Healthier Wigan
better care for you and your family

NHS | Wigan Council

“Making Health Everyone’s Business”
Professor Kate Ardern
Director of Public Health

Deal for Health & Wellness

Local Context - Wigan in Profile

- 323,000 Population.
- Nearly 98% of Wigan's population are White British
- 65% of the borough population are of working age.
- Our population aged 65+ will increase by 30,000 over the 20 years.
- Nearly 100,000 people in the borough are living in the most deprived quintile.
- Ninth-largest metropolitan authority in England, second largest Council in Greater Manchester
- Local Authority responsible for an annual revenue budget of £231m a year

- Adult Social Care accounts for around a third of the Councils net resource
- Over 7,000 people supported within Adult Social Care each year
- Annual Health & Social Care spend across the place - £669m
  - 23% of residents have long term illness.
  - There are nearly 34,000 carers of which 3,000 are likely to be children.
  - Rates of homelessness are high 3.63 per 1,000 households compared to 2.48 per 1,000 for England.
  - Higher than average rates of obesity
  - 16 excess cancer deaths each for women and men under 75yrs against the England rates 2012-14 (majority are lung cancer deaths)

A Familiar Challenge: Our Response

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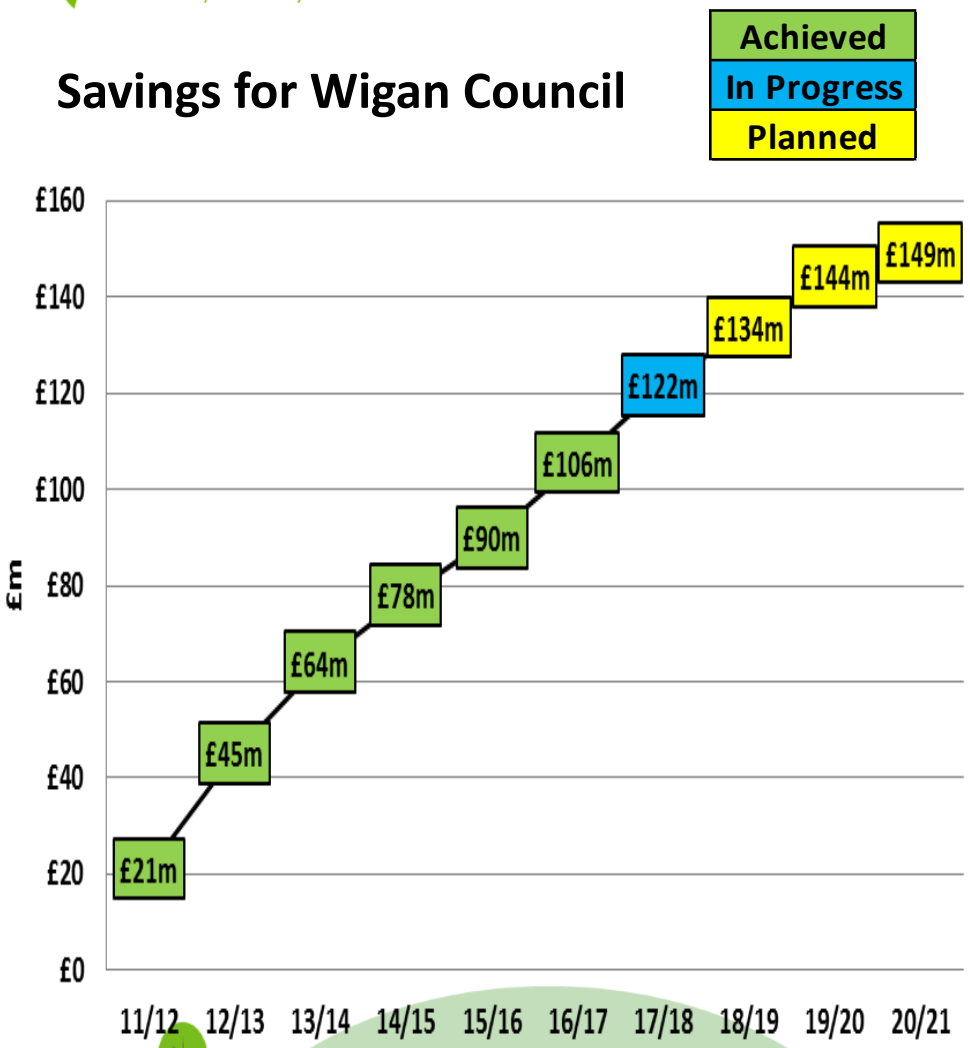
Savings for Wigan Council



- Opportunity to do thing differently
- Wigan one of six to be awarded 'Creative Councils' funding to test new ideas about how public services are delivered
- A new relationship with residents and communities
- People at the Heart of Scholes' - integral to this thinking supported by NESTA and the LGA
- Work in Scholes - powerful impact and challenged the way we work with services users and the wider community
- Commitment to invest at scale

Third largest proportionate reduction in funding across the country through Government austerity

Public Service Reform Principles

- A **new relationship** between public services and citizens, communities and businesses = **Do with, not to!**
- An **asset based approach** that recognises and builds on the **strengths** of individuals, families and our communities rather than focusing on the **deficits**. Having a “Blank Mind” when having conversations.
- **Behaviour change** in us and our services and our communities that builds independence and supports citizens to be in control
- A **place-based approach that redefines services** and places individuals, families, communities at the heart
- A stronger prioritisation of **well being, prevention and early intervention**.
- An **evidence led** understanding of risk and impact to ensure the right intervention at the right time

Neighbourhood Integration For Health Care & Wider Public Services

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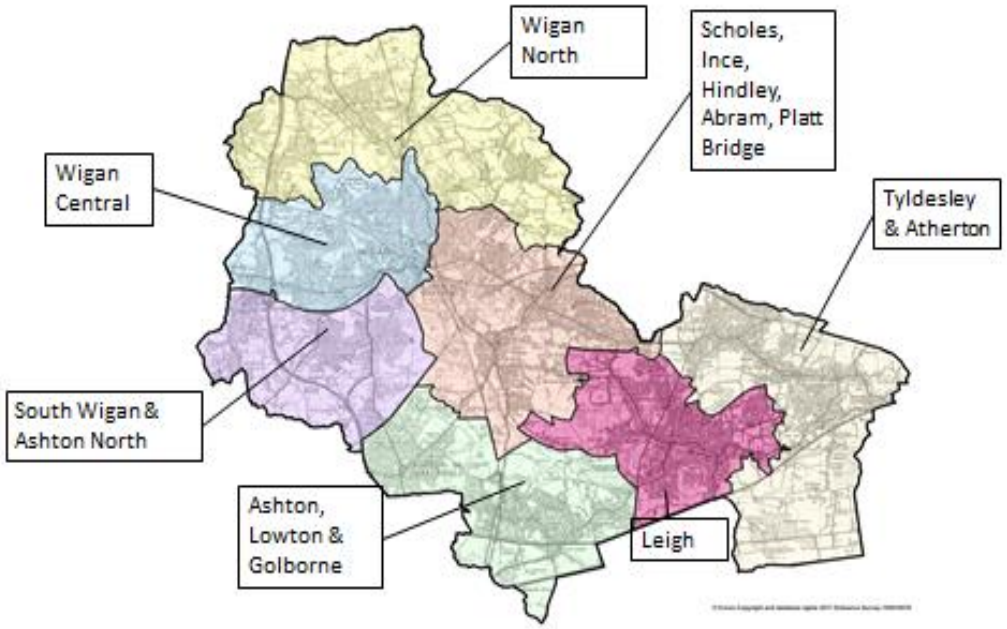
- Population of 30-50k as foundation of integrated health and social care
- Primary Care clustered on this basis
- Healthy Wigan Partnership driving all reform on this basis -integrated community services for adults, mental health community staff etc.
- SDFs as a default currency of integration for wider public services – e.g GMP, schools etc. **GPs and Schools are the Anchor Institutions**

