BARNSLEY
Metropolitan Borough Council

Business Case

Communities Directorate - Healthier Communities

Barnsley Wellbeing Service
Business Case
September 2018

Executive summary:

This business case presents a proposal for the development of community-based support for people to improve their physical and mental well-being. We are calling our approach Barnsley Wellbeing Service.

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. The Barnsley Wellbeing Service proposes to fund a number of community based services, targeting those who cannot or do not engage and which is known to impact negatively on their mental and physical health and wellbeing.

Our proposal is to move away from services that traditionally focus on 'unhealthy' behaviours that often lead to diseases such as obesity, type 2 diabetes, cancers and heart disease. But a key part of the new Wellbeing Service aims to support people to improve levels of mental wellbeing and resilience, through more active engagement in local communities to tackle some of the wider issues affecting health e.g. housing, employment, education, crime etc. This in turn, will build confidence and skills to address other aspects of their health and wellbeing, including giving up smoking, losing weight, increasing levels of physical activity.

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. As part of this system wide approach in Barnsley - there are already a number of local services in place that provide some health-related support around individual behaviour change; to lose weight, improve diet, stop smoking e.g Yorkshire Smokefree (Stop Smoking Service provided by SWYFT) Weight Watchers, Slimming World, Barnsley Premier Leisure (BPL) Centres, as well as a broad range of Area Council funded community groups and many community voluntary sector organisations across the borough, many of which can be found on the Live Well Barnsley website.

Whilst the rising levels of obesity in Barnsley remain a priority, 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). As part of the plans for the Wellbeing Service to tackle health inequalities, we will also address some of these determinants relating to obesity.

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

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 Councils 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 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.

Many of these services are not new to Barnsley – but we plan to strengthen and add value to meet local needs – e.g. extending existing provision where capacity is stretched, but also or to develop new opportunities to fill local gaps in services that support wellbeing, opportunities for peer support & information – some of which have been highlighted through other service providers. For example, feedback from Area Councils, local services like 'My Best life' and the Community Voluntary Sector are able to highlight areas where there may be gaps (or duplication) in services that offer support round a specific aspect of wellbeing, or where there is limited/no provision in certain areas of the borough. This also links to Live Well Barnsley which provides a maintained directory of local services, with a view to enabling and empowering people to access community based support that can improve their wellbeing. We continue to work with the Live Well team to promote this more widely and ensure the system is as easy to navigate as possible, supporting professionals and local people to help themselves. Our intention is to commission the following;

1. **Area Council Wellbeing Grants** to encourage people and groups to initiate activities to support and improve their physical and mental wellbeing. Examples:

Community Transport: to make a big difference to people's lives especially people with disabilities, older people and socially isolated people.

Social events: To help people meet new people in a warm and supportive environment with speakers to run activities relating to wellbeing.

2. Develop an **8-12 week Wellbeing Programme** of 1:1 support through Barnsley Premier Leisure available within local community settings. This will:

Wellbeing course & support planning: helping people through a time limited programme become more active, improve their diet and nutrition, lose weight and feel better.

Timescale for development & evaluation

January 2019 – March 2020

Funding to Area Council teams to Administer and allocate Wellbeing Grants with specific criteria to measure outcomes, using the evidence based framework 'Five Ways to Wellbeing'. Development of the Wellbeing Programme which offers group and 1:1 support/action planning to help people become more active and engaged, improve their diet and nutrition, lose weight and feel better.

1. Background

The Health and Social Care Act 2012 gave the responsibility for Public Health to local authorities. Since 1st April 2013, local councils have been responsible and accountable for improving and protecting the health of the people in their areas.

This has often included the commissioning of lifestyle 'behaviour' support services e.g. promoting weight loss, healthy eating, stopping smoking and increasing physical activity for individuals, families and communities, but these services are not specifically mandated.

As part of ongoing austerity measures faced by the council, a decision was taken in 2016 to make a reduction in the total 'lifestyle' budget by 31 March 2019. This lead to a separation of a previously 'integrated' lifestyles service, and meant that the council was responsible for contract monitoring the Healthy Lifestyles service (known as Be Well Barnsley) and the Stop Smoking Service (delivered by SWYFT). The planned reduction to the budget would affect Be Well Barnsley only, noting that there has, in effect, been a £70k increase in the stop smoking service since 2017. The reduction was communicated to the current healthy lifestyles provider organisation, Person Shaped Support (PSS) in November 2017. In April 2018, PSS gave formal notice of their decision to withdraw from the Healthy lifestyles contract with BMBC, citing that the reduction in budget made it difficult to sustain current service provision at a local level.

