NHS Stockport

NHS Gloucestershire

DEVELOPMENT STANDARDS FOR INTEGRATED WELLNESS SERVICES

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1. INTRODUCTION

This development tool aims to support commissioners and providers to work towards the provision of a local integrated wellness service. The Public Health team at NHS Stockport initiated this work as a collaborative project. It is based on research and standards developed in the North West[1], a concept further discussed and developed at a national conference[2] and a collaboration of commissioners and providers in Stockport working in partnership with NHS Gloucestershire. The intention is to use the tool to facilitate collaborative review and development between partners.

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2. INTEGRATED WELLNESS SERVICES

"Our vision for local authority leadership for public health [..] means [..] tailoring services to individual needs based on a holistic approach, focusing on wellness services that address multiple needs, rather than commissioning a plethora of single issue services, and using new technologies to develop services that are easier and more convenient for users"

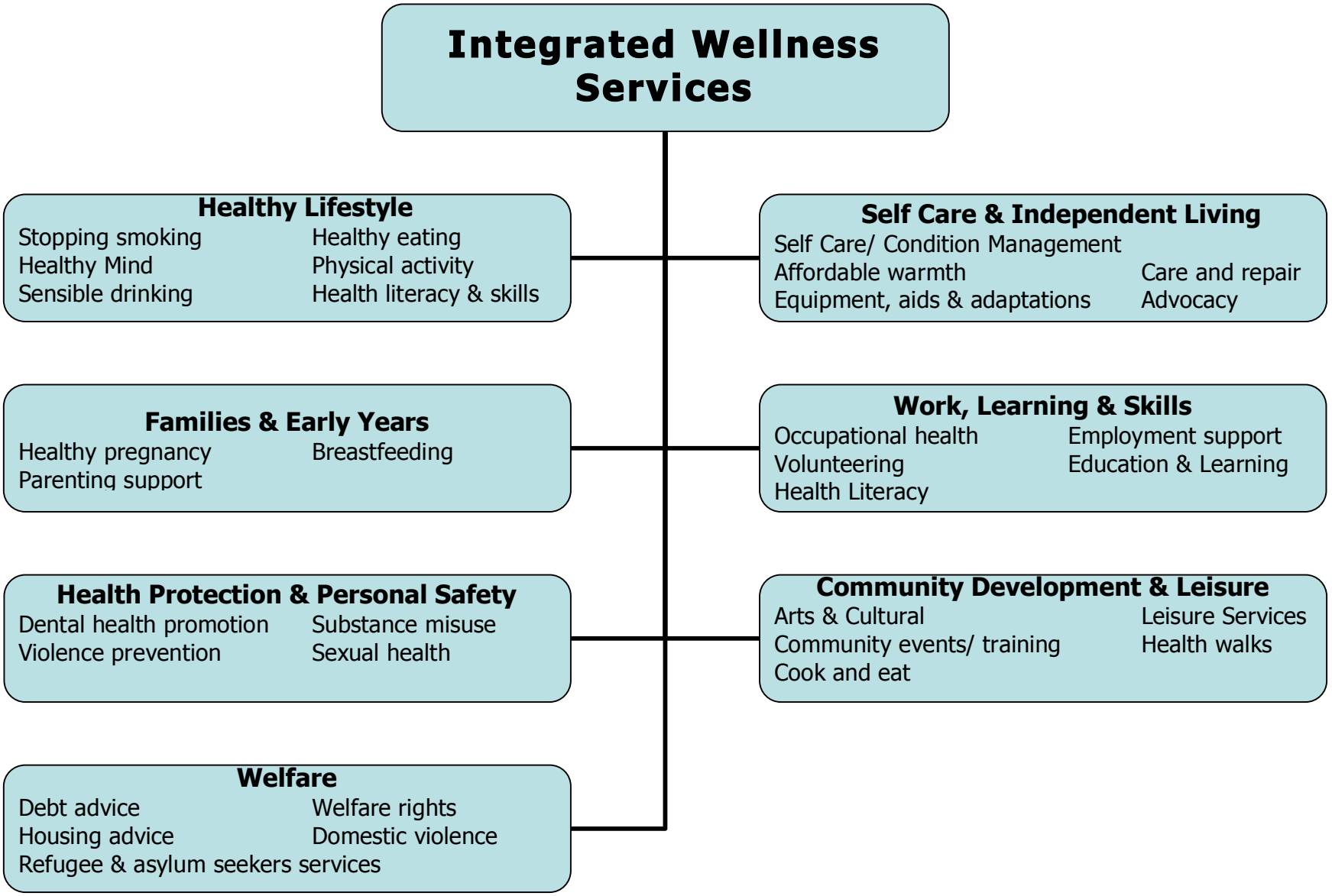
(PH Factsheets, 2011, DH)

