

TITLE OF REPORT: Developing an approach and plan for implementation of the Health and Wellbeing Strategy**REPORT OF:** Director of Public Health

Purpose of the Report

To provide an update to the Health and Wellbeing Board on the first meeting of the Health and Wellbeing Strategy Implementation group.

Background

The Health and Wellbeing Strategy, launched in 2020, sets out six key policy objectives designed to tackle the root causes of health inequalities. It is also the delivery method to support the implementation of Gateshead's Thrive pledges.

The six policy objectives are:

- Give every child the best start in life
- Enable all children, young people and adults to maximise their capabilities and have control over their lives
- Create fair and good employment for all
- Ensure a health standard of living for all
- Create and develop sustainable places and communities
- Strengthen the role and impact of ill health prevention

The evidence-based policy objectives are taken from the Marmot Review, *Fair Society, Healthy Lives*.¹ Taking learning and evidence from across the last decade, and since the pandemic, further work by Marmot et.al. identifies the need to continue to drive action within these policy objectives.^{2,3}

Under each objective, the Health and Wellbeing Strategy sets out important principles and broad actions that can be applied across sectors and within settings. Ambitions highlight when we know we will have made a difference.

The COVID-19 pandemic highlighted the importance of existing health inequalities. Those already facing social and structural disadvantage and poorer health, were at greater risk of the negative social, financial and health impacts of the pandemic. People and organisations across Gateshead worked together to support the response and help mitigate the impact for people living here. Learning gained throughout the pandemic

¹ [Fair Society Healthy Lives \(The Marmot Review\) - IHE \(instituteofhealthequity.org\)](#)

² [Marmot Review 10 Years On - IHE \(instituteofhealthequity.org\)](#)

³ [Build Back Fairer: The COVID-19 Marmot Review - IHE \(instituteofhealthequity.org\)](#)

highlighted the need to build on this partnership work and the innovative responses developed, to focus on the policy objectives of the Health and Wellbeing Strategy, and tackle key social determinants of health such as poverty.⁴

Since the Health and Wellbeing Strategy was agreed, the advent of the Covid-19 pandemic has exacerbated health inequalities, changed services delivery routes, and impacted upon the policy landscape. The current cost of living crisis makes it more important than ever that we are effective at using the networks, assets, and opportunities available to us.

1. The Health and Wellbeing Strategy Implementation Group

Following the Health and Wellbeing Board meeting on the 30th April, a group has been set up to support the delivery of the Health and Wellbeing Strategy across the system and in collaboration with partners in Gateshead. The purpose of the group is to:

1. Review the Health and Wellbeing Strategy and identify opportunities, activities, and mechanisms to support implementation.
2. Agree a process for developing and monitoring the implementation plan that includes representation and involvement from stakeholders.
3. Develop an approach to implementation that supports consideration of the Health and Wellbeing strategy and health equity as part of everyday business across the system.
4. Identify and utilise supportive structures and processes for implementation.
5. Agree a framework for research, learning and evaluation to develop the implementation plan and support progress towards outcomes.

This work will be supported by through the development of a shared approach to implementation across organisations, and through the development of an implementation plan which will support identification of priorities, opportunities, and actions.

An invitation to attend the group was sent to Board members and stakeholders, with the first meeting held on the 26th May. There was participation in the group from across policy areas and organisations, with 29 participants from:

- Connected Voices
- Cumbria, Northumberland, Tyne & Wear NHS Foundation Trust
- Gateshead Cares System Board
- Gateshead Council:
 - Elected members
 - Office of the Chief Executive
 - Corporate Services and Governance
 - Children, Adults and Families
 - Economy, Innovation and Growth
 - Housing, Environment and Healthy Communities
 - Public Health and wellbeing
 - Resources and Digital
- Gateshead Health NHS Foundation Trust
- Health Watch
- Primary Care

⁴ [DPH Report Annual Report online Jan 2022.pdf \(gateshead.gov.uk\)](#)

2. Health and Wellbeing Strategy Implementation Group discussions

The first meeting focused on the approach it would take, discussing:

- If anything had changed that needed to be included within the main strategy
- How the strategy was currently steering our work and whether this could be strengthened
- Next steps to take the strategy forward.

Discussions included:

(i) Updating the Health and Wellbeing Strategy

It was noted that the policy context and environment we work in is dynamic, yet the evidence-based principles of the strategy remain the same. Rather than regular revisions to the strategy to account for this, changes and emerging opportunities should be captured through the plan and approach to implementation.

The following points were identified within the discussion:

Theme 1: Give every child the best start in life

- No specific points raised.

Theme 2: Enable all children, young people and adults to maximise their capabilities and have control over their lives

Work through the strategy should include:

- Digital exclusion, which has increased as a result of the pandemic. A greater reliance on digital channels and telephone consultations rather than face-to-face communication does not meet the needs of some service users although welcomed by others.
- Worsening mental health because of the pandemic and cost of living crisis. The impact includes, increased anxiety, more children experiencing mental health difficulties, isolation amongst young people and excessive waits for treatment.

Theme 3: Create fair employment and good work for all

- A need to ensure recognition and support for the acute challenges that residents, employers and businesses face in relation to increases in inflation, global pressures, and the cost-of-living crisis, whilst not losing sight of long-term endeavours, such as the real Living Wage. Current challenges may influence short-term priorities, such as support to remain in employment. A flexible approach is needed to support action on immediate challenges, whilst maintaining progress on longer-term goals.

