Portsmouth CITY COUNCIL

Title of meeting: Cabinet Member for Health, Wellbeing and Social Care

Date of meeting: 7th July 2020

Subject: Annual performance report for the Wellbeing Service

Report by: Director of Public Health

Wards affected: All

Key decision: No

Full Council decision: **No**

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1. Purpose

1.1 To update the Cabinet member for Health, Wellbeing and Social Care on the performance of the Wellbeing Service during 2018/19.

2. Recommendation

2.1 To note the contents of this report.

3. Background Information

3.1 The Wellbeing Service (WBS) commenced in October 2015 to provide support around multiple health risk factors; smoking, unhealthy weight, harmful alcohol consumption, inactivity and emotional wellbeing. The service was redesigned and restructured in autumn 2017. The budget for the WBS for 2017/2018 was £1,206,909 reduced to £616,300 in 2018/2019, and £538,400 for 2019/2020.

3.2 The service provides the following elements of provision:

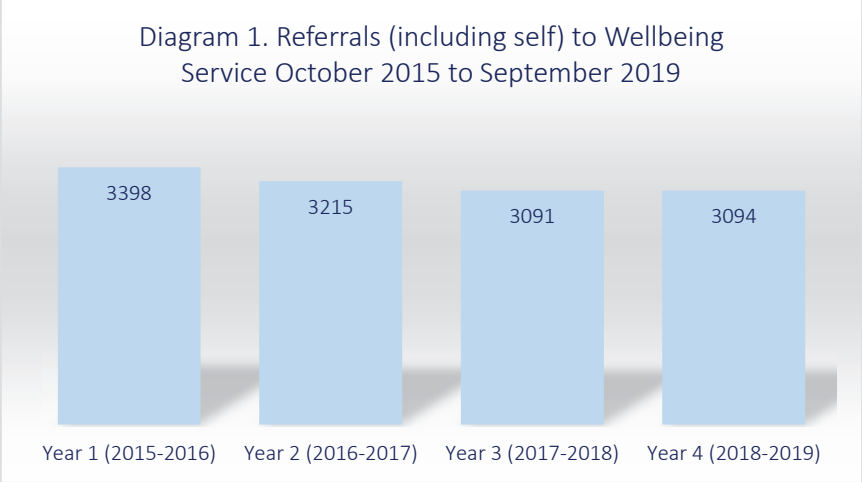
- Smoking cessation support including the facilitation of medication to support cessation, behavioural support and advice in the effective use of e-cigarettes as an aid to cessation.
- Screening all clients to ascertain if alcohol consumption is within safe levels; where clients are found to be consuming at increasing risk or harmful levels, brief advice or extended brief advice or a referral on to the Community Alcohol Support Team (CAST) is made.
- Tier 2 Weight Management is provided to those with BMI >30 (>28 for certain ethnicities). This is provided in either 1:1 sessions or group-based support.
- All clients are screened using Patient Activation Measure (a tool to identify a person's activation level; this relates to the level of knowledge, skills and confidence to maintain good health and wellbeing).

- The WBS is accessible within GP Practices and a range of community settings.
- Training the wider public health workforce including Making Every Contact Count (MECC), Smoking Cessation Practitioner, Connect 5 (Mental Health).

3.3 Following a Vanguard systems thinking review in 2017/2018 the service was redesigned leading to a radical change in approach, focusing on what the client wants support with. To support this, robust data capture and management has been introduced including the implementation of a new I.T. system, QuitManager (May 2017) supported with further analysis to gain insight into the breadth of support provided. This has further been supported with the creation of a 'data dashboard' providing analysis in relatively real time for monitoring purposes. The reporting year 1st October 2018 to 30th September 2019 is the first year of comprehensive data available for evaluation.

4. Performance

4.1 Demand for support from the WBS has remained relatively constant (diagram 1) despite the reduction in staffing levels following the restructure in 2017.



4.2 Primary care (35.26%) and self referrals (33.48%) represent the majority of referrals into the WBS (appendix 1), this is consistent with previous years, however, there has been a slight increase in referrals from secondary care (15.61%) due to performance incentives at Queen Alexadra Hospital. Midwifery referrals represent 10.63%, with the remainder of services making up 5% (appendix 2).

4.3 The demographic profile of clients (appendix 3) in 18/19 is consistent on previous years; 64% of clients are female and 54% of clients are aged between 34-64.

4.4 All clients were asked about existing medical conditions, to which 1367 responded positively to (appendix 4).

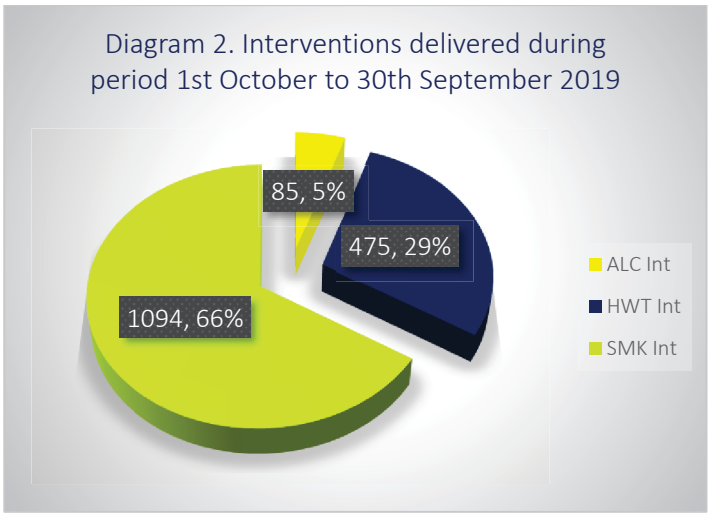
4.5 Closure or end of provision – a system for coding exit from the service was introduced in the reporting year. 'T' codes classify reason for client closure occurring at referral/triage and C codes classify closure post entry into service (detailed list of closure reasons can be found in appendix 5).

4.6 Of all referrals 29% (no. 1066) did not come into the service (appendix 6). Of concern is the level of referrals that the WBS is unable to contact, 17.81%. The remainder comprise clients who either decline support, are not suitable for the WBS or are already making changes. Evaluation is currently being undertaken to fully understand the reasons for this; interim measures have been implemented to address this, including expansion of triage hours into evenings to capture those individuals not available during working hours. There is significant resource placed in attempting to make contact and it is imperative that improvement is achieved in this area.