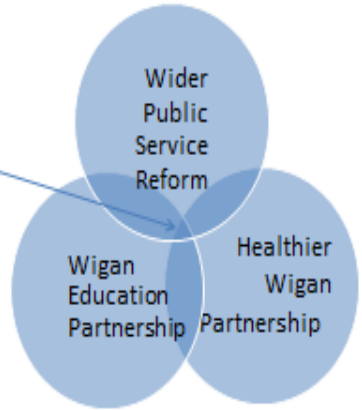
A Currency for Public Service Joint working - 7 Service Delivery Footprints



A common currency for "place" allows staff to talk not refer

Wigan Council

Common principles of working
- 7 SDFS
- Know the Community
- Work together in places
- Asset based approach
- Shared understanding of the most vulnerable
- Connection to voluntary and Community Services,
- Connection to independent sector and business



Wider Public Services e.g
- GM Police
- Council Housing Services
- ASB teams
- Complex Dependency Workers
- Leisure Trust
- Substance Misuse
- Offender management
- Community Knowledge
- DWP
- Confident Families

Wigan Education Partnership
Education based system leaders covering
- Primary and secondary schools
- special schools,
- early years settings
- Further Education,

Healthy Wigan Partnership e.g
- Primary Care Clusters
- Integrated Community Services
- Start Well
- Outpatients and Diagnostics
- Public Health Interventions
- Mental Health

WiganCouncilOnline wigancouncil @wigancouncil www.wigan.gov.uk

The Deal

The Deal - 10 Essential Components

- **Strong Narrative** - a simple concept that everyone can understand but is profound in its implications .
- **A belief that this is a movement not a project** - rooting the approach in public service values: “sense of vocation”.
- **Leadership at every level** - commitment and senior sponsorship
- **Workforce culture change** - training and core behaviours that define how we work, whatever the role.
- **A different relationship with residents and communities** - building self reliance and independence
- **Permissions to work differently** - leadership backing: ‘we will support you’
- **Redesigning the system** - testing our systems, processes, ways of working against our principles: ‘do they make the culture and behaviours we want more or less likely?’
- **Enabling staff with the right tools and knowledge** - using new technology to support new ways of working and new roles
- **A new model of commissioning and community investment** - market development and new arrangements for commissioning
- **Supportive enabling functions** - breaking down barriers to progress and facilitating the change

Wigan Borough's Approach to Health and Wellbeing

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Deal for Health & Wellness

NHS | Wigan Council

Our part

- Support families to give children the best start
- Create training opportunities and jobs
- Provide seven day access to GP services
- Help communities to support each other
- Help you to remain independent for as long as possible
- Provide leisure facilities to help keep you healthy and active

Your part

- Lead a healthy lifestyle and be a good role model
- Take advantage of training and job opportunities
- Register with a GP and go for regular check ups
- Get involved in your community
- Support older people to be independent
- Make the most of leisure facilities and be active

5 Boroughs Partnership NHS Foundation Trust
Wrightington, Wigan and Leigh NHS Foundation Trust
healthwatch Wigan
ridgewater Community Healthcare NHS Foundation Trust
NHS Wigan Borough Clinical Commissioning Group

Impact and Achievements

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Women's Healthy Life expectancy= 61.7yrs. Since 2009-11 Wigan ↑**20 months** (Eng reduced↓ 2 months).

Men's Healthy life expectancy = 61.1 years. Since 2009-11 Wigan ↑ **26 months (**Eng ↑ 4 months)

3rd fastest improvement in care home quality nationally

100% of directly delivered services rated 'good' or 'outstanding' by CQC

Wigan is the happiest place to live in Greater Manchester

72% of residents strongly believe that they belong to their local area

A balanced budget with growth earmarked 18/19 . **£26m** of cashable efficiencies simultaneous to improving services & outcomes

Getting people home from hospital: Wigan best in North West and 5th in country

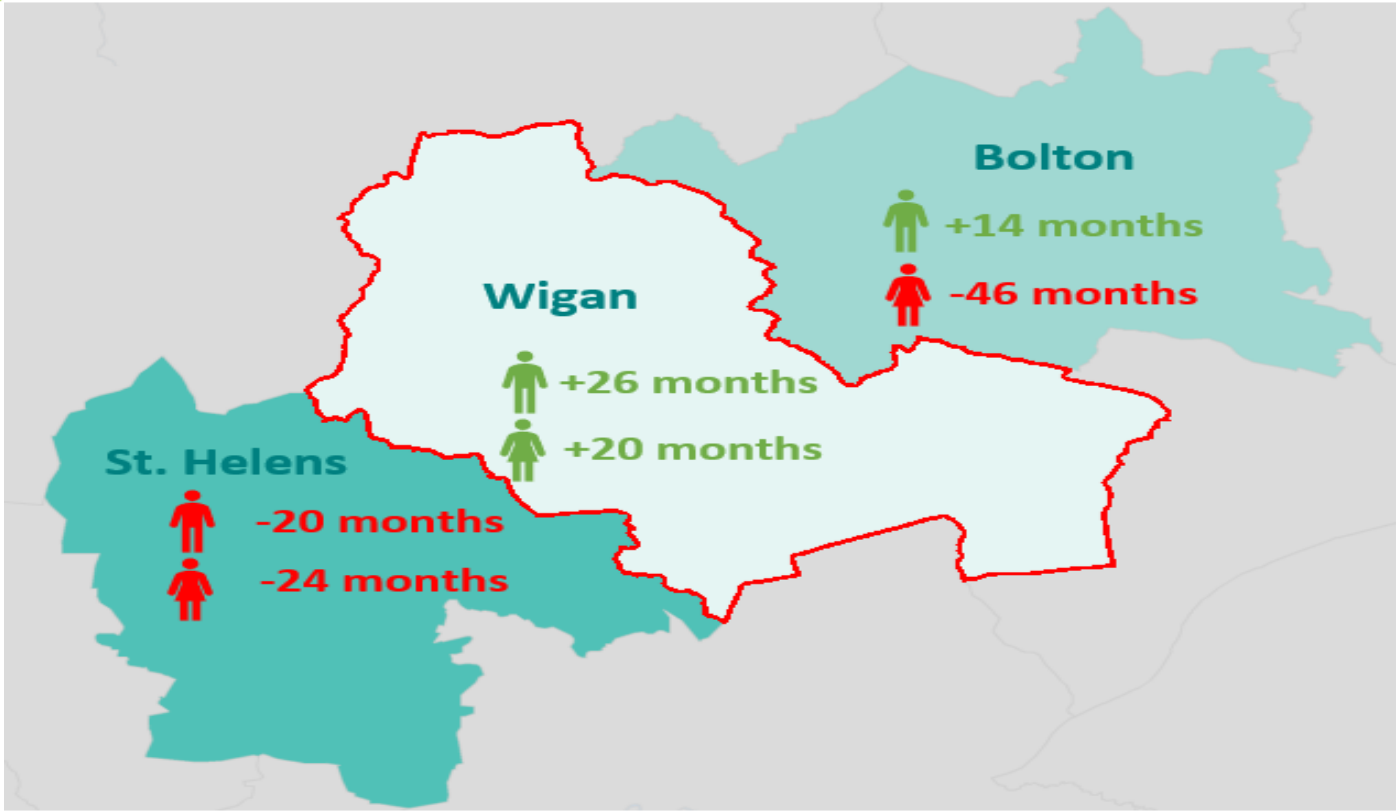
Admissions to nursing residential care have reduced **15%** and at a faster rate than the England average

75% of residents supported by our CQC rated (twice) outstanding re-ablement service require no further on-going social care support

Healthy Life Expectancy – February 2020 update

Comparator areas	Latest (2016-18)	Change since 2009-11	Latest (2016-18)	Change since 2009-11
Wigan	61.7	↑ 20 months	61.1	↑ 26 months
Barnsley	63.2	↑ 67 months	58.8	↑ 16 months
Rotherham	58.9	↓ 14 months	59.5	↑ 17 months
Wakefield	57.5	↓ 42 months	58.6	↔ 0 months
Tameside	58.3	↑ 11 months	60.4	↑ 31 months
England	63.9	↓ 2 months	63.4	↑ 4 months