An Integrated Wellness Service is defined as *providing support to people to live well, by addressing the factors that influence their health and well-being and building their capability to be independent, resilient and maintain good well-being for themselves and those around them*[1].

The approach of an integrated wellness service builds on the expertise developed through existing specialist services but moves beyond services focussing on single issues, to provide a more holistic, efficient and effective approach, beneficial to the client and the referrer.

[1] http://www.liv.ac.uk/PublicHealth/obs/publications/report/Wellness_Services_cost-effectiveness_review_Final_Report.pdf
[2] http://www.nhsconfed.org/Publications/briefings/Pages/illness-to-wellness.aspx

Previous work in the region[1] produced a set of standards for integrated wellness services. There are 33 standards grouped into six areas of: improving outcomes, improving quality, service integration, stakeholder engagement & whole system fit, efficiency improvements and sustainability. This tool has adapted those standards and recognises the seven domains of potential provision included in an integrated wellness service in Figure 1 below. Fig 1: Potential provision within an Integrated Wellness Service



3. USING THE TOOL

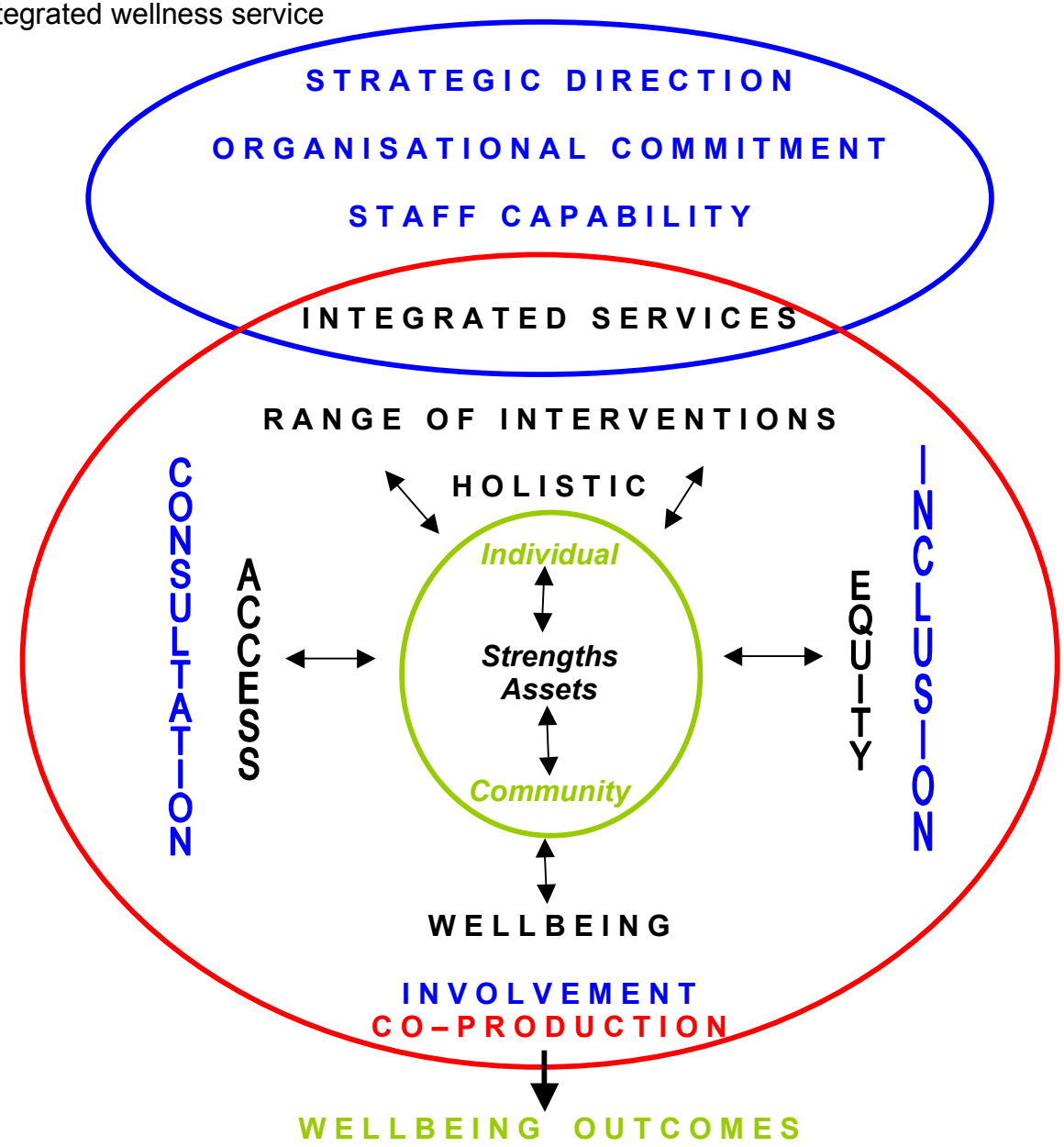
This tool contains 14 standards for the provision of an Integrated Wellness Service. Progress in reaching a standard has been divided into three levels and attainment is achieved by working through each level. Each standard is assessed as 'fully met' (F), 'partially met' (P) or 'not met' (N). An indication of C or P is also given to suggest whether the standard is led by the commissioner (C) or provider (P). Examples of what the standard includes or guidance on implementation is given alongside space to add notes during completion and monitoring. A review grid is provided in section 7 for recording current status and plans for improvement.