4.7 The WBS is well cited across the city; over 98% of interventions took place in community settings such as Tesco Fratton, Buckland CC or Paulsgrove CC (58.41%) or GP Practices (39.81%).

5.0 Outcomes

5.1 Of the 3094 referrals, 2028 individuals took up support. The WBS provided 1654 interventions (diagram 2) for smoking, weight and alcohol. Smoking cessation support represents 66% of all activity.



5.2 Clients also received support in the form of an intervention or brief advice in response to other risk factors (appendix 7). This was most predominant in supporting clients around alcohol.

5.3 Other support recorded included onward referral, signposting, joint working with other services and the provision of topic specific information. During the reporting period the WBS achieved:

- 49 onward referrals
- 30 joint working with other services
- 1017 signposts to other services (or back to primary/secondary care)
- Self- help information (printed resources) was provided, based on topic, on 2545 occasions.

5.4 In total 1094 clients set a quit date to cease smoking; of this 523 (47.81%) successful quit at 4 weeks, compared to National figure of 52%[i]. The WBS routinely follow up successful quitters at 12 weeks; of the 1094 setting a quit date, contact was made with 1003 (91.68%) clients, and of the 1094 clients setting a quit date, the success rate at 12 weeks was 28.98%. This is in line with national data.

5.5 Screening for alcohol was achieved in 2010 clients; 68% identified as no or low risk, 18% at increasing risk and 14% at harmful levels. Significant improvement has been made this year in ensuing an Audit-C is conducted at entry with an 80% increase in the number of audit C screens carried out. Re-screen is routinely conducted at 4th week (or session) and was achieved 29.5% (no. 593 clients) which showing some improvement with 70% identifying as low risk, 20% at increasing risk and 10% at harmful levels.

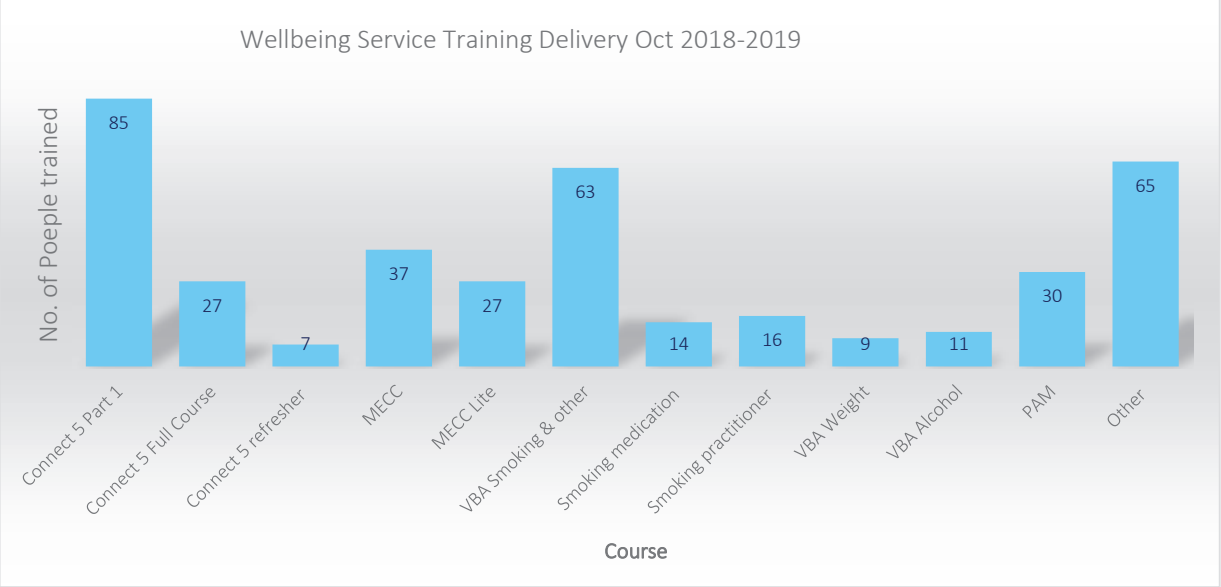
5.6 The WBS provided 475 weight management interventions during the year; however, BMI at entry point into the WBS was recorded in 515 clients; for evaluation purposes, the last recorded weight was used as the end weight and this data was available in 314 clients at exit from the service. The overall change was:

Average Start Weight Kilo's	Average End Weight	Best Weight Change	Worst Weight Change	Average Weight Change Kilo's
108.43	106.42	-24.30	+7.70	-2.01

Average Start BMI	Average End BMI	Best BMI Change	Worst BMI Change	Average BMI Change
39.28	38.46	-7.10	+4.80	-0.83

Weight management remains resource intense with only significant reduction in the minority of clients; currently new approaches are being piloted in a series of 'Living Well' workshops broadening the range of topics typically covered in weight management programs.

5.7 Training Activity. In 2018/19 the WBS provided training to 481 attendees; all allied health care professionals working within PO1-PO6. Upskilling the wider health care workforce adds value to the range of support provided by the WBS as well as fully utilising the skilled workforce. Given this skill base the WBS has been able to develop bespoke courses to support such services as Midwifery and Health Visiting in topics such as 'difficult conversations' and very brief advice.



5.8 Additional activities the WBS has been involved in includes the QA Hospital going 'Smoke Free'; this created the opportunity to train a team of 'SmokeFree Ambassadors' within QA staff to support the SmokeFree initiative.