Healthy Life Expectancy: Change from 2009-11 to 2016-18



the top quartile of the CIPFA neighbour group for **proportion of life spent in 'good health':**

- **76%** for females (4th best of the CIPFA group)
- **78%** for males (3rd best of the CIPFA group)

Progress

Improvements

- In past 6 years **Early deaths attributed to CVD** have reduced by **29%** for males & **25%** for females
- In past 6 years **Early deaths attributed to Cancer** have reduced by **16%** for males and **9%** for females. Wigan is now **similar to the national rate** (previously Wigan has had a significantly higher rate).
- The **proportion of adults who are physically active has increased from 48% in 2012 to 63.4% in 2017**
- **Over 15,000** children doing the Daily Mile every day plus extended to 2 year olds via The Daily Toddle in **20 Nurseries** **48.4%** of 5-16yr olds meet the CMO recommendations for physical activity = **best in GM** & 3rd out 16 in CIPFA group.
- **Smoking rates** for routine and manual workers is now performing better than England at **22.8%** **(**England 25.4%) (overall prevalence is **15.5%** **5th** year running in England average range 2018 figures)
- **Smoking rates at time of delivery** has reduced from **16.7%** in 2016 to **15.5%** in 2018 – this is the biggest improvement for **4 years** (England 10.6%)
- **Teenage Pregnancy rates** at **23.1 per 1000** now in the England average range (20.8)
- All childhood vaccination programmes achieve **95% herd immunity** including MMR and for children in care (better than England for both these stats). Wigan outperforms England consistently across these programmes for on average, the last 5 years.

Challenges

- **31%** of children in Wigan are not school ready for reception (at Eng average) but **50%** in some localities and amongst those accessing free schools meals);
- Breastfeeding at 6-8 weeks only **29.7%**
- **1 in 4** of the children in one of our primary schools lives in a house with a reportable incidence of domestic violence in the last 2 years;
- **40%** of residents at highest risk of unplanned hospital admission are adults of working age – often with complex dependency on public services – our Live Well cohort
- Worst in GM for 115-24 yr olds hospital admission for unintentional & deliberate injury at **205 per 10,00** (Eng 137 per 10,00)
- Significant proportion of activity in our GP practices is socio-economic – debt, domestic abuse , loneliness, access to work, cold homes;
- Loneliness is a major determinant of hospital admission for older people;

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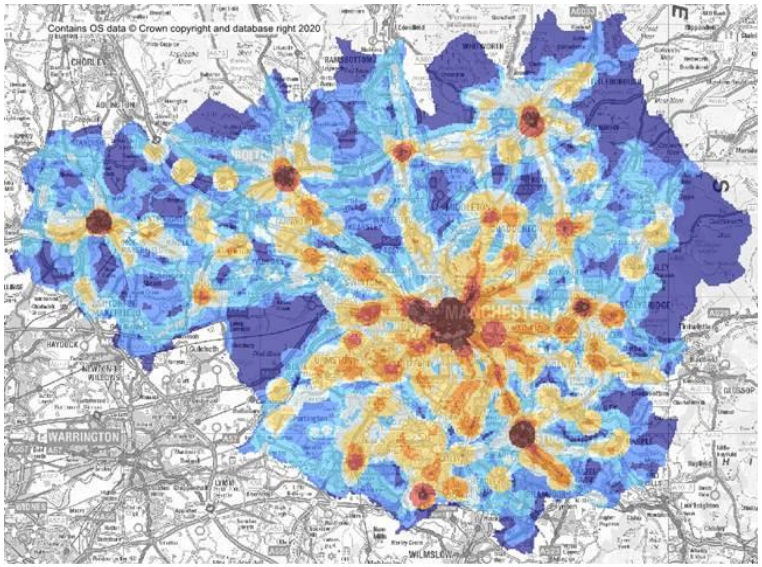
Wigan Place Based Working

