



briefing

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From illness to wellness

Achieving efficiencies and improving outcomes

Key points

- Wellness services aim to address a broad range of factors that impact on people's capability to improve their health and well-being.
- Wellness services aim to encompass and integrate both mental and physical health and well-being issues.
- Wellness services aim to change the relationship between service users and the health service by empowering individuals to maintain and improve their own health.
- Initiatives have made savings in care costs, and have improved quality of life, enabling individuals to live independently. Wellness services can help the NHS deliver its QIPP targets over the long term.
- Well-being underpins behavioural change.

At a time of major transformation for public health in England, services aimed at improving well-being present a key opportunity to significantly shift approaches towards improving population health. The transfer of public health responsibilities to local authorities and the establishment of health and wellbeing boards provide us with opportunities to strengthen cross-sector working between local government, the NHS and the voluntary sector to reduce health inequalities, increase efficiency and improve health outcomes.

Wellness services provide support to people to live healthy lives. The wellness approach goes beyond looking at single-issue, healthy lifestyle services and a focus on illness, and instead aims to take a whole-person and community approach to improving health.

Taking action in this area will contribute towards meeting the Quality, Improvement, Productivity and Prevention (QIPP) challenge by transforming pathways, supporting commissioning for equality and efficiency, and improving provider efficiency and innovation, particularly through secondary prevention and, over the longer term, primary prevention.¹

This *Briefing* is intended to share learning with commissioners and providers in the NHS, local government and health and wellbeing boards, to support integration of wellness approaches within existing programmes and services and scale-up system-wide change. It details what wellness services could look like and gives examples of how areas have developed these services. It is intended to help NHS and local government organisations think about shifting approaches towards wellness rather than just focusing on illness.

Produced in association with



FACULTY OF
PUBLIC HEALTH

Produced in collaboration with the Faculty of Public Health, this *Briefing* brings together the evidence on wellness services and standards, and summarises key findings from an NHS Confederation, Faculty of Public Health and Department of Health event held in March 2011.

Background

A substantial body of evidence shows that the presence of mental well-being increases longevity and quality of life and the presence of mental illness can increase the risk of physical ill health. Speaking at a joint NHS Confederation, Department of Health and Faculty of Public Health event, Professor Sarah Stewart-Brown presented detailed evidence to show that the mind and body are one system and that physical illness can affect mental health, and vice versa. More information on this can be found at www.nhsconfed.org/wellness

The Government's public health white paper, *Healthy lives, healthy people*, emphasises the importance of tackling both physical and mental health as part of healthy lifestyles. The transfer of public health responsibilities to local authorities and the establishment of health and wellbeing boards provide new opportunities to align public health and well-being efforts more broadly across local government, such as transport, education, environment and health and social care services, and with NHS and voluntary sector organisations.

The Government's mental health strategy, *No health without mental health*, focuses on more people of all ages and backgrounds having better well-being and good mental health. The Government's plans to measure the nation's well-being

signals the increasing importance given to this issue.

The Marmot Review, *Healthy lives, fair society*, published in 2010, highlighted the need to strengthen the role of ill health prevention. It also called for action to improve health and address the social and economic determinants of health for all, but with greater intensity for those towards the bottom of the social gradient. Health and wellness can be affected by the social and economic determinants of health, including lifestyle factors, living and working conditions, education, employment, housing, and general overarching social, economic, cultural and environmental conditions. People's lifestyles, and the conditions in which they live and work, act together to influence their health and well-being. Poor socio-economic circumstances can affect health and well-being throughout life, producing health inequalities.²

Now is the time for local areas to think about how they can shift approaches locally towards improving well-being as opportunities emerge through the health and local government reforms.

As more evidence is published regarding wellness services and more local areas start to implement these approaches, there is a need to share the evidence and lessons learnt. Much of the content of this *Briefing* has been drawn from presentations and discussions from the event in March 2011.

