REPORT TO THE HEALTH AND WELLBEING BOARD

4th December 2018

Barnsley Wellbeing Service

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1. Purpose of Report

1.1 To update HWB on the current and proposed Business Case for the Barnsley Wellbeing Service

2. Delivering the Health & Wellbeing Strategy

2.1 The new Wellbeing Service will contribute significantly to the delivery of the strategy – primarily around its approach to widely improve Health and Wellbeing and to reduce health and social inequalities across Barnsley

A key feature of the new service also supports the whole system actions to;
- Focus on the greatest areas of need
- Build strong and resilient communities
- Make prevention everyone's business

3. Recommendations

3.1Health and Wellbeing Board members are asked to:-

- Consider the principles set out in the Business Case for developing a new Wellbeing Service that focuses on the root causes of ill-health and tackling inequalities.
- Support the commissioning of the new interim service from January 2019 to test out and measure the outcomes.

4. Introduction/ Background

4.1 The business case presents a proposal for the development of community-based support for people to improve their physical and mental well-being. A more holistic approach has been considered to address health inequalities, focusing resources and efforts on

tackling the root causes of ill-health, many of which also present significant public health problems in Barnsley. We are calling this approach **Barnsley Wellbeing Service**.

4.2 This comes following the withdrawal of the current Healthy Lifestyles provider, Be Well Barnsley (Person Shaped Support) - the contract finished on 31st October 2018. This decision was taken by PSS in April 2018 on the strength of the service being unsustainable, which led to a review of the service and an opportunity to look at what is being delivered and whether this continues to be fit for purpose.

4.3 Many of the groups that were co-ordinated by PSS were often delivered in partnership with other organisations e.g. Fit Reds, Barnsley Premier Leisure, or commissioned locally through e.g. Area Councils. It is anticipated that some of these groups will continue, but we propose to offer funding to extend or develop new groups based on local needs. In addition, positive developments in 'My Best Life' Social Prescribing, Befriending (RVS) Peer Support (DIAL etc) and Supported volunteering (VAB) are all examples of projects designed to help and empower people to improve their own sense of wellbeing in their local communities.

4.4. Importance of Addressing inequalities

In line with local and national strategies, we aim to reduce health inequalities, all of which are linked to circumstances in which people are born, grow, live, work and age, and broadly described as the social determinants of health. Our proposal is to move away from services that traditionally and solely focus on 'unhealthy' lifestyle behaviours that often lead to health conditions such as obesity, type 2 diabetes, cancers and heart disease. All of these issues remain important, and a number of support services will remain in place to provide health related support to change behaviour etc.

4.5 The Marmot Review (2010) details key actions to reduce health inequalities, in order to break links between disadvantage and poor (health) outcomes; including the development of social capital. Local authorities have a role to play in this (Kings Fund 2013) and there is growing recognition that whilst some communities and social groups experience the greatest health inequalities, they also have assets at the social and community level that can help improve health, strengthen resilience and improve health outcomes. This work has already begun in Barnsley through Area Governance arrangements and the place based agenda.

4.6. Positive health outcomes can only be achieved by addressing the factors that protect and create health and wellbeing and many of these are at a community level. Community life, social connections and having a voice in local decisions are all factors that have a vital contribution to make to health and wellbeing. These community determinants build control and resilience and can help buffer against disease and risk factors like smoking, obesity, and drug and alcohol use. (Health Matters, PHE 2018)

4.7 The rising levels of rising obesity in Barnsley remain a priority, but again, recommendations from NICE (2012) and Public Health England promote a system-wide approach to tackling obesity, and not focusing solely on individual behaviour change to e.g. lose weight as a single outcome. The determinants of obesity are complex, including factors of; genetic disposition, early life nutrition and growth, individual lifestyle, psychological issues, the physical and cultural environment, food production and consumption, education, social and economic factors and the influence of the media (Foresight 2007).

