

Health and Wellbeing Board

25 April 2016

Refresh of Health and Wellbeing Strategy using up to date Joint Strategic Needs Assessment in 2016

1. Purpose:

The current Health and Wellbeing Strategy (HWS) was written to cover the years 2013 – 2016 and so a refresh is required to be in place by March 2017.

Any HWS should be written to address the needs identified in an up to date local Joint Strategic Needs Assessment (JSNA) and so the two documents are intrinsically linked.

The purpose of this report is to propose a way forward to produce a refreshed HWS for Walsall by March 2017.

2. Recommendations:

- 2.1 That the Health and Wellbeing Board considers, and agrees, the proposal below to produce a refreshed HWS by March 2017

3. Report detail:

Joint Strategic Needs Assessment:

The Joint Strategic Needs Assessment (JSNA) is an iterative document where the core datasets (Children's, Adult Social Care and Public Health) are refreshed in a 3 year cycle in order to ensure the data is up to date. In the intervening years, other data and intelligence is gathered in the form of deep dive reports produced to support specific pieces of work around the HWB priorities, for example, the Infant Mortality Task and Finish group or the Children and Adolescent Mental Health needs assessment and strategy work.

All the data and intelligence gathered is available on-line in the Intelligence website: www.walsallintelligence.org.uk

At any point in time, a summary JSNA can be produced to identify the current key needs.

Health and Wellbeing Strategy:

The current Health and Wellbeing Strategy (HWS) is a 3 year strategy 2013 – 2016 and therefore due for refresh during 2016/17. The current priorities are performance

monitored through the theme performance dashboards, one of which comes to each HWB, and also specific priorities are the focus of the HWB Task and Finish Groups.

It is proposed that the HWB retains the current HWS themes that follow a lifecourse and cover the Marmot objectives.

Of the 19 strategic priorities that have been identified previously:

- a number of them could be amalgamated
- a piece of work could be completed that maps where other aligned Boards have identified a priority as one they will be working on, leaving the HWB able to focus on the strategic priorities that are left whilst being informed of progress through performance dashboards completed through the other Boards. (**See appendix 1** for example of mapping using current priorities and strategies)
- further work can then be done to identify focused annual priorities for specific pieces of work that build on previous initiatives (Currently undertaken through Task and Finish Groups).
- Where appropriate, consultation can be undertaken with partners and the public about the priorities and the focus required in 2016/17

Proposed process:

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| Using current HWS priorities, collation and mapping of who is doing what | April – End August 2016 (see Appendix 1 for example) |
| Consultation with partners to refresh core sections of JSNA | April – September 2016 |
| Production of JSNA summary | September 2016 |
| Identification of key priorities not being 'owned' elsewhere | September 2016 |
| Identification of possible actions against key priorities over the 3 years 2017 - 2020 | By end of October 2016, with consultation at strategic level with partners |
| Public consultation on possible actions | November/December 2016 |
| Production of 2017 – 2020 HWS | By March 2017 HWB date |

Sustainability and Transformation Plan (STP) to 2020/21:

The STPs are intended as umbrellas which span multiple plans, ranging from specialised services at regional levels, to health and wellbeing boards' local commissioning arrangements, as well as transformational programmes, such as those redesigning services for urgent care. They will be place-based, multi-year plans built around the needs of local populations.

The JSNA and HWS will be a key influence in the development of the STP, building on the work of the Health and Wellbeing Board. The STP guidance stresses that HWBs must be central to the development of the STPs, as a system-wide forum with a democratic mandate from local communities.

One of the requirements STPs must address is to include a description of how all partners will invest in prevention, "with particular action on national priorities of

obesity and diabetes and locally identified priorities to reduce demand and improve the health of local people”.

4. Implications for Joint Working arrangements:

There are resource implications implicit in the proposed work involving all partners as the mapping is undertaken and requiring further input as the strategic priorities are collated and then the specific annual priorities identified.

The consultation work undertaken would need to be incorporated with the ongoing engagement work of HWB member organisations and require their input and support.

