From Rhetoric to Reality – NHS Wales in 10 years’ time

A series of briefings on the partnerships required to deliver the NHS required now and in the future...

3. Health and Education

Key points

- Education and lifelong learning are key factors in determining the health outcomes of the population. Those who participate in adult learning see improvements in health, well-being and health-related behaviours.
- There is a growing body of evidence to demonstrate the role of education and learning in aiding treatment of both physical and mental ill health.
- Education can play a key role in supporting Welsh Government to improve public health in Wales and implement ‘prudent healthcare’.
- There are wider benefits to be drawn from working with the public and third sector more broadly to provide quality services and person-centred care.

Introduction

In January 2014, the Welsh NHS Confederation launched its discussion paper entitled ‘From Rhetoric to Reality – NHS Wales in 10 years’ time’. The paper sets out ten key challenges that face the NHS in Wales, including sections on workforce, funding, public engagement and integration.

To keep this debate at the forefront of how we realise a shared vision for the NHS in Wales, the Welsh NHS Confederation is producing a range of briefings in the ‘From Rhetoric to Reality’ series.

This briefing, produced jointly with NIACE Cymru, the national voice of lifelong learning in Wales, highlights the benefits of education and learning on health and well-being, and explores the potential role of education in reducing pressure on a wide range of health services, at the same time as driving the quality and timeliness of services.
Background

The Welsh NHS Confederation’s ‘From Rhetoric to Reality’ discussion paper makes it clear that health services in Wales are on a ‘burning platform’ and cannot stand still. While the health service continues to deal with increasing demand and demographic challenges, policy makers and politicians must find better solutions for both the service and, most importantly, the public.

It is true that in public services, we are only as strong as our weakest link. Competing budgets, political cycles, and ‘silo’ thinking often pitch different public services against one another, offering the public a false dichotomy. As ‘From Rhetoric to Reality’ highlights: “It is imperative that no part of provision, both in healthcare and beyond, should be considered ‘weak’.”

While Sir Michael Marmot’s review of health inequalities focused on England, the findings remain relevant, and perhaps more pertinent, to Wales. The inquiry not only found that people with a higher socioeconomic position have a greater array of life chances and more opportunities to lead a flourishing life, they also had better health. Marmot concluded that the two are linked, and this link is “not a footnote to the ‘real’ concerns with health... it should become the main focus.”

In a country where one third of children currently live in poverty, we must recognise the profound impact this can have on the health and well-being of both current households and future generations, and we must consider how we can break this cycle of poverty. While education is a clear and obvious route out of this, poverty can itself often lead to poor educational attainment. Many of those in poverty will find themselves in a position of poor health and low educational attainment. It is in all of our interests to work together to tackle poverty and, as Marmot suggested, prioritise reducing health inequalities for those in a lower socioeconomic position.

“Adult education has been found to have a positive impact on health and well-being.”

It is important that when we think about education and its impact on health, that we don’t just conjure up images of children in classrooms. For some, a school education may not come at the right time, or the socioeconomic factors we have already explored may mean a school education is not a vehicle out of poverty, or into employment at work. However, adult education has been found to have a positive impact on health and well-being. Data from the English Longitudinal Study of Ageing found that participation in adult learning was significantly associated with well-being outcomes.

NIACE’s research into the impact of community learning on health found that it supports health policy and practice. Evidence confirmed that community learning brings a wide range of health benefits, and is crucial to reducing the growing health inequalities gap. Importantly, it also found that community learning enables adults to take part in shared decision making in their own health care.

Research by the Centre for Research on the Wider Benefits of Learning investigated the effects of adult learning upon a range of measures of health, social capital and cohesion and found that participation in adult learning contributes to substantial changes in health behaviours, such as giving up smoking and taking more exercise.