This early withdrawal provided an opportunity to review current provision, which will end on 31st October 2018, and work has continued with PSS to plan an appropriate exit strategy and consider how the service should be developed, maintained and/or re-commissioned going forward.

The Stop Smoking Service is not in scope as part of this review and remains a priority for the Council. This is commissioned through a separate contract and separate business case will be developed for this, ready for recommissioning in October 2019.

1.1 Context of the Well Being Review

Healthy Lifestyles Services have traditionally focused on 'unhealthy' behaviours causing Obesity and associated health conditions like diabetes, cancers and coronary heart disease. This review provides an opportunity to explore a move away from services that focus solely on individual behaviour change to e.g. lose weight, as a single outcome. Recommendations from both NICE (2012) and Public Health England promote a system wide approach to tackling health inequalities and obesity.

The development of a new *Wellbeing* Service 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 the proposed approach will focus more broadly on the improvement of Physical and Mental Wellbeing. 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 opportunities for peer support and improve health outcomes.

1.2 National & Local Strategy

Barnsley's Health and Wellbeing Strategy 'Feel Good Barnsley 2016-2020' sets out how the Health and Wellbeing Board will drive integration, with a focus to improve services, join up care and support people in Barnsley to better help themselves by improving health and wellbeing and reducing health inequalities across the borough with the vision of:

> ***"That the people of Barnsley are enabled to take control of their health and wellbeing and enjoy happy, healthy and longer lives in safer and stronger communities, whoever they are and wherever they live."***

This will be achieved through four principles; focus on efficiencies and outcomes, inspire and empower, connect, collaborate and co-produce and go further faster supporting the outcomes set out in the Future Council 2020 plan, as well as a number of other local/national strategies; Barnsley Health & Care Together (Barnsley Place Based Plan) and the GP/NHS Five Year Forward View. The Public Health Strategy for Barnsley has recently been reviewed for 2018-2020, and the three priorities identified are likely to be supported by the new service; Alcohol, Food, and Emotional Resilience – all of which can be supported by the development of a broader Wellbeing service.

The Director of Public Health's annual report has taken a closer look at what health means to the people of Barnsley over the last couple of years. 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.'

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.[1]

Do what makes you happy.
Change what makes you sad.
A healthy life is what you identify as being healthy. To me a healthy life is: health, family, happiness, adventure and making my family proud.

I leave to go to the luncheon club at 11.30am. I love to go for the dinner and the company. We are all friends and enjoy each other's company

I do worry about what support network I actually have because I don't feel like anyone does anything for me or helps me.

Physically I'm sure I look fine but internally I'm not sure.

I feel as miserable as every other day. I work for a rubbish company, poor prospects for the future, life is rubbish. Not much makes me feel well. I should have just rung in sick. I felt in pain, tired, fed up. No high points. Low points, all of them.

I am the only man in the company of all women who seem to be completely addicted to mobile phones. Why do I hate that? I guess I feel isolated.

It's been a cold, wet, grey, miserable day. I've run the heating for fifteen minutes at a time because of the cost, but I was bitterly cold at lunchtime. I've wasted my day browsing the internet. I do this as a distraction from facing up to tasks that I ought to do but can't bear starting. My life sounds miserable. It is.

[1] DPH Annual Report 2017

There is a commitment to partnership working across organisations in Barnsley that will also help us to achieve this. The focus of the last three decades has been on reducing health inequalities (Marmot (2011), Acheson (1998) & Black (1987)) but also demonstrate that no one single agency or organisation can address this range of complex population needs. The objective for us all therefore, is to improve outcomes for individuals and families across the life-course; to improve people's physical, mental and wider well-being.

1.4 Purpose of the document

This paper sets out the business case for future commissioning of a Barnsley Wellbeing Service, including an opportunity to evaluate and review the development of the service, with a view to put forward recommendations to inform BMBC's commissioning intentions from March 2020.

Key partners/stakeholders are asked to support the proposal to develop this new service and to be actively engaged in its promotion and development to evaluate the impact and outcomes during the next fifteen months.

2. Current services, resources and performance

Be Well Barnsley (Person Shaped Support)

A number of services are currently co-ordinated and/or delivered through Be Well Barnsley. This includes;

- Personal Health Planning (including 1:1 support for tier 2 weight management)
- Programmes of physical activity, diet and nutrition for specific cohorts;
- Connections and signposting to other services: Fit Reds, Barnsley Premier Leisure
- Funding through Area Council/Ward Alliances for specific groups

There is some evidence that particular areas of work were delivered well; the 1:1 work in GP practices, work in developing local health champions (volunteers) and some of the work with Children and Families. Some of the services delivered under the brand of Be Well Barnsley offered a more co-ordinated approach to provision, working with a range of local providers, but services were not always provided by the Be Well staff. Some of these will continue and are listed below. This business case concentrates on gaps in provision and through the proposed model to commission bespoke local provision, we will aim to ensure local needs are met.