The 14 standards cover the areas of:

1. Strategic direction
2. Service integration
3. Holistic assessment & intervention
4. Wellbeing integration
5. Interventions & approaches
6. Co-production
7. Outcome measurement
8. Public consultation
9. Access
10. Equity
11. Inclusion
12. Organisational commitment
13. Building staff capability
14. Public involvement

Figure 2 below captures the links between the standards.

Fig 2. Standards for an integrated wellness service



4. ABBREVIATIONS & GLOSSARY

DNA	Did Not Attend – referred to numbers who don't attend appointments
HSE	Health & Safety Executive
JSNA	Joint Strategic Needs Assessment
RSPH	Royal Society Public Health
WHO	World Health Organisation

Asset approaches:	Approaches that build on the strengths and resources people have
Community asset mapping:	Collecting information on the strengths and resources that exist in a community
Five Ways to Wellbeing:	Set of public messages on improving mental wellbeing
Health & Wellbeing Board:	Local authority led joint planning board
Health & Wellbeing Strategy:	Locality strategy produced by the Health and Wellbeing Board
Proportionate Universalism:	In reference to tackling health inequalities by taking universal action but with a scale and intensity that is proportionate to the level of disadvantage.
Social Prescribing:	Non-medical support that will improve people's health through increasing physical activity, reducing isolation, increasing knowledge, skills, employment, relaxation and self awareness.

5. ACKNOWLEDGEMENTS

With thanks to the staff at Stockport and Gloucestershire who have contributed to the production of this document and in acknowledgement of the previous work on which they were based and the ongoing work by localities across the country in developing integrated wellness services.

