

## Gloucestershire Health and Wellbeing Board

<b>Report Title</b>	Update on the implementation of the Health and Wellbeing Strategy
<b>Item for decision or information?</b>	Information
<b>Sponsor</b>	Sarah Scott, Executive Director of Public Health and Adult Social Care
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<b>Organisation</b>	Gloucestershire County Council
<b>Key Issues:</b>	
<p>On 20<sup>th</sup> September 2020, the Board received an update on each of the seven Gloucestershire Health and Wellbeing Strategy priorities. It is acknowledged that each of the priorities are at a different stage of development. The delivery on all of the seven priorities has undoubtedly been impacted in some way by the pandemic.</p> <p>This report provides a summary update on progress for each of the priorities. It is important to be mindful that each of these priorities were selected due to the potential for the Health and Wellbeing Board to be able to add value. The focus for each of the priorities needs to remain on what can only be tackled in partnership.</p>	
<b>Recommendations to Board:</b>	
<p>The Board is invited to:</p> <ol style="list-style-type: none"> <li>1. Acknowledge the progress made against each of the priorities and the next steps outlined.</li> <li>2. Consider the recommendation that a dashboard is developed to monitor performance against a range of indicators for each of the priorities.</li> <li>3. Discuss and agree the frequency and format for of reporting against each priority to enable the Health and Wellbeing Board to monitor progress.</li> </ol>	
<b>Financial/Resource Implications:</b>	
None identified	

# Update on the implementation of the Health and Wellbeing Strategy priorities

July 2021

## 1. Introduction

On 20<sup>th</sup> September 2020, the Board received an update on each of the seven Gloucestershire Health and Wellbeing Strategy priorities. It is acknowledged that each of the priorities are at a different stage of development. The delivery on all of the seven priorities has undoubtedly been impacted in some way by the pandemic.

This report provides a summary update on progress for each of the priorities. It is important to be mindful that each of these priorities were selected due to the potential for the Health and Wellbeing Board to be able to add value. The focus for each of the priorities needs to remain on what can only be tackled in partnership.

Furthermore, there is a commitment addressing health inequalities through each of the priorities and this is highlighted in the summary below.

## 2. Physical activity

### 2.1 Highlights of progress

This priority is delivered through 'We can move' which is facilitated by Active Gloucestershire and has been developed through extensive research and consultation.

Though challenging, the pandemic has provided the opportunity to test new approaches and to strengthen partnerships. During the year supporting 'we can move', and in partnership with Sport England, Active Gloucestershire has allocated grants totalling £150,000 to organisations working to address health inequalities using physical activity. A further phase of this work is expected, with a similar budget, in the next few months. The project has supported strong levels of community action, such as the work being undertaken by [Get Moving Waddon](#) and [Abbeymead Rovers](#) walking football team. The grant programme has been delivered alongside the newly created [Gloucestershire Funders](#) group.

During periods of lockdown some programmes were delivered on-line or amended. For example, projects such as 'Fall Proof' has been adapted so that materials have been distributed at vaccination centres. The *Fall Proof* approach has now been picked up and used in other regions across England. The CCG and Active Gloucestershire have been working in partnership to deliver a 'we can move' pilot programme for people waiting for treatment for Pain called 'It's Your Move'. Results so far have been very positive and the work has been highlighted by the [British Journal of General Practice](#). A further phase has now been agreed and we are

exploring how this can be scaled whilst working alongside other approaches such as social prescribing and exercise on referral. Working with the Forest of Dean and Stroud District Council we're testing a referral platform 'Refer All' with a view to offering it across the county.

Work with schools, children and young people has been challenged by periods of home schooling. However, some programmes have been delivered online, this has included innovative approaches such as yoga skills training for teachers delivered in partnership with Gloucestershire Healthy Living and Learning. This work is ongoing and from September there are plans to work with schools to test the [Creating Active Schools Framework](#) alongside tested approaches such as [The Daily Mile](#). Active Gloucestershire have recently been awarded circa £150,000 to provide grants for schools to open their facilities for community use following the pandemic, grants will focus on areas with the greatest health inequalities. The CCG and Active Gloucestershire are working in partnership to deliver a 'we can move' project for social prescribing aimed at children and young people which will support the work of the Mental Health Trail-blazer schools, the first referrals have now been received and the work will scale over the next twelve months.

Skills and learning have been delivered mainly online, this has included 'we can move' behaviour change workshops delivered in partnership with Healthy Lifestyles Gloucestershire. The next course is running on the 27<sup>th</sup> July. Systems work has included supporting districts to map their physical activity system, helping decision making, and providing support for commissioning the county wide [Holiday Activity and Food Programme](#).

