

## Report to Health and Wellbeing Board

10 June 2013

### Action Plans relating to key recommendations within sections 5, 6, 7 and 10 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.

Appendix 2- 8 contain the action plans for the key recommendations within sections 5, 6, 7 and 10 of the Joint Health and Wellbeing Strategy.

#### 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 1, 2, 3, 4, 5, 13 and 14 within sections 5, 6, 7 and 10 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

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## Agenda item 6, 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

<b>HWBS section &amp; Purpose</b>	<b>Key Recommendations in 13/14</b>	<b>Measuring improvement</b>	<b>HWBB lead</b>	<b>Partnership lead</b>
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

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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

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		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"> <li>• 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</li> <li>• 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</li> <li>• develop and drive activities that support businesses to thrive and local people to work</li> </ul> <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

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	<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 1

Key recommendation: 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’

Overall named lead responsible for action: Cath Boneham

Partners involved:

Those already involved in MECC – including LA, CAB, Fire Service, whg, Walsall Healthcare Trust and Dudley and Walsall Mental Health Trust

WVA and the Voluntary and community sector groups providing services that relate to the 5 ways to wellbeing as well as volunteering opportunities

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
Develop a ‘train the trainers’ training programme specifically for 5 ways to wellbeing	The training of trainers will increase the capacity for this training to be delivered within organisations across Walsall, thereby giving people the information they need to promote the message and encourage people to consider the balance in their own lives	One a month starting at end June/beginning July	Training sessions full and delivery well received	Individuals do not sign up to the training sessions	Cath Boneham – commissioned through Walsall Healthcare Trust
Promote this initiative to those	Front line staff already trained in MECC who wish to know	Training offered once a month	Training sessions full and delivery well received	Individuals do not sign up to the training	Cath Boneham through LA, CAB. Fire service,

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who have already undertaken MECC training to strengthen that strand of the work	more about ways to strengthen mental wellbeing are trained in 5 ways to wellbeing	starting at end June/beginning July		sessions	whg, WHT and DWMHT
Ensure robust links with WVA to promote 5 ways to wellbeing and promote training opportunities	Vol sector organisations have knowledge of 5 ways to wellbeing initiative and are able to signpost/suggest how individuals might gain balance in their lives	Discussions ongoing	Number of voluntary and community sector organisations being trained		Cath Boneham with Tim Marren
Ensure robust links with Area Partnerships to promote 5 ways to wellbeing and promote training opportunities to organisations in areas	Organisations in area partnerships have knowledge of 5 ways to wellbeing initiative and are able to signpost/suggest how individuals might gain balance in their lives and strengthen their mental wellbeing	Training offered once a month starting at end June/beginning July	Promotional literature for training distributed through APs. Training sessions full and delivery well received	Individuals do not sign up to the training sessions	Cath Boneham through AP Managers
Undertake a training needs analysis to understand what other types of training could be delivered to enable front line staff to aid the mental wellbeing of their service users	Understanding of needs to inform future commissioning intentions	September/Oct 2013  By March 2014	Completion of audit and recognition of gaps.  Commissioning intentions followed through into amended services or new commissions	Capacity within PH team	Cath Boneham
Development of resources to act as	Resources available to promote initiative	Flyers for training	Availability of resources	Capacity within PH team	Cath Boneham

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<p>prompts and promote 5 ways to wellbeing</p>		<p>developed early June and other resources developed over year 13/14</p>			
<p>Development and implementation of comprehensive, multi-agency volunteering strategy for Walsall</p>	<p>Robust strategy that covers how volunteering opportunities will be collated and disseminated as well as how Walsall residents will be encouraged and enabled to take up those opportunities</p> <p>This will ensure:</p> <ul style="list-style-type: none"> <li>• greater promotion and recognition of volunteering and local opportunities</li> <li>• developing the quality of the volunteering experience by supporting organisations to work to agreed and recognised good practice</li> <li>• improving access to a wider range of volunteering opportunities through varied brokerage support and Employer Supported Volunteering (ESV) schemes</li> <li>• Enable and expand the</li> </ul>	<p>December 2013 – strategy completed</p> <p>Following launch, ongoing monitoring to assess effectiveness</p> <p>Some infrastructure to support implementation of strategy in place but needs further development</p>	<p>Strategy completed and approved</p> <p>Monitoring and evaluation will be central to implementation of the strategy – including an annual volunteering survey of volunteers and VCOs</p>	<p>Lack of support and “buy in” from key organisations.</p> <p>Failure to secure a well resourced and managed Walsall Volunteer Bureau to ensure sufficient capacity and skills</p>	<p>Tim Marren and WVA</p>



