

## **Health and Wellbeing Board**

### **Consultation on Joint Health and Wellbeing Strategy and final version of Strategy**

#### **1. Summary**

At its meeting on 25 February 2013 the shadow Health and Wellbeing Board considered the draft Health and Wellbeing Strategy and agreed a period of wider consultation within the Council, the NHS and with partners who are members of the Borough Management Team and beyond. This report presents a summary of the responses received and amendments to the strategy made as a result of those responses

#### **2. Recommendations**

- 2.1 That the Health and Wellbeing Board welcome the number, quality and depth of the responses received during this consultation period summarised in (Appendix 1) and the changes made to the strategy as a result.
- 2.2 That the Health and Wellbeing Board receive the final version of the Joint Health and Wellbeing Strategy (JHWS) (appendix 2) and recommend it for approval by Council on 20 May 2013.

#### **3. Report detail**

- 3.1 In response to the invitation to comment on the Joint Health and Wellbeing Strategy responses have been received from 25 sources, including individuals, organisations and from all the Council's Scrutiny panels.
- 3.2 Many of the comments received were very detailed. The key points have been summarised in Appendix 1 which also indicates the changes made to the Strategy as a result. The quantity and quality of the responses received are an indication of the interest and commitment of many respondents in engaging with and contributing to the priorities and actions described. Where aspects of the comments received have not been included in full in the strategy, they will nevertheless be used to inform that action plans which will follow.

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## Consultation feedback and resulting actions

Section	Name and role	Comment	Response	Change to JHWS
General comments	CYP Scrutiny and Performance Panel	The Portfolio holder for Children’s Services explained that many of the comments raised were discussed at the Shadow Health and Wellbeing Board. There needed to be clarity around what would be achieved in 2013. It was also stated that there was a lack of clarity around aims and objectives. The timescale for implementation was 2016 in line with the sustainable community strategy. The Portfolio holder agreed that the document was very high level and more specific and clear actions, identifying those responsible for delivery, were required as was identifying good practice.	Recognised that process following adoption of this strategy needs to be strengthened and overall document needs to be better focused.	Changes to sections 1-4 and section 13
	Community Services and Environment SPP	It was vital that the messages in the HWS were communicated widely with professionals and the community;	Agreed. This was part of the consultation process and engagement will need to be included in development of action plans	
	CYP comments from Darrell Harman	Tracked changes and inclusions throughout, chapters 6 and 7 in particular	Comments accepted apart from diagram to show virtual/vicious cycle	Comments incorporated and changes checked with Darrell Harman

	<p>Jan Nicholls. Secretary, Walsall LPC</p>	<p>Comment in support of strategy -Many of the ambitions for improvements have already been targets for commissioned services in community pharmacies - smoking cessation, ehc, supervised methadone and out-of-hours palliative care to name a few. To ensure that pharmacists can contribute fully to the strategy, we need to be an integral part of it from the first and we look forward to working with commissioners to improve the health of the population in the borough</p>	<p>Acknowledged</p>	<p>No changes to document</p>
	<p>Health Scrutiny and Performance Panel</p>	<ul style="list-style-type: none"> <li>• There needed to be a consideration of assets existed in the community within the voluntary sector;</li> <li>• Work should not be duplicated by different agencies.</li> <li>• The Chair stated that there was still work to do and he felt that the document should be more specific about how objectives would be achieved.</li> </ul>	<p>Acknowledged</p>	<p>Strengthened in section 9</p>
	<p>Shadow Health and Wellbeing Board</p>	<p>It was suggested that an executive summary or easy read be produced. The Board made suggestions on the methods of consultation and suggested that a sub-group be established to produce a consultation plan and oversee the process.</p>	<p>Start of document strengthened</p> <p>Agreed</p>	<p>Sections 1-4 and section 13 changed</p> <p>HWS at a glance included</p>

	<p>Phil Griffin CCG Strategic Lead for Transformation and Service Redesign</p>	<p>A number of suggestions were made around the focus and clarity in specific areas, including diversity; the activity of the Board; actions and realistic targets; and qualitative measures to identify outcomes/successes,</p> <p>Members also commented that the opening page should reflect the local nature of the strategy produced by the local Health and Wellbeing Board for local people. It should also make clear how this fitted in the context of other strategies; the funding constraints; and have details of the Shadow Health and Wellbeing Board members.</p> <p>There is a strong connection between the CCG Integrated Plan and the ambitions described.</p> <p>In the document (specifically section 11) the measures are described that will be used to ensure things are improving. I would suggest that the majority of the outcome measures you propose are those we are intending to adopt as part of the CCGs local performance framework which we will be using from April to track performance.</p>	<p>Agreed</p> <p>Acknowledged</p>	<p>Sections 1-4</p> <p>No change</p>
	<p>Mandy Beaumont</p>	<p>Comments from Mandy re vacs and Infec diseases – tracked changes throughout doc</p>	<p>Acknowledged but recognised this would be tackled at the action plan stage</p>	<p>No change other than checking generic descriptions already cover this</p>
	<p>Chris Holliday</p>	<p>Various, throughout document, particularly relating to section 10</p>	<p>Majority apply to section 10</p>	<p>Inclusions added</p>

	Barbara Watt	Various, throughout document, particularly relating to sections 9 and 10	Accepted – points of clarification and examples	Changes made throughout
	Cllr Doug James	Various general comments relating to Council structures in particular	Comments relate to sections 1-4 in particular	Recognised within the changes made to sections 1-4
	PH Team	Comments from team members relating to all chapters adding clarity or correcting facts	Comments accepted	Changes made throughout doc
1: Exec summary				
2: Foreword				
3: Intro	John Bolton Interim exec dir Health and Social Care	This incorporates comments made by Adult and Social Care team members. Comments relate to sections 1-4 and section 12	General agreement and incorporated	Comments incorporated at start of strategy and section 12 in particular
	John Leach Head of Communities and Partnerships	The priorities have been updated following receipt of recent feedback. An example of this is the Children's one has changed slightly as of yesterday. It now reads:-  "Improving <i>Learning and</i> Life Chances for Children and Young People."  Please note the others are below..  <ul style="list-style-type: none"> <li>• Supporting business to thrive and supporting local people into work.</li> <li>• Improving health including well being and independence for older people</li> <li>• Creating Safe and Sustainable Communities – Reducing levels of crime and providing the right environment for people to live in.</li> </ul>	Accepted	Update not included as this section has been removed

	D Pedley Portfolio lead for My NHS Walsall Parliament	<p>A key factor in the change to the health priority was BMT's firm view.</p> <p>Support for principles in strategy given. Various comments relating to context in which this strategy will be delivered and questions about delivery. Comment about planning</p>	Comments acknowledged. Specific questions will need to be answered separately	Changes made to sections 1-4 and section 13 that should provide clarity. Planning inclusion strengthened.
4: Roles and responsibilities	Lesley Dews for whg	See appendix 3 for inclusion under 'Housing'	Various comments to clarify role of whg and other housing providers	This section has been removed from document
5: Wellbeing in Walsall	<p>Community Services and Environment SPP</p> <p>Health Scrutiny and Performance Panel</p> <p>John Bolton Interim exec dir Health and Social Care</p>	<p>Volunteering was one avenue that could be used to improve the wellbeing of residents. Volunteering can help people to give of themselves, feel needed, learn new skills and, in turn, improve their employability prospects</p> <p>A Member suggested that the following should be considered as part of the strategy: self harm, loneliness, activeness, alcohol</p> <p>See above</p>	<p>Accepted</p> <p>Comments accepted</p>	<p>Strengthened in sections 5 and 8</p> <p>Changes made to section 10 in particular</p> <p>Inclusion in section 5: why is this important?</p>

6: Give every child the best start in life	CYP Scrutiny and Performance Panel  CYP comments from Darrell Harman	<p>‘Section 6 – Give every child the best start in life’ correlated with the Children &amp; Young People Plan by ensuring readiness for learning. Children’s centres were best placed to deliver this service, however, a review was required as to what centres should focus on to ensure that the right people were being helped.</p> <p>Tracked changes and inclusions throughout, chapters 6 and 7 in particular</p>	<p>Accepted</p> <p>Comments accepted</p>	<p>In section 6</p> <p>Changes made as suggested to priorities and measures in section 6</p>
7: CYP maximise capabilities and have control over lives	CYP Scrutiny and Performance Panel  CYP comments from Darrell	<ul style="list-style-type: none"> <li>Members of the Panel commented that whilst the document was comprehensive they were concerned that it was highly aspirational and did not provide answers as to how the many recommendations would be delivered. Specific reference was made to working with education and training providers to reduce the attainment gap between the least and most deprived children in Walsall. The Chair asked what would be done differently to the strategies and methods already in place to reduce the gap?</li> <li>A Member asked whether such a large number of recommendations were achievable and sought clarity that the strategy was merely ‘setting out the stall’ and would be followed by action.</li> </ul> <p>Tracked changes and inclusions throughout,</p>	<p>Recognised that process following adoption of this strategy needs to be strengthened and overall document needs to be better focused.</p>	<p>Changes made as suggested to priorities and measures in section 7</p>

	Harman  Community Services and Environment SPP	<p>chapters 6 and 7 in particular</p> <p>The Health and Wellbeing Strategy should reference:-</p> <p>(a) preventing malnutrition;</p> <p>(b) sex education;</p>	Comments accepted	
8: Employment and employability	<p>Community Services and Environment SPP</p> <p>Mark Lavender – Head of Strategic Regeneration</p> <p>CYP comments from Darrell Harman</p> <p>Rory Borealis Exec Dir resources</p>	<p>It was important to engage small and medium enterprises on the importance of the health and wellbeing of their employees;</p> <p>Tracked changes and inclusions in chapter</p> <p>Tracked changes and inclusions throughout, request to include child poverty and mitigation measures in this chapter</p> <p>Various comments about context but particularly relating to money – home - job</p>	<p>Comments accepted</p> <p>Majority of comments accepted</p>	<p>Changes made as suggested to include child poverty</p> <p>Inclusions added including extra recommendation in section 8 relating to welfare benefits advice</p>
9: Healthy, sustainable places	Community Services and	<ul style="list-style-type: none"> <li>The HWS should contain reference to</li> </ul>	Agreed	Incorporated in relevant section