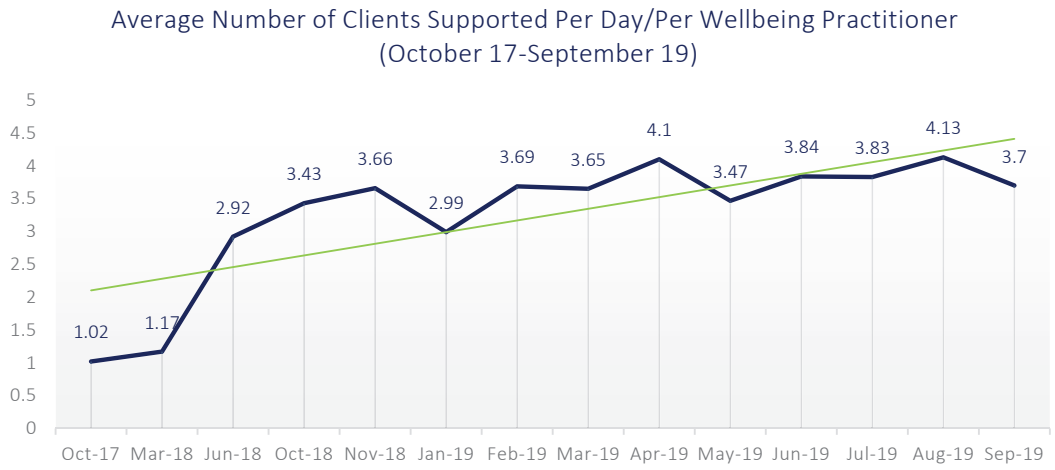
5.9 Long Term Condition Hub Pilot

Nationally the number of individuals with long term conditions is increasing, placing significant current, and future, demands on the health care system. Locally there are currently 29,295 patients on the local diabetes, asthma and COPD registers. Top down estimates suggest that the local health system spends up to £38-£45m on the care of these three disease groups. An estimate of a further increased pressure of £5.5m by 2025 in relation to diabetes is also demonstrated. The Long-Term Conditions (LTC) Hub in Portsmouth City is being developed on a pilot basis with two GP practice populations (constituting circa 25% of the patient population in Portsmouth). The pilot will focus on improved multidisciplinary patient pathways for two cohorts of patients, those with Type 2 diabetes and patients with chronic respiratory disease – asthma and Chronic Obstructive Airways Disease (COPD).

The LTC Pilot, initially due to start in April 2019, commencing in December 2019, sees the integration of the WBS in collaboration with Talking Change (iAPT services) into the care package provided by a multi-disciplinary team to address risk factors and emotional wellbeing.

It is anticipated the WBS will assess approx. 1060 patients during the pilot phase and working within this setting will facilitate uptake of support. Approx. 50% of the WBS staff have been upskilled in diabetes and respiratory interventions and this pilot is likely to utilise 25% of overall service capacity.

5.10 The overall performance of the WBS has improved significantly in the previous 2 years with a 300% improvement in efficiency (see appendix 8a-8c). The focus during 2018 was to improve efficiency in all provision, with each staff member achieving an average of 4 client appointments per day. At a service level this has been achieved. The focus for 2019 has been developing effectiveness, for example, smoking cessation outcome rates per staff member. The data dashboard enables managers to monitor individual staff performance.



6. Workforce. Following the restructure in November 2017 the workforce has remained stable with only one staff member leaving. Morale and motivation are high. Development opportunities have been significant within PCC, the Public Health Directorate and the WBS itself as it progressively adapts to new opportunities. Consideration of the current workforce to meet future service needs may require workforce review in the short term; the cost and impact of losing skilled staff can be significant and impede service development.

Sickness in the past year has been an average of 6.55 days per staff member, and performance in all staff is at a level deemed satisfactory or above.

7. Conclusion

The WBS has in the past 2 years, following the Vanguard Systems Thinking intervention and restructure (November 2017) met service demand with increased efficiency and effectiveness, despite nearly a 50% reduction in workforce and cost. The WBS management has continued to develop a highly skilled workforce able to add value, principally in training the wider public health workforce, and in specialist knowledge enabling participation in projects such as the Long-Term Condition Hub.

There have been significant achievements in the existing data management, which give valuable insight into health needs of the population enabling service provision to be targeted to those most appropriate.

Short term focus will be on improving accessibility to the service including the development of a web-based platform, improvement in referral outcomes and associated systems and innovation in working with weight management clients.

8. Equality impact assessment

No EIA completed as this is reporting on an existing service.

9. Legal implications

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Signed by: Director of Public Health

Appendices:

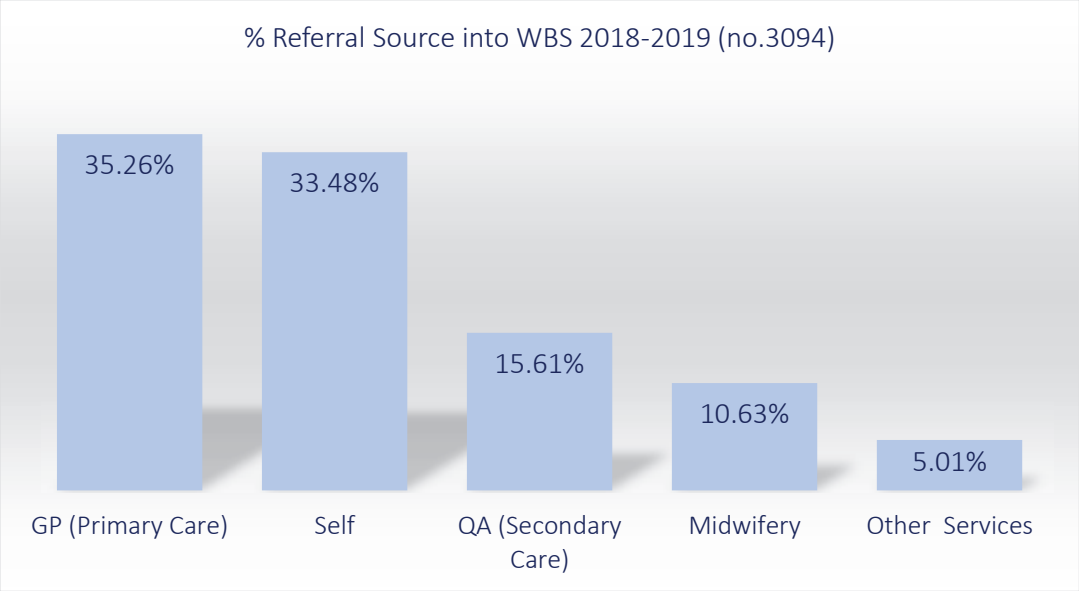
Appendix 1. Referral Source into Wellbeing Service 2018/2019
Appendix 2. Full breakdown of referral source into WBS 2018/2019
Appendix 3. Demographics
Appendix 4. Self-Reported Medical Conditions
Appendix 5. Reason for Closure (End of provision)
Appendix 6. Reason for closure of all clients referred to WBS
Appendix 7. Multiple Interventions provided by Principal Intervention
Appendix 8a. Diagram to show improvement in WBS Efficiency
Appendix 8b. Showing the total number of appointments in clinic settings – Overall numbers of clinics were reduced
Appendix 8c. Attendance at Wellbeing Clinics November 17 – September 19