5. Health and Wellbeing Priorities:

The themes within the refreshed Health and Wellbeing Strategy for Walsall will continue to 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. These are:

- 1. Give every child the best start in life**
- 2. Enable all children, young people and adults to maximise their capabilities and have control over their lives**
- 3. Create fair employment and good work for all**
- 4. Ensure healthy standard of living for all**
- 5. Create and develop healthy and sustainable places and communities**
- 6. Strengthen the role and impact of ill-health prevention.**

All the strategic priorities fit under these themes, as do the focused, key priorities identified annually. These proposals will not change that model.

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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Health and Wellbeing Strategy (HWS) ambition and priorities.

Health and Wellbeing Board ambition:

To improve the health and wellbeing of everyone in Walsall and reduce the inequalities by improving the outcomes of people in deprived communities and vulnerable groups faster than the average for the borough of Walsall.

Current HWS priorities:

| Theme | 13 - 16 Strategic Priorities (Deep dives in red) | What specific annual targets/priorities have been met and when? | Where else is this covered? (need to include STP as priorities unfold) | Priorities of partner strategies | Gaps? Possible 2017 – 2020 Priorities (Between 3 -5 only) |
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| Promote and support emotional wellbeing | <p>1. Promote emotional wellbeing and encourage people to be more self reliant</p> <p>(Initiatives also relevant to other priorities, particularly 19)</p> | <p>2013 – 16 for PH: 5 Ways Initiative has been promoted and training given to staff</p> <p>2016 for PH: Adult mental health needs assessment and older people’s</p> | <p>CCG Strategic Plan</p> <p>CYP Strategy</p> <p>BCF Target</p> | <p>Improve mental health and wellbeing and ensure parity of esteem with physical health</p> <p>Prevent radicalisation of young people</p> <p>Number of people diagnosed with dementia</p> | <p>Priority needs to be expanded to include mental ill health?</p> <p>CAMHS and Dementia covered in priorities 7</p> |

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| | | <p>needs assessment.</p> <p>2016 for CCG:</p> <p>Mental health strategy being developed</p> <p>2016 for PH: Loneliness and social isolation initiative for Walsall, prioritised for Aldridge and Beacon</p> | | | and 19 |
| Give every child the best start in life and enable them to make the most of who they | 2. Help parents ensure children enjoy the best start in life | | CYP Strategy | Supporting the most vulnerable families to provide the best start in life for children (0-5) | Implementation of alcohol, substance misuse and domestic abuse strategies/action plans |
| | 3. Reduce infant mortality | 15/16 deep dive for HWB: Produced needs assessment | CCG Strategic Plan | Reduce perinatal and infant mortality | Implementation of action plan |

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| | 4. Reduce the gap in attainment between children from the least and the most deprived communities in Walsall | | <p>Education Challenge Board through School Improvement Strategy and Action Plans</p> <p>Children and Young People's Strategy</p> <p>Strategic Economic Plan</p> | <p>All children and young people in Walsall to experience good or outstanding education.</p> <p>Raise aspirations and expectations and achievement throughout the learning community of Walsall.</p> <p>Every learner to develop world class aptitudes, qualifications and skills for employability and life.</p> <p>Reduce Teenage Pregnancy</p> <p>Raising employability, education and skills</p> | -Implementation of identified strategies and plans |
| | 5. Provide education to improve parenting skills | | CYP Board and PH | | Implementation of Parenting Strategy |

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| | 6. Help children maintain a healthy weight | 14/15 deep dive for HWB: | CCG Strategic Plan | Target obesity in children | Still major Health issue Implementation of Healthy Weight Action Plan |
| | 7. Ensure mental health services for children are fit for purpose | CAMHS needs assessment and strategy completed 2015 Devnt session for HWB members April 2016 | CCG Strategic Plan CYP Strategy | Strengthen emotional health and wellbeing services for children and young people Commission effective emotional and mental wellbeing services for vulnerable children especially LAC | Implement agreed strategic plan in a co-ordinated manner that ensures quality services, quick, effective delivery and good patient experiences? Could be integrated with 1 |
| Money, home, job – support to those who are vulnerable | 8. Provide support to vulnerable young adults so they can access jobs or training | | Safer Walsall Partnership Plan Strategic Economic Plan | Reduce re offending – a cross cutting theme across all other priorities Raising employability, education and skills | |
| | 9. Support businesses to provide healthy workplaces | Healthy Workplace Initiative | Strategic Economic Plan | Improving Business competitiveness | Health and work issues. Could be expanded to include 18 and LTC |
| | 10. Reduce child poverty and the impact on families | | CYP Strategy | Mitigate impact of Child Poverty and reduce | |

