

Health and Wellbeing Board

22 July 2013

Action Plans relating to key recommendations within sections 8, 9, 11 and 12 of the Joint Health and Wellbeing Strategy

1. Purpose

Each section of the Joint Health and Wellbeing Strategy identifies key recommendations for action in 13/14. Whilst the strategy states what should happen, it does not say how. It was recognised that action plans for each recommendation should be developed by the identified Health and Wellbeing Board leads and brought back to the Joint Health and Wellbeing Board for consideration and comment.

2. Recommendations

- 2.1 That the Health and wellbeing Board considers the action plans attached
- 2.2 That the Health and wellbeing Board approves the action plans

3. Report detail

The action plans relate to the key recommendations 6, 7, 8, 9, 10, 11, 12, 15 and 16 within sections 8, 9, 11 and 12 of the Joint Health and Wellbeing Strategy.

Appendix one is a copy of the *Health and Wellbeing Strategy at a glance* that shows each section and the recommendations within that section.

Appendix 2- 10 contain the action plans for the key recommendations within sections 8, 9, 11 and 12 of the Joint Health and Wellbeing Strategy.

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Agenda item 7, appendix 1: Health and Wellbeing Strategy: Plan at a glance

Our ambition for health and wellbeing in Walsall:

- Transform health and wellbeing and reduce inequalities in Walsall by improving the health of the poorest fastest
- Effective action to break the vicious cycle of poor parenting skills, poor educational attainment, poor skills and worklessness which fuels the health inequalities seen in Walsall
- Timely support for people and families in crisis, whether through redundancy, unemployment or benefits changes

HWBS section & Purpose	Key Recommendations in 13/14	Measuring improvement	HWBB lead	Partnership lead
5. Wellbeing 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'	Numbers of people volunteering in Walsall	Director of Public Health	Walsall Voluntary Action
6. Give every child the best start in life	2. Better identify and provide early help to vulnerable parents by undertaking a joint LA / NHS review of services and performance within antenatal pathways and Children's Centres to contribute to effective early help services for children and their families 3. Improve early years offer across childcare, nurseries and Children's Centres to increase school readiness and early years foundation score (or equivalent)	School readiness (eg Early Years Foundation Score or equivalent)	Director of Children's Services	Children & Young People's Partnership Board
7. Enable all children and young people to maximise their capabilities and have control over their lives	4. Work with parents, schools, education and training providers to enhance aspirations and reduce absences to minimise the attainment gap between the least and most deprived children and young people in Walsall 5. Increase access to evidence-based parenting programmes, targeted at those most in need (eg: Children in Need including LAC and CPP)	GCSE achieved 5 A*-C inc. English and Maths Number of parents accessing parenting programmes	Director of Children's Services	Children & Young People's Partnership Board

Agenda item 7, appendix 1: Health and Wellbeing Strategy: Plan at a glance

8. Employment and improving employability	6. Reduce youth unemployment by working with partners to provide co-ordinated support to vulnerable young adults and young parents to encourage them into work and to reduce poverty and become capable parents	Number of young people 18-24 who are unemployed	Director of Regeneration	Walsall Economic Board
	7. Continue to develop and implement a comprehensive Health and Work programme covering Healthy Workplaces, sickness absence and return to work and the health needs of those who are out of work	Take up of Healthy Workplace Programme	Director of Public Health	Health and wellbeing Board
	8. Reduce child poverty by targeting workless reduction on parents of young children and enhancing access to childcare; mitigate impact by supporting income maximisation and foodbanks; high quality housing and fuel poverty reduction	Number(%) of children in families in receipt of out of work (means tested) benefits etc	Director of Regeneration/ Director of Children's Services	Children & Young People's Board/ Walsall Economic Board
	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 the 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.	Local child poverty measures including all children living in poverty, children aged 0-4 living in poverty, children in families in receipt of out-of-work(means tested) benefits etc	Director of Regeneration/ Director of Children's Services	Children & Young People's Board/ Walsall Economic Board
	10. Develop and implement a comprehensive set of programmes that equip local people and providers, particularly within the Health and Social Care sector, with the knowledge and skills required to maximise their own health as well as those they care for	Number of new learning and development programmes developed & delivered Number of Health and Social Care sector	Director of Regeneration	Walsall Economic Board

Agenda item 7, appendix 1: Health and Wellbeing Strategy: Plan at a glance

		providers supported		
9. Creating and developing healthy and sustainable places and communities	<p>11. Use a proactive approach to planning, investment and service provision to:</p> <ul style="list-style-type: none"> • promote sustainable development, provide land for the uses and facilities we need, arrange these in a manner that makes the best use of existing infrastructure and maximises accessibility and social inclusion, protect green spaces and the environment and help minimise exposure to pollution • 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 • develop and drive activities that support businesses to thrive and local people to work <p>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.</p>	TBA	<p>Director of Regeneration</p> <p>All</p> <p>Director of Regeneration</p> <p>Director of Neighbourhoods</p>	<p>??</p> <p>All</p> <p>Walsall Economic Board</p> <p>Safer Walsall Partnership</p>
10. Improving health and wellbeing 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 do that. This will involve better co-	Take up of Healthy lifestyles service provision	Health Watch/Walsall Voluntary Action/	Health and Wellbeing Board

Agenda item 7, appendix 1: Health and Wellbeing Strategy: Plan at a glance

	<p>ordination and communication between appropriate provider services in the statutory, independent and voluntary / community sectors resulting in focused, targeted messages and provision</p> <p>14. Ensure that all partner agencies are fully committed to encouraging and supporting residents to adopt and sustain healthy lifestyles. This should include championing a local ambition for the 'Making Every Contact Count' initiative that will ensure an increase in the number of organisations actively delivering MECC until all key providers in Walsall are using their front line staff to encourage and support residents systematically and on a scale that will bring about real improvements in health</p>	<p>Making Every Contact Count performance measures</p> <p>Making Every Contact Count (MECC) performance measures</p>	<p>Director of Public Health</p> <p>Director of Public Health</p>	<p>Health and Wellbeing Board</p>
11.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	Potential years of life lost from causes considered to be amenable to healthcare: adults	CCG Chair and Accountable Officer	CCG/Improving Outcomes Performance Board
12.Healthy ageing and independent living	16. Ensure co-ordinated provision of health and social care services to reduce unnecessary admission to hospital and timely discharge focusing on recovery and re-enablement	Proportion of older people (65 and older) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	CCG Accountable Officer/Director of Adult Social Services	Vulnerable Adults Executive Board

