

Quest 2016 – Gplus 5

Contribution to Health and Wellbeing

Guidance Notes

Issue 3 – July 2016



Outcomes

- Programmes and interventions are embedded in our core offer and clearly demonstrate how they address local Health and Wellbeing (H&W) priorities
- Programmes and interventions have been agreed with local H&W stakeholders and pathways exist to encourage participation from inactive priority populations
- There is high levels of awareness, understanding and commitment to our programmes and interventions amongst staff, stakeholders and beneficiaries
- There is evidence that H&W programmes and interventions address local priorities and are making an impact

Challenge:	Unsatisfactory	Satisfactory	Good	Very Good	Excellent
PLAN					
What plans exist to improve the health and wellbeing of the local community?	No plans exist and interventions take place on a reactive basis.	There is a simple plan in place but it is limited and not widely understood by stakeholders.	<p>Plans are in place and these clearly describe actions, which are proactively seeking to achieve sustainable change.</p> <p>Plans are aligned with local priorities and stakeholders have been consulted.</p> <p>Plans have been informed by local and national insight and frameworks.</p> <p>Plans have a reporting cycle in place with review and refresh action phases.</p>	<p>Plans are SMART and actions are proactive seeking to achieve sustainable change.</p> <p>A management group takes ownership of plans and it agrees and captures key actions regularly.</p> <p>Plans make use of the latest local and national insight and frameworks.</p> <p>Local stakeholders are engaged in the development and review of plans.</p> <p>Plans are reviewed and agreed as 'fit or purpose' and</p>	<p>A wider stakeholder group manages plans and agrees actions designed to address local H&W priorities.</p> <p>This group has wide membership and expertise is sought to assist in developing and agreeing plans.</p> <p>The plans relate to the key drivers for change at the local level.</p> <p>Plans feed into the local H&W process and/or CSP and/or local physical activity group.</p>

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				'current'	The DPH and/or a key public health representative is made aware of any plans and their feedback/insight is sought to inform it/them.
DO					
How do you communicate your commitment to improving the H&W of the local population?	Commitment is unclear and is difficult to evidence.	Some evidence exists and a small number of staff are able to recall some key health and wellbeing priorities.	The organisations business plan highlights a number of H&W commitments. Social media and web presence describes our H&W activities and commitments. Reports capture H&W actions and impact and these are shared within the organisation.	H&W is a clear priority and narrative throughout a number of strategic documents and communication approaches confirm this. A wide range of staff can talk about the organisations H&W objectives.	The organisation's leadership team remain informed about what is being done to improve the health and wellbeing of the local populations and communities. The local Health & Wellbeing Board have been made aware of your H&W objectives. The DPH is copied into any communication about your H&W commitment and this is shared more widely across the local health system.
What evidence or best practice has been considered to inform your programme /	There is nothing to suggest any efforts are evidence of best practice based.	Some interventions have been developed based on evidence and best practice.	A range of evidence and best practice has been used to inform what, how and why we do things.	IWe can clearly tie our interventions to examples of best practice and evidence from various sources including local, regional,	We have been recognised by peers as an example of best practice and for the contribution we make to improving the H&W of local

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intervention design?			Benchmarking is in place to assist comparison and improvement processes.	national and international	populations and/or communities
MEASURE					
How do you measure what you do?	There is no evidence that measurement happens.	Some measurement takes place but it is ad hoc and not systematically used to inform decisions/change.	The organisation has an agreed and active measurement approach. We use the findings from our measurement approaches to inform what and how we do things.	There is an internal group responsible for developing/agreeing measurement tools and approaches. We use the insight generated from our measurement approaches to inform what we do. Measurement processes are understood and staff can describe the value of data/information/insight.	A wider stakeholder group decides what measurement tools/approaches will provide the best data and information appropriate to the interventions we offer. Measurement insight is collated and shared with an evaluation organisation/s. The data and information we collect contributes to the local strategic drivers for change.
REVIEW					
How do you review what you measure?	There are no review processes in place.	Review happens but it is ad hoc and probably limited.	Systematic review takes place (probably quarterly). The process is agreed with management, diarised and evidence suggests it is undertaken. Key issues are captured and actions are in train.	There is an internal group responsible for reviewing what happens and outputs and outcomes are generated. We use current tools/processes to review what we do. Findings from reviews helps	A wider stakeholder group supports the review process. We use recognised tools, processes and people with expertise to help us review what we do. Our review processes is understood by all staff and