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| Money, home, job – support to those who are vulnerable (continued) | of workless parents | | Strategic Economic Plan | Hunger | |
| | 11. Ensure the best possible welfare advice for those in need | Education, employment and skills covered. Welfare advice commissioned through CAB | Money, Home, Job? Strategic Economic Plan | Raising employability, education and skills | What covers benefits advice, disability etc?? |
| | 12. Ensure staff of local service providers have knowledge and skills to improve the health of their service users | 13 – 16: MECC training offered to partners as well as WMBC staff including PH, Adult Social Care, Environmental Health Team 2016: Healthy Walsall website launched on internet | Strategic Economic Plan | Improving Business competitiveness | Healthy Walsall and Social Care websites |
| | 13. Ensure that we provide land and space | | Strategic Economic Plan | Transforming infrastructure and the | Planning |

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| Create and develop healthy, sustainable places and communities. | for healthy living and that the health impacts of developments are properly assessed. | | | environment | Housing |
| | 14. Encourage ways to involve local people and communities in efforts to improve health | 2016: Healthy Walsall website launched on internet PH initiatives to promote healthy lifestyles | Safer Walsall Partnership Plan Via PH Transformation Fund Strategic Economic Plan | Community – specific focus on Counter Terrorism, Community Cohesion and Public Perceptions Tackle Serious Acquisitive Crime – specific focus on reducing Domestic Burglary Transforming infrastructure and the environment | Leisure and use of green spaces |
| | 15. Reduce the harm caused by alcohol and drugs | 14/15 deep dive for HWB around prevention, treatment and enforcement: <u>Prevention:</u> CYP and education settings <u>Treatment:</u> Hosp initiatives <u>Enforcement:</u> Trading standards | Safer Walsall Partnership Plan | Tackle Violent Crime - specific focus on Domestic Abuse, Town Centre Violence and Serious Youth Violence Tackle Anti-Social Behaviour Address Harm caused by Drugs and Alcohol | Ensure an integrated approach from drug/alcohol, mental health and domestic abuse services to reduce demand on adult and children and young people’s social care systems, ultimately reducing the number of LAC? (Is this to be with |

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| | | and Licencing team initiatives with off licences around Manor Hospital | | Misuse | SWP or CYP alone?) |
| Make healthy choices easier | 16. Help people to find out how to improve their own health | 2016: Healthy Walsall website launched on internet | Part of work covered by Public Health commissions | | Through Healthy Walsall and Social Care websites |
| | 17. Ensure employees are trained to give appropriate healthy lifestyles advice and know about available local support, thereby helping people improve their health | 13 – 16: MECC training offered to partners as well as WMBC staff. | Part of work covered by Public Health commissions – particularly MECC | | Reprocurement of healthy lifestyle support services. New service expected to start in July 2016 Promotion of websites as well as MECC |
| Reduce the burden of preventable disease, disability and death | 18. Reduce the life expectancy gap by improving the health of the poorest people, and men in particular | 15/16 deep dive for HWB: Diabetes | CCG Strategic Plan | Reduce the health gap across Walsall Increase male life expectancy Reduce and better manage long term conditions, especially diabetes, Coronary | Continue with Diabetes? Should we concentrate on disability/learning difficulties? Integrate with 9: Ensure people who are currently working, and experiencing difficulties |

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| | | | | Vascular Disease (CVD) and Chronic Obstructive Pulmonary Disorder (COPD) | with their work due to long term conditions, are given access to services that enable them to return to work as quickly as possible? |
| Promote and support healthy ageing and independent living | 19. Reduce emergency admissions to hospital for over 75s and reduce the use of long-term residential care | BCF Targets: Emergency admissions to hospital Permanent admissions to residential care Number of people living at home 91 days after a period of reablement Delayed transfers of care Number of people diagnosed with dementia | CCG Strategic Plan BCF Targets | Improve integration of primary, community and social care Bring care closer to home Reduce emergency admissions to hospital • | BCF targets Dementia? Possible integration with 1 |

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| | | Satisfaction with integrated health and social care services received following a period of hospitalisation | | | |
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