Background list of documents: Section 100D of the Local Government Act 1972

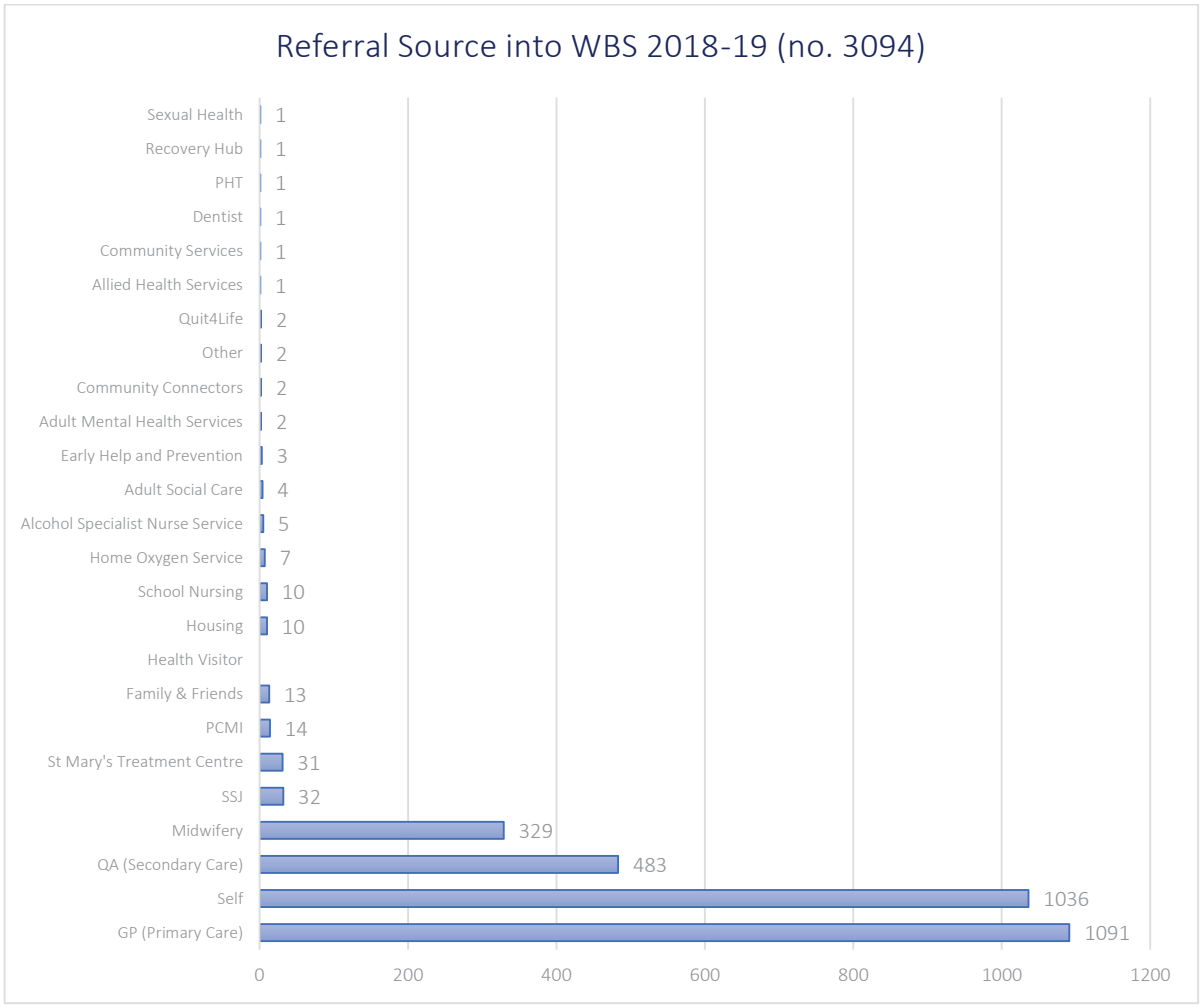
The following documents disclose facts or matters, which have been relied upon to a material extent by the author in preparing this report:

Title of document	Location

Appendix 1. Referral Source into Wellbeing Service 2018/2019

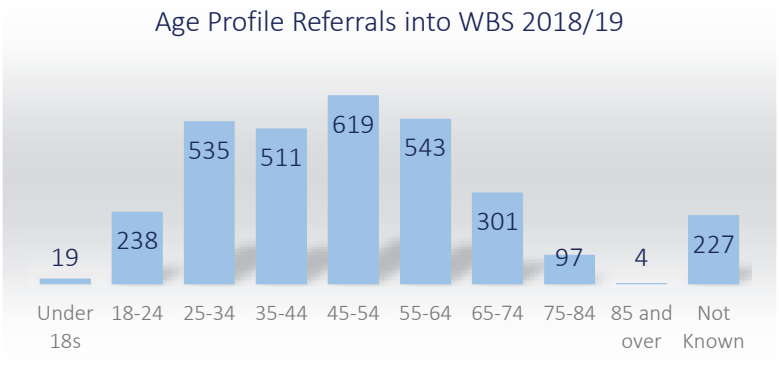


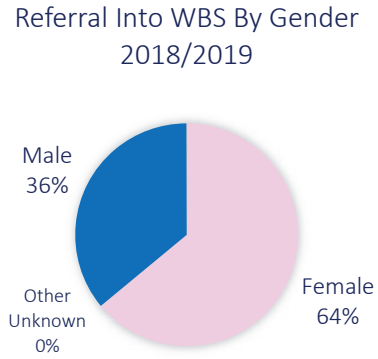
Appendix 2. Full breakdown of referral source into WBS 2018/2019



