**Appendix 1**

**Examples of preventive services highlighted in case studies**

1. **Preventive services**

**Integrated healthy living/wellness services:**  a wide range of models had been developed to bring together lifestyle services previously provided separately, including voluntary sector input, GP-led, and a range of providers commissioned to provide specific services. For example, an integrated wellbeing service was described as a ‘well-used resource’ that brought together full lifestyle checks with other resources available in the council to reflect a ‘broader sense of wellbeing’ and included, for example, counselling support, health trainers and debt advice. A range of different options was offered.

**Drugs and Alcohol** (a) recommissioned from a highly professionally-dependent Drugs and Alcohol Service into a more community-orientated model, also using volunteers; (b) more emphasis on peer support and looking at impact on children, combining third sector and NHS providers; (c) ‘Water angels’ promoting a glass of water after each alcoholic drink, where ‘models dressed in white with wings’ go into pubs and clubs. An interviewee noted that ‘the police love it. The bars love it. And it's evaluated extremely well’; (d) change from a traditional drugs service (with one provider), an alcohol service (with a different VCSE sector provider), plus small contracts (with pharmacists), to a single integrated contract for substance misuse.

**Sexual health services**: (a) integrated sexual health services, tied in with VCSE sector for the targeted aspect; (b) use of online information, which resulted in a drop in demand for services; (c) initiatives to take account of cross-boundary issues, especially in London where accessing services in central London could double the cost to the local authority; (d) CCG funding of voluntary sector input into sexual health services; (e) moving services out of the hospital into the community (resulting in a 27% increase in people attending appointments and a 24% reduction in the cost of the appointment).

**Offender rehabilitation**: restoration projects.

**Care service:** provided through a community-based health and social care charity to include a healthy living centre (and including health checks). Proved successful in reaching disadvantaged groups and funded through a range of commissioners and grant-giving bodies.

**Incentive schemes**: (a) social impact bond, where a proportion of the saving to the health service from a healthy living charity may be recycled and pays for the activity; (b) higher rate of payments for smoking cessation for those in manual occupations.

**Integrated services for children:** (a) school nursing and health visitor services and CAMHS provided in an integrated way through a private provider; (b) redesign of health visiting and school nursing, involving skill mix changes, a focus on outcomes and working across local authority services, such as children’s centres, in order to provide an integrated service; (c) Lottery-funded projects for children, to give the best start for disadvantaged children in highest demand areas.

**Children and young people**: (a) online counselling services for children and young people (predates reforms); (b) healthy schools programmes; (c) healthy schools teams, a central team supporting schools, including for emotional health; (d) interactive online drama, developed through workshops, allowing young people to play out dramas online and outcomes are filmed based on the young person’s decisions. Topics include gang violence; (e) initiative across the CCG and local authority to encourage primary school children in disadvantaged areas in use of inhalers, to reduce hospital admissions for asthma; (f) recycling through a schools initiative, thereby influencing parents; (g) National Child Measurement programme followed up with family-based intensive support, taking account of social and economic circumstances of the family.

**Access to lifestyle services and/or social care:** (a)telephone hub for referral to lifestyle services; (b) clearing house for referral to lifestyle services with the choice of providers; (c) advice and access to lifestyle services from shopping centre in a deprived area; (d) locality-based, one-stop-shop wellbeing services for referral from GPs, covering a wide range of lifestyle services, including depression, anxiety and obesity, and links into council services; (e) health and wellbeing hubs at district level, acting as a signposting facility and providing lifestyle (and some drug)- related services and social prescribing, working in liaison with district housing (funded through the public health grant).

**Information sources:** all Citizen Advice Bureau users asked if areas of concern related to health or social care and information are communicated to local Healthwatch and through them to commissioners, if relevant to health and wellbeing.

**Community facilities:** developing community centres in deprived areas (lottery funded) with a wide range of services (from selling fresh fruit and vegetables to line dancing); community ownership of leisure facilities.

**Community projects for physical and mental health:** community drumming; social enterprises.

**Gardening groups:** (a) using volunteers (plants provided by the local authority) which promotes exercise, improves the area and reduces vandalism and antisocial behaviour; (b) dementia day care combined with allotment/gardening activities; (c) gardening and environmental activities for people with mental health problems.

**Training initiatives**: (a) training in brief interventions (e.g. for alcohol) plus an app to help those carrying them out and signposting to relevant services.

**Exercise and leisure:** (a)free weekend swimming (predates reforms), shown to increase uptake amongst disadvantaged groups; (b) walking group for Asian women; (c) parks activities include guided walking, also with impact on social isolation and hard to reach groups; (d) free leisure activities on GP referral; (e) park rangers organising walks for older people (if referred from the NHS); (f) Healthy walks – could lead to development of community assets through making contacts between people; (g) joint work across district council and charity to ensure parks and beaches are well used; (h) ‘Good gym’, a ‘purposeful use of energy’, via a social enterprise, where people run between good deeds to help people referred from social services (via Instagram); (i) encouraging women to get into sport and exercise; (j) outdoor gyms; (k) healthy walks; (l) Green gym (promoted though council website); street dance in schools (funded by public health grant); exercise in school breaks and early morning exercise with teachers before school starts (externally funded); basketball court.