Wellness

Wellness can be interpreted in different ways. The descriptions

of wellness presented here are derived from the Liverpool Public Health Observatory's report, *Wellness services – evidence based review and examples of good practice*.³ A review of the literature⁴ found that wellness is commonly considered:

- to be about more than the absence of disease
- to have several underlying factors or dimensions (see Figure 1) that interact with each other
- to be partially dependent on personal responsibility and a balance between key factors or dimensions. Wellness should be seen as a continuum rather than as an end state.

What are wellness services?

Wellness services are those that promote health and well-being rather than diagnose and treat illness. This could be via healthy lifestyles and psycho-social interventions, and might include a combination of smoking cessation, weight management, brief alcohol interventions, physical activity pathways, health trainer provision, social prescribing/referral, and psychological well-being interventions such as mindfulness (a psychological technique) and stress management. Wellness services aim to encompass and integrate both mental and physical health issues in order to improve a person's overall health and well-being.

Figure 2 provides a framework for the types of services that could form an integrated wellness service, based on research with localities.⁵

Benefits to service users

Wellness services aim to change the relationship between service users and the health service by empowering individuals to maintain and improve their own health. Services may reduce the need for medical interventions, and aim to promote quality of life, not just lengthen life. Services can provide contact with others facing similar challenges and opportunities to learn from others' coping strategies. Peer support or 'buddying', for example, provide ongoing, mutual support.

This approach aims to tackle health inequalities and, where possible, actively seeks out individuals who do not usually benefit from mainstream health services. It increases patient choice by connecting patients with non-clinical services available in the wider community that can address psychological factors that influence well-being. It can give patients new opportunities for meaningful activities.

Cost-effectiveness

The Liverpool Public Health Observatory report⁶ reviewed different wellness services, ranging from partnerships for older people to Job Centre Plus condition management programmes. The majority of services reviewed were found to be cost-effective and showed potential to give a return on investment and save future costs due to ill health. Some initiatives not only made savings in care costs, but improved quality of life, enabling individuals to live independently. The report also found wellness services could provide an effective response to frequent attendees in primary

Figure 1. The seven dimensions of wellness⁸

Physical – maintenance of your body in good condition through nutrition, physical activity, avoiding harmful habits and making informed, responsible decisions about your health.

Intellectual – having a mind open to new ideas and concepts, to seek new experiences and challenges to stimulate personal growth and contribute to society.

Emotional and psychological – understanding emotions and knowing how to cope with problems that arise in everyday life and how to endure stress. This incorporates psychological wellness, providing optimism about life, oneself and the future.

Social – interacting with others and having the ability to live in society comfortably and supportively.

Spiritual – a process of continually seeking meaning and purpose in life and in the development of a personal belief system.

Occupational – the extent to which you can express personal values whilst gaining enjoyment and enrichment from paid or unpaid employment. It is the ability to use skills and talents and the balance between occupation and other commitments.

Environmental – the ability to recognise our own responsibility for the quality of the air, water and land surrounding us; and the ability to appreciate and make a positive impact on the quality of our environment.

care, while tackling the underlying causes of their visits. Many of the services, such as social prescribing*, have little or no cost in comparison to medical treatment.

Other reports and guides demonstrate the value and cost-effectiveness of wellness services, such as a guide to developing and commissioning non-traditional providers to support the self management of people with long-term conditions.⁷ The guide highlights some reasons for commissioning wellness type services:

- the current system is not financially sustainable
- a more flexible approach is needed to meet the personalisation agenda
- service delivery models should address health inequalities
- social capital and social connections need to be increased