In the light of those findings, it is important that we consider the role of education in informing health policy and services. The Welsh NHS is now working under a new approach of ‘prudent healthcare’, where “doing the right thing at the right time” is translated into effective clinical practice which increases capacity, fits the needs and circumstances of patients and actively avoids wasteful care that is not to the patient’s benefit. A well-informed patient is an important aspect of this. The Welsh Government’s ‘prudent healthcare’ approach will be reliant on the public and the workforce being well informed and engaging in a debate about what is important to them. The Institute of Public Health in Ireland’s ‘Health Impacts of Education’ review demonstrated that those with more education are likely to have greater knowledge of health conditions and treatment regimes, and therefore have better self-management skills than those with less education. There is also a profound impact on public health, with individuals with low educational levels less likely to be knowledgeable about the health effects of smoking, in particular smoking during pregnancy.

“Those with more education are likely to have greater knowledge of health conditions and treatment regimes.”

Further to this, there is a growing body of good practice and evidence for the use of education as a route to recovery, especially in the field of mental health. In England, as highlighted within the case studies provided, Recovery Colleges are widespread, and there is now greater recognition of the role education can play in social prescribing.
Moving from rhetoric to reality...

While the evidence base is rich and growing, action in these areas, particularly in Wales, is neither widespread nor consistent.

Headlines and political scrutiny often focus on the treatment of those in the most acute need, but policy makers and governments know that we cannot continue as we are. We must prioritise prevention and early intervention, and shift the focus of policy on to these areas.

The following case studies highlight the role of education and offer alternatives to the current ways of thinking by demonstrating how organisations are bucking the trend to embrace new models of delivery. Consistency is important, but repetition may not always be appropriate. This must not be about creating carbon copies of these schemes. It is about embracing a new way of working, recognising the needs of the communities and individuals with which we work, and taking different elements from these projects to adjust, or perhaps re-invent, the way services are delivered.

Case Study 1: Social Prescribing

‘Prescriptions for learning’

‘Prescriptions for Learning’ was a project piloted in West Rhyl, Neath and Caerphilly with additional development work taking place in Nottinghamshire to explore the potential for learning to play a role in improving health. It allowed healthcare staff to refer individuals to a Learning Adviser, including patients with mild to moderate depression, and people who are socially isolated and vulnerable.

In Rhyl, economically inactive patients were targeted, within 12 months 111 patients were referred, 106 responded to the referral, 54 signed up for a learning activity arranged by the Key Worker, another 16 got involved in voluntary or paid work. The majority of patients had not accessed any form of learning since leaving school. Evaluation demonstrated the effectiveness of situating the Key Worker in the health centre and building relationships between health and learning professionals, to reach adults with poor health and low skills.

In the Nottinghamshire project 196 people (aged 16-78) were referred to a learning advisor, with a range of health issues including anxiety and depression, dyslexia, agoraphobia and osteoarthritis. 63% of those referred had taken no part in formal education since school, while 65% did not have any qualifications prior to their referral.

Around 50% of those referred during the project took up a new learning activity as a direct result of their work with the Learning Adviser. Participants were involved in a huge variety of courses, ranging from A-Level English, Psychology and Sociology to ESOL (English for Speakers of Other Languages) classes, cooking, car maintenance and performing arts classes. A number of individuals also moved on to second and third courses, often progressing through various levels of education following their initial referral.

Findings from the project included:

• All participants in the project cited improvements in their well-being as a result of their learning referral;
• When interviewed, 25% specifically commented upon the positive impact that the learning had upon their mental health;
• A further 15% cited improvements in their physical health as a result of their participation;
• Participants also cited improved relationships and family life as a result of taking part in learning.

“Prescriptions for Learning has greatly helped patients – there is a feeling of job satisfaction when you can help someone to achieve something positive, rather than hand out a prescription for medication.”

Dr Taylor, Lansbury Park Surgery, Caerphilly
Case Study 2: Recovery Colleges

‘The Recovery College approach for people with mental health issues’

The idea behind Recovery Colleges is to move away from a medicalised or therapeutic approach to mental health which focuses on problems, deficits and dysfunctions and towards an educational approach. The key elements of this are: helping people recognise and make use of their talents and resources; supporting people to achieve their goals and ambitions; enabling patients to build a new sense of self and purpose in life and discovering their own resourcefulness and possibilities using these, and the resources available to them to pursue their aspirations and goals.

