

## **Outcome Based Accountability workshops**

### **Achieving successful outcomes for the people of Wigan**

#### **Introduction**

In July 08 Wigan Council commissioned the IDeA to run a series of six workshops on cross cutting themes in the LAA. The workshops were designed using Outcomes Based Accountability tools and techniques.

In the workshop, a number of groups involving a cross section of partners and stakeholders, selected population outcomes, and an indicator to undertake a 'turning the curve' exercise. The 'turning the curve' exercise is used to identify new ideas, partnership solutions and what works to accelerate the achievement against the indicator and to have a greater impact on the population outcome.

#### **Workshop 3: Extending life expectancy and living healthy life styles**

##### **Group 1 - Turning the curve exercise**

**Population:** All Wigan

**Outcomes:**

- Live longer than national average
- Good quality of life (self defined)
- More aspirations

**Experience: *What would success look like?***

- Less depression
- Better mental health and well being
- Motivated / productive
- Healthy lifestyle – is norm
- Healthy parenting
- Taking responsibility for own health

**Indicators: *What are the key indicators we could use to measure impact on the population outcome?***

- Mental health measure
- Obesity levels – healthy weight range

- Smoking prevention
- Reduction in avoidable cases of ill health
- Birth weights
- All age all cause mortality

### **STORY BEHIND THE BASELINE**

Rising obesity and associated disorders	Fattest getting fatter faster	Low levels of physical activity
Reliance on cheap high fat and high sugar foods	Food messages	IT reliance
Comfort eating – poor mental health	Alcohol - teenage	Free swimming – under 16's greater uptake
CWMP (community weight management programme)	5 a day!	Walk to school
Poor knowledge, increasing costs		

### **ACTION PLAN**

1. School travel plans
2. Better communication between partners
3. Health trainer / life coach

#### **1. Who to include**

Environmental services and community, schools, transport engineers  
 16 year olds, Year 6's primary schools, parents/carers  
 Healthy school project. Governors  
 Road safety, police, UCR projects, ward members

#### **Stage 1**

Stake holder group  
 Monitor baselines  
 Pilot and one ward

#### **Stage 2**

Demonstrate early outcomes

#### **Stage 3**

Roll out other wards

#### **2. Who to include**

Everyone!

**Stage 1**

CYPP

Look at whole picture

Communicating through advertising

3. **Who to include**

PCT – for adult service

Leisure and culture

Council

Vol Sector

Schools

Youth service

**Stage 1**

Buss case via PCT

Consultation

Best practice

**Stage 2**

Develop training package

Recruit

**OTHER PARTNERS / STAKEHOLDERS**

Community

Voluntary orgs

Parents and young people

Leisure and Culture Trust

Schools

Councillors

PCT

Townships

Council

CYPP

**WHAT WORKS**

- Raising awareness of psychological effects of obesity
- Life coach
- Community weight management programme (PCT) adults
- IT – online facilities (PCT)
- Health trainers
- Work place interventions
- Extended schools
- School travel plans – “budget’s”
- Better communication between partners



**What are the opportunities, barriers and threats to our successful partnership working?**

<b>Opportunities / Strengths</b>	<b>Threats / Barriers</b>
<ul style="list-style-type: none"> <li>▪ To walk effectively with the community / voluntary sector and make a real change</li> <li>▪ Good ideas – need to make them happen. Don't let this just be words – get action</li> <li>▪ Could 'tick lots of boxes'</li> <li>▪ To give the population more responsibility for looking after their own health to improve longevity</li> <li>▪ Chance to make a real difference to people's lives</li> <li>▪ Engage with community who can help make this a reality. After all, it is about them / their lives</li> <li>▪ Synergy</li> <li>▪ Better understanding of big picture</li> <li>▪ Most effective solutions to address often complex issues</li> <li>▪ Enthusiastic staff</li> <li>▪ Improved communication between all partners involved</li> <li>▪ Various officers from different agencies working one topic together will be more effective than an isolated officer</li> </ul>	<ul style="list-style-type: none"> <li>▪ Lacks of decision makers in senior management</li> <li>▪ Partners have pots of money that are allocated for specific things. Need to be less rigid / more creative in how to spend money/pool money</li> <li>▪ Lack of understanding by the community of the issues around longevity and the responsibility in improving their lifestyle</li> <li>▪ That the opportunity to work effectively with the community / voluntary sector will not be utilised and become tokenistic again</li> <li>▪ Lack of time and physical resources</li> <li>▪ Financial constraints</li> <li>▪ Bureaucracy / red-tape, let common sense prevail!</li> <li>▪ Perceived lack of money and unwillingness to spend current budgets differently</li> </ul>

**INFORMATION & RESEARCH**

Psychological morbidity survey – is it still going on?