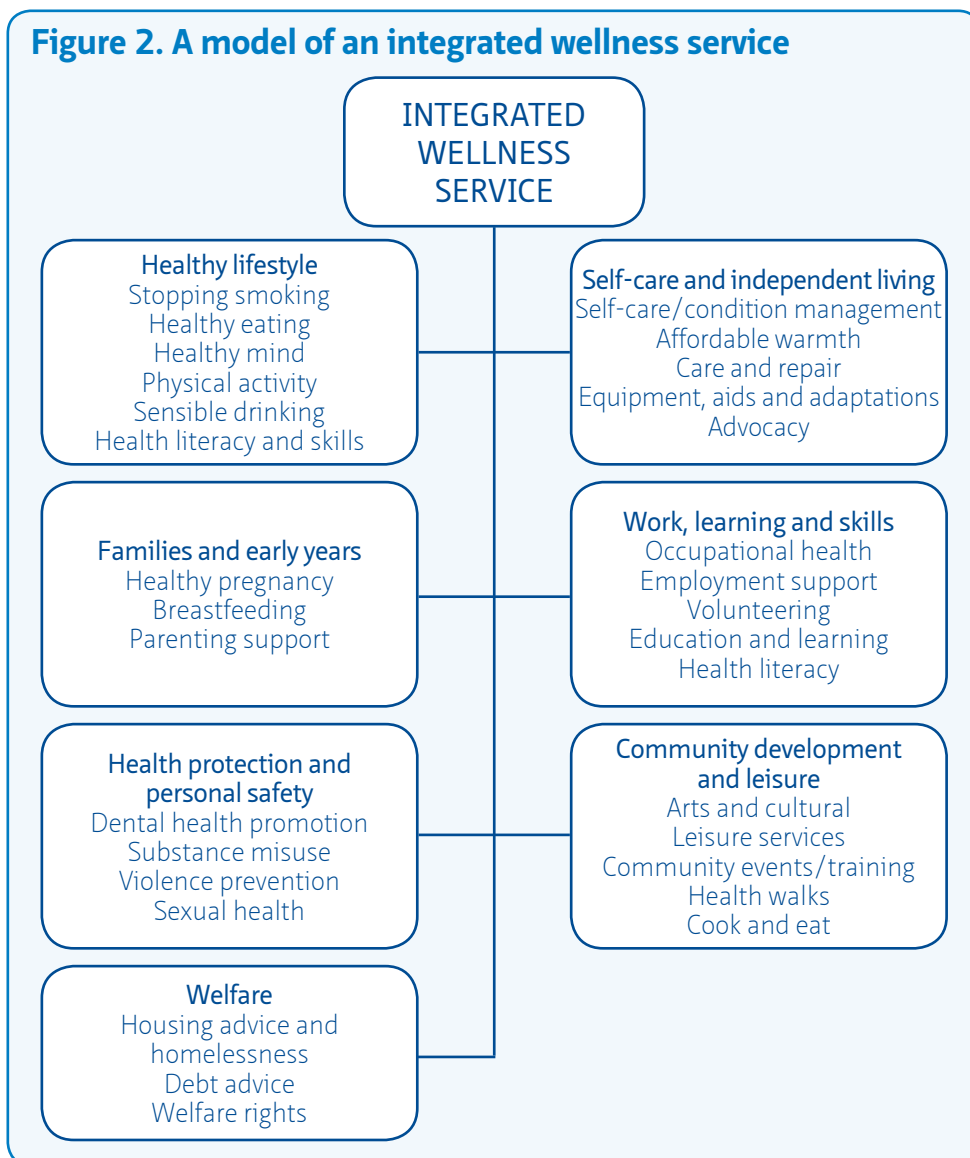
- the current systems for collecting and collating unmet need, and for healthcare staff to refer to non-traditional providers, are not working.

A QIPP resource pack⁹ provides a step-by-step analysis of lifestyle behaviours, cost implications and potential cost savings following an intervention which commissioners might find useful. A 'decipher' tool/model¹⁰ has been developed to measure: the level of change required to change the risk factors to reduce the burden of disease; the savings that can be achieved on healthcare costs in the first five years; and the level of investment needed to achieve lifestyle change.

