Item No. 10

SUNDERLAND SHADOW HEALTH AND WELLBEING BOARD **16 November 2012**

TRANSFORMING HEALTH AND WELLBEING THROUGH INTEGRATING WELLNESS SERVICES

1. Purpose of the report

The Shadow Health and Wellbeing Board discussed the role of community resilience in transforming health and wellbeing in the City at its meeting in May. More integrated service delivery, based on a community resilience model building on local assets, was identified as a key opportunity to take this forward. This paper outlines the developing work stream to deliver this objective. Members of the board are asked to consider the contents of this paper and provide comments and/or approval in relation to the strategic direction and principles of this approach.

2. Background and drivers for change

Health inequalities in Sunderland have been apparent for many years. Recently there has been significant investment in "staying healthy" or "wellness" programmes such as physical activity, smoking cessation, slimming on referral and alcohol programmes. These programmes have often developed in isolation from each other largely due to the funding streams that were attached to investment. In spite of significant investment in these services, however, health inequalities remain. Local analysis has demonstrated the size of the gap in life expectancy experienced in some neighbourhoods of the city with the poorest life expectancy where men, on average, live for 16 years less than in the best PCT in England. This gap in relation to life expectancy is the outcome of a lifetime of inequalities which are demonstrated through many of the measures of the public health outcomes framework.

The persistence in health inequalities, despite investment, suggests that either there are other issues leading to poor health outcomes or services are not being accessed appropriately. The Marmot Review Team (2010) identifies the strong link between health inequalities and economic deprivation. At a time of economic downturn and public spending cuts, then, the need to address such inequalities becomes more urgent. There is, however, also evidence that the services are not being accessed in relation to need. Engagement with local communities has identified that many experience barriers in identifying and accessing services. This is borne out by a number of health equity audits that have been undertaken in relation to local services.

Available evidence suggests that many people have multiple lifestyle risk patterns. The 2012 Lifestyle Survey for Sunderland found that 24% of adults aged eighteen and over who are resident in Sunderland (some

55,000 people) exhibited three or more unhealthy behaviours, rising to 27% for those living in the most disadvantaged communities. In spite of this, however, users often find it difficult to navigate between services.

Finally, as with all public services, there is a duty to ensure that the commissioning of services to address lifestyle risks achieves value for money and in this case there is a clear responsibility to maximise health outcomes within available budgets. In particular, there are benefits associated with releasing funding for "invest to save" initiatives. As part of the transfer of responsibilities to local authorities, there has been a national process to identify a formula for allocating public health budgets going forward. For Sunderland, this will result in a significant reduction in the public health budget similar to other cost savings and efficiencies being experienced elsewhere in the local authority and the wider public sector. As a result there is a need to consider the commissioning of services as part of a cost-effective model.

Because of these drivers, there is a clear need to identify new ways of delivery, consistent with the previously identified aims of increasing community resilience through improved engagement leading to co-production alongside an asset-based approach.

3. Integration in the context of wellness services

The transfer of responsibility for public health from the NHS to local authorities provides new opportunities in service delivery, albeit at a time of funding constraints. National guidance has highlighted this opportunity as follows: -

" …tailoring services to individual needs – based on a holistic approach, focusing on wellness services that address multiple needs rather than commissioning a plethora of single issue services, and using new technologies to develop services that are easier and more convenient for users" and *"…making effective and sustainable use of all resources, using evidence to help ensure these are appropriately directed to areas and groups of greatest need and represent best possible value for money for local citizens."*

Having holistic services can, therefore, be seen as a key element of integration. This builds on the understanding that people's lifestyle choices are the result of many factors and so by responding to need in a more holistic way we are more likely to be successful in supporting them to make changes that will lead to improvements in health. To date, three elements to integration of wellness services in Sunderland have been identified: -

- "One stop shops" with integrated pathways into more specialised services where required. These services and pathways will be built with communities rather than being imposed upon them;

- Integration of wellness services with other services or developments e.g. use of green space when tackling obesity;
- Integration of information, with appropriate governance, to enable improved evaluation of the impact of new approaches.

The focus of this report is largely on the first element although implementation will need to consider all three.

4. Services to be Integrated

Members of the Board will be aware that there is a range of factors that impact on health. These range from risk factors that cannot be modified such as age and ethnic origin through to lifestyle factors, community networks, living and working conditions and finally more general socio-economic and environmental conditions. This final group is often referred to as the wider determinants of health.

