

Health and Wellbeing Board

20 January 2014

Review of Health and Wellbeing recommendations for action 2013/14 and identification of recommendations for action 2014/15

1. Purpose

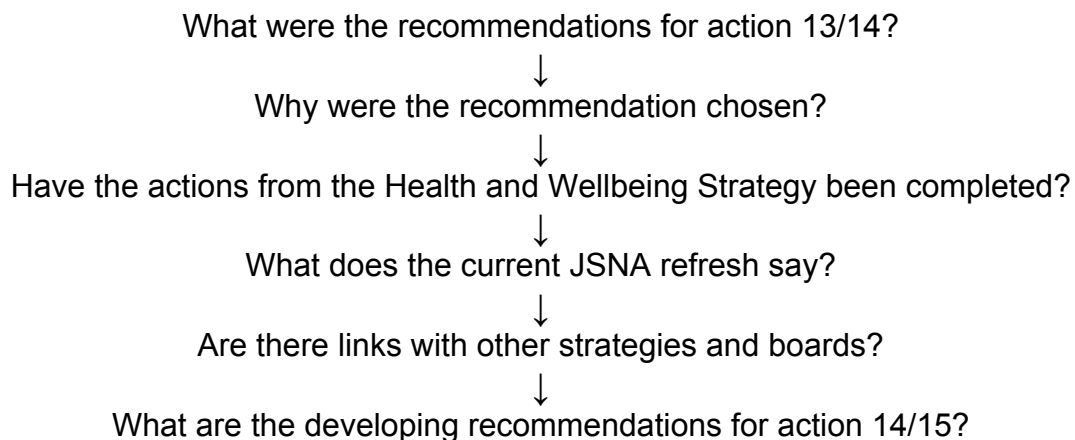
This paper describes the process that has been undertaken to enable the Health and Wellbeing Board to develop the Joint Health and Wellbeing Strategy recommendations for action in 2014/15.

2. Recommendations

- 2.1 The Health and Wellbeing Board discusses the emerging recommendations for action in 14/15 set out in Appendix 1.
- 2.2 The Health and Wellbeing Board recommends amendments to the recommendations proposed.
- 2.3 The Health and Wellbeing Board approves the amended recommendations for action in 14/15 for discussion with wider partners.

3. Report detail

Appendix 1 shows the process that has been undertaken, to date. The process, in summary, is as follows:



The process has indicated that the majority of recommendations should remain. Specific gaps that have been identified could be addressed through a refresh of the action plans under each recommendation. There are also opportunities for greater alignment of priorities and processes with other strategies and other Boards eg. Children and Young People's Board, Safer Walsall Partnership. This will include discussion at the Partnership Tasking Coordination Group.

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Appendix 1: Process undertaken to identify the developing recommendations for action in 2014/15

