that the Wigan Council refuse collection and street cleansing staff welcomed the opportunity to learn about health improvement.

There is evidence of good team working, with staff possessing different specialisms and skills, which they are willing to share with each other. "*We're not precious about our work".* They share ideas and mentor each other and the team has worked together to win funding for a series of bespoke training packages targeting men, children and older people.

The team perceives itself as being well connected to other parts of the PCT and even their seating arrangements in the office helps with this. The team feels well connected to external agencies and this along with good relationships are important success factors. Team members have had the confidence to take advantage of opportunities as they have arisen and piggyback on other people's agendas.

Team members have taken time to understand the communities they work with and have gained an appreciation of local differences, the impact of the industrial heritage of the area on its culture and attitudes to health. The team recognises the need to acknowledge these before discussing health issues.

There is a sense of ownership by the team and in particular for the training packages they have developed with recognition by team members for their respective contributions.

The management team is considered to be very supportive, particularly at a time of very significant change, and this has empowered the team to work in an innovative and creative way. There appear be good relations between team members, with individuals respecting the contributions of their colleagues.

5.1.4.4 Concerns

The value of the RSPH Train-the-Trainer course is questionable. Over 100 people have been trained to deliver the RSPH level 2 course but only a handful are confident and competent to deliver the training. Notable exceptions to this are Groundwork and the Borough Wide Community Network trainers. The team is confident that the recent development of the team being accredited to deliver the courses will reverse this. The bespoke element of the training delivery can be replicated to ensure the Train-the-Trainer delivery takes account of the past experience of the trainer and the area within which they will work.

The loss of support facilities due to reductions in public sector budgets is having an impact and taking the team away from the work that they do. For example, there is no dedicated help to maintain contacts, which results in the team doing this in-house.

The team has benefitted from flexibility, a broad role and ability to respond and pick-up work across many different areas; however there is a need to see where they fit into the delivery of public health in the future. The team is concerned about their capacity to further develop the Health Champion role; utilise social media; and respond to the increased demand for training in workplaces. There is also concern that in the future training may be commissioned out, which could result in the team losing opportunities to develop contacts and expand networks and provide ongoing support. Knowledge of the local area and culture is seen as important in running training and adapting it to fit with local circumstances. There is a strong sense of ownership of training amongst the team. *"We can't commission it out it's ours. Would somebody else be as flexible and adapt the training as we do?"*

The health literacy approach does not have a recognisable public-facing identity or brand. Whilst the HIPs and managers are mindful of the pros and cons of having a brand, they feel that progress has not been affected by its absence. The multi-faceted approach has developed organically and the offer has been different for different partners. *"In cardiology the emphasis has been on smoking and weight management. In the Customer Support Team it's been different. Patient Participation Groups have been different again."*

It is recognised that consideration about this issue and how partner agencies and the public perceive the 'health offer' is important. The recent launch of the 'Health Champion' website is likely to initiate thinking and action about these matters.

There are concerns about the capacity of the team to deliver and develop the programme of work. *"Our flexibility has been our strength; [as demand increases] it's now becoming our*

weakness." Hindsight is a wonderful thing. When asked, "What might you do differently if you could start again?" the HIP Team Manager stated, *"I wouldn't do things different. We've kept to aims and kept to task. Flexibility is critical."*

5.2   Health Champion perspective

A total of 20 interviews (some individual, some in small groups) were held with representatives from a number of agencies (see Box 12).

> **Box 12: Participating agencies**
>
> **Age UK Wigan Borough -** provides a range of services for older people, which are locally determined.
>
> **Borough Wide Community Network -** a community empowerment programme with a membership of 200 community groups.
>
> **Electrium -** one of the UK's leading electrical groups. The Hindley Green site is a distribution centre.
>
> **Greater Manchester Fire and Rescue Service -** their vision is to make the area a safer place by being a modern, community focused and influential Fire and Rescue Service.
>
> **Groundwork -** an agency that helps people and organisations to make changes in order to create better neighbourhoods, build skills and job prospects, and to live and work in a greener way.
>
> **Sunflower -** this agency aims to improve the overall health and wellbeing of people living in areas where there is a higher levels of unemployment, poverty, ill health and premature deaths.
>
> **Wigan Council -** a range of departments including Sustainable Travel, Administration and Youth Services.

5.2.1 Partnership working

Agencies demonstrated a shared understanding of health and wellbeing issues and the value of partnership working. For some of the agencies, their involvement in health improvement pre-dates the delivery of the RSPH course and the formation of the HIP Team. Groundwork described engaging with the health agenda for at least a decade. Sunflower has been involved in the delivery of a number of health programmes and receives funding from the NHS.

Encouragingly, staff from other agencies such as Age UK, Connexions and the Fire and Rescue Service were also clear and explicit about their health improvement role. *"Obviously we work directly with older people who have a range of potential health issues, so we would probably see our role helping and supporting the NHS in disseminating the health messages."* (Age UK)

The understanding of health improvement seemingly goes beyond concern about health conditions, illness and disability. *"If it is about something else it's about an overall sense of people being OK emotionally, physically and mentally - we are about health and*

wellbeing." (Age UK). Another staff member at Age UK said, "*the organisation is concerned about supporting independent living and reducing isolation, which again is linked to health and wellbeing.*"

An interviewee from Groundwork described how they started to look at the health agenda in the North West around 10 years ago. *"It's important to maintain the relationship at a strategic level so we fully understand the role of the PCT and local Council, which means we can adapt and make changes at Groundwork. Groundwork [now] feel they do this in a more structured way whereby all the staff know what is trying to be achieved."*

An interviewee from Groundwork also demonstrated a broad understanding of public health by describing how the environment could affect people in a positive way. *"The land improvements to the Liverpool to Leeds canal, such as making improvements to the towpath will make a difference to people's health and wellbeing."*

A Fire and Rescue Service respondent, described a shared strategic view with the PCT. "*Target audiences are the same as the PCT. Reducing fire deaths is our priority, which means [focusing on] heavy drinkers, smokers and other people at a higher risk such as the elderly, those on low incomes. It's almost a no brainer for us to tie into the health agenda.*" This view was also shared by a colleague, *"Prevention is very much our job nowadays – about 75% of the whole job. A core value for the Fire Service is health and wellbeing. We recognise people might need a little help. We are not there to judge."*

5.2.2 The relationship with the NHS

The services offered by the HIP Team provide an important mechanism for the development of ongoing work with the PCT.