4.8 As the evidence for achieving Weight management outcomes and sustained weight loss in the longer term is limited, we are focusing on a more population based approaches and developing some of the other behaviour change techniques, where evidence is still emerging. These include; Social Support (Practical and emotional) changes to the social environment, goal setting, self-monitoring (NICE Behaviour Change Individual Approaches (2014) and NICE Weight Management: lifestyle services for overweight or obese adults (2014a)

4.9 What do our residents say?

Barnsley Council has also taken a closer look at what health means to local people as part of the DPH Annual Report. In 2017, 'A Day in the Life' involved the completion of a short diary by local residents about their physical and mental health, and what made it better or worse. This work confirmed that health is shaped about 'where and how we live' and that there is still a need to '….reduce the stark inequalities which mean the most vulnerable and most deprived bear the heaviest burden of disease' and so it is important to create and sustain good health and wellbeing across the life course in Barnsley (DPH 2017).

There were a number of themes that residents identified and these were broadly categorised as; sleep, resilience, reference to Five Ways to Wellbeing, physical activity and connections – very few people identified specific 'lifestyle' behaviours as something they associated with their own sense of 'wellbeing.' We know that Lifestyle behaviours are not always prioritised by individuals, primarily because they are managing other issues in their lives that also impact on health and wellbeing. Given that obesity prevalence continues to increase, there is some suggestion that traditional weight management programmes have not provided a sustainable solution, and provides a rationale for different approach.

4.10 This provided some good local intelligence about how people are feeling about their health and wellbeing with some examples of people who feel that they 'can' and do take control of their own health and wellbeing, and those that 'can't' or 'won't' because of their personal circumstances or confidence/resilience to do so.

No single agency or solution can address this problem. A wide range of partners should work together to develop and implement community-wide approaches to tackle these determinants.

5. Developing a new Wellbeing Service for Barnsley

The development of the new Wellbeing Service for Barnsley will be in line with local (and national) strategy to reduce health inequalities, all of which are linked to circumstances in which people are born, grow, live, work and age, and broadly described as the social determinants of health, that are well recognised to have an impact on our health and wellbeing, and demonstrate the complexities of factors that impact on health.

There is also an increased focus on empowering people to take more control over their health and wellbeing, and this can be facilitated through effective engagement and connections within their own communities, but also ensuring that for those people who find it difficult to engage – support is available to help them do so.

5.1 Proposed Approach.

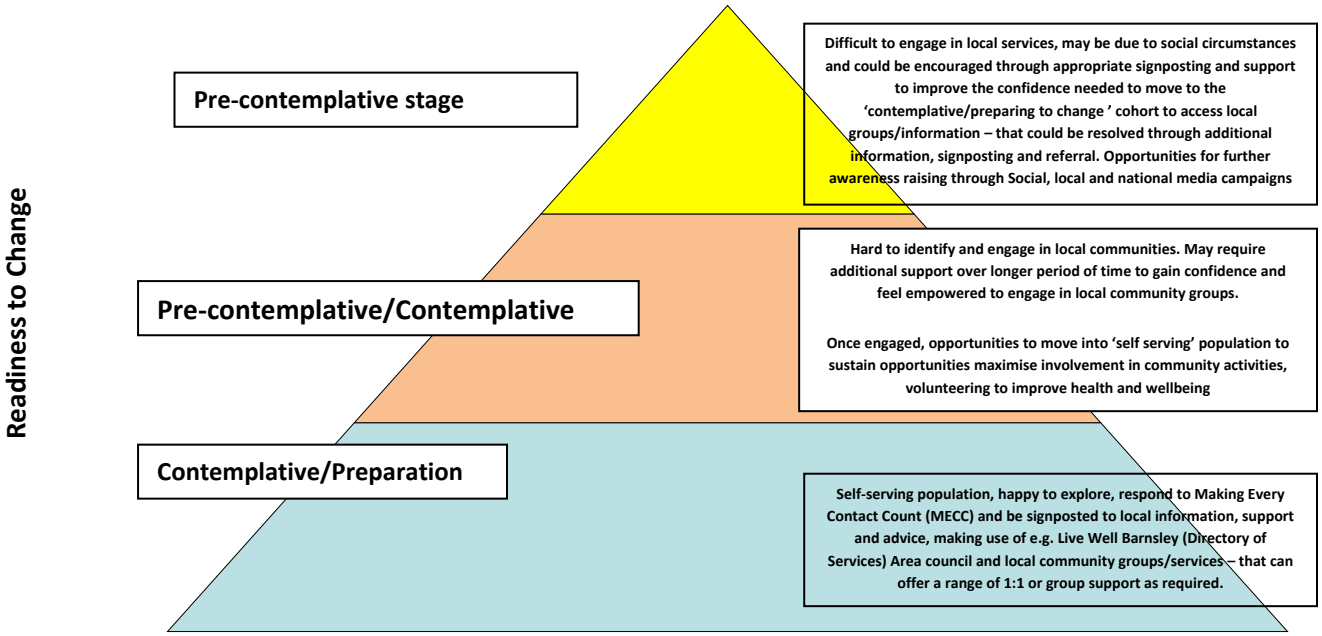
We will commission 2 types of services to help people engage with their wellbeing. These are:

1. Locally defined population based support services/groups/projects delivered through Area Teams where local needs can be identified and services/projects can be built to address wider Wellbeing and public health outcomes in local communities.
2. Planned 8-12 week Wellbeing Support Programme to offer 1:1 (and/or group) support to address specific issues around physical activity and diet/nutrition in local community settings – this was identified as a gap in current service, especially for those requiring more specialist support.

The development of these proposals has not been done in isolation. The basis of the work has been to ensure that where possible, we join up and add value to existing provision rather than re-invent similar or new services and run the risk of duplication. The view is that much of the support is available already for people – the key is around engagement and access to these services, 'readiness' to change and how to empower and enable people to self-serve.

5.2 Proposed Service Model

Prochaska and DiClemente's Transtheoretical Model of behaviour change (1983) describes the various stages in the process of people's 'readiness' to change. In light of the available evidence relating to health inequalities and community engagement, it is important to consider those who are ready (contemplative stage) and those that are not ready to make changes (pre-contemplative – they don't consider their behaviour to be a problem) which may for a range of reasons including lack of capacity, support, knowledge or skills.



5.3 Proposed Framework & Outcomes

Working together to take action on a broad range of issues impacting on health and wellbeing is a process that should lead to improvements in the determinants of health, which will enable people to feel more in control of their own health and wellbeing. Five Ways to Wellbeing offers an evidence based framework that are fundamental to improving people's sense of mental wellbeing. It is proposed that the framework will be used as the basis for allocation of Area Team Wellbeing grants:

CONNECT – Provides opportunities to promote/offer regular contact with people such as family, friends, work colleagues or neighbours e.g. through local interest groups, cook & eat sessions for families, luncheon clubs, reducing social isolation/loneliness, peer support initiatives
BE ACTIVE – Links to activities promoting Physical activity or ways to reduce inactivity through e.g. walking groups, dancing, gardening, or just keeping moving.
TAKE NOTICE – Encouraging awareness of the world around and its impact on individuals/communities. Be curious and notice what needs to change and how that might happen. Reflecting on experiences to help appreciate what is important. E.g. building healthier, supportive and strong communities
KEEP LEARNING – Opportunities to learn or try something new, or rekindled a previous interest, e.g. developing skills and knowledge around healthy lifestyles (weight management, smoking and alcohol), supporting access to employment (job clubs, budgeting) housing (warm homes, fuel poverty)
GIVE - Provides opportunities to give time to something or someone in the community e.g. volunteering, time-banking, befriending

5.4. This is undertaken with a view to achieving the following outcomes identified by Five Ways to Wellbeing 2011

- Build infrastructure and resilience in Communities
- Empower people to feel more in control of their health and wellbeing
- Increase access to appropriate support and connections within local communities to enable people to be more independent and live well for longer.