Live Well Barnsley

A mapping exercise was undertaken using the Live Well Barnsley Website as a basis for identifying the range of local services and groups that are available to local people, with particular focus on those that would remain even when Be Well Barnsley was no longer delivering services in the borough. Encouraging the use of this site as a 'one stop' directory of services is crucial for both professionals to understand the range of community groups/services available, but also members of the public.

There is a great deal of provision already in place in Barnsley (see Appendix 1) that may not all be detailed on the website but that also connects into the Wellbeing agenda; examples in Children and Families,

Weight Management, Physical Activity, Social Prescribing, Befriending and other Community Voluntary sector services.

In order to maximise value for money and outcomes, it is essential to avoid duplication going forward, and look to develop/extend provision to meet local needs. It is important to note that a number of existing services will continue from 1st November 2018 including;

- **Fit Reds**: Delivered by Be Well Barnsley in partnership with Barnsley Football Club. Fit Reds have also recently appointed a health co-ordinator to ensure this work continues. There are opportunities to extend this further and they are keen to receive referrals from e.g. primary care to support this.
- **Fit Mums**: Aqua natal and group support delivered by Be Well Barnsley in partnership with Barnsley Premier Leisure
- **Active Volunteers**: Supported and trained by BWB, now working across different local areas on e.g. community garden projects, over 35s football, community shop – support required going forward
- **Dearne Stay Fit -** Chair based exercise groups (some local groups now self-sustainable)
- **Children and families support through Family Centre provision –** e.g. Cook & eat, Access to Fruit & Veg through Alexandra Rose Vouchers
- **Ward Alliance funded projects** that focus on physical activity, healthy eating, e.g. Forge Community Partnership **–** offering cook & eat sessions for families

2.1 Finance & Resources

Budget

The proposed timescales to develop and evaluate the new Wellbeing Service concept will be for approx. 15 months, from January 2019 – 31st March 2020.

The proposed budget during this period is detailed below;

Full annual budget £190,000

Area Teams Maximum 130,000,

- Funding will be allocated on the basis of inequality (funding formula has been devised based on Indices of Deprivation across 147 LSOAs in Barnsley)
- Funding criteria has also been developed to ensure achievement of appropriate wellbeing outcomes and links back to Public Health Outcomes.

Barnsley Premier Leisure - pilot Maximum 60,000

- A Service Specification to offer sustainable support to a targeted cohort people for 8-12 weeks on a 1:1 or group basis as required. This is designed to support those people who are motivated to e.g. lose weight, be more active but require support to do make sustainable change.
- The offer will build in a clear exit strategy to help them maintain a more active lifestyle through peer, family and/or community support.

3. Evidence Base

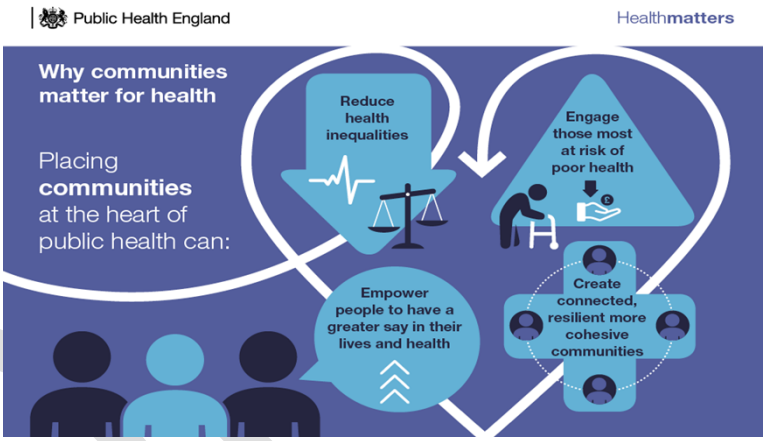
There is a great deal of national and local evidence surrounding the development of the new Wellbeing Service, which focuses on reducing health inequalities linked to the wider determinants of health and promotion of social capital, which is supported strongly by the Marmot Review (2010) highlighting the

need to improve community capital and reduce social isolation across the social gradient. We know that many of the factors that underpin wellbeing and increase resilience are largely social, not medical, and this creates an ideal opportunity to develop a range of co-produced solutions with local organisations and people (LGA. 2010).

