

Health and Wellbeing Board

9 September 2016



Wellbeing for Life Service

Report of Gill O'Neill, Interim Director of Public Health, Adult and Health Services, Durham County Council

Purpose of the Report

- 1 The purpose of this report is to provide the Health and Wellbeing Board with an update on the Wellbeing for Life Service (WBFL) and the evaluation of the Wellbeing for Life Service conducted by Durham University (Appendix 2).
- 2 Julie Form, Wellbeing for Life Manager will attend the meeting of the Health and Wellbeing Board on the 9 September 2016 and deliver a presentation on the WBFL Service.

Background

- 3 Public Health decommissioned a number of lifestyle services on transfer to Durham County Council. This was in order to develop a holistic wellbeing service. This was in line with the broader community engagement approach of local government, linking issues related to health inequalities and the social drivers of poor health, for example housing and health, rather than focusing on single issue 'lifestyle' approaches.
- 4 A specification was developed using extensive market testing and evidence based approaches. The tender for the Well Being for Life Service (WBFL) was awarded to a consortium of providers on the 1st November 2014. This comprises of the following providers:
 - County Durham and Darlington NHS Foundation Trust, Health Improvement Service
 - Durham Community Action
 - Pioneering Care Partnership
 - Durham County Council, Culture and Leisure
 - Leisureworks.
- 5 The Health and Wellbeing Board received a report on the Wellbeing for Life Service at its meeting on 11 March 2015, and noted that plans would be fully operational by 1st April 2015. The Board agreed to receive updates on the roll out of the Wellbeing for Life Service.

Key initial service outcomes from interim evaluation

- 6 The interim evaluation by University of Durham (the full evaluation will be completed by March 2017) which includes interviews with volunteers and stakeholders is provided at Appendix 2.

- 7 The interim evaluation period is set between 1st June 2015 and 31st January 2016. During that time a total of 1345 one to one clients accessed the WBFL service, with clients showing the following characteristics:
- Four out of five clients were from the 40% most deprived areas compared with two out of three health trainer clients nationally;
 - A total of 889 clients went on to complete a personal health plan. Two in five had sought help for multiple reasons, while one in five wanted help with weight loss or weight maintenance, WBFL service appears to be addressing the clustering of unhealthy behaviours;
 - Of those clients who completed a personal health plan, 224 went on to complete a follow-up assessment. Overall improvements were seen in the following measures: BMI, physical activity, alcohol consumption, self-efficacy, self-rated health, quality of life and mental wellbeing;
 - The biggest changes were seen in those with the worst health; for example, self-rated health improved by 18% and mental wellbeing improved by 24% in those with the lowest scores at baseline. These results suggest that the WFL service may be having the biggest impact on those who need it most.
- 8 A fundamental aim of the WBFL programme is to reduce social isolation and connect individuals back into their local communities. These case studies highlight that this is working. Part of connecting people into wider community activity involves the use of LOCATE, which is a free online resource offering a wealth of information, advice and services to help people live independently and find the right care and support to meets their needs. WBFL is a strong advocate for LOCATE and the two elements combined are working to address social inclusion.

Next steps

- 9 Phase two of WBFL was about making stronger links with the social determinants of health. This is being progressed through the Community Wellbeing Partnership and the Housing and Health group. Social housing providers, primary care, public health and the WBFL service have an agreed project plan to focus on Making Every Contact Count (MECC) and fuel poverty. There is also work being undertaken with the fire and rescue service through their safe and wellbeing visits.

Conclusion

- 10 There was a slow start to one element of the WBFL programme (one to one interventions) and now there is evidence through the interim evaluation of the service which demonstrates that the WBFL service has delivered its original aims. It is providing measureable and tangible outcomes to improve health and wellbeing in the most deprived areas, often for people with the worst health outcomes. In their final report, the Local Government Association, Health and Wellbeing Peer Challenge identified the Wellbeing for Life Programme as a great example of innovation.

Recommendations

11 The Health and Wellbeing Board is asked to note:

- The presentation to be given at the Health and Wellbeing Board meeting on the 9 September 2016;
- The current position of the WBFL service;
- The findings from the WBFL interim evaluation.

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Appendix 1: Implications

Finance

The programme is funded from the ring fenced public health grant.

Staffing

No implications

Risk

No significant risks are noted.

Equality and Diversity / Public Sector Equality Duty

The service meets its obligations for equality and diversity.

Accommodation

No implications

Crime and Disorder

No implications

Human Rights

Data protection issues are outlined prior to individual resident participation.

Consultation

No implications

Procurement

No implications

Disability Issues

No implications

Legal Implications

No implications