Historically, the PCT has commissioned a number of services to address what are considered to be some of the more easily modifiable risk factors: those relating to individual and family lifestyles. Responsibility for the commissioning of most of these services will transfer to the local authority from 1st April 2013. These services sit alongside council services that also seek to support people in making healthier lifestyle choices, notably the city's Wellness Services which primarily aim to increase levels of physical activity with consequent improvements in health.

The integrated wellness model will initially aim to integrate those services which support people in adopting healthier lifestyles. In addition, they will recognise the fundamental impact of some of the wider health determinants that are likely to be a barrier to improving health by supporting and signposting to appropriate services.

The table below shows the services to be considered for integration.

Wellness services	*Brief advice and signposting*
• Stop smoking services • Physical activity • Nutrition • Weight management • Substance misuse • Sexual health • Emotional health & wellbeing • NHS Health Checks	• Financial support – benefit and debt advice • Support into employment • Education • Housing • Community safety e.g. domestic violence
Health Trainers Health Champions	

The two columns identify the main traditional wellness services and those wider determinants that have the greatest impact on health. These are underpinned by the Health Trainer Service which currently has a more

holistic approach and Health Champions who offer brief advice and signposting for a range of lifestyle issues.

5. Principles for integrating wellness

Development of services using approaches that will strengthen community resilience means that strategy development will be formative. It is, however, critical that the strategic direction is set by agreeing principles that will underpin services across the City. A working group has developed a set of principles which aim to encapsulate the model. Leeds Metropolitan University were then commissioned to cross-check these principles against public and user views gathered in recent years in relation to a number of preventative and early intervention services. Finally, as part of a recent public engagement session in relation to the Health Trainer service, the principles were endorsed by a group of stakeholders and residents. These principles together with user and public views identified by the thematic analysis undertaken by Leeds Metropolitan University are detailed below.

Choice

By this we mean that service users should, as far as is practicable, be able to have a choice as to where and when they access services. There may also be some choice of delivery model depending on local assets. Choice can be developed through use of appropriate social marketing techniques.

The data analysed showed that service users in a range of areas would like greater choice. Service users suggested changing locations of services to increase accessibility and extending open hours to account for work and other (e.g. school) commitments. Having services delivered in community locations was also suggested.

Needs led

Services will be developed to address individual and community need including having a holistic approach that helps to address the causes of unhealthy lifestyle choices.

The thematic data showed that some groups feel that their needs are not being met. For example, the LGBT community felt that services do not meet their needs in some areas e.g. in relation to emotional support and domestic violence. The BME community highlighted issues in relation to language barriers and cultural barriers. Young people were often unaware of what services they could access, and thus were not having their needs met.

Targeted

This relates to the Marmot principle of proportionate universalism. There will be a core service available to all but more to those who are in greatest

need. This might mean, for example, that some services are targeted towards those people living in neighbourhoods with the poorest life expectancy.

The data included in this area demonstrates that there needs to be targeting of services to deal with specific health problems as well as specific communities. Needs assessments included in this analysis show a variety of determinants of health, as well as specific needs in relation to communities such as BME, LGBT and young people.

Joined up

This principle is to address the current problem of fragmentation of services. It will also allow people to easily build on their successes when addressing unhealthy behaviours rather than losing the support that has helped them attain their success.

The thematic analysis also showed that partnership working is required in several ways

- To better provide services and reduce the number of points of contact
- To encourage learning from best practice in any area (local and indeed national)

Shared information (with appropriate governance)

Poor information sharing can result in fragmentation of service delivery. It also makes service evaluation extremely difficult. Improved choice without shared information could make services even more fragmented. It is, however, imperative that this principle is underpinned by the consent of users and appropriate levels of governance.

The thematic analysis showed that service users have concerns about stigma, the perceptions of them held by staff and confidentiality. Staff training can help to deal with changing perceived stigma. In addition, information sharing needs to be handled sensitively. This links into developing effective partnerships for service delivery.

Aims and outcome focused

Traditionally services have often been focused on process and throughput rather than outcomes. Service outcomes will also need to link to the public health outcomes framework to ensure that risks are shared across the system.

Whilst this was not highlighted by the thematic analysis, routine monitoring and evaluation can be used to assess how service provision is delivering the aims and outcomes of the integrated wellness model.