A joint publication by the Centre for Mental Health and the NHS Confederation’s Mental Health Network said that the power of Recovery Colleges is two-fold, in that they not only assist the individuals whom they serve in their personal and collective journeys, but they assist organisations and services to become more recovery-focused. This requires a major transformation in purpose and relationships, with the focus shifted from reducing the symptoms of a patient, to a partnership between equals that focuses on rebuilding lives. As the briefing highlights: “An educational approach focuses on developing people’s strengths, and enabling them to understand their own challenges and how they can best manage these in order to pursue their aspirations.”

Recovery Colleges are a diverse group of organisations, delivering recovery based education in a number of different ways. There are a number of examples of good practice.

- The Solent Recovery College brought together the Solent NHS Trust and Highbury College to adopt the recovery college model in Portsmouth, becoming one of the first in the UK to deliver this approach in an integrated fashion at a mainstream further education institute. Their Solent campus offers a range of free programmes and short sessions for people with mental health problems as well as their family, friends and carers.

- Pilots run by Sussex Recovery College – based in Hastings and Brighton – saw more than 300 students taking part, with attendance matching the normal levels seen at adult education institutions. The Brighton campus taught modules involving the use of arts and physical activity to help students with their illness. An evaluation of the college found that 97% of those taking part would recommend the course to friends and family in a similar situation.

A Recovery College explicitly recognises the expertise of mental health professionals and the expertise of lived experience in a process of co-production. It is run by both peer trainers and mental health practitioner trainers. Courses are co-produced, co-delivered and co-received by staff, people facing mental health challenges and the people who are close to them.
Case Study 3: Partnership working to enhance day care

‘St Luke’s Hospice & Workers’ Educational Association Creative Well-being Project’

This project - funded by UK Government’s Department for Business, Innovation and Skills - worked with clients from St Luke’s Hospice day care centre in Plymouth. The learners had life-minimising illnesses, with an average age of 60 plus and a high proportion with disabilities, restricted use of limbs and dementia.

The project generated a 24-week programme of creative learning activities to enable learners to discover and rediscover talents and explore their creativity. The project - originally aimed at working with 30 learners - attracted such a high rate of interest that more than 50 people stayed engaged throughout the project. The programme included tasks such as designing and building a patio sensory garden, and demonstrated strong learning and health and well-being outcomes.

Outcomes from the project included:

- Improved socialisation among patients at the day centre;
- Increased happiness and well-being among a significant majority of patients;
- Staff at the hospice being equipped with the skills to run similar projects in future;
- Volunteers trained in new creative skills, confident and empowered to enable patients to take an active role in the creative process. A volunteer mentoring scheme was also established.

“An inspiring, worthwhile project which has inspired patients to develop personal potential and live their lives for the day… It has given staff and volunteers a much broader outlook of what is achievable by the patients.”

– St Luke’s Hospice Day Care Manager
Case Study 4: Education and self-management of chronic conditions

‘DESMOND’ Programme’

Health literacy skills are those needed to gain access to, understand, and use information to promote and maintain health. At its most basic, health literacy involves functional literacy, numeracy, and ICT skills for understanding health information, but also includes skills to evaluate and apply health information in changing contexts. In addition, patients with these skills can use information to take control over environmental and social factors affecting health.10

‘DESMOND’ Programme

Education and support is key to ensuring that patients are able to manage their own health conditions, including people living with diabetes. Right now there are 173,000 people in Wales living with diabetes, and if current trends continue, by 2025 it is estimated that 288,000 people in Wales will have diabetes.11 As the prevalence of diabetes increases, efforts to promote diabetes self-management education are critical to reducing the human and economic burden of diabetes through ensuring that people can manage their condition in the community.

