

## **Integrated Wellness Services – Update for People Boards**

### **Background and Purpose**

The development of integrated wellness services that are co-designed with and relevant to local people was discussed by Area People Boards during October/November 2013 with further updates following on from the stakeholder engagement event, *Improving Health –How do we do it?*, which took place on 15<sup>th</sup> November 2013. Since then, we have developed a model which reflects the engagement that took place up to the end of December 2013. We have since started to engage with the main equality groups in the City as well as commissioning further engagement with the community and key stakeholders, including current service users. Alongside this engagement work we will carry out a broader consultation to ensure that the wider community have the opportunity to comment on the model. The purpose of this paper is to give elected members the opportunity to identify key assets and issues which will support improved health in their area as well as having early sight of the proposed model.

### **Our New Approach**

The new approach to mental and physical wellness is based on the principles of the Health and Wellbeing Strategy. We recognise that we have significant health problems in Sunderland and that, in spite of some improvements, most have been in place for many years. We therefore need to have a radical shift in our approach which recognises that, for many, it is preferable to be enabled to make positive changes to their own health. Some communities and individuals can also support others to improve their health. There are, however, some people who are less able to change and so these people should be offered additional, more personal support.

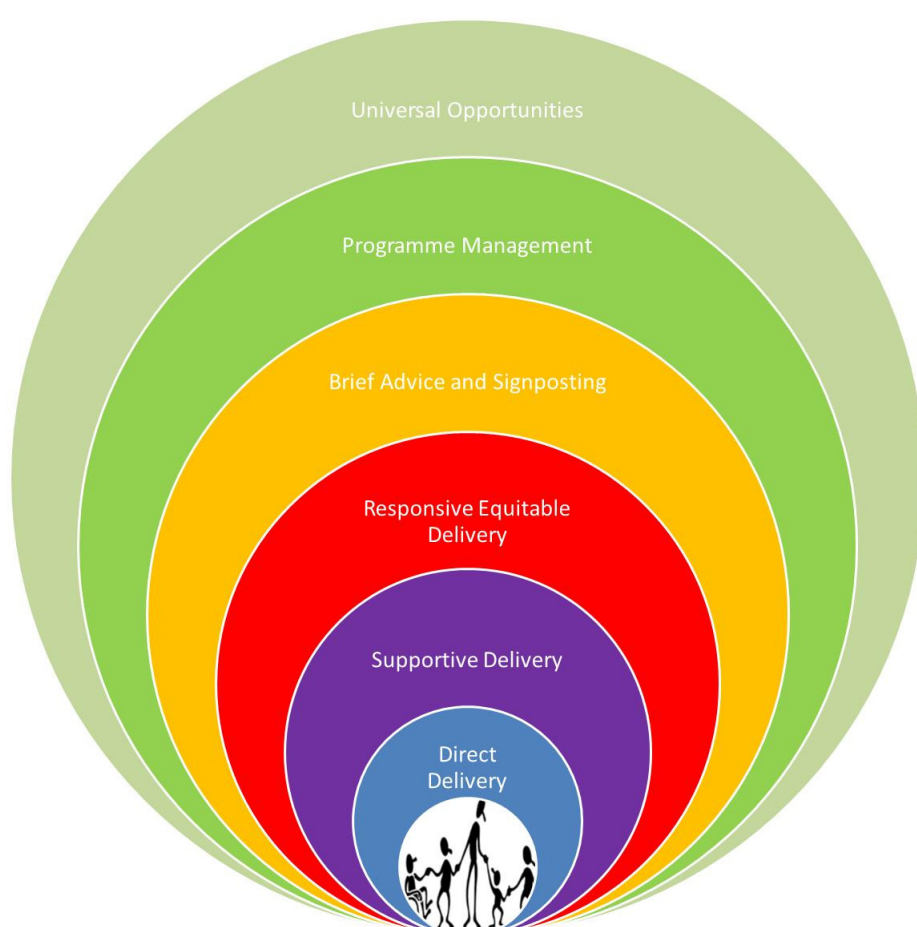
### **The New Model**

Our new model will deliver an approach that takes into account the health needs of the whole population while also being personalised to individual need. The model is outlined in figure 1 on the following page.

