

# WIRRAL COUNCIL

## CABINET

12 APRIL 2012

|                                      |   |
|--------------------------------------|---|
| <b>SUBJECT:</b>                      | <b>BRIEFING REPORT – KEEPING PEOPLE HEALTHY</b> |
| <b>WARD/S AFFECTED:</b>              | <b>ALL</b>                                      |
| <b>REPORT OF:</b>                    | <b>DIRECTOR OF PUBLIC HEALTH</b>                |
| <b>RESPONSIBLE PORTFOLIO HOLDER:</b> | <b>PORTFOLIO HOLDER FOR PUBLIC HEALTH</b>       |
| <b>KEY DECISION?</b>                 | YES/NO <i>(delete as applicable)</i>            |

### 1.0 EXECUTIVE SUMMARY

1.1 Within the Budget agreed at Council on 20<sup>th</sup> February, it was stated that:

“The transfer of public health responsibilities to the Council and the establishment of our health and wellbeing board provides the opportunity to strengthen cross-sector working between the Council, the NHS and the voluntary sector to reduce inequalities, increase efficiency and improve health outcomes.

Keeping people in good health means that we need to go beyond provision of separate services and single-issues, and look at providing an integrated response and model of support in our communities. The approach recommended is to assess what services we have currently supporting different parts of the borough, to assess how those services can work more closely together and to develop a model where we can ensure that people can get the support they need as easily and simply as possible. They are likely to include services for supporting people on healthy lifestyles, self-care and independent living, families and early years, work, learning and skills, health protection and personal safety, community development and leisure and welfare.

This would enable those commissioning and providing services to offer a holistic and systematic offer of support to all those who could benefit from it. We will also identify areas of Wirral where we can implement this in the first instance so that we can evaluate the benefits before rolling out more widely. This work has been identified as a work stream for the Health & Wellbeing Board, and will initially be supported by place-based leadership funding from the National Leadership Council. “

1.2 There has been a call for a shift in public health emphasis from preventing illness to keeping people well and building on individual and community assets in recent years. ‘Living Well’ is a North West public health call to action to reduce inequalities through prioritising wellbeing. Wirral has been used as a case study in national reviews of this approach as a result of the work it has done in our Health Action Areas and our Community Health Programme. This report provides a briefing on evidence for this approach, and highlights the steps that will be taken in building on this early start to achieve our aspirations for improving public health outcomes for people living and working on Wirral.

1.3 Wirral's shadow Health and Wellbeing Board has identified this approach as its public health workstream, and with support from the National Leadership Council, set up a workshop to invite colleagues from all sectors to explore the potential for developing a model which can be tested on Wirral. This workshop took place on 20<sup>th</sup> March, and a report detailing the discussions, and the suggested actions will be taken back to a future Health and Wellbeing Board. In the meantime, the key issues debated during the workshop are highlighted in this report.

## **2.0 BACKGROUND AND KEY ISSUES**

### **2.1 Living Well**

The idea of Living Well is based on an approach that:

- Creates the conditions that support wellbeing and enable people to live well
- Actively involves and empowers citizens and communities
- Focuses on the assets of people to bring about change
- Balances health, economy and environment
- Supports cultural change, requiring leadership, energy and a radical shift in focus

The shift created by this addresses the social determinants of health, and the 'causes of the causes'; encourages organisations to think 'why' they are doing things rather than simply responding; considers services in an integrated way to be built around individuals, rather than the services themselves; and sees people as empowered, active citizens rather than passive recipients.

### **2.2 Wellbeing**

It is worth reflecting on what the term 'wellbeing' means. The Government Office for Science's *Foresight Review on Mental Capital and Wellbeing* (2008) defined wellbeing as "a dynamic state, in which the individual is able to develop their potential, work productively and creatively, build strong and positive relationships with others, and contribute to their community".