	Health Scrutiny and Performance Panel	<ul style="list-style-type: none"> <li>It was important to note that alcohol is an issue in affluent areas of the borough as well as deprived areas and more is needed to ensure residents are fully aware of the dangers of abusing alcohol and what is considered 'safe' use.</li> </ul> <p>A Member suggested that the following should be considered as part of the strategy: self harm, loneliness, activeness, alcohol</p>		Issues covered within general descriptors
11: Burden of disease, disability and death	Paulette Myers	Various suggested changes in chapter	Comments accepted	All changes included in section 11
12: Healthy ageing and independent living	John Bolton Interim exec dir Health and Social Care	See above	Comments accepted	Changes to section 12: why is this important? and what we will do together. Measures given to PM for consideration and possible inclusion
	Paulette Myers	Various changes in chapter	Comments accepted	Inclusion in section 12
13: Mobilising action	Tech sub group	This section needs to set out next stage far more clearly and outline, roles, responsibilities and relationships	Comments accepted	Changes made

# **Transforming Health and Wellbeing for all in Walsall**

## **The Health and Wellbeing Strategy for Walsall 2013 – 2016**

### **Plan for action in 2013-2014**

Version 29 with final amendments following consultation  
19.04.13

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## 1 Health and Wellbeing Strategy at a glance

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 CIN 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

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 food banks; 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

		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>To be agreed</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-ordination and communication between appropriate provider services in the	<p>Take up of Healthy lifestyles service provision</p> <p>Making Every Contact Count performance</p>	<p>Health Watch/Walsall Voluntary Action/ Director of Public Health</p>	Health and Wellbeing Board



	<p>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>measures</p> <p>Making Every Contact Count (MECC) performance measures</p>	<p>Director of Public Health</p>	<p>Health and Wellbeing Board</p>
<p>11.Reducing the burden of preventable disease, disability and death</p>	<p>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</p>	<p>Potential years of life lost from causes considered to be amenable to healthcare: adults</p>	<p>CCG Chair and Accountable Officer</p>	<p>CCG/Improving Outcomes Performance Board</p>
<p>12.Healthy ageing and independent living</p>	<p>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</p>	<p>Proportion of older people (65 and older) who were still at home 91 days after discharge from hospital into re-enablement/rehabilitation services</p>	<p>CCG Accountable Officer/Director of Adult Social Services</p>	<p>Vulnerable Adults Executive Board</p>

## **2 Foreword: A joint statement from Cllr Ali and Cllr Bird**

This Health and Wellbeing Strategy identifies key priorities through every stage of our residents' lives - from birth, through childhood, into adulthood and working life through to retirement.

We are only too aware of the health inequalities in this borough and the major issues such as infant mortality, workless households, obesity and quality of life for those with long term conditions that affect people day, in day out.

Feedback and suggestions from the people who are experiencing these issues is absolutely vital to everyone concerned with tackling them and bringing about improvements.

They are best placed to help us take a collective responsibility towards tackling these inequalities and making Walsall a better place to live and work - a goal we are all focused on achieving.

### **Suggested signatories**

#### **For Health and Wellbeing Board**

Cllr Zahid Ali, Chair of Health and Wellbeing Board

Jamie Morris, Executive Director Neighbourhoods

Dr Isabel Gillis, Director of Public Health NHS Walsall, DPH (designate) Walsall Council

Rose Collinson, Interim Executive Director, Children's Services

John Bolton, Interim Executive Director, Social Care and Inclusion

#### **For Walsall Council**

Mike Bird, Leader and Portfolio Holder for Public Health

Paul Sheehan, Chief Executive and Chair of Borough Management Team

#### **For Walsall Clinical Commissioning Group**

Dr Amrik Gill, Chair Walsall CCG

Salma Ali, Accountable Officer Walsall CCG

### 3 Introduction

Welcome to Walsall's Health and Wellbeing Strategy.

This strategy sets out the key priorities that all partners in Walsall must tackle in a coordinated way through every stage of life: from birth; through childhood; into adulthood and working life through to retirement. It recognises the strong association between poorer health and the social and economic conditions in which people are born, grow, live and work. In measuring improvements the focus includes indicators of social inequality as well as health indicators. The development of actions that are truly capable of improving the physical and mental health and wellbeing of individuals need to take account of their employability prospects and the geographical inequalities inherent in where they live. This requires a detailed understanding of the differences between people, families and communities across the Borough. Some of this understanding comes from the analysis of data described in the 2012 Joint Strategic Needs Assessment (JSNA), some from the lived experience of residents and community leaders and some from learning the lessons from the past. Pulling these strands together and applying them in the design and delivery of solutions is essential if we are to deliver sustainable health and wellbeing improvements.

Each section of this strategy sets out:

- A summary of the JSNA findings
- A statement of our shared **ambition**
- **Key priorities** for greatest impact
- Proposed **measures** to show things are improving
- **Key recommendations for action** in 13/14

This strategy does not seek to solve everything but focuses on those priorities in addition to universal provision that are required to reduce inequalities. While progress has been made in some areas, in others inequalities have been persistent or actually widening. It is these areas of health and wellbeing that are the focus of this strategy. The strategy seeks to balance short-term and long-term impact by identifying short-term recommendations for action that can support long term, sustainable change.

In section 13 of this document the future process is described by which these recommendations for action will be turned into action plans that engage key stakeholders and describe both how it will be done and how we will know if we have been successful.

### 3.1 Meeting the challenges together

All Public Sector organisations are facing serious financial challenges for the foreseeable future, in part as a result of demographic pressures - more people living longer but not necessarily healthier lives - leading to increasing NHS and social care costs in older age, an unsustainable growth in ill-health as a result of disease preventable through lifestyle change, and unsustainable expectations of too many people on public sector services to meet these needs.

The Public Sector across Walsall needs a coordinated approach to reprioritisation and subsequent commissioning decisions to ensure the 'up-stream' prevention services which support and encourage self-help, self-reliance and personal resilience are not casualties of short-sighted, non-co-ordinated financial decisions, leading to increased costs in later years.

Walsall Council and Walsall Clinical Commissioning Group together spend close to £1 billion (Walsall Council c.£627m Walsall CCG c£346m) of public money on services which impact on health and wellbeing of our residents and on their care. Significant sums of money are spent by commissioners and providers health services and social care services on people in Walsall with poor health and with high care needs. During the recent years we have seen a reduction in resources available to councils whilst the health needs of the population appear to be increasing. This reduction is likely to continue for the foreseeable future.

This strategy looks at how this money might be spent in the future and in particular what we might do in the longer term to improve the health outcomes for our local population and get best value for this large sum of money.

### 3.2 The health challenges

This is a hard challenge as Walsall has some of the most deprived areas in the country and people living in these areas have poor health. The prevalence in the community of a range of preventable conditions requires a concerted effort from communities and public bodies working together.

The health of people living in Walsall is in the worst quarter in England and Wales for the following indicators:

- Potential Years of Life lost from causes considered amenable to health care
- Deaths for people under the age of 75 from heart conditions
- Deaths for people under the age of 75 from cancer
- Health related quality of life for people with long-term conditions

- Patient reported outcomes from hip replacements
- Patient reported outcomes from groin hernias
- Patient experience of GP out of hours
- Incidence of health care associated with hospital related infections

Walsall's infant mortality rate is consistently higher than regional and national rates. On average life expectancy for men and women in Walsall has improved in parallel with regional and national improvements over the last 20 years, but always at a lower level. More recently the improvement in life expectancy for men has slowed and the gap is widening. However the data tells us that the last years of life are often affected by years of poor health, on average 8 years for men and 10 years for women, many of these preventable conditions where lifestyle changes would make a significant impact on health, wellbeing and healthy life expectancy.

There are no areas where patients in Walsall have outcomes in the top quartile. The best we can report is for NHS Dental Care and for people who have had knee replacements.

Further facts and information on the health and wellbeing of Walsall people can be found in the Joint Strategic Needs Assessment, "Towards a Strategy for Health and Wellbeing for the people of Walsall", published by the shadow Health and Wellbeing Board in June 2012. Facts from this report are quoted throughout the strategy to illustrate the various points.

Despite the high levels of poor health conditions in the population the incidence of admissions of older people to residential or nursing care in Walsall is low. Walsall Council spends £110 million on care for older people; people with disabilities and those with mental ill health.

### **3.3 Economic challenges**

A combination of factors may mean that we have much less money to tackle these issues over the coming 5 years:

- Councils will see 30% less money transferred to them from Central Government over this period
- If the current growth in demand for services for the people of Walsall and neighbouring areas on the Manor Hospital continue it will reduce the amount of money available to help people in the community. This will mean that it will appear as if there is less money for health care at home.
- We have an ageing population who if current trends continue will need more health and social care

- We will have a growing population with disabilities and long term conditions that may also need more support when resources are reducing.
- The costs of care are rising at a time when there are many pressures on the budgets which are in some cases reducing.

Can we change the way in which we spend the money so that there is a better balance between ensuring those that need acute services get the quality they need but that overall the health and wellbeing of the population can improve so that less people need that acute care? The challenges faced are great.

### **3.4 Meeting the Health and Wellbeing challenges together**

The Health and Wellbeing Strategy for Walsall aims to lay down a set of recommendations for actions to how we will meet the challenges that are raised by the data above and how we might measure our success or otherwise in meeting these challenges.