Theme 4: Ensure a healthy standard of living for all

A need to respond to:

- The cost-of-living crisis which is increasing poverty, deprivation, and debt.
- Delivery mechanisms should also acknowledge the new funding opportunities such as the Sharing Prosperity Fund which is linked to the Levelling Up White Paper.

Theme 5: Create and develop healthy and sustainable communities

- Recognise the community support which came together during Covid, which we can build on further.

Theme 6: Strengthen the role and impact of ill health prevention

- Increased demand and budget pressures across health services and, in particular, significant increased demand across primary care and mental health services.
- Changes in health service commissioning - Integrated Care Board (ICB) developed at place level (Gateshead) will have more influence on services than previously.

(ii) How the strategy was currently steering our work and whether this could be strengthened

During the pandemic, interprofessional collaboration, professionals supporting and working with one other, came a long way and there are exciting opportunities to develop this further. This includes building on:

- Improved working between the Third and Public sectors
- The support within communities where people came together during the pandemic.

We can also work together to achieve:

- Better outcomes
- Doing more with less
- Improvements to the system that looks at the whole person, including their circumstances, and makes the best use of resources.
- Agreed priorities.

To enable this, we need effective communication to share knowledge including:

- What's happening and what partners are working on
- Awareness of opportunities
- Sharing learning and good practice
- Identifying opportunities for improvement.

(iii) Potential Next Steps

Development of a delivery plan:

- Should be based on what we know works
- It should identify good practice and what needs improvement
- We need to keep it simple; agree and focus on priorities for collaboration

(iv) Working together as an implementation group

Participants shared the value felt in being together with partners who they may not have met previously. It was felt this offered space for discussion and partnership working but it was recognised the group overall was very large. A pragmatic solution was offered, with the larger implementation group meeting quarterly, with smaller, thematic groups meeting in the meantime to progress specific actions. The next meeting of the larger group was agreed for September.

(v) Cross-cutting themes

Cross-cutting themes were proposed to help take the Health and Wellbeing Strategy forward. The implementation group was supportive of this approach. Suggested themes include:

Leadership, oversight and governance

Focusing on the key questions around how we ensure linkage through our delivery routes and the Health and Wellbeing Board, and how we report on progress across the system.

Discussions included:

- A number of strategies come under the Health and Wellbeing strategy, and some have been developed to support delivery of Health and Wellbeing strategy objectives.
- Whether the right supporting strategies are in place to deliver on the Health and Wellbeing Strategy objectives.
- A need to map what is in place by objective or theme e.g. Employability/skills, Place shaping, to keep work manageable and understand progress.
- Too many workstreams would be a barrier to progress.
- Identifying where barriers are across systems so they can be tackled strategically

Communication, engagement and networks for collaboration

To consider how we build on our assets, work with communities, and engage them in our work. Thus, working with communities and not doing to. This in turn may help us develop some community led specific actions, building on and embedding our place-based approach.

Issues discussed:

- How to engage with the public and learn from engagement during covid
- Involvement of members of the public in implementation
- Working differently to engage communities – not always consulting the same groups of people.
- Working with partners, including VCS networks for consultations
- Engaging with people using the right language
- Real collaboration, co-developing ideas
- Considering accountability; are other partners accountable to the public in the same way as Council members are accountable to public?

Training and skills development

To help implementation through each level of our organisations and utilisation of dedicated tools and methods. Training and development could support implementation of the strategy by framing and raising awareness of the causes of health inequalities, and by providing the tools and skills for assessing equity when making decisions, delivering services and as part of everyday business.

Research, learning and evaluation

It is important we continue to build the evidence base and learn and adapt as we go forward. Learning is really a key part of this, and as we work in such a complex and changing system, is likely to guide and change what our approach may be as we progress.

Health equity in all policies

A Health Equity in All Policies approach would help us embed collaboration, consideration, and action on health inequalities as part of everyday business across organisations and sectors. Building on this approach would help embed the strategy by building on partnerships and utilising the opportunities, structures, and systems we

have. The group raised locality working in relation to this, and how equity is embedded within the approach.

3. Summary

- Implementation across a whole system is complex and we are on a journey
- Building on partnerships, collaborating, and learning together, is as important (if not more) as developing the plan
- Enabling and working with our communities and places (not doing too), in setting our objectives, building our approach, and looking at what we measure
- There are multiple ways this work can be taken forward, it is important to take small steps, build on strengths, and make the most of opportunities
- Setting short-, medium-, and long-term priorities will help make this manageable, recognising differing strands will move at different paces
- Identifying and working on cross-cutting themes to help support implementation, in addition to delivery against the policy objectives

4. Next steps

The following steps are proposed to continue progress on developing an approach and plan for implementation:

- Mapping to consider priorities and strategic work, delivery mechanisms and structures, actions, gaps
- Development of cross-cutting implementation workstreams
- Identification of leads / links / champions for key actions
- Identification of short-, medium- and long-term priorities and actions
- Development of a plan and approach to implementation
- Monitoring, evaluation, learning and reporting

The Implementation group has agreed to meet again in September to maintain progress and stakeholder engagement in this work. During this time, smaller working groups will meet to look at, and take forward, the steps and workstreams discussed above.

5. Recommendations

1. The Health and Wellbeing Board are asked to consider the report and comment on approach suggested.

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