

5 FEBRUARY 2019

Health and Wellbeing Board: Role, Members and Impact

Ward(s) All

Portfolio: Cllr T Wilson – Children's and Health and Wellbeing
Cllr R Martin – Adult Social Care

Executive Summary

The Scrutiny Overview Committee have requested a report to inform Members about the role of Health and Wellbeing Board (HWBB), who is on it, what its role is and the impact it has had.

HWBBs were established under the Health and Social Care Act 2012 to act as a forum in which key leaders from the local health and care system could work together to improve the health and wellbeing of their local population. Nationally, the vision was to improving the health of the poorest, fastest.

They are a formal committee of the local authority charged with promoting greater integration and partnership between bodies from the NHS, public health and local government. They are constituted as a partnership forum rather than an executive decision-making body and, as such, have limited formal powers.

They have a statutory duty, with the clinical commissioning group (CCG), to produce, monitor and review a joint strategic needs assessment (JSNA) and a joint health and wellbeing strategy (JHWBS) for their local population.

This analysis is used to identify local priorities and develop local plans to improve the health and wellbeing of their population and reduce health inequalities.

A current refresh of the Walsall Plan: Our Health and Wellbeing Strategy (2017-2020) is being undertaken to review the priorities in line with the JSNA update and to ensure a partnership approach across the whole of the Health and Social Care Economy and wider partnership mechanisms.

Reason for scrutiny:

The SOC are currently scrutinising the role of boards involved in the delivery of the Walsall Plan. The Committee have requested a report to inform Members about the role of Health and Wellbeing Board, who is on it, what it's role is and the impact it has had.

Recommendations:**That:**

- 1. Note the contents of this report to address the questions posed by SOC*

Background papers:**Resource and legal considerations:**

None

Council Corporate Plan Priorities:

The Council's vision is that "inequalities are reduced and all potential is maximised". The priorities of the Health and Wellbeing Board are regularly monitored to ensure they assist in achieving that vision.

Citizen impact:

The submission of this report has no direct impact on the citizens of Walsall. However, members of the Health and Wellbeing Board have a duty to ensure, through refresh and review of the Joint Strategic Needs Assessment that informs the priorities within the Joint Health and Wellbeing Strategy, that the services we provide across the whole Health and Social Care economy, strive to meet the needs of the residents of the Borough of Walsall.

Environmental impact:

There is no direct environmental impact.

Performance management:

The Walsall Plan is currently performance managed by the Health and Wellbeing Board, Safer Walsall Partnership, Walsall Economic Board and the Safeguarding Board (Adults & Children's).

Reducing inequalities:


This report is to show the role of the Health and Wellbeing Board which works with partners across the whole of the Health and Social Care Economy to develop a Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy to identify priorities to improve inequalities across the Borough of Walsall.

Has an Equality Impact Assessment been carried out? No

Consultation: N/A

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REPORT

1 THE ROLE OF THE HWB BOARD

Health and Wellbeing Boards were established under the Health and Social Care Act 2012 to act as a forum in which key leaders from the local health and care system could work together to improve the health and wellbeing of their local population.

They are a formal committee of the local authority charged with promoting greater integration and partnership between bodies from the NHS, public health and local government. They are constituted as a partnership forum rather than an executive decision-making body.

They have a statutory duty, with the clinical commissioning group (CCG), to produce, monitor and review a joint strategic needs assessment (JSNA) and a joint health and wellbeing strategy (JHWBS) for their local population. These are used to identify local priorities and develop local plans to improve the health and wellbeing of their population and reduce health inequalities by:

- Collectively taking the lead and playing a strategic role in improving health and wellbeing outcomes by bringing together individual and organisational knowledge, expertise and experience
- Driving integration and partnership working by holding Commissioners and Providers to account for the development and delivery of coherent commissioned outcomes across the whole of the Health and Social Care economy including the NHS, Social Care, Public Health and other local services.

2 MEMBERSHIP

The HWBB membership should be in accordance with the core membership set out in the Act. The HWB Board may appoint additional persons to be members as it thinks appropriate.