Community Response Model to COVID 19

Welcome to Greater Manchester

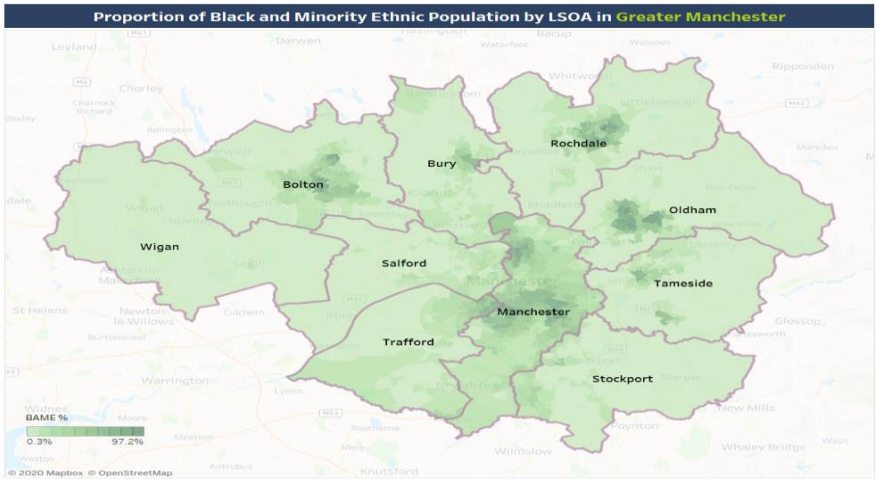
A Highly Interconnected City Region

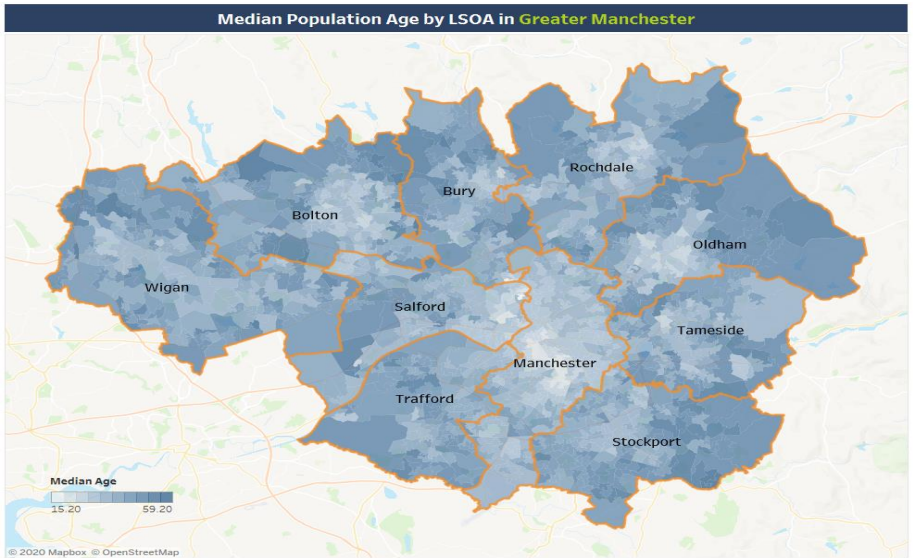


GM accessibility map – Transport for Greater Manchester

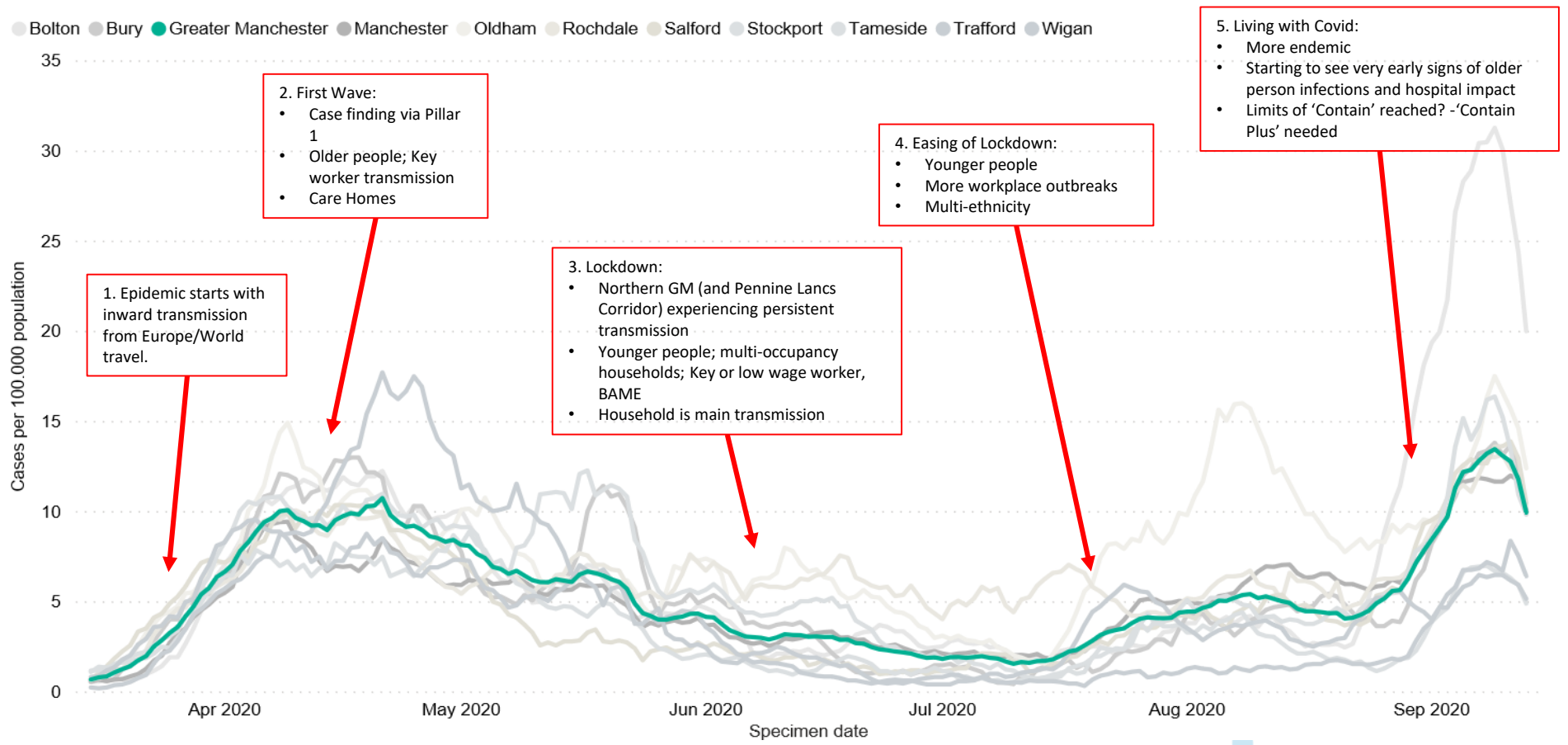
A Diverse City Region:

- Age – younger median age towards Manchester city centre. Over 100,000 students recently returned to the city region
- Ethnicity – An extremely diverse city region with greater concentration of BAME communities in the City of Manchester and northern GM boroughs.
- Deprivation – a broad spectrum of poverty inequality with some highly affluent areas but in overall, Greater Manchester has some of the most deprived communities in England – with nearly half of the LSOAs in GM being among the most deprived 30% of the country

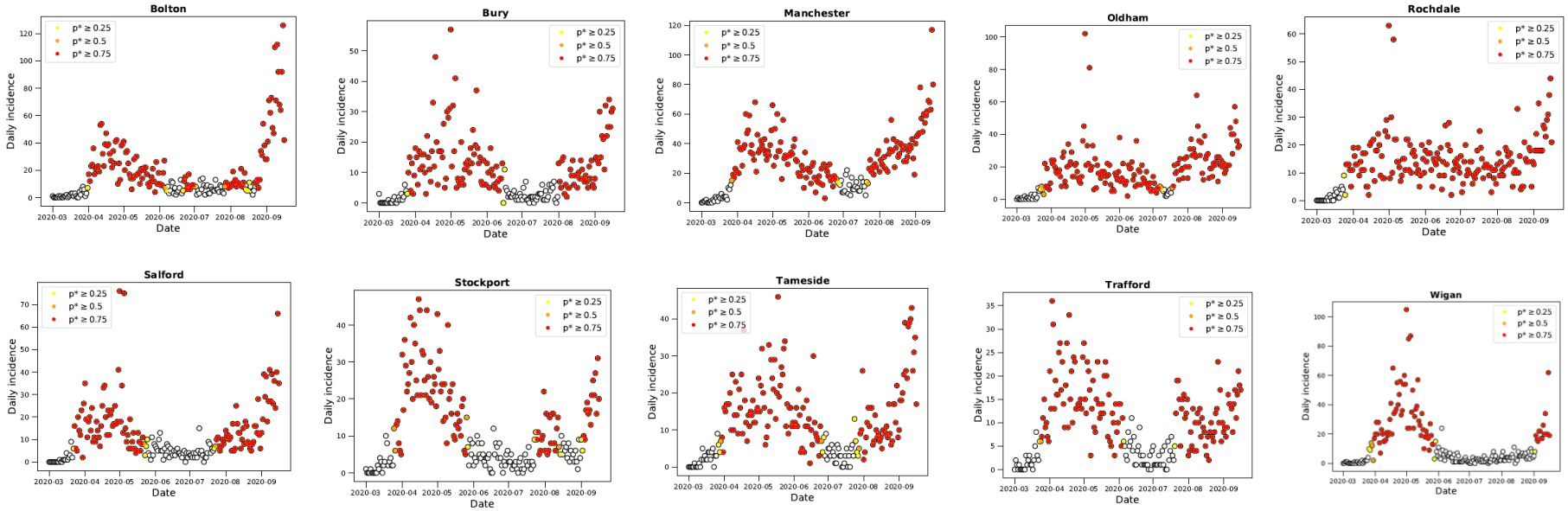




GM Covid-19 Epidemiological Story



Covid-19 Situational Awareness



The red dots on the maps above illustrate the dates where there is a high probability (>75%) that an area is in an epidemic phase and not just a one off exceedance. All localities in GM now appear to be experiencing an epidemic phase. Rochdale, Oldham, Bolton and Manchester have spent a clear majority of the time in an epidemic phase.

Wigan is the only GM area to have spent a prolonged period of time outside of an epidemic phase

A strong DPH network ensures that learning from places that have had a sustained epidemic and those that haven't is developed and shared. The previous maps in the slideset illustrate how the demography pertaining to underlying population risk; social geography (including transport infrastructure); together with locally appropriate and culturally sensitive intervention influences the nature of local transmission

For example, Wigan with a predominantly White and older local population profile that does is slight more disconnected from the gravity pull of central Manchester as other authorities, has had a very different epidemic journey

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Wigan Community Response Model

The COVID-19 pandemic has stress-tested our established placed-based working model and amplified the importance of neighbourhood approaches in supporting the health of all our people & resilience of our strong communities

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Borough-wide infrastructure

- Central food distribution hub
- Helpline & Contact points, welfare advice
- Logistics, Food and Volunteer Leads
- Deal for Communities –Process and protocol development, central matching of needs, allocations and monitoring support
- Joint Intelligence Unit – Identification of vulnerability, shielded cross reference and performance arrangements
- Wigan Community Partnership Volunteer Bureau

Seven Community Support Hubs

- Service Delivery Footprint Leadership teams
- Voluntary, Community Sector support network
- Food bank networks and provision
- Daily check-ins
- Bringing organisations together
- Matchmaking local volunteers
- Link to mutual aid groups
- Provide local information
- Link with logistics
- Local support infrastructure co-ordination- food, pharmacy, wellbeing advice and comfort calls

Community Resilience Model

Community Resilience Support

Support to individuals, couples and families who are self -isolating or shielded

Support to people who are vulnerable within our community, and who have complex needs.

