



Kirklees Integrated Wellness Model

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Transformation Support Brief

KMCPH-019

Public Health / Community Plus





Overview

Kirklees Council intends to commission an Integrated Wellness Model (KIWM) ([see attached specification](#)) in a way that preserves the Council's employment of the current in-house staff.

In order to achieve the vision, outcomes and objectives outlined in the service specification for the KIWM and achieve the cost efficiencies required, significant system and service re-design and transformation is needed. To support this, Kirklees Council seeks to procure a partner organisation to help facilitate the design and transformation aspects of the KIWM.

High-level description of the brief

Firstly, the intention is to bring together a number of distinct but interdependent services focussed on health improvement and Early Intervention and Prevention. Currently these are delivered through a range of different providers. These include:

- NHS Health Checks - Currently delivered within GP practice
- Adult Obesity - Currently deliver by an external commercial weight management service
- Physical Activity – a range of provision via health professional referral
- Stop Smoking Support - Currently delivered by Primary Care (GP and Pharmacies)
- Health Trainers – currently provided through Adult Services (Kirklees Council)
- Expert Patient Programme / Looking After Me – provided through Kirklees Council
- Active for Life and Steps for Life – via Kirklees Council's Physical Activity Team

These services will come together into the Wellness model, with most of the teams responsible for delivery moving into Communities Plus ([see section 3.9 in attached Kirklees Integrated Wellness Model specification](#)).





Design work includes developing a new operational model and pathways, requiring cultural change for effective delivery, defining and changing the relationship and the way Wellness works with citizens.

Wellness has links to and dependencies with other strategic council and partner initiatives. Wellness needs to support alignment and strategic fit with these (not exhaustive) Council transformation areas:

- Place based working
- Libraries
- Access to Services
- Front Door
- Digital by design
- Integration and Community Strategy
- Assets and accommodation
- Voluntary Sector
- Commissioning

Secondly, the Wellness concept and model design needs to account for and effect systemic change outside Kirklees Council, developing positive, dynamic and innovative alliances and partnerships across a range of services and settings in Kirklees and, potentially, beyond. These include:

- Primary Care (General Practice, Pharmacies and Dentists) and Clinical Commissioning Groups
- Mental Health Services, particularly IAPT and the Recovery College
- Community healthcare and hospital services
- Other providers of lifestyle (prevention and early intervention) and community health services e.g. sexual health, drug and alcohol services
- Playing an integral role in the Integration agenda
- Kirklees Active Leisure
- Community Hubs





Specifically, the requirement is for transformational support and leadership that can:

- provide expertise and experience from the field of Wellness model/Integrated Wellbeing service design and delivery
- design community based approaches to Wellness
- illustrate and evidence behaviour change in action
- provide challenge, facilitation, innovative ideas and support to the model design that supports transition from existing associated services to IWM, managing the process safely and professionally for citizens
- lead and manage services through transformation, including workforce (re-)design, development and culture change
- help partners think through evidence based best practice and, importantly, operability in Kirklees
- turn ideas into models and models into deliverable change across systems
- help partners (both internal and external) keep a focus on outcomes and support development and implementation of monitoring and recording systems – design and implementation of fit for purpose systems, including digitally
- ensure alignment and strategic fit with other identified transformation priorities for the Council.
- build alliances for Wellness across sectors and services and facilitate change in these
- provide project management capacity/expertise to complement Public Health project management capacity
- importantly 'start on the same page' as developments delivered to date, complimenting and building upon this ground work.



Outcomes being sought

Broadly, the Wellness approach seeks to ensure that people can:

- *Be Active*
- *Connect*
- *Take notice*
- *Learn*
- *Give*

(*Five Ways to Wellbeing, NEF, 2009*)

The approach will bring together organisations, people and services under a 'Wellness' umbrella, with delivery led by Communities Plus. In order to achieve the ambitions of the Wellness concept, it is recognised by partners involved in its design that significant service transformation will be required (see 'Delivery Approach' below) to achieve:

- An improved, holistic, client-centred approach that will help people to identify and address those issues of importance to them, in order to improve their health and wellbeing
- Efficiencies and economy of scale of integrated resource; enhanced and multi-skilled workforce, shared management structure.
- Specialist resource targeted at the right people at the right time.
- Co-design, co-production and co-delivery at all levels; shared outcomes and performance management framework, supporting an intelligence embedded and driven approach to service development, shared communication and data systems.
- Transformational relationships between individuals, communities and systems





Delivery Approach

The following areas have been identified as critical skills and criteria needed to deliver this model:

- a. Ability and experience of the design and delivery of an holistic, integrated Wellness model
- b. Capacity and ability to manage existing services through transformation
- c. Ability and capacity to co-ordinate different elements of the Model across a range of systems, sectors and service providers
- d. Links to existing partners
- e. Ability to be flexible
- f. Aligned to service vision
- g. Ability to innovate
- h. Willingness to lead
- i. Willingness and ability to support the development of internal (Council) sustainable transformation capacity and capability

A Design and Implementation Group is in place within the council, jointly led by Public Health, Communities Plus, HR, and Transformation Colleagues. Existing resource, capacity and skills each area have and can contribute has been identified. There is operational and strategic leadership and service design expertise from services that will be reprioritised and aligned to this work. The procured Partner(s) will provide additional capacity, capability and leadership to support the work of this group, and will work closely with the Head of Service.





