

Quest 2016 – Gplus 5

Contribution to Health & Wellbeing

Guidance Notes

Issue 3 – July 2016



Outcomes

- Programmes and interventions are embedded in core offer and clearly demonstrate how they address local H&W priority issues
- Programmes and interventions have been agreed with local H&W stakeholders and pathways exist to encourage participation from priority populations
- Health and wellbeing targets reflect local priorities and evidence exists to demonstrate impact

Suggested Guidance

PLAN
What plans exist to improve the health and wellbeing of the local community?
EXAMPLES OF BEST PRACTICE <ul style="list-style-type: none">• Improving health and wellbeing is a priority in business plan to• Short and long term goals within business objectives• Health and wellbeing targets reflect local priorities and are SMART• Senior management work with local health and wellbeing stakeholders• Culture of improving health and wellbeing• Reliable and validated sources of data and information used• Health and wellbeing Board plans• The organisation works with stakeholders in a co-production way
SUGGESTED GUIDANCE <ul style="list-style-type: none">• 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 health & wellbeing defined within the business objectives• Do health & wellbeing 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 Organisations, specifically Commissioned Health and Wellbeing Providers and the County Sports Partnership (CSP), to achieve the specific outcome of improving the community's health and wellbeing• Does the organisation have a culture of wanting to improve the health & wellbeing of the local population and to achieve outcomes that are not purely financial?

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- Does the organisation use reliable and validated sources of data and information, for example local demographics, health / socio-economic factors and market segmentation, to inform agreed objectives and delivery approaches?
- Are Health and 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), Health and Wellbeing 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 co-production way and are actions strategically agreed / approved / signed off, for example via the Health and Wellbeing Board, CSP or some other Partnership Group

DO

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

EXAMPLES OF BEST PRACTICE

- Inform staff and stakeholders of achievements against the business plan objectives
- Regular performance review meetings with relevant stakeholders to share progress and issues
- Good news stories promoted
- Quarterly/ Annual reports
- Clear links to other organisations for awareness of parallel offers
- Electronic communications and social networks
- Locality updates used to help with design and planning of initiatives

SUGGESTED GUIDANCE

- 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 minutes of meeting 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 health & wellbeing 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 health & wellbeing landscape?
- Does the organisation have clear links to the likes of the Health Trainer Service, locally commissioned (via CCG and/or Local Authority) Health and Wellbeing Service Providers and other community based organisations, for example Community Voluntary Action type organisations, 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
- 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?

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- Does the organisation use JSNA, Public Health England 'Health Profiles' 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?

EXAMPLES OF BEST PRACTICE

- Share external best practice
- Sufficient capacity to research best practice
- Links to national strategies/ policies
- User confidentiality, Data Protection Act (DPA)
- Criminal record checks

SUGGESTED GUIDANCE

- Does the organisation's management consider and discuss how to mirror / utilise best practice developments, for example 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), for example 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) require to be Disclosure and Barring Service (DBS) 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?

EXAMPLES OF BEST PRACTICE

- Staff have up to date competencies, skills and knowledge and this can be evidenced
- Staff have qualifications for specialist programmes
- Staff are aware of local physical activity/ pathways
- Personal development plans
- Staff training needs reviewed
- Professional bodies membership
- Staff aware of the benefits of the programmes
- Staff encourage to achieve further specific qualifications
- Competency, skills and knowledge development plan

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SUGGESTED GUIDANCE

- Can the organisation demonstrate up to date and current competencies, skills and knowledge of staff; there should be paper and electronic evidence. Added value could be gained from staff progressing through the CIMSPA Professional Development Framework and/or REPs (Register of Exercise Professionals) education programmes or similar
- Staff have the relevant qualifications that enable them to deliver the specialist programmes
- Are staff given awareness training to 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 organisation's 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 members of professional bodies, for example CIMSPA Membership (Associate through to Chartered) and/ or REPs registered; this encourages Continuous Personal Development (CPD)
- Are staff aware of the benefits of the programmes and activities that are being delivered and can they describe this
- Are staff encouraged to achieve further specific qualifications or attend specialist training such as: level 3 GP Referral and Special Populations qualifications, for example 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?

EXAMPLES OF BEST PRACTICE

- Budgets for training and programme delivery and development
- Mobile ICT equipment is suitable encrypted to record patient information
- Maximise the use of partners
- Resources for new initiatives and a plan to promote the initiatives
- Staff have time allocated to plan programmes
- Budget for loss leaders

SUGGESTED GUIDANCE

- 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, for example laptops/ tablets, to record patient information, is it suitably encrypted and controlled in line with local IT Security Guidelines

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- 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?
- Is there a budget for programme initiatives that possibly may not cover costs; does the organisation detail how long a programme will be supported 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?

EXAMPLES OF BEST PRACTICE

- Key performance indicators (KPIs) – local and site specific
- Local indicators and measurements
- Processes and systems to evaluate the programmes/ interventions
- Market penetration
- Data recorded and transformed into useful information to ensure progress in achieving objectives
- Financial performance
- Membership sales
- Independent and formalise evaluation processes
- Staff and stakeholder feedback

SUGGESTED GUIDANCE

- 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 have knowledge of the local indicator and measurements used, for example JSNA, Active Lives and PHE Health Profiles; without this information, it is difficult to measure performance
- 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
- Does the organisation measure the market penetration; for example, utilising segmentation to report who is attending and benefitting from what initiatives
- 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; this could include return on investment, cost efficiency analysis and cost benefit analysis. Are any tools used, for example Sport England ‘Moves Tool’ and is Active Lives routinely interrogated to help shape resources and investment
- Are membership sales measured, for example conversions from GP Referrals to memberships

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- 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. Does the organisation conduct random sampling and questionnaires amongst those targeted

REVIEW

How do you review what you measure?

EXAMPLES OF BEST PRACTICE

- Review key performance indicators (KPIs) – local and site specific
- Review business plan and targets
- Findings from feedback from partners and stakeholders
- Does the organisation regularly review what they do?
- Staff meetings to discuss programmes
- Training needs of staff regularly revised
- Research and evaluation methods

SUGGESTED GUIDANCE

- Are key performance indicators reviewed for both local and site specific KPIs
- Does the organisation routinely review the business plan targets?
- Is feedback from partners and stakeholders, for example 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’, this can show that the management have a ‘can do’ and insight led approach and that they are listening to their stakeholders and customers
- 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 could 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 could be considered and aligned with local measurement tools/ approaches? This could help benchmarking and specific data can be used to compare/ contrast with similar organisations/ geographic areas

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IMPACT

Has what you have done made a difference?

EXAMPLES OF BEST PRACTICE

- Quantifiable increase in target group participation
- Programmes 'in demand'
- Participant testimonials and success stories
- Local people 'spreading the word'
- Contribution to high level outcomes
- Communication of impact made
- Contracts renewed
- Organisation actively approached by potential new partners
- Has work been recognised as best practice or received awards
- Recognition from local health/ clinical community of achievements
- Increase in income, utilisation and participation

SUGGESTED GUIDANCE

- Has there been a quantifiable increase in participation across a range of target groups
- Are the programmes 'in demand'; demand from targeted populations is crucial
- Are participants on the programme(s) reporting success and achievement; Story Telling and Case Studies could 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, for example Health and Wellbeing Board, Public Health Team, Commissioners, CSP and Communities, by a various means; Health and Wellbeing reports/ presentations, CSP Board papers/ presentations, quarterly reports, annual reports, KPIs, media releases, social media, electronic mail, conferences and seminars
- 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 Health and Wellbeing Board, Local Authority 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 health and wellbeing interventions