'We can move' takes an iterative and learning approach supported by evaluation partner ARC West. An evaluation has recently been completed of the first phase of 'we can move', the full evaluation is available on request. The approaches to evaluation have been shared locally as well as nationally and are being adopted by several other organisations. Whilst undertaking the evaluation ARC West highlighted the work by the Gloucestershire health and wellbeing system in support of 'we can move', this has contributed to a report by the [International Society for Physical Activity and Health](#) about [eight investments that work](#).

## [2.2 Addressing inequalities](#)

As part of 'we can move', [Gloucester Community Building Collective CIC](#) have been using strength and Asset Based Community Development (ABCD) approaches to encouraging physical activity in Gloucester City, this has included a small community grants scheme. This work is due to continue for a further twelve months with an evaluation from [ARC West](#) reporting in October 2021. Findings will be shared with other areas in the county using strength and ABCD approaches to influence practice.

### 2.3 Next steps

'We can move' will continue to deliver against this priority in line with the overarching theory of change and continuous development and refinement contributed to by the iterative, learning nature of the work. The Programme Group has been expanded to include representation from each of the six district councils alongside Active Gloucestershire, CCG and Gloucestershire County Council and recently signed off the strategy and business plans for the next phase of the work. Alongside this 'we can move' continues to partner and contribute to system wide priorities and pieces of work, sharing learning, offering support and looking for opportunities to collaborate.

## **3. Action on ACEs (Adverse Childhood Experiences)**

### 3.1 Highlights of progress

The Gloucestershire ACEs Panel leads on the ACEs Strategy and reports to the Health and Wellbeing.

The ACEs panel resumed regular meetings in September 2020 after a pause through the first phase of the pandemic. The focus has been on continuing momentum in the programme with a view to responding to the impact of the pandemic on vulnerable children and adults, and building on the examples of individual and community resilience which the county has seen.

In May, the Action on ACEs programme held an Ambassadors Networking event offering an opportunity to engage with the 135 plus current Ambassadors across social care, early years, the VCSE and education sectors. This was followed by the annual ACEs conference in June (ran jointly with education colleagues) which attracted 487 delegates. The conference focused on the importance of resilience as a protective factor against the impact of ACEs.

Work is also underway to:

- Roll out a pilot of trauma informed training for the VCSE sector in conjunction with the Nelson Trust;
- Introduce Trauma Informed Relational Practice training for schools and GCC; and
- Develop mentoring support for vulnerable girls and young women.

### 3.2 Addressing health inequalities

Our socio-economic circumstances and life chances have a bearing on our likelihood of experiencing ACEs and our resilience. Addressing the causes and impact of ACEs can help contribute to reducing inequalities. Locally the pandemic is encouraging a renewed system wider focus on addressing inequalities, and it is important that we embed an ACE aware and trauma informed approach as part of this.

### 3.3 Next steps

The panel is currently overseeing a refresh of the current ACEs strategy and accompanying action plan. The refresh will reflect on our learning to date and the developing evidence base around ACEs.

Priorities for the next phase include:

- Continuing to develop our approach to trauma informed practice in the county, building on work already happening in the education, early years and voluntary sector; and
- Extending our focus to look at the impacts of ACEs in adulthood and the role of a trauma informed approach in building resilience.

## **4. Mental Wellbeing**

### 4.1 Highlights of progress

Delivery of the Health and Wellbeing Board's strategic priority for mental wellbeing is aligned with the delivery of the county's all age Mental Health and Wellbeing Strategy which is overseen by the Mental Health and Wellbeing Partnership Board. The Board meets on a quarterly basis and resumed meetings in November last year after a pause through the first phase of the pandemic.

The system wide focus on mental wellbeing over the last 15 months has largely focused on responding to the mental health impact of Covid-19. The response has been co-ordinated via the multi-agency Mental Health and Wellbeing Cell (chaired jointly by Public Health and the Clinical Commissioning Group) which provides informal reports into the Partnership Board. Highlights include:

- The launch of a new countywide campaign: 'Be Well' Gloucestershire to raise awareness of the mental health support available in the county
- Investment in additional early intervention mental health support for adults and children and young people and
- Work to model need and demand for mental health support in the county.