Is the rise in diabetes due to eating processed, fast foods?

At what age does there start to be an impact on making lifestyle choices? (ie. young children influenced at school/home)

Long term study on impact of having “one stop shop” (healthy lifestyle – food, exercise, sexual health) for children.

## Group 2 - Turning the curve exercise

### Population:

- 18-30
- Some focus on areas of highest deprivation (greater than top 3%)

### Outcomes:

- Everyone lives to 80+
- Will be healthier for longer
- Active at 80
- Self-reliant at local level

### Experience: *What would success look like?*

- Self reliant
- Self management
- Personal responsibility
- Healthy choices will be easier
- Over 50's second career
- Greater breadth of self care
- Local community – social responsibility
- Less reliance on the car – more public transport links / usage

### Indicators: *What are the key indicators we could use to measure impact on the population outcome?*

- Measure age of death
- Compressed morbidity rate
- Active people survey
- Air quality
- Number of allotments / food co-ops
- Increase %age of people booking routinely (2 wks)
- Increase number of people in positive self-care
- Traffic flow rate
- Increase in alternative therapies
- Reduce:
  - Smoking and alcohol
  - Increase healthy eating and uptake of physical activity

## **STORY BEHIND THE BASELINE**

Increase in N <sup>o</sup> of people positively managing their health	25% of adults in borough are active	High prevalence of people with chaotic lifestyles – need data
Higher than national average – smoking and other lifestyle issues (see data sheet)	Target driven -> e.g. 80% target CST. What do we do to focus on the 20%	Reduction of social support
Over regulation and legislation reduces self-reliance	Under determinants of health	PCT not currently focus on self reliance. At moment, they focus on providing services, which indirectly reduces self reliance
Less people are smoking but issues with young women	High % of employees in public services live in Wigan	

## **WHAT WORKS**

Smoking cessation

Free swimming – 60+, expand it to everyone (cost approx £360k)

All pharmacies in Wigan will have body mass index scales

Screening

‘LEAP’ – Local Exercise Action Pilot, and other targeted programmes

More publicly available BMI machines

Targeted at employees – stress, physical, health awareness

Easier access to health advice – specific services e.g. physio

Talking about putting fluoride in the water

Community ownership / usage of new school leisure facilities

Multi-use games areas (MUGAs) – need more, and in most deprived areas. Also maybe linked to GP surgeries

Need challenging activities for older teenagers

Better links between schools and sports clubs, so that school leavers can continue sport

Building schools for the future programme should start making these links

## **INFORMATION AND RESEARCH / DATA DEVELOPMENT AGENDA**

### **Free swimming for all**

#### Now:

- Free for kids and over 60's

#### Next:

- Free to adults who take their kids and people with disabilities
- Subsidised swimming to clubs
- *Ultimately*, free to all
- PCT, police, council contribute and maybe private sector
- Subsidise swimming lessons (for clubs to have subsidy they would have to provide free lessons)
- Gain Andy Burnham support

### **Improve school exercise offer**

#### Now:

- PE is a subject. We want it to be enjoyable and fun so participants continue into adulthood
- Link club activity into schools
- Promote continuity post leaving school
- Increased range of sports available, including challenging activities
- 'Abraham Guest' BSF pathfinder – sports college

#### Medium Term:

- Building schools for future – facilities for community use

### **Social enterprise**

#### Next:

- More allotments (on farmers fields) for social enterprise – to grow and sell local produce
- Second careers
- Self-sustaining communities

