Report to:	Health and Wellbeing Board	
Date:	6th October 2015	
Report of:	Wendy Meredith Director of Public Health	**Report No:**
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Report Title: **Integrated Wellness Service**

Non Confidential:	This report does **not** contain information which warrants its consideration in the absence of the press or members of the public
Purpose:	To advise the Health and Wellbeing Board of the public consultation on a proposed new Integrated Wellness model for Bolton's (adult) residents
Recommendations:	It is recommended that the Health and Wellbeing Board: 1. Receives the report and encourages Board members to engage fully in the consultation; 2. Receives further updates.
Decision:	
Background Doc(s):	Online consultation survey and documents at: www.bolton.gov.uk/consultations

Introduction:

On 14th September 2015 the Deputy leader of the Council approved for public consultation a vision and proposed new model for delivering an "Integrated Wellness" service for Bolton's (adult) residents.

The public consultation went live on 28th September 2015 and will run until 6th November 2015.

The purpose of this paper is to brief the Health and Wellbeing Board on the proposed model and to request full engagement of Board members in the consultation.

1. Background

On 1st April 2013 responsibility for Public Health and Public Health commissioning transferred to Local Authorities. This includes the responsibility for supporting residents in Bolton to maintain and improve their own health and wellbeing. The proposed new model for the delivery of an "Integrated Wellness" Service for Bolton's (adult) residents falls within this responsibility.

There are a number of different and separate services that currently contribute to Wellness in Bolton. These services have been developed, historically, at varying rates and in response to new initiatives, changes in national direction and emerging need and demand. This means that there are gaps and overlaps in service provision, creating a complex system that can be difficult for residents and providers of other local services to understand and access.

The Council commissions a number of these services, which are currently under contract until September 2016. The need to re-tender existing services to ensure that the Council is operating in line with European Union Procurement legislation provides an opportunity to design an Integrated Wellness Service which is fit for purpose, to create a more holistic service that is easier to access and better meets local need.

Current services which would be included in the proposed new model are:

- Smoking Cessation
- Community Weight Management (Adults)
- Health Trainers
- Community Engagement for Health Programme
- Food and Health Team

In addition, the following teams and roles, currently part of the Bolton Council Public Health team, would be included in the new model:

- Get Active
- Health Development Officers

- Clock on to Health/Workplace Health
- Mental Health Improvement Practitioners
- Food Access Bolton
- Campaigns and Project Support
- BME & New and Emerging Health
- Marketing and health promotion campaigns

The proposed model would bring these services together into one holistic service that incorporates universal health promotion services for all adults, the provision of high quality care where needed, and co-ordination and co-operation with multiple partners to promote good health and wellbeing across the population.

2. Rationale, policy context and evidence base

The health of Bolton's population is still worse than the England average, with men living 1.8 years and women living 1.5 years less than the national average.

Within Bolton there are wide gaps in life expectancy with an 11.2 year difference in life expectancy for men, and 9.8 year difference for women, between the most and least deprived parts of the borough.

Many factors affect the health of individuals e.g access to health and wellbeing services can support individuals to be healthy for example by supporting people to stop smoking, drink less alcohol, eat more healthily and be more physically active. However, factors such as living and working conditions, education, employment and housing all have a strong influence on an individual's health and wellbeing. Our approach to supporting people to live well and maintain good health therefore needs to seek to address all these determinants of health.

We also need to ensure that our approach will reduce health inequalities. To do this we need to ensure that we are taking action to improve the health of the **whole** population as well as providing additional support to improve health and wellbeing in communities who experience poor health and face the greatest levels of disadvantage.

Development of the proposed model is based on key guidance and evidence including:

- **From evidence into action**: **opportunities to protect and improve the nation's health** Addressing obesity, smoking and alcohol use have all been identified by Public Health England within the seven key priorities areas/topics most in need of improvement in the next 5 years.
- **Five Year Forward View:** Sets out the need for a radical upgrade in prevention and public health, describing the importance of action to address the wider determinants of health, alongside targeted interventions with individuals to support them to improve their health and wellbeing.

- **NICE Guidelines:** NICE have published several guidelines relevant to wellness. Guidelines on behaviour change, alcohol, smoking, obesity, physical activity, preventing diabetes and cardiovascular disease all highlight the importance of providing individual personalised support to change lifestyle behaviours. These guidelines, and the NICE guidelines on community engagement, also highlight the importance of community development and engagement in encouraging people to adopt more healthy attitudes and behaviours, and supporting health improvement.

3. Vision for the Integrated Wellness Service

The overall vision is to focus investment on prevention and early help in order to meet the needs of Bolton's (adult) residents more fully. This will be achieved through commissioning a single, holistic service that will lead and co-ordinate evidence based provision that is appropriate to need.

The Vision:

Bolton's adult (aged 18 years+) residents will be able to access an effective, high quality "Integrated Wellness Service" that supports them to live well by addressing the personal and socio-economic factors that influence their health and wellbeing.

The Service will build the capability of individuals and communities to be resilient and maintain good health for themselves and those around them by increasing their functional fitness.