Core Membership

- At least one Councillor from the relevant Local Authority
- The Director of Adult Social Care
- The Director of Children's Services
- The Director of Public Health
- A representative of the local Healthwatch organisation
- A representative of each relevant Clinical Commissioning Group (CCG)
- Such other persons or representatives of such other persons, as the Local Authority thinks appropriate
- A representative of the NHS Commissioning Board (to participate in the preparation of Joint Strategic Needs Assessments and the development of a Joint Health and Wellbeing Board Strategy; and when the Board considers NHS Commissioning Board functions.

Current Membership

Membership of the Board has not, until recently, included representatives of 'provider' agencies.

Council, at its meeting on 7 January 2019, approved changes to the membership of the HWB Board to have immediate effect. The current membership is as follows:

- Chairman – to be a nominee of the controlling administration
- 1 elected member not from the controlling administration
- Cabinet portfolio holder for Adult Social Care
- Cabinet portfolio holder for Children's Services
- Cabinet portfolio holder for Public Health
- Executive Director for Adult Social Care
- Executive Director for Children's Services
- Director of Public Health
- 3 Clinical Commissioning Group representatives
- 1 representative of Healthwatch Walsall
- 1 representative of WM Fire Service
- 1 representative of WM Police
- 1 representative of "One Walsall"
- 1 representative of NHS England
- 1 representative of Walsall Healthcare NHS Trust
- 1 representative of Dudley and Walsall Mental Health Trust
- 1 representative of the Housing Sector;

and

- That a member not from the controlling group be appointed by Council to the Board

3 IMPACT

3.1 Joint Strategic Needs Assessment (JSNA)

The HWB Board has key responsibilities in ensuring the development of a JSNA. This is both a process and a set of products. The process involves the analysis and interpretation of data derived from core dataset briefings from Children's Services, Adult Social Care, Public Health and other services such as housing, economy, transport, regeneration etc and also draws upon insight from partner agencies such as WM Police, WM Fire Service and NHS Walsall CCG. Inclusion of a wider dataset provides a much broader picture for Walsall.

The JSNA undergoes continuous review and refresh and is therefore an iterative process and contains a number of strands. To help inform which key areas should be prioritised as part of this refresh, the Walsall Joint Strategic Needs Assessment (JSNA) has been updated (Nov 2018) with the most recent data available. This in turn informs the priorities

for the Joint Health and Wellbeing Strategy (JHWBS). Key findings of the current review include that violence, childhood poverty, obesity in adults and children and fuel poverty remain an issue. The summary document can be found on the Walsall Insight website: <https://www.walsallintelligence.org.uk/jsna/>

3.2 The Walsall Plan: Our Health and Wellbeing Strategy 2017-2020

The current Joint Health and Wellbeing Strategy forms the centre of the Walsall Plan and has 31 priorities across a range of 7 partnership groups (of which 1 has now been disbanded):

Walsall Economic Board
Safer Walsall Partnership
Children's Safeguarding Board
Adults Safeguarding Board
CYP Partnership (disbanded)
Health and Wellbeing Board
Walsall Housing Board

It was acknowledged by members of the HWB Board and other Partnership Boards that a refresh of the priorities within the Walsall Plan was required because:

- Too many priorities make it difficult to capture progress against them
- Priorities have not necessarily been 'owned' across the system as a whole
- Partners lacking clarity on what the Walsall Plan is
- Complex governance and accountability in delivery of the Plan

It has been recognised that this approach is needed to focus efforts on priorities that all the partners can support and add value to. It is also necessary to review the governance and accountability to ensure delivery of the plan. Therefore priorities should be:

- Focused
- Achievable
- Measurable
- Tangible to allow delivery within a 12 -24 month time frame
- Cross cutting to allow partner organisations to contribute and have an impact

3.3 Key Achievements of the Board

Since its conception, the HWB Board has had a number of priorities that individual partners undertook to address, and by providing a more focused approach to driving forward actions.