The Boorman NHS health and well-being report¹¹ outlines the evidence for investing in improving the health and well-being of staff, and emphasises the need for this work to happen within the health service. The evidence demonstrates the benefits of

* Social prescribing links patients with the non-medical facilities and services available in the wider community that they can access to address the psychosocial factors that influence their wellbeing.

Figure 2. A model of an integrated wellness service



health-seeking behaviour, well-being and physiological risk. The inter-linking risk factors for an individual include: the conditions in which they live; psycho-social risks, such as social isolation and low self-esteem; behavioural risks, such as smoking and poor diet; and physiological risks, such as high blood pressure and stress. The Government’s MINDSPACE (Messenger, Incentives, Norms, Defaults, Salience, Priming, Affect, Commitment and Ego)¹³ approach also supports the focus on enabling people to change their behaviour.

In order to identify and improve targeting for interventions, the Department of Health conducted research to identify different groups of individuals in order to ‘segment’ the population into different behaviour types. They devised a ‘segmentation cluster’ map¹⁴ to show how different groups of individuals might behave and which groups had low and high motivation to improve their health in both negative and positive environments. In some areas, the NHS and local authorities have used the segmentation model to identify which individuals access their services and whether or not those who need services the most, such as the ‘unconfident fatalists’, are using them.

Wellness service standards

Service standards provide a guide to improve the quality of services. Wellness service standards have been developed in the North West to benchmark the provision of wellness services and enable local areas to think about what elements they need to include within existing services to strengthen wellness approaches. We discussed and adapted these service standards at the event in March 2011. Both providers and commissioners welcomed the

positive staff health and well-being on patient experience, safety and effectiveness of care, as well as the impact large organisations can have on improving staff well-being, and hence community and family well-being, more broadly.

Well-being underpins behavioural change

The National Institute for Health and Clinical Excellence (NICE) guidance for behavioural change interventions¹² highlights the need to understand psychological concepts, including well-being, to motivate and support behavioural change. At the event in March

2011, Lucy Gate from the Department of Health presented evidence for improving well-being through development of a ‘health gain’ programme to support behavioural change. A health gain programme is premised on strengthening an individual’s self-ability to change their behaviour. It draws on the ‘action control self-regulation’ theory, which argues that behavioural change can be achieved through goal-setting, self-monitoring efforts, comparing behaviour with standard behaviour, and reducing the discrepancy with the standard.

There is a relationship between

development of these standards as a guide for developing new services and improving existing provision. They found the standards useful to help shift the focus of services away from specific risk behaviours, such as smoking, to a more holistic approach to living well and tackling the broader determinants of health.

Wellness service standards

- A. Improving outcomes
- B. Improving quality
- C. Service integration
- D. Stakeholder engagement and whole system fit
- E. Efficiency improvements
- F. Sustainability

A full copy of the standards can be found at www.nhsconfed.org/wellness

Transforming services: recommendations for the future

Currently, there are a number of holistic wellness services, but these are not widespread in all parts of the country. At present, the NHS and health and social care providers do not systematically offer well-being and lifestyle support to all those who could benefit from it, so the potential population health benefits are not being achieved.¹⁵ This is a missed opportunity due to the long-term savings that could be made by shifting approaches and connecting cross-sector services.

Discussions at the wellness services event held in March 2011 produced a number of recommendations for transforming services in the future and identified opportunities that the reforms provide for improved outcomes. These are outlined below.

There should be more focus on holistic assessment of individuals in order to identify and address key factors, including the broader determinants of health that prevent health-seeking behaviour.

Improvements should be made in data collection and measuring the effectiveness of interventions. More evidence of cost-effectiveness should be collected and shared more widely. Creating, promoting and sharing local evidence will support the scaling-up of effective models. Delegates at the event stressed that measurement and evaluation is costly and requires sufficient resources, but is essential to measure the impact of wellness approaches which are integrated within other health and non-health specific services. The Warwick-Edinburgh Mental Well-being Scale (WEMWBS) should be used through the public health outcomes framework to measure population-level progress for well-being.