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	Walsall Volunteer Bureau Project to increase the number of volunteering opportunities and effectively co-ordinate voluntary activity in Walsall.				
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## Action Plan for Health and Wellbeing Strategy key recommendation number 2

1. Key recommendation

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

Overall named lead responsible for action: Director of Children’s Services

Partners involved: Children’s centres and Strategic lead, early intervention and family support Health, (Public Health, Midwifery, Hospital Trust, Health Visitor leads) IYPSS

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
Review of role of children’s centres in health improvement using Site visits Interviews with stakeholders Analysis of policy documentation and case records	Robust data covering: <ul style="list-style-type: none"> <li>• changes in health inequalities and needs across borough</li> <li>• how well children’s centres contribute to achieving health outcomes directly</li> <li>• how effective children’s centre</li> </ul>	August 2013	Production of findings from review and incorporation into services specifications and performance targets for children’s centre	Dependence on outcomes of joint review and children’s centres consultation	Uma Viswanathan

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	services support health colleagues to achieve improved outcomes				
Centres sharing expertise in approaching vulnerable families to tackle parenting and behaviour	Identified gaps in staff knowledge met through shared support More effective approaches to vulnerable families ( numbers approached and successfully engaged in evidence based programmes	September 2013	Staff development needs identified and met. Staff reporting higher levels of confidence Increased number of approaches and successful engagement	Loss of key staff leading process before completion	Sue Morgan/ Georgina Atkins
Centres working in clusters with IYPSS input to build confidence /expertise in working with older children in vulnerable families	Improved skills and confidence amongst centre family support staff Improved family support to whole family for vulnerable families and consistency of support for families moving from CC age group as youngest reaches 5	September 2013	Staff areas for development identified and met through peer support within cluster group. Staff reporting greater confidence to engage Increased levels of consistent support for families with wider age range	Loss of key staff leading process before completion	Sue Morgan/ Isabel Vanderheeren
Production of ante-natal pathway and common triggers/referral points for health and children's centres engagement	More effective, co-ordinated and better targeted engagement with vulnerable pregnant women from health ( midwifery, stenography and health visitors and children's centres) Agreed common trigger and referral points ( currently	August 2013	Formal Pathway from 6weeks pregnancy to 2 year old check agreed and implemented by 4 health task groups (ante-natal, breast feeding, weaning and 2 year old check) and children's centres	Current lack of common direction and strategy ( being addressed through focused support	Andy Stewart Sue Morgan

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	different for midwives and health visitors				
Review of children's centres structures to improve sharing of leadership and expertise including consultation with service users and target groups not using services	Proposals for more joined up and effective delivery reaching higher proportion of vulnerable and target groups resulting in sustained improvement of outcomes	September (Consultation complete by end July 2013)	Proposals agreed by Cabinet in September and changes fully implemented by April 2014 Robust targets and performance measures for engagement with vulnerable families included in services specifications and performance management requirements	Consultation not completed effectively Rejection of proposals by Cabinet Delay in implementing changes in structure	Andy Stewart Sue Morgan

## Action Plan for Health and Wellbeing Strategy key recommendation number 6

Key recommendation:

Give every child the best start in life: Improve early years offer across childcare, nurseries and Children’s Centres to increase school readiness and early year’s foundation score (or equivalent)

Overall named lead responsible for action: Andy Stewart Head of Service / Sue Morgan Strategic Lead Early Intervention & Family Support/ Early Years Manager (Education Services)

Partners involved: The providers of childcare including child-minders; nursery managers, children centre managers, Early Years’ Officers and head teachers of primary schools with nursery provision