**Smoking and tobacco control**: smoke-free play areas.

**Social isolation**: (a) social enterprise tackling social isolation and ‘driven by local entrepreneurs’ and where referrals can be made through health and social care (public health funding used as catalyst); (b) library-based activities (e.g. knitting groups); (c) developing community capacity and setting up community groups for befriending services and supporting development of community centres.

**Food and healthy eating:**  (a) raising awareness about sugar; (b) volunteers setting up ‘cook and eat’ sessions in community venues; (c) targeting weight management services in areas of high deprivation; (d) contacting restaurants over levels of salt and fat; (e) encouraging local food manufacturers to produce healthier food (e.g. healthier pies); (f) further development of weight management services and single access point for residents for a wide range of weight management programmes offered by different providers and also targeted to groups less likely to engage; (g) growing food in schools for school kitchens; (h) free hot meals in park, run by volunteers, in a deprived part of the borough; (i) community-based diet and physical activity service; (j) food summit (including public health and the voluntary sector); community food classes (as part of adult education), bringing families together.

**Heart Health**: borough-wide initiative.

**Healthy business awards**

**Social prescribing:** (a) community link workers in primary care; (b) social prescribing funded by CCGs and delivered by the voluntary sector; social prescribing project, mainly for people with mental health problems.

**Targeting of services:** (a) targetingservices to ensure higher take up from those with greatest levels of need; (b) health trainer services only available in disadvantaged areas of the borough.

**Wider public health workforce**: fire service providing health promotion.

1. **Preventive services related to child obesity**

**Play strategies**: working across early years providers on play strategies.

**Children’s centres**: using children’s centres as a vehicle for delivering public health programmes, including those for healthy weight and exercise.

**Family-centred**: a flexible approach to engaging with families, not limited to education or public health professionals, building on established relationships and reflecting a multi- agency approach.

**Working with schools**: regular meetings between public health teams and head teachers; growing, cooking and eating healthy food in schools and with families;

‘Food for Life’ in schools(Soil Association) in selected primary schools, with a ‘whole school’ approach to healthy eating and nutrition; sugar campaign in schools and a series of ‘sugar debates’, changing the school meals service contract in order to comply with sugar reduction objectives; CCG funding the VCSE sector to deliver a school-based obesity prevention and programmes around healthy food choices.

**3. Examples of co-design**

**‘Experts by experience’** programme in adult social care.

**Services for sexual health and for drugs and alcohol**: ‘a co-design piece ... I think the drugs and alcohol one was probably the most recent one where people were more actively involved in it’.

**Substance misuse services**: (a) ‘substance misuse service, domestic violence service will be co-designed absolutely with a strong input from the beneficiaries, even bigger than that, the perpetrators in terms of some of the services’; (b) redesign of a substance misuse model of delivery via a co-productive approach which led to a revised local substance misuse Integrated Prevention and Recovery model and informed a new tender; (c) recovery model for a drugs and alcohol service where those in recovery volunteered to support the next group coming through.

**Recommissioning of Child and Adolescent Mental Health Services:** where young people had been fully involved and which had led to a different delivery model and a different provider.

**Working with over 100 organisations to help design healthy lifestyle services.**

**Healthwatch initiatives** through specific engagement contracts and work with young people and seldom heard groups.

**Emotional health and wellbeing JSNA**: Engagement work by public health over 6 months included work with Asian heritage young people who were trained as ‘engagement practitioners’. These young people then recruited and carried out interviews with 25 other young people from their community or social networks. Interviews were audio taped and transcribed, and this data was then included in the final analysis.

**Network approaches to identifying social and economic need** involved mapping of social networks, assets and health profiles in a ward area to understand how local social networks could stimulate new responses to addressing health problems, and new ways of growing local enterprises. A team of community researchers surveyed local residents and local residents were involved in interpreting and making use of the findings. A range of latent community resources was identified.

1. **Cross-directorate working**

**Tobacco alliance:** (a) In one site, a new tobacco control strategy had been launched (with extensive media coverage) involving an alliance across partners and all departments of the local authority. This included further bans on smoking in public places, including smoke-free outdoor play areas, cited as an example of health benefits to children which involved low cost to the authority; (b) ln another site, a tobacco control alliance was chaired by the CE and included the fire service, the police, trading standards and youth services (and linked in to the health inequalities strategy); (c) a campaign against illicit tobacco working with trading standards.

**Alcohol strategy**: includes ban on outside drinking in public places.

**Food:** local food summits.

**Planning:** (a)regulations on fast food takeaways within 400 metres of a school; (b) objections to opening of a betting shop; (c) public health input into planning new builds and assessing planning applications from pubs.

**Contractual changes:** (a) including healthy vending machines as part of leisure contracts.

**Transport**: (a) 20 mile an hour speed limits on side roads across a city; (b) funding transport department to work on cycling proficiency in children (public health budget).

**Housing and public health**: funding ‘warm homes’; removal of ‘no ball game’ signs from Housing trust properties.

Source: *Results from first phase fieldwork in ten case study sites across England*

Research Report 5, July 2016.