6. THE STANDARDS

1. STRATEGIC DIRECTION	F	P	N	Examples/ guidance	Notes/ evidence	C/P
LEVEL ONE There is a strategic plan and vision for integrated wellness services as part of the local Health & Wellbeing Strategy.				There is high-level commitment and mandate to integrate services with a clear plan of action.		C
LEVEL TWO The integrated wellness service model is included within all relevant service specifications and performance related outcomes				The aligned services are jointly branded as an integrated wellness service.		C
LEVEL THREE There is a wellness service working group to align provision across organisations and clients in need.				At least 50% of the identified local wellness services are aligned; Strategic direction of the service is aligned to meet those most in need, in response to the JSNA. The focus is also beyond individual services to community development and cultural population shifts. The group has authority and status to bring about change.		CP

2. SERVICE INTEGRATION	F	P	N	Examples/ guidance	Notes/ evidence	C/P
LEVEL ONE There is a single wellness service for all health behaviour and lifestyle services.				Stopping smoking Healthy eating Healthy Mind (e.g. mindfulness, stress management) Physical activity Sensible drinking Health literacy & skills Social Prescribing		C
LEVEL TWO There is a single wellness service for all health behaviour and lifestyle services AND at least three other public services that support people to live healthy and well e.g. self care & independent living, welfare, and work, learning & skills.				Three other services ('domains') from the integrated model (Fig.1)		C
LEVEL THREE The wellness service integrates all public services that support people to live healthy and well.				All boxes in the integrated wellness service model (Fig.1) Integrated across the life-course e.g. for older people		C

3. HOLISTIC ASSESSMENT & INTERVENTION	F	P	N	Examples/ guidance	Notes/ evidence	C/P
LEVEL ONE The service uses a common, person-centred, holistic assessment tool.				Incorporating psychosocial well-being, physical health, lifestyle behaviours and the wider determinants and facilitating co-ordination and cross referral by providers. E.g. Sefton Life-Balance-Assessment tool, Lancashire Get the most out of life tool		P
LEVEL TWO Following initial assessment all clients participate in a generic client-led intervention.				Wellbeing is central to raising self awareness, sense of control and capability to change all behaviours and solve problems. E.g. through enabling and empowering people to set their own goals using SMART action planning, goal setting, decision making.		PC
LEVEL THREE The service avoids exclusions where poor wellbeing is a factor, and pro-actively supports engagements and provides flexible access.				Consideration of personal wellbeing in management of DNAs, continual and persistent engagement with 'challenging' clients over time; Supporting and assessing uptake and ability to engage before any exemptions are made; E.g. Assertive outreach		P

4. WELLBEING INTEGRATION	F	P	N	Examples/ guidance	Notes/ evidence	C/P
LEVEL ONE Wellness services have assessed the potential of all its interventions to promote wellbeing to ensure this is an explicit component of all activity.				This addresses the psychological factors for healthy living and capacities to make and sustain health change e.g. sense of control, coherence, self-efficacy, motivation, self determination, self value; and the social factors for healthy living and behaviour change e.g. social networks and support, access to healthy living environments. E.g. Health Trainer handbook on self-efficacy and motivation. Using tools such as Mental Wellbeing Checklist http://www.nmhdu.org.uk/news/mental-wellbeing-checklist-available-to-download And Mental Wellbeing Impact Assessment http://www.apho.org.uk/resource/item.aspx?RID=95836		P
LEVEL ONE The service uses strengths based approaches that acknowledge and build on people's skills, capacities and resources to live healthy lives				E.g. Appreciative intervention, affirmation tools, motivational interviewing, strengths based practice		P
LEVEL THREE The wellness service evaluates wellbeing outcomes using a common wellbeing measure pre and post intervention and at follow up.				e.g. Warwick-Edinburgh Mental Wellbeing Score (WEMWBS)		CP

5. INTERVENTIONS & APPROACHES	F	P	N	Examples/ guidance	Notes/ evidence	C/P
LEVEL ONE A range of delivery models incorporating universal, individual and group approaches are used, determined by personal and community preference.				For example: Information provision Guided self-help Signposting Computerised support Brief advice and coaching Brief intervention Intensive behaviour change support (one to one or group based) Specialist support (one to one or group based)		CP
LEVEL TWO There is a co-ordinated social prescribing model to address the social determinants of health and provide non-medicalised sources of support in primary care.				Co-ordinated referrals and providers of, for example: Arts, education/ learning, employment, debt, welfare, green space/ natural environment, exercise, reading		CP
LEVEL THREE Commissioners procure peer and community led approaches that empower people to identify and take action on their own wellbeing.				Peer support, learning and mentoring Buddying Self help/ supported self-help Community development, action Community education and training Pro-active outreach Social marketing Asset based approaches		C