Action Plan for Health and Wellbeing Strategy key recommendation number 6

Key recommendation:

Reduce youth unemployment by working with partners to provide co-ordinated support to vulnerable young adults and young parents to encourage them into work and to reduce poverty and become capable parents

Overall named lead responsible for action: Mark Lavender, Head of Strategic Regeneration, Walsall Council

Partners involved: Walsall Council Regeneration Services, Children Services, Integrated Youth Persons Support Services, Transitional Leaving Care Team, Prospects Career Service, Jobcentreplus, Walsall Adult Community College, Walsall College, Performance through People, Training Providers.

Action	Intended outcome(s)	By when?	How will you measure successful completion?	Any identified risks to completion or dependence on other related projects? Please specify	Named responsible lead
Inform strategic partners of the Health & Wellbeing recommendation to reduce youth unemployment	A more joint up and targeted approach to tackling the problem of youth unemployment	Ongoing discussions	Partners have a clear understanding on the extent of the problem and work in partnership to tackle the problem	Yes Our partners may not see this recommendation as a priority for their focus	Mark Lavender (Strategic Regeneration) and Strategic Partners
Work closely with Personal Advisors to offer employment and skills advice and	A reduction in NEETs in vulnerable groups	Ongoing discussions	Personal Advisors are working closely with Regeneration to promote provision to vulnerable	Yes PA's are not sharing the information to vulnerable adults	Jane Kaur-Gill / Parveen Sangha (Employment & Skills)

Appendix 2

support to our Looked After Children, Young Offenders, Young People with LLD, Teenage Parents, Young Travellers			adults		
Target vulnerable young people to promote pre-apprenticeship opportunities	An increase in the number of vulnerable young adults starting pre-apprenticeship courses	Monthly	The number of vulnerable young adults being successfully offered a place on Walsall Works pre-apprenticeship academies	Yes Managing the drop-out rate of learners and non- completion	Jane Kaur-Gill (Employment & Skills) with IYPSS, Prospects, WACC, Walsall College and PTP
Fund Mentor(s) through Walsall Works to support vulnerable young people to keep them on track with their learning and improve attainment levels on pre-apprenticeships	Increase in the number of vulnerable young adults attaining and completing pre-apprenticeship courses	Ongoing	The number of vulnerable young adults successfully graduating from a pre-apprenticeship course	Yes Walsall Works funding being withdrawn by the Council	Parveen Sangha (Employment & Skills) with IPYSS, WACC, Walsall College and PTP
Target vulnerable young people to promote apprenticeship opportunities	Increase the number of vulnerable young adults accessing apprenticeship opportunities	On-going	The number of vulnerable young adults successfully starting Intermediate apprenticeships and being offered sustainable employment or progression to Advanced levels	Yes Walsall Works funding being withdrawn by the Council	Inderjit Nijjer / Matt Allmark (Employment & Skills) with training providers and employers
Ensure Transitional	Increase the number of	Ongoing	The number of vulnerable	Yes	Jane Kaur-Gill / Parveen

Appendix 2

Leaving Care Team and Prospects are actively marketing Walsall Works to vulnerable adults	vulnerable young adults participating in Walsall Works		young adults entering and being supported through the programme	Walsall Works funding being withdrawn by the Council	Sangha (Employment & Skills) with TLC, Prospects
Ensure that projects and interventions to support vulnerable young people are included and delivered in the BC Talent Match Programme	More vulnerable young adults being mentored, supported and participating in positive action schemes	September 2013	The number of vulnerable young adults supported	Yes Non-engagement by vulnerable into the Talent Match programme	Jane Kaur-Gill (Employment & Skills) with BC Local Authorities
Understand the level of assistance provided by the DWP Lone Parents Co-ordinator	Clear understanding on the DWP offer and how other programmes can fill gaps in support and provision	September 2013	A reduction in lone parent benefit claimant claimants	Yes Not being able to access lone parent data for young parents	Jane Kaur-Gill (Employment & Skills)with Jobcentreplus
Close working relationship with the Prospects Career Advice Team	Increase the understanding of what provision is available to young people and identify areas of support	Monthly	Greater number of referrals to provision by Prospects.	No	Parveen Sangha (Employment & Skills)
Work with SERCO to ensure the ESF Accelerate programme is targeting their assistance to young parents	Increase participation from young parents on the ESF Accelerate programme	Monthly	The number of vulnerable young adults supported	Yes Current ESF Programme funding ends 31 Dec 2013	Parveen Sangha (Employment & Skills)

Appendix 2

Engage with all four One Stop Shops to understand what assistance they have offered to young parents	Great understanding on support available for young parents	August 2013	The number of vulnerable young adults supported	No	Nick Alamanos (Employment & Skills) with Steps to Work
Lead upon the 'Care to Work' initiative	Offer more vulnerable young people opportunities for work experience and paid employment within the Council and its partners	On-going	Number of vulnerable young people securing work experience opportunities and paid employment opportunities	Yes No positive actions schemes designed and implemented	Mark Lavender (Strategic Regeneration)
To actively utilise and secure external funding in support of agreed priorities and actions.	To develop the required Investment Strategies and Plans, that facilitate access to known resources in support of our priorities including; <ul style="list-style-type: none"> - European Union 2014-2020 Funding - LEP Pooled funding - Lottery Funding - Other Programmes as identified. 	On-going	Investment strategies completed and accepted by key funders, opening the doorways to funding applications in support of agreed priorities.	Failure to meet the funder's requirements. Poor applications.	Walsall Council: Strategic Regeneration, Mark Lavender. We will require joint support from key internal and external stakeholders, which will vary dependent upon each priority and funding stream.

Action Plan for Health and Wellbeing Strategy key recommendation number 7

Key recommendation:

Continue to develop and implement a comprehensive Health and Work programme covering Healthy Workplaces, sickness absence and return to work and the health needs of those who are out of work.