In addition, the last year has also seen the:

- Roll out of the new GloW (Gloucestershire wellbeing) community grants scheme aimed at supporting projects which reduce social isolation in vulnerable groups
- Provision of training to front line staff and volunteers to enable them to recognise the signs of mental ill health or crisis and respond appropriately
- Engagement work to support plans to transform how mental health services are provided in the community to improve joined up care and support recovery and
- Ongoing investment in children and young people's mental health via the Trailblazer programme.

## **4.2 Addressing health inequalities**

Poor mental health can be both a cause and a consequence of health inequalities. Addressing the wider determinants which contribute to poor mental wellbeing and reducing stigma are key focuses within the county's mental health strategy. Recent work has focused on increasing our understanding of the experiences of individuals from Black, Asian and minority ethnic groups when accessing mental health services. An initial report has been produced, and it is planned to carry out wider consultation and engagement on the report recommendations which will in turn inform an action plan.

## **4.3 Next steps**

In the coming months, the Partnership Board will be working with members of the Mental Health and Wellbeing Cell to refresh the countywide strategy to reflect the impact of Covid-19 on mental health and wellbeing. Work will also be continuing on:

- The planned refresh of the county wide suicide prevention strategy and action plan;
- Continuing the review of the current sub-groups and work-streams under the main partnership board; and development of a dashboard to track progress against objectives.

It is also important that we look at opportunities for joint working across the Mental Health and Wellbeing priorities, recognising the range of social and environmental factors which impact on wellbeing; and how it relates to other aspects of our physical health and life chances.

# **5. Social isolation and loneliness**

## **5.1 Highlights of progress**

Tackling social isolation and loneliness is a joint priority between Safer Gloucestershire and the Health and Wellbeing Board. A deep dive was undertaken in 2019 and reported back to the Health and Wellbeing Board. Since then, some preliminary work has been conducted to scope the actions required to deliver this priority through Enabling Active Communities and Individuals (EAC-I).

This preliminary work recognises that we do not need a 'loneliness response' but a community one that offers opportunities for the creation and development of meaningful relationships. Therefore, the proposed priority actions include:

- The engagement of people, neighbours and communities in recognising social isolation and loneliness and wanting to make a difference
- Planning support for children, young people, adults and older people through predictable life event transition points that can result in social isolation and loneliness
- The level of support statutory, community, voluntary and private sector organisations are able to provide to create opportunities for people to interact with each other

- Resources available in both staff resource and monetary terms to implement the key objectives.

## **5.2 Addressing health inequalities**

Anyone can experience social isolation and loneliness. However, particular individuals or groups may be more vulnerable than others, depending on a number of factors including physical and mental health, migrant status, level of education, employment status, wealth, income, ethnicity, gender and age or life stage<sup>1</sup>.

Social isolation is a health inequality issue because many of the associated risk factors are more prevalent among socially disadvantaged groups than the general population. Social disadvantage is linked to many of the life experiences that increase risk of social isolation, including poor maternal health, unemployment, and illness in later life.

Reducing social isolation across society will contribute to improving overall health and wellbeing, and to reducing health inequalities.

## **5.3 Next steps**

The initial next step is to build a sponsoring group of advocates to oversee county-wide actions and hear insights from community responses which will inform actions for collective focus. This group will:

- Shape the approach around a model of change
- Gather data and evidence to support actions and evaluation of progress
- Oversee communications including a campaign calendar and online resources in collaboration with Be Well Gloucestershire and community groups
- Identify staffing and financial resources available to support delivery of the plan
- Liaise with other Health and Wellbeing Board priority leads to ensure links are made across the themes.

# **6. Healthy lifestyles – healthy weight**

## **6.1 Highlights of progress**

‘Healthy Weight’ is both a Gloucestershire Health and Wellbeing Board and ICS priority.

As previously reported to the Health and Wellbeing Board, there is a wide range of obesity prevention and weight management activity underway in Gloucestershire, including commissioned interventions and community-led activities. There is also

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<sup>1</sup> Institute of Health Equity (2015). Local Action on Health Inequalities: Reducing Social Isolation Across the Lifecourse [Online] Available from: <https://www.instituteofhealthequity.org/resources-reports/local-action-on-health-inequalities-reducing-social-isolation-across-the-lifecourse>

considerable scope for other strategic priorities to contribute towards reducing obesity. However, if we are to make a tangible difference at a population level these agendas and opportunities need to be joined up. The evidence recommends that this is achieved through 'whole systems' working, which brings multiple stakeholders together to integrate action to bring about change. This requires systems leadership and should combine effective *preventive* action to tackle the social, economic and environmental drivers of obesity with weight management treatment for those already affected.