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
Welcome to Walsall and Early Years Foundation Stage (EYFS) Training sessions	Early Years practitioners are aware of their role in delivering the Early Years Foundation Stage effectively and to a high standard to support children’s achievements.	Termly x 4	Observation of practice, improve and maintain Ofsted outcome		Andy Stewart Sue Morgan

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Increase access to high quality EYFS training including joint work with Sp4ce	Increase range and quality of EYFS training locally available	April 2013 – March 2014	65% or more providers will be judged as good or better by March 2014	Confirmation of Budget to support training plan	Kim Stokes
Increase provision for 2 year olds as part of the 2 year old offer	Quality childcare places accessible to children the term after their second birthday	September 2014	Sufficient places available to meet demand from eligible parents	Single funding formula needs to support the delivery of sustainable childcare places	Andy Stewart Sue Morgan
Alignment of all services provided as part of the core offer in Childrens Centre to meet the needs of our most vulnerable families	Integrated Childcare to support the needs of all children to support families as part of the Early Help offer and improve outcomes for all children	March 2014	Sustainable, good quality childcare provision available to support the needs of families, narrowing the gap for vulnerable children	Sustainability of childcare. Timescale for redesign.	Sue Morgan
Quality Audit tool used to improve the quality of childcare	To share good practice and improve the overall standard of care and education provided to all children	Reported Quarterly	65% or more providers will be judged as good or better	Support provided by Early Years Education team	Kim Stokes
Family Information Service (FIS) is closely linked with the Multi Agency Screening Team (MAST)	To ensure parents and professionals are signposted effectively to services that are available for families in Walsall, including 2 year old funding	April 2013 – March 2014	Satisfaction survey, take up of services		Andy Stewart Sue Morgan

## Action Plan for Health and Wellbeing Strategy key recommendation number 7

1. Key recommendation: Enable all children and young people to maximise their capabilities and have control over their lives: 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

Overall named lead responsible for action: Rose Collinson

Partners involved: Schools including head teachers and governors and through them parents, children and young people, training providers and colleges, local authority officers.

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
Provide the opportunity via a traded service to give expert support to develop school specific attendance strategies	To continually improve attendance at schools and to narrow the gap in the achievement of individuals and groups vulnerable to underachievement with their peers.	Renew on a financial year basis depending on demand	Take-up on the traded service and the improved attendance in schools buying into the service.	As this is a traded service some schools and academies will choose not to buy in or will source their support from other providers.	Caroline Guest
Provide training on attendance celebrating and disseminating good practice	Those schools and academies and groups of schools that have developed good practice will share that practice with other schools and academies.	Annual opportunity to share practice	Feed-back from participants at workshops	Some schools/academies with attendance issues may not choose to attend the workshops	Caroline Guest

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Provide input to governors via training and briefings and articles in the Governors' newsletter on improving attendance in their schools	Any changes to statutory requirements and any relevant reports on good practice will be disseminated to governors and they will be informed of the traded service support available to them from the service	When changes occur	Feed-back from governors at events, or to the Governor Services team	Depends on the continued provision of Governor Services Briefings and Training	Jane Bonner/Governor Services Team
Analyse unvalidated attendance data and validated (lagged) attendance data to identify any areas for further development	This gives intelligence to our Attendance team and Improvement Advisers about this aspect of school performance, so that head teachers and governors can be made aware of any concerns.	Twice yearly as the figures are released.	Reports to the DCS, Assistant Director and Head of Service for dissemination and action as necessary	The validated data is delayed and has to be assessed against local intelligence.	Caroline Guest/Data Team
Provide statutory interventions when schools move to prosecution	Schools will alert the team of their intention to prosecute where all other avenue have been exhausted so that prosecution can take place.	When notified by schools	Successful prosecution leads to improved attendance of children and young people	This is usually a last resort and a deterrent used by schools	Caroline Guest/Schools
Increase number of good / outstanding schools and make best use of National Leaders of Education (NLEs), Local Leaders of Education (LLEs) and Specialist leaders of	To draw on best practice within and outside the LA to improve the overall quality of education within the borough	By July 2014	In partnership with the National College we will have increased numbers of leaders in education deployed in our schools to support their development.	We need to overcome the risk to the schools offering the support of losing leadership capacity by developing a local mechanism of capacity building at all levels.	Shannon Moore