The challenge cannot be met by public bodies doing projects in communities; we have to redesign fundamentally the way in which individuals, their communities and publically funded bodies work together to change the health profile of the Borough. Citizens will need to take more responsibility for their own health and wellbeing which will mean that they will take more exercise, eat a healthy diet and consume less alcohol. The Council will want to ensure that the facilities and information is available to support this. Health services will want to ensure that people get the right advice and then the right treatment when things do go wrong and people become ill. Avoiding illness as well as treating it and taking action to address the underlying social factors which contribute to poor health throughout life are the basis of the strategy.

### **3.5 A shared understanding of health and wellbeing**

In order to develop a co-ordinated approach to improving health and wellbeing we need to start with a shared understanding of what we mean. Using Maslow's Hierarchy of Need as the starting point, we have identified the factors which taken together lead to positive health and wellbeing for most people:

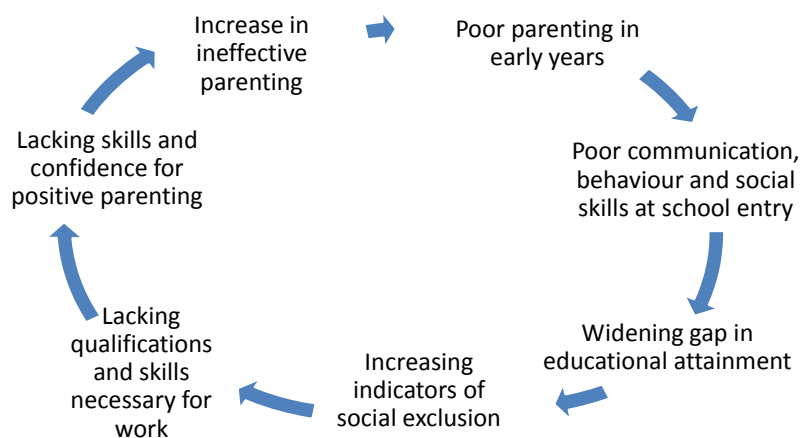
- A safe and secure place to live: home safety, freedom from violence or fear of it
- Enough money to live on and be able to get to work and participate in community life
- Nurturing relationships: family, friends, community, a sense of belonging
- Purposeful activity and valued achievements: learning, working, volunteering, relaxing
- A healthy mind: emotions, reason, imagination, positive self-esteem, feeling respected by others, emotional resilience, problem solving skills, freedom from fear

- A healthy body; fit, active, enables full life

### 3.6 Our ambition for health and well-being in Walsall

- Transform health and wellbeing and reduce inequalities in Walsall by improving the health of the poorest fastest
- Take 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 (see diagram below)
- Provide timely support for people and families in crisis: whether through redundancy, unemployment or benefits changes, or to prevent people sliding into difficulties
- Bring together residents and communities with all public bodies; voluntary and community organisations and private companies to play their part in action to tackle the challenges that are identified

Intervene to prevent the vicious cycle of poor parenting, poor educational attainment, poor skills and worklessness



18/02/2013

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### 3.7 Agreeing key outcomes for improvement

National Outcomes Frameworks have been developed for Public Health, the NHS and Adult Social Care. Locally the Every Child Matters framework has informed the outcome indicators chosen for Children and Young People. The key outcomes and indicators for measuring progress shown throughout this strategy have been selected from these outcomes frameworks based on the needs of the people of Walsall shown in the Joint Strategic Needs Assessment.

## 4 Approach to developing the Strategy

The need to ensure the engagement of partners across Walsall and secure their commitment to the ambitions, priorities and actions described in this document has shaped the approach taken in developing this strategy. In particular, that members of the Technical Support Group nominated by Local Authority Directors contributed their knowledge and expertise and a workshop and series of Area Partnership events sponsored and facilitated by the LGA have been key to the strategy's development. A detailed report on the findings of these events is available separately and summarised below.

### 4.1 LGA workshop and area partnership events

“We realised we needed an approach to developing our health and wellbeing strategy which really reflected the wide range of different communities in the borough. The asset based approach enables local communities to harness the capacity that exists locally to make a difference to improve the quality of life for themselves, their families, their neighbours and friends and the community in which they live.”

Following a Borough-wide partnership event sponsored and facilitated by the LGA, a series of six local engagement events were held, one in each Area Partnership to consider the specific health and wellbeing needs and local assets available to address the local issues of concern. These events were supported by local profiles, providing a more detailed picture of the local area including those issues of health and wellbeing set out in the JSNA. A detailed report on these events is available separately.

The Walsall Area Partnership Team and the Public Health team are considering the next steps. Each Area Partnership is now reviewing their action plans. They will each identify a specific local priority in order to put appropriate action plans in place that could be addressed through an asset based approach. In addition to this they are considering:

- establishing peer learning networks which would include partners from across sectors and communities to strengthen capability and bring in local challenge to develop more substantial programmes of asset based working
- how intelligence systems could be developed to better capture wider sources of quantitative and qualitative data to achieve a more holistic view of the social determinants of health and the contribution of key sectors such as social housing and the voluntary and community sector.

We will do this by focused and co-ordinated action on agreed key priorities targeted at every stage of life and engaging all partners. These proposals are set out in sections 5 – 12.



## 4.2 Consultation on the Strategy

In February 2013 the shadow Health and Wellbeing Board agreed a period of consultation on the draft Health and Wellbeing Strategy. The Strategy has been circulated widely within the Council, the NHS and wider partners and to representative of the community. Comments received have been incorporated into this final version.

## 5 Wellbeing in Walsall

### Why is this important?

“Mental health (and emotional wellbeing) is everyone’s business: individuals, families, employers, educators and communities all need to play their part. Good mental health and resilience (the ability to bounce back after difficulties and setbacks in life) are fundamental to our physical health, our relationships, our education, our training, our work and to achieving our potential” (*No Health without Mental Health: A cross government mental health outcomes strategy for people of all ages. DH 2011*)

We can all recognise ‘wellbeing’ when we see it and feel it but it can be difficult to put into words. The JSNA recognises that wellbeing is determined by a range of things including:

- A safe and secure place to live: home safety, freedom from violence or fear of it
- Enough money to live on and be able to get to work and participate in community life
- Nurturing relationships: family, friends, community, a sense of belonging
- Purposeful activity and valued achievements: learning, working, volunteering, relaxing
- A healthy mind: emotions, reason, imagination, positive self-esteem, feeling respected by others, emotional resilience, problem solving skills, freedom from fear
- A healthy body; fit, active, enables full life

Wellbeing has two essential elements: feeling good and functioning well. Many people in Walsall are familiar with the actions they can take to improve their own physical health and function well: healthy eating, an active lifestyle, maintaining a healthy weight, not smoking or drinking too much. Few people will know about the *5 ways to Wellbeing* the actions that they can take to improve their own sense of wellbeing and feel good. The 5 ways are described as follows:

1. **CONNECT** with people – family, friends, colleagues, neighbours
2. **BE ACTIVE** – walk, cycle, swim, run/jog, dance, play a game that you enjoy
3. **TAKE NOTICE** – reflect on the beauty of the world around you
4. **KEEP LEARNING** – try a new challenge, learn to do something new
5. **GIVE** – volunteer your time, do a favour, look out for someone in need

Evidence shows that building these actions into your daily life can add 7.5 (healthier) years to your life.

### Our JSNA tells us that:

Work can enhance wellbeing as it gives a sense of purpose and creates social relationships. Conversely unemployment and workplace stress can both impair mental health:

- 1 in 6 adults has a mental health problem at any one time and many do not seek help because of stigma. Benefits of improved population wellbeing include improved mental health, greater resilience against mental health problems, less discrimination and stigmatisation in the workplace and reduction in suicides
- The *Your Place, Your Wellbeing Walsall Lifestyle Survey 2012*, tells us that overall life satisfaction average in Walsall varies by a range of socio-economic subgroups, decreasing with deprivation and increasing with educational attainment. Personal relationships and freedom to make own decisions are key to life satisfaction and mental wellbeing.

### **What is our ambition?**

By 2016 we want knowledge and understanding of the *5 Ways to Wellbeing* to be well embedded in all communities with Area Partnerships and Third Sector organisations taking a lead, especially on 'giving through volunteering' which benefits both the volunteer and those receiving help.

### **What are our key Priorities?**

- Work with individuals and communities to promote wellbeing and self-reliance through knowledge and understanding of *5 ways to Wellbeing* as part of a borough wide strategy to improve mental health and wellbeing
- Work with employers, occupational health and other partners to promote the benefits of a work environment that enables mental wellbeing and reinforces a work/life balance and ensure advice and support is available within the Health and Work Programme for employers wishing to implement changes as a result.

### **What will we do together?**

- Work with individuals and communities to promote wellbeing and self-reliance through adoption of *5 ways to wellbeing*
- Encourage local people to connect, keep learning and give through volunteering by promoting the many different ways they can volunteer in Walsall and the benefits involved
- Encourage local people to be active and take notice by promoting parks, green spaces, the many community and council leisure and sports facilities and other opportunities available to them in Walsall (see section 10)
- Encourage local businesses and organisations to become healthy workplaces with support delivered through the Healthy Business Awards Scheme and opportunities to focus on work related stress and wellbeing

- Identify and target key groups that evidence tells us will be most likely to benefit from brief interventions and improved access to psychological therapies. These will include for example pregnant women who smoke, people in the workplace with absenteeism problems, diabetic patients where depression is common
- Consult with and fully involve both communities and service providers in work to reduce stigma around mental ill-health in Walsall thereby seeking to reduce suicide and promote mental wellbeing.

