REPORT TO:	Health Policy & Performance Board
DATE:	29 May 2012
REPORTING OFFICER:	Strategic Director, Communities
PORTFOLIO:	Health & Adults
SUBJECT:	Community Wellbeing Model in General Practice
WARD(S)	Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 To outline the community wellbeing model in general practice.

2.0 **RECOMMENDATION: That Members of the Board note the report.**

3.0 **SUPPORTING INFORMATION**

3.1 **National Context**

3.1.1 The English Review 'Fair Society, Healthy Lives' brought together the best available global evidence on health inequalities. That evidence highlighted that health inequalities arise from social inequalities in the conditions in which people are born, grow, live, work and age. The review highlighted that action to address health inequalities will require action across all the social determinants of health by central and local government, the NHS, the third and private sectors and community groups.

3.1.2 There is a wealth of national policy, reports and good practice guidance that support the integration of health and social care provision with other services that have a role to play in reducing health inequalities. The Department of Health White Paper 'Equity and Excellence: Liberating the NHS' sets out the desire to promote integration and partnership working between the NHS, social care, public health and other local services.

3.1.3 The documents listed below provide further support for the role and function of community wellbeing approaches and cover scientific, policy and best practice perspectives.

<u>The Foresight Report: Mental Capital and Wellbeing</u>

The report used the best available scientific evidence to highlight the need to nurture the mental capital and wellbeing of the wider population, so that more people have the opportunity to 'flourish' throughout life. It demonstrated how achieving a small change in the average level of

wellbeing across the population would produce a large decrease in the percentage of people with mental disorder, and that this would also result a large drop in the percentage of people with sub-clinical disorder- also referred to as 'languishing'.

Healthy Lives, Healthy People

This White Paper outlines the government's commitment to helping people live longer, healthier and more fulfilling lives; and improving the health of the poorest, fastest. The document highlights that and there is a need to ensure that work on promoting and improving health and wellbeing is effectively integrated into the new systems for the NHS, public health and social care at both national and local levels.

Co-production for Health – A New Model for a Radically New World

This report highlights that the public health challenges we face as a nation require new approaches to address them. These new approaches include a co-production model that builds on local assets and empowers people to engage in health - as well as a broader, holistic approach to the delivery of health outcomes at a local level, one in which individuals and communities are aware of and can harness their assets and resources, and are empowered to shape their own futures.

A Vision for Adult Social Care: Capable Communities and Active Citizens

Sets out a new agenda for adult social care in which services a more personalised and more preventative. The review places an emphasis on delivering the best outcomes for citizens that help to build the Big Society.

A Glass Half Full: How a Community Asset Based Approach can Improve Community Health and Wellbeing,

This report was commissioned by the Improvement and Development Agency's Healthy Communities programme with the aim of helping local government to improve the health and wellbeing of communities. The report advocates an asset-based approach which builds on the strengths of communities and engages citizens in taking action to improve their health and wellbeing. An asset approach aims to strengthen the way in which practitioners work together with individuals and communities as co-producers to achieve better health and wellbeing outcomes on a local level.

What Makes People Healthy

This recent paper builds on an earlier publication 'A glass half-full: how an asset approach can improve community health and wellbeing'. It promotes different ways of engaging local communities in co-producing local solutions and reducing health inequalities. It challenges how public services are designed and delivered and requires a recasting of the relationship

between commissioners, providers, service users and communities. It puts a positive value on social relationships and networks, on self confidence and efficacy and the ability of people to take control of their circumstances. It highlights the impact of such assets on people's wellbeing and resilience and thus on their capacity to cope with adversity including poor health and illness.

3.2 **Local Context**

The Community Wellbeing model features in the Clinical Commissioning Group's Service Development & Improvement Plan in line with the Operating Framework for Improving Long Term Conditions.

3.3 Halton Joint Strategic Needs Assessment

Strong partnerships are required to take action on the social determinants that shape health inequalities. Joint strategies should be developed with relevant partners to promote recovery, improve health outcomes and address the broader determinants of health and wellbeing for the people of Halton.