"*We've had a much better relationship with the PCT over the last few years. We were incorporating health into our programmes [in the past] but we now do it more formally.*" (Groundwork)

Young peoples' health and wellbeing are an important part of the Connexions Business Plan. It was said that the decision to work with the PCT had helped broaden and develop their health improvement role. *"We figured that our specialist staff were best placed to attend the training and then cascade it down to the rest of the service for the personal advisers to use with the young people.*" (Connexions)

Interviewees at Electrium spoke very enthusiastically about the support provided by the NHS. *"The relationship with the NHS is getting stronger and stronger. We had flu jabs in November and we've got another health promotion activity happening soon."*

Staff from the Fire and Rescue Service described the value of partnership working as a two-way process. There are benefits for the PCT and the wider health service and the partner agency. "*It's about reciprocation. It works both ways. We refer onto appropriate agencies and district nurses refer onto us.*"

An Age UK representative spoke about the value in these terms. "*I suppose in the end, the most cynical end, it would be about demonstrating to potential funders that we have an interest*

in and a commitment to health and wellbeing and it is always useful to say that 32 of our staff and volunteers have actually gained this qualification."

Some partners recognised that a relationship with the PCT that preceded the HIP Team was an important factor in the development of health improvement. The Health Trainer initiative, where staff were located within partner organisations, and the community focus of PCT staff were cited as important factors.

A participant from Age UK stated*, "I have been here over five years and we have worked with a number of campaigns in the past, smoking cessation and some work around health trainers, we have had a health trainer on secondment for a time and we did some work with cancer; colorectal screening program."* Groundwork staff also said that the deployment of Health Trainers had made a big difference to their health improvement work.

A Borough Wide Community Network partner identified the community-focus of key staff at the NHS as being important. *"I know [Health Champion] – she's very community oriented - she's been extremely supportive, and I think if we hadn't had [Health Champion] speaking-up for us, we won't have moved in the way we have."*

5.2.3 Ensuring buy-in from staff

Managers and other senior staff in partner agencies described how the training was perceived within their organisations. This involved overcoming resistance, showing leadership and communicating the individual and agency-wide benefits.

One interviewee from Age UK gave a candid account of their first impressions. *"I think to be honest most staff were a bit unclear and uncertain about it and I think we did quite a lot of pushing. [Some people said], you know I am the reception volunteer – or I work on immigration services, why should I have to deal with this? I am not a health worker."* Encouragingly, most staff were accepting of this new approach, as typified by this statement: *"Although it is not our prime function to provide health advice you never know when that sort of thing is going to crop up in a relationship with a service user. And you are coming along from some kind of informed standpoint aren't you?"*

Respondents from the Fire and Rescue Service were explicit about the strategic importance of the training and relationship with the PCT. One said: "*Actually this organisation is about health and wellbeing and that's why we are engaged with this. And we did, we were very explicit in saying - particularly in terms of the business case. If we want to engage with new consortiums, if we want to engage with the health economy and go forward, actually getting this under our belts, showing our credentials is actually quite important."* The interviewee went on to say, *"We purposefully avoided 'badging it' as anything. It's part of our work. Wanted to avoid 'that's not my job'."*

One Groundwork representative described the importance of the accreditation aspect of the training. *"It gives employees and volunteers a certificate - a recent qualification, which gives something important for the CV."*

For Connexions the quality of the 'offer' proved decisive. "*This particular piece of training and the resource [Why Bother?] allows them to go into things in a bit more detail than in a group setting. If this hadn't have come we probably wouldn't have been able to do that. Staff would*

probably end up doing things ad hoc. With Why Bother? everybody's doing the same thing so it's consistent."

The 'buy-in' process in workplace settings is also important. For instance, the enthusiasm evident in Electrium for health improvement initiatives is partly attributable to the development work undertaken by the HIPs with senior staff at the business.

5.2.4 Training

Staff within organisations had a range of perspectives on the training. Views ranged from not finding it at all useful to those who were fully engaged with it.

The training has been well received by many participants. *"When I went to the training I really enjoyed the training and I think the research and the resources and the tools that were provided were brilliant, really useful. I am really glad that I had the opportunity to go on the training and then deliver it to other teams."* (Connexions)

A Connexions respondent described the Why Bother? training and resource as follows: *"From a barrier point of view - there's been nothing really that has hindered us at all. It's like they said, you don't need to be an expert to be able to deliver that training, and there's a lot of resources out there. We needed the training to be brief and concise; we didn't want it to be too long. So it was brief and concise, and that was good."* A Groundwork staff member also indicated that the Why Bother? training and resource was very good to use with difficult to engage children.