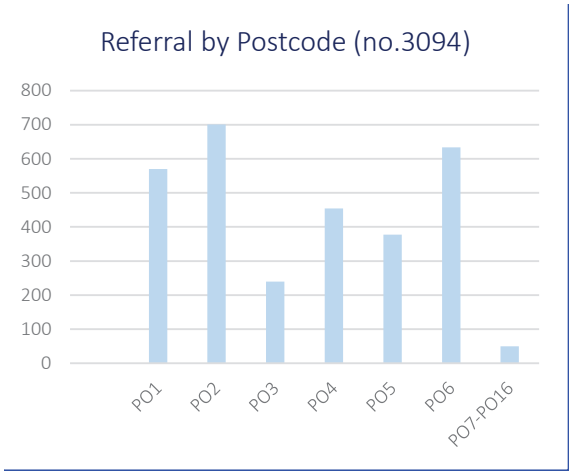
Appendix 3. Demographics

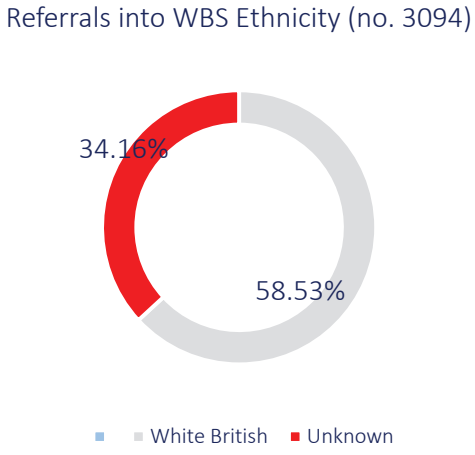
Age and Gender





Postcode and Ethnicity





Occupation and liable for Prescription Charges:

Data was not available at point of referral for client's occupation (34.55%) and if they were liable for prescription charges (36.04%).

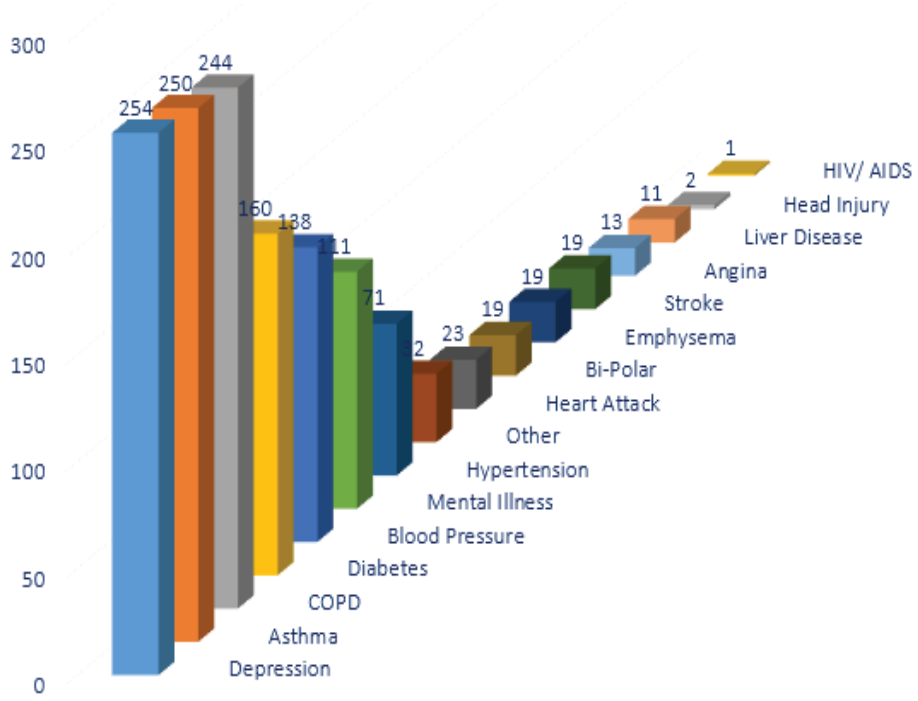
In considering client base occupation where data was available, nearly 25% comprised '*never worked/long term unemployed*' (10.86%) and '*routine and manual*' (13.67%).

Where data was available for prescription charges, 41.82% were exempt with 22.14% paying.

Appendix 4. Self-Reported Medical Conditions:

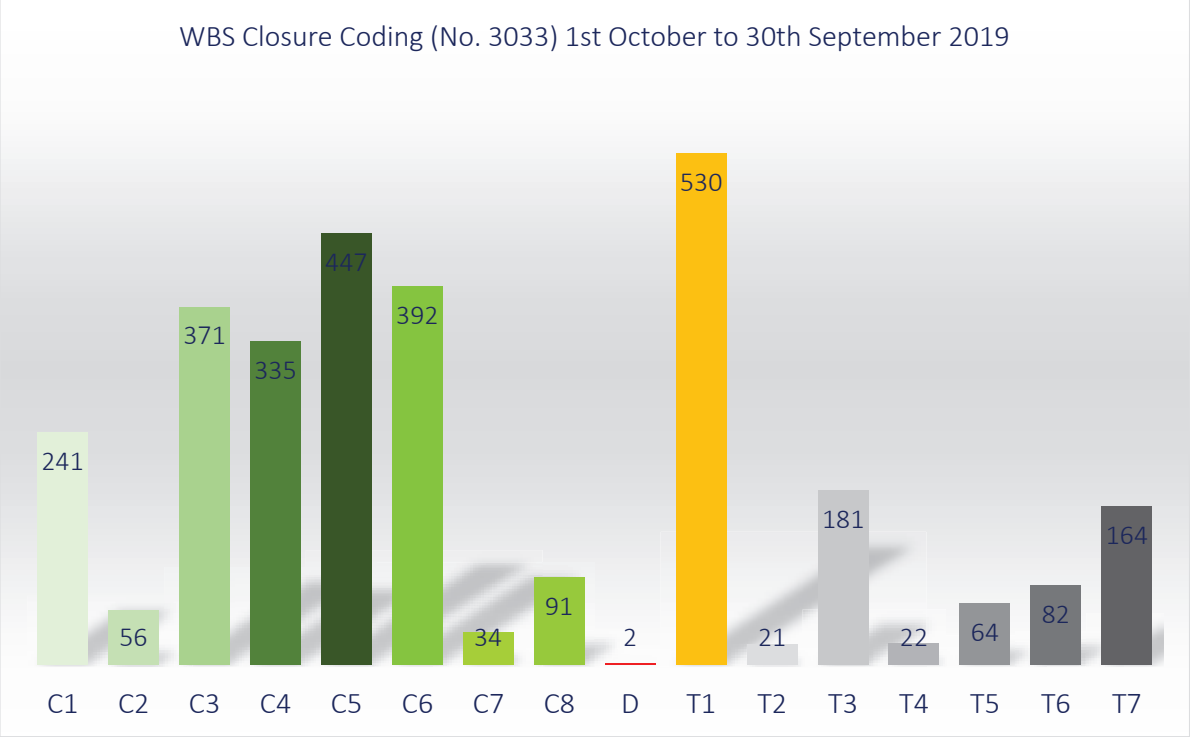
All clients accepting into WBS were asked about their current health/existing medical conditions. This information is recorded on to QuitManager.