JSNA Chapter	Health & Wellbeing Strategy Recommendation for action 2013/14	Why was the Recommendation Chosen?	Have the actions from the Health & Wellbeing Strategy been completed?	What does the current JSNA refresh say?	Links with other Strategies / Boards	Developing recommendations for action 14/15
Chapter 1: Well Being in Walsall	(1) Work with individuals and communities resident in Walsall as well as those working in the statutory, independent and voluntary/community sector to promote wellbeing and self-reliance through adoption of 5 ways to wellbeing	1 in 6 adults has a mental health problem. Adopting the 5 ways to wellbeing process allows individuals and communities to deal better with poor mental wellbeing and build their resilience for the future.	An action plan for this recommendation has been to the Health & Wellbeing Board. Good progress is being made on the recommendation but this is a long term project.	Economic recession and welfare reform is likely to have an adverse effect on mental wellbeing of Walsall residents, increasing need from greater resilience.	Health & Wellbeing Board	Continue with 13/14 recommendation. Current action plan will be reviewed to incorporate developing work.
Chapter 2: Give Every Child the Best Start in Life	(2) Better identify and provide early help to vulnerable parents by undertaking a joint Local Authority / NHS review of services and performance within antenatal pathways and Children's Centres to contribute to an effective early help offer for children and their families.	Walsall has high Perinatal mortality and Infant Mortality compared to England / Statistical Neighbours. Childhood Obesity is also higher than the England average. It was recognised that Children's Centres could play a significant role in tackling these issues.	A review of Children's Centres has been completed and recommendations shared with Children's Centre Core Group. Action plan still to be agreed	The Infant mortality rate and perinatal mortality rate in Walsall is not decreasing and is now about the highest in the country (See section 2.1) Childhood Obesity remains high.	Children's Centre Core Group and Children's and Young People Board	Work with Children's Centres to implement the recommendations of the review and where appropriate include them in the action plan refresh. Early help and action to reduce infant mortality is already included in Children and Young People's Plan
				Walsall has high Perinatal mortality and Infant Mortality compared to England / Statistical Neighbours.	Children's and Young People Board	Better identify the reasons for high infant and perinatal mortality levels in Walsall through commissioned research
	(3) Improve the early years offer across childcare, nurseries and children's centres to increase school readiness and early years foundation scores (or equivalent).	There is a gap between the school readiness of children in Walsall compared to England / Statistical Neighbours.	The review of Children's Centres has been completed and recommendations shared with Children's Centre Core group. Action plan still to be agreed.	There is still a gap between the school readiness of children in Walsall compared to England / Statistical Neighbours (See section 2.3)	Children's Centre Core Group and Children's and Young People Board	Where appropriate to this recommendation, work with Children's Centres to implement the recommendations of the review and include them in the action plan refresh. Much work has already been done to improve the early year's offer.
Chapter 3 : Transition to Adulthood	(4) Work with parents, schools, education and training providers to enhance aspirations and minimise absences to reduce the attainment gap between the least and most deprived children and young people in Walsall.	The gap in education attainment for GCSE and A levels was widening between Walsall and the statistical neighbours and also within the Borough.	Walsall Council commissioning plans take account of the JSNA priorities. This has been examined by the Health & Wellbeing Board at a recent meeting and by the Children's & Young People Board.	There is still a gap between the school readiness of children in Walsall compared to England / Statistical Neighbours but the gap is starting to narrow (See section 3.1).	Children's and Young People Board	This recommendation should remain, however further focused actions need to be identified. Greater diversity of choice for learning and training is already recognised within the priorities of CYPP
	(5) Increase access to evidence-based parenting and family support programmes, targeted at those most in need (e.g. CIN and CPP)	Recognition of high numbers of looked after children in Walsall. Need for provision of targeted support for "Troubled families" as well as the families identified as being on the "cusp".	A review of parenting programmes in Walsall has been completed and the findings shared with DCS. Recommendations need to be incorporated in the action plan when reviewed.	The focus for the Parenting strategy now moves to having a suite of evidence based parenting programme tailored both to practitioners and parent groups. A strategic approach is being developed to the commissioning of parenting training.	Children's and Young People Joint commissioners Group	This recommendation should now be focused as follows: Effective commissioning of evidence based parenting education and appropriate monitoring to include evaluation and identification of ongoing need. Support for vulnerable families is already recognised within the priorities of the CYPP
				Childhood obesity continues to increase. Already priority in Children and Young peoples Plan	CYPPB	This is already a priority within the CYPP: <i>Ensuring that children maintain a healthy weight</i>
					CCG MH programme Board	Review and potential redesign of CAMHS services is already a joint priority for CCG, Children's Services and Public Health