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<p>Education (SLEs) as important force in driving improvement across all schools and as leaders of sector-led improvement</p> <p>Develop sector led improvement through capacity building and partnership working</p>					
<p>Strengthening school governance and promoting succession planning for governing bodies; raising awareness in the community of the importance of school governance in order to recruit more good governors</p>	<p>This is a key driver in improving the quality of schools, so the outcomes would be to ensure that we fill governor vacancies and that the governors have the requisite skills to contribute to the leadership of our schools. More governors will access training. More Ofsted leadership grades at good or better in the future, especially in the primary sector.</p>	<p>July 2014</p>	<p>Monitoring governor vacancies, including LA vacancies. Results of external reviews of governance carried out by our team. Monitoring take-up and evaluations from training carried out by governors. Monitoring the grades for leadership and management over time.</p>	<p>Establishing the Governor Services that are core and traded. Developing and trading new services. Uptake of training. Staffing structure for Governor Services agreed and in place as soon as possible.</p>	<p>Jane Bonner/Governor Services team</p>
<p>improve the quality of teaching and learning</p>	<p>Inspection confirms better achievement of children and young people, resulting from good or better teaching and learning. Better use of teaching school and effective</p>	<p>July 2014</p>	<p>Monitoring outcomes for children, particularly those vulnerable to underachievement. Uptake of school to school support and intervention.</p>	<p>Engagement of head teachers of outstanding and good schools with the permission of their governing bodies and sponsors.</p>	<p>Shannon Moore Head of Improvement Services/Head of Teaching School/National College</p>

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	practitioners from within our schools to support the development of others. Better mobilisation of the head teachers and staff of outstanding and good schools within the authority. Continuation of research-based developments through learning communities.		Good response to opportunity to work in learning communities to improve outcomes for pupils and to accept accountability for the outcomes for children from the wider community of learners.	Continuing funding for learning community work. Support of Teaching School	
Strengthening school leadership and management, supporting new head teachers and succession planning at all levels.	Inspection outcomes for leadership and management are good or better. Head teacher recruitment and induction of a high quality. Succession Planning and the development of middle and senior leaders are successful.	July 2014	Good take-up and satisfaction with leadership development programmes at all levels. Governors report that recruitment and performance management of head teachers is successful. Feed-back is positive on the use of 'Passport to Progression' to acknowledge and facilitate 'school to school' support and development	Joint development and delivery of leadership development with head teachers, the teaching school and the national College.	Shannon Moore/Head of School Improvement Paula Jones/Manager of Workforce Development team.
Early Intervention	Fewer young people being excluded, attending pupil Referral Units, or becoming not engaged in education, employment or training (NEET). The RONI (Risk of NEET Indicators) is refined as more data is available.	September 2013 and 2014	Data returns from monitoring by LA officers and Prospects. More early intervention taking place as a result of predicting risk of NEET from primary school onwards.	Need for education providers including schools to let Prospects know if young people fall out of EET. Need for schools to provide early intervention and prevention strategies for those identified as having a higher risk.	Tim Luker (Prospects);Kerry Wootton Raising Participation Adviser;Caroline Guest: Access Manager; Shannon Moore Head of School Improvement

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<p>Curriculum Challenge</p>	<p>Schools and training providers including the college, adapt the curriculum offer to be locally relevant and motivating to children and young people. Good continuity and progression of young people including into pre-apprenticeships and apprenticeships. Effective work-relevant education supported by employers including the Council</p>	<p>September 2014</p>	<p>Children and young people of all abilities, including those with special educational needs and or disability, have successful transition into education, training and employment with training.</p>	<p>Depends on liaison between providers and the local commissioning of provision to meet the needs of young people and employers. Also requires good use of local market information and linked strategic thinking between Children's Services and Regeneration.</p>	<p>Schools/Education Providers/Training Providers/Employers/ Children's Service/ Regeneration</p>
<p>School parent partnerships improved</p>	<p>Improved parent partnership delivering improved outcomes in the pilot schools implementing 'Achievement for All' (AfA). Effective 'Inspire' workshops improve engagement of parents in their children's learning</p>	<p>July 2014</p>	<p>Feed-back from AfA and the pilot schools on the progress of their target groups and the impact of the guided conversations with parents. Feed-back from schools using 'Inspire' on the improvements realised.</p>	<p>Engagement of parents in pilot activities and feed-back from schools/academies involved.</p>	<p>Shannon Moore Head of School Improvement</p>