The following diagram shows incidence of self-reported medical conditions (no. 1367).



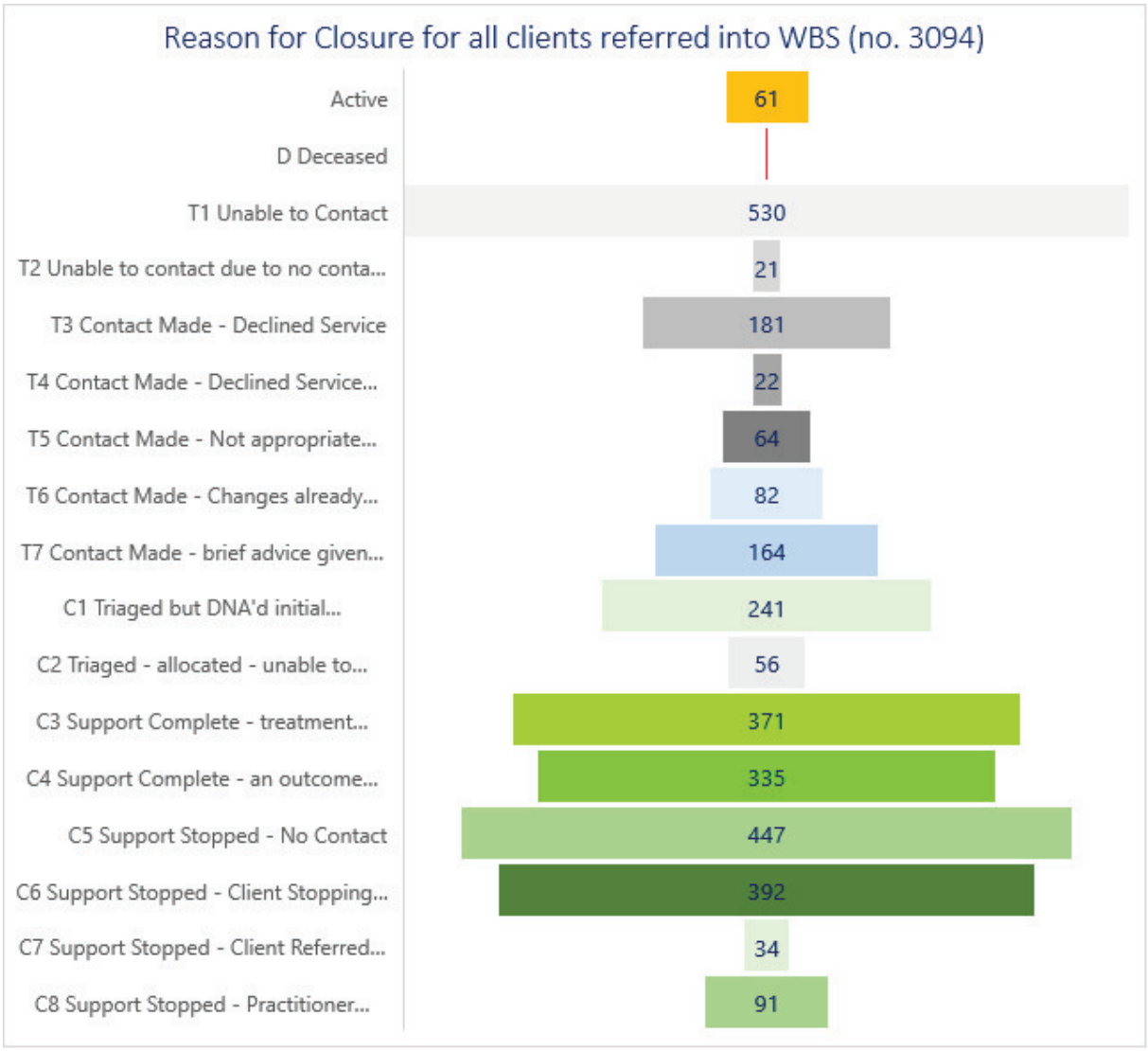
Appendix 5 Reason for Closure (End of provision).

A system for coding exit from the service was introduced in the reporting year. 'T' codes classify reason for client closure occurring at triage and C codes classify closure post entry into service (detailed list of closure reasons can be found following).

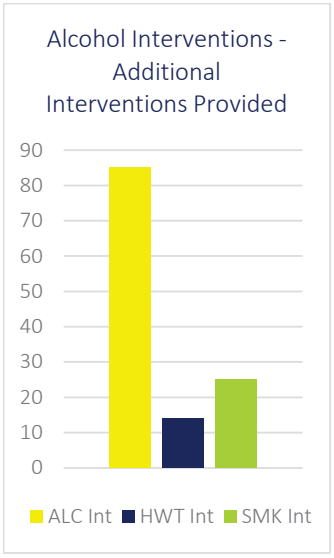


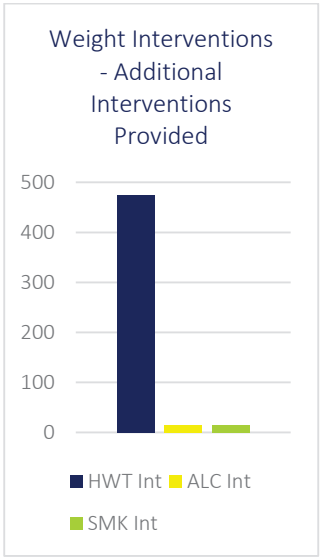
Processing Referrals and Triage:	
Code Excel	Reasons for Closure:
T1	Unable to Contact
T2	Unable to contact due to no contact method
T3	Contact Made - Declined Service
T4	Contact Made - Declined Service Not aware referral made
T5	Contact Made - Not appropriate service
T6	Contact Made - Changes already been/being made
T7	Contact Made - brief advice given/information given/signposted
D	Deceased
Clients (accepted service)	
	Reasons for Closure:
C1	Triaged but DNA'd initial appointment
C2	Triaged - allocated - unable to contact
C3	Support Complete - treatment programme complete
C4	Support Complete - an outcome achieved
C5	Support Stopped - No Contact
C6	Support Stopped - Client Stopping support
C7	Support Stopped - Client Referred On
C8	Support Stopped - Practitioner Stops Support
D	Deceased