Examples of where the Board has helped drive forward improvement include:

3.3.1 Infant Mortality T&F Group/Theme 2: Improve Maternal and Newborn Health

In June 2015, The HWB Board agreed a Task and Finish Group to drive forward this priority. Work to reduce infant mortality predominantly meets Priority 2 by reducing inequality in health. Its risk factors are linked to deprivation and so any work to reduce infant mortality will reduce unwarranted variation in health.

Infant Mortality rates are monitored and reported annually. The latest Infant Mortality statistics shows that in the 3-year period 2015-17, there has been a reduction in IM rate from 7.1 to 6.2 per 1000. This represents a reduction from 9.6 in 2011.

Although more still needs to be done, this more than achieves the target trajectory for achieving the 2020 vision of a 30% reduction (which was 6.57).

Work is continuing to reduce the risk factors that relate to infant mortality. The Infant Mortality reduction strategy is a partnership strategy with core contribution from Walsall Healthcare trust, Walsall CCG and Walsall Borough Council.

A key recent development has been the establishment of a Black Country wide Healthy Pregnancy group linked to the Local Maternity System (LMS) which ensures a consistent maternity offer across the Black Country and an opportunity to share and widen good practice. A successful bid for £185,000 to support 5 pilot programmes across the Black Country which will contribute to reducing infant mortality and creating a safer environment in the first year of a child's life will look at:

- Preconception Pathway led by Sandwell Public Health team
- Smoking Cessation in Pregnancy Peer Supporters in the Community and Smoking Cessation in Pregnancy Champions for Workplaces led by Walsall Public Health team
- Smoking Cessation in Pregnancy and other key Public Health messages (such as the promotion of Healthy Start vitamins and the importance of taking folic acid) given at point of sale of pregnancy kits led by Walsall and Dudley Public Health teams
- Ante Natal Parenting support resource highlighting good care (working in conjunction with NSPCC) led by Walsall and Dudley Public Health teams
- A teaching resource to be used in schools providing young potential parents to be with the information on how the life choices they make may impact on their pregnancies and babies led by Wolverhampton Public Health team.

This Group is developing a healthy pregnancy strategy based on Black Country wide priorities and building in priorities that extend beyond the local area eg. Pathways for transfer of pregnant women and newborn babies between hospitals for more intensive care or public health support for women who travel across boundaries to give birth.

Most notably, the strategy and actions set out to improve maternal and newborn health and thereby increase the number of children who thrive in their early years. Appendices 1 & 2 outline a summary of the Infant Mortality Strategy actions and the Black Country Healthy Pregnancy Bids.

3.3.2 Diabetes T&F Group/Theme 6: Remove unwarranted variation in healthcare and ensure access to services with consistent quality

The National NHS Diabetes Prevention Programme, an initiative of NHS England, Diabetes UK and Public Health England, was successfully rolled out by NHS Walsall CCG for a two year period (2017-2019). Funding included an intervention programme with three goals: weight loss, achievement of physical activity recommendation, achievement of dietary recommendations.

Funding was also received from NHS England for the National Treatment and Care Programme for the following four areas:

- Increase achievement of the 3 NICE treatment targets
- Expand the Diabetes Inpatient Specialist Nursing Service
- Expand the Multi-disciplinary Foot Care team
- Increase the number of structured education places for patients newly diagnosed or with prevalent diabetes.

Reported achievements to date are as follows:

Three NICE Treatment Targets

- improvement of 1019 patients meeting all three treatment targets (3% improvement)
- improvement of 1149 patients with cholesterol ≤ 5
- improvement of 1532 patients with blood pressure $\leq 140/80$ mmHg
- improvement of 421 patients with HbA1c ≤ 58 mmol/mol
- implementation of the RCGP quality improvement tool in the care of diabetes and familiarization with using those quality improvement tools

Structured Education

- An increase in the number of patients being referred from 802 to 1070
- A rise in the number of patients attending from 331 to 543
- An improvement in the standardised recording /EMIS coding of attendance from 1.06% to 31.05%
- Improved communication between GPs and Walsall Healthcare Trust
- Training for a GP and Practice Nurse Diabetes Lead for each GP practice