Life course

It is important that appropriate services are available across the life course and that they join up where appropriate for example for parents and young children and to allow for inter-generational cohesion. A key element of this will be a preventative approach that will reduce the number of people of all ages, but especially children and young people, from adopting less healthy behaviours. It is also important, however, that we do not neglect older people not only to ensure an equitable approach but also in recognition of the fact that it is often poor health in these groups that puts pressure on other parts of the system.

There are differential health needs across the life course and the thematic analysis shows that service users are concerned that these are not always recognised. For example, young people's needs are different to those of older people. Women's needs also change in relation to their reproductive health. Young men are more likely to smoke etc. Thus, services (wherever possible) should be designed to account for changing health across the life-course. Effective needs analyses should feed into the process of tailoring services appropriately across the life-course.

Local area/community of interest based approach

The importance of engagement and building on local assets has already been identified. It is proposed that this will largely be best achieved through working with area arrangements. It is, however, important to recognise that communities can be non-geographical and so for some communities it will be appropriate to have a city-wide approach.

The thematic analysis demonstrated that service users were interested in having more community located services and in capacity building. For example, the LGBT community suggested capacity building to improve engagement. BME communities also suggested working in collaboration with service providers to improve existing provision**.** Some services may also need to be increased in terms of their availability e.g. weight management services need to work with their community of interest for longer.

Cost effective

As financial pressures increase there will be major opportunity costs if best use is not made of available resources. It is therefore important that this remains a key principle for the commissioning and delivery of services.

The thematic analysis did not report findings related to cost effectiveness. However, increasing partnership working and reducing overlaps in service provision will be useful in increasing cost effectiveness. Some service provision could be broadened in scope to address more health needs. Regularly monitoring and evaluating service delivery will help to assess cost-effectiveness.

High quality

There are three main elements of quality: safety, service standards and user experience. Any funding or integration pressures should ensure that these elements are not compromised.

Identification of current barriers to the use of services can be used to inform quality developments. For example, in some areas the need for staff training and greater sensitivity to service user needs was identified (LGBT and young people). Engaging with communities and capacity building are also useful tools in achieving quality improvements. Change management strategies should also pay attention to staff motivation and attitudes as these are important in relation to quality.

Shared goals for providers

One of the current difficulties experienced when there is an element of choice or joining up of services is that providers may compete to maximise their own outcomes at the expense of other providers or, more importantly, service users.

The need for partnership working was clearly identified by the thematic analysis. Such partnership working can be facilitated via the provision of shared goals for providers, as well as routine monitoring of the effectiveness of current partnership mechanisms.

Diversity leading to new ways of engaging

This links strongly to the choice principle but also ensures that services reach out to potential users rather than only responding to effective demand.

A key theme around communication has emerged from several data sets. Thus strategies for engaging and promoting services need to be explored and diversified. Social marketing was suggested as one mechanism to engage. Communication needs to be sensitive, and tailored to different groups as approaches for young people, BME and LGBT communities should be different. Using the internet as a communication mechanism was suggested by young people. Working within communities should be used as a strategy to engage.

Transparent

Greater transparency in commissioning services will ensure that providers will understand the process and system, and their contribution to outcomes, to enable them to work better together.

The thematic analysis did not report any findings labelled as transparent but the theme of communication was identified throughout. Transparency

can be improved by changing communication methods and referral processes, identified via the thematic analysis. The suggested changes in communication and marketing of services identified by users are also important here in raising awareness of service availability, and thus increasing transparency. Changes made in relation to delivery related to rationing also need to be clearly communicated to users.