### How will we ensure that things are improving?

Priority	Measure
<ul style="list-style-type: none"> <li>• <b>Work with individuals and communities to promote wellbeing and self-reliance, through knowledge and understanding of “5 ways to wellbeing”, as part of a borough wide strategy to improve mental health and wellbeing</b></li> </ul>	<ul style="list-style-type: none"> <li>• Numbers of people volunteering in Walsall</li> <li>• Proportion of physically active adults</li> <li>• Proportion of physically active children and young people</li> <li>• Self-reported wellbeing</li> <li>• Number of local businesses part of Healthy Business Awards Scheme</li> <li>• Number of local businesses awarded Healthy Business Award</li> <li>• Suicide rates for men and women</li> </ul>

### Key recommendation for action in 13/14:

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*

## 6 Give every child the best start in life

### Why is this important?

What happens in pregnancy and the early years of a child's life has a profound impact on the rest of his or her life. Improving experiences in the early years is central to reducing inequalities in childhood and later life. Parenting is critical to children's experience of early years and their life chances.

### Our JSNA tells us that:

- In Walsall the proportion of stillbirths and infants dying before their first birthday remain higher than regional and national levels. There are wide inequalities between most and least deprived in Walsall, with the proportion of stillbirths and infant deaths being much higher in deprived areas
- Educational attainment in the early years has been poor in Walsall compared to regional and national levels. Educational attainment is lower in the more deprived communities in Walsall
- The overweight and obese prevalence in children aged 4-5 years remains high at 23.4% (NCMP data 2010/2011).

### What is our ambition?

By 2016 we want all children in Walsall to have the best start in life and lead healthy, safe lives and will be given the opportunity to develop the skills, confidence and opportunities they need to achieve their full potential particularly children who are vulnerable or disadvantaged. This begins before birth and continues through the early years of life and throughout school years.

### What are our key priorities?

- Reduce the number of children dying before birth or before the age of 12 months (Stillbirths and Infant Mortality), narrowing the gap for our most disadvantaged and vulnerable groups
- Improve the proportion of children who are ready for school at age 5 (physically with a focus on healthy weight; emotionally; behaviourally and cognitively), narrowing the gap for our most disadvantaged and vulnerable groups

## What will we do together?

- Ensure that organisations will demonstrate how they work together to enable every child to have the best start in life by supporting integrated plans to :
  - Reduce still births and infant mortality
  - Enable children to develop well in all areas: cognitive, communication and language, social and emotional and physical
- Continue to invest in integrated early help maximising the use of Children’s Centres so families have access to the support they need in their locality, in particular to enable them to be effective parents
- Improve support to families through increased access to evidence-based parenting programmes targeted at those most in need. We will also ensure appropriate support is given to parents to enable them to provide an environment for their children that nurtures child development
- Target specific vulnerable groups to ensure appropriate support is available to narrow the gap in social, education and health outcomes. These will include children of lone parents, those dependent on out-of-work benefits, previously looked-after children, children from families that do not speak English, teenage parents and their children, those in poor housing conditions, migrants/asylum seekers, victims of domestic violence, etc.

## How will we ensure that things are improving?

Priority	Measure
<b>Reduce the number of children dying before birth or before the age of 12 months (Stillbirths and Infant Mortality)</b>	<ul style="list-style-type: none"> <li>• Children in poverty</li> <li>• Breastfeeding</li> <li>• Smoking status at time of delivery</li> <li>• Low birth weight of term babies</li> <li>• Access to non-cancer screening programmes</li> <li>• Infant mortality</li> <li>• Stillbirths and neonatal mortality</li> <li>• Admission of full term babies to neonatal care</li> </ul>
<b>Improve the proportion of children who are ready for school at age 5 (physically emotionally, behaviourally and cognitively)</b>	<ul style="list-style-type: none"> <li>• Child development at 2-2.5 years</li> <li>• Healthy weight in 4-5 year olds (including underweight as well as overweight/obese)</li> <li>• School readiness (eg Early Years Foundation score or equivalent)</li> <li>• Emotional wellbeing of children looked after</li> <li>• Tooth decay in children aged 5</li> <li>• Population vaccination coverage (various)</li> </ul>

**Key recommendations for action in 13/14:**

2. Better identify and provide early help to vulnerable parents by undertaking a joint Local Authority/NHS review of services and performance within antenatal pathways and Children's Centres to contribute to an effective early help offer for children and their families
3. Improve early years offer across childcare, nurseries and children's centres to increase school readiness and early years foundation score (or equivalent)

## **7 Enable all children and young people to maximise their capabilities and have control over their lives**

### **Why is this important?**

Educational attainment is a key determinant of future employability, and a key building block of future self-sufficiency. There are wide inequalities in educational attainment between most and least deprived communities in Walsall and these are reflected in many other health and social indicators of health and wellbeing.

The number of children in Walsall in the care of the Local Authority reflects the high level of deprivation and need to support parents particularly where they lack the knowledge, skills or behaviour necessary to provide a safe and nurturing home for their children.

### **Our JSNA tells us that:**

- Each year in Walsall an estimated 250–300 children are listed with Child Protection Plans and 150–200 admitted into the care of the Local Authority
- 177 children and young people became first time entrants to the criminal justice system in 2011/12 as a result of their anti-social or criminal behaviour
- Health and educational outcomes for vulnerable children, including looked-after children, children with disabilities/special educational needs and young offenders remain grounds for concern
- Achievement of key indicators, for example 5 or more A\*to C grades (including English and maths) at GCSE by pupils in Walsall, has been lower than regional and national averages. The gap in achievement between children from vulnerable groups and their peers is wide
- The proportion of children in Walsall aged 10-11 years who are overweight or obese is higher than the national level
- The level of sexually transmitted infections amongst young people in Walsall and the rate of teenage pregnancy in Walsall remain higher than regional and national rates.

### **What is our ambition?**

All partners working with children and young people have an integrated holistic approach in supporting families and communities to narrow the gap in health wellbeing and improve the resilience of children and young people thereby reducing the need for children to be looked after.



## What are our key priorities?

- Reduce the time spent on a Child Protection plan for children and young people by improving access to evidence based parenting programmes for those most in need and able to benefit
- Raise achievement for all children and young people
- Safeguard children and young people from harm
- Promote the physical and emotional health and resilience of young people, particularly in relation to healthy weight

## What will we do together?

- Ensure that organisations work together to enable every child to continue to develop well by supporting integrated plans to:
  - Enable healthy choices (eg healthy school meals) and ensure access to appropriate age specific specialist lifestyle services (eg sexual health)
  - Narrow the gap in educational attainment for the most disadvantaged and vulnerable groups
  - Improve the transition between young peoples' services and younger adults' services. This is particularly relevant to young people with mental health needs
- Using appropriate evidence based programmes and tools, target specific vulnerable groups to ensure appropriate support is available to children, young people and their parents to narrow the gap in social, education and health outcomes. These will include looked-after children, children with special needs or disabilities, children already within the safeguarding system, children experiencing family breakdowns, young people experiencing homelessness and subsequent transient lifestyles etc.

## How will we ensure that things are improving?

There are a number of outcomes and indicators that could be chosen to monitor each action within this programme area. However, the following overarching and high level outcomes have been prioritised below.

Priority	Measure
<b>Raise achievement for all children and young people.</b>	<ul style="list-style-type: none"><li>• Children in poverty</li><li>• School absence</li><li>• GCSE achieved 5 A*-C inc. English and maths</li><li>• GCSE achieved 5 A*-C inc. English and maths for children in care</li></ul> <p><i>Note: attainment measures may change</i></p>
<b>Safeguard children and young people from harm</b>	<ul style="list-style-type: none"><li>• CPP more than 2 years</li><li>• Numbers of children who have run away from home or care placement</li></ul>

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**Promote the physical and emotional health and resilience of children and young people**

- Hospital admissions caused by unintentional and deliberate injuries in under 18s
  - Number of parents accessing parenting programmes
  - Emotional wellbeing of looked after children
  - Under 18 conceptions
  - Chlamydia diagnosis rate ( 15-24 year olds)
  - Emergency admissions for children with LRTI
  - Healthy weight in yr 6 (both underweight and overweight/obesity)
- 

**Key recommendations for action in 13/14:**

- |  |
|--|
| <ol style="list-style-type: none"><li>4. Work with parents, schools, education and training providers to enhance aspirations and minimise absences to reduce the attainment gap between the least and most deprived children and young people in Walsall</li><li>5. Increase access to evidence-based parenting and family support programmes, targeted at those most in need (eg CIN and CPP)</li></ol> |
|--|

## 8 Employment and improving employability

### Why is this important?

Evidence shows that Walsall continues to suffer from long-term economic hardship. Decline in prosperity in the Borough is shown in our falling employment levels, rising unemployment and subsequent lack of disposable income. A weak local economy with ever decreasing employment levels if not corrected will have a massive impact on local communities and the services provided by the public sector who without additional investment will continually struggle to meet the demands placed upon it.

The economic disparities seen across the borough directly relate to the health and wellbeing of communities. Areas of low income or worklessness correlate with poor health outcomes, child poverty, crime, lack of aspiration and lower levels of educational achievement. This generates a vicious cycle of intergenerational unemployment, ill health, poor emotional wellbeing and lack of self-esteem and self-confidence.

The most sustainable route out of poverty is through gaining and remaining in employment, which is also perceived as having the single biggest positive influence on a person's health and wellbeing.

### Our JSNA tells us that:

Despite some very recent signs of recovery, the borough still has:

- too few businesses, low employment levels and limited/low paid local job opportunities
- high numbers of people who are economically inactive (unemployed etc) especially young people
- residents unable to take up work opportunities as a result of low skills, ill health or both.

All three of these inter-related issues must be tackled together in order to develop sustainable economic prosperity for the borough, its people and businesses.

In February 2013 over 12,700 adults (7.6% of our working age population) were dependent on health related benefits (Employment Support Allowance or Incapacity Benefit). For Walsall this is a greater problem than the 10,000 individuals claiming Jobseeker's Allowance who are fit for work.

