

Health and Wellbeing Board

7 December 2015

Measures and progress report for priorities under the Health and Wellbeing Strategy themes: 'Wellbeing in Walsall' and 'Improving health and wellbeing through healthy lifestyles: Making Healthier Choices Easier'.

1. Purpose

There are 3 priorities identified under the themes 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

2.1 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

2.2 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 these two themes, all of which are shared with 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.

As the HWB is primarily seeking assurance from the Public Health Programme Board that adequate progress is being made against these priorities, it is not expected that all the reports that board receives 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 3rd quartile and recent progress has deteriorated by more than 10%.
- the overall rating is amber if it is in the 3rd quartile and there has been improvement or no change
- the overall rating is green if it is in the top quartile or the 2nd 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 **'Strengthen the role and impact of ill-health prevention'**. The 'Wellbeing in Walsall' and 'Improving health and wellbeing through healthy lifestyles: Making Healthier Choices Easier' themes and priorities within the HWS show 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 LA's)	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	
Promote and Support Emotional Wellbeing	1 Promote emotional wellbeing and encourage people to be more self reliant	The Numbers of people / frontline staff trained in 5 Ways to Wellbeing initiative	Quarterly / 2015/16 Q2	PHPB	334 (up to 2014/15 Q3)	27 (up to 2015/16 Q2)	↓	N/A Local Indicator	N/A Local Indicator	N/A Local Indicator	It will be important to ensure that this preventive measure to build resilience in individuals continues to be promoted via access to training and support literature. The cascade method of dissemination of the 5 ways to wellbeing tool is working well and this measure only reflects the number of people acquiring an understanding of 5 ways to wellbeing through the Public health contract with Walsall Healthcare Trust. It does not capture those people trained by other service providers. The data collection method has not been consistent between 2014/15 and 2015/16.	We need to take every opportunity in our health messages to emphasise the links between physical and mental health and promote the self help tools (like 5 ways to wellbeing) that enable people to take steps to improve their own mental wellbeing. Where people are already struggling to make positive changes, we must work closely with partners to ensure that there are services available locally that can deliver one to one support to people that are not yet in crisis in order to prevent them developing further problems. The indicators presented need to be reviewed for 2016/17 as they are not reflective of delivery.	Cath Boneham	Mental Health Promotion and Suicide Prevention Strategy	PHPB	
		Proportion of physically inactive adults	Annual / 2014	PHOF 2.13ii	30.7% 2013	32.8% 2014	↑	Bottom quartile	125 / 152 where 1 is the best	Reduced Performance	This is above England average (27.7%), but 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	Health Weight and physical activity strategy (refresh due in New Year) Sport and leisure review and plan	PHPB	
Make healthy choices easier	16 Help people to find out how to improve their own Health	Number of eligible people who have been offered an NHS Health Check	Quarterly / 2015-16 Q1	PHPB	2387 (2014-15 Q1)	2762 (2015-16 Q1)	↑	Medium performance	107 / 152 where 1 is best		(1) Insufficient priority given to the program by some GP Practices (2) Need for public awareness of program	(1) Continued training and support to GP Practices (2) Procurement of Pharmacies to deliver NHS Health Checks - contracts now awarded to 4 community pharmacies across Walsall. This will provide additional checks. (3) NHS Health Check awareness raising campaigns 2015/16: (a) Commissioned projects with Creative Development Team focusing on hard to reach groups i.e. men and BME communities (b) NHS Health Check messages displayed on payslips for WMBC employees (c) Passport to reading event with the library service focus on health messages	Dr Paulette Myers / Nina Chauhan-Lall	CCG 5 year strategic plan	PHPB	
		Number of eligible people who have received an NHS Health Check	Quarterly / 2015-16 Q1	PHPB	2043 (2014-15 Q1)	2579 (2015-16 Q1)	↑	Good performance	10 / 152 where 1 is best							
		Number of contacts with Lifestyle Link and Specialist lifestyle services	Quarterly	PHPB	3916 (Annual) 2547 (upto Q3)	2539 (up to Q3)	→	N/A Local Indicator	N/A Local Indicator	N/A Local Indicator	Q4 traditionally sees an increase in the number of contacts through lifestyle link.	Figures in line with the same period last year, albeit some services down on bookings but others increasing; Make Every Contact Count still on-going with referrals continuing to come in from local interventions. Bookings also from providers within the stop smoking contract. Lifestyle Link taking all referrals from the Tier 3 Weight Management programme (Weigh 2 Go) making appointments with Weigh 2 Go Advisors and also bookings for the Emotional & Wellbeing tier of this programme. Single point of access is also being developed as part of the procurement of Lifestyle Service. This will include improved access to on-line resources to enable residents (where appropriate) to manage their own health.	Dr Barbara Watt / Joe Holding	Healthy Lifestyle promotion and advice is incorporated in most partner strategies e.g. CCG strategy, Walsall Plan and Area Partnership plans.	PHPB	
	17 Ensure employees are trained to give appropriate healthy lifestyles advice and know about available local support, thereby helping people improve their health	Making Every Contact - no of staff trained	Quarterly / 2015-16 Q2	PHPB	2962 (2014/15 Q2)	1139 (2015/16 Q2)	↓	N/A Local Indicator	N/A Local Indicator	N/A Local Indicator	To date, providers have engaged with Making Every Contact Count (MECC) as it helps them to meet their health and wellbeing objectives. The main concern is whether preventive work will still remain as high a priority for ourselves and partners when the impact is still so hard to evidence. Public Health does not commission any provider to deliver the MECC initiative. Access to on-line training is provided and some face to face support and promotional resources offered via the public health team. As a result, the metrics here can only be representative of the actual work that is ongoing. We do not receive data from all partners.	The Health and Well Being Board needs to ensure that all partners continue to promote and invest in preventive work and that this is reflected in the vision and aims of their organisations. All staff need to understand the role they can play in promoting health and wellbeing and be provided with the tools to deliver health lifestyle messages. MECC needs to be incorporated in all current and future contracts and service level agreements. This is applicable to all partners, not just health services and public health.	Cath Boneham	Healthy Lifestyle promotion and advice is incorporated in most partner strategies e.g. CCG strategy, Walsall Plan and Area Partnership plans.	PHPB	
		No of Brief Interventions Completed. (Number of contacts)	Quarterly / 2015-16 Q2	PHPB	8578 (2014/15 Q2)	5093 (2015/16 Q2)	↓	N/A Local Indicator	N/A Local Indicator	N/A Local Indicator	The measure here shows a drop in brief interventions from the previous baseline. This can be attributed to a significant reduction in the mental health budget, which has been reduced by approximately 60% in 2015/16 compared to 2014/15. In 2014/15, Public Health had a member of staff specifically dedicated administering co-ordinator for the MECC and 5 ways to wellbeing programme. This has not been the case in 2015/16.			Cath Boneham		

1 Direction of Travel			2 Current Quartile Performance			3 Overall Performance Rating		
Improving Performance against baseline (10% change)			Static Performance (less than +/- 10%)			Green - Top 2 quartiles any change		
↑	Improving trend where higher is better	Declining trend where lower is better	→	No change compared with baseline		Amber - 3rd quartile and stable or improving		
↓	Improving trend where lower is better	Declining trend where higher is better				Red - Bottom quartile and/or 3rd quartile and reducing performance		

