

## **Health and Wellbeing Board**

**27 October 2015**

### **Measures and progress report for priorities under the Health and Wellbeing Strategy theme: 'Healthy, Sustainable places and Communities'**

#### **1. Purpose**

There are 3 priorities identified under the theme described above. All are priorities shared with other Strategic Partner Boards and these links are acknowledged in the penultimate column of appendix 1. This is so that the Health and Wellbeing Board (HWB) can assure itself that all relevant partners are taking the priorities within the Health and Wellbeing Strategy (HWS) into account when considering their commissioning priorities.

The HWB also needs to be made aware of current progress against those priorities. In order to do that, the HWB developed a performance dashboard and identified specific measures for each priority. The updated dashboard is shown at appendix 1.

#### **2. Recommendations**

That the Health and Wellbeing Board considers the performance dashboard at appendix 1 and decides whether the information provided is sufficient to give members assurance that either adequate progress is being made or that the named lead Boards have adequate corrective action plans in place to tackle poor performance

That the Health and Wellbeing Board notes the linkages with Partner strategies and/or references to shared priorities shown in this performance dashboard and is satisfied that all partners are taking the Health and Wellbeing Strategy priorities relating to Healthy, Sustainable places and Communities into account when considering commissioning priorities

#### **3. Report detail**

3 priorities have been identified under this theme, all of which are shared with the Safer Walsall Partnership and the Public Health Programme Board. These links are acknowledged, in the penultimate column of appendix 1, through references to strategic documents and/or Strategic Board priorities within the LA or partner organisations.

In order to ensure awareness of current progress against these 3 priorities, the HWB developed a performance dashboard and identified certain measures for each priority. The dashboard at appendix 1 has been populated using the information currently being used to assess progress by the named Boards and relevant commissioners and operational managers.

The most recent dashboard has substituted the previous drug and alcohol indicators, which for alcohol was reported on an annual basis with an 18 month time delay, with a uniform set of measures to be reported to all Boards. The indicators will be populated on a quarterly basis with local data resulting in more timely and sensitive information upon which to scrutinise performance.

As the HWB is primarily seeking assurance from the Safer Walsall Partnership and the Public Health Programme Board that adequate progress is being made against these priorities, it is not expected that all the reports those boards receive are also reported to the HWB.

A summary of work being undertaken to overcome the problems would only be expected where overall rating is Red or Amber:

- the overall rating is red when:
  - the performance measure is in the bottom national quartile
  - or it is in the 3<sup>rd</sup> quartile and recent progress has deteriorated by more than 10%.
- the overall rating is amber if it is in the 3<sup>rd</sup> quartile and there has been improvement or no change
- the overall rating is green if it is in the top quartile or the 2<sup>nd</sup> quartile with any or no change - then no commentary should be required.

Where there is a time lag for data reporting, this needs to be tolerated unless there is recent local data that could be included.

The last 5 columns in appendix 1 show the exception reports. They contain summaries of the following:

- What is preventing or limiting improvement.
- What actions are being done, or need to be done, to ensure improvement
- The named leads for these actions.
- Links to relevant partner strategies and priorities as well as name of any corrective action plans.
- The name of the Board(s) leading on implementation of any corrective action plan.

The performance dashboard has been designed this way to avoid duplicating all the work of the other Boards whilst enabling the HWB to have:

1. an overview of current progress against the HWS priorities
2. easily identify where adequate progress is not being made
3. assure itself that adequate steps are being undertaken to overcome the challenges and begin to reverse poor performance.

While detailed delivery or improvement plans will not be reported to the Board, it is expected that accountable leads will maintain plans for improvement to ensure that actions are planned and impact monitored.

#### **4. Implications for Joint Working arrangements:**

There are resource implications implicit in the ongoing work and any planned future work being reported within the dashboard. If these represent a major impediment to progress they are covered in the narrative.

#### **5. Health and Wellbeing Priorities:**

The priorities within Walsall's Health and Wellbeing Strategy reflect the six policy objectives identified for action within Professor Sir Michael Marmot's final report, 'Fair Society Healthy Lives' (2010), in order to reduce health inequalities in England.

In relation to this performance dashboard, one of the Marmot policy objectives was 'Create and develop healthy and sustainable places and communities'. This 'Healthy, Sustainable places and Communities' theme and priorities within the HWS shows current progress in Walsall against that objective and the contribution to the wider Health and Wellbeing efforts to reduce inequality in Walsall.