Diabetes Inpatient Specialist Nursing Service

- 6 day service introduced
- Increase in number of clinics
- Daily contact with the Admissions Ward, AMU, T&O and Surgical Assessment Unit
- Introduction of 'Bio-connect' which provides access to the blood sugars of all patients; identified patients are visited the same day
- Continuous training for different cohorts of staff ie ward staff, junior doctors etc

Multi-Disciplinary Footcare Team

- Establishment of a new Foot Protection team with new clinics commenced in December
- Orthotist in post with footwear fitting within 14 weeks of referral
- Working with fracture clinics to introduced total contact casts for patients
- Working with tissue viability team to advise on heel protection
- Continuous foot assessment training available for GP practices, Walsall Healthcare Trust, Pharmacies, Nursing and Care Home staff

3.3.3 *Pharmaceutical Needs Assessment*

HWB Boards have assumed statutory responsibility for publishing and reviewing a Pharmaceutical Needs Assessment (PNA). The National Health Service and Local Pharmaceutical Services Regulations 2013 require every HWB Board to publish a PNA every 3 years.

The PNA process is a significant and resource-intensive piece of work over a period of 12 months and includes a mandatory consultation exercise involving multi-agency involvement.

The PNA provides a comprehensive, ongoing assessment of the local need for pharmaceutical services. It also informs NHS England of the local need for pharmaceutical services including applications for new pharmacy and dispensing appliance contractor premises.

The PNA review 2017/18 was successfully signed off by the HWB Board in March 2018 in time for its implementation on 1st April 2018.

3.3.4 *Air Quality*

Air Quality improvement has been a key focus of the HWB Board. It has links to many of the priorities and to the work being undertaken by the Healthy Environment Transformation Programme (see 3.3.5 below). Examples of this focus include:

- Forming a Transport and Health Sub-group to look at better use of Walsall's transport systems in the promotion of healthier living
- Both as an organisation and with agreement from partners, contributing to a sustainable travel approach to look at and explore alternative methods of travel to work and around the borough; in particular supporting cycling to work and schemes such as the Bike Share Scheme (commencing September 2019); Staff pool bike scheme; and wider participation in developing a walking/cycling infrastructure such as the A34 Sprint Cycling Route in conjunction with WM Combined Authority
- Public Health Air Pollution Partnership gathering data on harmful air pollutants. Current work involves expanding the data collection system and including other emission indicators to allow for enhanced modelling. We are also looking to submit a research bid to evaluate the impact of air quality alerts on health and health service usage of people with respiratory conditions in Walsall
- Working with colleagues across regeneration and planning to take forward provision of electric vehicle points across the borough and through the planning application process for future developments

At its meeting on 10 April 2018, the Board received a detailed report providing information on air quality issues at a national and local level. This led to an agreement from members to look at ways to address this through their own organisations. At a further meeting on 23 July 2018, a presentation and report showing how Walsall Council, with its partners, was supporting improvements to air quality through the Healthy Environment transformation programme. Partner organisations resolved to consider what their organisations could to

do support this agenda and some of those pledges are contained within the report appendices of the Air Quality Report presented to HWB Board on 03/12/18 (Item 7).

3.3.5 Healthy Environment/Theme 3: Enable and empower individuals to improve their physical and mental health /Develop an Environment to enable Healthy Lifestyles

As outlined in the report that came to Board on 17 October 2018, the Healthy Environment Transformation Programme has been driving forward changes that contribute to the above priorities. It also contributes to:

Theme 4

- Maximise emotional wellbeing and resilience of adults
- Reduce loneliness and isolation and increase support through social networks

Theme 7

- Air Quality (see above)

The programme recognises that our environment has a huge influence on our health including education, housing, workplace, resources, green spaces, physical activity, healthier eating options, air quality and social connections. Therefore, the focus for this programme has been around:

- Where we Live
- Where we Play
- Where we Eat
- Where we Travel

Some of the key achievements include:

- Development of a Green Space Strategy (2018-22) and action plan to improve our green spaces and parks and develop opportunities for the community to increase their physical activity/volunteering
- Introduced 'people counters' in parks to capture data on usage and use this to improve physical activities across the borough
- Developed a Healthy Workplace Strategy
- Has successfully secured 2-year funding (£200k) under the 'Rethinking Parks' Programme to engage with local businesses in supporting and sustaining a shared local environment and green spaces
- Increased the number of Walsall takeaway food outlets that have been awarded the HealthSwitch award for introducing healthier options
- Walsall Healthy Workplace
 - Members have formed a joint Health and Wellbeing Board & Walsall Economic Board sub-group to address priorities of common concerns of health and work, understanding issues surrounding health and work to develop local packages of support;
 - Working with local businesses on a host of wellbeing interventions and workplace policies for the businesses and their employees

Full detail of all achievements can be found in the HWB Board report of 17/10/18 (Item 7b)

3.3.6 Suicide Prevention Strategy

Led by Public Health Walsall, NHS Walsall CCG and Dudley and Walsall Mental Health Trust, a Multi-agency Suicide Prevention Strategy for 2018-2023 was developed and successfully signed off by the HWB Board in July 2018.

This contributes to a number of the priorities including:

- Improving emotional health and wellbeing of children and young people
- Enable and empower individuals to improve their physical and mental health
- Enable those at risk of poor health to access appropriate health and care with informed choices
- Keep vulnerable people safe through prevention and early intervention
- Ensure services recognise cultural barriers and are inclusive and accessible for existing, new and emerging communities
- Tackling health inequalities
- Empower connected, inclusive and resilient communities
- Deliver prevention and intervention through locality delivery models
- Increasing economic prosperity through increased growth by increasing appropriate skills, training and opportunities to take up volunteering

Two members of the HWB Board pledged to be Health Champions to take this work forward. Endorsement of this strategy and support to take it forward also allows for favourable outcomes and no implications for the most vulnerable sectors of the community, thereby contributing to safeguarding.

3.3.7 Better Care Fund (BCF)

Commissioners and providers have developed sound, replicable and sustainable methods to transform services. This is demonstrated through the successful delivery of Integrated Care Services. We have:

- Successfully operationalised the high level vision of integrated working outlined:
 - A locality based health and social care single service with responsibility for complex patients who require support to facilitate discharge from an in-patient bed
 - Provide a rapid response to care delivery in the right place at the right time to maximise patient's independence, deploying the optimum skill mix to ensure that the response provided is appropriate and proportionate to the assessed needs with the default position being for the patient to return home
 - Integration through a new shared culture, mind-set, values, objectives, working processes and practice
- A stable integrated health and care team has been established in a period of the most demanding activity and acute escalation
- Achieved a greater understanding of demand and the needs of patients such that capacity requirements can now be quantified and understood

- Improved the flow of patients out of the acute setting - largely through increased assessment at home
- Improved outcomes for individuals using the service, facilitating earlier safe discharge, and reduced the need for ongoing support.

3.4 Next Steps

Following a review of the Joint Strategic Needs Assessment, a series of workshops and face to face engagement has taken place with all key partners to assist in the development of a revised Walsall Plan.

A draft document, based around the emerging priorities and the core offers from all partners to meet those priorities, has been produced. Regular updates of the refresh have been submitted to all relevant Boards and a final workshop of partners took place on 22nd January 2019.

It is anticipated that the revised Walsall Plan will be in place by March 2019 following final sign off by all partners, through their own Governance systems, and Council.

It should be noted that much of the work of the current priorities (Themes) within the existing Walsall Plan will continue through commissioned services, partnership working, ongoing programmes or through the Walsall Together programme.

Appendix 1 Summary of infant mortality strategy actions

1. Maternal Mental Health

Recent achievements

- The development of Walsall Multiagency Perinatal Maternal Mental Health Pathway with the establishment of a funded perinatal mental health service for more intensive needs
- Volunteer support groups across the Borough for parents experiencing low level mental health issues during and post pregnancy. A group for teens and also for fathers set up

Priority actions

	Owner	Recommendation
1	Public Health	Work jointly with the CCG to improve communication pathways between health visitors, midwives and GPs
2	Maternity Services	Encourage women to discuss mental health issues at booking and throughout pregnancy . Ensure an understanding of the relationship between mental health, pregnancy and child development.
3	Maternity Services	Ensure appropriate referrals to maternal mental health services and that mental health discussions are documented
4	D&W MHT	Provide support to community perinatal mental health services and Walsall Health Care Trust maternity services
5	CCG	Ensure appropriately located specialist support to community perinatal mental health services, with significant investment in both to provide services that are able to meet need
6	NHS England	Ensure access to specialist services is available to meet the need of women in Walsall.