## Action Plan for Health and Wellbeing Strategy key recommendation number 5

1. Key recommendation

Increase access to evidence-based parenting programmes, targeted at those most in need (e.g.: Children in Need including LAC and CPP)

Overall named lead responsible for action: Director of Children's Services

Partners involved:

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
Increase the number of parenting programmes delivered either on a group or 1:1 basis to over 100	Improved quantity of our programmes offered to families across the Walsall borough ensuring continual delivery with programmes that are delivered at the right place and at the right time	100 programmes by 2013/2014 125 programmes by 2014	We will work with multi-agency services to encourage practitioners to co-deliver at least 1 programmes each per year  Practitioner delivery register data will be recorded throughout the year by the parenting team back to Childrens Performance Board	Trained practitioners leaving the authority or unable to deliver due to a change in role or maternity leave in which case we would need to look at offering a phase 2 of training	Sue Morgan
Improve access channels to ensure that the workforce and families can gain relevant	To break down stigmas and to increase awareness of evidence based parenting programmes	2014	Parent Consultation  Increase in number of parents attending and		Georgina Atkins

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information, advice and guidance that is easy to access	Increased uptake of parenting programmes and increased parental retention rates on programmes		completing parenting programmes. Evidence of this will be feedback to us through trained practitioners and evaluation paperwork		
We will increase the number of active parenting practitioners from 71 (2013) to 200 (2014). Where possible we will use a train the trainer model to ensure delivery is sustainable in the long term	Centrally coordinated recruitment to training will ensure that places are allocated to those who are most able to deliver high quality programmes at the right place at the right time to meet the local need.	2013/2014	Increased number of trained practitioners across the Walsall borough  Increase in delivery of evidence based parenting programmes across the Walsall borough  Parenting evaluation of groups to ensure local need is being met and there is a high standard of delivery from trained practitioners		Andy Stewart  Georgina Atkins
We will develop a multi agency parenting working group that will look to guide the way we work to ensure that the needs of Walsall families are being met	Improved approach to parenting in Walsall by providing relevant and robust infrastructure  Communication of the strategy to our partners to ensure that parenting is seen as a positive support system	2013/2014	Multi agency working group will be set up and meeting on a regular basis and shaping the way that parenting programmes are delivered across the borough to ensure the local needs are being met	Communication strategy is finalised and agreed across all partners to ensure information is promoted and cascaded in timely way	Andy Stewart  Sue Morgan
We will improve the quality of our programmes and	We will adapt our delivery to meet the needs of all families within Walsall borough	2014	Programmes will be performance managed through Walsall Parenting		Sue Morgan Georgina Atkins

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continually develop our suite of programmes to ensure that they fit with the local need	including targeted programmes for families within specialist services		evaluation to ensure that the programmes are meeting the needs of Walsall families		
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## Action Plan for Health and Wellbeing Strategy key recommendation number 13

Key recommendation:

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-ordination and communication between appropriate provider services in the statutory, independent and voluntary/ community sectors resulting in focused, targeted messages and provision

Overall named lead responsible for action: Barbara Watt

Partners involved: Other departments within LA (particularly Sports and Leisure, Green spaces), Walsall Healthcare Trust (particularly Lifestyle services), WVA and relevant voluntary/ community sector organisations .....

