

SUNDERLAND HEALTH AND WELLBEING BOARD

16 May 2014

**SUNDERLAND HEALTH AND WELLBEING STRATEGY - IMPLEMENTATION
PLAN UPDATE**

Report of the Executive Director of People Services, Sunderland City Council

1.0. PURPOSE OF REPORT

- 1.1 To advise the Board of the progress made in the implementation of the Health and Wellbeing Strategy.
- 1.2 To recommend the next steps in implementing the strategy and future reporting arrangements.

2.0. BACKGROUND

- 2.1 In 2011 the Health and Wellbeing Board established the Health and Wellbeing Strategy Development Group whose sole purpose was to develop a strategy for the Board. Subsequently the Group, chaired by the Executive Director of People Services, produced the strategy after thorough consultation with the Boards and management organisations of partners throughout the whole health and social care system.
- 2.2 The strategy has been developed to take a whole systems and assets based approach to the improvement of health and wellbeing in Sunderland and the Strategic Objectives that have been set in the strategy are ambitious and challenging. To achieve them will require a considerable change in the way that services are developed, delivered and specifically how communities are engaged and empowered to take control over the decisions affecting their health and wellbeing.
- 2.3 The Board has previously expressed the view that roughly 80% of the work that will improve health and wellbeing in the city will be undertaken by partners as they implement their respective strategic plans. This means that the Board must focus on the remaining 20% and capture the difference the Board can make by concentrating on how things can be done differently, using the strategy's Design Principles, in order to gain better outcomes for residents.

3.0. PROGRESSING THE STRATEGY

- 3.1 There is an appreciation that the ethos of the strategy (its Design Principles and introducing a new way of doing things) is already impacting on the day to day work of many partner organisations across the city - this clearly highlights the confidence that partners have in the approach to service provision that the

strategy advocates. It also suggests that the twenty, from the 80/20 split suggested above, is reducing as partners introduce new ways of delivering services.

- 3.2 Further to this however, the Board will recall that six Objective Leads were identified to specifically progress elements of the six Strategic Objectives included in the strategy. The work that they have undertaken to progress the implementation of the objectives (as well as some of the broader activity that is being pursued across partners) is outlined in Appendix 1.

4.0 AWARENESS OF THE STRATEGY ACROSS PARTNERS AND THE PUBLIC

- 4.1 Appendix 1 demonstrates that partners have begun to implement the design principles of the strategy into their own strategies, plans and activities. It is important however to establish the extent to which this is happening. Work needs to be undertaken to understand how far the message has spread as well as the scale of commitment and the methods employed. This mirrors a recommendation arising from the Health and Wellbeing Peer Challenge about the need to “test the extent to which the principles of the strategy are embedded throughout the system”.
- 4.2 It is equally important to ensure that local people understand the strategy. A lack of knowledge and acceptance of the strategy will make changing attitudes and behaviours very difficult to achieve. Buy in is needed from local people as well as commissioners and providers in order to overcome any barriers to implementation and assure the strategy’s success.

5.0 NEXT STEPS

- 5.1 The partner organisations represented on the Strategy Implementation Group recommend that an extensive communication and engagement exercise (or “big conversation”) is needed to gain a better understanding of both of these issues and establish sector and citizen ownership of the strategy’s Design Principles. This needs to be a joined-up and comprehensive process to increase the understanding of local people of the changes that are happening, leading to increased engagement and eventually organisations and local people working together to improve health outcomes. It is proposed that this will be an ongoing process, which will initially take place over 3 years, which will provide the Board with the feedback necessary to make a judgement about whether the ethos of the strategy is being accepted and embedded across the city.
- 5.2 It is proposed that this exercise will engage organisations throughout the public sector, the VCS and the private sector thereby expanding the Board’s influencing role further. Public engagement must be targeted at all residents as well as employees of local organisations, patient groups, carers groups and service users.

- 5.3 The Objective Sponsors and Leads need to play a central role in the engagement exercise and use it to help progress the continued development of the Strategic Objectives, developing and evolving new and innovative actions. It will also be necessary to tap into the expertise of HealthWatch and the communications teams across partner organisations in order to develop a plan across all stakeholders.

