Health and Wellbeing Board

11 March 2015

Wellbeing for Life Service Update

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Purpose of Report

1. The purpose of this report is to provide members the Health and Wellbeing Board with an update on both the adult and children's elements of the Wellbeing for Life approach. Members received a presentation on the new service model (attached at Appendix 2) at the Health and Wellbeing Board development meeting in May 2014.

Background - Wellbeing for Life Approach – Adult element

2. The tender for the Well Being for Life Service (WBFL) was awarded to a consortium of providers on the 1st November 2014. The Consortium comprises of the following providers:

    - County Durham and Darlington Foundation Trust, Health Improvement Service.
    - Durham Community Action.
    - Pioneering Care Partnership.
    - Durham County Council, Culture and Leisure.
    - Leisureworks.

Rationale

3. The wellbeing approach provides support to people to live well, by helping to address the factors which influence their health and build their capacity to be independent, resilient and maintain good health for themselves and those around them. This is a 'strength based' model utilising community assets as opposed to a "deficit" model that focuses on disease rates, mortality etc.

4. The wellbeing approach goes beyond looking at single-issue healthy lifestyle services and a focus on illness, and instead aims to take a whole-person and community approach to improving health. A report from the King's Fund (2012) indicated that policy and practice around behaviour change, needs to be addressed in a more integrated and holistic manner.

5. ***The Marmot Review***[1] highlighted the link between poor health and socio economic status in England.

1. The Marmot Review (2010) Fair Society, Healthy Lives: Strategic Review of Health Inequalities in England post

6. People living in the poorest areas of the country will on average die seven years earlier than people living in more affluent areas. Marmot was clear that by addressing the causes of the causes of unhealthy behaviours, health inequalities can be reduced.

7. The County Durham, Joint Health and Wellbeing Strategy 2015 –18 aims to improve health and wellbeing through a greater focus on integration, improving quality and efficiency, addressing the wider determinants of health and focusing on prevention and early intervention. The WBfL service is entirely consistent with these strategic intentions. There are significant geographical areas of deprivation and disadvantage in towns, coastal and rural areas in County Durham (JSNA 2014). To ensure a targeted approach the WBFL service will be delivered in the 30% most deprived geographical areas of the County.

Service aims

8. WBFL will support and help people 16 years and above and/or families to set personal wellbeing plans to improve health around:

- Improving diet and nutrition.
- Increasing physical activity especially with a social component.
- Helping support healthy weight.
- Reducing smoking prevalence.
- Signposting to community learning, housing and services addressing the social determinants.
- Improving mental wellbeing, resilience and strengths using evidence based approaches.
- Supporting community health development initiatives.
- And promoting the Five Ways to Wellbeing.

Community health development interventions

9. WBFL will facilitate the development of a 'Community Health Champions' volunteering programme that will enable local people to take a greater interest and control of health issues in their communities including:

- Increased knowledge and awareness of health issues in the local community.
- Supporting positive behaviour changes, particularly when working with disadvantaged, low income or minority ethnic communities.
- Improving health status including better mental health and expert patient.
- Supporting appropriate use of health care services.
- Supporting people to set up their own groups and programmes to improve health e.g. arts, literacy, cooking, self-care etc.

2010

2. Clustering of unhealthy behaviours over time: Implications for policy and practice. The King's Fund (2012)

Current position

10. In consideration of the different approach being adopted for the WBFL, the contract was awarded on the basis of a five month lead in time for the successful tender, with a 'go live' date of the 1st April 2015. This lead in time is essential for the successful implementation of the new service. The following gives a progress update on the key issues for implementation of the new service.

11. A memorandum of understanding (MOU) has been developed and agreed by the Consortium. This is essential in detailing the roles and responsibilities of Consortium partners and for Durham County Council to issue a contract. The MOU details performance monitoring arrangements, finance schedules, staffing structures and governance arrangements. County Durham and Darlington Foundation NHS Trust is leading this work.

12. The ability to form effective working relationships with the commissioner, fully involve the community in the targeted areas and develop working relationships, is essential for the development of WBFL. A communication plan has been developed that details this approach. Work has started to develop three WBFL partnership forums, in the three main delivery areas. These forums will link in but not duplicate existing structures and partnerships. The Forum purpose is to engage, consult and co-ordinate the new service. Each will evolve somewhat differently based on community and agency need.