Overall named lead responsible for action: Barbara Watt

Partners involved:

Walsall Healthcare Trust, whg, Small and Medium sized Enterprises in Walsall, Area Partnerships

Action	Intended outcome(s)	By when?	How will you measure successful completion?	Any identified risks to completion or dependence on other related projects? Please specify	Named responsible lead
Expand and raise awareness of the Healthy Workplace Awards programme commissioned by Public Health to improve the health and wellbeing of employees in Walsall.	Recruitment of more companies to the scheme, particularly SMEs employing men in routine and manual occupations. Improved employee health and wellbeing.	March 2014	Increased workforce capacity of the provider commissioned to deliver the programme. Recruitment of target number of new companies. Achievement of award levels by participating	Availability of funding for the programme. Engagement and retention of companies in the programme	Barbara Watt

Appendix 3

	Reduced sickness absence rates.		companies. Achievement of KPIs relating to the commissioned programme		
Development and roll out of Healthy Workplace Exemplar Employer Award for the main employers in Walsall: WMBC, WHT and whg	Improved the health and wellbeing of the workforce of the three big employers in Walsall. Main employers in Walsall acting as role models for other local businesses. Reduced sickness absence rates.	December 2013	Corporate sign up to programme and participation by WMBC, WHT and whg	Lack of corporate engagement	Isabel Gillis/Barbara Watt
Engagement of Area Partnerships in raising awareness of the Programme	Sign up of more target SMEs to participate in the Healthy Workplace awards programme	August 2013	Increase in number of new businesses engaged that employ routine and manual workers, particularly men and those from BME communities	Capacity of programme to meet need/demand.	Barbara Watt
Promote the Making Every Contact Count (MECC) initiative with Directors and managers within businesses, recognising the links with organisational health as staff relate personally to the advice they are being trained to deliver to service	Staff trained in MECC recognise the effects on their health of their own lifestyles and are more likely to make positive changes and/or access the support services on	On-going - March 2014	Number of organisations involved in Health and Work Programme undertaking MECC training and staff involved starting to provide advice and/or refer individuals to specialist lifestyles services to support them in making	Where organisations do not deal directly with clients/service users, MECC would not be appropriate. Capacity to take on the initiative may be an	Initial introduction given as part of Health and Work programme. Interested parties would be followed up via MECC Programme lead: Cath Boneham

Appendix 3

users/clients.	offer. As they become healthier, there is a benefit to the employing organisation		positive lifestyle changes. The MECC metrics will show successful completion	issue for some smes	
Recruit Public Health lead for Health and Work	Development of Health and Work strategy for Walsall Work with partner organisations to strengthen approach to helping residents currently out of work due to ill health to re enter employment.	September 2013	Successful recruitment	Issues with recruitment.	Barbara Watt

Action Plan for Health and Wellbeing Strategy key recommendation number 8

Key recommendation:

Reduce child poverty by targeting workless reduction on parents of young children and enhancing access to childcare; mitigate impact by supporting income maximisation and foodbanks; high quality housing and fuel poverty reduction

Overall named lead responsible for action: Mark Lavender, Strategic Regeneration, Walsall Council (Workless Reduction)
Andrea Potts, Walsall Council (Mitigation)

Partners involved: Walsall Council Regeneration Services, Children Services, Integrated Youth Persons Support Services, Transitional Leaving Care Team, Prospects Career Service, Jobcentreplus, Walsall Adult Community College, Walsall College, Performance through People, Training Providers, Black Country Food Bank, local retailers, Illegal Money Lending Team, Schools, Utility Companies, Registered Providers, Community Churches

Action	Intended outcome(s)	By when?	How will you measure successful completion?	Any identified risks to completion or dependence on other related projects? Please specify	Named responsible lead
To take a lead strategic role and responsibility for tackling unemployment and worklessness	A joint up approach to targeting workless adults	Ongoing	The number of workless residents into employment	Yes Lack of participation from partners	Jane Kaur-Gill (Employment & Team)
To listen to our workless residents to develop a clear understanding of	Intelligence used to design, deliver and manage activity to meet the identified needs	Ongoing	Programmes that meet the needs of clients	Yes Ability to attract funding	Jane Kaur-Gill (Employment & Team)

Appendix 4

their barrier to work					
To develop, define and promote employment, skills and enterprise provision to workless residents	A clear journey to work or enterprise	Ongoing	The number of workless clients into employment or enterprise	Yes Ability to attract funding	Jane Kaur-Gill (Employment & Team)
To support young parents into apprenticeships through Walsall Works	Increase the number of vulnerable young adults accessing apprenticeship opportunities	Ongoing	The number of vulnerable young adults successfully starting Intermediate apprenticeships and being offered sustainable employment or progression to Advanced levels	Yes Walsall Works funding being withdrawn by the Council	Inderjit Nijjer / Matt Allmark (Employment & Skills) with training providers and employers
To maximise the economic, employment and training opportunities in all major developments and investments	Increase number of workless parents securing employment with local businesses	Ongoing	The number of workless residents into employment	Yes Lack of investment into the borough	Jane Kaur-Gill / Isobel Woods (Strategic Regeneration)
To engage with employers to unlock new employment opportunities and to support them with recruitment processes	Increase number of workless parents securing employment with local businesses	Ongoing	The number of workless residents into employment	Yes Lack of participation from local employers	Jane Kaur-Gill / Isobel Woods (Strategic Regeneration)
Development of a sustainable cross borough crisis food	Food network is sustainable and meeting the needs of families	September 2013	Number (%) of families seeking crisis support for food	Progress of Crisis Food Network Crisis Support and	Andrea Potts