6.0 MONITORING PROGRESS

- 6.1 A performance framework is being developed that includes a mix of both national indicators and local milestones. Indicators from across the Public Health Outcomes Framework, Adult Social Care Outcomes Framework and National Health Service Outcomes Framework will be aligned to each strategy objective. This will show how each objective will contribute to improving health when assessed by these national measures.
- 6.2 Furthermore each programme or activity that is used to tackle the strategy objectives will be allocated specific indicators from these frameworks. Where national outcome measures will be impacted by a broad range of initiatives, local milestones and measures will be introduced that will show the progress and impact of a programme. Local measures may also be necessary where the indicators do not provide a timely update about progress due to data collection intervals.
- 6.3 There is also potential to work in partnership with Sunderland University to deliver a joint programme that will establish a baseline and monitoring framework for the more innovative aspects of the implementation plan. The assets approach that the strategy advocates is a new approach that demands new methods for improving health – this requires new and innovative ways of measuring success that will sit alongside the more traditional measure.
- 6.4 It is proposed that in order to clearly articulate how implementation will be taken forward a 'plan on a page' will be prepared that will capture how organisational plans support the delivery of the strategy objectives.

7.0 REPORTING PROGRESS

- 7.1 It is proposed that the Board should receive an annual Assurance Report that will demonstrate to them that all partners are delivering their core services in line with the strategy (the 80% referred to earlier) and highlight any issues. The report will also detail additional action taken to address the strategy objectives (the 20% referred to earlier) and the difference it is making.
- 7.2 Finally it is proposed that an Annual Statement should be produced that summarises the progress and any concerns expressed in the Assurance Report and that this statement should be published.

8.0 **RECOMMENDATIONS**

8.1 The HWBB is recommended to:

- Agree to the extensive public and organisational engagement exercise (“big conversation”) and the deepening of the Objective Sponsors and Leads role within this
- Agree to the development of a plan on a page to encapsulate wider plans
- Agree to the introduction of an annual Assurance Report and Annual Statement.

- 1.1 **Objective 1: Promoting understanding between communities and organisations.** A 'Wellbeing Campaigns group' has been established that will utilise community events, activities and build on existing community strengths to promote greater understanding between communities and organisations. The group has a core membership and an open invite to partners that have an interest in promoting particular themes. The group is working with Time to Change (a national organisation working to challenge stigma and discrimination) to hold an event over the Air Show weekend.
- 1.2 Existing activity that contributes to the objective is being undertaken by Washington Mind. Through their current networks such as the Sunderland Wellbeing network, Men's Health network, and existing partnerships such as New Horizons, information and good practice is being disseminated to frontline organisations that work with the public.
- 1.3 **Objective 2: Ensuring that children and young people have the best start in life.** The focus for this priority is to bring about cultural change relative to child development through three key actions which relate to increasing volunteering opportunities through Children's Centres; implementing a Children's Centre Champion Model; and developing and better communicating a series of key child development messages.
- 1.4 To help achieve these actions a new specification for the Children's Centre parent training and volunteering contract has been developed. This shifts the focus from training to volunteering and puts greater emphasis on outcomes – the contract will be subject to tender in the coming weeks with an implementation date of September 2014.
- 1.5 There has also been a review of the whole of the Children's Centre Communications strategy which has included how to utilise social media and communications to best effect. As part of the actions from the review additional work will be undertaken to improve this area. The council is working with partners to agree the key messages and these, along with the improved use of social media, will be used from September 2014.
- 1.6 Partners are also working on the detail of modules for the Children's Centre Champion model which will reflect the format of the health champion model. Modules will include the key areas of health and wellbeing and parenting
- 1.7 **Objective 3: Supporting and motivating everyone to take responsibility for their health and that of others.** A number of developments have taken place this year which have supported the delivery of objective 3. The re-shaping of services to support people to live healthier lives in order to prevent ill-health has begun, based on engagement with local people who have multiple

lifestyle risks. This engagement work has allowed people to identify factors that have helped them to make changes to improve their health as well as identifying barriers to future change that we may need to support them to address. It is anticipated that a new model of delivery, which will develop Sunderland as a "Healthy Place" alongside service delivery, will be in place by January 2015.