13. The WBFL workforce recruitment is on track. Progress is as follows:

    - Health trainers from former services have been confirmed in post.
    - The wellbeing for life manager (this role is the overall co-ordinator) commenced in post on 1st January 2015.
    - The three wellbeing for life area co-ordinator roles, covering the three main areas plus the satellite in the Dales, have been appointed.
    - Further wellbeing health trainer interviews – took place in January 2015.
    - Pioneering Care Partnership, leading work with targeted populations, have recruited their staff.
    - Durham Community Action, leading the community health development element, have recruited staff.
    - Durham County Council/Leisureworks are in the process of recruiting for volunteer coordinators and intervention staff.

14. WBFL staff are undertaking training for their new roles. This includes Cook4Life Courses, food hygiene and community development workshops/coaching sessions etc.

Marketing

15. A community consultation has been undertaken to develop marketing materials for the new service. Feedback on the branding has been collected from user

focus groups and volunteers to inform the development of service promotional materials.

16. As part of the contract specification, marketing will be finalized by the consortia prior to the service going live in April 2015.

17. Ongoing support will be provided by the Public Health Social Marketing Manager to ensure that there is consistent and standardized marketing across the County.

Evaluation Plan

18. A robust academic evaluation of the Wellbeing for Life Service will be undertaken to evaluate the effectiveness, acceptability and value for money of the Wellbeing for Life service. A mixed methods approach will be employed to determine the impact of this innovative new service on health and wellbeing, community capacity and social cohesion amongst adults and families in the target communities. This will involve two overlapping work packages:

    - To evaluate the success of the WBfL service in terms of improved physical and mental health and wellbeing amongst users.
    - To estimate the extent to which any improvements represent value for money.

19. The primary source of data will be information routinely gathered using the health trainer data collection and reporting system (DCRS). DCRS is used nationally to collect health information on clients, demographics, health status (including BMI, blood pressure and Warwick Edinburgh Well Being Scale (WEWBS), goal setting, outputs (including signposting), and outcomes including changes in health behaviours, wellbeing and self-efficacy.

20. The second element is to explore the acceptability of the holistic, community-based WBFL approach. This will be a qualitative evaluation that will examine process issues related to the design, implementation and delivery of the service. The draft evaluation protocol is attached for information (attached at Appendix 3).

Children and Families Element of WBFL

21. There are four component parts to the children and families wellbeing model.

Community Parenting Programme

22. The 'Community Parenting Programme' (CPP) is an evidence based intervention which will train and quality assure community volunteers to support identified families from pre-birth through to a child's 5th birthday. The community parenting volunteers add value to the universal health visiting service as well as one point and early years teams.

23. The community parent volunteers will be trained by DCC adult learning and skills team to achieve accredited training which will not only enhance the volunteer's educational attainment record but will also provide them with progression from training into a dedicated volunteer role. Evidence from previous community parenting programmes demonstrates that many volunteers go on to acquire further academic qualifications and careers.

24. The mothers/families supported by the community parent volunteers will have specific advice and guidance focusing on the six early years high priority areas as identified by PHE:

- Transition to parenthood.
- Breastfeeding.
- Nutrition and physical activity.
- Maternal mental health.
- Accidents and minor illness.
- Development at 2 – 2.5 years.

25. Public Health have commissioned DCC One Point and County Durham and Darlington Foundation Trust (CDDFT) to deliver this intervention to ensure it is embedded into existing infrastructures. This intervention is due to go live in April 2015.

Resilience building parenting programme

26. Positive mental health is central to all other health related choices and is a fundamental component of the children's wellbeing model. Strengthening the resilience of children, young people and families will be a significant feature of the service. Building upon already established evidence based programmes such as the 'strengthening families' model, as well as validated whole school initiatives to build resilience, the wellbeing service will promote and deliver prevention and early intervention programmes to reduce the need for acute services.