Contract specification for service providers should include integrated wellness approaches. Changes to existing services will help organisations move away from silo working on single lifestyle issues.

The uptake of services would be supported by raising the public's awareness of wellness services and the importance of well-being.

A cultural shift is required within the NHS and local government workforce and, more broadly, a change from conceptualising health in terms of illness to focusing on wellness. Workforce training will need to adapt to reflect this approach. It will be essential to involve primary care professionals, including GPs, to help make this happen. The Quality and Outcomes Frameworks for GPs could include making referrals to wellness services,

including social prescribing.

Scaled-up, cost-effective, integrated service models could address the broader determinants of health in order to support people make healthy lifestyle choices. The service standards highlighted in this Briefing can be used alongside other tools to establish clear principles and standards for wellness services. Developing standards for services and using this approach will assist NHS and local government employers, commissioners and providers to improve services and staff well-being.

Locally developed approaches should be tailored to target groups. More outreach is needed to ensure those who need support the most access the service through a single point of access, or other models. Service provider contracts for this work should also include requirements to share learning and approaches.

Allowing for innovation will enable locally appropriate and effective solutions to be developed for and with communities. To help make this happen, health and wellbeing boards will need to engage the public through the Joint Strategic Needs Assessment (JSNA) and joint health and wellbeing strategy processes, initiatives such as the Five Ways to Wellbeing¹⁶, and asset-based approaches that appreciate and mobilise individual and community talents, skills and assets rather than focusing on problems and needs.

Commissioners should be supported to understand and commission wellness services. Contracts and CQUIN payments could be used to enable providers develop such services.

A development fund should be established to deliver services

'Wellness services are more cost-effective as they align services and avoid duplication of service support structures'

differently, try out new approaches, gather data, and provide the cost-effectiveness evidence needed to measure outcomes.

Although public health teams will sit in local government in the future, the NHS will need to jointly commission such services with local authorities to achieve population-level health gains. Delegates at the event were concerned that the NHS would become more illness-focused when public health moves to local authorities. Health and wellbeing boards, the JSNA and the joint health and wellbeing strategies will all be important to guide commissioning of these services and approaches in the future. Local leadership for well-being through health and wellbeing boards should ensure these issues are prioritised. Robust business cases will be required to secure investment.

Public Health England should drive wellness service development as a new way of working, review existing voluntary sector, local government and NHS programmes, and identify what each sector is measuring and which outcomes apply across different services in order to improve integrated working.

Confederation viewpoint

It is without doubt that the mind and body are one system; the two have been proven to impact on each other to both positive and negative effect. Social and economic determinants of health, such as employment, housing,

Case study: Improving outcomes through joined-up working between health trainers and psychological therapy practitioners

In the West Midlands, a health trainer and mental health development package was established in answer to concerns raised by health trainers who were meeting clients with unmet mental health issues, being unsure how to respond or where to access appropriate support. Likewise, Improving Access to Psychological Therapies (IAPT) practitioners were meeting clients with poor lifestyle as well as physical health problems.

Maximising the opportunities for effective, joint working across these two services can help develop holistic services and referral pathways that can improve outcomes (mental health, well-being and lifestyle) and a better understanding of the access thresholds, allowing protection and championing of each other's services. While this package targeted IAPT and health trainer services, much of the learning could be applied to other non-mental health frontline workers and their local IAPT services, which could benefit from engagement, ongoing support, liaison or potential integration through a wellness service model.

For more information, see www.nmhd.org.uk/news/improving-wellbeing-through-healthy-life-choices and www.wmpho.org.uk/lfph/docs/What%27s_on_the_other_side_of_the_mountain.pdf (reflections on working with a client who overcame her challenges with support from the health trainer service)

education and environment, as well as lifestyle, play a key part in influencing health and well-being. Poor socio-economic circumstances can affect health and well-being throughout life, producing health inequalities.