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Chapter 4 : Employment and Employability	(6) Reduce youth unemployment by working with partners to provide coordinated support to vulnerable young adults & young parents to encourage them into work and to reduce poverty and become capable parents	Youth Unemployment is high and if we want to break the cycle of deprivation in Walsall we need to support young people who are the next generation of parents / providers in Walsall	An action plan for this recommendation has been to the Health & Wellbeing Board. Good progress is being made on the recommendation but this is a long term project.	The % of young unemployed in Walsall is 10.7% compared to an England average of 6.2%. This is double the adult unemployment rate in Walsall. However the % of unemployed in this group has fallen over the last 2 years (See section 4.6).	Economic Board / Black Country LEP	Reduce youth unemployment by working with partners to provide coordinated support to vulnerable young adults that enables them to access appropriate jobs or training. (<i>Greater diversity of choice for employment for young people</i> is already recognised within the priorities of CYPB)
	(7) Continue to develop and implement a comprehensive Health and Work programme available to all businesses in Walsall, covering Healthy Workplaces, sickness absence and return to work and the health needs of those who are out of work	Sickness absence in workplaces is a constant issue for employers. Action is needed when this affects individuals who have long term conditions who require support to self manage effectively.	An action plan has been developed and progress is ongoing.	Vulnerable groups such as adults with Learning Disability and Mental Health problems are less likely to be in employment than the Walsall average (See section 4.7).	Public Health Programme Board	Continue to develop and implement a comprehensive Health and Work programme available to all businesses in Walsall, covering Healthy Workplaces, sickness absence and return to work and the health needs of those who are out of work or have specific health barriers to employment
	(8) Reduce child poverty by targeting worklessness reduction on parents of young children and enhancing access to childcare as well as mitigating the impact by supporting income maximisation, food banks, high quality housing and fuel poverty reduction.	Parental and child poverty impacts on the health, wellbeing and educational attainment of children, and affects their later employment outcomes. Recent and forthcoming welfare reforms seem likely to exacerbate this issue.	An action plan for this recommendation has been to the Health & Wellbeing Board. Good progress is being made on the recommendation but this is a long term project.	Around 1 in 6 working age adults are out of work and dependent on benefits - higher than the England average (See section 4.5) Almost a third of Walsall children currently live in poverty (16,145 in 2011) and this is predicted to rise by a further 2,200 by 2015 following the impact of welfare reforms (See section 1.2)	Economic Board / CYPB	Reduce child poverty by targeting worklessness reduction on parents of young children and enhancing access to childcare as well as mitigating the impact by supporting income maximisation, food banks, high quality housing and fuel poverty reduction through a collaborative approach (Reducing the impact of child poverty is already a priority within the CYPB). This recommendation should be further reviewed, to see where it duplicates recommendations in other strategies or if there are still gaps. The action plan can then be reviewed accordingly.
	(9) Ensure that all organisations involved in giving welfare advice and support to people in Walsall work together to meet the identified needs in an holistic, collaborative way that makes best use of all the resources available and provides the best possible support for people and families in crisis or at risk of being so.	For high impact we need to reduce duplication and maximise linkages amongst all providers in Walsall.	An action plan for this recommendation has been to the Health & Wellbeing Board. Good progress is being made on the recommendation but this is a long term project.	An estimated 200 households have been affected by the benefits cap - these households have dependant children with approximately 4,050 households affected by the Social Sector Size Criteria (See section 4.2)	Economic Board / Black Country LEP	This recommendation should remain (especially given the Welfare reform changes), but activity reviewed.
	(10) Develop and implement a comprehensive set of programmes that equip local service providers, particularly within the Health & Social Care Sector, with the knowledge and skills required to maximise the health of those they provide services for, as well as their own workforce.	Recognition of need to upskill residents in Walsall and ensure they have the right skills to enable them to access future jobs, taking into account the demography changes in the future. This is alongside the need to supply a pool of suitably-qualified workers to support the future health and care demands of the borough's population.	An action plan for this recommendation has been to the Health & Wellbeing Board and is ongoing. Walsall College has now launched its revised course offer.	1 in 6 adults in Walsall have no formal qualifications; the borough's literacy and numeracy are below the national average; and a significant number of local businesses indicate that lack of appropriate skills acts as a barrier to recruiting staff (See Section 4.4)	Economic Board	This recommendation should remain, but activity be reviewed.
Chapter 5 : Creating and developing healthy and sustainable places and communities	(11) Use a proactive approach to planning, investment and service provision to: (A) Promote sustainable development, provide land for the uses and facilities we need, by making the best use of existing infrastructure, maximising accessibility and social inclusion, protecting green spaces and the environment and helping to minimise exposure to pollution. (B) Ensure that the health impacts for individuals and local communities of any potentially significant decision are fully assessed and that the results are used in the decision-making process (C) Develop and drive activities that support businesses to thrive and local people to work	It is recognised the environment plays a key role in the health and wellbeing of individuals and communities. We need to ensure that the environment supports healthy choices and behaviours and that people are able to easily access the services they need, when they need them.	These are ongoing and long term pieces of work.	The current JSNA content gives the same information as the previous JSNA.	Area Partnership / Local Plans SCS / Economic Board / Black Country LEP	Meeting has been set up between public health and planning on 27th Jan to discuss 14/15 recommendations 11 A, B and C Meeting has been set up between public health and planning on 27th Jan to discuss 14/15 recommendation. This recommendation should remain, but activity be reviewed. There should be a focus on active outdoors and the role that planning can play in that. More focus is also needed concerning issues of accessibility, especially where lack of access may contribute to social exclusion and isolation. This recommendation should remain, but activity be reviewed. Health impact assessment has also been included in amended recommendation 12 This recommendation could be deleted as it is a priority in the Walsall Plan and is the basis of all Regen activity
	(12) Work with the Area Partnerships, and through the other community based initiatives, to develop and implement an assets-based approach to community engagement and active involvement in the life of their community	Due to the recognition that no sustainable change can be made to a community without their participation and consent. It is essential to use the identified assets we have to initiate further development.	This is an ongoing and long term piece of work.	No change. Same as previous JSNA content.		There should be a recognition within the action plan of this recommendation of the need to assess health impact of local decisions and the influence this assessment has on local decision making.
				Drugs and alcohol, community safety recommendations information has been added.		Further work needs to be done for inclusion in action plans.

