

Health and Wellbeing Board

16 July 2019

‘The Walsall Plan: Our Health and Wellbeing Strategy 2019-2021’

1. Purpose

- 1.1 Review the Plans on a Page for each of the three priorities
- 1.2 Consider how partners will support each of the three priorities for the Walsall Plan
- 1.3 Consider how locality working could help deliver the priorities

2. Recommendations

That all Health and Wellbeing Board (HWBB) members:

- 2.1 Agree the Plans on a Page for each of the three priorities for further development by the individual task and finish groups
- 2.2 Commit relevant staff to lead and support the task and finish groups for each priority
- 2.3 Ensure the next Health and Wellbeing Board receives final versions of Plans on a Page once task and finish groups have had the opportunity to consider them as a collective group

3. Background

- 3.1 The HWBB has an ambitious “Walsall Plan” to improve the health of residents. This can be found within the Cabinet report presented on 13 February 2019 and that can be accessed via the Council’s Committee Information webpage.

All partners have agreed to deliver this plan.

- 3.2 The HWBB agreed to identify and focus attention on three priorities. At the June 2019 meeting, an approach was agreed to deliver these three priorities.
- 3.3 Plans on a Page have been developed for each of the three priorities for the Board to consider:
 - Preventing Violence
 - Walsall On the Move and Smokefree
 - A healthier ‘Walsall Town Centre’

4. Implications for Joint Working arrangements

Delivery of the Walsall Plan will need to extend across partners in the community, voluntary and social sector, Walsall Together, private and public sector.

The Board may want to consider the role of locality working to deliver these plans.

5. Health and Wellbeing Priorities

HWBBs have a duty to ensure a Joint Strategic Needs Assessment (JSNA) and Health and Wellbeing Strategy are in place. These are available in Walsall:

<https://www.walsallintelligence.org.uk/>

These documents are used to identify local priorities and develop local plans to improve the health and wellbeing of their population and reduce health inequalities. It is a continuous process.

The three identified priorities link to the following Public Health indicators:

- The rate of violent crime in Walsall (number of offences per 1000 population)
- The percentage of Physically Active Adults / Smoking Prevalence in Adults
- Access to Healthy Assets and Hazards Index

Background papers

Authors

Hamira Sultan
Consultant in Public Health

☎ 652389

✉ Hamira.Sultan@walsall.gov.uk

Emma Thomas
Public Health Intelligence Manager

☎ 653749

✉ Emma.Thomas@walsall.gov.uk

Meradin Peachey
Interim Director of Public Health

☎ 653752

✉ Meradin.Peachy@walsall.gov.uk

Walsall Plan – Priority 1 – 'Preventing Violence'

LEAD HWB MEMBER

Chief Supt. Andy Parsons – West Midlands Police

LEAD OFFICER

Superintendent Kim Madill

OBJECTIVE / VISION / COMMITMENT

We want to prevent our young people from being violent and help them positively contribute to Walsall

KEY ISSUES

- Youth violence has increased by 23% in the Borough (16/17 to 17/18)

PARTNER INVOLVEMENT

- Walsall Council
- Walsall Healthcare Trust
- Walsall Housing Group
- Walsall CCG
- Dudley & Walsall Mental Health
- One Walsall
- Walsall College
- WM Fire Service
- Healthwatch Walsall
- Housing Partnership
- **Any Others**

KEY LINKS / SUPPORTING DOCUMENTS

- [JSNA - Walsall Insight](#)
- [Walsall Plan 2017-2020](#)
- **Any others from partners**

STRATEGIC LINKS

Safer Walsall Partnership

Walsall Plan – Priority 1 – 'Preventing Violence'

LEAD HWB MEMBER

Chief Supt. Andy Parsons – West Midlands Police

LEAD OFFICER

Superintendent Kim Madill

ACTION TO TAKE

1. Strengthen our offer of peer mentoring and restorative justice to those involved in violent crime
2. Development of one consistent offer from the partnership around a skills based programme to prevent youth violence
3. Commit across the Partnership to consult with youth violence offenders regarding this offer & use it to ensure there is a strong youth voice in the shaping of service delivery in Walsall

PROCESS MEASURES

1. Number of people training & volunteering to provide peer mentoring and restorative justices
2. Delivery of one coherent education programme to young people
3. Number of focus groups / youth panels with those at risk of youth violence

EVIDENCE

- Early Intervention Foundation (2015)
- Campbell collaboration (2013)
- A public health approach to violence prevention for England, DoH (2011) – role of parenting / family support, peer mentoring, restorative justice, identifying those at risk & signposting for support, partnership building through sharing data and intelligence