The informal and participatory aspects of the courses resonated well with many participants. A Groundwork interviewee spoke highly of the RSPH course. *"The course is very practical – hands on. Very visual for smoking, healthy eating, alcohol, etc. People want to take the resources such as the 'Eat Well plate' home. People say, 'Can I show my neighbour?' People even take pictures on their phones of the 'Eat Well plate'."*

A Borough Wide Community Network interviewee also spoke about the impact of the RSPH course. "*One of the big things that always gets them is the alcohol bit, when we give them the wine glass and say 'ok just pour us out how much you'd normally have in a glass of wine', the message really gets home to them. You can see some of them sat there going 'oh my god, how much do I drink' you can see the expression on their faces change with some of them."*

An Electrium staff member viewed the course content and delivery style positively. For instance, one respondent said: *"It was really enjoyable, really good, really fun. You had to make something with Plasticine that represented health. I made a dog, someone else made an apple and an orange. The visual aids representing portions of food and the drinks measures were good. I took the glass pourer home to measure my brandy."* A colleague agreed that the course was very interactive and delivered well: *"It got everyone involved. Nothing could be improved."*

The participatory style had a positive affect on the transferability of the training. *"The way they delivered it was really good. A lot of interaction, a lot of activities. It enabled us to go out and deliver it to other staff."* (Connexions respondent - talking about the Why Bother? course).

Achieving the most appropriate delivery style for a range of participants from different backgrounds can be a challenge. An interviewee from Sunflower said that the presentation style of the RSPH course was about right: *"Good mix of discussion and PowerPoint presentation,*

facts and figures. The theory about change [however] some of that was a little too much. One theory would have been enough."

Not all participants welcomed the style of training. "*Yes there were facts that I found out that I didn't know before, but I don't know if I could get those to the fore again. I would say that it was maybe pitched wrong in that I felt a bit like a school child. It was very basic, extremely basic and there was a lot of things like, you know playing with play dough! And it's just not really what I like. I am not interested. If I am going to go on a course I want to learn something.*" (Age UK)

The RSPH training was perceived by some to be too technical and full of statistics. The Borough Wide Community Network adapted the course audience, as follows: "*I've really changed some of the words, well the words are there on the slides. We say 'this word means', or 'that's another way of saying".*

All interviewees were asked about future learning needs. Two main themes emerged. Firstly, staff from Connexions, the Fire and Rescue Service, and Groundwork all mentioned mental health and wellbeing:

"But I think a lot of staff wanted actually more in depth training especially around mental health. Mental health and wellbeing is big area, because it is a sort of grey area, [especially] the understanding of it. A lot of people don't have an understanding of what all the different issues are, especially what the issues are for young adults. They think mental health is for people who are older." (Connexions)

Secondly, a number of agencies also spoke about the need for more practical training related to 'raising the subject' with people and how behaviour change is promoted. This is discussed further in Chapter 6.

5.2.5 Accreditation

The accreditation of the RSPH Level 2 course and the subsequent award for successful candidates was welcomed by some agencies. Groundwork staff were particularly supportive of this factor since it enabled many of their clients, especially young people, to gain their first certificate. Respondents from Electrium also valued the accreditation aspect of the course.

Participants from Sunflower spoke positively about the RSPH. *"The guy who did the course had been in-and-out of work for a long, long time, so now he's doing some volunteering. Because he passed and I think he'd got a credit as well he was like, 'wow', and, 'I can't believe it, I got a credit'."*

Staff at Sunflower also had some concerns about the assessment process. "*Its just there's a lot to get through, and there is a lot of discussion which does take place. I'm not sure why they wanted an exam at the end. I think the test at the end is a little bit worrying for people, I think that can act as a hindrance, because they're thinking about – 'I've got to remember this and I've got to remember that'. So are we getting the people to get the qualification or are we getting them to learn and understand about their own health?*"

They also viewed the assessment at the end of the RSPH as difficult for some participants. *"I didn't realise that she'd got a problem because in the actual group she was talking, and*

obviously understanding everything, but because they haven't done any tests or anything like that, the multiple choice test and the actual process of deciphering the questions was difficult."

Participants from Wigan Council, however, viewed the assessment process positively. *"Yeah it was good, because it was multiple choice, I don't think it was too daunting as like saying 'your going to have to sit an exam at the end of two days'. It was good and everyone took it really seriously, like I said, we'd had a good couple of days and it had been made fun for us, but then as soon as the test papers came out it was like, exam conditions, which was quite funny!"*

An interviewee from Wigan Council made a direct link between the qualification and the Health Champion role. *"I think it's good because, when you are giving advice or talking to somebody about health issues, it just gives you that bit more of, you know - makes it more valid - that you've got a certificate. So when you're talking about nutrition or food labels, you can say I do know what I'm talking about."*

5.2.6 Being a Health Champion

5.2.6.1 Understanding the role

Almost all participating agencies demonstrated that the Health Champion role is well understood and being put into practice. There is a clear link between the training and the Health Champion role.

"Everyone gets something from us. It is one of the most valuable qualifications we deliver. It's easily achievable and it empowers people. They didn't realise the knowledge they already had. Once they get the certificate saying they'd passed they can go out there and help others. We've had lots of success. Delivered it to different groups in different communities and within the organisation. Feedback is that they go home and pass the messages on to other family members and friends. They are becoming Health Champions. It's not about ramming something down their throats – it's about giving them information so they can make informed choices." (Groundwork - speaking about the RSPH course).