As well as a universal service, the service will include an emphasis on community engagement for high risk, vulnerable and hard to reach communities to improve

4. Outline of Proposed Wellness Service Model

The model is built on the premise of providing services that deliver improved outcomes against the main themes set out in Bolton's Health and Wellbeing Strategy:

- Healthy Lifestyles
- Wellbeing and Communities
- Work, Learning and Economic Wellbeing.

The Service will deliver a person-centred service that utilises a central access and information hub to maximise accessibility. A key feature will be a 1:1 conversation with an appropriately trained individual, to provide people with the information they need to make better decisions about improving their lifestyle, accessing appropriate programmes within the wellness service itself, and facilitating onward referrals or additional support.

This will not be a clinical service. The service will deliver evidence-based interventions, but will also have the flexibility to try innovative approaches to improving health and wellbeing. Individuals will be empowered to access appropriate services to best meet their needs, whether this is a specialist service, or wider community-based services and groups. There will also be 'virtual' web-based version of this hub for people who can and wish to independently access the information and services without the support of the initial conversation.

The proposed model will comprise services delivered at three levels: universal, universal plus and specialist programmes and services. A more detailed description of each level can be seen in Appendix 1

5. Relationships with specialist programmes and services

The proposed model will ensure complementary relationships with existing specialist programmes and services to avoid duplication and ensure needs are being met in the most appropriate way e.g. Complex Lifestyles, Families First, Staying Well, Homestart, Think Positive, Working Well Programme

There will be continuous development work to ensure the service develops appropriate interfaces between pathways with specialist services. For example, referral to specialist services (out with this prevention model) to meet identified health needs e.g. cardiac rehab, cancer pathways, specialist weight management, specialist drugs and alcohol services, specialist mental health service

6. Service delivery in the proposed model

The key areas of focus for service delivery in the new model will be:

Central Access and Information Hub

The Central Hub shall comprise:

A. **Wellbeing Conversation**.

This shall be delivered by an appropriately trained workforce able to provide excellent motivational interviewing skills and armed with a working knowledge of a wide range of community resources and assets. The staff will utilise the '5 Ways to Wellbeing' approach to support these conversations. They will deliver the Service according to a Person Centred philosophy through a "Conversation" with clients; supporting individuals to help identify their needs and enabling them to make choices which will lead to improvements in health and wellbeing. These conversations can take place in a 'face to face' format, via telephone or through other media according to client preference.

This wellbeing conversation will also ensure that experience and expertise is used to connect people to appropriate services across the health and social care spectrum. The service will develop agreed referral pathways with other services including "5-19 Children's Health and Wellbeing", "Families First", "Staying Well" and the "Complex Needs Service" to avoid

duplication and ensure people access the services and support that is right for them and the right time.

The staff in the central hub shall also work to build capacity in communities through their knowledge of community assets and by utilising community health development techniques and social prescribing.

B. **'Virtual Web Based' Service.**

The Virtual Web Based Service will provide an alternative access point for individuals to:

- Provide details and guidance to support wellbeing and health improvement
- Provide a wide range of evidence-based, high quality self-help information in a range of accessible formats
- Provide links to Official NHS Guidance
- Provide links to support and activities throughout Bolton (and surrounding areas) which support improvements in Health and Wellbeing and the development of Social Prescribing
- Complete a Questionnaire that supports individuals to evaluate their health and wellbeing and directs them to appropriate specialist or community based services.

Asset Based Community Development & Social Prescribing

The service will foster the development of communities in Bolton to improve wellness outcomes through building and utilising the resources, skills and experience available in the community.

Ensuring Asset Based Community Development is at the heart of the service, the service will develop and build an approach to Social Prescribing, looking beyond medical interventions to address underlying causes of issues. For example addressing issues of loneliness through more involvement in community based activities where individuals can enjoy interacting with others. The asset based community development approach will also ensure that communities are integral to the success and ongoing involvement of these activities. For example, the wellness service may, at times, support the initial set up and development of community resources, whilst empowering communities to develop the necessary skills and resources to foster sustainability.

Community Engagement

The Service will identify and provide an outreach service to those most at risk of ill health, vulnerable members of the community and hard to reach groups. The Service must improve the outcomes of all members of the community but, to successfully 'narrow the gap' between the most deprived and most affluent areas of Bolton, the most deprived areas must improve at a higher rate. Therefore the Service shall develop an excellent knowledge of the various communities, including the new and emerging communities, within Bolton to accurately track need in partnership with the Council and other stakeholders. The Service shall include a Community Health Development Officer role to support this work, and to ensure that the service is accessible to all residents of Bolton in accordance with their particular needs.

Emotional and Psychological Support for Wellbeing

Mental health and physical health are inseparable. Improving emotional wellbeing is key to behaviour change and improving motivation, confidence, control, 'self-efficacy' and 'self-actualisation'. The service will provide a person centred, holistic, community focused service which embeds wellness through the integration of psychosocial approaches in all interventions. All staff within the service will be appropriately trained to ensure they are able to talk to clients about their emotional wellbeing and the service will also offer training to other people in 'helping roles' to further develop their understanding of, and ability to talk about emotional wellbeing. Activities and resources to support people to develop and maintain good emotional wellbeing will also be a key element of the integrated wellness service.