Engaging individuals and communities can build on what individuals themselves identify as supporting their own well-being, rather than focusing on the separate lifestyle behaviours identified by the professional service. Addressing a person's whole well-being and the conditions that enable people to live well will help address the social determinants of health and more successfully reduce inequalities. Engaging individuals and communities will also help change the relationship they have with the health service and turn around existing power dynamics of patients being passive recipients of services to potential co-producers and more actively taking personal

and community responsibility for health.

This Briefing shows that wellness services can ensure referrals to appropriate services happen in an organised way, allowing clinicians to spend more time delivering high-quality preventative, clinical and specialist care. With their focus on wellness not illness, and adoption of an integrated, holistic lifestyle and person-centred approach, they are also more cost-effective as they align services and avoid duplication of service support structures, including buildings and staff. Developing a lifestyle or wellness tariff may also be a way of supporting development of more holistic and integrated services and pathways.

These services can help the NHS deliver its QIPP targets over the long term. Although measurable outcomes may not be achieved within the next few years, the benefits to be gained in five and ten years' time will prevent existing

Case study: A single point of access into lifestyle risk management services at First Point Telford

First Point Telford is a 'one stop shop' service:

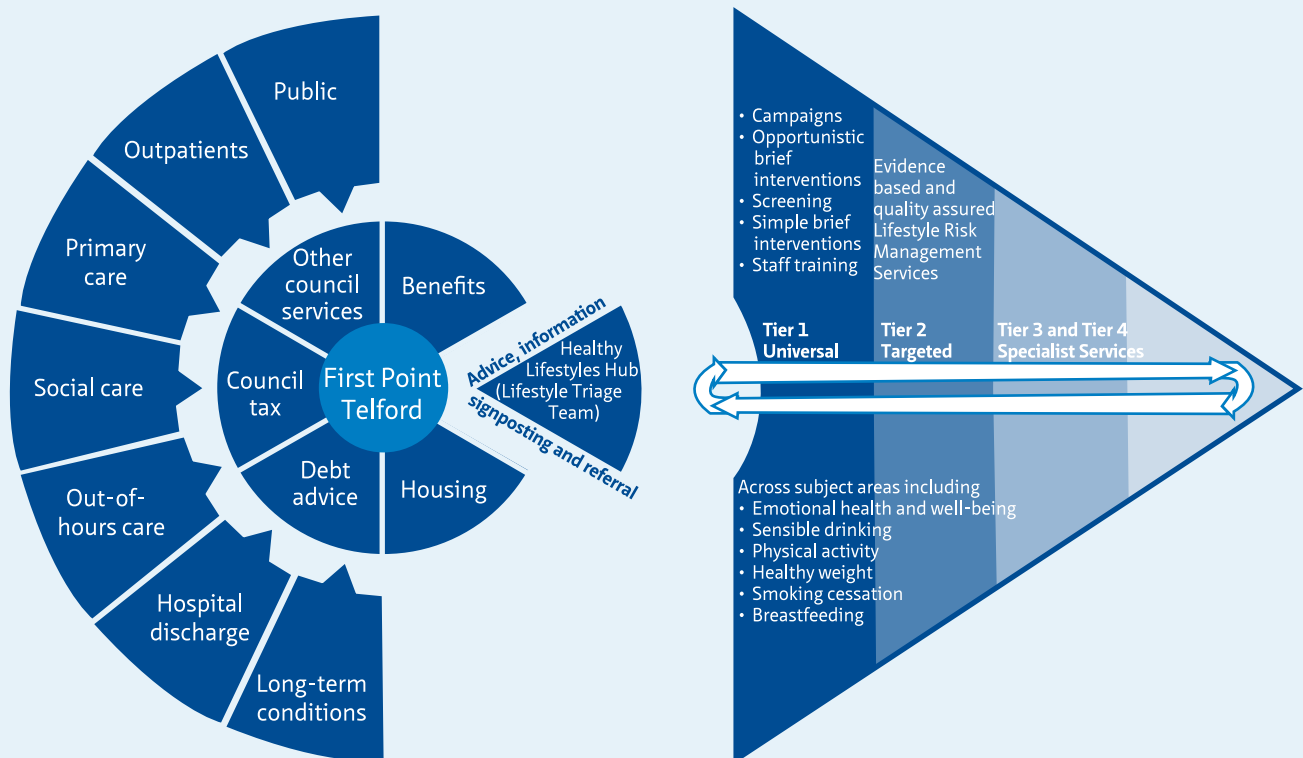
- for the public to receive information, advice and support to stay healthy and avoid preventable disease
- for professionals to refer patients, clients and service users for health information, advice and support to access quality-assured lifestyle risk management services
- to provide personalised support, taking into consideration factors affecting individual health and well-being (for example, unemployment and housing).