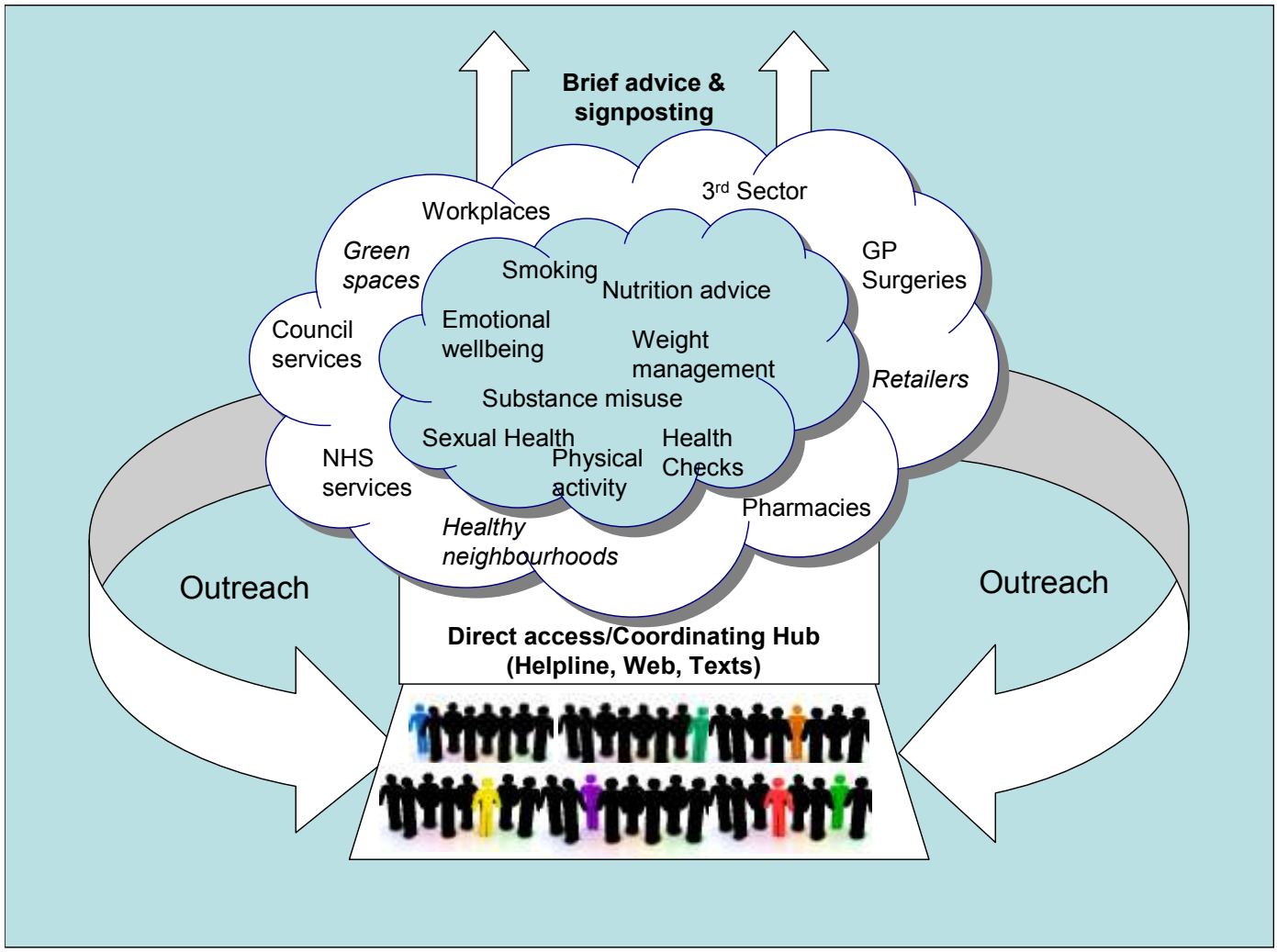
Fluidity of movement between services/interventions

This principle again relates to the difficulties experienced by users in accessing and navigating services. Fluidity will enable services to address multiple lifestyle issues and, where specialist standards means that a one stop shop is not cost effective, ensure that there are no organisational barriers to receiving help from another part of the system.

Increased partnership working can contribute to improved fluidity of movement between services, with effective sign-posting also important as part of this process. However, this needs to be achieved in a way which does not breach service user trust. Changes in delivery and referral should also be considered. For example, some service users suggested a one stop shop of community based provision, whilst others suggested a single point of referral to facilitate easier access.

Although there is a range of principles that will need to be taken forward, there are some that are key. In particular, if health outcomes are to be improved for the whole population and not just those who traditionally access services then addressing need and targeting services will be critical and this will inevitably mean that there should be some degree of choice for service users. Even more important, however, is the level of engagement with individuals, families and communities. This will run through from designing pathways, building services, service delivery and evaluation. This will be a key way in which the local health system can build individual and community resilience across the City.

Integrated Wellness Services



6. Foundations in place

Wellness services already have services and initiatives in place which provide strong foundations going forward. These are at different stages of development but offer opportunities for new ways of working.

Wellness Service

Sunderland's unique Wellness Service has continued to develop since 2005, with the primary aim to improve resident's health and well-being through the provision of physical activity opportunities, lifestyle advice and education. Since its conception Sunderland's Wellness Service has worked with a range of partners within in health promotion, sport and leisure services, adult and children's services to create a joined up approach to improving people's quality of life. This approach shifts emphasis away from focusing on illness and ill-health and instead concentrates on identifying how people can be encouraged and assisted to make themselves 'well'.