Appendix 4

network			Food Network Steering Group	Money, Home, Job Partner engagement Scale of demand resulting from Welfare Reforms	
School Breakfast Clubs	Children have a breakfast and do not start school hungry, supporting improved attendance and attainment	October 2013 and ongoing	Number (%) of schools with breakfast clubs Number (%) of children using breakfast clubs	Locality demand Engagement Existing network Cost/Funding	Sue Blick
Fuel Poverty Reduction	Families manage fuel costs and children do not go cold.	November 2013	Numbers (%) of families seeking help to meet fuel costs Number (%) of households in receipt of Cold Weather payments Number (%) of households accessing fuel cost reduction schemes	Scheme availability Participation Marketing of schemes	David Lockwood
Children live in quality housing	Local housing strategy supports children and families to live in sustainable and decent homes.	March 2014	Number (%) of families seeking housing support Number (%) of families evicted Incidence of actions against landlords	Welfare Reform Affordability	Andrea Potts
Families understand and access the childcare available	Quality childcare is available to all parents, supports both in - work and out of work poverty	Stat Duty September 2013	Number (%) of childcare places Affordability of childcare	Welfare Reform	Kim Stokes

Appendix 4

to them and childcare supports working & workless households	and the work agenda.	Ongoing	Take up of childcare places Childcare meets the needs of families		
To actively utilise and secure external funding in support of agreed priorities and actions.	To develop the required Investment Strategies and Plans, that facilitate access to known resources in support of our priorities including; <ul style="list-style-type: none"> - European Union 2014-2020 Funding - LEP Pooled funding - Lottery Funding - Other Programmes as identified. 	On-going	Investment strategies completed and accepted by key funders, opening the doorways to funding applications in support of agreed priorities.	Failure to meet the funder's requirements. Poor applications.	Walsall Council: Strategic Regeneration, Mark Lavender. We will require joint support from key internal and external stakeholders, which will vary dependent upon each priority and funding stream.

Action Plan for Health and Wellbeing Strategy key recommendation number 9

Key recommendation:

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 the 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.

Overall named lead responsible for action: Mark Lavender, Strategic Regeneration, Walsall Council
Andrea Potts, Walsall Council

Partners involved: Walsall Council Regeneration Services, Children Services, Integrated Youth Persons Support Services, Transitional Leaving Care Team, Prospects Career Service, Jobcentreplus, Walsall Adult Community College, Walsall College, Performance through People, Training Providers, Citizens' Advice Bureaux, Walsall Voluntary Action, Voluntary Advice Sector, Registered Providers

Action	Intended outcome(s)	By when?	How will you measure successful completion?	Any identified risks to completion or dependence on other related projects? Please specify	Named responsible lead
Regular meetings with Welfare Rights Officers to share Welfare to Work programme information	Real time updates and information flow between Regeneration and Welfare Rights	Monthly	Welfare Rights Officers able to help improve employability of our workless residents	Yes Inaccurate information and / or out of date information being shared with residents	Employment & Skills Team
Through 'My Money	An overview of typical and	Monthly	Benefits Officers able to	Yes	Employment & Skills Team

Appendix 5

My Home My Jobs' have a clear understanding on the needs our workless residents	predictable needs of clients		respond better to wider employment needs of residents	Sample of residents needs not representative enough	
Through 'My Money My Home My Jobs' assess gaps in provision to meet the needs our workless residents	Employment advice more targeted to respond to clients needs	Monthly	Clear understanding on clients needs	Yes Sample of residents not representative enough	Employment & Skills Team with Working Smarter
Through 'My Money My Home My Jobs' put in place interventions to manage gaps in provision to meet the needs our workless residents	Employment advice more targeted to respond to clients needs	Monthly	New provision put in place to respond to customer needs	Sample of residents needs not representative enough	Employment & Skills Team with Working Smarter
Produce a Journey to Work that sets out the support that is available to workless clients in the Borough	Organisations providing advice and support are aware of the resources that are available in Walsall.	Ongoing	Production of a Journey to Work. Increase in referrals to partner organisations	Yes Managing the information that is included. Updating with new resources	Employment & Skills Team with Working Smarter
Support JCP Walsall Partnership Manager to visit organisations	Organisations are aware of what DWP provision is available and the impact the provision may have on	On-going	Number of organisations met with	Yes JC+ may not have the capacity to visit all organisations	Employment & Skills with Jobcentreplus

Appendix 5

offering welfare advice to advise on current and new DWP provision.	individuals. Organisations are kept informed of new DWP provision and the impact it may have on their clients.				
Promote the provision that is available through Area Partnerships	Ensuring local residents and local organisations are aware of the level of support that is available in Walsall.	Ongoing	Information disseminated to Area Partnerships and passed on at local events.	Yes Area Partnerships not reaching all the community	Employment & Skills with Area Partnerships
Information to be easily accessible, including on the internet	Individuals being able to access the information in an appropriate format.	Ongoing	Information being upload onto the Walsall Council Website Number of hits received by the web page	Yes Ensuring information is current.	Employment & Skills Team
Organisations from all sectors work together in a co-operative partnership agreed within Walsall's revised Child Poverty Strategy to ensure resident's needs are understood and met in the most appropriate way.	Families, children and young people are supported to meet their needs and understand what is available to them. Organisations from all sectors work within the consulted strategy framework.	Dec 2013	Number (%) of families and YP in crisis Number (%) of families and YP able to better manage their money Number (%) of families and YP maintaining tenancies Collaborative delivery of advice services Child Poverty Strategy monitoring	Welfare Reform programme People moving from workless to working households Landlord arrears/eviction processes Review of advice sector Communication across partners	Andrea Potts Lead Sue Blick CP Strategy Lead
Identify and deliver support to vulnerable families through Children's	Joint working maximises the impact of support to vulnerable families	In progress - ongoing	Families moving forwards Looked after children numbers stabilised	Families not identified or fail to engage	TBC (Interim, Louise Hughes)

Appendix 5

Services, Early Help and Troubled Families Programme					
To actively utilise and secure external funding in support of agreed priorities and actions.	<p>To develop the required Investment Strategies and Plans, that facilitate access to known resources in support of our priorities including;</p> <ul style="list-style-type: none"> - European Union 2014-2020 Funding - LEP Pooled funding - Lottery Funding - Other Programmes as identified. 	On-going	Investment strategies completed and accepted by key funders, opening the doorways to funding applications in support of agreed priorities.	Failure to meet the funder's requirements. Poor applications.	<p>Walsall Council: Strategic Regeneration, Mark Lavender.</p> <p>We will require joint support from key internal and external stakeholders, which will vary dependent upon each priority and funding stream.</p>

Action Plan for Health and Wellbeing Strategy key recommendation number 10

Key recommendation:

Develop and implement a comprehensive set of programmes that equip local people and providers, particularly within the Health and Social Care sector, with the knowledge and skills required to maximise their own health as well as those they care for.

