



Developing a community based wellbeing service: disease prevention through lifestyle and behaviour change

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Demographics

In York, circulatory disease is the primary cause of preventable early death in men and the secondary cause in women, after Cancer¹.

- Men living in the most deprived areas in York have a life expectancy which is 4 years lower than the York average^{2, 3}.
- Women living in the most deprived areas in York have a life expectancy which is 6 years lower than the York average^{2, 3}.

Engagement

In developing the service we held public and stakeholder events, market testing and online surveys to understand what the service should look like and what it should achieve. We explored the option of tendering this service as a pilot programme. Market testing identified that this approach was not a cost effective option for any of the potential providers.

The engagement process also identified that voluntary and community sector organisations contribute to resident wellbeing but few had the capacity and coverage to achieve everything that we wanted to achieve.

Early service design plan



Challenges

- Developing holistic Public Health prevention programmes.
- Restructuring the Public Health Local Authority workforce.
- Developing our ability to understand the outcomes of the health check programme.
- Improving the quality and efficiency of wellbeing related service.
- Improving accessibility to health checks.
- Reducing health inequalities and improving the health of our local population.



Service Design

Health checks in York will be delivered in two stages:

- 1. Universal online triage assessment which uses self-reported measures and screening tools such as QRisk and QDiabetes with the opportunity to add others.
- 2. Face-to-face health check appointments for those assessed as at risk during the triage.

The online offer is also a health and wellbeing resource for the general public and is not just designed for those eligible for a health check.

Evaluation

We are working with York St. John's University to evaluate outcomes of our health check offer. This will utilise a mixed methodology approach such as interviews, focus groups, self-reported behaviour change and quantitative data analysis. The research will explore how effective our approach is in early identification and prevention of disease.

YorWellbeing Offer

The YorWellbeing service includes eight Wellbeing Officers whose roles are split into three areas of focus:

• Health check delivery: An hour long appointment follows a person centered model using motivational interviewing techniques and covers BMI, waist measurement, blood pressure, cholesterol, diabetes risk (HbA1c), aerobic

Future development

We are piloting the health check offer in a workplace setting and will extend this pilot into several primary care and community settings. We will use learning from this pilot to develop our service provision and ensure we:

- Provide people with an accessible service
- Engage people who would benefit from a health check
- Motivate and empower people to achieve behaviour change
- Expand the boundaries of what a health conversation looks like
- Support behaviour change using evidence based practice.

- capacity, alcohol, exercise, smoking, diet.
- **Community development**: Understanding local community needs and existing community assets; developing relationships, signposting and referral pathways into community resources; promoting the YorWellbeing Service and health and wellbeing across the city.
- **Specialist area local leadership**: Older people; younger people; disability; mental health and wellbeing; smoking cessation; long-term health conditions; workplace wellbeing; sport and active leisure.



References

1. Public Health England. Local Health data available at: www.localhealth.org.uk

2. Public Health England. Public Health Outcomes Framework data available at: www.phoutcomes.info

3. Public Health England. Segment Tool available at: www.gov.uk/government/statistics/segment-tool-2016-data-update