6. CO-PRODUCTION	F	P	N	Examples/ guidance	Notes/ evidence	C/P
LEVEL ONE The wellness service demonstrates a clear commitment to increasing personal responsibility and co-production through providing information, tools, resources and opportunities for personal development, beyond individual risk factor management.				Available within interventions and universally accessible - information and tools for personal improvement, planning and monitoring, opportunities for health literacy and skill development.		PC
LEVEL TWO Interventions assess and build on the assets available within the local community, informed by the client and community asset maps.				Community asset mapping. www.abcdinstitutute.org www.altogetherbetter.org.uk www.assetbasedconsulting.net		PC
LEVEL THREE Commissioners and providers work with the community to develop co-production approaches to achieving wellbeing and providing services.				www.nesta.org.uk www.neweconomics.org www.timebanking.org.uk		C

7. OUTCOME MEASUREMENT	F	P	N	Examples/ guidance	Notes/ evidence	C/P
LEVEL ONE The service has a common process to routinely measure client-led health & wellbeing outcomes and to track them over time.				Individual patient goal setting. Tracking every 6 months.		P/ C
LEVEL TWO The service has a process to routinely measure the impact of the service on the local population health, wellbeing and inequalities outcomes.				e.g. reduction in GP consultations, prescriptions or A&E attendance, child mortality, teenage pregnancies, heart disease		P
LEVEL THREE The service has a process to routinely assess economic value and impact of the service.				Using value for money tools and benchmarks to demonstrate the optimum value for money		PC

8. PUBLIC CONSULTATION	F	P	N	Examples/ guidance	Notes/ evidence	C/P
LEVEL ONE The service routinely consults with clients and can demonstrate how this informs service improvements.				Using feedback forms, members meetings, questionnaires, 1-1 client consultations. With a clear process to collate and respond to findings. Demonstrated through changes made to the service.		P
LEVEL TWO The service has consulted the public on their needs, assets and preferences for supporting health and wellbeing.				A range of local consultation methods with potential clients/ targeted communities about what would work best. Including communicating the changes made to demonstrate impact of community views.		CP
LEVEL THREE The commissioned model of integrated wellness services, via the JSNA, is based on public and client needs and preferences for delivery and assets for healthy living.				Supporting people to 'Live Well' is part of the locality community engagement for the JSNA.		C

9. ACCESS	F	P	N	Examples/ guidance	Notes/ evidence	C/P
LEVEL ONE Services are provided in the most accessible and preferred places though face-to-face and digital contact using new technologies.				Places that face to face are provided could include: Streets Neighbourhoods/ Communities Workplaces, Public Services. Digital contacts include for example, text, web, twitter, facebook.		P
LEVEL TWO There is a single point of access, with a central booking and triage system and monitoring of clients' progress through pathways.				Single phone number with trained staff (see the Yorkshire & Humberside competence framework http://www.yorksandhumber.nhs.uk/document.php?o=6189)		CP
LEVEL THREE A face-to-face service can be accessed in the evenings and weekends and web services are universally accessible 24/7.				In response to needs of priority clients		CP

10. EQUITY	F	P	N	Examples/ guidance	Notes/ evidence	C/P
LEVEL ONE The service takes a proportionate universalism approach to service delivery, providing most to those facing greater inequalities				Services are targeted (and monitored) at those in greatest need and 50% of clients live in the 40% most deprived neighbourhoods. Use of pathways to bring in clients from across the system.		P
LEVEL TWO 80% of clients receiving face-to-face and intensive support live in the most deprived communities, or face multiple disadvantage.				Multiple disadvantages include disability, ethnicity, homelessness, low income, unemployment. Simple pathways to make access as easy as possible for all groups.		P
LEVEL THREE There is no significant gap in customer satisfaction and service targets of access, quality and outcome with regards to race, age, gender, sexual orientation, socio-economic status, health status or disability.				Data on clients is routinely collected and collated demonstrating proportion from different sectors in line with expectations/ targets. Equality impact assessments and equity audits of client feedback and outcomes.		P