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				to promote a learning culture. The internal group cascades the outputs and outcomes from the review process	we regularly feedback our findings to staff and external stakeholders.
IMPACT					
What measurable differences are you able to demonstrate?	We can't articulate the impact we make.	We can describe some of the differences we make. We have some evidence of the before and after.	We can easily describe the differences our interventions make. We have a number of case studies that help us tell a story. We communicate the benefits of our impact to potential customers and stakeholders via various media.	We routinely collate, via a number of approaches, the differences our interventions and programmes make. We are able to present really good evidence of the difference we make. We collect and promote/celebrate case studies, especially those focussed on priority populations ('people like me') Our impact is backed up by robust evaluation approaches.	We use robust evaluation approaches to help validate our impact. The differences we make have been recognised by peers and celebrated as examples of good or best practice. Our impact is recognised locally and our reporting processes enable us to contribute to local data sets and case study presentations. We undertake independent evaluation to assure our outcome statements.

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Suggested Guidance

PLAN

What plans exist to improve the health and wellbeing of the local community?

- Is improving the health & wellbeing of the local population and the organisation's workforce clearly referenced and identified as a priority within the business / operational plan of the organisation?
- Are both short and long term goals related to H&W defined within the business objectives?
- Do H&W targets reflect local priorities and are they SMART (specific, measurable, achievable, realistic and timely)?
- Do the senior management of the organisation work with other local health & wellbeing stakeholders; such as the local National Health Service (Primary and Secondary Care), Charitable or Voluntary Orgs, specifically Commissioned H&W Providers and the County Sports Partnership, to achieve the specific outcome of improving the communities H&W?
- Does the organisation have a culture of wanting to improve the H&W of the local population and to achieve outcomes that are not purely financial?
- Does the organisation use reliable and validated sources of data and information (e.g. local demographics, health / socio-economic factors and market segmentation, Physical Activity insight tool - <http://fingertips.phe.org.uk/profile/physical-activity>), to inform agreed objectives and delivery approaches
- Are Health & Wellbeing Board plans used to shape ideas, inform organisation decisions and set objectives?
- The local authority will have clearly defined priorities, many captured within the Joint Strategic Needs Assessment (JSNA), H&W Board Strategy and Clinical Commissioning Group (CCG) Local Delivery Plan. Many areas will have Locality (neighbourhood) Plans and even localised Physical Activity Strategies / Action Plans. These plans are written to align and scale up delivery. Does the organisation work with these stakeholders in a collaborative and a co-production way and are actions strategically agreed / approved / signed off eg via the H&W Board, CSP or some other Partnership Group?

DO

How do you communicate your commitment to improving the health & wellbeing of the local population?

- Does the organisation communicate its achievements against the business plan objectives throughout the year to the relevant stakeholders and staff? It is important to demonstrate the 'golden thread', the progression from start to finish and how the objectives are adding value towards the core business?
- Does the organisation have regular performance review meetings with relevant stakeholders to enable sharing of progress and issues with the opportunity to discuss solutions and alternatives? Are these minuted (recorded) and distributed to relevant stakeholders?
- Does the organisation promote good news? This is beneficial, as it demonstrates success to local target groups and the general population who may not be actively involved in the H&W programme?
- Does the organisation use quarterly / annual reports to communicate high level impact, success and outcomes achieved to partners and other relevant decision makers across the local H&W landscape?
- Does the organisation have clear links to the likes of the Health Trainer Service, locally commissioned (via CCG and/or LA) H&W Service Providers and other community based organisations (e.g. Community Voluntary Action type orgs) which will ensure that facility management are aware of parallel offers available so that they can be communicated to those who are engaged in programmes / interventions?

