

Oldham Health Improvement and Weight Management Service









Our History



ABL was founded in 2009 by people who believed they could and should change the world!

Our founders had first-hand experience of public services that had failed the people who needed them most and believed that a different, more flexible approach was needed.

"By putting people at the heart of our services, stepping into their shoes and trying to view life from their perspective then we could start to create a new approach to healthcare and find a way to support and empower people to live healthier, happier for longer"

Denise Leslie CEO









Vision and Values

Healthier, Happier for Longer - we make lives better

Vision: To eradicate health inequalities.

We do this by supporting people to become active participants in their health





























Our Team

- GPs
- Psychologists
- Dietitians
- Nutritionists
- Lifestyle Coaches
- Physical Activity Specialists
- Smoking Cessation Advisors
- Triage Officers







NHS
Oldham
Clinical Commissioning Group







Overview and Vision

A health and wellbeing service that combines prevention, building community capacity, and reducing health inequalities.

















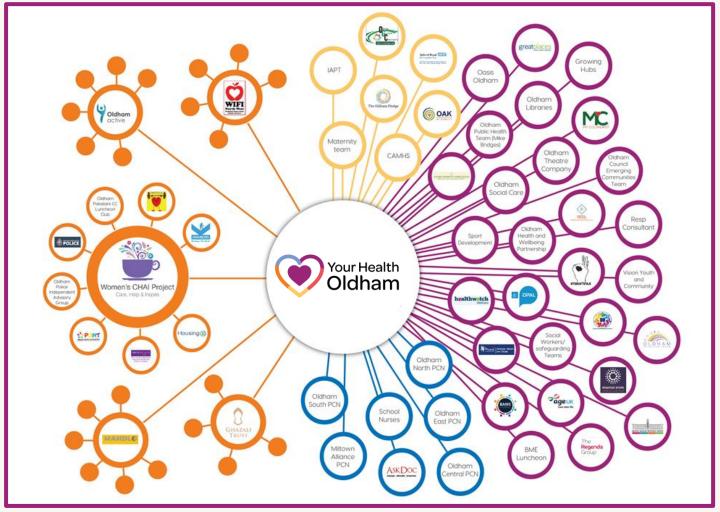








Our Partners









Healthy Lifestyle and Tobacco Control Policy Development

Collaboration and integration – i.e. CURE pathways

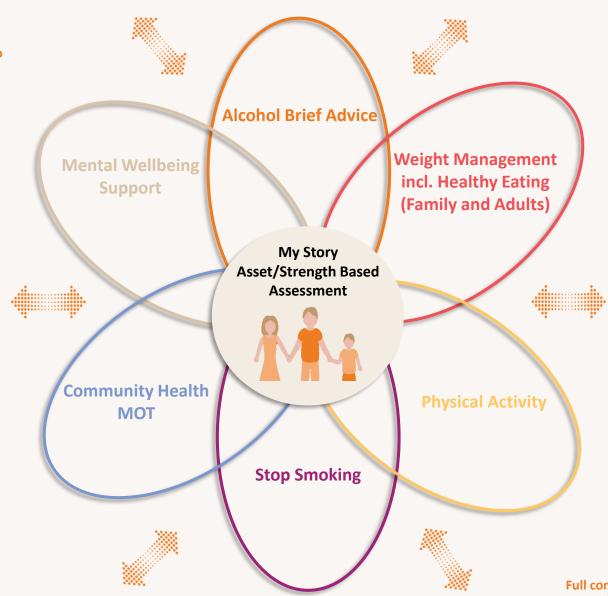
Innovative Partner Delivery

Local solutions designed around the needs of specific groups - i.e. Muslim women only sessions

Community/Online Forums

Blended Digital Approach

Targeted Delivery E.g. Communities of Interest, Vulnerable Groups



Co-Location / Co-Delivery

Champions of own health

• Communities becoming experts through co-production

Shared Outcomes

Mapping and utilising local community assets – i.e. using local walking groups as exercise delivery partners

Smoke -Free Environments and Agendas

Healthy Settings:

Parks / Faith Settings / Workplaces / Schools / Hospitals / Leisure Centres

Full community training programme:

MECC / Health Literacy / Connect 5 / Raising the Issue.

Pathway Integration – e.g. primary care, secondary care, community partners

Volunteers



Example Family Journey

- Women, 41 lives with husband and 3 children, 7, 11 and 13 years
- All children are in school and do various after school clubs
- Mum and dad both work long hours
- Dad smokes at work, both parents drink at home



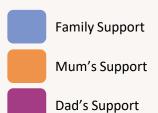






Personalised Family Action Plan













Example Family Journey



A Triage Officer texts mum back asking when is a good time to call her and phone her later that day after school to discuss her worries and what the service can Keyworker comes over to the family home after school to meet everyone and discuss the support that YHO can provide. Agree to start a family session once a week at Mahdlo.

time a week and instead go to Mahdlo and try different activities. My 11-year old has maintained his weight, which is good as he grows, and we have been speaking about him wanting to join a local rugby team.

As a family we have

healthier and doing

more activity we

have agreed to 2

hours less screen

been eating

We have finished the group sessions, the health coach is coming into their school to do some workshops and even going to my husband's workplace to do some quit smoking sessions to support the whole

family get healthier.

The health coach phones us once a month and we log our progress including how much activity we do as a family a week we can set each other My husband has challenges which we quit smoking enjoy. through work with a SCA We have a reduced rate family leisure pass; My son has started secondary school and I have noticed he is more confident and has joined the rugby team. My family is healthier.



My Family have been supported to...



Improve and take control of their health



Become financially stable



Live a longer healthier life



Live independently for longer



My community



This improved physical activity rates



Reduced **obesity** rates

Less preventable cancers



Reduced drug and alcohol use

Thriving communities that promote, support and enable good physical and mental health



Reduced exposure to passive smoke



Improved mental wellbeing



Sustainable community led initiatives



Co-produced service provision as standard

Reduced social isolation







Reduction in health inequalities

Actively connect with community assets, including activity providers and community groups

Be a **champion of their own health** and supporter of others

Value mental health as just as important as

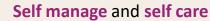


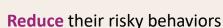
physical health



Be aspirational

Improve their health literacy





Have better wellbeing

Be proud of where they





The wider system has...

Improved healthy life expectancy



Reduced prescribing costs

Experienced economic growth

Reduced absence rates

Improved population health and self care management



Reduced pressure on GP appointments & social care



Economic gains through better use of resources and less duplication of services

Reduced

- emergency admissions
- alcohol related deaths
 - Long term conditions i.e. CVD, COPD, Diabetes





Questions