Community Centred Approaches and Engagement

There is a growing interest in the UK in community-centred approaches to enhance individual and community capabilities, create healthier places and reduce health inequalities. These approaches are not just community based, but it is about mobilising assets within communities, promoting equity, and increasing people's control over their health and lives. This can be done in a number of ways; using non-clinical methods, participatory approaches where community members actively involved in service design, delivery and evaluation, looking at ways of reducing barriers to engagement, using and developing the local community assets, collaborating with those most at risk of poor health and changing the conditions that drive poor health. (Health Matters, PHE, Feb 2018)

Why communities matter for health (Public Health England, Health Matters, Feb 2018)



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)

Peer Support and Volunteering

NESTA and National Voices have done significant work in 'Realising the Value' (2016) and the impact of Peer and community support in local communities. It comes in various different forms '….. formal or informal support between people with similar conditions or experienced in a community, that can often help people combat isolation and help to sustain knowledge, confidence and skills over time'

Isolation and Loneliness are recognised as public health priorities, in a similar way to smoking and obesity, affecting people of all ages throughout the lifecourse (LGA 2018). Coping, self-esteem, and psychosocial health are significant moderating factors for perceived isolation and feelings of loneliness. Loneliness is associated with higher rates of depression, high blood pressure and dementia. It is said to lead to higher

rates of premature mortality comparable to those associated with smoking and alcohol consumption – around 30 per cent higher than for the general population. (LGA 2018)

We cannot underestimate the value of volunteering to impact on physical and mental wellbeing for both the volunteer themselves and those that they support, particularly for those who may be housebound and/or at risk of isolation or loneliness.

Obesity & Physical Activity

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. Obesity is a 'major public health challenge' (PHE 2016) and is linked to a range of health conditions including type 2 diabetes, cardiovascular disease and cancer. The resulting NHS costs attributable to overweight and obesity are projected to reach £9.7 billion by 2050, with wider costs to society estimated to reach £49.9 billion per year (Foresight 2007).

The rising levels of rising obesity in Barnsley remain a priority, but the determinants of obesity are also 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).

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

Physical inactivity is the 4th leading risk factor for global mortality accounting for 6% of deaths globally. People who have a physically active lifestyle have a 20-35% lower risk of cardiovascular disease, coronary heart disease and stroke compared to those who have a sedentary lifestyle. Regular physical activity is also associated with a reduced risk of diabetes, obesity, osteoporosis and colon/breast cancer and with improved mental health. In older adults physical activity is associated with increased functional capacities. The estimated direct cost of physical inactivity to the NHS across the UK is over £0.9 billion per year. The Chief Medical Officer currently recommends that adults undertake 150 minutes (2.5 hours) of moderate activity per week, in bouts of 10 minutes or more." (Public Health England, 2016).

Behaviour Change

Community engagement and outreach are often a vital component of behaviour change interventions and the support from peers who share similar life experiences can be a powerful tool for improving and maintaining health. (NICE 2007)

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. This has been adapted to develop the proposed Wellbeing Service model.

The evidence for achieving weight management outcomes and sustained weight loss in the longer term is limited, but there are a series of behaviour change techniques for consideration 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)

Programmes that support weight loss should support self-management, foster independence and provide ongoing support from local community, family/friends etc – provision for this is available throughout the borough e.g. Slimming World/Weight Watchers.

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 – and this is what the service will aim to develop.

4. Identifying and evaluating options

Options appraisal - The following options are presented:

Option 1 – Do nothing This option is not to commission any service at all, and for the resource to be used elsewhere.

Reducing both health inequalities and obesity levels remain a priority for Barnsley, and engaging local communities in this agenda is key to its success. Given the evidence around system-wide approaches to tackling these issues, it would not be appropriate for Barnsley Council to do nothing.

Option 2 – Commission a Healthy Lifestyles Service, based solely on the health needs and priorities identified through National and Local Public Health Data and focusing on at risk groups or people with diagnosed health conditions often linked to unhealthy lifestyle behaviours relating to inactivity, poor diet/nutrition and smoking. Outcomes for this type of service focus solely on a medical model of individual behaviour change and traditionally relate to % weight loss, quits, increased levels of activity – where sustainability after 12 months is often difficult to maintain. However, it is recognised that some people would benefit from a more intensive support service to help them achieve a healthier lifestyle, and for those who are motivated to change, this can be successful. The resource required for this sort of intensive support for people is costly and given the levels of funding available would not be able to help a large number of people a less resource-intensive community based approach is likely to achieve better outcomes and value for money.

This type of service would not necessarily address the wider issues around wellbeing. Local evidence from a 'Day in the Life' suggests that the residents of Barnsley do not necessarily prioritise healthy lifestyles as having the biggest impact on their lives, regardless of what medical evidence suggests - if they don't prioritise these issues, they are much less likely to want to change their behaviour. For those residents that do prioritise their lifestyle and wish to make changes, there are a number of services available across the borough and for those people who wish to undertake an activity or access support around these issues, information is available online and via local service providers.