The Health and Wellbeing Board has the opportunity to be the senior driving force behind this change by leading work across the system and linking across the priority areas (e.g. mental wellbeing, physical activity, best start in life) and with wider work to mitigate health inequalities.

This direction of travel has been approved by the Board. However, the Board is aware that additional resources are needed for practitioner support to implement the approach. [A crude estimate of around £100 - £125k per annum is required to initially develop the approach in one or two districts]. This resource has not yet been secured.

Much of the development work in this area has been paused over recent months as officers were redeployed to work on the response to COVID-19. However, the following progress has been made:

#### **6.1.1 Adults' weight management**

- Introduction of a digital weight management offer (provided by WW) as an alternative referral option while face-to-face Slimming World provision was paused in line with Government guidance. Face-to-face provision is now reinstated and the digital offer will remain in place as an alternative
- Work in train to invest non-recurrent DHSC funding (£189k) to develop and test an enhanced Tier 2 weight management offer for adults whose needs are not met by current Tier 2 offers but do not meet thresholds for Tier 3
- Local partners are collaborating to ensure that the new national weight management offers being introduced into primary care under the NHS Long Term Plan is properly integrated with existing provision.

#### **6.1.2 Children's weight management**

- Continuation of the children's Tier 2 weight management pilot (provided by BeeZee Bodies); a digital offer was developed to support families during lockdown and face-to-face delivery will be resumed in September
- Development of the local Tier 2 offer has continued. We are consolidating our learning in use of the locally developed 'Structural Resilience' framework, which enables us to adapt the offer for families with complex needs and this approach is now receiving regional and national recognition

- Two bids have been submitted for national funding (non-recurrent); the first aims to enhance and extend the Tier 2 offer; and the second to pilot an integrated Tier 2 and Tier 3 offer for children and young people (outcomes of both bids expected imminently).

## **6.2 Addressing health inequalities**

It is also a health inequalities issue, affecting twice as many children living in our most deprived areas, compared to those from the least deprived areas, and over the last decade this gap has widened. People with disabilities, mental health conditions, and those from ethnic minority communities are also more likely to be affected. National evidence suggests that Covid-19 has exacerbated obesity-related health inequalities but until we have another complete year of child measurement data we will not fully understand this impact locally.

## **6.3 Next steps**

The following work will be taken forward within existing resources:

- Completion of the Tier 2 children's weight management pilot and evaluation; and finalising the business case for recurrent investment from 2022
- Updating the local needs and assets assessment to understand the impact of COVID-19 on local obesity levels, associated inequalities, and opportunities to involve communities in delivery.

Further work will be needed to identify and secure the resources needed to implement the whole systems approach to obesity prevention.

# **7. Early years and Best Start in Life**

## **7.1 Highlights of progress**

Further to the update prepared in September 2020 (available here [HWB Best Start in Life 12.9.20 FINAL.pdf \(gloucestershire.gov.uk\)](#)), the Early Years sub group of the Child Friendly Gloucestershire initiative, continues to meet as a system-wide partnership, to progress this priority.

Child Friendly Gloucestershire have created a plan alongside the priorities of the Early Years service and the combined actions are:

- Mixed approaches to engage and consult with families to understand their experience of living in Gloucestershire, the support available to them, the barriers to support and existing gaps
- A particular focus on understanding the impact of COVID-19 on young children and families and new and emerging needs
- Addressing the attainment gaps for children eligible for school meals and children from ethnic minority communities, the attainment gap for both cohorts in Gloucestershire is significantly higher than the England average

- Supporting good transitions to school and supporting schools to ensure that children receive good quality teaching, learning and play experiences in their reception year enabling them be safely included and to make good progress
- Ensuring that our most vulnerable children (pre-birth to 5) have access to universal and targeted provision within their communities to enable parents to be confident in supporting their child's development, and giving all children the best start in life
- Having systems in place to identify and support children with additional needs/special educational needs (SEN) as early as possible, providing a higher level of intervention for children with the most complex needs
- Engage families that are commonly hardest to reach to ensure they have access to non-judgemental support
- Focus on ensuring services, attitudes and messages are accessible to dads.
- Increase the uptake of free child care for eligible two-year olds (from 71% to 75% over next 12 months) and two-year-old development checks by health visitors for those most vulnerable
- Work in partnership with community projects and groups to ensure there is a robust offer of effective universal support for parents and babies/toddlers across the county
- Develop a set of measurable outcomes to monitor impact.