Support to groups of residents in key settings, Primary Care, Schools, Care homes, homeless and other settings

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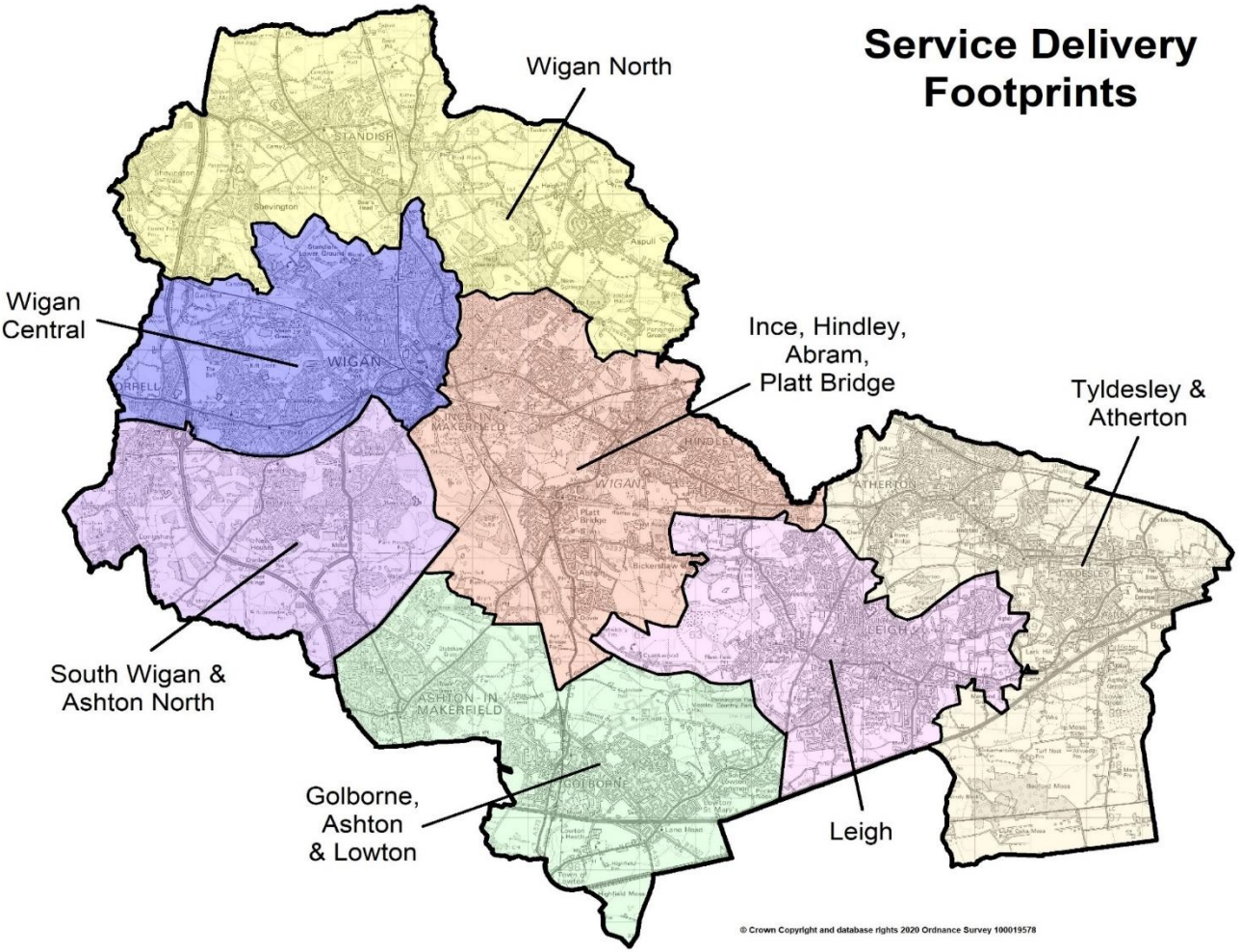
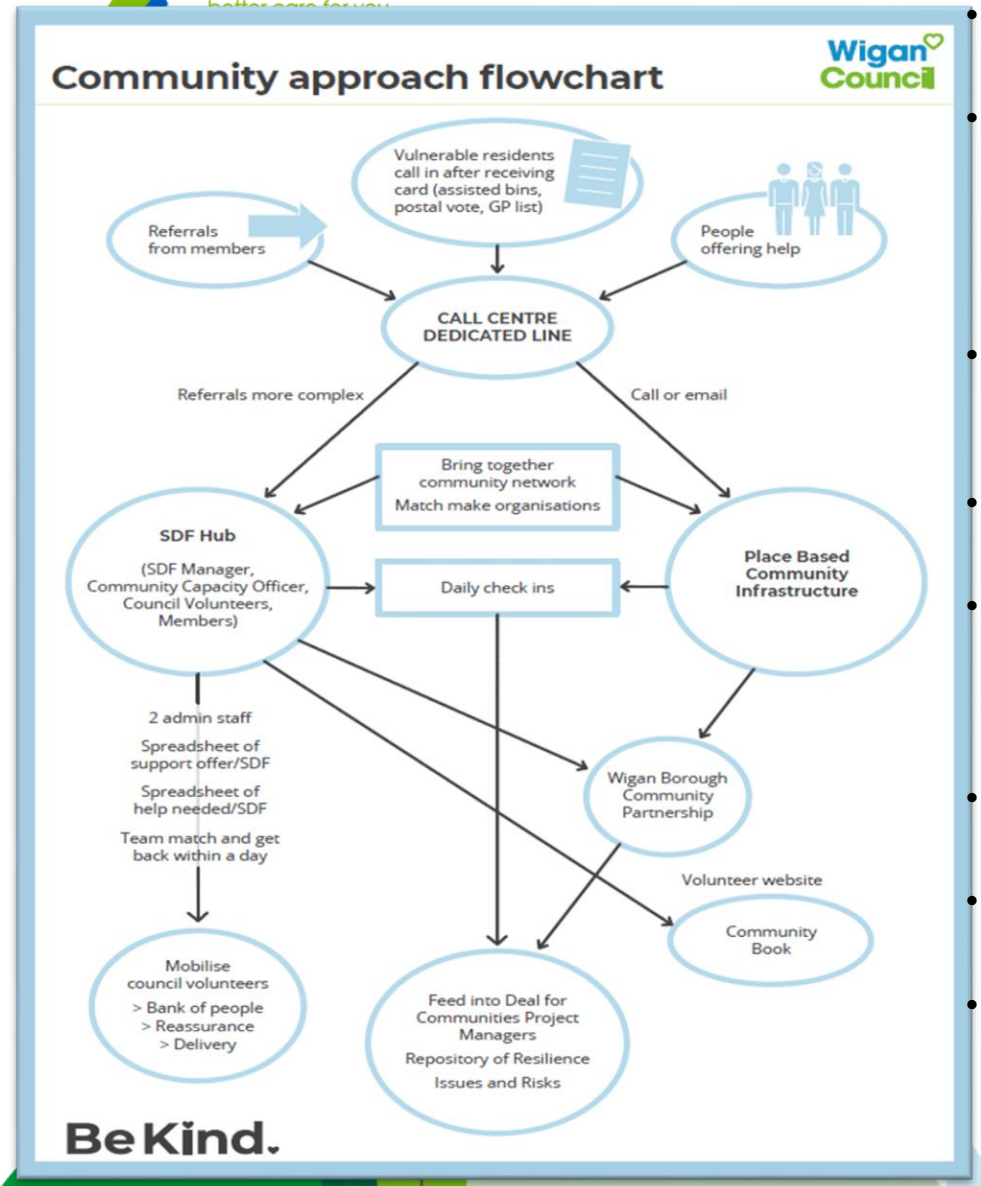