- 1.8 In addition, a review of sexual health services has been undertaken. A key element of this has been a Health Equity Audit to identify where inequalities in need are not currently being addressed. The Sunderland Health Champion programme has continued to thrive. We now have more than 1,300 people signed up with over 600 having completed all five core modules. The Health Champion programme ensures that people within and working with communities have the skills and knowledge to offer brief advice and signposting in relation to Sunderland's main health risks - including wider health determinants, lifestyle risks and the prevention and early identification of disease including cancer and sexually transmitted infections. We are also piloting a Young Health Champions programme in four schools and currently have 79 Young Health Champions in the City who now have the tools to support their fellow students.
- 1.9 We have continued to increase awareness of the "five a day for health and happiness" through the Wellbeing Directory and wellbeinginfo.com, the Wellbeing network as well as through the emotional health and resilience module of the Health Champion training. The importance of providing additional support to some groups within the City has resulted in a number of initiatives, particularly for people with a range of mental health conditions. Initiatives include a new volunteer Mentoring and Befriending Service in the City which aims to improve mental wellness and a new Stop Smoking Service provided by the mental health trust to support people in mental health services to stop smoking.
- 1.10 The Sunderland Core Strategy will be key in ensuring that Sunderland develops as a healthier place where the healthy choice is the easy choice. To this end, a Health Impact Assessment of the current version of the developing strategy has been undertaken which has identified a number of opportunities to improve health within the City. Finally, many of the strands of objective 3 were discussed in a stakeholder event *Improving Health - How will we do it?* which was held in November 2013. These discussions will inform many of the actions undertaken going forward.
- 1.11 **Objective 4: Supporting everyone to contribute.** It is proposed to marry the learning from the council's employee wellness campaigns and those coordination services commissioned for the last five years by public health to accelerate roll-out in the wider economy. One excellent opportunity to give this

proposal traction is through the three business centres owned by the council (Washington Business Centre, Evolve Business Centre and the Software Centre) and the excellent relationship that the council's Business Investment Team has with the organisations based there. The centres would be used as a test bed for trialling healthy workplace activities which would then be implemented citywide.

- 1.12 The challenge with this objective will always be its scale both in terms of the numbers involved and the impact that can be made and how we assist businesses, whether large or SME, to engage.
- 1.13 **Objective 5: Supporting people with long-term conditions and their carers.** Work has progressed to support people with long term conditions (LTCs) and their carers, this includes the commissioning of psychological therapy services for people with LTCs; improved the uptake of physical health checks for people with Learning Disabilities in GP Practices; establishing physical health checks for people with severe mental health; an improved integrated hospital discharge service that can be accessed by the intermediate care hub that now provides practical support from Age UK and a hospital discharge scheme on weekends; and the introduction of a carers innovation scheme in almost all GP Practices to assist the identification, registration and support of Carers.
- 1.14 As for the future, the CCG have agreed that self-care will be a key requirement to be considered in the delivery of its 10 transformational programmes over the next two years, for example the new specification for musculoskeletal services has a core element relating to self-care. Furthermore a model is being developed of locality based multi-disciplinary teams that will focus on both adults and children with complex LTCs and who are most at risk of unnecessary hospital admission, ensuring more effective support at home.
- 1.15 **Objective 6: Supporting individuals and their families to recover from ill-health and crisis.** The Better Care Fund will contribute enormously to the progression of this objective through its intention to bring together social care and primary/community health resources into co-located, community focussed, multi-disciplinary teams, linking seamlessly into hospital based services.
- 1.16 Beyond the BCF there is a proposal to provide people and communities with the opportunity to contribute to improving their local area by helping to look after parks and other open spaces. This will allow medical practitioners to prescribe and signpost patients to outdoor activity that they can take part in based on their capacity to help, for example, their physical capacity if they are recovering from an illness or operation. This will build on existing 'friends of parks groups' with a view to creating a successful citywide programme that involves all local communities. This activity will not only provide people with a known route to

improving their physical and mental health and wellbeing through light physical activity, but also help to engender community spirit and pride in the local area by improving its physical improvement.