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- Does the organisation use emails, electronic newsletters, social networks (Twitter/Facebook/Instagram) and online content to communicate available activities to both users and non-users and are these segmented in any way
- Does the organisation use JSNA, Public Health England 'Health Profiles', Physical Activity tool, and Active Lives locality updates (twice yearly) to help with designing and planning of health & wellbeing initiatives?

What evidence or best practice has been considered to inform your programme / intervention design?

- Does the organisations management consider and discuss how to mirror / utilise best practice developments (e.g .National Institute for Health and Care Excellence [NICE], British Heart Foundation National Centre for Physical Activity, UKActive Research Institute, SPORTA Make Your Move and SPORTAPurple), to enable them to keep both themselves and staff informed of local and national initiatives, emerging evidence and best practice?
- Is there sufficient capacity assigned (named officer/employee) to researching best practice and liaising with relevant stakeholders?
- Can management demonstrate links to national strategies/policies (drivers for change) e.g. Sporting Futures and Towards and Active Nation?
- Does the organisation have appropriate systems and processes in place to ensure client/customer confidentiality and Data Protection? Does a Confidentiality Statement, or equivalent, exist? Has/have the Local Authority/CCG Data and Information Management Framework and local NHS Caldicott principles been considered?
- Do staff who have access to patient identifiable information (including admin staff) and do these require to be Disclosure and Barring Service checked? If yes, is there an up to date register of these staff/personnel and who manages this register?

What training and development has been put in place for your staff to deliver this commitment?

- Can the organisation demonstrate up to date and current competencies, skills and knowledge of staff? There should be paper and electronic evidence. Added value will be gained from staff progressing through the CIMSPA Professional Development Framework and/or REPs (Register of Exercise Professionals) education programmes.
- Does the organisation make appropriate use of level 3 staff and those with General Practitioner (GP) referral and special population qualifications? This is crucial to achieving effective engagement and support of clients.
- Does the organisation make use of Local Health Improvement and Public Health teams who may be able to offer awareness training for local health issues?
- Do staff understand the local physical activity environment/pathways, not just those offered by them? This may help encourage people to sustain participation in physical activity/sport outside of the organisations programmes and interventions.
- Are staff personal development plans aligned with locally required competencies and skills? These can be influenced and informed (even delivered) by local health improvement organisations.
- Does the management review staff training needs? This could be done by matching skills to local needs. This is important to ensure activities and offers are tuned to local needs and priorities.
- Does the management encourage staff and activity specialists to be in CIMSPA Membership (Associate through Chartered) and/or REPs registered? This encourages Continuous Personal Development (CPD).
- Are staff trained in data protection?
- Do staff have an understanding of how 'I make a difference'? If staff are aware of the impact they are having on people's H &W, it can be a great motivator.

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- Are staff encouraged to achieve specific qualifications or attend specialist training such as: level 3 GP Referral and Special Populations qualifications e.g. behaviour change, obesity, mental health, diabetes and smoking cessation? This can lead to new initiatives being delivered which can help to achieve health & wellbeing objectives.
- Does the organisation have a competency, skills and knowledge development plan which is influenced and informed by local health priorities and reflects the needs of the local community?

What resources have been allocated to achieve these outcomes?

- Is an appropriate budget put aside for training and developing staff and for the subsidised use of space and facilities to assist the achievement of local health and wellbeing objectives?
- If mobile information technology (IT) equipment is used (e.g. laptops/tablets) to record patient information, is it suitably encrypted and controlled in line with local IT Security Guidelines?
- Does the organisation maximise the use of partners to provide resources (people and financial) to support the delivery of programmes?
- Does the organisation have sufficient resources allocated to 'kickstart' programmes and to target the promotion of new initiatives effectively to the relevant populations? Does the organisation have a plan in place to ensure all new initiatives are comprehensively promoted and the results of marketing are evaluated?
- Does the organisation budget for the necessary time it takes staff to plan the programme, liaise with partners, benchmark, research best practice and attend relevant meetings and conferences?
- Are there systems/processes in place to evaluate the successes of programmes/interventions offered? Have these been informed by national evaluation guidance and/or local academic institutions?
- Is there a budget for programme initiatives that possibly may not cover costs? How long will the organisation support a programme for if it does not break even, and are exit routes available to help people remain active once an intervention has ended?