7. Expected benefits

The Service will improve outcomes in Bolton overall so these are equal to, or better than, the national average. The Service will also improve outcomes in Bolton's most deprived areas aiming to narrow the gap in outcomes as compared to the more prosperous areas.

8. Commissioning of an Integrated Wellness Service and Public Sector Reform

Commissioning of the proposed model, subject to consultation, would support many of the key principles under-pinning Public Sector Reform:

- Integration;
- Multi-disciplinary working;
- Increased efficiencies;
- Innovation.

9. Challenges and opportunities

There are anticipated challenges in moving to the new model, including:

- The need for information systems and information sharing agreements that support integrated working;
- The culture change of integrated working for staff
- Transition to the new offer.

Opportunities include

- The potential for innovation and the use of digital technology to support the service model.
- The potential to expand the model to include other prevention services or new initiatives
- The opportunity to co-commission with other partners to further develop the service.

10. Online consultation survey

We hope that the proposed model will deliver wellbeing and prevention services in a way that best meets the needs of individual residents, provides value for money and improves health outcomes for the population.

We would welcome your comments on these proposals to commission an integrated wellness service. A short online questionnaire is available for the submission of comments at www.bolton.gov.uk/wellness. A paper version of the questionnaire is available on request.

11. Implementation Plan

Public consultation on the proposed model will close on 6th November 2015. It is intended that feedback on the consultation and a final model will be recommended to Council committee in January 2016. This will include an options appraisal and detailed proposals for implementation.

Stakeholders will be kept briefed on the implementation plan through key partnership groups The new model is expected to be operational from October 2016.

12 Recommendations

It is recommended that the Health and Wellbeing Board:

- Receives the report and encourages Board members to engage fully in the consultation;
- Receives further updates.

Appendix 1: Wellness Service Model, levels of provision

Universal

Promotion of health and wellbeing targeting people with no particular symptoms of illness or social care need but who require information or signposting, including:

Delivery of a 'health conversation' including advice on self-help, self-care and signposting to

- interventions to support engagement with relevant services e.g. Complex Lifestyles, Staying Well, housing support, welfare advice, Homestart, credit unions e.g. Hoot etc.
- Web-based support and self-help, self-care and signposting (as above)
- Delivery of opportunistic support & brief interventions, including nutrition, smoking, alcohol etc.
- Community capacity building
- Social prescribing
- Referral to appropriate service through the correct pathway (including specialist services)
- Sustaining effective Healthy Living Pharmacies delivery
- Campaigns and social attitude shaping (linked to Change 4 Life) e.g. promotion of 'Five Ways to Wellbeing', alcohol, drugs, nutrition, smoking (e.g. Stoptober), oral health, symptom awareness
- Promotion of 'healthy workplaces' and workforces with access to appropriate information and support

Universal Plus

Promotion of health and wellbeing with people where specific problems or symptoms have been identified and who require information, signposting, or brief interventions.

- **Campaigns and Awareness Raising**
  Specialist Prevention Campaigns e.g. Smoking in Pregnancy, Awareness of Cancer / Specific Cancer, Oral Health, COPD, Against Pay Day Lenders, Sun Awareness
- **Asset Based Community Development**
  Identification of community need and targeted Asset Based Community Development based on that need (e.g. more physical/social activities)
  Focus on areas linked to 'healthy lifestyles' e.g. Food Co-ops
  Emotional Wellbeing training and capacity building within community groups
  Physical Activity – through ABCD approach in relation to building capacity and delivering training to increase options available in communities
- **Falls Prevention**
- **Dementia Awareness**
- Continuous development and support of **Healthy Living Pharmacies** to ensure they are effectively meeting the needs of communities and supporting the reduction of inequalities.
- **Building Capacity** across work and learning institutions – University / Colleges / Student Union.
- **Health Conversation**

- Advanced '**Healthy Lifestyle Coach'-**style service, involving lifestyle risk management and assessment of needs, which also includes goal setting in partnership with the client, using a person-centred methodology.

- **Targeted identification,** targeting people at risk in order to slow down / stop deterioration of health including:
  Communities with a high risk profile
  Groups / Individuals
  GP risk registers
  Health Assessments
  Alcohol identification and brief advice

- Interventions in **community settings** focused on the most deprived areas, targeted based on the needs of the community.
- Development of **online programmes of support** to minimise deterioration and actively seek to improve lifestyles and promote independence.

- **Targeted interventions** with people with established lifestyle, health conditions, complex social needs or from high risk communities to support access to or deliver:
  Specialist Stop Smoking
  Specialist Stop Smoking in Pregnancy
  Weight Management including physical activity / exercise
  Alcohol brief interventions
  Good emotional wellbeing groups
- **Detailed structured behavioural and emotional support.**
- Development of goal oriented **Personal Action Plans**.

Specific advice, signposting & referral e.g.

- Social prescribing exercise / physical activity groups
- Prescription for physical activity
- Signposting to groups that support emotional wellbeing
- Referral to Specialist Drugs and Alcohol Services