If we are really going to break the cycle of deprivation, the 18-24 year age group is at a particular disadvantage. In Sept 2011, over 15% of 18-24 year olds in the borough were unable to find work compared with only 8% nationally. At the same time long term

unemployment is becoming an increasing issue with figures in Sept 2011 showing 37% of Walsall's 18-24 Job Seekers Allowance (JSA) recipients claiming for over 6 months compared to 17% in Sept 2005. The transition period as 16-18 year olds move from services available to Children and Young People to Adult services is particularly challenging and vulnerable young people and young parents who lack support from parents or family often find the support they require to grow into mature and independent adults and responsible parents is lacking, hard to find and uncoordinated. Without such support these young adults are at risk of life-long unemployment, homelessness or poor housing, substance misuse addiction and transient lifestyles, fuelling the next generation of children growing up in workless households and in poverty. The social and economic cost of this is huge.

### **Further information:**

Specific information within the Marmot Review final report: 'Fair Society, Healthy Lives' reiterates that the benefits of reducing health inequalities are economic as well as social, with inequalities in illness accounting nationally for productivity losses of £31-£33 billion per year, tax losses and higher welfare payments in the range of £20-£32 billion per year and additional NHS healthcare costs associated with inequality in excess of £5.5 billion per year.

Currently Walsall Council and its partners are helping tens of thousands of residents with their money, their home and their job, through integrating services provided by them in respect of these critical underpinning determinants of wellbeing. This holistic approach involves empowering staff to make innovative improvements to service delivery leading to substantial cost savings in a way that is not available through traditional management thinking. This helps significantly to understand what help residents need and what works in relation to meeting those needs. Critically the mindset and method being used are being deployed to respond to the raft of welfare reform changes being made by government which will have a huge effect on Walsall communities.

### **What is our ambition?**

By 2016 Walsall will be attracting new businesses providing a range of job opportunities and training, across the social gradient, for local people with the relevant skills, abilities and drive. It will be local people, particularly the 18-24 year age group, who will be in a position to make the most of those opportunities.

Where individuals are in danger of losing their jobs due to ill health or caring responsibilities they will be able to access services that will provide advice and support in order to mitigate against job loss.

## **What are our key priorities?**

- Reduce the number of children living in poverty
- Reduce the number of working age people who are dependent on health related benefits.
- Reduce the number of young people aged 18-24 who are out of work
- Support local people to become fit, healthy and therefore able to take up employment
- Develop and implement effective learning and development programmes for individuals, communities and the Health and Social Care Sector.

## **What will we do together?**

- Recognising that Child Poverty is a key determinant in many poor outcomes we will prioritise workless reduction in parents of young children and also the mitigation of its effects by supporting income maximisation, food banks and fuel poverty reduction
- Ensure a collaborative approach to welfare advice and support across Walsall 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
- Recognising that employment and continuing employability in adulthood is a product of effective role models and educational achievement coupled with good health in early/school years. Actions to tackle economic inequalities will therefore be matched by complementary actions in the early/school years in order to break the cycle of deprivation in future generations of local people
- Provide infrastructure and environment that will attract new businesses to Walsall and incentivise them to recruit from the local population
- Ensure easily accessible support and advice to young people and 18-24 year olds in particular on life skills, training and employment opportunities that includes work based learning opportunities and apprenticeships
- Identify individuals in poor health (physical and mental) or with long term health conditions either at risk of losing their jobs or becoming dependent on health benefits and provide relevant interventions to reduce that risk
- Continue to identify and reduce barriers to obtaining and keeping work for people who are disadvantaged in the labour market (eg lone parents, carers) through a range of partnership interventions that focus on specific issues such as affordable child care and transport links
- Work with key stakeholders in the development of innovative, high quality Health & Social Care Sector training provision to equip both local people and providers with the skills they require to care for themselves and others.

## How will we ensure that things are improving?

Priority	Measure
<b>Reduce the number of children living in poverty</b>	<ul style="list-style-type: none"> <li>• 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</li> <li>• Number of people claiming job seekers allowance</li> <li>• Number of parents supported to gain employment through targeted recruitment initiatives with local employers</li> <li>• Proportion of businesses continuing trade after 1 year and after 3 years</li> <li>• Benefit Claimant levels</li> </ul>
<b>Reduce the number of working age people who are dependent on health related benefits.</b>	<ul style="list-style-type: none"> <li>• Number of people in receipt of health related benefits (Employment Support Allowance and Incapacity Benefit)</li> <li>• Proportion of adults with learning disabilities in paid employment</li> <li>• Proportion of adults in contact with secondary mental health services in paid employment</li> <li>• Employment of people with long term conditions</li> </ul>
<b>Reduce the number of young people aged 18–24 who are out of work</b>	<ul style="list-style-type: none"> <li>• Number of young people 18-24 who are unemployed</li> <li>• Number of 18-24 year olds claiming Job seekers allowance</li> <li>• Availability and take-up of apprenticeships by 18-24 year olds</li> <li>• Number of young people supported to gain employment through targeted recruitment initiatives with local employers</li> <li>• <i>Think Walsall</i> Programme: making provision for targeted recruitment or training</li> </ul>
<b>Support local people to become fit, healthy and therefore available to take up employment</b>	<ul style="list-style-type: none"> <li>• Smoking prevalence: adults (over 18s)</li> <li>• Smoking prevalence: 15 year olds</li> <li>• Excess weight in adults</li> <li>• Proportion of physically active adults</li> <li>• Proportion of physically active under 16 year olds</li> <li>• Self reported wellbeing</li> <li>• Recovery from substance misuse addiction</li> </ul>

**Develop and implement effective learning and development programmes for individuals, communities and the Health and Social Care Sector**

- Number of new learning and development programmes developed & delivered
- Number of individuals receiving training & support
- Number of people participating in volunteering/ community health care
- Number of Health and Social Care sector providers supported
- Number of people entering employment
- Number of people sustained in employment

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**Key recommendations for action in 13/14:**

6. Reduce youth unemployment by working with partners to provide coordinated support to vulnerable young adults & young parents to support them into work and to reduce poverty and become capable parents
7. Continue to develop and implement a comprehensive Health and Work programme available to all businesses in Walsall, covering Healthy Workplaces, sickness absence and return to work and the health needs of those who are out of work
8. Reduce child poverty by targeting workless reduction on parents of young children and enhancing access to childcare and mitigate impact by supporting income maximisation, food banks and high quality housing and fuel poverty reduction through a collaborative approach
9. Ensure that all organisations involved in giving welfare advice and support to people in Walsall work together to meet the identified needs in an holistic, collaborative way that makes best use of all the resources available and provides the best possible support for people and families in crisis or at risk of being so
10. Develop and implement a comprehensive set of programmes that equip local people and providers particularly within the Health & Social Care Sector with the knowledge and skills required to maximise their own health as well as those they care for

## 9 Creating and developing healthy and sustainable places and communities

### Why is this important?

There is a close relationship between the quality of the physical and social environment in which people live and their health and wellbeing. Healthy, sustainable communities are supported by factors such as good quality housing, access to green spaces, leisure and recreation, public transport, good quality food, as well as increased levels of community involvement and better social networks. Social networks and links between individuals help to build social capital which improves resilience and wellbeing in both the individual and the community.

'Climate-friendly' investments in transport, housing and household energy policies can help reduce the incidence of cardiovascular and chronic respiratory disease and cancers. Improved air quality delivered through green technology, active travel and low carbon transport will reduce the incidence and exacerbation of respiratory diseases. Improving the energy efficiency of homes will reduce fuel poverty and reduce the impact on health of extremes of climate.

### Our JSNA tells us that:

- A safe and secure place to live is an important pre-requisite for health. Overcrowding, inadequate heating, damp, in a poor state of repair or infested with pests are all associated with poor physical and emotional health particularly for our most vulnerable groups. Most of the social housing stock in Walsall has achieved the national 'Decent Homes Standard' but work is still needed to improve the physical quality of the private housing stock, particularly in the rental sector
- Good transport links can improve access to health improving opportunities such as education, employment, fresh and healthy food, leisure and health care. Good transport planning encourages active forms of transport such as walking and cycling and reduces any associated risk
- Relaxing and having fun involves both utilisation of services that are provided for us and our use of areas and facilities that are free to all as part of our local environment (eg parks, libraries and play areas). We need to improve community capital and reduce social isolation as we reconnect and build stronger communities
- The design and layout of the places where people live, work and play is a key influence on residents' health and wellbeing. A community that has good access to high quality health and leisure, healthy food outlets and well-designed public space will be healthier, happier and more stable. We need to utilise all mechanisms and powers at our disposal to achieve this



- Stronger communities are built when they are empowered to identify their own priorities for action and feel that they can influence the work of partner agencies in their localities. Integrated planning and closer working is needed to ensure effective activity and better outcomes for residents.

### **What is our ambition?**

By 2016, through effective partnership work that fully engages our local residents, all who live and work in Walsall will be benefitting from improvements in the physical and social environment and from the stronger, healthier communities that are emerging as a result of that work.