27. Resilience theory focuses on understanding healthy development despite risk and on strengths rather than weakness[2]. "Resilience is defined as the process of effectively negotiating, adapting to, or managing significant sources of stress or trauma. Assets and resources within the individual, their life and environment facilitate this capacity for adaptation and 'bouncing back' in the face of adversity"[3]. A resilient child is more likely to have good emotional wellbeing which in turn impacts upon their physical health.

28. Resilient children need resilient families and communities[4]. These are known as external resiliency factors. Resilience, both of individuals and communities, is enhanced or reduced by the circumstances in which people live. People with

[2] Fergus, S. & Zimmerman, M. (2005) adolescent Resilience: A framework for understanding healthy development in the face of risk. **Annual Review Public Health** 26:399-419

[3] Windle, G. (2011) What is resilience? A review and concept analysis. **Reviews in Gerentology**, 21:152-169

[4] Ungar, M. (2008) Resilience across cultures. **British Journal of Social Work**, 38:218-235

greater wealth, education, stronger communities, more favourable environments, better working conditions and so on are both more protected from adversity and are more likely to have access and exposure to more of the services, information, and community supports which facilitate resilience. Reducing social determinant inequalities are integral to strengthening resilience.

29. Since a family or community (parents, schools and peers) must be resilient if a child is to become resilient, it makes sense to look to those parents and communities to define for themselves what they determine to be signs of healthy development.

30. This is seen as an asset based approach. “Asset based working puts a positive value on social relationships and networks, on self-confidence and efficacy and the ability to take control of your life circumstances. It highlights the impact of such assets on peoples wellbeing and resilience and thus on their capacity to cope with adversity.

31. Resilience is part of an interconnected cluster of social and emotional capabilities. Communication skills, confidence, planning, problem solving, relationships, leadership, creativity and determination are all core elements integral to resilience[5]. Evidence demonstrates that approaches that focus on building social and emotional capabilities can have greater long term impact than ones that build solely on directly seeking to reduce the ‘symptoms’ of poor outcomes for young people. However, by reducing negative outcomes with an equal or stronger focus on commissioning for positive and sustained social development young people can develop resilience.

32. The Strengthening Families Programme (SFP) is a family skills training program designed to increase resilience and reduce risk factors for behavioural, emotional, academic and social problems. SFP builds on protective factors by improving family relationships, parenting skills, and improving the youth’s social and life skills.

33. The target group for the programme will be families with children aged 5 to 13 years of age, who are assessed as having level two needs on the staircase of need. This is a current gap in delivery and will support the early help philosophy to prevent the escalation of need when families reach crisis point.

34. Wellbeing resilience building officers will be appointed through DCC One Point service together with a coordinator. They will deliver the strengthening families programme across County Durham. The staff will also be dual trained as accredited health trainers so additional one to one family support can be offered as required.

Whole school approach to resilience

[5] McNeil, B., Reeder, N., Rich, J. (2011) **A framework of outcomes for young people**. The Young Foundation

35. There is clearly a role for schools to contribute to building resilience in children and young people. There is evidence to strongly associate resilient children and young people with improved educational attainment[6]. There is also emerging evidence linking wellbeing with educational attainment[7].

36. Working in partnership with DCC education, public health is co-creating a bespoke package for Durham schools based on the Young Minds academic resilience programme.

37. This whole school universal offer is designed to engage the senior leadership teams within schools to understand the fundamental link between resilience and attainment.

38. Whilst the intention is to create a universally delivered resilience ethos within schools there is also a need to have progressively targeted interventions for more vulnerable cohorts of children and young people. The whole school approach to resilience will provide an overarching menu of evidence based and quality assured mental health interventions for schools to consider based on the needs of their population. This adheres to the principles that Professor Marmot refers to as proportionate universalism.

39. DCC education will roll out the offer to schools to receive training and advice in resilience building and how to adapt their ethos to be a one of developing resilient young people. It is appreciated that many schools already do this whilst others would benefit from advice and guidance and learning from good practice.

40. This programme of work is to be academically evaluated over a two to three year period to assess process and impact. The programme is commencing with a pilot of twenty schools during 2015 before being reviewed and adapted ahead of wider roll out.