Timescales

- Contracts of existing commissioned services have been extended to **March 2019**.
- By **Oct 2018** – Internal Staff transfers to Communities Plus completed
- **Oct 2018 – Sept 2019** – Service redesign and OD work.
- **1st April 2019** – Wellness Model goes live (1st phase)

Duration of Contract

12 months (Aug 2018 – Aug 2019) at which point we will review what support/partnership would be needed going forward and procure accordingly.

Contract Value

£60,500. This is intended to be paid as follows

- 80% to be paid monthly in advance
- 20% to be paid on achievement of agreed milestones to the satisfaction of the commissioner (breakdown to be agreed)

Capacity required

You will provide a baseline proposal outlining the capacity and support to be made available under the contract. Although there is consideration that there will be finite capacity available it is expected that we will work together on delivering outcomes and this will require flexibility.



Areas support required	Outputs	Timescales	EXT or Who?	Thoughts / considerations	Criteria for success
Model development	<p>Advise on best/ innovations and evidence that could be inbuilt into KIWM, produce models, gap analysis and recommendations of ceasing any practice, source health specialist resources for workers, pathways with existing services including specialist need requirements, design and develop fit for purpose data monitoring and impact measurement system co-produced with staff/ stakeholders, work with HoS closely ensuring joint working and seamless transition /exit of consultancy. Produce documents and provide relevant model development and update reports to DIM board. To have in place an outline of an operating Wellness Model based on the specification with a timeline of how the model will be phased in/implemented in the short/medium/longterm including staff capacity and resource planning based on projected demand.</p>	Oct 18-June 2019. To have in place an outline of an operating model by Dec 2018		External expert partner	<p>Evidence of single partner lead working effectively and collaboratively with Wellness HOS throughout E.G. establishes positive working relationship from outset.</p> <p>Effective engagement with key internal and external partners – has demonstrated evidence throughout E.G. working flexibly with HOS/Commissioning lead/management team/partners and an understanding of pressures. Also evidenced through positive feedback from partners to the HOS/Commissioning lead.</p> <p>Attends all Wellness, Design and Implementation Group meetings.</p> <p>Leadership for the Wellness model and other key partners.</p> <p>Completion of outline of an operating model including an implementation plan to the satisfaction of the Design, Mobilisation and Implementation group</p>

Areas support required	Outputs	Timescales	EXT or Who?	Thoughts / considerations	Criteria for success
Staff development	<p>Design of specialist KIWM worker roles and responsibilities.</p> <p>Support the HoS in the required change management and culture change of staff into new roles.</p> <p>Design and develop wellness worker staff development programme including co-delivery</p>	Oct 2018 Ongoing to June 2019 Ongoing to June 2019		External experts partner Close work with HR and HoS/Management team to address performance issues if arise and ensure alignment to internal systems	<p>Job specifications/ roles/ways of working complete and agreed.</p> <p>Skills audit complete.</p> <p>Tangible improvements in staff's values, behaviours and motivation to be part of the model.</p> <p>Workforce design and development plan complete outlining short / medium / longterm priorities including additional training requirements – direct delivery and identify external provision where appropriate</p>



Areas support required	Outputs	Timescales	EXT or Who?	Thoughts / considerations	Criteria for success
Contracted services	Review of current external contracts and good practice, recommendations on who/ how best delivered in new model , gap analysis of ceasing contracts and recommendations and alignment with internal and external stakeholder delivery Prepare new contracts and timeline /process for procurement	Dec 2018		External experts partner Also with Public Health /procurement	Report complete to the satisfaction of DMI Group
Stakeholders	Review and engagement of current stakeholders/ providers scope of provision, identify gaps and possibilities to build upon strength's and target areas of need including consideration of inequalities/ targeted health/social determinates from a Kirklees perspective, volunteer role development and engagement Health/ clinical pathways review/ mapping and model considerations	Sept 2018		VCS smaller commission to 3 rd sector leaders – VCS. External expert partner alongside HoS and Commissioning lead.	Effective collaborative relationships established so as to lever wider sector collaboration with overall vision of integrated wellness. To be done in alignment to Wellness HoS / managers. Delivery of engagement events and activities to ensure external local best practice / innovation is harnessed. Attends all Wellness Strategy and Partnership Group meetings. Mapping report complete to the satisfaction of DMI Group