### **What are our key priorities?**

- We will improve the social and physical environment in order to make Walsall a place that promotes high levels of health, wellbeing and safety
- We will build stronger healthier communities for individuals and groups in Walsall through the promotion of healthy behaviours and access to appropriate facilities and services, mitigating against risk wherever possible
- We will seek to engage residents at all levels of the decision making process thereby building social capital

### **What will we do together?**

- Work together to ensure that people and families in crisis are supported in obtaining or retaining their home
- Improve the condition, quality, energy efficiency and choice of housing, particularly private sector stock, and work to reduce fuel poverty.
- Develop safe, sustainable and active means of travel (eg cycling and walking), and encourage the use of public transport
- Promote the benefits of physical activity and healthy lifestyles and ensure we have appropriate facilities and interventions to enable and support people to adopt healthy behaviours (eg allotments, leisure centres, parks and playing fields)
- 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

- to develop and drive activities that support businesses to thrive and local people to work
- Continue to use our enforcement powers wisely to ensure people who work and live in Walsall are kept safe and well
- Continue to work together in partnership with our communities to build social capital and ensure local people have a role in local decision making
- Each Area Partnership to identify a specific local priority in order to put appropriate action plans in place that could be addressed through an asset based approach, establish peer learning networks and develop intelligence systems to capture wider sources of data
- Further develop our voluntary and community sector and work together to create links and provide opportunities for social interaction
- Work with other agencies to protect the most vulnerable, identify and tackle risky behaviours amongst our residents that may lead to offending and improve the general feeling of safety in our neighbourhoods.

**How will we ensure that things are improving?**

Priority	Measure
<p><b>We will improve the social and physical environment in order to make Walsall a place that promotes high levels of health, wellbeing and safety</b></p>	<ul style="list-style-type: none"> <li>● Percentage of the population affected by noise</li> <li>● Proportion of households experiencing fuel poverty</li> <li>● Excess winter deaths</li> <li>● Older people’s perceptions of community safety</li> <li>● Public sector organisations with board-approved sustainable development management plans</li> <li>● Statutory homelessness (households in temporary accommodation)</li> <li>● Killed or seriously injured casualties on England’s roads</li> <li>● Number of homes classes as non-decent</li> <li>● Protection of green belt from inappropriate development</li> <li>● Amount of accessible open space</li> <li>● Proportion of businesses continuing trade after 1 year and after 3 years</li> <li>● Mortality due to air pollution</li> <li>● Violent crime</li> <li>● Re-offending</li> </ul>

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**We will build stronger healthier communities for individuals and groups in Walsall through the promotion of healthy behaviours and access to appropriate facilities and services, mitigating against risk wherever possible**

- Utilisation of green space for exercise/health reasons
- Cycle usage
- Use of rail services/bus services
- Social contentedness
- Self-reported wellbeing
- Proportion of physically active and inactive adults
- Proportion of physically active 16-24 year olds

**We will seek to engage residents at all levels of the decision making process, thereby building social capital**

- Public response to surveys
  - Engagement with Area Partnerships
- 

### **Key recommendation for action in 13/14**

11. 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
- to develop and drive activities that support businesses to thrive and local people to work

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

## 10 Improving health and wellbeing through healthy lifestyles: Making 'healthier choices easier'

### Why is this important?

The people of Walsall are experiencing poorer health and quality of life than those who live in most other areas of the country and many have their lives cut short by entirely preventable illnesses. Lifestyle factors such as diet, physical activity, alcohol, smoking and drug use are key determinants of health and wellbeing and are linked individually or in combination to a wide range of health and social consequences.

### Our JSNA tells us that:

- Lifestyle factors such as diet, physical activity, alcohol, smoking and drug use follow a social gradient; those who live in the most deprived areas of the borough are most likely to adopt the most risky lifestyle behaviours
- Typically life expectancy is higher in women than men. However in Walsall the gap in life expectancy between women and men is higher than seen regionally and nationally. Men in Walsall on average live 5 years less than women in Walsall though both live less than the England average
- In Walsall it is estimated that around 55,000 adults (26%) are obese and around 130,000 (62%) are overweight or obese
- More than 55% of Walsall residents take part in no recreational physical activity, compared to 47% nationally
- The estimated prevalence for smoking in Walsall is 22.9% (approx 45,000 adults). Rates of smoking at the time of delivery are high (16.8%). Encouraging smokers to quit is becoming more challenging. However research shows at any one time 70% of smokers want to stop
- The General Household Survey (2010) estimates Walsall has 34,058 hazardous drinkers, 33,550 binge drinkers and 10,174 harmful drinkers. The rate of alcohol related crime has fallen in Walsall in the last 5 years though it remains higher than the regional and national rates (Walsall Alcohol Needs Assessment 2011)
- There are an estimated 2,000 problematic drug users (ie those who misuse heroin or crack cocaine) in Walsall. National Drug Treatment Monitoring System data reveals a small percentage of Walsall young people require structured drug treatment and this is almost exclusively for alcohol and cannabis misuse
- One in six adults has a mental health problem at any one time. Benefits of improved population wellbeing include improved mental health, greater resilience against mental health problems, less discrimination and stigmatisation in the workplace and reduction in suicides.

## **What is our ambition?**

By 2016 we want to lay firm foundations upon which to build in the future if we are to increase healthy life expectancy across Walsall by promoting health and wellbeing and self-reliance through effective partnership working with individuals and communities. We must create and maintain an environment in Walsall that promotes healthier lifestyle choices using all the mechanisms at our disposal (eg planning, transport, green spaces) and ensuring that this is a thread running through all partner agencies and multiagency strategy and policy development. It is important that we also remember the balance required between physical, social and mental health in order to achieve good overall health and wellbeing as described in section 5.

We also want to narrow the gap between male and female life expectancy so that men no longer have higher mortality rates. This requires us to target our services effectively in order to ensure the uptake of lifestyle and treatment services by people in the most deprived areas and by men in particular.

## **What are our key priorities?**

Due to the overlap between prevention and reducing disability and death these priorities are very similar to those in section 11. However, this section focuses on *prevention* and supporting people to *keep healthier, longer*.

- Increase healthy life expectancy by supporting people in making healthy lifestyle choices
- Reduce all age, all cause mortality rates by reducing the risky behaviours that contribute to ill health
- Further narrow the gap between male mortality and female mortality rates by targeting available advice and support services, both universal and specialist, accordingly.

## **What will we do together?**

- Prioritise work to tackle health improvement in those areas where deprivation and/or inequalities are highest. This will provide a focus on men in Walsall and specific geographical areas where we must work through the Area Partnerships to ensure that local people are at the heart of delivering our strategies
- Create and maintain an environment in Walsall using all powers at our disposal that promotes healthier lifestyle choices around physical activity, healthy eating, safe drinking and reduces substance misuse including alcohol, tobacco and drugs
- Ensure closer working between service provider agencies that coordinates the provision, promotion and marketing of key health improvement programmes such as the NHS health checks programme, physical activities, subsidised swimming, smoking cessation,

mental wellbeing, weight management and alcohol screening linked to the delivery of brief advice and interventions

- Through effective partnership working that engages with parents as well as service providers, support children and young people to become strong, resilient individuals able to make healthier lifestyle choices
- Ensure that all partner agencies are fully committed to encouraging and supporting residents to adopt and sustain healthy lifestyles. The 'Making Every Contact Count' initiative provides a real opportunity to do this by enabling partners to use their front line staff do this systematically and on a scale that could bring about real improvements in health
- Encourage all employers, but particularly those with a predominantly male workforce and engaged in industrial processes, to promote and improve the health of their workforce. They should be supported through easy access to relevant healthy lifestyle services such as the NHS Healthy Workplace Programme and stop smoking services.

### How will we ensure that things are improving?

Priority	Measure
<b>Support people in making healthy lifestyle choices in order to increase healthy life expectancy</b>	<ul style="list-style-type: none"> <li>• Smoking prevalence: adults (over 18s)</li> <li>• Smoking prevalence: 15 year olds</li> <li>• Maternity - smoking in pregnancy</li> <li>• Maternal smoking at delivery</li> <li>• Excess weight in adults</li> <li>• Proportion of physically active adults</li> <li>• Proportion of physically active under 16 year olds</li> <li>• Self reported wellbeing</li> </ul>
<b>Reduce the risky behaviours that contribute to ill health in order to reduce all age, all cause mortality rates</b>	<ul style="list-style-type: none"> <li>• Hospital admissions as a result of self harm</li> <li>• Successful completion of drug treatment</li> <li>• People entering prison with substance dependence issues who are previously not known to community treatment</li> <li>• Alcohol related admissions to hospital (alcohol related harm)</li> <li>• Take up of the NHS Health Check programme by those eligible</li> <li>• Take up of Healthy Workplace Programme</li> <li>• Making Every Contact Count (MECC) performance indicators</li> </ul>

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**Further narrow the gap between male mortality and female mortality rates by targeting available advice and support services, both universal and specialist, accordingly**

- Potential years of life lost from causes considered to be amenable to healthcare: adults
- Mortality from causes considered preventable
- Mortality from cancer
- Mortality from respiratory disease
- Excess under 75 mortality in adults with serious mental illness
- Suicide rate
- Potential years of life lost (PYLL) from all causes
- Mortality from all cardiovascular diseases (including heart disease and stroke)
- Difference between male mortality rates and female mortality rates (by borough and across the social gradient)

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**Key recommendation for action in 13/14**

13. Ensure that the people of Walsall know what to do to improve their health and where they can get support and access services to help them to improve their health. This will involve better coordination and communication between appropriate provider services in the statutory, independent and voluntary/community sector resulting in focused, targeted messages and provision
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' (MECC) 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

## 11 Reducing the burden of preventable disease, disability and death

### Why is this important?

The development of long term conditions and subsequent mortality follow a clear social gradient, as shown by the East and West divide in Walsall. In order to reduce inequalities across the life course it is essential that there is early detection and treatment of the major causes of disease and disability. The main causes of death in Walsall are cancer, coronary heart disease and pulmonary (lung) disease.