A Borough Wide Community Network participant said, *"I know we've got to get people through the exam (RSPH), but it's the learning and the talking rather than passing or not. If they're signing up to be a Community Health Advocate, we say we want you to share what you've learnt with your family and friends, and that doesn't make it such a big job for them. They feel that they can do that, and they are because of the comments we're getting back, we know that people are talking about it [health issues]. It also encourages them to reflect on you're their own lifestyles and 'take their own advice'."*

At Electrium it was reported that the staff who attended the course had all played a part in raising the profile of health and wellbeing and delivering health related activities. For example, *"We've really embraced it at Electrium. It's amazing how many people are interested in a healthier lifestyle."*

An interviewee at Sunflower gave a first-hand account of the impact when a RSPH participant said: *"On day one I was thinking - what's all this about, but then at the end of it, I went home and had a word with my gran about her eating habits' so it did start to mean something."*

Some interviewees gave specific examples of people gaining insight from the training, going home and doing something about their lifestyle. *"There's an impact even if it is at a very micro*

level, for a couple of people - well you know 5 or 10 years down the road you may have a couple of people not developing coronary heart disease." (Age UK)

However, not all participants shared this viewpoint. *"I am a little bit uncertain and unclear about the community Health Champion."* (Age UK)

The participants that are featured in the case studies in this document all saw themselves as Health Champions and are recognised as such by their colleagues and friends. Participants are enthusiastic about the Health Champion role and utilise a wide range of approaches to make a positive difference to health and wellbeing.

A Borough Wide Community Network member described his role as follows: *"I have a sense of trying to improve the health of the Borough. If the people we see and talk to improve their health, well fine. We've achieved something. If they then choose to spread the word, even better. We don't go out saying we are Health Champions, we hope to help to improve the health of the Borough but we bring it into the course and say [to the participants] that you can call yourself a Health Champion."*

A colleague from the Network seemed reticent to describe herself as a Health Champion even though her actions would suggest otherwise. *"No I don't feel like I am a Health Champion. I wouldn't like to feel that people may think that she's always talking about that. What we do is to put over in the course the choices that people can make on a day-to-day basis like eating this or drinking that. We try and get people to think about choices they are making - perhaps think twice."* Establishing a sense of being a Health Champion in other people is also important. *"We say to people on the course you are a community Health Champion because you've been through the training and all we want you to do us tell your family and friends and share this information and we do know they do that because they come back and tell us of the changes that have been made."*

5.2.6.2 Approaches

A wide range of approaches are used to promote positive health messages. These include informal health chats with colleagues, the display of posters and leaflets, distributing information by email, the availability of fruit bowls, talks from outside speakers or experts, arranging for Health Checks to take place in the workplace, promoting national health awareness-type weeks, organising walks at lunch time, demonstrating leadership and being a positive role model and delivering training.

The above activities are complimentary and often are deployed in tandem. Health chats are often instigated by the presence of props (fruit bowl), posters and other forms of communication.

At Electrium, a staff member described engaging colleagues in informal health chats: *"Health issues come-up in general conversation. Health really comes up in everything - especially with women who are often saying that they'll have to lose some weight."*

A Council employee described an informal and pragmatic approach, suggesting that there is a no need to over-complicate things: *"I don't really need to be taught how to talk with people. I get information and pass it on in day-to-day conversations such as, 'Did you see that news story last night? 'What did you think?'"*

5.2.6.3 Support

The Workplace Health Champion meetings held for local authority staff are valuable and can directly lead to health chats with colleagues. A Council Health Champion stated: *"All the information we get at the meetings is fed back to the staff in our buildings. The more Health Champion we can get, the more we can provide information to people."* A colleague agreed: *"We get ideas from others. I come back from a meeting and people say have you got any freebies? What did you talk about? There's genuine interest from people about what was going on."* Another stated, *"I've just been to the Health Champions meeting, I found out about two issues including new commuter bikes to borrow."*

Participants also spoke about the support from managers and senior staff within Wigan Council. One person explained that managers are very supportive of her work but acknowledges that is partly because of the nature of the job. *"I am not too bad because it fits in with my role. If it's not around health, I can imagine it's a little harder."*

Another person said they were grateful for the support they received from their manager but was unsure how widespread support was generally. *"My boss has been very supportive but I know that other people feel that this is not the case. My perception is that I feel that it's OK for us at a particular level but for anyone above that, it's not condoned and people aren't involved. I don't think that we don't have the backing from senior staff."*

5.2.6.4 Identifying need

A number of interviewees, including those from Groundwork and Connexions, recommended that increased emphasis should be placed on promoting good mental health. A partner from the Council was particularly interested in mental health related issues and the challenges they pose. *"I think in terms of the Health Champion role we emphasize the physical aspects like eating and exercise - it's harder to bring in the emotional and social elements."*

Participants were concerned about work-related stress and its impact on mental health. One person believed that the role of the workplace Health Champion was even more important as people need to stand back and think about their own mental health. *"People are so caught up in keeping their job. Going for a walk or run does make people feel better. People think that physical activity tires you out but in fact the reverse is true – it gives you more energy and helps you cope with stress."*

Another participant described a connection between good health, good working practices and reduced absenteeism. They also felt that the working conditions during the last two years had increased stress and increased the need for support and information. *"I am interested in the links between work, stress and sickness. I know that procedures have to be in place but some people find the sickness process stressful even though it's not meant to be."*

5.2.7 Barriers to being a Health Champion

During the course of the interviews a number of actual and potential barriers were identified.

5.2.7.1 Difficulties encountered raising the subject

The task of promoting behaviour change – however small – is not easy. *"It's just hard work getting people interested and keeping them motivated."* (Wigan Council)

One participant highlighted the difficulty of raising lifestyle related issues with clients or members of the public. *"I still wouldn't know how to approach someone. I wouldn't know what to do. I haven't been trained to talk to people about other aspects such as, 'you should cut down on your cigarettes or stuff like I see your kitchen is a mess. Do you not eat or something'. If you are not trained, we can't be expected to do something. I would report concerns about children."* (Fire and Rescue Service).