Prior to 2005 many preventative and intervention programmes were developed and delivered by Sunderland City Council (SCC) and Sunderland Teaching Primary Care Trust (STPCT) separately, and tended to be developmental, pilot based and reliant on short-term funding. To address this problem and to begin tackling health inequalities cohesively, a partnership was established in 2005 between STPCT and SCC. There was a clear recognition to have a shared vision, priorities, agendas and joint ways of working. The challenge was to be innovative and develop a new integrated service approach to meet the public health needs of our residents.

The Wellness Service was seen to be effectively supporting the integration of lifestyle change into programmes for the prevention and management of chronic diseases. It directly addressed lifestyle as a risk factor and lifestyle change as a 'treatment' to complement or compete with other treatment interventions. The key to the Wellness Service was then and continues to be now, supporting lifestyle change to prevent chronic diseases developing or worsening, and to keep people as fit and healthy as possible even when they have an established condition. A major advantage of the service is that the pathway to be embedded, from individuals participating in support programmes delivered by the Wellness Service within the facilities to the individuals becoming members and customers of the facilities when gradating from their support programme.

The Wellness Service works with both internal and external partners and partner organisations to ensure services are integrated, accessible and appropriate to the needs of those who are in greatest need of health improvements. Service development has taken place as a result of consultation, not only with existing service users to determine subtle programme changes, but more importantly with those individuals not yet engaged in physical activity to gain a greater understanding of the barriers to participation that exist. This knowledge has led to changes in service delivery that has enabled a greater impact to have been made with improved outcomes being achieved.

In 2008 SCC and STPCT were awarded Beacon status for its ground-breaking and successful work in Reducing Health Inequalities in the city's communities. The award was also in recognition of the Wellness Service's ability to deliver excellent services, demonstrating a clear vision and willingness to innovate. The programmes continue to develop to help 'close the health inequalities gap' Many of those who do not access provision are recognised as living within our areas of highest deprivation and much work still needs to be completed to ensure opportunities meet the needs of the residents.

Sunderland Health Champions

The Sunderland Health Champion programme was established in November 2010, led by the Washington Area Committee and West Area Committee, and has been delivered in line with Area Committee and Sunderland PCT priorities. The programme is overseen by Sunderland PCT and delivered in partnership with Sunderland City council and a range of third sector training providers. Health champions are community workers and volunteers as well as frontline staff as they are best placed in the heart of communities to offer support due to the long-established relationships with residents, who are comfortable talking to them. The training enables health champions to advise and signpost people to relevant services as part of their usual role.

To become a fully-fledged champion, individuals undertake five different training modules which take up to three and a half days. The modules include; understanding health improvement (level 2), emotional health and resilience, healthy money healthy you, smoking brief intervention (level 1) and alcohol brief intervention (level 2).

In March 2012 Leeds Metropolitan University carried out an independent evaluation of the health champion programme. The main findings included that health champions were effective in providing information and signposting, added value within communities through their accessibility and engagement and there was a potential for health champions to be expanded across other parts of Sunderland.

Health Trainers

The Health Trainer Service was established following the publication of the Public Health White Paper *Choosing Health: Making Healthy Choices Easier* in 2004.

Sunderland Health Trainers work with those with greatest health needs from disadvantaged communities, providing personal advice and support through the development of personal health plans, and signposting to appropriate services; and bringing these individuals into more effective contact with mainstream health improvement and other local services.

The Health Trainer Service specifically:

- Works with individuals from the target population to carry out a lifestyle health risk assessment;
- Informs each individual about possible risks to health as a result of their lifestyle;

- Enables these individuals to make changes in their behaviour to achieve a positive impact on their health by providing targeted advice and/or where appropriate bringing these individuals into more effective contact with mainstream health improvement and other local services such as Specialist Stop Smoking Services, weight management, opportunities for exercise, screening and wider health and social care services as deemed appropriate by the PCT; and
- Supports key national and local public health campaigns.

Health Trainers, therefore, potentially have a vital role in offering support in relation to a range of lifestyle issues that impact on health with a focus on those areas of greatest need.