3.4 **Ambition for Health**

The Ambitions and Outcomes of relevance are:

a) **Ambition - Reducing poor health resulting from preventable causes**

- Outcome 8 **-** by 2013 greater numbers of people will be eating a healthier diet.

b) **Ambition - Supporting people with long term conditions**

- Outcome 14 - by 2013 there will be greater awareness of the impact of mental health and wellbeing, and good services in place to support people in crisis and to prevent mental health problems escalating.

c) **Ambition - To provide services which meet the needs of vulnerable people**

- Outcome 17 - by 2013 any barriers our local populations experience in respect of their culture, ethnicity or sexuality, in gaining excellent access to opportunities to improve their health and to health services will have been removed
- Outcome 18 - by 2013 the needs of carers will be an integral part of our approach to providing support and care to our local population.
- Outcome 20 - we will work with local partners to ensure that, by 2013 all older people are treated with dignity and respect, and that we have services in place which are tailored to their needs.

d) **Ambition - Making sure people have excellent access to services**

and facilities

- Outcome 22 - by 2013 provide state of the art health & social care facilities, built to enhance user experience, which will assist in the improvement of the health & well-being of local communities.

e) **Ambition - Playing our part in strengthening local communities**

- Outcome 25 - by 2013 we aim to have contributed to creating vibrant, healthy and economically stable local communities.

4.0 POLICY IMPLICATIONS

4.1 The Rationale

A Community Wellbeing Practice (CWP) model has been underpinned by the ongoing research in the areas of salutogenesis, health assets, resilience and capability all of which focus on creating positive adaptation, protective factors and assets that moderate risk factors and promote wellbeing in individuals and communities.

4.2 A CWP model looks beyond traditional disease models in health care in order to include the factors that have been shown to generate health and wellbeing in individuals and communities.

4.3 Wellbeing can be broadly defined to consist of two dimensions*:

- Hedonic: positive feelings or positive affect (subjective wellbeing, life satisfaction, happiness)
- Eudemonic**:** positive functioning (engagement, fulfilment, sense of meaning, social wellbeing)

*Mental health, resilience and inequalities (2009) Friedli, L; World Health Organisation

4.4 There is abundant evidence to demonstrate that the skills and attributes associated with wellbeing are a core asset, protecting and enhancing the lives of individuals and communities.

4.5 Improved wellbeing not only leads to the prevention of disease but outcomes beyond this which include improved physical health; stronger social cohesion and engagement; better educational attainment; improved recovery from illness; stronger relationships and improved quality of life.

5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 It was first proposed that the CWP model be rolled out to 2 practices initially as a pilot phase. The investment required to finance the roll out of CWP model to 2 practices has been calculated at £125,000 of which £75,000 has already been allocated by Halton Council and NHS Halton and St Helens. The additional £50,000 was to be requested from the sub-committee.

6.0 THE MODEL

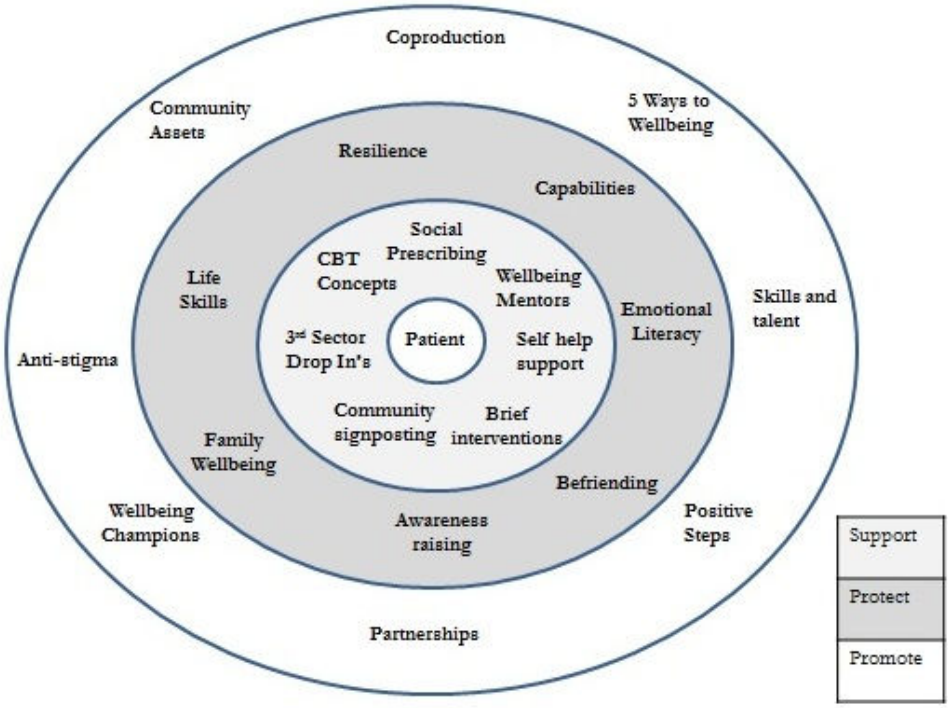
6.1 The CWP model has five overarching principles, which are :

- To look beyond traditional disease models in health care and to take action on the social determinants of health and wellbeing.
- To adopt salutogenic concepts - identifying the factors that create and support human health and wellbeing and that moderate against stress. (Salutogenesis is a well established concept in public health and health promotion).
- To ensure that individuals and communities have access to a range of integrated, holistic wellbeing interventions.