Overall named lead responsible for action: Mark Lavender, Strategic Regeneration, Walsall Council

Partners involved: Walsall Council Regeneration Services, Neighbourhoods (Public Health), Walsall College, Walsall Housing Group, plus a range of external partners and stakeholders within Health Sectors and NHS, as dictated as the pilots develop and move into the implementation stages.

Action	Intended outcome(s)	By when?	How will you measure successful completion?	Any identified risks to completion or dependence on other related projects? Please specify	Named responsible lead
The development of a flexible menu of Learning & Development programmes, tailored to meet the Health Sectors Employment and delivery needs.	A flexible set of Accredited Learning & Development programmes, which truly meets the needs of customers, ensuring that their individual and/or business needs are truly met.	September 2013 With on-going development.	Courses are accredited and available, with customer feedback showing that their needs are being met and quality of delivery is being maintained.	Funding availability to sponsor the courses and the ability of the courses to flex to meet continued customer needs.	Joint: Walsall Council: Strategic Regeneration, Mark Lavender. Walsall College: Commercial Development, James Norris.
The launch of the Walsall College Health, Social and Medical Academy.	The launch of the New Academy, which brings together Employers, Employees and those within Communities who care for	September 2013 With on-going development.	A comprehensive programme, matched to an innovative approach that aims to meeting customer / health care needs is set in	Funding availability to sponsor the courses and the ability of the courses to flex to meet continued customer	Joint: Walsall Council: Strategic Regeneration, Mark Lavender. Walsall College:

Appendix 6

	<p>themselves and others.</p> <p>With the aims of ensuring that:</p> <ul style="list-style-type: none"> - Their collective employability and skills delivery needs are met - The Sector has the workforce it requires - Patients are receiving the services they need - Through the application of innovation costs are reduced and care levels / quality is increased. 		place.	needs.	Commercial Development, James Norris.
The implementation of a Digital First - Community Health & Wellbeing Pilot	<p>The delivery of a successful pilot which tests out the use of Digital Technologies, Platforms and Media linked to a pilot group of residents, with the following objectives;</p> <ul style="list-style-type: none"> - The further development of a community's ability to care for itself and others - The pilot use of new Digital platforms, techniques and opportunities - The development and accreditation of materials / qualifications and learning initiatives in support of the above - Improved health and wellbeing levels within local 	On-going	<p>The successful completion of the Pilot Scheme, with structured evaluation and evidence of the lessons learnt and evidence of the positive impacts against the objectives of the pilot.</p> <p>Leading to the next stages of implementation, with the funding and support of the key stakeholders.</p>	<p>Failure to secure the resources to successfully deliver the Pilot.</p> <p>Failure to secure the support of the participant and or the Key stakeholders.</p>	<p>Joint:</p> <p>Walsall Council: Strategic Regeneration, Mark Lavender.</p> <p>Walsall Housing Group: Carole Wildman Director of Regeneration:</p> <p>Walsall College: Commercial Development, James Norris.</p> <p>Walsall Council: Public Health, Cath Boneham.</p>

Appendix 6

	<p>communities</p> <ul style="list-style-type: none"> - Identified savings and operational / clinical improvements as a direct result of the above albeit they may be in terms of the 'invest to save' model that is based on medium and long term outcomes. 				
<p>To actively utilise and secure external funding in support of agreed priorities and actions.</p>	<p>To develop the required Investment Strategies and Plans, that facilitate access to known resources in support of our priorities including;</p> <ul style="list-style-type: none"> - European Union 2014-2020 Funding - LEP Pooled funding - Lottery Funding - Other Programmes as identified. 	<p>On-going</p>	<p>Investment strategies completed and accepted by key funders, opening the doorways to funding applications in support of agreed priorities.</p>	<p>Failure to meet the funder's requirements. Poor applications.</p>	<p>Walsall Council: Strategic Regeneration, Mark Lavender.</p> <p>We will require joint support from key internal and external stakeholders, which will vary dependent upon each priority and funding stream.</p>

Action Plan for Health and Wellbeing Strategy key recommendation number 11

Key recommendation:

Use a proactive approach to planning, investment and service provision to:

- promote sustainable development, provide land for the uses and facilities we need, arrange these in a manner that makes the best use of existing infrastructure and maximises accessibility and social inclusion, protect green spaces and the environment and help minimise exposure to pollution
- 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
- develop and drive activities that support businesses to thrive and local people to work

Overall named lead responsible for action: David Elsworth, Head of Planning & Building Control, Walsall Council
 Mark Lavender, Strategic Regeneration, Walsall Council

Partners involved:

Regeneration (Planning & Building Control: Planning Policy, Planning & Building Control: Development Management, Strategic Regeneration, Development and Delivery, Housing, Asset Management); Neighbourhoods (Public Health, Pollution Control, Green Spaces, Countryside Services, Leisure Services, Environmental Health); Resources (Finance, Legal); Environment Agency; Natural England; Health and Safety Executive; Highways Agency.

Action	Intended outcome(s)	By when?	How will you measure successful completion?	Any identified risks to completion or dependence on other related projects? Please specify	Named responsible lead
Plan for new development in locations that are sustainable. Including through	<ul style="list-style-type: none"> • Convenient access to facilities and opportunities. • Reduced travel costs. 	Site Allocations Document & Town Centre Area Action	<ul style="list-style-type: none"> • Publication of Preferred Options and adoption of completed plan. • Results of Sustainability 	<ul style="list-style-type: none"> • Ability to accommodate development needs, without environmental 	Mike Smith Regeneration Manager – Planning Policy With: - Public Health