Given the financial position and the requirement to reduce inequalities and help those that need it most, who are more likely to be affected by the root causes of ill health (wider determinants) this would not be a justifiable option.

Option 3 – Commission a service on those who are 'pre-contemplative' (not ready) or prepared to change that focuses on effective community engagement to address inequalities in health. This

service would support the wider aspects of Wellbeing and is more in line with the views of local communities regarding their priorities for health and wellbeing. People who are at increased risk of health inequalities are also more likely to experience one or more of the following; unemployment, live in an area of high deprivation, live with a long term health condition, poor quality housing, poor education, may be lonely or socially isolated and find it difficult access services, and are also more difficult to engage in local services.

What this may not do is offer a more intensive 1:1 support service for people who need it or for those who do not feel confident in engaging in local groups. But there are opportunities through the Wellbeing Grant fund for Area Councils to commission bespoke services based on local needs – which may include offering 1:1 support including befriending, peer support/buddying services to increase confidence and reduce social isolation.

This more population based approach to Wellbeing focuses on effective engagement within local communities, focusing on where people live & work, and where they are more likely to create and maintain support networks. This promotes community resilience and wellbeing using a place-based approach that involves the identification of local assets and strengths within communities, as well as identifying opportunities to fill gaps and develop new services/support within and local area.

Option 4 – Commission a Wellbeing Service - This option offers two elements. Firstly, one that primarily focuses on a population based approach to engage larger numbers of people to improve their physical and mental wellbeing from the services/support within their local communities, and the second focuses on specific access to help/support for a smaller, more targeted number of people to help them achieve goals. Effectively, this will offer a combination of options 2 and 3.

Building on existing provision to support people who are at greatest risk of health inequalities can also strengthen community infrastructure, enabling the sustainability of local groups/services that we know are already meeting the needs of local people who can and will access local services, but through effective engagement and support, to empower those who are less able to help themselves to do so with the support of their local community.

Identifying a provider to deliver 1:1 healthy lifestyles support for a smaller number of individuals will also be developed but with a clear focus on creating sustainability and exit strategies – to become engaged and supported within their local communities, helping people to help themselves and reducing reliance on the health and social care system. The clear focus will be working with people to identify their own needs and priorities, rather than on the basis of the health condition or lifestyle they currently adopt.

The preferred option to move forward is Option 4

As a Council, we understand that building sustainable relationships with our residents will be crucial in empowering and nurturing individuals, families and communities to take more responsibility for their own health and wellbeing. BMBC's Future Council Priorities highlight our commitment to support this model by building strong and resilient communities and supporting people to achieve their potential.

Focus around these particular workstreams is not being developed in isolation – we are keen to join up and add value to existing provision rather than re-invent similar services and run the risk of duplication.

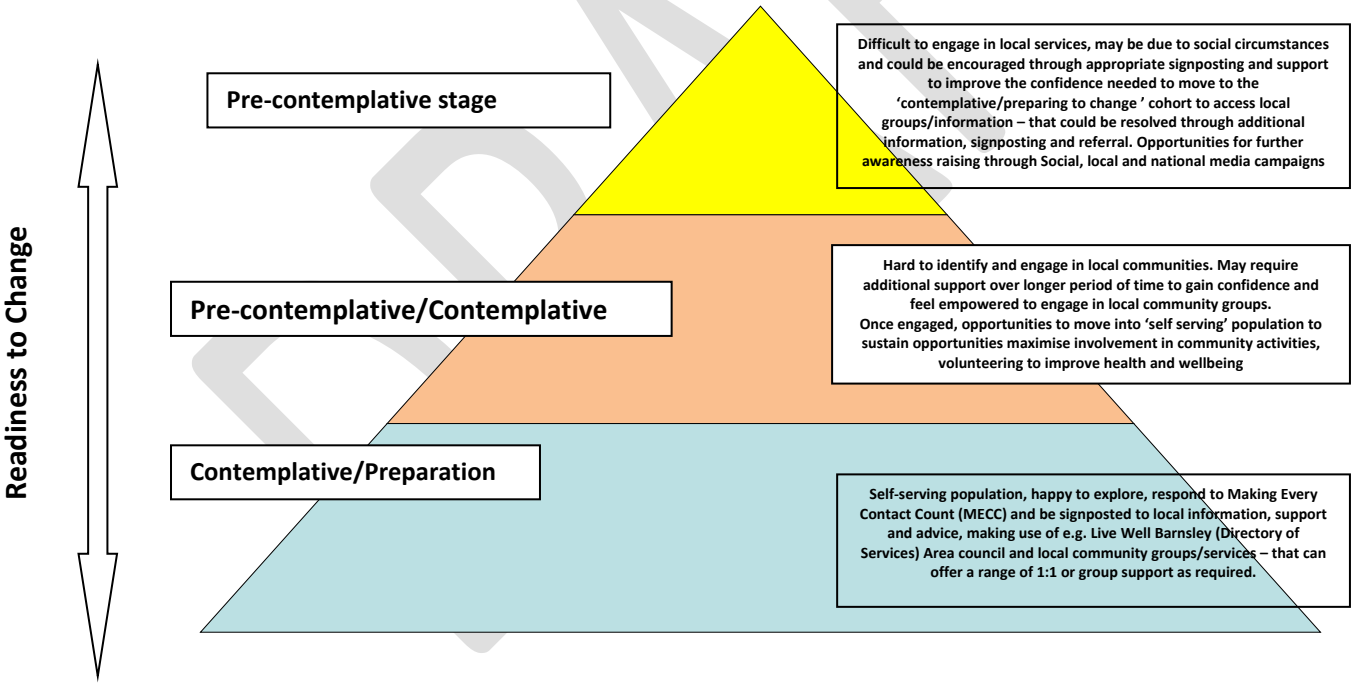
The view is that much of the support is available already for people – the key is around engagement and access to these services to enable people to self-serve.