### Our Joint Strategic Needs Assessment tells us that:

- All age, all cause mortality is higher in Walsall than the rest of England. Men have higher mortality rates than women, although the gap between these has reduced
- Cancer is the leading cause of death in the under-75s in Walsall, accounting for almost 700 deaths per year. This is 54 more deaths than the England average rates
- Coronary heart disease (CHD) is extremely common. Although deaths from this disease have reduced in the past 10 years, Walsall deaths remain higher than national figures. CHD has extremely effective interventions for prevention and treatment
- Stroke is the largest cause of disability in the UK, and the third commonest cause of death (after heart disease and cancer). Each year in Walsall 480 people have a stroke. Good blood pressure control, correction of heart rate abnormalities, and investigation of 'mini-strokes' (transient ischaemic attacks) help to prevent strokes
- Chronic Obstructive Pulmonary Disease (COPD) affects 5,548 people in Walsall. It mainly occurs in people over the age of 40, and increases with age. COPD accounts for more time off work than any other illness
- Walsall has a high prevalence of diabetes compared to the rest of England. Diabetes is a significant cause of disability and death, yet good management of the condition can reduce both of these
- Mental health related problems are the underlying cause of death of 55 deaths per year in Walsall.

### What is our ambition?

By 2016 we want to reduce mortality across Walsall, particularly from CHD, stroke, diabetes, COPD and mental health problems. However our aim is not just to prevent early death; we also want to increase healthy life expectancy. This means our focus is keeping people as well as possible, for as long as possible. This can be achieved through encouraging healthy lifestyles, as discussed in the previous section, and ensuring that we have early detection and early treatment of disease. We particularly want to narrow the gap between male and female life expectancy so that men no longer have higher mortality rates. By working



together we can help all the people of Walsall to have a good quality of life even if they have a physical or mental health condition.

### **What are our key priorities?**

Due to the overlap between prevention and reducing disability and death these priorities are similar to section 10. However, this section focuses on keeping people well once they have developed a chronic condition:

- Increase healthy life expectancy by ensuring that people are appropriately supported in both the diagnosis and subsequent management of chronic 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
- Further narrow the gap between male mortality and female mortality rates by targeting services and support accordingly

### **What will we do together?**

- Prioritise prevention and early detection of those conditions most strongly related to health inequalities. This will include raising awareness of the need to take up opportunities offered in primary care
- Strengthen support for people who develop long term conditions to take a more active role in managing their condition
- Ensure that all organisations have a sustained focus on lifestyle improvement for patients who have developed medical conditions. This includes stopping smoking, healthy eating, an active lifestyle and keeping alcohol intake to a safe level. This will help to increase healthy life expectancy and reduce mortality
- Promote and develop all opportunities to improve self-care through patient education programmes and telehealth for people with long term conditions. This will give patients and their families a larger stake and responsibility in the ongoing management of their conditions, and provides the potential for better control of these conditions
- Ensure that there is a clear focus on social support and rehabilitation and re-enablement which will deliver benefit in terms of people returning to work following illness (eg stroke) as well as improved mental health. Investment in social worker input to clinical pathways assists with early supported discharge and promotion of independence
- Commission and deliver a clear and robust service for younger stroke sufferers in Walsall. This will increase the proportion of stroke sufferers returning to work within 6 and 12 months
- All partners need to assist in the design and implementation of appropriate community bed-based rehabilitation services within Walsall. These will provide people with the maximum chance of regaining function after becoming ill.

## How will we ensure that things are improving?

Priority	Measure
<b>Increase healthy life expectancy</b>	<ul style="list-style-type: none"><li>• Preventable sight loss – diabetic eye disease</li><li>• Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults)</li><li>• Proportion of people feeling supported to manage their condition</li><li>• The proportion of people recovering to their previous levels of mobility/walking ability at 30/120 days</li></ul>
<b>Reduce all age, all cause mortality rates by 7.3% so that these equal the rest of England</b>	<ul style="list-style-type: none"><li>• Potential years of life lost from causes considered to be amenable to healthcare: adults</li><li>• Mortality from respiratory disease</li><li>• Excess under 75 mortality in adults with serious mental illness</li></ul>
<b>Further narrow the gap between male mortality and female mortality rates</b>	<ul style="list-style-type: none"><li>• Mortality from all cardiovascular diseases (including heart disease and stroke)</li><li>• Difference between male mortality rates and female mortality rates (by borough and across the social gradient)</li></ul>

### Key recommendation for action in 13/14

15. Ensure Clinical Commissioning Group and Walsall Council 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

## 12 Healthy ageing and independent living

### Why is this important?

There are over 45,000 people aged 65 years and older who live in Walsall and this number is estimated to increase in the coming decade to 50,400 people by 2020. We know that too many of our older people do not have the means to live healthy and fulfilled lives and face key challenges including fuel poverty and social isolation. We must work in partnership with older people to address these and to support healthy ageing.

Health and Social care resources will continue to be spent on older people who need our help. The focus will remain on supporting older people so that they can live more independently and remain in their own homes. We will continue to work to promote independent living and minimise reliance on the reducing resources available from the state.

### Our Joint Strategic Needs Assessment tells us that:

- There has been an increased number of falls in older people (particularly in institutional settings) with the resulting loss of independence
- It is estimated that approximately 65% of adults over the age of 75 in Walsall have lost all their teeth. Those in long term institutional care are particularly vulnerable to oral health problems
- Walsall has an estimated prevalence of over 3,350 people with dementia with only one third of these with a formal diagnosis. The proportion of Walsall people with dementia having an early diagnosis has been one of the lowest in the West Midlands
- Nationally mortality rises by 18% during winter months with many of these deaths amongst older people. Walsall has a higher proportion of excess deaths than the region as a whole, yet many of these deaths are preventable
- Fuel poverty is when a household needs to spend more than 10% of its income on fuel to adequately heat their home; it frequently affects vulnerable groups including older people. Walsall has significant numbers of households living in fuel poverty
- Older people want, and have the right to expect, to have maximum choice and control over the support services they receive. Yet there has been little discussion with our older citizens about what wellbeing means to them and how they would wish to be supported in different aspects of their lives (eg housing, leisure and transport )
- Walsall has high numbers of older people living in poverty; this limits their ability to take part in a range of activities and often leads to social isolation. Nationally 6% of older people leave their homes only once a week or less

- There are no recent robust figures for the numbers of carers in Walsall yet the 2001 Census found that over 10% of the Walsall population was caring for someone with a long term illness
- Carers who give up their work or reduced their hours of paid work to support relatives are often disadvantaged by this, with lower incomes. This can then be associated with poor health outcomes and quality of life for the carer
- The proportion of people dying in their preferred place of death is low. Too many people are sent from care homes to hospital acute wards for their final days and hours, when appropriate dignified care could be provided within the community.

### **What is our ambition?**

By 2016 we will have improved the quality of life for older people in Walsall. This will have many dimensions with a particular focus on enabling people to be independent and well for as long as possible. Work to improve quality of life will further encompass reducing social isolation, poverty, falls, winter illness and facilitating people to live their lives with dignity. Through this work we will help older people to live fulfilled healthy lives and ensure that they feel and are recognised as a valued part of our society.

### **What are our key priorities?**

- Improve quality of life for older people, while developing a measure of this in order to establish a baseline and set future targets
- Enable individuals to be independent for as long as possible in the setting of their choice
- Provide the support needed to enable individuals to keep as well as possible in their old age.

### **What will we do together?**

- Develop a systematic and multi-agency approach to fall and fracture prevention. This will have a focus on preventing falls through activities that improve stability, mobility, flexibility and coordination over the life course
- Build on the strengths of current oral health promotion linking these to general health and wellbeing. The elderly will be a key target group for health promotion activities, both in the community and in care homes
- Work with all agencies to ensure that the message of 'healthy body, healthy mind' is reinforced at every opportunity. Through healthy lifestyles we can reduce the prevalence of dementia over time
- Ensure that all strategic plans recognise the increasing prevalence of dementia and the required financial investment to support this

- Strive to reduce excess winter deaths by building on the current work to immunise vulnerable groups and work to increase the energy efficiency of homes
- 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
- Develop a framework to measure the numbers of carers in Walsall and use this to ensure that carers receive both assessment of their needs and support to meet these needs
- Ensure that palliative care services are integrated between home, hospital and hospice to improve the experience of dying from incurable disease in Walsall
- Work with all agencies to ensure that both patients and carers have an appropriate level of involvement and support in decisions about their preferred place of death. This should be facilitated by coordinated care between health professionals, social care professionals and third sector agencies.
- Social Care will work with partners to further develop a preventive strategy to help older people and those who are at risk of needing longer term care and support - the focus on that strategy will be in the four areas of universal, preventative, recovery-based and deferred provision. For an explanation of these areas of provision, please see Appendix 1.

### How will we ensure that things are improving?

Priority	Measure
<b>Improve quality of life for older people, while developing a measure of this in order to establish a baseline and set future targets</b>	<ul style="list-style-type: none"> <li>• Health related quality of life</li> <li>• Social care related quality of life</li> <li>• Percentage of people who leave their homes once a week or less</li> <li>• Number of older people 65+ receiving 10 or less hours of care in their own homes</li> <li>• An increase in the proportion of older people in residential or nursing care who are receiving dental care</li> <li>•</li> </ul>
<b>Enable individuals to be independent for as long as possible in the setting of their choice</b>	<ul style="list-style-type: none"> <li>• Falls and injuries aged 80+</li> <li>• Hip fractures in over 65s</li> <li>• Proportion of older people (65 and older) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services</li> <li>• Permanent admissions to residential and nursing care homes per 1,000 population. People aged 65+</li> <li>• Delayed transfer of care from hospital which are</li> </ul>

attributable to adult social care

- Proportion of patients recovering to their previous levels of mobility/walking at 30/120 days

**Provide the support needed to enable individuals to keep as well as possible in their old age**

- Population vaccination coverage flu aged 65+
- Estimated diagnosis rate for people with dementia
- Emergency readmissions of older people (65+) within 30 days of discharge from hospital
- Emergency admissions of older people (65+) for acute conditions that should not usually require hospital admission

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**Key recommendation for action in 13/14**

16. Ensure coordinated provision of health and social care services to reduce unnecessary admission to hospital and timely discharge, focusing on recovery and re-enablement

## 13 Mobilising action in 13/14

Achieving the ambition for Walsall set out in this strategy will require sustained action over many years. However, to focus action in 13/14, key priorities for action have been identified throughout the strategy. Each of these priorities has been assigned a Director-level lead from Health and Wellbeing Board or wider partnership membership and a partnership group. These will be accountable to the Health and Wellbeing Board for both developing an action plan and subsequent delivery of the relevant priority(ies) in 13/14. The key priorities for action in 13/14 are summarised below.