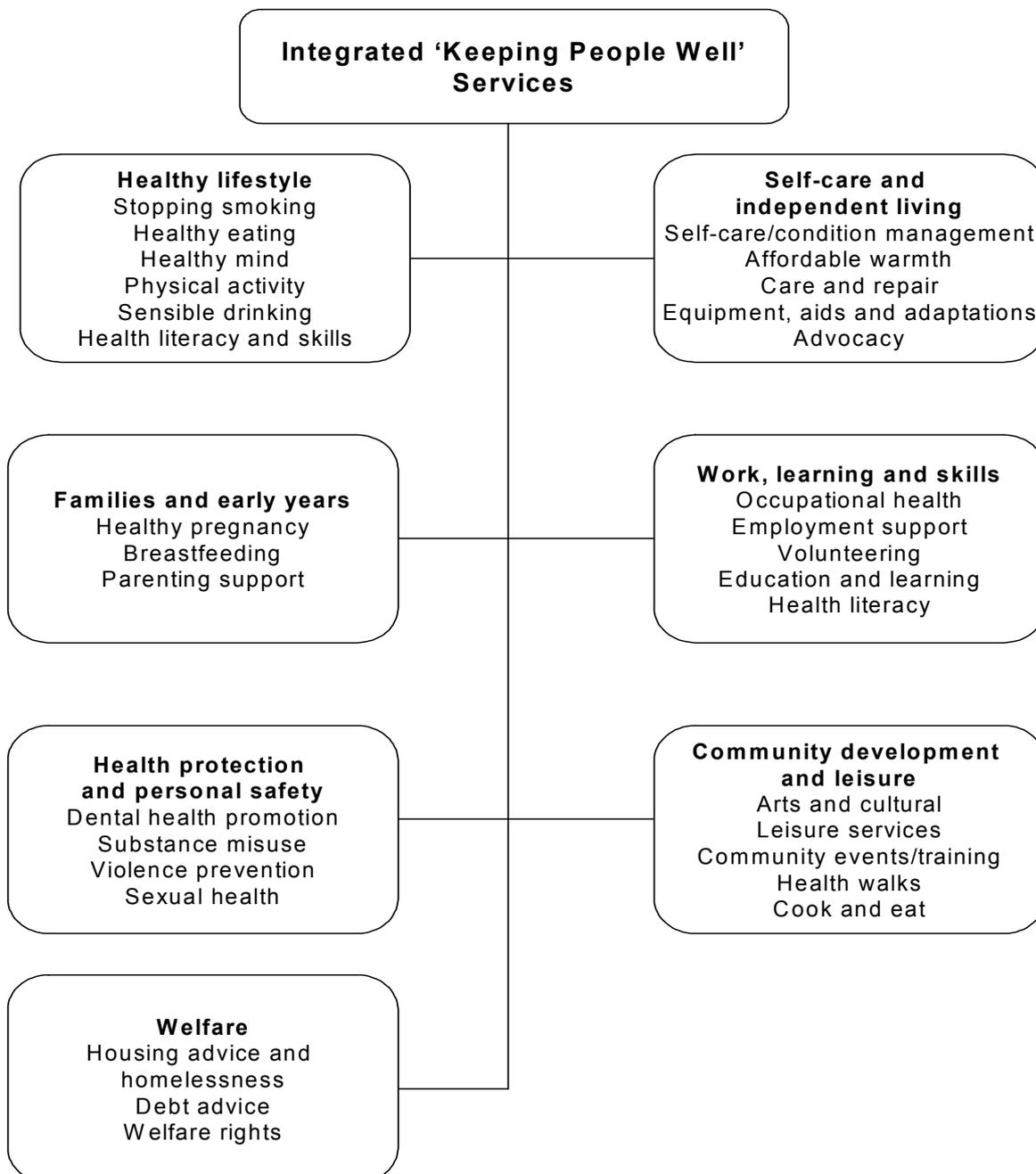
### **2.3 Keeping People Healthy**

Keeping people healthy is the theme for the public health workstream of the Health and Wellbeing Board. This will allow Wirral to build on its best practice in respect of working with local communities and building assets, and will support the development of clear commissioning models which will enable much more effective integrated services to be delivered to individuals across our communities.

In the first year of this workstream, a number of activities will be undertaken including:

- Establishing a multi-agency/stakeholder steering group
- Ensuring widespread engagement in considering and shaping the future model(s)
- Mapping community assets
- Development of options for use of existing services/locations to support a 'one-stop' approach.