An Age UK participant also expressed similar concerns. *"In fact if I went out to a service user who was a heavy smoker for instance, I wouldn't necessarily bring that up because, for me, I would feel that is not my place to tell them."* There was also a perception that expecting people to change their behaviour was not a simple matter. *"Older people are set in their ways. It's very difficult to change their outlook because they are getting into their 70's."* (Age UK)

Participants from the Fire and Rescue Service spoke about the reluctance of some staff to put the training into practice. *"A minority of staff were filled with trepidation. We recognised that they find it difficult. They are not sure what they can provide above and beyond fire checks."*

Similarly, some staff may even find going on training related to health daunting because of their own lifestyles. *"I know X, who smokes, drinks and eats pies… But he won't go on the Cancer Champion [training] because he has got all the symptoms basically, because of what he does and he is frightened of actually realising from the cancer point of view that he is probably a good bet for cancer."* (Fire and Rescue Service).

5.2.7.2 Competing priorities

One interviewee from Age UK spoke about the crowded nature of the public health landscape. *"Potentially, but I would say that the problem is there are 'champions for everything'. You know we have got Dementia Champions, Cancer Chancer Champions and Equality and Diversity Champions and …… people get to the point where they are sick of being champions really – because they have got their day jobs to do."* The interviewee continued as follows. *"Everything is a priority, every campaign is a priority, Cancer Chancer is a priority, accident prevention is a priority, obesity is a priority, sexual health is a priority. They can't all be priorities. If you are a staff member going to fit a grab-rail in someone's house, I have got to be conscious that they are not able to deliver six different messages."*

5.2.7.3 Funding - less resources, more work

One of the voluntary agencies expressed concerns about the current economic situation and the potential effect on working practices. *"The work doesn't go away but unfortunately staff numbers diminish in these times and I think that could be an issue for people. There's no funding around, everyone's been worried and the community slice has got smaller and smaller, and we can see our groups just folding, and we feel that all the work that's been done since the local Government Act, which started community empowerment programme, has just been put us back ten years. People go back behind their doors."*

Connexions staff described that recent restructuring and some job losses had meant that momentum had been lost. However it is hoped that the new structure will allow for this approach to be continued and to expand the pool of staff working with children and families who can be trained.

5.2.7.4 Ongoing support from the HIP Team

An issue raised by some agencies concerned the availability of ongoing support, which was thought to be a factor in ensuring that individuals continue in a Health Champion role following the training. An interviewee at Sunflower stated, "*Are people Health Champions once they have been on the course? Surely, it depends on what they're doing with it afterwards, who's coordinating what's going on afterwards, 'cos you can say to people 'now you're a Health Champion and you can speak to your family and friends about health issues', but are they?*"

Connexions staff were positive about the responsiveness of, and the support provided by, the HIP Team. "*I can't really fault them in any ways; they are very supportive to us which is what we needed really. The Why Bother? staff* (Connexion's staff using the Why Bother? resource) *identified that they needed detailed training on very specific areas such as nutrition and mental health. The PCT provided us with further sessions.*" Another staff member at Connexions stated, "*the PCT have been brilliant, and they have offered to be there if we have got any questions and need any more support, it's all been really positive.*"

The Fire and Rescue service were also pleased with the responsiveness of the HIP Team after some of their members attended the RSPH course. "*It was excellent but too long. We were delighted that the PCT listened to our feedback and they were able to provide a bespoke course.*"

However, other interviewees were less clear about the availability of support, "*I am not aware that, if you are thinking just about RSPH I am not aware of any support. I don't know if that is part of the deal.*" Sunflower reported one of the RSPH participants saying, "*Now where do I get more information from, if things change and get updated – where do I get that from?*"

Respondents from Age UK and the Borough Wide Community Network stated that they had not received feedback from the HIP Team following the completion of courses. They thought that sharing the collated evaluation form data would create interest and acknowledge the commitment and effort of partner agencies.

5.2.8 Impact

5.2.8.1 Behaviour change

The Wigan Council interviewee explained that following the distribution of weight management check sheets obtained on the RSPH course, colleagues took them home and used them within their families. "*One woman in particular, her husband and two kids recognised that they needed to change their eating and exercise habits, they wanted to change, to be a bit healthier and lose a bit of weight, and I know as a family they did it, and that came from the Level 2 programme.*"

A Fire and Rescue Service interviewee said, "*I go to friends who drink a lot and you try to get the message home. I think one or two at least have started drinking more water as a result. Even the girlfriend drinks a bit of water, which is rare. Instead of getting eight pints down them they now have a fruit juice and in the end I get them to put a bit of water down. I know I have one friend who is exercising more.*"

A Wigan Council interviewee spoke about her own health and how she tries to influence family and friends. She says that she has taken up cycling and purchased a bike through the bike purchase scheme. "*I've got two colleagues to ride with me in the Great Manchester Cycle event. Two neighbours and my partner have also gone out and bought bicycles. Another neighbour*

has joined a gym." The interviewee continues. *"Once you can get somebody to do something once, you've done it. I don't really like swimming but I went with a colleague once - she realised it wasn't as bad as she thought and now she goes two or three times a week."*

Respondents from the Borough Wide Community Network strongly believe that the courses they provide make a positive impact on people's lives. They focus on issues that seem relevant for the participants such as placing the emphasis on 'making the right choices' and helping to care for their babies as well as themselves. The impact is often very visible. The participants look different (e.g. taking more care of their appearance) and seemingly grow in confidence as the course progresses.

