



Thursday 7<sup>th</sup> December 2017 at 2.00pm

## Wellbeing Service

Item number: 5.6

### Executive summary

*This report explains the purpose and organisation of the Wellbeing Service which has been provided in a number of local Health Centres. It goes on to provide a summary of the evaluation of the service. Finally, the report outlines the options for the future both in terms of service design and in funding the service.*

#### **Board members are asked to:**

1. Note the impact of this new service
  2. Approve the steps outlined to maintain the service in the short term until a longer term funding model can be developed
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## Wellbeing Service

### 1. Purpose

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- 1.1 The purpose of this report is to provide information to the Board about a new service which was introduced to support people with long term health conditions and help to address health inequalities.

### 2. Recommendations

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The Board is asked to

- 2.1 Note the delivery and impact of the new Wellbeing Service
- 2.2 Approve the steps outlined to maintain the service in the short term
- 2.3 Agree that a longer term funding model be developed

### 3. Background and main report

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- 3.1 Supporting people who have long term health conditions is one of the biggest challenges facing health services world-wide. They are twice as likely to be admitted to hospital accounting for 60% of hospital admissions whilst 80% of all GP visits relate to people with long term health conditions. People living in areas of multiple deprivation are at particular risk and are likely to develop two or more such conditions 10-15 years earlier than people living in more affluent areas.
- 3.2 In announcing the move to formal integration of Health and Care the Scottish Government signalled the need to address inequalities and provide more effective support to younger people with long term health conditions.
- 3.3 The importance of moving towards prevention and supporting recovery and independence was a central theme of the Christie Report on public services. This emphasis has been evident in areas such as mental health, substance misuse, the development of the 'reablement' approach and, more recently, the Active and Independent Living Programme launched in June 2017.
- 3.4 The Thistle Foundation has a long established record of developing innovative approaches to supporting people with long term health conditions and disabilities. They have worked closely with Scottish Government and NHS Lothian in designing services which mirror the *House of Care* framework. This framework emphasises the value of building upon people's own assets, supporting self-management and making maximum use of the potential value of peer support.

- 3.5 In early 2015 Thistle Foundation and NHS Lothian expressed an interest in working with Midlothian Partnership to pilot new ways of working with people with long term health conditions and/or challenging life circumstances. The principle of the service is to enable people to gain sufficient confidence to manage their health and their lives more effectively. The approach is to give people time and space to think about “what matters to them” and to have a good person-centred conversation.
- 3.6 Funding was made available by Thistle Foundation, through the Integrated Care Fund and in kind by NHS Lothian. On the basis that the people most at risk were most likely to be known to GPs it was agreed to pilot the service in Newbattle and Penicuik Health Centres.
- 3.7 The feedback in the initial months was very positive both from service users and from referring GPs. During 2016 the Government announced a two year Primary Care Transformation Fund and it was agreed locally that the bulk of this fund should be used to roll the Wellbeing Service out to other GP Practices. In January 2017, following recruitment and redeployment of existing NHS Lothian Occupational Therapy staff, the service was extended to a further 6 Practices.
- 3.8 Healthcare Improvement Scotland, a national organisation whose objective is to drive improvements to achieve the highest quality of care across Scotland, expressed an interest in supporting our work locally. They offered significant levels of resource to assist in the evaluation of the service with an interest in possible lessons for the rest of the country.
- 3.9 The service has operated in two GP practices since September 2015 but only since January 2017 in the other 6 practices. It is very early to try to reach valid conclusions about the long term impact of this style of service. However the need to make funding decisions for 2018 has meant that some initial evaluation was required. A full report is being compiled by J Sherval NHS Lothian Public Health Consultant and will be available in January 2018. A summary of the service and the key findings from the evaluation is attached at Appendix 1
- 3.10 The impact on some 800 plus service users is clear and statistically significant from validated measurement tools and supported by anecdotal feedback from users and referrers. Given the nature of the challenges facing the people using the service it is inevitable some will experience further crises and need additional support. The service has not been in operation long enough to confidently predict that these crises will occur less often and will be more successfully managed.
- 3.11 The impact on services is much less clear cut although the evaluation continues to be considered by both Health Economists and the national Local Intelligence Support Team. There is evidence of reduced use of GPs in Newbattle Practice, where a high number of referrals have consistently been made but this trend is not evident in Penicuik. Anecdotally there is some evidence that service users are able to use their appointments with their GP more appropriately focussing on medical issues rather than broader life concerns. This is important in so far as GPs are only able to offer 10 minute appointments and are therefore not in a position to explore in more depth, issues affecting the patient’s quality of life and their ability to cope with often challenging life circumstances.

## **4. Policy Implications**

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- 4.1 The principles behind this service reflect clearly the approach advocated by the Christie Report on Public Services and the need to reduce reliance upon public services.
- 4.2 A key objective of the policy on integration was to find ways of more effectively addressing health inequalities. This service is designed to help achieve this reaching out to people with complex health and life circumstances.

## **5. Equalities Implications**

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- 5.1 A key objective of the service is to address health inequalities. The attached appendix includes an analysis of the success of the service in reaching a higher proportion of people living in areas of deprivation.

## **6. Resource Implications**

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- 6.1 The service when operating at full complement costs £348,000 per annum. This includes funding from the Integrated Care Fund which is available on a continuing basis but for which there are a range of competing demands. The Primary Care Transformation Fund was a two year programme only so alternative sources of funding would be needed particularly if the service was to be extended to the remaining 4 Practices which currently do not have access to a Wellbeing Service. Potential sources of funding include the Government's commitment to GP Link Workers and NHS Lothian Primary Care funds
- 6.2 The service would need to be subject to a formal procurement exercise as there may be alternative suppliers at lower cost. In the short term it is proposed to use the existing ICF funds to extend the service for a few months whilst funding options are explored and thereafter a procurement exercise undertaken. This would help reduce the risk of losing very good quality staff as otherwise they will be issued with redundancy notices or go into redeployment.

## **7 Risks**

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- 7.1 The risk of not continuing with the service is that the Partnership loses capacity to both reduce health inequalities and help reduce inappropriate demands upon local GPs.

## **8 Involving People**

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- 8.1 There has been ongoing discussions with the Wellbeing Staff Team and with GPs and Practice Nurses who have made the majority of the referrals to the service. Generally there is considerable support for both the Wellbeing Service itself and the approach taken with growing interest across disciplines in developing skills in having "good conversations".

## 9 Background Papers

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None

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