A framework for our local approach can be shown in the following diagram which illustrates the services and support which contribute to keeping people healthy. This framework was the basis for inviting those involved in the services described to a workshop held on 20<sup>th</sup> March 2012 to explore the potential to enhance what is already provided to people on Wirral through existing services.



Participants identified a number of current schemes in the Wirral that provide foundations for the integrated wellness approach:

- The Wirral Well online information hub for wellbeing, health and social care services, hosted by Wirral CVS, provides a first step in describing the range of services and

resources available. This is supported by volunteers who offer peer support and help in signposting services.

- The Health Action Teams at a neighbourhood level offer a model of joined up care and support.
- There are community health champions across Wirral health care organisations: there is scope to rebrand and orientate these assets toward wellbeing and wellness.
- Community pharmacies are often used by people as a source of advice. Pharmacists could refer more effectively if they had better access to information on available services and resources.
- Drug and alcohol services do offer a relatively integrated approach to health protection, safety, self care and welfare. A more positive focus on healthy lifestyles and positive mental health would be a logical development
- The Community Trust has been working to establish a more integrated approach to its public health services with a particular focus on healthy lifestyle, health protection, family and early years and some aspects of community development.
- Family support groups aim to take a holistic approach to supporting people's needs
- The Healthy Homes initiative includes a single assessment that is a first step to referral to a range of public services.
- The Housing Options team works across agencies to identify and support people at risk of homelessness.
- The youth service for people aged 16-19 works has a model that is based on early intervention.
- The community development and leisure services are already trying to broaden their connections to other agencies and encourage greater breadth of participation and use of these resources.

2.4 A number of ideas for establishing the proposed approach on Wirral emerged at the workshop and will be taken forward as more detailed work.

#### 2.4.1 **Signposting and information sharing**

Perceptions of risk and a competitive environment were identified as the two significant barriers to effective information sharing between professions and organisations. Three specific proposals were put forward.

- The development and extension of the Wirral Well website. This existing resource could be extended to embrace all elements of the wellness approach. It would require buy in from all relevant organisations and they would need to commit to keeping their information up to date. CVS Wirral has funding to develop the resource over the next year. An endorsement by the Health and Wellbeing Board would signal the value of the Wirral Well tool and encourage stakeholders to play their part in making it a success. While the first phase of development could concentrate on the collation of information about services and support which is available the real benefit of this tool lies in developing it as an interactive resource in which citizens and communities can contribute their own assets.

- For adults and patients with complex needs a working group should be set up to look at how data sharing between health, social care and welfare services could be improved. Information sharing agreements have been developed for some services and these could be reviewed and amended to apply to other care groups.
- An organisational forum could be established to review and improve the approach to signposting across the Wirral.

#### **2.4.2 Developing the Team around the Person**

Lessons from Children's services have demonstrated the benefits of creating virtual teams around individual cases. For adults the key barriers to better coordinated care appear to be lack of clarity about responsibilities and uncertainty by different agencies about whether they have a mandate to lead coordination activities. The agencies that would need to be involved in developing a 'team around the person' would be GPs, social services, mental health, family support, police and probation services as well as relevant specialist services. Four actions that could help take this forward for adult services were identified:

- A directory of services and points of contact
- Agreement to pilot the concept with a specific care group. As there has already been some work done to rethink care for people with critical needs this might be a useful place to start.
- Provision of training for staff on the virtual team approach and on understanding each others' roles and contributions
- The development of an appropriate needs assessment tool that could cover all relevant sectoral contributions.
- In time area team coordinators might be needed to support the arrangements.

#### **2.4.3 Establishing a better balance between advocacy, self determination and support from services**

There are several current resources across Wirral that either provide advocacy or support self determination. There is an opportunity to bring these different providers together to:

- Consider how they might use their skills and capability to spread the approach to other parts of the system
- Identify how advocacy/self determination could be built into some specific care/recovery pathways where it has the potential to add real value. Three areas which were suggested for consideration were end of life care, long term conditions and carers needs.