SDF Bases

- **SWAN** Clifton St WN3 5HN
- **Wigan Central** Meadows WN5 9RQ
- **Atherton and Tyldesley** Atherton town hall M46 9JH
- **HAPI** Hindley library WN2 3EB
- **Ashton Lowton Golborne** Ashton library WN4 9BH
- **Wigan North** Shevington library WN6 8HA
- **Leigh** Leigh library , WN7 1EB



- **Central Contact Centre:** Dedicated helpline and online referrals
- **SDF Hub:** Coordinating & managing the local on the ground response to food, volunteer offers, logistics, gathering intelligence around local VCSE resilience & setting up arrangements reflecting local needs
- **Central coordination point:** matching incoming referral, monitoring requirements and tracking support
- **Elected members:** galvanise sub-local responses, intelligence and mutual aid
- **Multi-agency response:** SDF teams including Community Link Workers, Complex Dependency Team, IHL, staff deployed staff from council and partners, PCNs and local pharmacies
- **Key community organisations:** VCSE anchor organisations work hand in hand with SDFs
- **Networked food provision:** supported by boroughwide infrastructure
- **Flexible Workforce:** redeployed staff, partners, VCSE & local volunteers working together

Boroughwide Structure	SDF Structure x 7
Logistics Lead	Senior Responsible Officer
Food Lead	SDF Manager
Deal for Communities Lead	Logistics & Transport Coordinator
Volunteer Coordinator	Volunteer Coordinator
Finance Officer	Member Liaison Officer
Corporate Communications	Finance Officer
Community Resilience cell & expertise	Community Group Link Officer
**existing and redeployed staff from the Council and partners	Community Link Worker – Primary Care Network
	Inspiring Healthy Lifestyles officer

**Supported by local volunteers

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Using our community assets: We have worked hand in hand with our VCSE to maximise community assets by:

- Identifying SDF VCSE key partners to delivering essential crisis support and support volunteers in each SDF
- Working with the Wigan Borough Armed Forces Community HQ as the boroughwide logistics coordination
- Building a close partnership with Wigan Borough Community Partnership who are offering a range of support including a team of bid writers and centrally coordinating GM funding to ensure all neighbourhoods benefit
- Repurposing our “Brighter Borough” fund towards the crisis response which allows councillors to spend money in their ward
- Logistics leads and other colleagues generating business sponsorship and donations for local groups
- Linking with mutual aid groups at a sub SDF level and elected members
- SDF teams monitoring the capacity and resource levels of the VCSE organisations
- Flexing public sector resources such as repurposing estates and deploying staff into VCSE organisations
- Standing up a “resource assessment” and supporting funding bids, in partnership with finance colleagues, working with VCSE organisations to identify pressure points and providing support to ensure sustainability & WBCP.

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Coronavirus (Covid-19)
Wigan Food Provision

National Provision

Identify "shielded list"

Supply weekly provision direct to the person

Contact Centre line and webform

Receive request for Food Parcel (free): forward to SDF Base or VCSE Food Network

Receive request for Food Hamper (paid for): forward to SDF base for coordination

SDF Bases

Coordinate incoming requests:

Deploy volunteers to community groups to deliver food parcels

Request Food Hampers from Logistics Centre

Central Logistics Centre

Receives orders on webform via SDF

Receives food from suppliers and packages food hampers

Delivers Food Hampers

VCSE Food Network (Food Banks/ Pantries)

Receive donations

Receive requests from council, residents, partners for food parcels

Supply to people in crisis/ food poverty

Wigan's vulnerable people needing assistance with food provisions

BeKind.

Wigan Council

Coronavirus (Covid-19)
Wigan Food Provision

The approach to food provision for vulnerable people in the borough during the Covid 19 pandemic set out in the table below will support those needing assistance through the crisis as well as sustaining our local foodbanks and pantries through the emergency measures.
These organisations form a vital part of our VCSE offer under the Deal for Communities and will be critical to the recovery of the borough following the lifting of restrictions and the likely increased food poverty and crisis.

Cohort	Description	Approach
Shielded list	Nationally identified people with specific conditions who received letters asking if they needed help & additional residents identified via GP/ Medical institution searches. The food will be non-perishable only	This group will receive weekly food parcels from the government. **Our role:** · Provide interim food for shielded residents who are waiting for their national parcels to start (using either "welfare" or "No Access to Food" approach, see below). · Supplement with perishable fresh food where necessary as part of wider offer. · Supplement to meet specific dietary requirements. · Offer other requirements like pet food, toiletries etc
Welfare/ Crisis	People who are in food poverty or chaos/crisis and can't afford to buy food (numbers increasing due to the covid19)	· Foodbanks continue to provide food parcels (free) via the welfare voucher scheme and other referrals as usual · Flow of food from supermarkets has depleted **Our Role** · Source and provide food direct to the foodbanks as their provisions deplete. · Strengthen and support the network of foodbanks and pantries across the borough. · Encourage local fundraising efforts to support local foodbanks.
No access to food	Can't leave the house but have the means to pay (credit card or cash in the house or money in the bank),e.g. people who: · Have been advised to shield/self-isolate for 12 weeks as they are vulnerable or over 70 · Have symptoms and are self-isolating. · Have no friends or relatives nearby who can assist	**Our Role** Take calls through call centre (encourage to use existing support networks or click and collect/ paid for local food delivery offers where possible). · Buy food in bulk from local/ trusted suppliers · Offer hampers at cost via an invoice system for: individuals, couples, families, household items. Include options for food allergies, vegetarian/vegan and religious considerations. Distribute via our SDF approach and central logistics. No physical cash or cards will change hands in this process to avoid safeguarding concerns.

BeKind.

Welfare Checks and Pharmacy support

- Neighbourhood Teams are following up calls coming into the contact centre requesting food, welfare checks, prescription collection and many other queries.
- They are also visiting vulnerable residents to do welfare checks where the National shielding team or other Wigan Council Teams have been unable to contact them over the phone. If a resident does not answer the door a letter is left asking the resident to get in touch and then another visit will occur the next day if no contact is made. In the event that we cannot reach the person at all police colleagues are called in to assist. This way we are assured that people are safe and well but we can also offer support and assistance where necessary.
- The teams offer a pharmacy pick up service following NHS guidelines and advice from CCG colleagues. Whilst there is a community pharmacy offer, this doesn't extend beyond shielded people. This ensures that our residents have been able to access vital medicines during the crisis.
- Total Calls: 4,001 Web referrals: 1,252

**Data correct as of 21st May 2020*

Targeting Vulnerable Groups

- **Advice card & communications:** targeted distribution to ageing population through assisted bin collection service
- **Outbound welfare calls:** vulnerable children and families, shielded list, Green list adult social care, IHL clients, vulnerable GP patients
- **Domestic Abuse:** Proactive calls to victims presenting in the last 6 months
- **Travellers Community;** Targeted visits and support package to known fixed traveller sites and communities in the borough, including Childrens' Service
- **Canal and Riverboat Dwellers:** Targeted visits to canal and riverboat dwellings, providing advice, education and support.
- **Asylum Seekers:** Translated information , Relaxation of 'no recourse to public funds' and access to food and other support via SDF bases and hubs and SWAP
- **Residents and young people not complying to lock down rules:** Targeted patrols and education, noncompliance visits across the borough
- **Vulnerability due to mental health:** Launched 24/7 helpline and consolidated support approach across SDFs
- **Homelessness:** Targeted support for rough sleepers alongside self-isolation provision at Mercure Hotel and new accommodation provision in the community
- **Drug and Alcohol dependency:** Regular phone contact for residents who are identified as alcohol dependent by 'We Are With You' providing advice and support.

