

TITLE OF REPORT: Progress summary and draft approach and plan for implementation of the Health and Wellbeing Strategy

REPORT OF: Director of Public Health

Purpose of the Report

To provide a progress summary to the Health and Wellbeing Board on the Health and Wellbeing Strategy Implementation Group and present the draft Implementation Approach and Plan for feedback and decision.

Background

The Gateshead Health and Wellbeing Strategy 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

With oversight of the Health and Wellbeing Board, a multi-agency Health and Wellbeing Strategy Implementation Group was established in May 2022 to review the strategy and develop an approach and plan to implementation. Through the group, a participatory and collaborative approach has been taken to support discussion around barriers and opportunities for implementation, and to develop actions and priorities going forward.

The group has now met several times, and some key activities have taken place to support development of the approach and plan.

1. Strategic mapping against the policy objectives

The group completed a strategic mapping exercise to build a picture of the drivers and mechanisms that support delivery of the strategy's policy objectives across the system and identify windows of opportunity.

We used this exercise to:

- support us to challenge what we are doing
- help us focus our attention on key areas and prioritise
- enable us to identify gaps
- help us to identify where we can work together and build on partnership and collaborations.

Through partners we gathered strategies and key programs and mapped them to the policy objectives and actions. We then reviewed this work through an implementation group session to check they accurately reflected the strategic picture within Gateshead and identify some of the challenges and areas we could develop further in partnership.

This work reflected the complexity of the system and the breadth of work needed across the six policy objectives. We found that it was difficult to easily identify the strategies and plans that support this work across the system. Through work in development, there is an opportunity to ensure this work truly supports the Strategy's objectives, and areas of significant importance to health inequalities, where we could collaborate further.

2. Seeking the views of staff on their knowledge, understanding, training and development needs in relation to the strategy

Whilst the strategic mapping was taking place, we sought to learn more about the views, understanding and knowledge of the strategy among the workforce, along with any potential learning and training needs. An online survey was developed, using a mixture of quantitative and qualitative methods of data collection and analysis. This was distributed through Health and Wellbeing Board members for wider dissemination among staff.

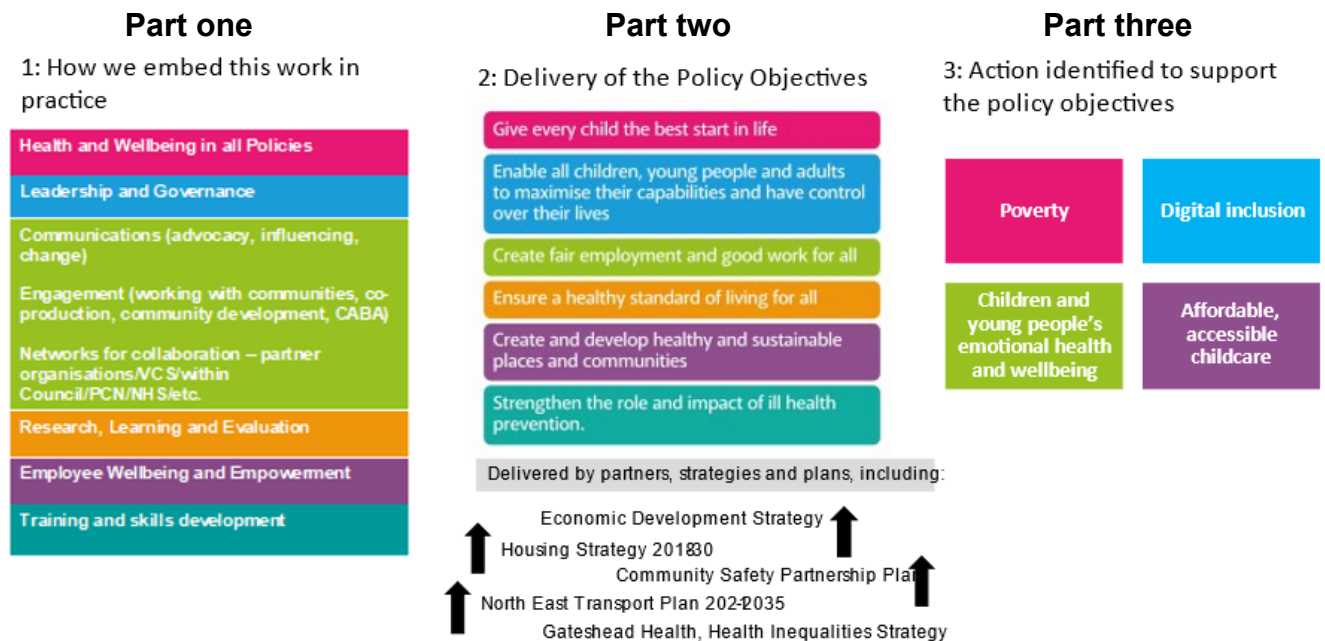
There were 265 respondents to the survey but less than 100 responses on most questions. The majority were among people working for the Local Authority. Therefore, the responses are not generalisable to the wider workforce, but do help provide some insight to what communications and learning needs to support strategy implementation may be. Findings included:

- Some did not understand what health inequalities meant, though many identified number factors and differences in groups, that are systematic and unfair and lead to unequal outcomes
- Almost one in four felt health and wellbeing was not considered when planning new projects
- Half of those responding hadn't seen information on the strategy or discussed it with colleagues
- Low familiarity of some tools to help assess health inequalities
- There was a willingness for research embedded within certain roles, some barriers to this were shared including knowledge, capacity, opportunity.

As survey respondents were self-selecting, there is a potential bias that those participating may have an interest in this area. Therefore, the findings may underestimate the level of awareness and learning needs around this topic.

3. Developing the Approach and plan

As the Strategy sets out address complex, multi-factorial issues that cut across organisations and systems, developing an approach to implementation and how we collaborate, and work together is important. Building on the work of the implementation group and considering different factors that will help guide how we work together; the Health and Wellbeing Strategy Implementation Approach and Plan is set out in three parts.



Part one, focuses on the way we work together to help to deliver the strategy and support implementation, these cross-cutting implementation themes include:

- Continuing to build a health and wellbeing in all policies approach to ensure the strategy and health inequalities are embedded within decision making, planning and evaluation
- Leadership and governance to ensure we are joined up, champion the approach and keep it on the agenda
- Communications, working together with our communities, and networks for collaboration on shared agendas
- Research, learning and evaluation to continue to build the evidence base, understand our progress and adapt based on learning, integrating the work of the Health Determinants Research Collaboration in Gateshead
- Employee experience and wellbeing to ensure our staff are well, supported, and empowered to help others thrive
- Training and skills development to enable teams to understand their work and role in relation to the strategy.

Part two of the plan builds on our strategic mapping exercise, focusing on the strategic drivers that help support delivery of the Health and Wellbeing Strategy's policy objectives. The aim of this section is to build a picture of action across the system and point to key workstreams, avoiding duplication. Going forward there is a need to ensure

these key strategic drivers and programmes, not only align with the Health and Wellbeing Strategy, but support meaningful delivery against the outcomes set out in the policy objectives. The Health and Wellbeing Board can use the mapping to ensure the work of partners is aligned to the Health and Wellbeing Strategy, identify areas it wishes to influence, and contribute to, and monitor, progress against this work to help maximise progress and impact on Health and Wellbeing Strategy objectives.

As an example of this, a template has been developed to support how the programmes delivered through Gateshead Cares consider, develop, and review their work in line with the strategy going forward.

Part three builds on the challenges and key areas that have been identified by the implementation group, since the strategy was first launched. This part of the plan needs further development and prioritisation, in collaboration with strategic leads from different services. Currently, this part of the plan sets out the rationale for action, the overarching outcomes of this work, and a high-level action plan to set the strategic direction and next sets.

The Health and Wellbeing strategy sets out to address complex policy areas, that will change and evolve to achieve long-term ambitions. We know that these are the areas that have the greatest impact on health across lifetime and tackling them requires commitment, perseverance, shared vision, partnership, collaboration, learning and evaluation. Therefore, it is recommended that the implementation approach and plan remain a live and iterative document, shared and owned by partners, with ongoing review, annual reflection, and reporting. This will enable the strategy and stakeholders to continue towards long-term goals for people in Gateshead, whilst remaining responsive against a dynamic and changing context.

4. Reflections and lessons learned

The importance of developing methods to enable implementation has become more apparent through the continued discussion and input of the implementation group. The need for communications, leadership, research, and ongoing learning have been clear as we've discussed some of the more complex issues.