A Borough Wide Community Network respondent says, *"Most of the group of young Mums had disengaged from school. They had poor literacy, no qualifications and seemingly an absence of praise. When I said to one girl that you must come next week because you are going to do alright in this (the exam), she nearly started crying because I was giving her praise. When I rang her up I had to tell her three times that she had passed the exam."* Another Borough Wide Community Network respondent continues, *"The qualification is the first one she has got. That's a real achievement. She left the course much more confident and with a qualification she can put on her CV."*

5.2.8.2 Capacity

Determining the impact of over 1,000 people receiving training is not easy and not within the scope of this report. However, partner organisations had a clear sense that the impact was important. *"There are 35 more [Age UK] people in the Borough now trained up. There is that reservoir of knowledge in the organisation around some of the most important public health themes."* (Age UK)

Similarly, a Wigan Council Health Champion illustrated the difference in their work environment. *"I can't say really if it has made a massive difference organisationally, but certainly, within our pod of 30, I do get people coming to me, knowing that I've got my (RSPH) certificate, which is up on the wall, and if there is anything that they do need, they do come to me if it's a health issue."*

5.2.8.3 Confidence

A benefit that managers and frontline staff reported was a more confident workforce. *"I think if anything it's given us the confidence to go out and do it. And I think the other thing was delivering the training to all the staff, [also] gave you more confidence. For me personally, doing the training and having that experience and delivering the training I'm keen to learn more really. I'm keen to perhaps veer down that route a little bit more."* (Connexions)

A Wigan Council staff member was very succinct about the value of the RSPH course. *"I am more confident in talking to people, and I know where to get info."*

Staff from the Borough Wide Community Network also report that confidence building was an important outcome for people attending the RSPH course – many of whom had had limited experience of participating in this type of learning event. *"I think at Beech Hill there's a sense of achievement, in taking part and participating on an equal level, and realising that they could, and then actually getting a certificate that said it was an accredited course. I got the impression that there were a number of ladies that this gave them confidence to say 'yes I could tackle other stuff' because I can operate as a [Health Champion] peer."*

A number of partners acknowledged that there was a need within their own agencies to assess what impact the training has on their clients or service users. Age UK indicated that this evaluation was taking place soon after the delivery of the training. Encouragingly, they indicated a commitment to address this issue in the future. *"We have got Investor's in People now so we have got a commitment to evaluate the impact of training."*

Representatives from Connexions also indicated a similar position. *"I am not sure if I have got any evidence, it's quite recent as well. I am sure that's sure something we can look at once we get to use them (the training resources) more regularly with established groups and perhaps with the one-to-one's as well."*

5.2.8.4 Reaching out

Determining the overall reach of the health literacy approach in Wigan Borough is outside the remit of this evaluation. Some partner agencies recognise that their involvement may give the approach a broader community impact. The Borough Wide Community Network explained *"All of the courses we've done have been in working class areas if you like, rather than the better-off areas. Lots of single mums or the unemployed."*

Interviewees from the Borough Wide Community Network also spoke about their credibility, as an agency delivering the training to the wider community would be more acceptable. One said: *"I think that the fact that we're community, [means] we're not sort of seen or perceived as being from an authority, we're them you know, we're on their level."*

Electrium staff were clear about the benefits of the health check scheme for individuals and the company as a whole. *"Coming into a workplace probably captures a younger group of people and if you can instil that health and wellbeing at a younger age perhaps you can make a difference. The health checks identified some people who had high cholesterol, which meant they could go to the doctors and get some help instead of it ending up in a stroke. We also found two colleagues who were diabetic. To have these checks is brilliant. Other companies should jump at the opportunity."*

Case study

Business Support Team Leader, Wigan Borough Council

"*People think that physical activity tires you out but in fact the reverse is true – it gives you more energy and helps you cope with stress.*"

The Business Support Team Leader says, "I see myself as a Health Champion and I use the title with others". She recalls a wide range of activities she has been involved in or has initiated. She also provides insight into some of the obstacles that all Health champions are likely to experience.

Fruit bowls have been introduced: *"These took off a little bit than fizzled out."* She puts posters up and sends emails to colleagues about relevant health information. She has encouraged colleagues to take part in walking activities at lunchtime. She promoted the Walk to Work Week Challenge last year, which resulted in one colleague continuing to walk from Standish to work. Jane accepts that busy schedules, short lunch breaks and the weather sometimes prevent more people taking up walking.

The Health Champion has encouraged colleagues to attend *Find and Treat* consultations and seek help to stop smoking. Colleagues have also approached her with questions such as, *"Have you got any idea where I can find out about this [type of issue]?"*

An informal and pragmatic approach has been taken by the Health Champion. She feels there's no need to over-complicate things. *"I don't really need to be taught how to talk with people. I get information and pass it on in day-to-day conversations such as, 'Did you see that news story last night? 'What did you think?'"*

The Business Support Team Leader spoke about her own health and how she tries to influence family and friends. She says that she has taken up cycling and has purchased a bike through the bike purchase scheme. She seems to be quite persuasive. *"I've got two colleagues to ride with me in the Great Manchester Cycle event. Two neighbours and my partner have also gone out and bought cycles. Another neighbour has joined a gym."* She continues. *"Once you can get somebody to do something once, you've done it. I don't really like swimming but I went with a colleague once, she realised it wasn't as bad as she thought and now she goes two or three times a week."*

The Business Support Team Leader enjoys being a Health Champion. *"I really enjoy it. I don't have a problem pestering people. They can call me all the names under the sun but it is something that I believe in. The more aware people are the better."*

6. Discussion and conclusions

"We also need to focus on the health of the Borough in respect of the assets of its people, places and resources."