### Section 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'

### Section 6: Give every child the best start in life:

2. Better identify and provide early help to vulnerable parents by undertaking a joint Local Authority/ NHS review of services and performance within antenatal pathways and Children's Centres to contribute to an effective early help offer for children and their families
3. Improve early years offer across childcare, nurseries and children's centres to increase school readiness and early years foundation score (or equivalent)

### Section 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 minimise absences to reduce the attainment gap between the least and most deprived children and young people in Walsall
5. Increase access to evidence-based parenting and family support programmes, targeted at those most in need (eg CIN and CPP)

### Section 8: Employment and improving employability

6. Reduce Youth Unemployment by working with partners to provide coordinated support to vulnerable young adults & young parents to support them into work and to reduce poverty and become capable parents

7. Continue to develop and implement a comprehensive Health and Work programme available to all businesses in Walsall, covering Healthy Workplaces, sickness absence and return to work, and the health needs of those who are out of work
8. Reduce child poverty by targeting workless reduction on parents of young children and enhancing access to childcare and mitigate impact by supporting income maximisation, food banks and high quality housing and fuel poverty reduction
9. Ensure that all organisations involved in giving welfare advice and support to people in Walsall, work together to meet the identified needs in an holistic, collaborative way that makes best use of all the resources available and provides the best possible support for people and families in crisis or at risk of being so
10. Develop and implement a comprehensive set of programmes that equip local people and providers, particularly within the Health & Social Care Sector, with the knowledge and skills required to maximise their own health as well as those they care for

**Section 9: Creating and developing healthy and sustainable places and communities:**

11. 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
  - to develop and drive activities that support businesses to thrive and local people to work
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

**Section 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 to improve their health. This will involve better coordination and communication between appropriate provider services in the statutory, independent and voluntary/community sector resulting in focused, targeted messages and provision

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' (MECC) 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

#### **Section 11: Reducing the burden of preventable disease, disability and death**

15 Ensure Clinical Commissioning Group 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.

#### **Section 12: Healthy ageing and independent living**

16. Ensure coordinated provision of health and social care services to reduce unnecessary admission to hospital and timely discharge, focusing on recovery and re-enablement

## **14 Roles, responsibilities and relationships**

The Health and Social Care Act 2012 establishes new bodies with a shared responsibility for improving health and wellbeing across the NHS, Local Authority and wider partnership arrangements. In order to clarify and reduce the risk of gaps or duplication, roles, responsibilities and relationships are described in the following sections.

There are a number of things that have all come together to create a new environment in which to address the challenges we face in Walsall. These include:

- The new statutory responsibilities of Local Authorities to improve the health and wellbeing of their population
- the creation of Health and Wellbeing Boards with Local Authority and Clinical Commissioning Group representation
- The responsibility of the Local Authority to produce a Joint Strategic Assessment and Health and Wellbeing Strategy to inform local priorities and commissioning of local services.

These opportunities enable us to focus on tackling the social inequalities which lie behind the health inequalities so familiar to us all and provide a real opportunity to achieve the ambitions described in this document.

### **14.1 Health and Wellbeing Board (HWBB)**

The duties and powers of the Health and Wellbeing Board are set out in legislation and guidance and include the responsibility to produce and publish a Joint Strategic Needs Assessment, a Joint Health and Wellbeing Strategy and to ensure commissioning plans take proper account of the Joint Health and Wellbeing Strategy. The work programme of the Health and Wellbeing Board for 13/14 set out how this will be delivered, including the delivery of priority actions set out in section 13.

The members of the Health and Wellbeing Board are very clear that having identified the issues that impact on the health and wellbeing of Walsall residents through the JSNA, they should use this strategy to set strategic direction through agreement of a number of strategic priorities, focused to ensure successful delivery. In doing this, they will ensure the key leads responsible for these priorities are clearly identified and recognise their own accountability for overall delivery and leadership.

Success will ultimately be shown through our achievement against the selected outcome measures over the next three years, but on the way we should also measure our success through the following:

- Establishment of robust governance arrangements to deliver 13/14 priorities through identified project delivery groups
- Agreed accountability arrangements between other Partnership groups e.g Children and Young People's Partnership Board, Walsall Economic Board and Safer Walsall Partnership
- Through the project delivery groups, development and implementation of robust action plans that engage with their key stakeholders, and deliver priorities and measure outcomes within an identified time frame.

## 14.2 Local Authority roles

### 14.2.1 Walsall Council

Almost all the activities of the Council have the potential to have a positive impact on the health and wellbeing of the residents of Walsall. Starting with the leadership of the Council, portfolio holders and executive directors have a key role in shaping the understanding and behaviours of the organisation to make the ambition of this strategy a reality for a larger and larger number of residents.

In direct response to this strategy, portfolio holders and their executive directors will need to:

- Embed actions required by this strategy in the Council's Change Programme
- Own and be accountable for assigned priorities
- Steer the next action planning stage within the agreed timeline
- Ensure appropriate council officers are involved in the development of action plans by engaging with other key stakeholders to agree how the priorities will be actioned and by whom; how the delivery and success will be measured
- Ensure all officers work collaboratively with key partners in actioning the work plans to maximise success and achieve the required outcomes
- Ensure that an assessment of the impact on health and wellbeing and the priorities of this strategy is built into the decision making processes of the Council and its committees.

### 14.2.2 Scrutiny committees

All Scrutiny Committees have a role in scrutinising actions and results against the plans and aspirations set out in this strategy, to complement the role of the Health and Wellbeing Board in this task, ensuring that pace and impact of improvement is achieved and sustained and feedback from Scrutiny committees has already contributed to the development of strategy. Clear guidance on the distinct roles and responsibilities of the Health and Wellbeing Board and Scrutiny Panels will be developed for the new Municipal Year.

## 14.3 Roles of CCG and NHS Commissioning Board

Clinical Commissioning Groups (CCGs) and the NHS Commissioning Board (NCB) have joint responsibility for commissioning services from a range of providers including NHS Trusts, GPs, Dentists, Pharmacists and Opticians. It has a duty to:

- Develop and deliver clear commissioning priorities which support the delivery of the priorities of this strategy
- Work with NHS Commissioning Board and Local GPs to ensure continuous improvement in access to high quality primary care which targets those with greatest health needs and contributes to reducing inequalities

#### **14.4 Relationships with wider partners through the Borough Management Board (BMB)**

The Borough Management Board brings together key strategic partners from across the Borough to provide strategic co-ordination to priorities and action. These include fire service, social landlords, police etc.

The refresh of the *Sustainable Communities Strategy* and the *Walsall Plan* by the Borough Management Team has also framed its key priorities around the objectives and recommendations of Marmot Report: *Fair Society, Healthy Lives*.

The key priority areas identified are:

- Improving learning and life chances for Children and Young People
- Supporting businesses to thrive and supporting local people into work
- Creating safe and sustainable communities: reducing levels of crime and providing the right environment for people to live in
- Improving health including wellbeing and independence for older people

These match the priority areas described in the JSNA and in this strategy.

Agreed actions to be shared between BMT and the HWB are:

- Effective co-ordination between the Sustainable Communities Strategy and the Health and Wellbeing Strategy
- Clear alignment in the accountability arrangements between partnership groups and HWBB/ BMT

### **Four areas of provision to be the focus of a preventative strategy, the development of which will be led by Social Care**

Social Care will work with partners to further develop a preventive strategy to help older people and those who are at risk of needing longer term care and support. The focus on the strategy will be in the four areas identified below:

#### **Universal provision**

These are the wider services that should keep people healthy and well: good diet, exercise, reduced smoking and drinking. We will ensure that any services that are targeted to the wider population recognise how they should ensure that older people are affected by their programmes. We will aim to sustain the health of older people through checks and when proscribed supporting them in taking medication. It will include working with community resources to ensure that they reach out to older people who are at risk of social isolation.

#### **Preventative provision**

Services that are for people who have some needs but not critical enough to warrant an assessed social care intervention. There will be a focus on helping older people who are ill to get better. This may include some re-enablement and some housing related support services. It might include assistive technology or aids and adaptations. This may also include rehabilitation for someone who is losing their sight or who have had a medical intervention which reduces their mobility. We will continue to develop housing options that give older people a choice of where they may want to live to get either care or support in their older years (eg additional extra-care housing schemes). Falls prevention services also come under this category.

#### **Recovery-based Services**

Services that support recovery, rehabilitation and recuperation which reduce the need for high intensity care. This should include a response service which will look to meet the immediate care or support needs for any person who is in a crisis or a difficult situation. It will ensure that every person has the opportunity to address their immediate concerns and will not make a longer term decision with them until we are confident that all other interventions have been explored which might include falls prevention projects, managing incontinence, recovery support from illness, welfare benefits advice, housing advice etc. Much of this will be developed jointly between the local health and social care services.

**Deferred interventions**

Services that sustain a level of independence over time, thus deferring the point at which people require the need for high intensity services. This will include efforts to help people manage their conditions: the expert patient who knows when there are signs of a long term condition getting worse and know the personal actions they must take to reduce its impact. Programmes such as helping older people and their carers' in living with dementia are being developed. Sometimes giving support to the carer on what to expect and how to limit the worst impacts of a condition can be a really valuable service and reduce risks of carer breakdown. Much of this will be developed jointly with local health services.