Appendix 7

<p>testing of all potential development sites in terms of accessibility.</p>	<ul style="list-style-type: none"> • Reduced vehicle emissions. • Reduced environmental impacts. • Highest practicable standards of amenity. 	<p>Plan - Preferred Options 2014 - adoption 2015</p>	<p>appraisal (including Health Impact assessment, HIA.</p> <ul style="list-style-type: none"> • Outcomes of Examination in Public. 	<p>impacts.</p> <ul style="list-style-type: none"> • Resources to make and justify the plans and take them through the statutory processes. • Private landowners and developers. • Political risks. 	<p>- Transportation</p>
<p>Plan for numbers and types of housing to meet the borough's needs.</p>	<p>Allocate sufficient land of the right types in the right places to provide the basis to meet the borough's needs for housing.</p>	<p>Site Allocations Document & Town Centre Area Action Plan - Preferred Options 2014 - adoption 2015</p>	<ul style="list-style-type: none"> • Find and allocate sites to meet needs identified in Black Country Core Strategy and Strategic Housing Market Assessment. • Publication of Preferred Options and adoption of completed plan. • Outcomes of Examination in Public. 	<ul style="list-style-type: none"> • Ability to accommodate development needs, without environmental impacts. • State of the housing market. • Resources to make and justify the plans and take them through the statutory processes. • Private landowners and developers. • Political risks. 	<p>Mike Smith Regeneration Manager – Planning Policy With: - Housing</p>
<p>Plan for amounts and types of employment to meet the borough's needs</p>	<p>Allocate sufficient land of the right types in the right places to provide the basis to meet the borough's needs for employment.</p>	<p>Site Allocations Document & Town Centre Area Action</p>	<ul style="list-style-type: none"> • Find and allocate sites to meet needs identified in Core Strategy and Employment Land 	<ul style="list-style-type: none"> • Ability to accommodate development needs, without environmental 	<p>Mike Smith Regeneration Manager – Planning Policy With: - Development &</p>

Appendix 7

		<p>Plan</p> <ul style="list-style-type: none"> - Preferred Options 2014 - adoption 2015 	<p>Review.</p> <ul style="list-style-type: none"> • Publication of Preferred Options and adoption of completed plan. • Outcomes of Examination in Public. 	<p>impacts.</p> <ul style="list-style-type: none"> • State of the economy. • Resources to make and justify the plans and take them through the statutory processes. • Private landowners and developers. • Competition from other areas. • Political risks. 	<p>Delivery</p> <ul style="list-style-type: none"> - Economic Development
<p>Plan for facilities (including health facilities) and ensure these are accessibly located to meet the borough's needs. Including through:</p> <ul style="list-style-type: none"> • needs assessments; and • testing of all potential locations in terms of accessibility. 	<p>Allocate sufficient land of the right types in the right places to provide the basis to meet the borough's needs for health, education and other facilities.</p>	<p>Site Allocations Document & Town Centre Area Action Plan</p> <ul style="list-style-type: none"> - Preferred Options 2014 - adoption 2015 	<ul style="list-style-type: none"> • Find and allocate sites to meet needs identified in Core Strategy and Employment Land Review. • Publication of Preferred Options and adoption of completed plan. • Outcomes of Examination in Public. 	<ul style="list-style-type: none"> • Ability to accommodate development needs, without environmental impacts. • Availability of public sector and other resources and scale and nature of consumer demand. • Resources to make and justify the plans and take them through the statutory processes. 	<p>Mike Smith Regeneration Manager – Planning Policy</p> <p>With:</p> <ul style="list-style-type: none"> - Public Health (and health providers) - Asset Management - Leisure Services - Transportation <p>NEED TO IDENTIFY WHO WOULD BE RESPONSIBLE FOR ASSESSING AND PLANNING COMMUNITY FACILITIES.</p>

Appendix 7

				<ul style="list-style-type: none"> • Private landowners and developers. • Competition from other areas /locations. • Political risks. 	
<p>Identify and protect environmental assets, including 'green areas' and open spaces. Improvements in access to open spaces and linkages between them.</p> <p>Serious consideration of measures to provide open space in areas of deficiency or of facilitating access to open space in other areas (recognising this might not be possible).</p> <p>Establish a Community Infrastructure Levy (CIL) Regime to</p>	<p>Protection of all areas of importance for nature conservation. Protection and maintenance of as many open spaces as feasible and protection of as much of the Green Belt as possible.</p> <p>-</p> <p>Maintenance and improvement of open space.</p>	<p>Site Allocations Document & Town Centre Area Action Plan</p> <ul style="list-style-type: none"> - Preferred Options 2014 - adoption 2015 <ul style="list-style-type: none"> • Draft CIL 2014 • Introduce charges 	<ul style="list-style-type: none"> • Find and allocate sites to meet needs identified in Core Strategy and Green Space • Publication of Preferred Options and adoption of completed plan. • Outcomes of Examination in Public. <p>-</p> <ul style="list-style-type: none"> • Results of consultation • Outcome of Examination in Public. 	<ul style="list-style-type: none"> • Ability to accommodate development needs, without environmental impacts. • Availability of public sector and other resources. • Ability of development to fund CIL. • Resources to make and justify the regime and take it through the statutory processes. • Private landowners and developers and local residents. • Political risks. 	<p>Mike Smith Regeneration Manager – Planning Policy</p> <p>With:</p> <ul style="list-style-type: none"> - Development Management - Development & Delivery - Green Spaces - Countryside Services - Finance

Appendix 7

provide a source of funding for open space maintenance and improvements.		2015			
Apply planning policy consistently to support sustainable development for housing, employment, facilities etc. whilst protecting the environment and open space.	Sustainable development and an improving environment.	On-going.	Percentage of decisions in accordance with planning policy.	<ul style="list-style-type: none"> • Ability to accommodate development needs, without environmental impacts. • Availability of public sector and other resources. • State of the economy and viability of development. • Resources to apply policies. • Private landowners and developers, some and local residents. • Political risks. 	Norman Hickson Regeneration Manager – Development Management With: <ul style="list-style-type: none"> - Planning Policy - Transportation - Development & Delivery - Pollution Control - Green Spaces - Countryside Services - Legal
Ensure that proper account is taken of potential exposure to pollution, including air pollution and noise when taking	Reduced expose to pollution.	On-going.	Percentage of decisions in accordance with planning policy and regulatory requirements.	<ul style="list-style-type: none"> • Ability to accommodate development needs, without environmental impacts. • Availability of 	Norman Hickson Regeneration Manager – Development Management With: <ul style="list-style-type: none"> - Planning Policy - Public Health