Dr Kate Ardern, Executive Director of Public Health for the Borough of Wigan,
Public Health Annual Report 2011

This chapter describes how the health literacy approach is working and what the key factors have been in its success so far. A summary of the important issues identified by the PCT and HIP Team, and the partner agencies is included. This provides a basis for building on what has already been achieved in Wigan Borough.

6.1 Developing partnerships - realising assets

The call for the NHS to work in partnership with other sectors and agencies has been a feature of numerous policy and guidance documents over the last two decades. It is also recognised that the NHS in isolation, by delivering courses or imparting information will not raise the understanding of issues sufficiently for people to change their health behaviour. The recent report by the NHS Future Forum[43] recommends that NHS commissioners should use partnerships with other local services to improve the health and wellbeing of communities that the NHS locally finds difficult to reach, providing training where appropriate.

The NHS Future Forum report goes on to state, "*When making every contact count for health improvement and the reduction of health inequalities, the NHS must also look to the interactions that take place with the public every day outside its walls.*"[43]

NHS Ashton, Leigh and Wigan have already made significant progress in engaging, training and supporting agencies from the voluntary and community sector, social care, criminal justice and other local services, sports clubs and businesses. The HIP Team has provided training to over 1000 individuals drawn from over 50 agencies throughout Wigan Borough.

Partnerships, however, should be seen as much more than simply an interaction. The 2011 Ashton, Leigh and Wigan public health report states that, "*We also need to focus on the health of the Borough in respect of the assets of its people, places and resources. It is through these assets that the Borough will grow and prosperity will be achieved.*"[6] Assets are defined as the resources, skills or knowledge, which enhance the ability of individuals, families and neighbourhoods to sustain health and wellbeing.[48] There is evidence that course participants have embraced the Health Champion role. They have utilised their knowledge, skills and networks to engage with people about lifestyle behaviours and promote healthy options.

An asset based approach means that the reach of any programme or intervention can be greatly increased. The work of the HIP Team can demonstrate much progress in reaching out to a wide range of partners throughout the Borough. The potential benefits of this approach are numerous. A number of agencies who participated in this research spoke about the importance of local people receiving messages from trusted peers and community leaders.

6.2 Building relationships - building capacity

The health literacy approach in Wigan Borough has been described as organic in its design and delivery. The approach has involved developing relationships with individuals and organisations already working within communities, who are respected and valued by those who use their services. NHS Ashton, Leigh and Wigan has also sought to build influence in public, voluntary and private workplaces. A number of factors relating to the formation and work of the HIP Team seem to be very important. The team comprised six members of staff, each with different areas of specialism, skills and experience including working with people in diverse communities. The HIPs were deployed in townships throughout the Borough with an expectation to develop relationships and 'win friends and influence people'. These factors are likely to have contributed to the engagement and involvement of individuals and agencies embracing health improvement activities.

The emphasis on developing relationships is an important part of the health literacy approach in Wigan Borough. Measuring the precise impact of this approach is difficult and outside the scope of this evaluation. However, the signs are encouraging. Already, many individuals and agencies have taken on a Health Champion role. These individuals and agencies - and the networks and communities they are connected to - provide a sizeable and solid foundation for future developments.

6.3 The Health Champion approach – theory and practice

A key aspect of the approach to health literacy in Wigan Borough is the engagement; training and support of Health Champions to enable their friends, families, neighbours and colleagues to lead healthier lives. Evidence is emerging that the lay Health Champion is effective in supporting positive behaviour change at an individual and community level (Section 3.2.) There is little in the literature that explicitly explains the mechanism by which such approaches work.

The evidence suggests that a health literacy approach, when supported by social cognitive learning theories is likely to be effective if it works in tandem with other factors such as the removal of obstacles to change and provision of incentives. This study has highlighted examples of such things in Wigan. Council employees can purchase bikes tax free, hire them at no cost and store them in secure places. The uptake of Health Checks and other health activities in the workplace are linked to staff being provided with the time to participate in them. Similarly, the availability of a crèche was key to ensuring that young mother's were able to attend a training course.

The above point about structural barriers relates to the understanding by many participants of how environment and lifestyle choices impact on health, and the extent to which people are empowered to make informed choices on how to protect their own health and prevent illness. An important aspect of this was the process whereby a Health Champion encourages someone to seek help sooner rather than later in relation to a health concern.

The Health Champion approach is consistent with social norms theory, which suggests that much of people's behaviour is influenced by their perception of how other members of their social group behave. This is done in a multi-faceted way, which can include 'leading by example', informal health chats, posters and leaflets, the placement of fruit bowls and linking in to national health events and news items. Virtually all participants described the approach as

being subtle in it's delivery style. The approach involves suggesting, rather than demanding, change. A brief intervention approach runs through much of the health improvement work. There is a good understanding that even the shortest of interventions can make a difference. The Health Champion approach adopted in Wigan Borough also resonates strongly with the Five Ways to Wellbeing, which are evidence-based public mental health messages aimed at improving the mental health and wellbeing of the whole population.

The health literacy approach has definitely embraced *Making Every Contact Count*.[33] The importance of providing large numbers of individuals with the knowhow to make a difference in their workplace or community is understood by all. The *Making Every Contact Count* approach in Wigan has extended beyond the NHS. A wide range of public and voluntary sectors organisations are already on board.

The Health Champion role is seemingly well understood in Wigan Borough – especially among the Workplace Health Champions. Interestingly, some partners from the voluntary sector seemed reticent to use the term 'Health Champion'. However, when prompted they gave specific examples of health improvement activity and achievements. Their actions are certainly consistent with the Health Champion role.