Much of the feedback we have received is that many people do not want or need services but rather need to embed healthier choices into the way they live their lives, with minimal additional cost. We will, therefore, increase investment in supporting active travel as well as working to improve the availability and use of outdoor space, e.g. parks and play areas, in the city leading to better mental and physical health. We have described such investments as *Universal Opportunities*.

To overcome the difficulties that many people have in finding opportunities to improve their health we will develop a central hub that will be accessible and available to all. The hub will enable people to improve their own health with

information and signposting available through a range of media. It will be a single (but not exclusive) point of contact. It will also ensure that people continue to be supported in making changes to their health by supporting self-monitoring and following up those who want to make a change to offer further encouragement. Those who are successful will be asked to support others by establishing peer support networks in the City. In order to ensure that opportunities that people are signposted to reach an appropriate standard, the hub will also monitor and mentor organisations and other opportunities that are promoted. This part of the model, therefore, is essentially a *Programme Management* function, holding the wider system together and enabling people to find the opportunities and support they need to improve their health.



**Figure 1: Delivering integrated wellness**

Whilst we hope that the hub will provide the support that people need who have decided to make a change, we recognise that some people need more encouragement to take that first step and so we will build on our successful Sunderland Health Champions programme to ensure that people who are thinking about making a change to improve their health are encouraged through *Signposting and Brief Intervention*. We will continue to develop new training programmes for Health Champions to address local health needs (including the wider determinants of

health), we will build local support networks to enable them to share good practice and we will target further recruitment of Health Champions amongst those who live in or work with communities with greatest health need and embed them in services we commission or promote.

We will strengthen our proactive approach when we identify health issues arising in specific neighbourhoods or communities in the city. There will be a *Responsive Equitable Delivery* approach, working with local people in a focused way to address the particular issues.e.g. sexual health promotion and alcohol education amongst high-risk groups, stop smoking services for young pregnant women, delivery of NHS Health Checks in disadvantaged neighbourhoods, chlamydia screening for young people who do not access core services. Aligned to this will be investment in services such as mental health supported housing and the Home Improvement Agency.

Recognising that some people need extra support to make the necessary changes to improve their mental or physical health, we will have “coaches” providing *Supportive Delivery*. The coaches will help people to build a plan for themselves and/or their families using the opportunities available that best suit their daily lives. They will also support them in accessing the necessary opportunities but with the aim of people accessing opportunities independently as quickly as possible.

Finally, there will be a range of commissioned and non-commissioned *Direct Delivery*. Although there will be a reduction in commissioned services, many services that are effective in addressing the health needs of the whole population will be retained. These will include Sexual Health Services, NHS Health Checks, Stop Smoking Services, Substance Misuse Services and services aimed at improving Mental Wellness. In addition, there will be signposting and support into a range of opportunities for improved mental and physical wellness offered by other sectors in the city as well as further development of peer support. Small, time-limited grants will be made available to kick-start new opportunities or to improve access to existing ones. Services that will not be commissioned going forward include weight management and exercise on referral services for adults who will instead be signposted to other opportunities in the City.

### **Next Steps and Recommendation**

As part of our current round of engagement, we are engaging with equality groups to ask the following questions. Elected members may want to consider these in relation to their area: -

1. What standards should we have in place across the system and what would be the priority?
2. Are there specific access issues that you are aware of that need to be addressed? If so, how could we best achieve this within resource constraints?

3. Are there organisations that reach those who have greater need where we should ensure Health Champions are embedded?
4. What would be your top priority for improving the health of your community?
5. Are there other significant issues that you would ideally like to see addressed as we finalise and then implement this approach?

As engagement and consultation draws to a close it is recommended that, if required, we return to the People Boards to discuss any significant changes. Otherwise it is proposed that identified priorities during implementation are “sense checked” with Boards to enable elected members to continue to influence the delivery of integrated wellness.

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