- Mentally and physically active

**What are the opportunities, barriers and threats to our successful partnership working?**

<b>Opportunities / Strengths</b>	<b>Threats / Barriers</b>
<ul style="list-style-type: none"> <li>▪ Identify shared priorities and “what matters”</li> <li>▪ This LAA has higher prominence; sign up to shared outcomes</li> <li>▪ Greater freedoms and flexibilities</li> <li>▪ Better ideas come from collaborative thinking, sharing perspectives shows you better insight</li> <li>▪ Opportunities to demystify and clarify others’ perspectives/enhance your knowledge about issues so that you can understand better what more your contribution can do</li> <li>▪ Communication enhanced</li> <li>▪ Partnership approach – enable different orgs to achieve their common objectives</li> <li>▪ Single commissioning agency and pooled budgets</li> <li>▪ The motivation from working with people from different backgrounds</li> <li>▪ Should be greater transparency and accountability</li> <li>▪ Increased focus on locally working – more opportunities to develop realistic actions which are ‘owned’ by the local communities</li> <li>▪ Skills/expertise shared and utilised</li> <li>▪ Creation of informal networks and to share opportunities</li> <li>▪ Commissioning / procurement synergies / economies of scale</li> </ul>	<ul style="list-style-type: none"> <li>▪ “Not my day job”</li> <li>▪ Actions not prioritised equally across agencies</li> <li>▪ Target culture</li> <li>▪ Individual organisations – target driven away from shared objectives</li> <li>▪ Perceived risk of losing roles / functions</li> <li>▪ Central control imposed by issues of equity / BOST code rather than appreciate local needs</li> <li>▪ We are not brave enough to do different things</li> <li>▪ Government keeps money the goal posts</li> <li>▪ Difficulty in a bureaucracy valuing innovation</li> <li>▪ Government targets, national indicators versus local priorities – focus on everything</li> <li>▪ Different cultures, different approaches</li> <li>▪ Have different targets to achieve</li> <li>▪ Have different priorities</li> <li>▪ Have same priorities – but in a different order</li> <li>▪ We focus on meeting targets rather than achieving outcomes for our communities</li> <li>▪ Institutional interests take prevalence over community interests</li> </ul>

**INFORMATION AND RESEARCH / DATA DEVELOPMENT AGENDA**

Comparative data r.e. pre-scheduled versus immediate GP appointments. The former would imply people self-monitoring their health.

GP screening – who are the people who don't access screening programs?

International comparative data and international approaches to tackling issues, e.g. smoking, drinking, etc.

Are people really stopping smoking for good?

### **OTHER PARTNERS / STAKEHOLDERS**

Voluntary sector – PCT has to spend at least 15% of its resources on the 3<sup>rd</sup> sector

Use Andy Burnham – culture and sport minister and local MP



## Group 3 - Turning the curve exercise

### Population:

- At risk:
  - Smokers
  - Harmful drinkers
  - Overweight / obese
  - Inactive
  - Unemployed
  - Drug users
- Population group:
  - MH
  - LD
  - PD
  - Homeless / illiteracy

**Outcome:** Live longer and better

### Experience: *What would success look like?*

- Reduced risk
- Annual survey
- Feel that risk has reduced
- Aspiration / 'ownership' of health
- Confidence to make further changes
- Responsibility changed expectations
- Budget moves to prevention rather than treatment
- Budget squeeze on households
- Positive role models / local heroes
- Good news stories
- Balanced uptake between social groups

### Indicators: *What are the key indicators we could use to measure impact on the population outcome?*

- Delay / eliminate onset of disease
- NI137 healthy lifestyle experience 65
- Close gap premature / avoidable deaths in under 75's
- Ratio of elective / emergency changes
- Increase take up of screening / prevention services

## STORY BEHIND THE BASELINE

Drinking and smoking to escape real world	People in Wigan die younger than national average, after a longer period of being unwell / ill health	The gap in life expectancy and the period of ill health are addressed by changes to the lifestyle / environmental / social / economic issues identified
---	---	---

### **Current position / services:**

- Find and treat 30+ (move to 40+?)
- 19 practices borough wide
- Health trainer services 18+
- Weight management services – pilots, 400 – 15K over next 6 months (£2.5m)
- Physical activity programs (£1.6m)
- Smoking cessation
  - Increased capacity
  - Targeted groups
  - Evaluation / quit and sustain
- Healthy business award – improve food standards e.g. reduce salt
- Healthy schools award
- Prison health services – award winning performance
- Empowerment
  - Adult literacy programme
  - Income maximisation – advice agencies