Appendix 7

<p>planning decisions. Identify sensitive receptors (housing, and health and education facilities and areas where there are existing or potential problems.</p>				<p>public sector and other resources.</p> <ul style="list-style-type: none"> • State of the economy and viability of development. • Resources to apply policies. • Private landowners and developers, some local residents. • Political risks. 	<ul style="list-style-type: none"> - Transportation - Development & Delivery - Pollution Control - Environmental Health - Environment Agency - Natural England - Health & Safety Executive - Highways Agency.
<p>Ensure that proper assessment of plans and proposals is undertaken where health impacts are likely and assessments are needed.</p> <ul style="list-style-type: none"> • Plans have to be at least screened for Strategic Environmental assessment and where this is needed Council policy is that normally it 	<p>Proper understanding of cases where there are potentially significant health impacts. Informed decisions.</p>	<p>On-going.</p>	<p>No decisions where there could be significant adverse health impacts unless these are clearly out-weighted by other issues of fundamental importance.</p>	<ul style="list-style-type: none"> • Ability to accommodate development needs, without environmental impacts. • Availability of public sector and other resources. • State of the economy and viability of development. • Resources to undertake and understand assessments. • Private landowners 	<p>Mike Smith Regeneration Manager – Planning Policy and Norman Hickson Regeneration Manager – Development Management With:</p> <ul style="list-style-type: none"> - Public Health - Transportation - Development & Delivery - Pollution Control - Environmental Health - Environment Agency - Natural England - Health & Safety

Appendix 7

<p>should be part of a sustainability appraisal that includes health impact assessment.</p> <ul style="list-style-type: none"> • Large scale developments might require an Environmental Impact Assessment which should include impacts on 'population' wherever relevant. • Many waste management proposals require an assessment under the Waste Regulations. 				<p>and developers, some local residents.</p> <ul style="list-style-type: none"> • Political risks. 	<p>Executive Highways Agency.</p> <ul style="list-style-type: none"> -
<p>Explore the possibility of making Cabinet decisions subject to a 'Health</p>	<p>Proper understanding of cases where there are potentially significant health impacts. Informed decisions.</p>	<p>April 2014</p>	<p>No decisions where there could be significant adverse health impacts unless these are clearly out-weighted by</p>	<ul style="list-style-type: none"> • Additional burden placed on staff resources to undertake and 	<p>To be confirmed</p>

Appendix 7

Impact Assessment' (in a similar way to the current Equality Impact Criteria)			other issues of fundamental importance.	understand assessments. • Political risks.	
Deliver the actions to meet the agreed priorities of the Walsall Economic Board	Support businesses to thrive and local people to gain work through: - a well developed workforce with the skills employers need; - an infrastructure capable of supporting business growth; - improved business sustainability and growth; - improved external perceptions of the borough.	Various dates, to be agreed by Walsall Economic Board	Various outcomes and performance measures, to be agreed by Walsall Economic Board	Various risks, to be detailed in the Action Plan	Mark Lavender, Strategic Regeneration

Action Plan for Health and Wellbeing Strategy key recommendation number 12

Key recommendation:

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.

Overall named lead responsible for action: Jamie Morris Executive Director Neighbourhood Services

Partners involved: Multi-Agency across each of the six Area Partnerships

Action	Intended outcome(s)	By when?	How will you measure successful completion?	Any identified risks to completion or dependence on other related projects? Please specify	Named responsible lead
1. Each Area Partnership to identify a health priority specific to their locality and in cognizance with other health actions contained within their refreshed Area Plans.	Evidence based health priority identified.	April 2013	Health data indicates identified priority.	Data is required to be up to date.	Head of Communities and Partnerships/Partnerships Manager
2. Each Area Partnership to establish a	Multi-agency team established.	May 2013	Team established comprising a range of partners.	Commitment from partners required.	Area Managers/Public Health leads.

Action	Intended outcome(s)	By when?	How will you measure successful completion?	Any identified risks to completion or dependence on other related projects? Please specify	Named responsible lead
team/task and finish group to scope and deliver an assets based action plan					
3. Multi-agency team to develop an assets based action plan	Draft Action Plan produced for consultation with partners	September 2013	Draft Action Plan discussed at Area Partnership/Public Health half day workshop.	Commitment from partners required.	Area Managers/Public Health leads
4. Draft assets based action plan finalised.	Draft assets based action plan finalised for consultation with the Health and Well Being Board	October 2013	Health and Well Being Board sign off.	Further consultation required prior to sign off.	Area Managers/ Public Health leads.
5. Delivery against each Area Partnerships assets based action plan.	Assets-based approach to community engagement and active involvement in the life of their community.	Ongoing	<p>Increase in connectivity between those in need (based on the identified health priority) and the available community assets leading to a reduction in failure demand where assets go underutilised and those in need go without.</p> <p>Measurable changes/improvements in service delivery to meet local need.</p>	<p>Reluctance to change service delivery models in accordance with available assets and the identified need.</p> <p>Skills/knowledge lacking in understanding what assets are available and the full potential of their resource.</p>	Area Managers/Public Health lead.

Action	Intended outcome(s)	By when?	How will you measure successful completion?	Any identified risks to completion or dependence on other related projects? Please specify	Named responsible lead
6 Review of each Area Partnerships assets based action plan	Evaluation of an assets based approach	October 2014	See above	Change in the aspirations for Area Partnerships and how the Area Partnership model works.	Head of Communities and Partnerships/Partnerships Manager
7. Roll out of an Assets based approach beyond single identified issues within each Area Partnership.	An assets based approach to improved health outcomes becomes embedded as a way of working	October 2014	<p>Increase in connectivity between those in need across a broad spectrum of health related circumstances and available community assets leading to a reduction in failure demand where assets go underutilised and those in need go without.</p> <p>Measurable changes/improvements in service delivery to meet local need.</p>	Change in the aspirations for Area Partnerships and how the Area Partnership model works.	Director of Neighbourhood Services/Director of Public Health

Action Plan for Health and Wellbeing Strategy key recommendation number 15

Reducing the burden of preventable disease, disability and death

Key recommendation: 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

Overall named lead responsible for action: Walsall CCG Chair and Accountable Officer (CCG Improving Outcomes Board)