5 Proposals for the new service

As described, the focus of the work will be to tackle health inequalities, and promoting both physical and mental wellbeing and community resilience will be the priorities going forward. The proposed service model will be delivered using a well-established place-based approach to address local needs affecting people's physical and mental wellbeing, and will include some of the challenges that sit behind some of the 'unhealthy' behaviours that put them at increased risk of ill health and dependence on health and social care.

This offers a longer term, preventative approach to tackle some of the root causes of ill-health, and focusing on improving wellbeing and resilience to empower people to take more control of their own health and wellbeing in future.

Proposed Wellbeing Service Model – Focus of resource



Adapted from Prochaska & DiClemente 'Stages of Change' (1983)

The model requires a focus on embedding some of the ethos and principles from a community perspective to find sustainable solutions, providing opportunities to strengthen community infrastructure (through social support, as well as 'groups' and 'services') where appropriate, so that options can be developed based on local need.

5.1 Wellbeing 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 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

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.

Public Health England also cited a useful framework for community-based prevention which provides an even broader picture of the some of the outcomes that the Wellbeing Service could be measured against – including the potential impact of this work on individuals, communities and organisations.

Individual	Community Wellbeing & Process	Organisational
Health literacy – increased knowledge, awareness, skills, capabilities **Behaviour change** – healthy lifestyles, reduction of risky behaviours **Self-efficacy, self-esteem, confidence** **Self-management** **Social relationships** – social support, reduction of social isolation **Wellbeing** – quality of life, subjective and objective wellbeing **Physical and Mental health status** – mortality, morbidity	**Social capital** – social networks, community cohesion, sense of belonging, trust **Community resilience** **Changes in physical, social and economic environment** **Increased community resources** – including funding **Community leadership** – collaborative working, community mobilisation/coalitions **Representation and advocacy** **Civic engagement** – volunteering, voting, civic	**Public health intelligence** **Changes in policy** **Re-designed services** **Service use** – reach, uptake of screening and preventive services **Improved access** to health and care services, appropriate use of services, culturally relevant services

Personal development – life skills, employment, education	associations, participation of groups at risk of exclusion	

Some of these outcomes naturally contribute the Public Health Outcomes Framework as well as a range of other national and local frameworks and indicators including the NHS Outcomes Framework, Adult Social Care Outcomes Framework; whilst also supporting the priorities of Barnsley Place Based Plan and BMBC's Future Council Strategy 2014-2017.

5.2 *New* Service principles

The new Wellbeing Service provides an opportunity to do the following;

Wellbeing Service Principles

Extend resource to Area Teams with a specific Wellbeing Grant funding stream;

- to support/sustain local community groups and local infrastructure,
- Identify/fill service gaps as identified through local needs
- Improve opportunities to engage individuals who are 'not known' to services or who are 'hard to reach'
    - widowed home owners living alone with long-term health conditions
    - unmarried, middle-agers with long-term health conditions
    - young renters with little trust and sense of belonging to their area.
    - Other groups identified through local intelligence data (area council teams)
- Provide additional capacity for existing services to extend support to specific groups/individuals to improve their wellbeing .