#### **Background papers**

*'Fair Society, Healthy Lives: A Strategic Review of Health Inequalities in England – post 2010.'* Marmot Review Report

*'Transforming Health and Wellbeing for all in Walsall.'* The Health and Wellbeing Strategy for Walsall 2013 – 2016

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Theme	Priority	Measure	Reporting Frequency / date of Latest Available Data	Measure source	Baseline	Latest Metric	Direction of Travel	Current Quartile Performance	National Rank Change (out of 152 LAs)	Overall Performance Rating	What is preventing improvement ?	What needs to be done to progress improvement actions undertaken to meet challenges?	Named lead for actions	Links to Relevant Partner Plans	Lead Board				
Create and develop healthy, sustainable places and communities	Ensure that we provide land and space for healthy living and that the health impacts of developments are properly assessed.	Proportion of physically inactive adults	Annual / 2014 (updated)	PHOF 2.13ii	30.7% (2013)	32.8% (2014)	↑		125/152 (28th from the bottom)		This is above England average (27.7%). It is 2nd lowest level of physical inactivity across Black County areas.	Public Health commissioned physical activity programmes have continued to see an increase in the number of inactive participants accessing them. A similar pattern for general attendances has been experienced by each of the Leisure Centres albeit overall numbers have been impacted upon due to the temporary closure of Bloxwich Leisure Centre.  For population level increases in physical activity there is a need for continued development of a more holistic approach to physical activity across the borough. Provision needs to be shaped to engage the least active utilising a range of assets including schools, green spaces, transport networks, new and existing leisure centres, community centres, sports clubs and workplaces. There is also a requirement to ensure more sustained provision through developing existing delivery models and introducing more volunteer led delivery.  Public Health Transformation funding is already being utilised to help shape and support delivery of existing council services, such as Clean and Green and Sustainable Travel, which are fundamental for increasing physical inactivity. The procurement of Lifestyle Services and development of Sport and Leisure Development's delivery model provides opportunity for more sustainable provision alongside increased number of residents taking part in physical activity.	Joe Holding	Healthy Weight and Physical Activity Strategy (refresh due in new year)/Sport and Leisure review and plan	PHPB				
		% of people using outdoor space for exercise / health reasons	Annual / 2013 (no data update)	PHOF 1.16	9.2% (2012-13)	11.8% (2013-14)	↑		111/152 (42nd from bottom)		This is below the West Midlands average but is improving.	Health and Wellbeing Board Task and Finish group chaired by Councillor Arif (with representation from a number of key council and external partners including Public Health, Clean and Green, Sustainable Travel, Planning, Primary Care and Canals and River Trust) identified a number of actions for increasing utilisation of green spaces. Subsequently these have been built into Clean and Green service specification for Public Health transformation funding. Actions include;  <ul style="list-style-type: none"> <li>Evaluate current usage (e.g. access to private gardens) of community gardens and allotments to determine need for targeted provision in the future</li> <li>Increase community ownership of green spaces through supporting co-ordination of volunteering opportunities</li> <li>Development of active travel corridors and recreational walking routes</li> <li>Increase knowledge of evidence base through agreement of a consistent set of measures across activities delivered within green spaces.</li> <li>Increase awareness of green spaces, including support to schools for increased delivery of outdoor green space based education sessions.</li> </ul>	Joe Holding	Healthy Weight and Physical Activity Strategy (refresh due in new year)/ Green Spaces Strategy	PHPB				
			Number of Health Impact Assessments Carried out	Health Impact Assessment is a method for judging the potential effect of a policy or project on health of a population. In preparing the 'Preferred Options' consultation on Walsall's borough-wide SAD and the Walsall Town Centre AAP the Planning Policy team has undertaken a sustainability appraisal which incorporates several other assessments, including Health Impact Assessment. This is available at <a href="http://cms.walsall.gov.uk/index/environment/planning/planning_policy/local_plans/evidence.htm">http://cms.walsall.gov.uk/index/environment/planning/planning_policy/local_plans/evidence.htm</a> . The consultation runs until 2 November. Public Health have commissioned a desktop HIA focused on physical activity and healthy weight to be carried out on Phase 2 (Waterskeep) of the Goscote Lane Corridor Regeneration Project. IMPACT (based within Liverpool University) are due to produce a final report along with recommendations at the end of October. This priority cannot be compared with approaches in other areas in a meaningful way. Challenges to the implementation of this initiative include, a lack of resources, the limits on the ability to require assessments where decisions / developments are undertaken by parties outside of the council's control and the complexity of the issues to be examined. Further work is needed to define the circumstances in which the council and its partners should ensure that useful assessments are undertaken.													Barbara Watt	Walsall Site Allocation Document / Sustainability Appraisal Document	PHPB