Appropriate evidence of how the outcomes will be achieved will need to be provided as part of the terms and conditions of the funding. Examples include; demographic data collection, case studies, customer feedback, use of validated measurement tools for improved levels of wellbeing e.g. Warwick Edinburgh Mental Wellbeing Scale.

There is some variation in the evidence that suggests that engagement in public health is more likely to require a 'fit for purpose' than a 'one size fits all' approach – it is important to consider those that are 'ready' to change (contemplative/Preparation stages) behaviour and those who are still in pre-contemplative/contemplative stage (not considering a change in behaviour or thinking about it, but unsure where to start) due to lack of capacity, support, knowledge or skills – it is these individuals that the new service will support.

6. Conclusion/ Next Steps

This proposal is a move away from traditional lifestyle behaviour change, and it provides an opportunity to implement and evaluate a *different* approach to support people at greatest risk of health inequalities. It will offer information, support and enable people to access local community assets, empowering those who can, to make changes for themselves, but also works to engage those who require further help to achieve change.

6.1 Community engagement and outreach are vital components of behaviour change interventions, and the support from peers who share similar life experiences can be a powerful tool for improving and maintaining health. (PHE 2015) Health behaviours are determined by a complex range of factors including influences from those around us, and may not be prioritised by individuals who have complex lives. Addressing social determinants of health e.g. poor housing, access to services and increased social isolation are associated with higher risks of mortality and morbidity. But with the right support, people can improve their wellbeing, and this enables and empowers them to continue to maintain social connections and improve their quality of life in their local communities.

People need appropriate support to do this and the new Wellbeing Service in Barnsley provides an opportunity to do this.

7. Financial Implications

None for the HWB

8. Consultation with stakeholders

Initial consultation and discussion with BMBC and the CCG has taken place via the Healthy Lifestyles Task & Finish Group. Wider consultation will continue follow approval of the work going forward and will include;

BMBC's Healthier Communities
BMBC's Stronger Communities
BMBC's People Directorate
BMBC's Place Directorate
BMBC's Public Health
Barnsley's Clinical Commissioning Group and other Health Partners
Community Voluntary Sector
Barnsley's 0-19 Service

9. Appendices

9.1 Appendix 1 – Wellbeing Service Business Case
Appendix 2 – Wellbeing Service Grant Criteria

10. Background Papers

References

- The NHS Five Year Forward View (2014) NHS England.
- The Marmot Review 'Fair Society, Healthy Lives' (2010)
- NICE (2007) Behaviour Change

- NICE (2006) Obesity Prevention
- NICE (2016) Community Engagement: Improving health and wellbeing and tackling health inequalities
- NICE (2015) Older People: Independence and Mental wellbeing
- Health Matters Public Health England (2018) A guide to community-centred approaches to health and wellbeing Public Health England
- Public Health England/University College, London Health Equity (Sept 2015) Local action on Health Inequalities; Reducing Social Isolation across the Life Course
- 'No Health Without Mental Health': A Cross-Government Mental Health Outcomes Strategy for People of All Ages (Feb 2011)
- The Kings Fund (2018) The connection between mental and physical health
- Prochaska & DiClemente (1983) Transtheoretical Model of Behaviour Change
- Health Foundation (2009) Engaging Communities for Health Improvement
- Our Public Health Strategy 2018-2020.
- Barnsley Health & Wellbeing Strategy 'Feel Good Barnsley' 2016-2020
- Barnsley Place Based Plan (2016)
- Director of Public Health Annual Report (2017) 'A Day in the life'
- Future Council 2020 BMBC
- Barnsley Health & Care Together – Integrated Care Partnership

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