BPL Offer to provide flexible 1:1 and/or group support to help people improve their physical wellbeing and lifestyles –

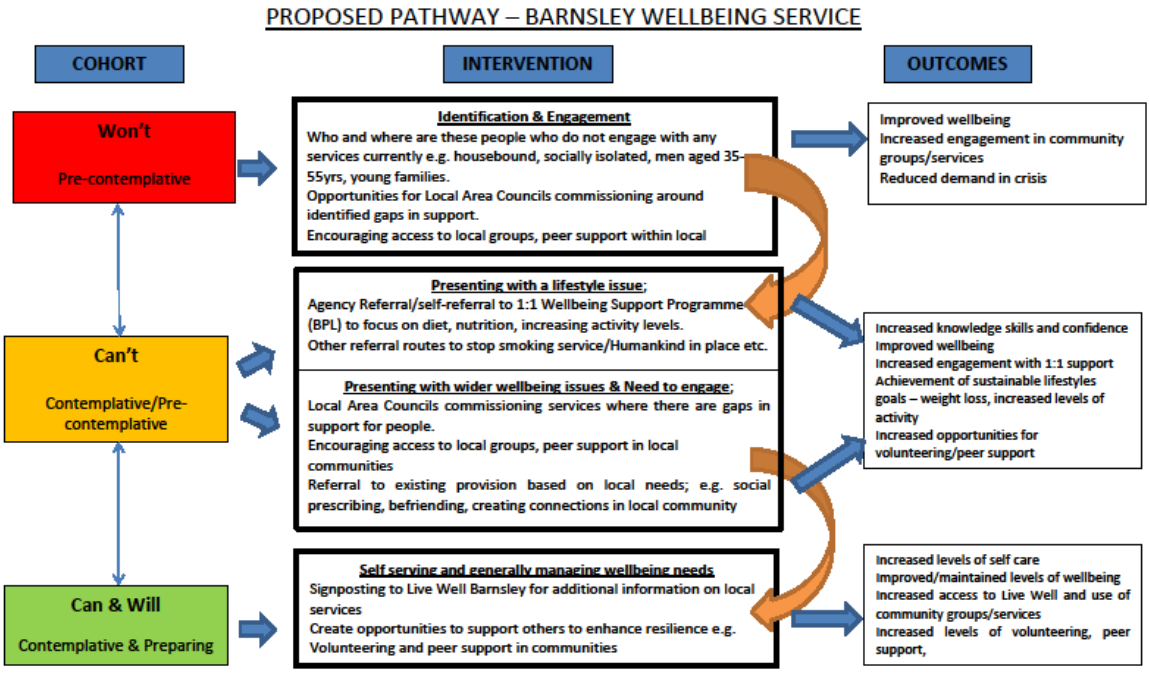
- GP/self-referral to provide sustainable solutions around physical activity, diet and nutrition for people who are motivated to change, but require support to do so
- To develop positive relationships, increase confidence and encourage social connections to improve wellbeing, providing opportunities to sustain positive behaviour change

For the general population

- Promote and signpost people to access Live Well Barnsley offering a 'one stop' directory of services across Barnsley, encouraging access and engagement with local community groups/support.

5.3 Proposed Wellbeing Service Pathway

Also see Appendix 2 for definitions of cohort



5.4 Wellbeing Service Plans – January 2019 – March 2020.

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 Wellbeing outcomes in local communities.
   - Wellbeing Grants criteria will be developed for increasing local capacity around Health and Wellbeing including targeting specific cohorts detailed above, administered by Local Area Council teams.
   - Allocations will be monitored quarterly and measured against Five Ways to Wellbeing and Public Health Outcomes Framework.

2. Planned 8-12 week Wellbeing Support programme to offer 1:1 and/or group support to address physical activity and diet/nutrition.
   - Development of specification for extending BPL Health Referral Scheme to target specific groups of people (not eligible through Get Fit First (GFF) – an interim scheme is temporarily funded by

the CCG until March 2019) and include links to nutritional advice, physical activity and options for 1:1 weight management; this would be developed as follows;

- Health Referral Plus - includes Diet & Weight management element offering 1:1 or group support as required for those motivated to make sustainable lifestyle change. Would promote GP/other professional or Self-referral options.
- Ensure the BPL resource is aligned with existing local provision/groups working closely in partnership with Area Teams/Ward Alliances to ensure integration with other community activities

6. Conclusion

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.