  To mobilise the assets of people and place, in order to generate social capital and create healthier and more resilient communities.

Forge partnerships with individuals, communities and other agencies and to work co-productively to reduce health inequalities.

6.2 Diagram 1 – A Community Wellbeing Practice Model



6.3 A central component of the CWP model will be the creation of an integrated network between general practice and local agencies that promote and protect individual and community wellbeing - especially those that provide psychosocial support to patients, and those that connect patients to wider assets in the community that are associated with positive health and wellbeing outcomes. Agencies that will form a part of this broader, holistic

network will include public health teams, the 3rd sector, housing trusts, the local authority and voluntary and community led groups.

6.4 In addition to the establishment of an integrated network, the CWP Implementation Plan v1.5 -which is currently out for consultation details five priority areas for action in the general practice setting, which if implemented fully will further enhance the capacity of general practice to support individuals and communities to achieve improved health and wellbeing outcomes.

6.5 The five priority areas for action detailed in the CWP Implementation Plan are:

1. The practice environment
2. Provision of wellbeing activities
3. Skills and competencies of staff
4. Stakeholder engagement
5. Marketing and communication

The CWP working group is currently engaged in a wider consultation with individuals, communities and other relevant agencies to gather their views and opinions as to what they believe a Community Wellbeing Practice ought to deliver.

7.0 IMPLEMENTATION

7.1 Halton Council and NHS Halton and St Helens have agreed a SLA with a 3rd sector provider - The Wellbeing Project CIC to work alongside clinicians and senior managers to research and develop the CWP model. The Wellbeing Project will also project manage the implementation of the CWP initiative as detailed in its SLA service specification.

7.2 An outline proposal for the CWP model was approved by the sub-committee and since then the Wellbeing Project has been collaborating with Halton CCG and Halton Council to develop detailed plans. A cross sector working group has been established to oversee this process and it is envisaged that this group will co-ordinate the roll out of the initiative to GP practices.

7.3 A letter was circulated to all 17 GP Practices which provided an outline of the CWP model. Practices that were interested in taking part in the first wave of the scheme were asked to forward an expression of interest - of which 7 practices registered an interest.

7.4 One of the main aims of the CWP model is to build a robust infrastructure so that the CWP initiative can be sustained over the medium to longer term without further investment. This will be achieved through the following mechanisms:

1. Forging partnerships between general practice and other stakeholders who have a part to play in promoting and protecting wellbeing. These partnerships will become the seedbed from which new projects and collaborations will spawn.

2. Creating a robust, integrated network with the voluntary and community sectors, through which wellbeing interventions can be coordinated and promoted within the general practice setting. These networks will also determine the mechanisms by which health practitioners can signpost patients into community based support.

3. Developing of the skills and competencies of practice staff so that they feel empowered to work together with patients, families and the community to find new and innovative ways of promoting health and wellbeing.

8.0 MONITORING

8.1 The CWP working group will monitor the attainment of KPIs detailed in the CWP Implementation Plan.

8.2 Quarterly reports will be prepared by the CWP working group and these will feed into the CCG sub- committee as well as the monitoring systems in Halton council and NHS Halton and St Helens.

9.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

9.1 Children & Young People in Halton

These are contained within the report.

9.2 Employment, Learning & Skills in Halton

These are contained within the report.

9.3 A Healthy Halton

These are contained within the report.

9.4 A Safer Halton

These are contained within the report.

9.5 **Halton's Urban Renewal**

This model will look to develop and make best use of current land and GP building.

10.0 **RISK ANALYSIS**

10.1 The broader the scope of this model will bring risk of burn out or unsustained services/reputational risk will incur if the scheme is not deemed to be successful.

11.0 **EQUALITY AND DIVERSITY ISSUES**

11.1 This is in line with all equality and diversity issues in Halton.

12.0 **LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

None under the meaning of the Act