#### **2.4.4 Connecting health, welfare and work**

The preferred approach here was to develop and put in place a plan for scaling up what is already in place

#### **2.4.5 Enabling individuals and communities to identify and share assets**

As noted earlier one of the key barriers here is lack of awareness about the assets based approach so communication to this effect is an early priority. Thereafter participants suggested that:

- A structured approach could be used to help voluntary, community and statutory organisations to share information about assets that they have and would be prepared to share. Community leaders could be encouraged to lead local initiatives if there were a structured programme that they could draw on;
- There are several models of peer support which operate across the Wirral such as the expert patient programme and HomeStart. These could be reviewed to identify what makes them effective so this learning can be built into further programmes.
- The council could facilitate asset sharing within communities by providing training and funding CRB checks. Voluntary and community organisations could also consider the opportunities for joint work e.g. in the recruitment, selection and training of volunteers.

#### **2.4.6 Connecting voluntary and community organisations**

Some of the actions described above would also address this theme. Further approaches which participants recommended were:

- Promoting the use of notice boards as a complement to online tools such as Wirral Well. These are a very simple and practical tool that may have been under-exploited. Library services provide a valuable role in managing these resources, but notice boards in other public spaces and GP surgeries could also be utilised. The priority is to promote awareness of these resources to voluntary and community organisations to encourage them to make use of this space for promoting their work.
- A large scale promotional event across the Wirral could be held to promote the work of voluntary and community organisations and the value of volunteering. This is something that the Council would be well placed to lead.
- Commissioners of voluntary and community organisations need to consider how they can use the commissioning process to facilitate better relationships and partnerships between organisations.

All of these proposals need further work, and should not be considered as specific proposals for Cabinet at this point.

### **3.0 RELEVANT RISKS**

- 3.1 Failure to realise the benefits of existing community assets will create increasing pressures on Council and other local resources.

### **4.0 OTHER OPTIONS CONSIDERED**

- 4.1 Not applicable

## **5.0 CONSULTATION**

5.1 *The initial workshop is the start of an engagement process. Consultation on any proposals, and to help shape proposals will be undertaken as part of the work programme of this workstream of the Health & Wellbeing Board.*

## **6.0 IMPLICATIONS FOR VOLUNTARY, COMMUNITY AND FAITH GROUPS**

6.1 Voluntary, community and faith groups are important stakeholders in this work and will be involved extensively.

## **7.0 RESOURCE IMPLICATIONS: FINANCIAL; IT; STAFFING; AND ASSETS**

7.1 For 2012-13 there are no immediate resource implications for the Council. This will be kept under review as the approach develops.

## **8.0 LEGAL IMPLICATIONS**

8.1 Not applicable

## **9.0 EQUALITIES IMPLICATIONS**

9.1 Has the potential impact of your proposal(s) been reviewed with regard to equality?

(c) No because of another reason which is: this is a briefing paper, not proposals being brought for decision to Cabinet.

## **10.0 CARBON REDUCTION IMPLICATIONS**

10.1 *Not applicable*

## **11.0 PLANNING AND COMMUNITY SAFETY IMPLICATIONS**

11.1 *None*

## **12.0 RECOMMENDATION/S**

12.1 It is recommended that Cabinet note the contents of the report, and consider whether the direction of travel for this project is, in principle, in line with the aspirations of the Council in its role as a public health organisation.

## **13.0 REASON/S FOR RECOMMENDATION/S**

13.1 The Council has identified keeping people healthy as a key priority in its budget for 2012-13. This report identifies progress with implementing this intent and in respect of the Council's leadership of the Health & Wellbeing Board.

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## APPENDICES

None

## REFERENCE MATERIAL

*Living well across communities: prioritising well-being to reduce inequalities:*

[www.nwph.net/hawa](http://www.nwph.net/hawa)

*Healthy Lives, Healthy People:* [www.official-documents.gov.uk](http://www.official-documents.gov.uk)

*Fair Society, Healthy Lives: Strategic Review of Health Inequalities in England:*

[www.marmotreview.org.uk](http://www.marmotreview.org.uk)

*Wellness services: new approaches to supporting people to live healthy and well.*

[www.nhsconfed.org](http://www.nhsconfed.org)

## SUBJECT HISTORY (last 3 years)

| Council Meeting | Date |
|-----------------|------|
|                 |      |