11. INCLUSION	F	P	N	Examples/ guidance	Notes/ evidence	C/P
LEVEL ONE Services are provided and tailored to particular excluded groups or those facing multiple challenges e.g. people with mental health problems.				Services are provided in specific local priority settings e.g. prisons, health and social care settings, voluntary/ community centres.		PC
LEVEL TWO All staff have received training in providing services to excluded groups.				People with mental health problems, learning disability		P
LEVEL THREE Services are provided in languages and formats relevant to the local population.				As identified in the local health profile/ JSNA E.g. resources meet needs of clients with learning disability		PC

12. ORGANISATIONAL COMMITMENT	F	P	N	Examples/ guidance	Notes/ evidence	C/P
LEVEL ONE The organisation is signed up to the local Health & Wellbeing Strategy and has its own health and wellbeing action plan that is regularly monitored.				Internal organisational strategy or for smaller organisations, signing up to a locality strategy and plan		P
LEVEL TWO The organisation promotes the health & wellbeing of staff through meeting the HSE management standards and the Workplace Wellness Charter.				http://www.hse.gov.uk/stress/standards/ http://wellbeingcharter.org.uk/ Mental Health First Aid www.mhfaengland.org		P
LEVEL THREE The service provider is a health promoting organisation that adds social value through its business				WHO health promoting hospital http://www.euro.who.int/en/what-we-do/health-topics/Health-systems/public-health-services/activities/health-promoting-hospitals-network-hph Social Return on Investment NW Social Value outcomes http://www.nwsocialvaluefoundation.org/ PH Responsibility Deal		P

13. BUILDING STAFF CAPABILITY	F	P	N	Examples/ guidance	Notes/ evidence	C/P
LEVEL ONE Priority staff have received training and are delivering brief interventions that include talking about health, mental wellbeing and the wider determinants e.g. debt				Making every contact count (see the Yorkshire & Humberside competence framework http://www.yorksandhumber.nhs.uk/document.php?o=6189) Five ways to wellbeing is an example framework for mental wellbeing		CP
LEVEL TWO All staff are trained in generic wellbeing interventions.				Specific training in values, concepts, tools and techniques provided to all staff e.g. Interventions for Mental Health in Everyday Practice (IMHEP) Stockport training, Wellbeing discussion kit, Health Trainer Handbook, RSPH Understanding health improvement, Motivational Interviewing, Solution focussed approaches.		P
LEVEL THREE Staff are trained in and use solution-focussed, motivational and strengths-based approaches.				Appropriate to all levels of staff (see the Yorkshire & Humberside competence framework http://www.yorksandhumber.nhs.uk/document.php?o=6189)		P

14. PUBLIC INVOLVEMENT	F	P	N	Examples/ guidance	Notes/ evidence	C/P
LEVEL ONE There are opportunities for community members and clients to be involved in local delivery.				Receive training and work as volunteers or paid workers.		P
LEVEL TWO The service employs community members in health champion/ peer worker roles.				Health trainer service recruitment of local personnel		P
LEVEL THREE Community members and clients are involved in the service governance and management structures.				Formal structures, boards, presence at contract/ performance discussions.		PC

7. REVIEW GRID

Standard	Assessment of current attainment									Action needed to progress	Lead
	Level 1			Level 2			Level 3				
	F	P	N	F	P	N	F	P	N		
1. Strategic Direction											
2. Service Integration											
3. Holistic assessment & intervention											
4. Wellbeing integration											
5. Interventions & approaches											
6. Co-production											
7. Outcome measurement											

8. Public consultation											
9. Access											
10. Equity											
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12. Organisational commitment											
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