### **WHAT WORKS**

- Matching customer profile data with CRM
- Health screening e.g. employers refuse workers
- Educate children from a young age, they are new generation
- Provide more free school meals
- Restrict number of off licenses
- More cycle lanes
- Influence parents through schools
- Increase independency of adults, e.g. through employment opportunities
- Some very good services already but not being effectively targeted
- More local role models
- Send out message that you don't need to go to weightwatchers to lose weight
- Some GP surgeries have good relationships with health trainers, build on this
- Incentives for engaging with services

- Some kind of buddying system to give people more confidence to engage, e.g. coffee morning at leisure centre
- Children's social workers could send message to families
- Knowsley trained hair dresses to give out information about cervical screening
- Train men to go to pubs to give out info about testicular cancer

## **ACTION PLAN**

1. Health screening
  - a. PCTs
  - b. JCP
  - c. Frequently sick workers
  - d. In bingo halls
  - e. Via employers
    - i. Refuse workers
  - f. Office workers
  - g. Home workers
  - h. Unemployed
    - i. Benefit claimants
2. Promote more volunteering to help people who don't have confidence e.g. peer mentors
  - a. People who have benefited from services could volunteer and help others
  - b. People who have been through substance misuse could help other drug users
  - c. Step up programme
  - d. Try to identify volunteering providers
3. Promote healthy living
  - a. School meals
  - b. Breakfast clubs
  - c. Healthy snacks
  - d. Preserving FSM
  - e. Promote OAP luncheon clubs
4. Local role models
  - a. Not necessarily celebrities
  - b. Creating local characters



**What are the opportunities, barriers and threats to our successful partnership working?**

<b>Opportunities / Strengths</b>	<b>Threats / Barriers</b>
<ul style="list-style-type: none"> <li>▪ Health trainers to link up with Township forums and PACTS</li> <li>▪ Improve two way flow of information between all levels of LSP</li> <li>▪ Increased power of LAA to improve integrated working</li> <li>▪ LAA – aligning targets to an extent</li> <li>▪ Wisdom – information sharing</li> <li>▪ Self awareness at corporate level that action is needed</li> <li>▪ Complimentary approach</li> <li>▪ Strong sense of belonging at township level – opportunity to promote engagement at that level</li> <li>▪ Different approaches / new responses</li> <li>▪ Working in partnership, everyone not just directors (etc), including sharing targets, information</li> <li>▪ Holistic / whole systems approach</li> <li>▪ More joint commissioning for same output</li> <li>▪ Breakdown barriers, stop leaving people in dark</li> <li>▪ Sharing the work</li> <li>▪ Development of locality working and emphasis</li> </ul>	<ul style="list-style-type: none"> <li>▪ Need more knowledge of what’s going on already so we can build on it</li> <li>▪ Not enough knowledge on what other sectors / agencies offer with regards to services and research, etc</li> <li>▪ Reluctance to share resources across agencies / sectors</li> <li>▪ Limited vision, focus on “my targets”</li> <li>▪ IT systems which don’t talk to one another</li> <li>▪ Too many strategies and plans, need to make sure they are all connected</li> <li>▪ Valuing the role of other agencies</li> <li>▪ Recognising competence</li> <li>▪ Different history, cultures, and even priorities</li> <li>▪ Lack of understanding of each others roles</li> <li>▪ Sharing funds</li> <li>▪ Incentive of LAA, CAA is LSP</li> <li>▪ Agencies seeing change as a ‘threat’ to people’s roles</li> </ul>

**INFORMATION AND RESEARCH / DATA DEVELOPMENT AGENDA**

- Annual survey, regarding quality of life (SF36)
- Health status survey
- Use the citizen panel more
- Use PACT/LINKS/Township forum
- Get everyone onto ‘wisdom’
- More longer term studies
- Map luncheon clubs

**OTHER PARTNERS / STAKEHOLDERS**

Health trainers work with townships and PACTs

Services to link up

## **Group 4 - Turning the curve exercise**

**Population:** Whole population

**Outcomes:**

- Extend life expectancy
- Reduce mortality
- Improve quality of life (i.e. reduce obesity)
- Good mental health