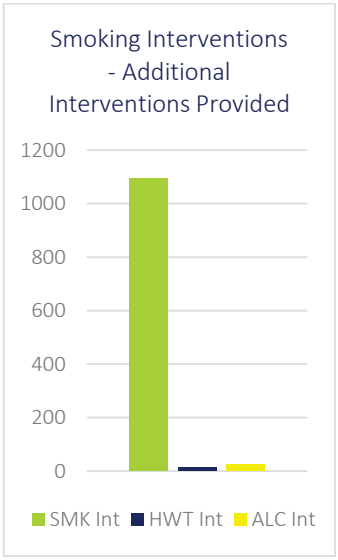
Appendix 6. Reason for closure of all clients referred to WBS

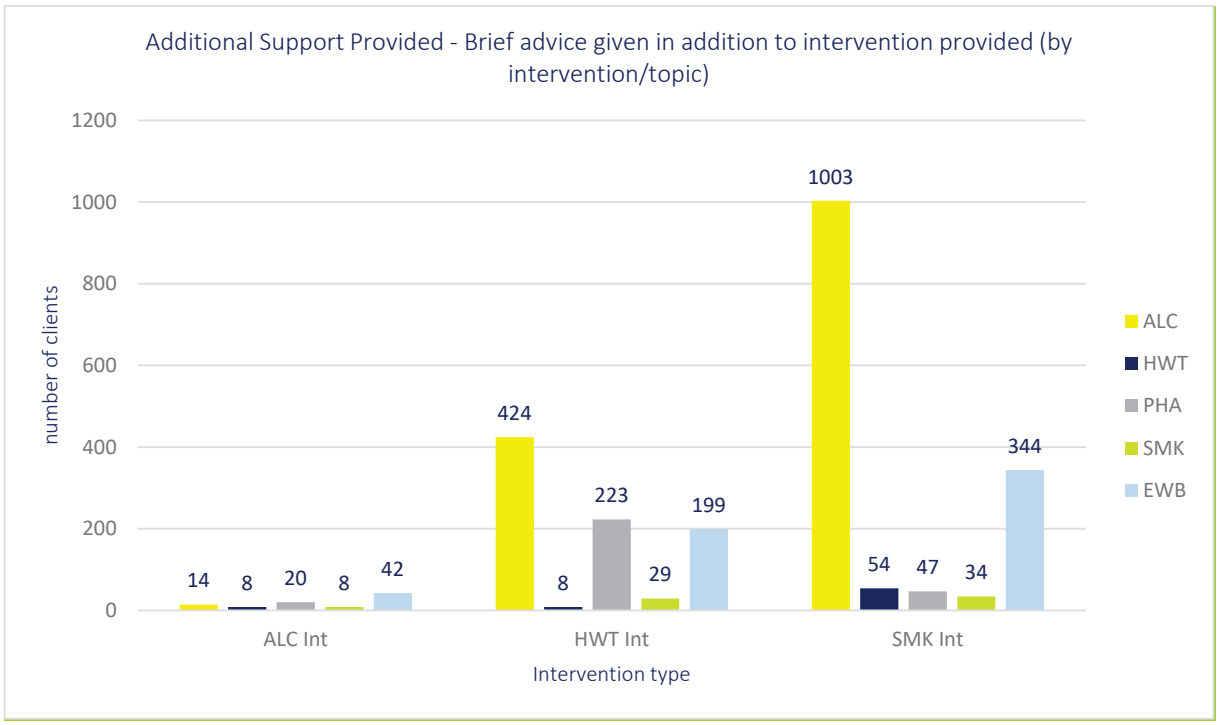


Appendix 7. Multiple Interventions provided by Principal Intervention:

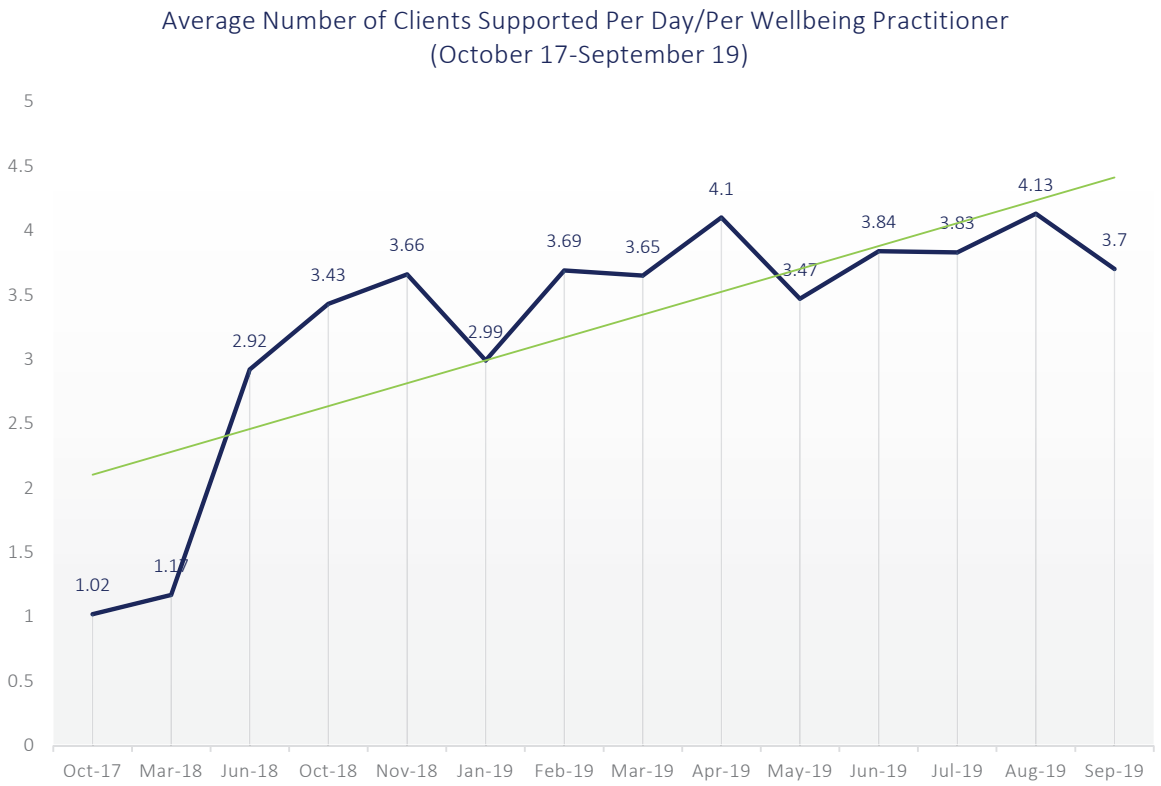




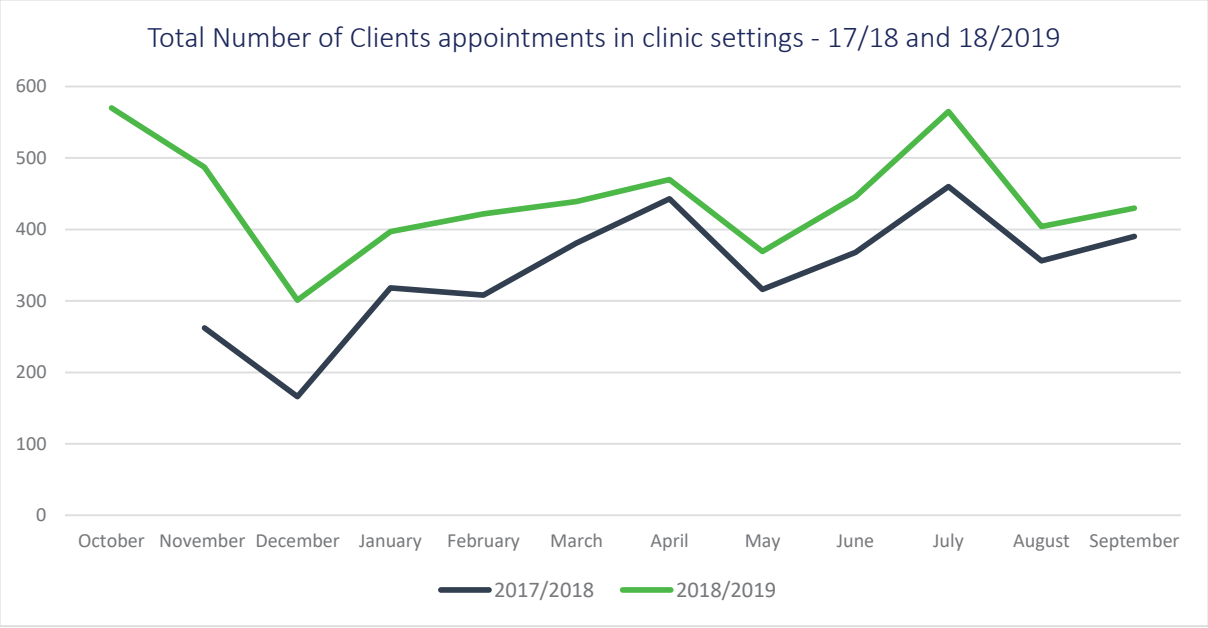




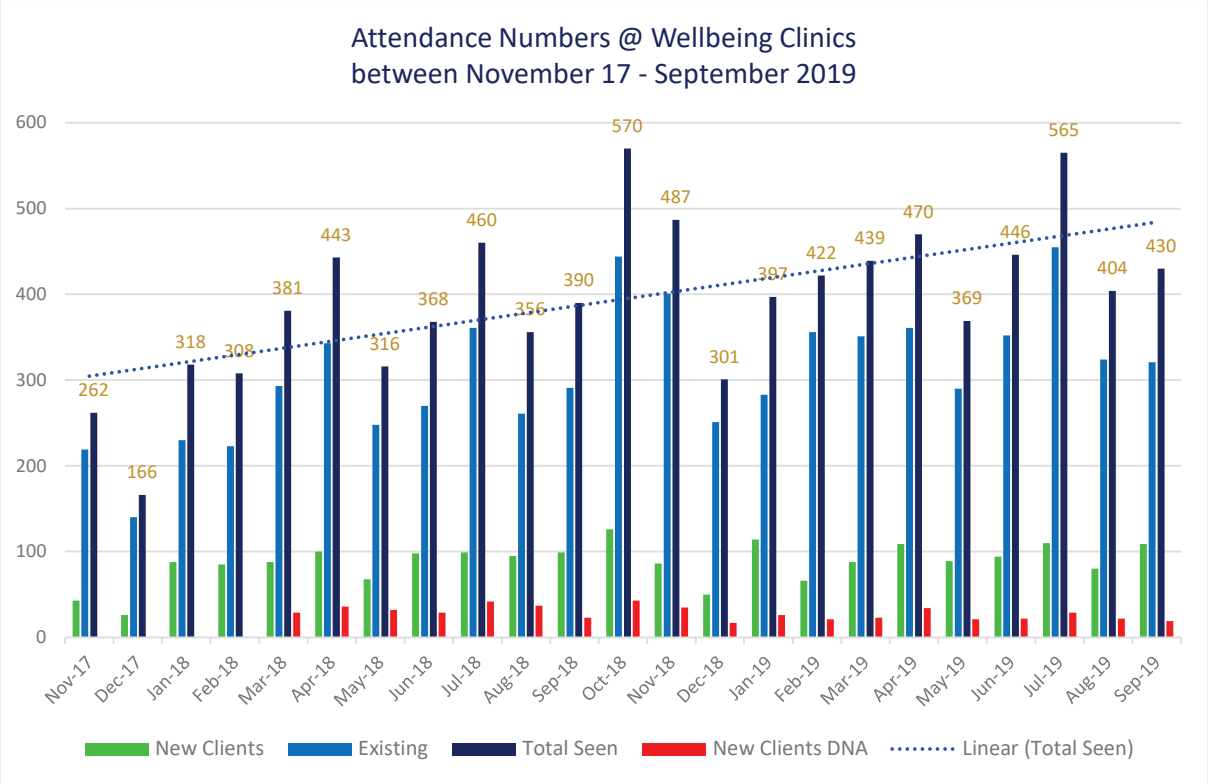
Appendix 8a. Diagram to show improvement in WBS Efficiency.



Appendix 8b. Showing the total number of appointments in clinic settings – Overall numbers of clinics were reduced.



Appendix 8c. Attendance at Wellbeing Clinics November 17 – September 19



[i] https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-nhs-stop-smoking-services-in-england/april-2018-to-march-2019/introduction