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. Key documents & References

Public Health England (2015) A guide to community-centred approaches to health and wellbeing
Local Government Association (2018) Loneliness: How do you know if your council is tackling loneliness
Local Government Association (2016) *Helping people look after themselves; A guide on Self Care* Local Government Association
NICE (2012) Obesity: Working with local communities
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
Foresight Report (2007) Reducing Obesity: Future Choices. Government Office for Science
Public Health England/University College, London Health Equity (Sept 2015) Local action on Health Inequalities; Reducing Social Isolation across the Life Course
Local Government Association (January 2016) Combating Loneliness: A Guide for Local Authorities
Local Government Association (2010)
Local Government Innovation Unit (LGiU) (Feb 2016) Loneliness and Social Isolation in Older People

MINDSPACE (2010) Influencing behaviour change through public policy
Department of Communities and Local Government (2015) The English Indices of Deprivation 2015 Technical report.
Barnsley Metropolitan Borough Council. 'A Day in the Life of……Director of Public Health, Annual Report 2017'
Barnsley Metropolitan Borough Council (2018) 'Our Borough profile'
'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
NESTA (2016) At the Heart of Health: Realising the Value of People and Communities
National Voices & NESTA: (2014) Peer Support: What is it and does it work?

APPENDIX 1 *Other existing service provision*

There is a great deal of further provision in place (or planned) that may not be detailed on the website but that also connects into the healthy lifestyles agenda. The links are less clear between some services or what the impact/outcomes of these services are. Other locally commissioned services or initiatives are included below;

Children & Families Support

BMBC Public Health Nursing Service – Support, advice & Information, NCMP data
Early Help Services for Families – Family Centres, Troubled families Programme
The Forge Foundation – Cook & Eat sessions
Area council/Ward Alliance funding & developments

Weight management - other

Tier 3 weight management – Change4life - referral only (CCG)
Tier 4 weight management – referral only (bariatric surgery) (CCG)
Commercial provision - Slimming World/Weight Watchers (Pilot/interim until March 2019)
National Diabetes Prevention Programme (Barnsley Programme – CCG ends March 2019 and expected to be recommissioned after March 2019)
NHS Health Checks – Barnsley Programme

Physical activity programmes/services

Change 4 life – BHNFT (Barnsley Hospital)
Barnsley Premier Leisure – borough wide
Walking for Health Groups
Active Travel (Access fund) developments inc Cycle Hub
Barnsley Leisure Card Scheme
Barnsley Football Club – Fit Reds
Private Gyms/health clubs
Area Council/Ward alliance funding & developments

Social Prescribing/social connectors/Befriending/information/Volunteering

'My Best Life' – CCG commissioned borough wide service (No self-referrals – any health professional in Barnsley, including GPs, Nurses and social workers)
Age UK – Social isolation projects
Together UK – Befriending Services
Royal Voluntary Service – Befriending in selected communities
Area Council/Ward Alliance funding & developments – varying across communities
Live Well Barnsley website
Voluntary Action Barnsley

National Programmes/campaigns that support healthy Lifestyles;

National Diabetes Prevention Programme
NHS Health Checks
NHS choices website
National media/television programmes; BBC Eat Well For Less, Channel 4 Food Unwrapped,

APPENDIX 2 ***Definitions of Cohort – Wellbeing Service Model***

Barnsley Wellbeing Service Pathway

Definitions

The Wellbeing Pathway offers a range of options to people who wish to access appropriate support. As identified in the Service Model, people can be identified in three different cohorts and are designed to help recognise an individual's current level of skill, confidence and motivation to access services;
Broadly speaking these are;

- Contemplative/Preparing to change (Can & Will)
- Contemplative/Pre-contemplative to change (Can't)
- Pre-contemplative (Won't)

Each of these cohorts is defined more clearly below, and will enable people to access the right support from the right place at the right time, with a view to increasing personal and community resilience and empower people to progress to the 'Can & Will' category;

Can and will:
Individuals are generally self-sufficient and can confidently identify and address their own wellbeing needs. These individuals are motivated and most likely to Self-serve/support but also feel empowered to identify and refer themselves to services as required. There are opportunities for this group to act as local health champions, and may be able to offer peer support or volunteer within their community.

Can't:
This group may be aware of their own health/wellbeing needs, and are motivated to address these, but are unable to do anything about these without support. This may be due to lack of confidence, skills or personal/social circumstances, and they are unable to make changes. These individuals may already be known to some services, but often find it difficult to access the right support at the right time. If needs continue to be unmet or the support offered is not fit for purpose, this could lead to a breakdown in motivation and they will eventually stop seeking help – becoming at risk of using crisis/reactive services, creating high levels of DNAs and not accessing support at the right time. The aim for these individuals is to build confidence, knowledge and skills, empowering people to feel more resilient and be more connected within their communities.

Won't:
This group may not be known to services, and if they are, they have chosen to disengage and usually create high levels of DNAs. These individuals are likely to have complex needs some of which may prevent them from accessing a group/service(s). These barriers will be multifactorial and can be represented in various forms; disengagement or poor experiences from services, lack of awareness of wellbeing needs, or lack of motivation/willingness to seek help and support.