The Wigan Borough description of the Health Champion role is appropriate (see Section 4.2). The emphasis on '*trying to make a positive difference to health and wellbeing in whatever way they can'* communicates inclusiveness and accessibility with 'no strings attached'. It is important that health improvement is done *with people* rather than *at people*.

6.4 Training

The training on offer takes a wide view of public health. This is especially the case with the RSPH course. Whilst the course clearly makes the case for behaviour change it does not unduly focus on how individuals can be encouraged to change behaviour. However, there is evidence that the training does motivate and equip individuals to take on the Health Champion role. The exact mechanism for this is unclear. Is it the course content, is it the style of delivery, is it the motivational affect of the trainer or is it the engagement before the course and the support after the course?

The 'no pressure' approach adopted by the trainers, and the HIP Team in general, seems to be valued by partner agencies. There is no explicit expectation that an individual must start improving health immediately. The '*small changes make a big difference'* approach seems to nurture rather than compel people to take action. This situation is also helped by the fact that the action is defined in a broad way. It could include taking a leaflet home for a family member; displaying a poster in the community centre; running a fruit bowl scheme or arranging a lunch-time walk at work; talking to a mate about alcohol or encouraging a friend to 'get checked-out for cancer' sooner rather than later.

It is noteworthy that NHS-led behaviour change programmes in some parts of the North West are delivered differently. Often the emphasis will be on training frontline staff to deliver a defined behaviour change intervention in response to a specific issue such as drinking or smoking. Staff are often expected to deliver a set number of interventions. The emphasis on relationship building prior to the course and support after the course is often absent.

The findings in this report, however, show that some individuals and partner agencies feel that

the RSPH course does not provide people with the knowhow and tools to promote behaviour change. Knowing the extent and distribution of risk behaviours and health problems is not enough. Some interviewees were forthright in saying things such as, "*I still don't know how to raise the subject*" and "*what is the right thing to say?*" The HIP Team was quick to acknowledge this. The Essential Public Health course and Connecting Communities to Health training and resources provide the practical ways and means to promote behaviour change.

6.5 Reach and value

The involvement of a wide range and large number of agencies and individuals is impressive. Many of the contacts constitute much more than a 'course participant' – a relationship was formed prior to the course and maintained after the course. Although it is a matter of conjecture it is interesting to consider this community-led and asset-based approach alongside other approaches, which tend to 'count' the number of individuals who have attended courses.

The value of this approach is not easy to measure. However, during the course of the evaluation process, stories emerged that indicate buy-in from partners. These include Age UK requesting training about cancer awareness, Electrium asking for employee health checks, and the Fire and Rescue Service incorporating domestic violence into their working practices. Similarly, evidence emerged to show that reluctant partners became involved partners. A 'winning hearts and minds' approach seems to be at the forefront of the HIP Team approach.

6.6 The HIP Team

The value of the team is to provide a mechanism and a resource for ensuring heath literacy is embedded into the work of the many front line staff and community members to benefit their health, and also that of the client groups and communities that they engage. The reach alone for NHS and Council staff is considerable even before the impact on the wider public who they are in contact with is included. The HIP Team represents a very valuable source of influence within the Borough to empower individuals and communities to improve their own health.

A Department of Health review[49] made it clear that behaviour change intervention is not just about identifying a 'one-size-fits-all' intervention type. When dealing with individual behaviours it is important to have an understanding of what kind of interventions work and which are most effective for different groups. The HIP Team have demonstrated that they work in a flexible and effective manner. The development of the 'Catalogue' resource for older people; the 'Roulette' resource for adult men and the *Why Bother?* card game for young people also demonstrate creativity and innovation.

6.7 Moving forward – building on what we've already got

A key point that all partners recognise - at an individual, workplace, community and Borough wide level - is that the type of health improvement programme established in Wigan is not a quick-fix solution. Activity needs to be scaled-up and sustained. This report demonstrates that work to this point has resulted in a platform being established that provides a good opportunity for moving forward.

The NHS 'team' (Health Improvement Assistant Director, Manager and HIP Team), and the Health Champions highlighted a number of important issues (Box 13).

Box 13: Issues for consideration

Health Champion issues

It is important to:

- **Continue the provision of behaviour change training**. Individuals need help to be able to 'raise the subject' and understand how people's confidence and conviction can be enhanced.
- **Review the value of the accreditation process**. Whilst it is an essential factor for some people, it is less so for others.
- **Learn about mental health and wellbeing**. *'Sometimes the smallest thing can boost people's confidence. We need to focus on de-demonising mental health – so it's not a taboo."*
- **Provide high-level support for workplace Health Champions**.
- **Ensure access to ongoing support from the HIP Team**. This will help maintain motivation and provide further learning opportunities among Health Champions.

NHS issues

It is important to:

- **Measure the impact of the programme on individual and community health**. *"The golden question remains – what impact is the programme having?"*
- **Recognise the need to extend the reach of the programme**. *"We need to reach out to organisations we are not working with such as adult social care, care homes and the police."*
- **Develop the Health Champion role and infrastructure**. *"We need a website to share knowledge, create communities of interest and we need to produce things jointly [with other partners]."*
- **Determine how partner agencies and the public perceive the 'health offer'**. Would a recognisable public-facing identity or brand alongside a wider marketing strategy help? The launch of the website will help.
- **Build resilient communities**. *"This should be approached in a multi-partner, asset based way, which doesn't [just] rely on the PCT. Amateur support clubs have been brilliant at this."*
- **Embed health literacy approaches into contracts, service specifications and patient/user questionnaires**.

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