Diabetes UK advocates that all people with diabetes should receive the education and support they need to enable them to manage their own care.12 Diabetes education is the cornerstone of diabetes management, because diabetes requires day-to-day knowledge of nutrition, exercise, monitoring, and medication. A number of studies have evidenced that education is a key component in empowering patients to manage their own diabetes by improving their knowledge and skills.

One successful education programme is the ‘Diabetes Education and Self-management for Ongoing and Newly Diagnosed [DESMOND]’ Programme. ‘DESMOND’ is the first structured education programme designed for patients with type 2 diabetes which meets the criteria set down by National Institute for Health and Care Excellence (NICE) for suitable education programmes.

‘DESMOND’ has been developed as a collaborative project between service users, workers, the health service and third sector organisations. ‘DESMOND’ is available as a Newly Diagnosed Module (for those within the first 12 months of diagnosis), as a Foundation Modules (for those with established diabetes) or a Walking Away From Diabetes Module (for those at high risk of developing type 2 diabetes). The course aims to provide patients with a good foundation and practical skills to begin self-management of their diabetes. A cost-effectiveness analysis highlighted that the ‘DESMOND’ intervention is likely to be cost-effective compared with usual care for people with type 2 diabetes, especially with respect to the real world cost of the intervention to primary care trusts in England, with reductions in weight and smoking being the main benefits delivered.13

Through education and self-management the burden of diabetes on individuals, families, communities and healthcare systems can support good health, prevent or delay the onset of diabetes related long-term complications and reduce the workload on hospitals and physicians as patients become better equipped at understanding their condition and rely less on medical resources.
The Operational Links

The case studies in this briefing demonstrate that through working closely with the education and lifelong learning sector there can be a positive impact on people’s health and well-being. Through involving education providers, there has been considerable benefits for the individuals involved. It is important that we continue to identify how services can work together in a similar fashion in Wales.

“Through involving education providers, there has been considerable benefits for the individuals involved.”

Conclusion

As highlighted, the briefing provides good examples of how the NHS can and does work with the education and lifelong learning sector, both now and in the future, to overcome some of the challenges we face. It is clear that existing links are being made in some areas with highly positive outcomes for the individuals involved.

These examples demonstrate that the substantial changes achieved for people are often made through simple links where education is a key part of the infrastructure. We must move to a situation where this best practice is common practice across Wales. The opportunities are there and education and lifelong learning establishments are well placed to work in partnership with Health Boards and Trusts to take forward tangible changes. Partnership working and collaboration will have positive outcomes for the individual and will enable organisations to provide person-centred services, which could lead to financial savings and less duplication.

Without an understanding of the opportunities to work more closely with education providers across Wales the NHS of the future will not be sustainable.

References

3 Save the Children, January 2013. Child Poverty Snapshots: The Local Picture in Wales
4 Department for Business Innovation & Skills, October 2012. Learning and Well-being Trajectories Among Older Adults in England.
7 Institute of Public Health in Ireland, November 2008. Health Impacts of Education a review.
9 Centre for Mental Health and Mental Health Network, May 2012. Implementing Recovery through Organisational Change.
Join the conversation

Please let us know how you think we can turn our much talked-about NHS of the future into a much-needed reality for the people of Wales.

Join the debate by contacting our dedicated From Rhetoric to Reality email address: info@welshconfed.org or writing to us.

The Welsh NHS Confederation

The Welsh NHS Confederation is a membership body representing all the organisations making up the NHS in Wales: seven Local Health Boards and three NHS Trusts.

We support our members to improve health and well-being by working with them to deliver high standards of care for patients and best value for taxpayers’ money. We act as a driving force for positive change through strong representation and our policy, influencing and engagement work.

NIACE Cymru

NIACE is the National Institute of Adult Continuing Education, the national voice for lifelong learning, working across England and Wales.

We are a nationally respected development organisation and think-tank, working on issues central to the economic renewal of the UK, particularly in the political economy, education and learning, public policy and regeneration fields. We campaign for the personal, social and economic benefits from lifelong learning, work to improve peoples’ experience of the adult learning and skills system, and fight for all adults to have opportunities throughout their lives to participate in and benefit from learning.