Family Initiative Supporting Child Health (FISCH) childhood obesity programme

41. Childhood obesity will continue to be prioritised through the established Family Initiative Supporting Child Health (FISCH). This is delivered in primary schools. This is due to the continued high proportion of children aged 10/11 years who are classified as obese (21%) across County Durham. Tackling obesity is complex and requires a multi component approach. Children are, for

[6] UCL Institute of Health Equity (2014) Local action on health inequalities: Building children and young people's resilience in schools PHE

[7] PHE (2014) Link between pupil health and wellbeing and attainment

the most part, dependent upon family circumstances and are therefore not always able to control the food they eat or the activities they undertake. Family health trainers will add value to the existing FISCH infrastructure to increase the scale of delivery and enable greater consideration of the social determinants impacting upon achieving a healthy weight.

42. The family health trainers are to be part of the school nursing team and are due to commence their roles in February 2015.

Recommendations

43. The Health and Well Being Board is recommended to:

- Receive the report and note that the new service is on target to be fully operational by the 1st April 2015.
- Note a further report on the children and young people's element will return to a future meeting.

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Appendix 1: Implications

Finance
The adult WBFL contract value is £2.1m per year.

Staffing
Provider responsibility

Risk
No implications

Equality and Diversity / Public Sector Equality Duty
Specification ensure appropriate targeting in 30% deprived wards