		Encourage ways to involve local people and communities in efforts to improve health	Local measures appropriate to initiative through Area Partnership structure	Area Partnerships continue to meet on a regular basis at both local partner and Area Panel levels. The meetings receive an update from the relevant Area Manager, which includes updates on health related projects, including promoting health events in the area. These include fund days that involve many local partners and encourage families to join in activities and enables Area Partnerships to bring communities together. Other activities include craft schools, keep-fit, Active Steps (falls prevention), promotion of activities within our community organisations, mental health and dementia cafes. The Area Managers work closely with health colleagues to support a joint approach to health priorities.													Jo Lowdes	Walsall Plan and Area Partnership plans	Partnership Tasking Coordination Group / PHPB
	Reduce the harm caused by alcohol and drugs		Successful completions; opiate	Quarterly release. Latest data 2015/16 Q1	DOMES report from NDTMS (PHE)	7.5% (n=81/1083) 2014/15 Q4	4.3% (n=47/1092)	↓		7.73% - 10.34% Comparator LA Top Quartile		For successful completions, with the exception of opiate, all performance is within the national top quartiles.	Walsall Council Public Health commissioned an Integrated Drug and Alcohol Service which commenced delivery on 1st July 2015. The service has successfully; established a town centre base at the Beacon on Bradford St., transferred the service user clinical records and transferred the staff group from 4 previous provider agencies. Now that the implementation of the service is complete the focus of the attention will shift to concentrate on continual improvement in performance and quality.	Adrian Roche	WMBC Community Safety Plan	PHPB / Safer Walsall Partnership			
			Successful completions; non-opiate	Quarterly release. Latest data 2015/16 Q1	DOMES report from NDTMS (PHE)	52.1% (n=73/140) 2014/15 Q4	51.5% (n=67/130)	↓		50.53% - 61.45% Comparator LA Top Quartile	Adrian Roche								
			Successful completions; alcohol	Quarterly release. Latest data 2015/16 Q1	DOMES report from NDTMS (PHE)	54% (n=147/272) 2014/15 Q4	51.3% (n=120/234)	↓		39.14% (National average)	Adrian Roche								
			Successful completions; alcohol and non-opiate	Quarterly release. Latest data 2015/16 Q1	DOMES report from NDTMS (PHE)	49.2% (n=88/179) 2014/15 Q4	51.7% (n=89/172)	↑		40.82% - 51.74% Comparator LA Top Quartile	Adrian Roche								
			Re-presentations; opiate	Quarterly release. Latest data 2015/16 Q1	DOMES report from NDTMS (PHE)	22% (n=11/50) 2014/15 Q4	17.8% (n=8/45)	↓		16.36% - 6.67% Comparator LA Top Quartile		Representations are at, or slightly below national averages; however it is important to note that small numbers impact on overall percentage values.	Walsall Council Public Health commissioned an Integrated Drug and Alcohol Service which commenced delivery on 1st July 2015. The service has successfully; established a town centre base at the Beacon on Bradford St., transferred the service user clinical records and transferred the staff group from 4 previous provider agencies. Now that the implementation of the service is complete the focus of the attention will shift to concentrate on continual improvement in performance and quality.	Adrian Roche					
			Re-presentations; non-opiate	Quarterly release. Latest data 2015/16 Q1	DOMES report from NDTMS (PHE)	4.2% (n=2/48) 2014/15 Q4	5.9% (n=2/34)	↑		Numbers too small to compare Comparator LA	Adrian Roche								
Re-presentations; alcohol			Quarterly release. Latest data 2015/16 Q1	DOMES report from NDTMS (PHE)	7.5% (n=6/80) 2014/15 Q4	12.3% (n=8/65)	↑		10.9% (National average)	Adrian Roche									
Re-presentations; alcohol and non-opiate			Quarterly release. Latest data 2015/16 Q1	DOMES report from NDTMS (PHE)	5.1% (n=2/39) 2014/15 Q4	4.3% (n=2/47)	↓		6.45% - 0% Comparator LA Top Quartile	Adrian Roche									

<b>1 Direction of Travel</b> Improving Performance against baseline (10% change) Declining Performance against baseline (10% change) Static Performance (less than +/- 10%)		<b>2 Current Quartile Performance</b> 1 Top quartile Good Performance		<b>3 Overall Performance Rating</b> Green - Top 2 quartiles any change	
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↑	Improving trend where higher is better	↑	Declining trend where lower is better
↓	Improving trend where lower is better	↓	Declining trend where higher is better

→	No change compared with baseline

2 or 3	Second and Third Quartile	Medium Performance	Amber - 3rd quartile and stable or improving
4	Bottom quartile	Bad Performance	Red - Bottom quartile and/or 3rd quartile and reducing performance