3-Phased communications approach

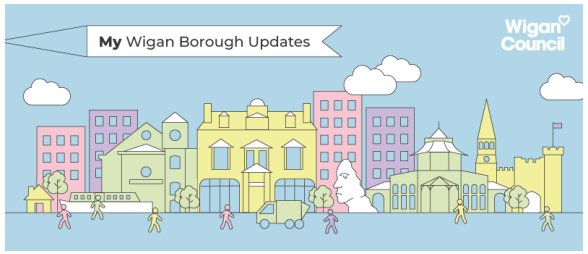
First phase: Warn and inform (Week 1)
Aim: Identify stakeholder groups and channels to target updates

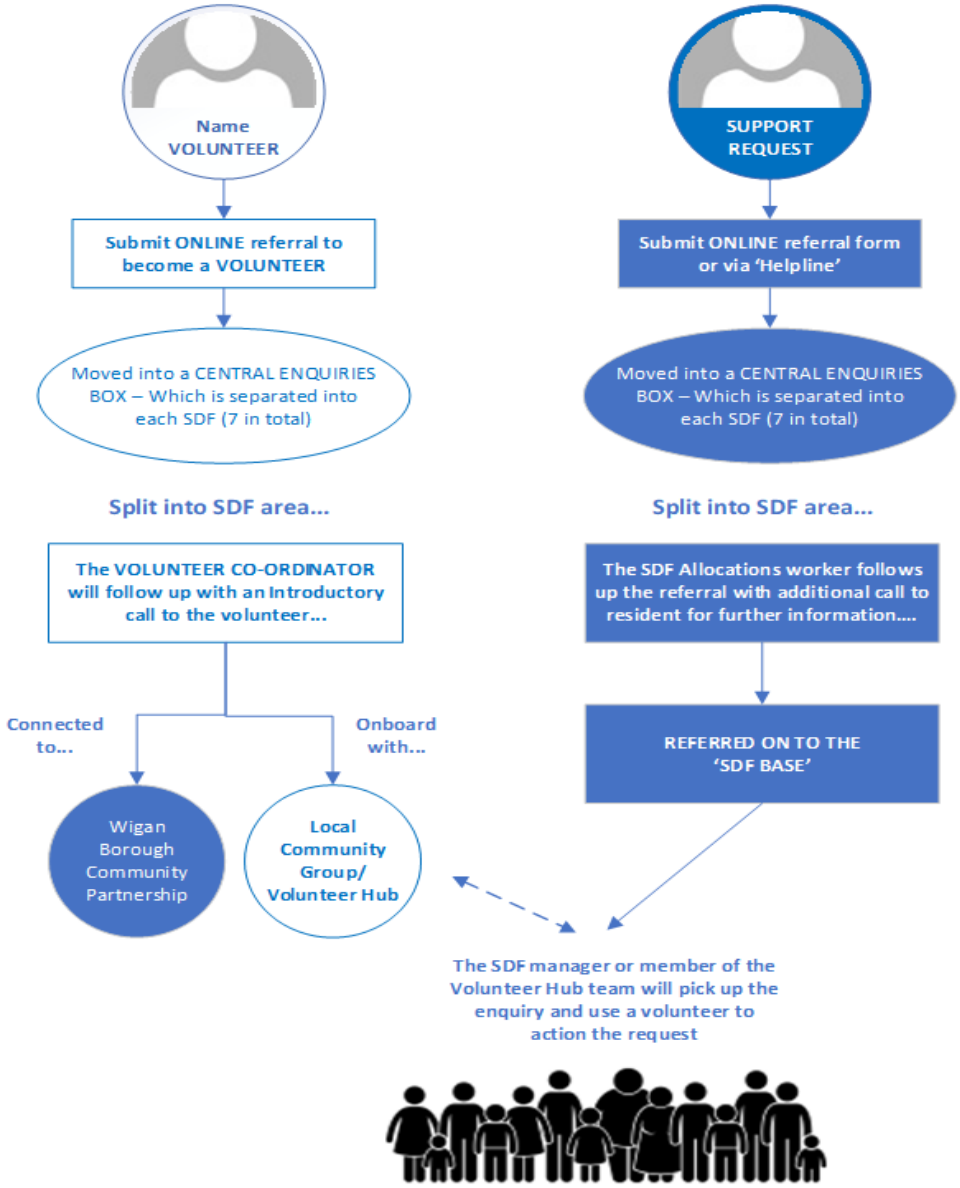
Second phase: Be Kind, Stay at Home. Consisted of multiple sub-campaigns designed to keep people safe at home. For example: Unhappy Place, What's on At Home, Our Town's Got Talent, Bloomin' Marvellous, VE Day at Home, Carry on Colouring, Open for Business

Aim: Help reduce the spread of the virus. Help keep people safe outside and at home. Help improve perceptions of the council.

Third phase: Transition to recovery
Aim: Engage residents and staff in helping to shape priorities

*80k+ subscribers to weekly e-newsletter





- **#BeKind –** Volunteering page
- **Volunteer co-ordinators** a key part of the community response teams, responding to demand, working with VCSE
- **Consistent processes** to capturing information through web forms, allocation to SDF, and initial contact with co-ordinators
- **Guidance documents,** FAQs and privacy notice in place to provide assurance
- **800+ volunteers** linked to their community & VCSE
- **Sustainability** in the long term through the role of Wigan Borough Community Partnership
- **Opportunities** to look at technological solutions via GM to support our local approach to the sector
- **Elected members** galvanising on the ground support using local networks and groups

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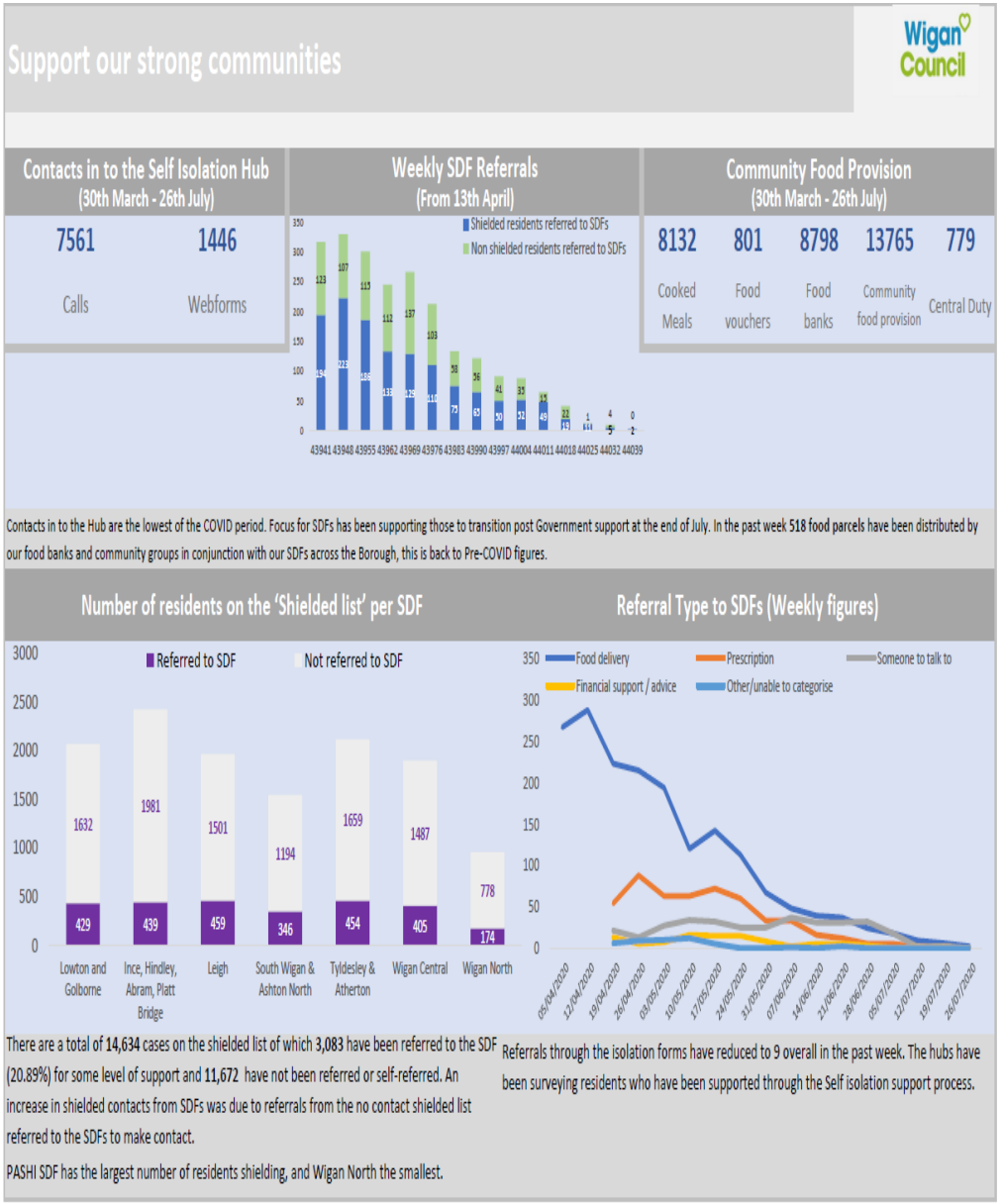
Impact - since the beginning of April*