First Point Telford brings together a number of council services (including housing, benefits and debt advice) into a single point of access with one telephone number for all services on one site.

Shropshire Community Health NHS Trust has been commissioned by NHS Telford and Wrekin to deliver the single point of access into lifestyle risk management services based at First Point, to 'industrialise up' existing health promotion and early intervention provision. The service is delivered within a holistic pathway, reaching out to at-risk adults who are already accessing support through First Point Telford for housing, debt and employment advice. This approach embeds health promotion in the delivery systems for tackling the wider determinants of health inequalities.

The diagram below shows the links between the single point of access service to other services.

A full version of this case study, and another on joining up lifestyle services in different settings and using different approaches in the Wirral, is available at www.nhsconfed.org/wellness



public health crises such as obesity from getting worse and health inequalities from widening. The NHS and local government cannot afford not to change the way services are delivered.

For more information on the issues covered in this Briefing, contact nicola.stevenson@nhsconfed.org

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References

- 1 Gate L and Williams J (2011): *How to develop a health gain programme for frontline staff to address lifestyle issues*. Department of Health.
- 2 Wilkinson RG, Marmot MG (2003): *Social determinants of health: the solid facts*. World Health Organization.
- 3 Winters L, Armitage M, Stansfield J, Scott-Samuel A, Farrar A: *Wellness services – evidence-based review and examples of good practice*. Observatory Report Series No.76, Liverpool Public Health Observatory. www.apho.org.uk/resource/item.aspx?RID=105856
- 4 Roscoe LJ: 'Wellness: a review of theory and measurement for counselors', *JCD*, Spring 2009; 87(2):216–26.
- 5 Winters et al. Ibid.
- 6 Winters et al. Ibid.
- 7 *Thanks for the petunias: a guide to developing and commissioning non-traditional providers to support the self management of people with long-term conditions*. www.diabetes.nhs.uk/year_of_care/commissioning/thanks_for_the_petunias__a_guide_to_developing_and_commissioning_nontraditional_providers
- 8 Winters et al. Ibid.
- 9 www.yhpho.org.uk/resource/item.aspx?RID=79123
- 10 www.champspublichealth.com/details.aspx?pageid=386&resID=3194
- 11 *NHS health and well-being. Boorman Report*. Department of Health, 2009.
- 12 www.nice.org.uk/PH6
- 13 www.instituteforgovernment.org.uk/content/133/mindspace-influencing-behaviour-through-public-policy
- 14 The segmentation cluster map: http://info.cancerresearchuk.org/prod_consump/groups/cr_common/@nre/@hea/documents/generalcontent/cr_045215.pdf
- 15 www.hsj.co.uk/resource-centre/best-practice/individual-wellness-at-the-centre-of-new-public-healthapproach/5025301.article
- 16 www.nhsconfed.org/Publications/reports/Pages/Five-ways-to-wellbeing.aspx

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