Accommodation
Provider responsibility

Crime and Disorder
No implications

Human Rights
No implications

Consultation
No implications

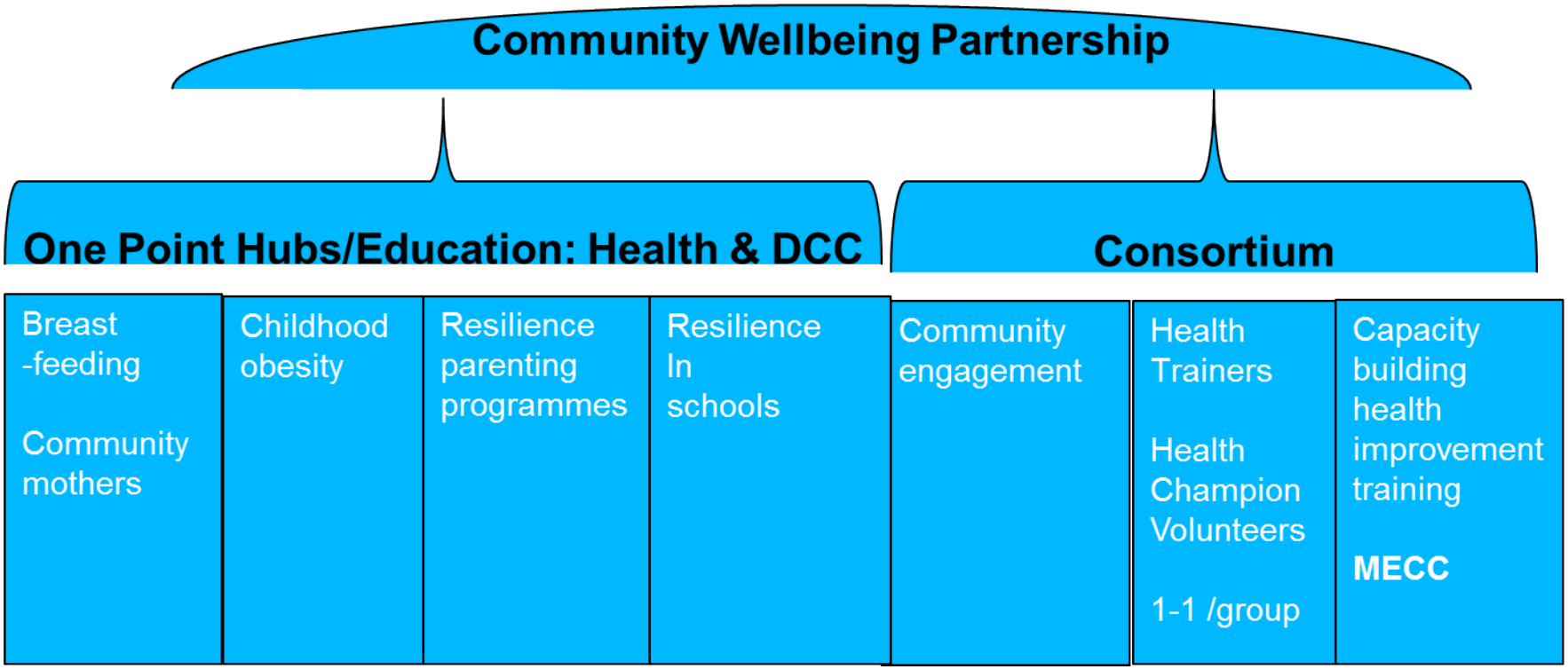
Procurement
No implications

Disability Issues
No implications

Legal Implications
No implications

Appendix 2

Health and Wellbeing Board



Appendix 3

Evaluation of the County Durham Wellbeing for Life Service (outline proposal)

A robust academic evaluation of the Wellbeing for Life (WBFL) Service will be undertaken to evaluate the effectiveness, acceptability and value for money of the Wellbeing for Life service. A mixed methods approach will be employed to determine the impact of this innovative new service on health and wellbeing, community capacity and social cohesion amongst adults and families in the target communities. This will involve two overlapping work packages:

WORK PACKAGE 1: ANALYSIS OF SERVICE MONITORING DATA

Objectives: 1) To evaluate the success of the WBFL service in terms of improved physical and mental health and wellbeing amongst users; and 2) to estimate the extent to which any improvements represent value for money.

Method: The primary source of data will be information routinely gathered using the health trainer data collection and reporting system (DCRS). DCRS Is used nationally to collect the following information on health trainer clients: demographics, health status (including BMI, blood pressure and WEMWBS), goal setting, outputs (Including signposting) and outcomes (including lifestyle changes and changes in health, wellbeing and self-efficacy).

A repeated measures design will be employed, using intervention monitoring data collected at baseline (Tl), three months (T2), nine months (T3) and 12 months (T4). This can be done prospectively or retrospectively. The length of engagement with the service will vary according to the needs of each service user but is likely to be around three months on average. Therefore, data collected at T3 and T4 represent six- and nine-month follow-up periods.

General health outcomes will be assessed using the EQ-50, which is a generic measure of health status used in economic evaluations. Changes in mental wellbeing will be assessed using the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS), which is used widely to measure the outcomes of Interventions. Any change in quality of life (EQ- SD) will be estimated in terms of quality adjusted life years (QALYs) per service user to give a cost-benefit estimate as a cost per QALY. Efforts will be made to obtain an appropriate reference group from the national DCRS dataset.

WORK PACKAGE 2: QUALITATIVE STUDY AND PROCESS EVALUATION

Objectives: 3) To explore the acceptability of the holistic, community-based WBFL approach; 4) To examine process Issues related to the design, implementation and delivery of the service; and 5) To capture the wider impact in terms of a reduction in social isolation and increases in involvement, social cohesion and community capacity.

Methods: This work package will draw on ethnographic principles. Ethnography's holistic approach is particularly suited to describing and understanding responses from diverse groups in different social and cultural settings. In spending time in communities, the researchers will gain an appreciation of the key drivers and barriers for community members. A variety of methods will be used, including observations of project delivery, informal conversations with local residents and the mapping of social relationships and other intangible assets.

Acceptability of the service will be explored using interviews and focus groups with key informants, including service users, staff, volunteers and partner organisations. Staff and volunteers will be invited to take part in focus groups, arranged around existing team meetings or activities where possible. Representatives of partner organisations will be invited to take part in one-to-one interviews to explore their views of working with and referring to the service.

Service users will be invited to take part in one-to-one interviews, unless they express a preference to speak to the researchers as a group (e.g., where users are taking part in a group activity as part of the WBFL approach). Data will be collected on their experiences of using the service, its perceived impact on their health and wellbeing and what they consider to be the most and least beneficial elements. A sample of non-users from each target community will also be invited to take part in interviews, to explore their awareness of and views on the service, as part of the process of examining the wider Impact on community wellbeing and social cohesion.