

Approach to Wellbeing Evaluation

Presentation of Interim Report March 2021

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THE PRIMARY AIM OF THE EVALUATION IS TO EVALUATE THE IMPLEMENTATION OF THE COUNTY DURHAM APPROACH TO WELLBEING.

THE EVALUATION WILL TAKE PLACE IN FOUR PHASES.

Phase 1:

- A retrospective review of early adopters

Phase 2:

- Using the A2WB within the COVID-19 Community Hubs: A Case Study

Phase 3:

- A contemporaneous chronicle of activities pertaining to community engagement, including testing, further development and refinement of the wellbeing principles, alongside the co-production of the evaluation objectives themselves

Phase 4:

- Collation of both qualitative and quantitative information and data to determine the longer term impact of the introduction of the A2WB on health and wellbeing of local communities. This will also include exploration of how A2WB is implemented 'post COVID-19



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Phase One Methods

- Interviewees were recruited from the staff that have been involved in developing and using the wellbeing approach and its self-assessment framework
- 12 members of DCC staff and external partners were invited to attend a focus group or interview, with seven taking part
- Two focus groups and two interviews took place remotely via Microsoft Teams
- The interviews were audio recorded and analysed for the identification of themes



Findings – Five Key Themes

- 1) Understanding the wellbeing approach
- 2) Challenges to engaging with and using the wellbeing approach
- 3) The impact of the wellbeing approach so far
- 4) Developing the wellbeing approach
- 5) Suggestions for implementation



Recommendations

- **Recommendation 1:** The soundbites model needs to be developed so that it can be understood at a community level. The first development was theoretical, and the second stage of revisions was to help with practical implementation. Further work is now needed to be able to communicate at the community level.
- **Recommendation 2:** There is fatigue in the community after the first phase of lockdown. It is perhaps not the right time to approach and involve the community in the next stage of model development. Therefore, it is suggested that the team start with a community of interest to develop the soundbites model. Asking '*What do these six principles mean to you? How will your community respond?*'
- **Recommendation 3:** Make sure there is a good geographical spread when working with the selected community of interest (and beyond). Go to the north, central and south of County Durham, to cover rural, semi-rural and urban areas.
- **Recommendation 4:** The framework and model needs to be driven from the top, to ensure buy-in to trickle down, and that staff have the necessary directive within their workload.



Recommendations

- **Recommendation 5:** Both the framework and model need to be presented for various perspectives, not just a public health angle. The framework/model introduced needs to cut across departments and sectors. How can it translate to other services, such as the NHS?
- **Recommendation 6:** When refining the soundbites, thought needs to be given to how communities will understand the language. For example, Principle 5 uses the phrase 'co-designed'- what does that mean? There potentially needs to be an explanation of terminology.
- **Recommendation 7:** Consideration also needs to be given to the language used in the model, as it needs to be appropriate across multiple sectors and organisations (e.g. using the word communities v patients). Principle 6 says 'health and social care', but the A2WB is for use across more than just this sector.
- **Recommendation 8:** There is the potential to add a section at the end of the self-assessment framework, which measures outcomes. An example given was about 'accountability', with a question on '*Possible next steps and agreed timescales*'.
- **Recommendation 9:** Worked, practical examples are needed, which shows how other sectors and organisations have applied principles and framework to their service area.



Next Steps with Data Collection/Analysis and Report Writing

- *Phase 2- case studies*
- This is currently an ongoing, concurrent piece of work, with a view to the case studies being completed by April 2021

- *Phase 3 – Working with a community of interest; COVID-19 champions*
- *This consists of three elements; observations of the COVID-19 champions during their A2WB training (March 2021); two focus groups with COVID-19 champions (June 2021); and finally the completion of a questionnaire by COVID-19 champions, (September 2021).*

- *Phase 4 – this is currently being developed, with a view to submitting an ethics application in April 2021*