OUTCOME MEASURES

1. Reduction in youth violence by 10%
2. X
3. Y

Walsall Plan – Priority 2 – ‘On the Move and Smokefree’

LEAD HWB MEMBER

Richard Beeken - Walsall Healthcare NHS Trust

LEAD OFFICER

Catherine Griffiths

OBJECTIVE / VISION / COMMITMENT

*We want to have fewer inactive people in Walsall – more people cycling, walking, taking part in exercise, leaving cars behind.
We want to encourage the workforce of Walsall to lead by example*

KEY ISSUES

- Physical activity is low in Walsall - 66.3% of adults get recommended activity
- Child obesity levels still rising - currently to 41.1% in YR 6 children
- Most recent sample data for smoking adults in the population is 15.6%

PARTNER INVOLVEMENT

- Walsall Council
- WM Police
- Walsall Housing Group
- Walsall CCG
- Dudley & Walsall Mental Health
- One Walsall
- Walsall College
- WM Fire Service
- Healthwatch Walsall
- Housing Partnership
- **Any Others**

KEY LINKS / SUPPORTING DOCUMENTS

- [JSNA - Walsall Insight](#)
- [Walsall Plan 2017-2020](#)
- **Any others from partners?**

STRATEGIC LINKS

West Midlands on the Move – West Midlands Combined Authority

Walsall Plan – Priority 2 – ‘On the Move and Smokefree’

LEAD HWB MEMBER

Richard Deakin - Walsall Healthcare NHS Trust

LEAD OFFICER

Catherine Griffiths

ACTION TO TAKE

- Implement good quality travel plans across the Partnership
- Public sector to consider corporate membership of leisure centres
- Review policies that encourage physically active staff
- Smoke free public grounds

PROCESS MEASURES

1. Number of travel plans developed & being used across WP
2. Number of staff taking up corporate membership in Walsall
3. Number of staff increasing their physical activity
4. X
5. Y
6. Z

EVIDENCE

- PHE Everybody Active, Every Day (2014) –Creating Active Societies, Creating Active Environments, Creating Active People, Creating Active Systems
- The impact of smoke free legislation in England: evidence review (2011)

OUTCOME MEASURES

1. 1,740 more people active (1% of adult population)
2. 0.5% reduction in smoking prevalence
3. X
4. Y
5. Z

Walsall Plan – Priority 3 – ‘Walsall Town Centre’

LEAD OFFICER
Simon Tranter

OBJECTIVE / VISION / COMMITMENT

We want more people to use Walsall Town Centre and be proud of it, and be healthier because of what it offers.

KEY ISSUES

- Walsall Town Centre ranked as second most unhealthiest high street in UK
- Out of a recent survey of 2369 people, only 21% visited once per week. 91% said they would visit more often if the town was cleaner
- 73% currently access the Town Centre by car

PARTNER INVOLVEMENT

- WM Police
- Walsall Healthcare Trust
- Walsall Housing Group
- Walsall CCG
- Dudley & Walsall Mental Health
- One Walsall
- Walsall College
- WM Fire Service
- Healthwatch Walsall
- Housing Partnership
- **Any Others**

KEY LINKS / SUPPORTING DOCUMENTS

- [JSNA - Walsall Insight](#)
- [Walsall Plan 2017-2020](#)
- **Any others**

STRATEGIC LINKS

Town Centre Masterplan

Walsall Plan – Priority 3 – ‘Walsall Town Centre’

LEAD OFFICER

Simon Tranter

ACTION TO TAKE

1. Partners to consider use of town centre spaces in liaison with the council
1. More opportunities for walking and cycling in the town centre
2. Develop a pool of health promoting licensing conditions across the responsible authorities for new establishments

PROCESS MEASURES

1. Wider use of the town centre
2. Non car use of the town centre
1. Aim to have developed a pool of licensing conditions within 6 months and measure the number of establishments being subject to these conditions by end of 12 months

EVIDENCE

- Spatial planning for health: evidence review 2017 (PHE)
- Healthy High Streets – Good place-making in an urban setting (Institute of Health Equity)
- Guide to the Healthy Streets Indicators
- Transport for London (10 Healthy Streets Indicators have been developed by Transport for London)

OUTCOME MEASURES

1. In relaunching the same survey, we would hope that:
 - 40% are visiting at least once per week
 - 50% accessing the town centre by public transport or cycling or walking
2. X
3. Y