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
Develop communications infrastructure for promotion of messages and services related to Health and Wellbeing improvement in Walsall <ul style="list-style-type: none"> <li>• to including webpage and social networking to promote and reinforce healthy lifestyle messages and links to relevant provider sites</li> </ul>	<ul style="list-style-type: none"> <li>• Improve residents' knowledge of how to keep themselves healthy</li> <li>• Improve residents' knowledge of local support and services</li> <li>• Increase number of residents stopping smoking, improving their diet, increasing physical activity levels and achieving improved health outcomes</li> </ul>	Work already underway.  Phased approach for completion by end March 2014	Development of infrastructure and agreed programme of PH messages for promotion	Availability of staff with appropriate skills and capacity to develop communications network and work plan	Public Health Department  MECC Strategic Group will support links to other sites and work with PH to determine messages
Building on the existing Lifestyle Link model to develop single access telephone and internet portal for residents to enable them to easily access a range of Health Improvement services	<ul style="list-style-type: none"> <li>• Increase number of residents accessing services commissioned to improve health and wellbeing</li> <li>• Improve residents' knowledge of</li> </ul>	Underway. Complete by March 2014	Robust single access portals in place	Need to explore potential procurement issues	Public Health Department

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and activities in the Borough and access advice on improving their health and wellbeing	<p>how to keep themselves healthy</p> <ul style="list-style-type: none"> <li>• Improve residents' knowledge of local support and services</li> <li>• Increase number of residents stopping smoking, improving their diet, increasing physical activity levels and achieving improved health outcomes</li> </ul>				
Identify relevant services that could support individuals and families wanting to make positive changes to their lifestyles and link with Area Partnerships to ensure information is disseminated that is relevant and specific to local areas.	<ul style="list-style-type: none"> <li>• Easier for residents to find out what support and opportunities are available in their locality</li> <li>• Improved uptake of services</li> <li>• Improved health outcomes</li> </ul>	March 2014	<ul style="list-style-type: none"> <li>• Completion of mapping exercise: physical activity provision in local communities</li> <li>• Relevant, approved services are linked to the healthy lifestyles website</li> </ul>	Staff capacity	Public Health Department/Leisure Services/WHT Lifestyle Services
Implementation of MECC /5 Ways to Wellbeing – including developing age specific messages e.g. early years, older people	See Action Plan 14.				
Enhance involvement of the Voluntary and Community Sector in delivering an assets-based approach to supporting the Health and Well-being Agenda	<ul style="list-style-type: none"> <li>• Effective communication channels to VCSs established</li> <li>• Co-ordinated targeted approach amongst VCSs</li> <li>• Improved community and volunteer involvement in improving health and wellbeing in Walsall</li> </ul>	2013/14	<ul style="list-style-type: none"> <li>• Number of communication and targeted approach targets met</li> </ul>	<ul style="list-style-type: none"> <li>• Poor communication</li> <li>• Lack of commitment and resources</li> </ul>	Health Watch/Walsall Voluntary Action/Director of Public Health



## Action Plan for Health and Wellbeing Strategy key recommendation number 14

**Key recommendation:**

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

**Overall named lead responsible for action:** Cath Boneham, Public Health

**Partners involved:**

This is not an initiative that is specifically commissioned from providers and so the implementation of MECC within organisations is down to individual organisations being able to discern the benefits to their service users and the knock on benefits to the health and wellbeing of their staff. Current partners include LA, CAB, Fire service, whg, Walsall Healthcare Trust and Dudley and Walsall Mental Health Trust.

The number of possible partners is unlimited.

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
Implement LA pilot including training for Cllrs	Successful training of identified staff eg: One Stop and libraries staff, resulting in staff	Ongoing – agreement from CMT	Training delivered and staff involved starting to provide advice and/or refer	MECC metrics not collected as collection of MECC metrics by	Louise Fiddler – LA pilot Cath Boneham – Cllr