MEASURE

How do you measure?

- Does the organisation have locally agreed KPIs, which are useful to assist in recording and measurement? Collecting information is a useful way of measuring impact at an individual level and then the likely outcome achievable overall.
- Do the management record numbers, frequency, utilisation of space, time and intensity? This information is useful when presenting information to stakeholders and partners.
- Do the management have knowledge of the local indicator and measurements used (e.g. JSNA, Active Lives, PHE Health Profiles, Physical Activity Tool)? Without this information, it is difficult to measure performance?
- Does the organisation measure the market penetration; for example utilising segmentation to report who is attending and benefitting from what initiatives?
- Does the organisation conduct random sampling and questionnaires amongst those targeted? This will help to ensure transparency when measuring quality and consistency.

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- Does the organisation accurately record data and transform this into useful information to ensure progress in the right direction to achieve objectives?
- Does the organisation measure financial performance, which could include return on investment, cost efficiency analysis and cost benefit analysis? Are any tools used eg Sport England 'Moves Tool' and is Active Lives routinely interrogated to help shape resources and investment?
- Are membership sales reviewed, for example conversions from GP Referrals to memberships?
- Does the organisation have independent and formalised evaluation processes providing scrutiny, transparency and lending itself to quality assurance?
- Is participant, staff and stakeholder feedback measured and analysed?
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REVIEW

How do you review what you measure?

- Is feedback from partners and stakeholders (e.g. funders, commissioners, participants and customers) reviewed? The findings may be used to enhance or change programmes and products. It may also result in good news stories that can be used to promote individual and organisational results.
- Does the organisation regularly review what they do? Changing programmes, initiatives and key documentation 'mid-term' shows that the management have a 'can do' and insight led approach and that they are listening to their stakeholders and customers.
- Does the organisation routinely review the business plan targets and KPIs 'in year'?
- Do the management hold regular staff meetings where the programmes are discussed? This will inevitably result in changes and progression, these meetings can be invaluable to generating first hand insight.
- Do the management regularly review the training needs of front line staff? Training requirements may need to be changed to mirror any emerging and new priorities. Reviewing previous training and training providers is also important as this will establish if the training was beneficial and has made a difference to the delivery of the programme.
- Do the management consider research and evaluation methods? Evaluation methods and measurement KPIs contained in Sporting Futures and Towards an Active Nation should be considered and aligned with local measurement tools/approaches. This will help benchmarking and specific data can be used to compare/contrast with similar organisations/geographic areas.

IMPACT

What measurable differences are you able to demonstrate?

- Has there been a quantifiable increase in participation across a range of target/priority groups?
- Are the programmes 'in demand'? Demand from targeted populations is crucial for their sustained success.
- Are participants on the programme(s) reporting success and achievement? Story Telling and Case Studies will help broaden stakeholder understanding.
- Are local people 'spreading the word' and helping to inform others?
- Can the organisation demonstrate that they are making a contribution to high level outcomes, such as reductions in incidence of Long Term Conditions and Obesity? Smartly aligned KPIs may be able to be used to demonstrate this.
- Does the organisation effectively communicate the impact they have made to local stakeholders (e.g. H&W Board, Public Health Team, Commissioners, CSP)

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and Communities) by a various means? H&W reports/presentations, CSP Board papers/presentations, quarterly reports, annual reports, KPIs, media releases, social media, electronic mail, conferences and seminars will help to motivate stakeholders and keep them interested and committed.

- Has the organisation's contract been renewed? This is always a sign of success.
- Is the organisation being actively approached by potential new partners? This is a sign that you are a willing partner and have achieved results.
- Has any work delivered been recognised as best practice or received an award locally, regionally or nationally? It may help to sell initiatives and the service further afield.
- Does the organisation have any recognition from within the local health/clinical community of the successes achieved? Has any success been presented to, or recognised by, the local H&W Board, LA Health Scrutiny Panel, CCG Board or any other group where decision making happens?
- Has there been any measurable increase in the organisation's income, utilisation and participation from the H&W interventions?