**Experience: *What would success look like?***

- More active – increase physical activity
- Better access to healthy foods, etc (want people to make better choices)
- Improve services to reduce isolation
- Greater expectations to continue
- Increase education
- People would be aware of services available and how to access them
- Services would be tailored to need
  - Older age groups
  - Young children
- People would be healthier, and live longer
- More GPs – health services, accessible appointments

**Indicators: *What are the key indicators we could use to measure impact on the population outcome?***

- Satisfaction surveys
- Perception / knowledge
- Measure mortality rates – extended life expectancy
- Postcode analysis
- Awareness
- Smoking prevalence
- Physical activity levels
- Level of BMI
- Level of alcohol consumption

## **STORY BEHIND THE BASELINE**

Lack of physical activity	Marketing of unhealthy food	No eating routines in families
Types of unhealthy snacks	Life style	Portion sizes and fast food
No time – fast pace of life	No cooking skills	No breakfast – body in storage mode
Lack of investment in prevention	Not putting services in accessible services or people don't know where they are	Access to healthy food
Education – ability to buy healthy food	Local culture	Convenience food
Fears of letting children out on their own	Too much television / computers	

## **WHAT WORKS**

- Communicating initiatives to other organisations – awareness of what's available
- Specialist weight management team
  - Referred by GPs
- Self care programmes – self motivation
- Dietary advice direct (DAD)
- Community weight management programme
  - Pilots this year
  - Three year programme
- Sure start – under 5's
- Cook and taste
- Encourage cookery in schools
- Obesity
  - Fit friends, fit for fun
  - 11-16 yrs, 5-11 yrs
  - Referred by school nurses
- Provide / create support to access sport
- Break negative cycles for obese families
- Planning regulations, e.g. McDonalds
  - Designing of buildings, i.e. stairs, lifts
- Steps to health
- Food and health team
- Media – positive messages
  - GMTV summer weight loss
- Affordable gym membership
  - More gyms and leisure centres

- Free swimming for everyone (2012)
- Encourage exercise, walking, free cycling
- Early breastfeeding support
  - Breastfeeding co-ordinator
- Joint working healthy experience
  - Council
  - Health
  - Hospitals

## **ACTION PLAN**

1. Early breastfeeding support
  - a. By breastfeeding co-ordinator
2. Healthy workplace
  - a. Employee accreditation, other employees to be accredited
  - b. Council, Hospitals, Health
3. Co-ordinated information about what support is available
  - a. Map initiatives, promote directory
  - b. Include outlets, vol sector, GPs
  - c. Locally raise awareness as what is available

### **Medium Term**

4. Cooking lessons in schools for all children and extend to PE. Healthy lifestyles
  - a. Establishing behaviours parents at secondary school age

### **Long Term**

5. Use planning to plan healthy buildings
  - a. Refuse planning permission for fast food outlets

## **What are the opportunities, barriers and threats to our successful partnership working?**

<b>Opportunities / Strengths</b>	<b>Threats / Barriers</b>
<ul style="list-style-type: none"> <li>▪ Synergy of message</li> <li>▪ Same message</li> <li>▪ Better use of services and resources</li> <li>▪ Public awareness and professionals should be higher</li> <li>▪ Clear objectives and responsibilities to avoid doubt</li> <li>▪ More effective use of services</li> <li>▪ Teams aligned</li> <li>▪ Simplicity for users patients</li> </ul>	<ul style="list-style-type: none"> <li>▪ Finances</li> <li>▪ Inter-agency conflicts</li> <li>▪ Lack of willingness to re-design services or contribute financially / time</li> <li>▪ Different agendas</li> </ul>

- |  |  |
|--|--|
| ▪ Enhances knowledge of services available for effective partnership working |  |
|--|--|

### **INFORMATION AND RESEARCH / DATA DEVELOPMENT AGENDA**

- Satisfaction and perception re access to services – health and others (quantitative and qualitative)
- Super output area defaults to measure access to services – reducing inequality and increase people preventing problems
- Use pedometers to check physical levels of activity

### **OTHER PARTNERS / STAKEHOLDERS**

Leisure centres  
Community

Media

Local employers

Voluntary sector

Rebecca Murphy  
Head of Programme  
Improvement Services  
IDeA  
07.08.2008