## **7.2 Addressing health inequalities**

As indicated above there is evidence of concerning health inequalities between sub groups of the population in Gloucestershire including those from Black, Asian and minority ethnic groups, those eligible for free school meals (an indicator of socio-economic disadvantage), and those with additional needs. The approach taken is that of 'proportional universalism', where the majority of interventions are universal and accessible to all, however particular focus and support is targeted to those whom are more disadvantaged.

## **7.3 Next steps**

We will continue to progress work against this action plan and update the Health and Wellbeing Board accordingly.

# **8. Housing and health**

## **8.1 Highlights of progress**

This priority focuses on three key areas:

- i. Ensuring new housing development promotes good health and wellbeing
- ii. Bringing existing housing stock conditions up to standard
- iii. Providing a diverse housing offer.

### ***8.1.1 Progress on ensuring that new housing development promotes health and wellbeing***

- The Health Impact Assessment (HIA) Framework has been included as a resource in the Gloucestershire Health Inequalities Toolkit
- Continued influence of Local Plans (Responses to consultations and engagement with local plans) where there is capacity to do so
- [A resource for local authorities on planning healthier places](#) has been developed by PHE to support public health and planning professionals showcase exemplar schemes; it includes an example from Gloucestershire on how to embed health and wellbeing into neighbourhood plans.
- There has been limited progress with respect to engaging with the Development Industry due to capacity to support this work

### ***8.1.2 Progress on bringing existing housing stock conditions up to standard***

- Leadership development workshop held (13 March 2020), leading to revisions in the SHP and the further commissioning of governance review (September – December 2020) and implementation of revised proposals
- Appointment of a programme team (DFG funded) to provide management capacity
- Building links between housing and health through the Gloucester Integrated Locality Partnership
- Stock condition survey progressed.

### ***8.1.3 Progress on providing a diverse housing offer***

- Housing with care strategy established – producing a range of accommodation for people in the county to help them remain independent and lead fulfilling lives
- Homeshare Scheme established. This a scheme for matching two people who will benefit from living together one offering their home, one providing 10 hours help per week. Currently there have been seven matches in Gloucestershire, increased interest following lockdown
- Warm & Well Scheme; and Park Homes Improvement Programme progress. An additional £2m has been accessed from the Green Homes Grant in two separate awards for additional park home improvement and to improve rural off-gas properties
- Officers have been appointed to support frailty project and hospital discharge into suitable accommodation. This is already having success in ensuring people maintain their independence. Significant savings to the social care budget and accommodation available for others.

## **8.2 Next steps**

### ***8.2.1 Ensuring that new housing development promotes health and wellbeing***

Health Impact Assessment (HIA) Framework:

- Finalise Health Impact Assessment (HIA) Framework. Then conduct pilot sessions and evaluate effectiveness of framework. Review evaluation and agree implementation/training/support plan
- Progress Planning Healthy Places COP. This includes confirming resource to administer COP and agree schedule of events
- Influence Local Plans through the process by evaluating effectiveness of response template and reviewing how responses have impacted Local Plans and local developments.

### ***8.2.2 Bringing existing housing stock conditions up to standard***

- Join up Health, Social Care and Housing Data
- Housing Conditions Survey to be progressed
- Continue to build links between housing and health through the Gloucester pilot
- Leadership Development across the Strategic Housing Partnership.

### ***8.2.3 Providing a diverse housing offer***

- Expand the Homeshare Scheme with increased numbers sharing. Work with Age UK on Community circles scheme to increase support for people and combat loneliness.
- Warm & Well Scheme; and Park Homes Improvement Programme will aim to insulate over 150 park homes and provide air source heat pumps to properties without gas in rural areas
- Further work to look at suitability of accommodation and increased range. Ensuring people can live independently for longer. Further development of tech and equipment solutions to enable people to remain at home
- Greater support for hospital discharge where housing is an issue
- Compile register of adapted properties
- Increase use of existing extra care housing in county
- Implement housing with care strategy, developing further the range of provision
- Specific project focusing on fuel poverty in areas to address health inequalities. Urban and rural pilot projects to reduce cold homes and improve residents' physical and mental health
- Work with ethnic minority communities to address inequalities issues and access to services.

## **9. Conclusion and discussion points**

The preceding summary of each of the Health and Wellbeing Board priorities illustrates progress made since last September and how each priority will be progressed. It would be useful for the Board to consider the following:

- High level indicators are included in the Health and Wellbeing Board Strategy. However, it is proposed that this needs to be developed further with a dashboard to monitor performance against a range of indicators for each of the priorities.

- This report provides a summary of updates on progress for each of the priorities. In order for the Board to continue to monitor progress, the frequency and format of report against each of the priorities needs to be decided.