2. Pre-Conception care & Supporting Healthy Pregnancy

Recent achievements

- Improved documenting of foetal movement advice
- An identified obstetrician for each team of midwives who can advise on issues as appropriate
- A significant increase in women having the flu jab in pregnancy
- An increased focus on a healthy pregnancy in the new 0-5 service procured from 2017. This team working closely with the WREN midwife team that support vulnerable women

Priority actions for 2017/18

	Owner	Recommendation
1	Public Health	Reduce the number of women who smoke at booking. Reduce the number of women who smoke during in pregnancy, exploring strategies to reduce attrition rates for 4 and 12 week quits.
2	CCG	Ensure funding is available for a package of preconception care across Walsall (specialised eg diabetes, Mental Health)
3	Public Health	Reduce harmful lifestyle behaviours during pregnancy, working with the healthy pregnancy service
4	CCG/Public Health	Commission a genetic counselling service, working with frontline healthcare workers and community leaders to empower the local community to understand the consequences of consanguinity on infant mortality and morbidity and how they can be avoided.
5	Maternity Services	Collaborate with Public Health to produce a single on line resource for women, such as a web page or mobile phone app
6	Maternity Services	Ensure that the level of pregnancy risk is re-assessed frequently throughout pregnancy.

7	Children's Centres	Work with Public Health to take an active role in the promotion of messages around foetal movement, healthy eating, physical activity and healthy start
8	Housing Services	Private and council housing providers should ensure pregnant women are prioritised and put into appropriate housing

3. Identifying and Addressing Risk Factors in Pregnancy

Recent achievements

Established a dedicated diabetes in pregnancy service including a diabetes specialist midwife post.

- Increased training for midwives around monitoring foetal growth
- Adoption of the SCOR risk assessment in the midwifery service

Priority actions for 2017/18

	Owner	Recommendation
1	Trust Maternity	Increase awareness of importance of antenatal assessment and produce clear, individualised care plans reflecting medical, obstetric and social risk factors
2	Trust Maternity	Ensure all staff are trained in antenatal surveillance of foetal growth and the appropriate referral pathways and establishing rolling audit of performance (SGA/FGR detection rates)
3	Trust Maternity	Ensure ongoing training in intrapartum surveillance, CTG interpretation and timely escalation of problems. Ensure a buddy system is in place for review of CTG interpretation.
4	Trust Maternity	Ensure appropriate pathway for assessment and management of intrauterine growth restriction

5	CCG	Ensure sufficient resources are available for foetal growth assessment by ultrasound, according to RCOG and NHS England commission guidance
6	CCG	Support implementation of standardised reviews of adverse incidents
7	CCG	WHCT and Walsall CCG should work collaboratively to ensure rapid referral protocols are in place between professionals and across organisations to ensure that the woman and her baby can access more specialist care when they need it
8	CCG/Public Health	Ensure equity of service provision according to need
9	WHT/ CCG/Public Health	Increased focus on supporting women in pregnancy to quit smoking

4. Ensuring a safe and caring environment in the first year of life

Recent achievements

- Black Country neonatal pathways in place
- Walsall Health Visitors and midwives supporting safe sleeping messages including emphasising the importance of a smokefree home

Priority actions for 2017/18

	Owner	Recommendation
1	Neonatal Care	Consultant paediatrician needs to have overall responsibility for the management of each neonatal case ensuring teams understand individual plans of care
2	Neonatal Care	Ensure pre-term infant transfer protocol is adhered to
3	Maternal and New-born Network	Help standardise assessment and management of neonates