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	incorporating MECC into their daily work	for pilot was given May 2013. Training will be delivered June/July	individuals to specialist lifestyles services to support them in making positive lifestyle changes.  The MECC metrics will show successful completion	team/organisation is essential in order to evidence outcomes and identify where extra support/training is required	training
Implement whg training, use of tools and collection of performance metrics	Health Champions and Community Health Champions trained and delivering MECC	This is ongoing. Training has commenced	Training delivered and staff involved starting to provide advice and/or refer individuals to specialist lifestyles services to support them in making positive lifestyle changes.  The MECC metrics will show successful completion	MECC metrics not collected as collection of MECC metrics by team/organisation is essential in order to evidence outcomes and identify where extra support/training is required	Lesley Dews
Re-energise MECC initiative within CAB	To ensure CAB selected staff are implementing MECC within their day to day work	Refresh delivered by end July	Refresh training delivered and staff involved starting to provide advice and/or refer individuals to specialist lifestyles services to support them in making positive lifestyle changes.  The MECC metrics will show successful completion	MECC metrics not collected as collection of MECC metrics by team/organisation is essential in order to evidence outcomes and identify where extra support/training is required	Claire Foulkes
Continue roll-out of MECC initiative within WHT as part of CQUIN	Implementation of MECC initiative and metrics by selected staff groups within the hospital	By end of financial year 13/14	Targets have been agreed as part of CQUIN development. Funding will only be released if targets have been met.	MECC metrics not collected as collection of MECC metrics by team/organisation is essential in order to evidence outcomes and	Alan Jarvis

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				identify where extra support/training is required	
Continue roll-out of MECC initiative within DWMHT as part of CQUIN	Implementation of MECC initiative and metrics by selected staff groups within the Mental Health Trust	By end of financial year 13/14	Targets have been agreed as part of CQUIN development. Funding will only be released if targets have been met	MECC metrics not collected as collection of MECC metrics by team/organisation is essential in order to evidence outcomes and identify where extra support/training is required	James Parker
Ensure robust links with Area Partnerships to promote MECC to organisations in areas	Organisations in area partnerships have agreed to be part of MECC initiative	Discussions with AP managers to refresh knowledge of MECC initiative- June 2013	When appropriate, MECC initiative promoted to organisations in their areas by AP managers Organisations in AP showing an interest in getting involved in MECC	Capacity to be able to follow up robustly should initial interest be shown in MECC	Cath Boneham through AP Managers
Ensure robust links with WVA to promote MECC initiative to voluntary and community sector in Walsall	VCOs who are providers of health and care services will implement MECC as a way of enhancing the service they offer to local communities and to their staff and volunteers.  VCOs will use MECC as a way of promoting employee health and wellbeing.	MECC training to be offered to WVA staff June/July 2013	Number of VCOs undertaking MECC training and staff involved starting to provide advice and/or refer individuals to specialist lifestyles services to support them in making positive lifestyle changes.  The MECC metrics will show successful completion	Capacity to be able to follow up robustly should initial interest be shown in MECC	Cath Boneham with Tim Marren
Develop prompt card resource to aid	Resource available to aid staff in asking open questions and	Design and print	Resources development complete and distributed to	MECC funding stream to be identified	Cath Boneham

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front line staff delivering MECC	knowing what advice and tips to pass on to service users	June/July. Distribution of resource end July 2013	staff trained in MECC who are using them		
Continue to develop and distribute MECC referral cards following MECC training	Resource available to promote and remind service users of MECC referral number.  Aid to identify staff area where a MECC intervention was delivered resulting in a self referral.	Already developed. Need for printing ongoing as cards are used.	Number of cards handed out Number of MECC referrals to lifestyle link	MECC funding stream to be identified	Cath Boneham/Alan Jarvis
Roll out performance dashboard to all organisations delivering MECC	There is a uniform, agreed performance dashboard and reporting mechanism for MECC that organisations adopt on agreeing to implement MECC	June 2013	Metrics are collected by orgs and fed through to Public Health on a monthly/quarterly basis (as appropriate)	Organisations either do not commit to collecting metrics or do not deliver on that commitment robustly  Capacity in PH for collation of metrics and feedback	Cath Boneham through implementation leads in organisations
Develop communications infrastructure	Want to develop a PH communications network including webpage and social networking to promote and reinforce healthy lifestyle messages and link to relevant provider sites	Work already underway. Phased approach for completion by end of financial year	Development of infrastructure and agreed programme of PH messages for promotion	Appointment of PH staff with appropriate skills to develop communications network and work plan within the department	Isabel Gillis and PH team  MECC Strategic Group will support links to other sites and work with PH to determine messages