As a group we have grappled with issues such as how we really prioritise prevention and move resources to those with greatest need. It is hoped that through a health in all policies approach we will begin to find solutions to some of those challenges. Ongoing dialog and participation through a multi-agency and multi-disciplinary implementation group has enabled development of implementation themes, such as the importance of employee wellbeing, enablement, and empowerment to do what matters to support people holistically, beyond organisational boundaries and silos.

This work takes time, which is difficult among the pressure to manage resources, meet increasing and immediate need, and demonstrate progress. There is a need to ensure commitment to our long-term vision and goals, to maintain focus and support through a complex journey.

It has not always been easy to find a clear picture of up-to-date plans and strategies, how they link together and how they contribute to the delivery of the Health and Wellbeing Strategy and Thrive. Without a clear and well-understood strategic framework, where all partners organisations and service areas understand how their role contributes to the reduction of health inequalities there is a high risk of silo working, duplication, a lack of progress and challenges in prioritising resources effectively.

Ownership of this work is needed across services and organisations to be effective in delivering the strategy. Complex problems impacting inequalities are not due to single root causes, owned by single agencies, and are constantly evolving. Thrive and addressing health inequalities need to be considered as a primary goal across organisations and services. These issues can feel big and overwhelming, and some may find it difficult to see how to support change and make a difference within their role and service. Clear and visible senior leadership remains important to enable this work to be prioritised against pressure and competing demands.

There was often an ask for priorities within the strategy, and a desire for simplification. The risk with singular, more simplistic approaches and targets, is that we fail to take account of the wider system and what this means for individuals and communities trying to navigate it. There may be an opportunity cost if focusing on narrow targets and indicators. Layers of bureaucracy, professional and organisational boundaries, and current systems and approaches may act as barriers to supporting the communities who need us most, and those with multiple and complex needs.

Work on the wider determinants of health through the policy objectives takes place across systems, with us all holding parts of the puzzle we need to fit together. To demonstrate this, we plan to use the Implementation Group to view this through the lens of different parts of the system. This started with Planning colleagues, who demonstrated how the work they do impacts on health and inequalities. Going forward, we aim to build on this, centering sessions around differing policy areas and enabling colleagues in those areas to take the lead, and using the implementation group forum as a platform for collaboration.

Creating a learning culture by providing a safe space to trial new approaches, learning what is and isn't working, and where we can improve, is vital to support progress. Going forward, we will consider what steps we can take to build in a cycle of reflection, learning and evaluation. This includes how we build on and develop appropriate outcome and quality improvement dashboards.

5. Next Steps

Work through the implementation group will be ongoing as the actions set out in the implementation plan are taken forward. No single organisation or team can deliver this work alone, and it is important that the implementation group continues to provide a platform for collaboration, collective ownership, and action.

The next two implementation groups are scheduled for spring / summer, and it is the intention that these sessions will be led by strategic leads in key areas. It is proposed that the next sessions look at:

- Poverty, Economic Development, and Mental Health
- Housing, Neighbourhoods, and Community Safety

Work on the actions set out within the implementation themes will be ongoing, with a need for all partner organisations to identify colleagues to contribute to and support the implementation groups and ongoing work.

Work will begin on implementing the health and wellbeing in all policies action plan, and there will be a need to involve a lead from partners to enable this to be applied across the system.

Governance arrangements need to be further understood across the policy objectives and we will seek to illustrate and assimilate this information through Implementation group. In addition, we need to further ensure we capture and integrate our statutory responsibilities as part of this work.

Going forward, there is a need to develop and build on processes for monitoring progress, continuous learning, and improvement.

6. Recommendations

1. The Health and Wellbeing Board agree to, and endorse, the plan and approach for implementation of the Health and Wellbeing Strategy.
2. The Health and Wellbeing Board agree to the approach and plan being a live and iterative document, shared and owned by partners, with ongoing review, annual reflection, and reporting on progress to the Health and Wellbeing Board.
3. Health and Wellbeing Board members and partner organisations agree to ensure their plans and strategies clearly align to Thrive and the Health and Wellbeing strategy and support their staff to understand their role in delivering them to provide a strong foundation for the implementation of the H&W Strategy.
4. Health and Wellbeing Board members and partner organisations commit staff time and capacity to enable prioritisation of the delivery of this plan going forward to ensure progress.
5. The Implementation group continues in its current form to enable continued progress, partnership, and collaboration on strategy implementation. Members of the Board are invited to consider whether further representation is required within the group.

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