4	Maternal and New-born Network	In line with the STP develop a geographical network for sharing intelligence and best practice, including a standardised peer review process of adverse outcomes
5	Trust Maternity/ Public Health	Ongoing training for health care professionals about the risk factors, prevention, advice and management of SUDI. Work with local partners to raise awareness in the community and develop effective resources.
6	Trust Maternity/ Children's directorate	Ensure growth status of neonates at delivery and other risk factors are assessed and shared with Health Visiting service and GPs
7	Public Health	Promote education on SIDS awareness including co sleeping
9	Public Health	Improve communication between agencies so that post partum women are supported with services which they may have taken up through pregnancy
10	Public Health	Establish closer working between health and housing to reduce health inequalities in infant mortality

5. Supporting vulnerable mothers through pregnancy and beyond

Recent Achievements

- The development of an effective evidence based vulnerable parents service, working with early help and Health in Pregnancy
- Continued support for teen parents
- Provision of supported and coordinated care throughout pregnancy to women who misuse substances
- Provision of an accessible antenatal care service that is sensitive to the needs of individual women and the local community
- An increased focus on supporting all vulnerable pregnant women within the 0-5 service to be delivered from 2017
- Walsall Healthcare Trust signed up to support the Neglect Strategy Assessment tool Graded Care Profile 2

Priority actions for 2017/18

	Owner	Recommendation
1	Public Health	Maintain clear pathways for interagency working with high risk families ¹
2	Public Health	Link with the parenting strategy to reduce the number of looked after children in Walsall
3	Maternity Services	Ensure migrant women, asylum seekers and refugees have access to an equitable antenatal service which meets their needs
4	Maternity Services	Ensure equitable antenatal care is provided to women with learning disabilities / care leavers
5	CCG	Evaluate how well mother and infant immunisation services are accessed by disadvantaged groups/vulnerable children
6	Housing Services	Explore how multiple housing agencies can be supported to sign post families that need support into local services
7	Children's Centres	Ensure children's centre staff are fully engaged with those services who work with vulnerable parents

Appendix 2

Summary of Black Country Healthy Pregnancy Bids

1. Preconception Pathway (Sandwell led)
 - Undertake research to identify examples of evidence-based practice from other areas across the country and from both local women and men of child-bearing age, pregnant women and new mothers about how they prepared for their pregnancy, where/who they turned to for pregnancy advice and information, the effectiveness of advice received, opportunities and ideas for intervention. This is targeted at a broad population cohort and includes groups most at risk of poor pregnancy outcomes e.g. care leavers, new arrivals, women with diabetes.
 - Develop and test an intervention based on the findings of the insight work.
 - Roll out intervention across the Black Country.
2. Smoking Cessation (Walsall led)
 - Recruit local women to provide a peer support network to pregnant women who smoke
 - Establish Smokefree pregnancy champions to co-ordinate promotional campaigns. These will be aimed at local workplaces and Job Centres to improve knowledge of the link between smoking and infant mortality and the specific actions that the wider family can take to support women to be smoke free
3. Smoking Cessation and healthy lifestyle advice at point of sale (Walsall and Dudley led)
 - Target women preparing for pregnancy/at the very start of a potential pregnancy in Healthy Living Pharmacies at 'point of sale' for pregnancy tests to offer women advice, support and direct them to self-help resources to begin a healthy pregnancy journey and as early as possible in the pregnancy
4. Ante Natal Parenting Resource inc neglect (Walsall and Dudley led)
 - Develop a parenting resource which could be given to families ante-natally and post-natally across the Black Country LMS footprint based on consultation with parents to be across the Black Country
 - This 'resource handbook' would provide advice around caring for the child pre-birth and in the early months post birth and thereby support infant mortality prevention and reducing risk factors as well as increasing responsive parenting and bonding. It would also embed recognition of neglect factors in the maternity period
5. Early STORK (Wolverhampton led)
 - Target young people of a school age through primary prevention to tackle infant mortality, using Wolverhampton's local STORK programme (Supportive Training Offering Reassurance and Knowledge) as its base
 - Tailor the STORK programme to a younger audience to tackle primary prevention providing young people who are potential parents to be, with the information on how the life choices they make impact on their pregnancies and babies.