Following a service review a decision was made by NHS South of Tyne and Wear to remodel and re-procure the Sunderland Health Trainer service. As part of this process an Equality Impact Assessment (EIA) was carried out in July 2012, alongside an engagement process. The aim of the EIA was to ensure that the Sunderland Health Trainer service meets the needs of the local population to ensure none are placed at a disadvantage. The main findings included:

- Health Trainers need to engage with more men, over 65 years and different community groups/ organisations (full recommendations included by group in the full EIA)
- Service operational times may need to be extended beyond 9am to 5pm to accommodate different working patterns
- Data needs to be better recorded.

Sunderland TPCT and Sunderland City Council are currently in discussion about the best future model of the health trainer service from April 2013 in the context of more integrated wellness services.

New Technologies

Sunderland TPCT is currently developing the use of a new text messaging service to support women and family members who are trying to stop smoking during pregnancy. Tele-health technology uses a computerised system called Florence (Flo) which is free to use in the UK and accessed via a mobile phone.

Once a woman has set a quit date she will start to get personalised motivational text messages that offer support and advice with regard to stopping smoking. This personalised service also offers an opportunity to raise awareness about other health issues such as secondhand smoke, breastfeeding, healthy eating and exercise.

This system is currently under development, with an anticipated date of 1st December 2012 to go live.

7. Next Steps

The next steps in developing this work stream fall into three main components: understanding, building and using.

Understanding

As identified to the Board in May 2012, complex system theory would suggest that if we are to achieve our goals of improving health we must work with people in a way that takes account of their values or working principles and the assets available to them. This means that we need to engage in a different way with local communities. It is proposed that this should be taken forward in the following ways: -

- The 2012 Health and Lifestyle Survey should be analysed further to identify the scale of health issues not only in relation to individual unhealthy lifestyles but also to estimate the proportion of people living in Sunderland who have multiple lifestyle related health risks. This should then be used with other information to identify population groups at greatest risk.
- Engagement with local people will take place in order to understand what support will help people to start to make the changes necessary to improve their health. This will be carried out in a way that recognises the differences between different socio-demographic groups using a tool such as Mosaic to segment the population. It can also have an asset based approach by focusing on people who have made the change to a healthier way of life and understanding what helped them to make the change.
- The knowledge of local people and community assets which is held by Elected Members will also be invaluable in understanding how services can target individuals and neighbourhoods of greatest need. It is proposed that the People Boards will be used to support the understanding of local communities.

Building

Engagement will continue as new pathways are built that take account of local needs and assets.

- The People Boards will oversee the development of models within each area of the City building on the information as described above. Elected Members can act as advocates for their communities and a local focus will enable services to build on local assets and community infrastructure.
- Guidance on best practice will form the basis of what is provided but services will need to be responsive to local need and build on local assets. The organisational and practitioner development that this will require should not be underestimated.
- There will be engagement with organizations in each area but also with current service providers and practitioners who will have experience of what works. Their views will the considered as pathways are built.

- As pathways are built they will be checked out with local people to ensure that their views are reflected in new services and initiatives.
- Again, Mosaic will be used to segment the population to support choice and ensure services are responsive.

Using

Once new services are implemented, engagement will continue. Health Champions will play a vital role in offering brief advice and then signposting into services. There will be a single point of contact to improve signposting although this will not form a barrier to those wishing to access services directly. Health Trainers will be fully integrated into services and embedded in the communities they serve offering additional support to those whose needs are greatest. Services will also have a responsibility to reach out into communities rather than merely responding to referrals into the system.

The information available in relation to population segments will be used to identify what the best information or service channels are to reach high risk groups. This approach has been taken by Heart of Birmingham PCT and enables tailored messaging and communications.

Because the lifestyle choices that people make are the results of such complex systems, services will need to be evaluated constantly in order to ensure that they are achieving the required outcomes and ensure that they are delivering services in a way that makes it easier for as many as possible to make positive choices in relation to their health.

8. Risks

The approach described in this report will lead to a transformation of wellness services in the City. As with all transformations there are risks – in this case there are risks that the required improvements in health will not be achieved due to: -

- The impact of the economic downturn and welfare reforms on the emotional health and wellbeing of the population;
- The impact of a reduced budget;
- Services not being sufficiently targeted;
- Insufficient engagement from community leaders and the wider community itself.

The principles of the model have been developed to diminish these risks but they will need to be monitored as the new approach is developed. Going forward, a risk register will be developed which will identify actions to mitigate emerging risks.

9. Recommendations

It is recommended that:

- The strategic direction described in this paper and the principles underpinning the development of integrated wellness services should be endorsed;
- The Health and wellbeing Board have oversight of the development of integrated wellness services with the potential to be supported by area arrangements as defined locally.

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