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Chapter 6 : Improving health and well being through healthy lifestyles: Making Healthier Choices easier	(13) Ensure that the people of Walsall know what to do to improve their health and where they can get support and access services to help them to improve their health. This will involve better coordination and communication between appropriate provider services in the statutory, independent and voluntary/community sector resulting in focused, targeted messages and provision.	Informed choice is the basis by which individuals / communities can decide for themselves whether they wish to adopt healthy behaviours or not. They then need to know where they can access specialist support.	Ongoing piece of work which requires linkages across partners in both commissioning and provider units.	No change. Same as previous JSNA content.	Area Partnership / Local Plans SCS / CCG Strategy	The recommendation should be shortened, but remain with an update on actions: Ensure that the people of Walsall know what to do to improve their health and where they can get support and access services to help them to improve their health.
		This is a successful evidence based initiative which started at a national level and has since been rolled out in the NHS. Partner agencies could see the role they could play and how it could contribute to their health outcomes - the decision was made to adopt this in Walsall.	An action plan for this recommendation has been to the Health & Wellbeing Board. Good progress is being made on the recommendation but this is a long term project.	No change. Informed choice is the basis by which individuals / communities can decide for themselves whether they wish to adopt healthy behaviours or not. They then need to know where they can access specialist support.	Health & Wellbeing Board	This recommendation should be made more concise but remain in conjunction with 5 ways to wellbeing initiative: Continue to promote and roll out the MECC initiative within both the LA, NHS and partner organisations, providing support for implementation through identified training and resource provision.
Chapter 7 : Reducing the Burden of Preventable Disease, Disability and Death	(15) Ensure Walsall Clinical Commissioning Group and Walsall Council's commissioning plans take proper account of the priorities of the Health and Wellbeing strategy, in particular, actions to improve the health of the poorest fastest and to address the health needs of men in order to reduce the life expectancy gap	The JSNA showed that Mens Life Expectancy was significantly lower than England and the Peer Group. The highest Cancer and Circulatory Disease premature mortality rates were linked to the most deprived areas of Walsall.	Walsall CCG and Walsall Council commissioning plans take account of the JSNA priorities. This has been examined by the Health & Wellbeing Board at a recent meeting.	The Life Expectancy of Walsall Males is starting to narrow. The premature mortality rates for cancer and circulatory disease continue to fall but the figures are still higher than the England average (Section 1.3 and Chapter 7)	Health & Wellbeing Board	This recommendation should remain with updated action plan
Chapter 8 : Healthy Ageing and Independent Living	(16) Ensure coordinated provision of health and social care services to reduce unnecessary admission to hospital and timely discharge, focusing on recovery and re-enablement	The increase in the older population has increased the pressure on urgent care and social care services. This will services in particular for End of Life Care, Carer's and Dementia	Walsall CCG and Walsall Council commissioning plans take account of the JSNA priorities. This has been examined by the Health & Wellbeing Board at a recent meeting.	An integration Board Group has been set up to oversee the integration of Health and Social Care services in Walsall	Integration Board	There are two objectives of the Integration work that need to be incorporated in this recommendation: keep people at home as long as possible and swift return home following episode of bedded care. The 3 components of the service model need to be reflected in the revised action plan: single point of access, multi disciplinary co-ordinated locality teams and pragmatic use of risk stratification
				Mental Health Services - information has been added.		Further work needs to be done for inclusion in action plans.
					Adults with Learning disabilities - information has been added.	

