

Name of meeting: Health and Adult Social Care Scrutiny Panel

Date: 12th March 2019

Title of report: Kirklees Integrated Wellness Model update

Key Decision - Is it likely to result in spending or saving £250k or more, or to have a significant effect on two or more electoral wards?	N/A – Report produced for information.
Key Decision - Is it in the Council's Forward Plan (key decisions and private reports?)	N/A
The Decision - Is it eligible for call in by Scrutiny?	No
Date signed off by Strategic Director & name	Rachel Spencer- Henshall – 26/02/19
Is it also signed off by the Service Director for Finance IT and Transactional Services?	N/A
Is it also signed off by the Service Director for Legal Governance and Commissioning Support?	N/A
Cabinet member portfolio	Cllr Musarrat Khan, Portfolio Holder for Health and Social Care

Electoral wards affected: All

Ward councillors consulted: N/A

Public or private: Public

Purpose of report

This paper provides an update on the progress of the design and commission of the Kirklees Integrated Wellness approach. It follows on from a previous paper that was presented to Health and Social Care Scrutiny Panel on the 11th September 2018, and provides updates to the following queries:

- Plans for engaging with communities and increasing community capacity to include assurance that engagement is being carried out across the whole of Kirklees.
- Details of plans for publicising the service.
- Demonstrating how the model will be able to focus on both physical and mental health.
- The approach that will be taken to develop a robust connection between the work being developed as part of the new Model and the services being provided through primary care.

- The protocols and pathways that will be developed to support the work that will be undertaken by non-clinical staff.
- An overview of progress of the work being undertaken by the external provider Big Life.
- An overview of progress of the design of wellness worker roles and responsibilities including organisational development and culture change.

1. Summary

- The operational model for Integrated Wellness has been tested with staff, commissioners and partners. It has been well received and feedback has been used to refine it and agree detailed work that is needed with specific partners such as Kirklees Active Leisure to develop the wider system.
- Ongoing support has been provided to staff to apply for roles in the new model and prepare for interviews.
- Detailed planning has been completed to support transition including a comprehensive communication and engagement plan, and how staff will be supported and developed in the new model.
- The Integrated Wellness Model (IWM) strategy has been reviewed in the light of the continuously evolving policy landscape to ensure that it is coherent with system strategy and developments including developments in the Primary Care Networks.

1.1 **Plans for engaging with communities and increasing community capacity to include assurance that engagement is being carried out across the whole of Kirklees.**

A comprehensive communications and engagement plan that includes communities, staff and stakeholders has been produced (see Appendix A). This builds on communication and engagement that has been done to date. As we begin to implement the Integrated Wellness service model, following the transition of staff on the 1st April 2019 our coproduction and engagement approach will continue to promote active engagement with communities across Kirklees.

The implementation of the Integrated Wellness model is recognised as an ongoing transformation and change journey. Therefore, engagement activities and timelines will be designed to reflect this approach. It is felt that the change journey to support development and embedding of the new model, will offer strong opportunity for coproduction with service users and stakeholders and there is an ambition to ensure that implementation actively works with communities to understand what wellness means to them and design approaches and interventions in line with this.

The operational model (Appendix B) sets out our plans to increase community capacity over the short, mid and long-term (see page 3 in particular). Work is ongoing to ensure the service is coherent with Community Plus and plans to develop the community and voluntary sector e.g. social prescribing. The Wellness Model will also align to wider Place Based Programme approaches as they develop through the programme board and maximise initiatives such as WardWise and Place Standard tool

1.2 Details of plans for publicising the service.

A comprehensive communications and engagement plan (Appendix A) has been developed. The operational model (Appendix B) has been shared and reviewed with stakeholders and partners via the Strategy and Partnership Group.

1.3 Demonstrating how the model will be able to focus on both physical and mental health.

The Operational Model (Appendix B) describes how people will be supported to address what matters to them for their wellbeing. They will be supported by skilled staff to explore their motivation to make changes and set goals to make progress. Evidence from Big Life Group, and more widely, is that this leads to improvements in changes in health behaviours, their emotional wellbeing and the barriers to addressing these issues (often related to their social circumstances) and greater confidence to make changes going forward. In addition, people will be supported to access activities, groups and resources that contribute towards improving physical health and good mental and emotional wellbeing. Some of these activities will be delivered by the Wellness workforce, and others will be delivered by partner organisations and communities themselves.

The service will also work closely with mental health partners to ensure that people are aware of the choices they have to improve their mental wellbeing e.g. psychological therapies, and that people who are in need of more specialist mental health care are supported to access this. There is representation from both mental health commissioners and service providers on the Wellness Strategy and Partnership Group where conversations have been had on the potential opportunities for joined up working.

1.4 The approach that will be taken to develop a robust connection between the work being developed as part of the new Model and the services being provided through primary care.

The CCGs are currently working to implement a model of Primary Care Networks (PCNs), which are intended to inform how delivery can be shaped at a locality level in order to maximise population outcomes and in line with specific local needs. The design of the Wellness Model takes account of the variation in needs and assets across the Borough. Therefore, PCNs are seen as an opportunity for wellness in that promotion of the benefits, particularly at primary care level, will be key to supporting future model transformation, particularly in respect of primary care and in support of ambitions for innovation in Health Checks and Smoking Cessation delivery. In addition, the recently published NHS Long term Plan outlines intentions to provide link workers/social prescribers within primary care. Such roles could compliment the Wellness Model workforce.