- We have **14,634 residents on the Shield list** and are also actively supporting our wider population
- **7,561 calls** have been made to our contact centre
- **1,446 online forms** have been completed by the public requesting support
- **7,212 individuals supported** via the SDF Hubs
- **32,275 food parcels / meals** have been provided by the council, community groups and food banks
- **493 registered volunteers** supporting local areas
- **2,272 referrals for welfare support**
- **2,873 comfort calls** made by the SDF hubs
- **5,013 business grants** have been awarded
- **271,848 web visits**

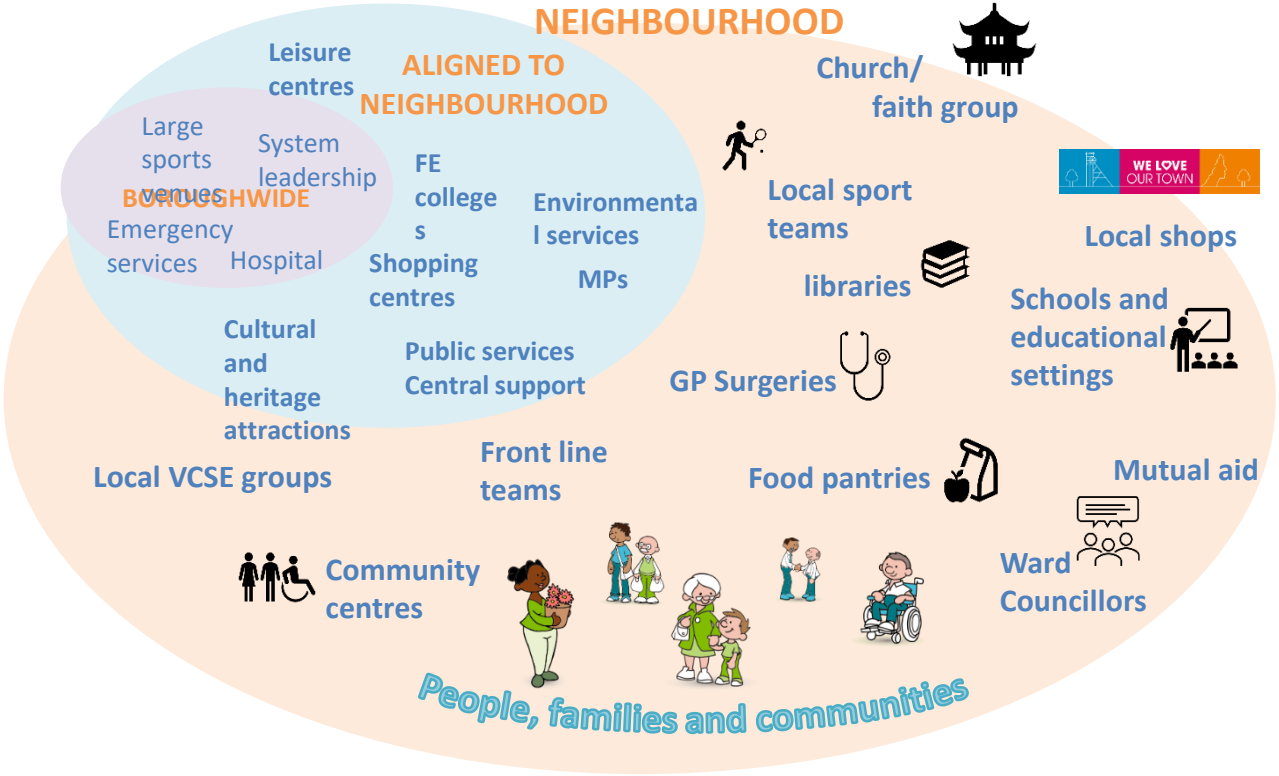
***Data as at 26th July**



Learning from our Community Resilience Model

- By working in this way we can more deeply understand our communities
- We have an opportunity to use the knowledge and expertise of elected members and communities better.
- Deal Principles allow mutual aid to flourish in empowered communities
- Further gains to be made by working hand in hand with VCSE as a networked provision
- Staff are energised by experiences on the frontline and give extra discretionary effort
- Reservist model has developed workforce skills and experience and built an understanding of SDF work across wider services
- Connecting boroughwide arrangements direct into the SDF model provides a better service for residents e.g. Contact Centre direct links into SDF hubs, with support from back office functions
- A physical hub provides a focus for integrated working on the ground, and promotes a common purpose

Building On Our Success We Have The Foundations For A More Cooperative Based Neighbourhood Model In The Future



Neighbourhood: a dynamic eco-system of people, organisations and businesses interacting as a system

Aligned: central organisations, teams, businesses and services with a link into the neighbourhood

Borough-wide: emergency services, central teams, organisations, businesses, specialists, consultants, which serve all neighbourhoods equally

Next Steps

Immediate – We have:

- Defined a blueprint for each SDF
- Managed the repatriation of Council and partner staff
- Retained a ‘ virtual’ boroughwide and SDF emergency model to manage increased demand surge
- Responded to local ‘Trace and track’ requirements

Legacy & Recovery – We are:

- Defining the future arrangements for volunteering
- Capturing learning and to build into the future place based model
- Redefining the future approach and relationships with VCSE partners using a community wealth building approach
- Creating a networked food model
- Following up priorities from the EIA for recovery phase
- Reconnecting vulnerable residents that we have identified through COVID 19, with their local communities to further build on our asset based approach
- Building on ‘**what works’** into our future operating model

Key Learning

- Identifying and linking with change agents, people who have an enthusiasm for promoting health and wellbeing, is the best way of building society & system-wide commitment = **"Coalition of the Willing"**
- Asset based community development as per Cormac Russell's approach and based on their early work as a NESTA creative council and developing the narrative of people and place: history, geography, culture and heritage matter = " **Telling the Story of the Place**"
- Having "different" conversations between the citizen and frontline staff ..ie strengths based, co-creation with as opposed to "doing to" using ethnography and anthropology to underpin staff training and transform organisational behaviours and culture = **Infecting the NHS with Wellness**
- A **whole society, whole system approach** to health and well-being informed by the experiences of North Karelia in CVD prevention and inspired by the examples of early public health pioneers like the original Liverpool "Fab Four", Josephine Butler and the Peckham Centre.
- Combining these three principles and underpinning them with "servant leadership" ie "**expert on tap rather than expert on top"** approach and our Deal for Communities investment fund ..ie investing in the ideas, talents and passions of local people = "**Citizen-led" Public Health.**
- **For more detail see: www.kingsfund.org.uk/wigan www.wigan.gov.uk/thedeal & hot off the press www.carnegieuktrust.org.uk/publications/turnaround-towns-uk**