Health and Wellbeing Board 22 June 2015

Agenda item 8 (b)

Task and Finish Groups in 2015/16

1. Purpose

At the last Health and Wellbeing Board, and following discussion at a previous HWB Development Session, the action centred approach of the HWB Task and Finish Groups in tackling issues identified by the Board as some of Walsall's most complex and intractable, was considered beneficial and a model of work worth repeating in 15/16.

This paper sets out some of the issues suggested for prioritisation in the next year.

2. Recommendations:

2.1   That the Health and Wellbeing Board agrees which other priorities, besides Infant Mortality, it wishes to focus on through the Task and Finish Groups in 15/16

2.2   That the Health and Wellbeing Board identifies a champion (or champions) from the Board members for each priority who will be a proactive member of the Task and Finish group set up to tackle that issue.

3. Report detail

In October 2014, the Health and Wellbeing Board considered how it might identify and tackle specific issues under some of the 19 priorities within the Health and Wellbeing Strategy. They agreed how that might be done and proceeded to identify two issues for 14/15: Healthy Weight and Alcohol.

The HWB recognised that the more complex an issue is, the likelihood is it will appear more intransigent. The HWB Task and Finish Groups offer an opportunity for all its partners to focus on the issue for a time limited period and work in a co-productive manner to make progress in tackling the issue.

In order to identify the issues to be prioritised in this manner by the Board, the following characteristics were identified that can indicate both the complexity and intransigence of issues:

- performance measures/outcomes that are red in the performance dashboard and have been red for some time
- the issue is a significant contributor to death, disability or service cost and use across the borough
- the issue affects a number of services within the Council and NHS as well as other partners

- the issue is recognised by partners as needing to be tackled urgently with a corresponding ability to reshape services locally

In considering these characteristics, the HWB has already identified **Infant Mortality** as a Task and Finish Group priority for 15/16 and the presentation to this meeting sets out the reasons why. It is recognised that this is a key factor in 'improving life expectancy'.

When discussing ongoing work on the 19 recommendations for action within the Health and Wellbeing Strategy, and subsequent progress, other Task and Finish Group priorities have also been suggested by members of the HWB. These are as follows:

- **Diabetes** – a major contributor when considering male life expectancy
- **Dementia** – a key factor within healthy ageing
- **Integration** – on the agendas of all partners and certain to shape the way we work in the future.

Once the HWB has agreed which priorities it wishes to focus on in 15/16 as well as Infant Mortality, it also needs to appoint a champion (or a number of champions) from amongst the HWB members who will:
- provide leadership and co-ordination around this issue
- oversee development of a plan for joint action – to be brought back to the HWB for agreement, approval and action.

The role of the champion will be to pull together resources from across the partnership to analyse data, actively assess evidence and produce the action plan.

Terms of reference for the HWB Task and Finish Groups have been agreed by the HWB at its last meeting In April. They are included in the papers for agenda item 10.

4 Impact on health and wellbeing:

The process and model of working described above is designed to tackle some of the most complex and intractable health and wellbeing issues facing Walsall. The impact on health and wellbeing will be measured through the successful working of the Task and Finish Groups and progress on the actions within the agreed action plans.

Author:
Cath Boneham
Health and Wellbeing Programme Manager

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