In planning the operational model (Appendix B), account is being taken of the emerging Primary Care Networks and how the allocation of staff to geographic areas in the Borough may need to align to these in future.

Work is underway in engaging with Primary Care Networks to build a shared vision of place-based integrated care and to understand how IWM can support this. The attached comms and engagement plan (Appendix A) outlines this intention and intends to communicate pathways and referral criteria from primary care into the service in advance of the core service going live as a first phase.

1.5 The protocols and pathways that will be developed to support the work that will be undertaken by non-clinical staff.

All of the staff in core service will be non-clinical.

The Operational Model (Appendix B) describes protocols and pathways for the first phase of the core service offer to go live September 2019. Following the transition of the staff cohort there will be a development phase to support staff to be able to transition into the new Wellness Service whilst ensuring existing caseloads are safely and professionally managed. The new team will be instrumental in co-producing pathways and interventions. As the operational model develops, the detailed design of the new interventions and approaches within the service model will be undertaken with staff and partners. Protocols and policies will be implemented as part of this work. Training and development will be provided for staff (including volunteers), linked to a competency framework and volunteer policy.

As noted in section 2.4, engagement work with the emerging Primary Care Networks will support ongoing transformation, particularly in respect to co-producing ambitions for innovation in how Health Checks are delivered. If this results in non-clinical staff delivering Health Checks, appropriate protocols, pathways and staff training will be put in place.

1.6 An overview of progress of the work being undertaken by the external provider Big Life.

The focus of work in the last quarter has been on designing the operational model (Appendix B) and ensuring it is coherent with what people said they wanted from the IWM. This has been informed by previous engagement work with communities, service-users, stakeholders and wider evidence (see IWM Specification as previously submitted to Scrutiny).

The operational model for Integrated Wellness has been tested with staff, commissioners and partners. It has been well received and feedback has been used to refine it and agree detailed work that is needed with specific partners such as Kirklees Active Leisure to develop the wider system.

Ongoing comprehensive support has been provided to staff to apply for roles in the new model and prepare for interviews.

Detailed planning has been completed to support transition including a comprehensive communication and engagement plan, and how staff will be supported and developed in the new model.

The IWM strategy has been reviewed in the light of the continuously evolving policy landscape to ensure that it is coherent with system strategy and developments including plans for ERF investment, the NHS 10 year plan and developments in the Primary Care Networks.

1.7 An overview of progress of the design of wellness worker roles and responsibilities including organisational development and culture change.

The Wellness service structure and roles was designed with feedback from staff and is now fully established and with grading panel approval for all grades. Staff are currently undergoing the service change process, which partners have also supported. The process adopted has been designed to be highly supportive and developmental.

Following conclusion of HR transition processes, staff will be supported to adopt new ways of working via a training package designed to equip them with the tools to deliver in the desired approach. There is a specific Workforce Development project work stream to enable the achievement of these objectives. This training and development approach will be ongoing and will not cease with the launch of the new offer in September 2019. Staff development is also recognised as a journey in the same way that transformation is recognised as needing a phased approach. The training and development programme will align to the wider integrated system staff development activity, embedding a culture of working alongside People, Place's and Partners to achieve shared outcomes.

2 Information required to take a decision

Report is for update on progress only. No decision is being sought.

2 Implications for the Council

3.1 Working with People

As per the IWM Specification and previous update papers, this approach is rooted in working with people and not doing to.

3.2 Working with Partners

As per the IWM Specification and previous update papers, this approach is rooted in working with partners to in order to realise the systemic ambitions of the IWM.

3.3 Place Based Working

As per IWM Specification and previous update papers, this approach is rooted in building a shared vision of place-based integrated working.

3.4 Improving outcomes for children

The Wellness Service will adopt a whole family approach when working with adults and will ensure during the development phases that service briefings are provided for services specifically working with children as appropriate. This approach will also feature in the staff development programme.

3.5 Other (e.g. Legal/Financial or Human Resources)

N/A

4. Consultees and their opinions

N/A

5. Next steps and timelines

That the Overview and Scrutiny Panel for Health and Adult Social Care takes account of the information presented and considers the next steps it wishes to take.

6. Officer recommendations and reasons

That the Panel considers the information provided and determines if any further information or action is required

7. Cabinet portfolio holder's recommendations

N/A

8. Contact officer(s)

Carl Mackie – Public Health Manager

Jill Greenfield – Head of Integrated Local Partnerships

9. **Background Papers and History of Decisions**

Previous papers brought to Health and Adult Social Care Scrutiny:

Integrated Wellness Model – 7th March 2017

Integrated Wellness Model update – 12th Sept 2017

Informal briefing to members Scrutiny (included draft service specification and outcomes/indicators documents) - 1st Dec 2017

Integrated Wellness Model Update – 11th September 218

10. **Service Director responsible**

Rachel Spencer-Henshall, Strategic Director – Corporate Strategy and Public Health