Partners involved: Public Health, Social Services, Walsall Healthcare Trust, Dudley and Walsall Mental Health partnership Trust

Action	Intended outcome(s)	By when?	How will you measure successful completion?	Any identified risks to completion or dependence on other related projects? Please specify	Named responsible lead
Ensure that people are appropriately supported in both the diagnosis and subsequent management of chronic conditions in order to increase	Enhancing quality of life for people with long term conditions(LTCs)	March 2014	The will be measured based on responses to questions in the GP patient survey to measure the proportion of people feeling supported to manage	All organisations need to have a sustained focus on lifestyle improvement for patients who have developed medical conditions.	Dr Abdalla Bharat Patel

Appendix 9

healthy life expectancy	Prevention and early detection of those conditions most strongly related to health inequalities are prioritised	March 2014	Percentage of newly diagnosed patients with type 2 diabetes in Walsall that are actively involved in diabetes self-care management	Lack of partnership engagement in the design and implementation of appropriate bed – based rehabilitation services in Walsall	Dr Askey Wendy Godwin	
	Reduced time spent by people on hospital with LTCs	March 2014	A reduction in the unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults)			Dr Abdalla Bharat Patel
	People have a raised awareness of the need to take up opportunities offered in primary care		The proportion of people feeling supported to manage their condition			
	Promote all opportunities to improve self-care through patient education		Number of people with diabetes who have received all nine care processes			Dr Askey Wendy Godwin

Appendix 9

	programmes and telehealth for people with long term conditions.				
Reduce all age, all cause mortality rates by 7.3% so that these equal the rest of England through early detection and early treatment of disease	Fully developed Risk Stratification process in place across Primary Care	2016	Potential years of life lost (PYLL) from causes considered amenable to healthcare	Interface between health and social care stakeholders	Dr Gill Phil Griffin
	A Multidisciplinary approach to active case management	March 2014	Reduction in avoidable emergency admissions		Dr Rischie Jane Hayman
	Reduce premature mortality from major causes of death	March 2016	Under 75 mortality rate from cancer		Dr Mohan Wendy Godwin
	Promoting wellbeing and preventing suicide Strategy is implemented across the borough Reduce premature death in people with serious mental illness		People with severe mental illness who have received a list of physical checks The proportion of people that enter treatment against a level of need in the general population i.e. the proportion of people who have depression and/or anxiety disorders who receive psychological therapies		Dr Suri Anet baker Dr Suri Anet baker

Appendix 9

<p>Further narrow the gap between male mortality and female mortality rates by targeting services and support accordingly</p>	<p>A reduction in mortality from all cardiovascular diseases (including heart disease and stroke)</p>		<p>Percentage of referrals received via Lifestyle Link resulting from Making Every Contact Counts interactions with WHNHST and DWMHPT frontline staff (excluding WHNHST Lifestyle Services staff) that are for males. Referrals will be for smoking cessation, weight management (including exercise), mental health and alcohol</p> <p>Under 75 mortality rate from cardiovascular</p>		<p>Dr Gill Wendy Godwin</p> <p>Dr Abdalla Bharat Patel</p>
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Action Plan for Health and Wellbeing Strategy key recommendation number 16

Healthy ageing and independent living

Key recommendation: Ensure co-ordinated provision of health and social care services to reduce unnecessary admission to hospital and timely discharge focusing on recovery and re-enablement

Overall named lead responsible for action: Walsall CCG Accountable Officer

Partners involved: Social Services, Walsall Healthcare Trust, Dudley and Walsall Mental Health partnership Trust

Action	Intended outcome(s)	By when?	How will you measure successful completion?	Any identified risks to completion or dependence on other related projects? Please specify	Named responsible lead
Improve quality of life for older people, while developing a measure of this in order to establish a baseline and set future targets	Develop a robust definition for health related quality of life for older people and ensure that this is measured, addressed and incorporated into strategic service planning as appropriate Strive to reduce excess winter deaths by building on the current work to immunise vulnerable groups	Ongoing from now - 2016	Health related quality of life Social care related quality of life Percentage of people who leave their homes once a week or less Number of older people 65+ receiving 10 or less hours of care in their own homes Population vaccination coverage flu aged 65+		Andy Rust Andy Rust Andy Rust Bharat Patel/Shadia Abdalla

Appendix 10

<p>Enable individuals to be independent for as long as possible in the setting of their choice</p>	<p>Develop a systematic and multi-agency approach to falls and fracture prevention.</p> <p>Focus on preventing falls through activities that improve stability, mobility, flexibility and coordination over the life course</p> <p>Support older people so that they can live more independently and remain in their own homes.</p> <p>Enhancing the quality of life for carers</p>		<p>Incidence of Falls and injuries aged 80+following falls assessment</p> <p>Incidence of Hip fractures in over 65s</p> <p>Proportion of patients recovering to their previous levels of mobility/walking at 30/120 days(PROMS)</p> <p>Delayed transfer of care from hospital which is attributable to adult social care</p> <p>Proportion of people dying in their preferred place of death</p> <p>Percentage of carers identified on practice registers</p>	<p>Capacity of EOL team to provide education and training for health and social care professionals</p>	<p>Sally Roberts</p> <p>Sally Roberts</p> <p>Wendy Godwin /Dr Kumar</p> <p>Andy Rust</p> <p>Dr Nambisan</p> <p>Area Team (TBC)</p>
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Appendix 10

Provide the support needed to enable individuals to keep as well as possible in their old age	Work with all agencies to ensure that the message of 'healthy body, healthy mind' is reinforced at every opportunity.	March 2014	The percentage of people who have had a stroke who are discharged from hospital with a joint health and social care plan	Inability to deliver the level of integration required to implement the model	Dr Mohan Wendy Godwin
		March 2014	Emergency readmissions of within 30 days of discharge from hospital		Dr Rischie Jane Hayman
	Enhance the quality of life for people with dementia	March 2014	Emergency admissions of older people (65+) for acute conditions that should not usually require hospital admission		Dr Suri Anet Baker
		March 2014	Percentage diagnosis rate for people with dementia		