

**28 March, 2013**

**Transforming Health and Wellbeing for all in Walsall  
The Health and Wellbeing Strategy for Walsall 2013 - 2016**

**Ward(s):** All wards in Borough of Walsall

**Portfolios:** All portfolio holders

**Executive Summary**

On the 1<sup>st</sup> April, 2013 Walsall Council takes on new responsibility for Public Health. This report outlines these responsibilities and affords opportunity for Members to comment on the Joint Health and Wellbeing Strategy. The report also allows Members to consider the future role of Scrutiny in relation to issues of health and wellbeing of the people of Walsall.

**Reason for Scrutiny**

To enable consultation and scrutiny of the Joint Health and Wellbeing Strategy (appendix 1) and identify areas for further scrutiny.

**Recommendations:**

1. That the new Public Health responsibilities of the Local Authority be noted;
2. That Members comment on the Joint Health and Wellbeing Strategy;
3. That it be noted that a further report on the respective roles of the Health and Wellbeing Board and Scrutiny Panels regarding scrutiny of issues of health and wellbeing of the people of Walsall be brought by each Panel;
4. That Panels use the findings of the JSNA and the Joint Health and Wellbeing Strategy when selecting issues for the work programme of the Scrutiny Panel in 2013/14.

**Background papers:**

No private background papers have been used in the preparation of this report.

**Resource and legal considerations:**

This report fulfils one of the Council's new responsibilities under the Health and Social Care Act 2012, to produce and publish a Joint Health and Wellbeing Strategy. Walsall Council will receive a ring-fenced allocation which will fund the specific new Public Health responsibilities. However, most of the Council's activities and hence most of its funding decisions have an impact, either positive or negative, on the health and wellbeing of the residents of the Borough, hence the inclusion of all scrutiny panels in this consultation and future scrutiny.

**Citizen impact:**

The explicit ambition of the Joint Health and Wellbeing Strategy is to improve the health and wellbeing of all resident of Walsall, improving the health of the poorest, fastest. This strategy should deliver a measureable improvement in health and wellbeing over the lifetime of the strategy.

**Environmental impact:**

Adoption of more active lifestyles, including more people using active travel methods: e.g. walking or cycling should have a positive environmental impact.

**Performance management:**

The strategy recommends new high-level outcomes and performance indicators which will need to be included in existing and new performance monitoring and management arrangements of the Council. Reporting arrangements will need to be agreed.

**Equality Implications:**

An Equality Impact Assessment been carried out and does not demonstrate any unequal impact of these changes. It is an explicit aim of this strategy to reduce inequalities in Walsall, including inequalities in the social factors which underpin and drive inequalities in health.

**Consultation:**

Representatives invited from all Council directorates have contributed to the development of this strategy and have consulted more widely in the process. Consultation with Area Partnerships has been undertaken through area based meetings. Wider consultation with consultees listed in appendix 1 of the strategy is now invited.

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## 1. The new Public Health responsibilities of the Local Authority

- 1.1 The Health and Social Care Act 2013 (the Act) places additional responsibilities on local authorities for the health and wellbeing of the population within the borough and assumes Public Health responsibilities, functions and resources from the NHS from 1 April 2013.
- 1.2 The Marmot Report; *'Fair Society, Healthy Lives'*, set out six policy objectives for reducing inequalities in health and the social determinants of those inequalities. In September 2012, Walsall Council adopted these objectives as corporate objectives for the Council. The objectives are:-
1. Giving every child the best start in life;
  2. Enabling all children, young people and adults to maximize their capabilities and have control over their lives;
  3. Creating fair employment and good work for all;
  4. Ensuring a healthy standard of living for all;
  5. Creating and developing sustainable places and communities;
  6. Strengthening the role and impact of ill-health prevention.

## 2. Consultation on the Joint Health and Wellbeing Strategy

- 2.1 The Act also requires the setting up of a Health and Wellbeing Board with the responsibilities of producing and publishing a Joint Strategic Needs Assessment and a Joint Health and Wellbeing Strategy. The board has been operating in shadow form and approved the Joint Strategic Needs Assessment (JSNA) and the approach to the development of the Joint Health and Wellbeing Strategy (JHWS) in June 2012.
- 2.2 The Health and Wellbeing Strategy: ***"Transforming Health and Wellbeing for all in Walsall"*** was approved for consultation by the shadow Health and Wellbeing Board on 25 February 2013. The period of consultation is set out in Section 13 of the Strategy.
- 2.3 The Council's corporate objectives, based on the Marmot objectives, form the basis of the JSNA and for the JHWS .
- 2.4 Whilst there has been significant stakeholder engagement in the process of developing the JHWS , it is now time to engage with, and seek comment from, a much wider range of people and organisations in order to lay the foundations for co-ordinated action, at scale, to achieve the improvements which are the ambition of this strategy. The Shadow Health and Wellbeing Board would like to engage with all scrutiny panels, not just the Health Scrutiny Panel as each has a role in the Scrutiny of issues of Health and Wellbeing. This consultation

therefore includes all scrutiny and performance panels which will play a key role in monitoring and challenging performance and delivery of improved outcomes in future years.

- 2.5 Sections 5 – 12 of the strategy consider specific issues or points on the life course and section 13 collates the recommendations and priorities for action in 13/14 that have been selected from the key priorities described within each section. Each Scrutiny and Performance Panel is invited to comment on the whole strategy with particular attention to the section(s) relevant to the Panel's remit.
- 2.6 Consultation closes on 3 April 2013
- 2.7 Members of the Health (12 March 2013), Children and Young People (26 March 2013) (subject to approval by the Chair) and Community and Environment SPPs (28 March 2013) whose next scheduled meeting falls before the end of the consultation period will be able to discuss and comment on the strategy at their regular meetings.
- 2.8 Members of Corporate, Regeneration and Social Care Scrutiny panels whose routine meeting fall after the close of consultation can feed their comments on the Joint Health and Wellbeing Strategy either directly to Dr. Isabel Gillis, to members of the above Panels or attend these meetings in person to comment.

### **3 The future role of the Panel in scrutiny of issues of health and wellbeing of the people of Walsall**

- 3.1 Further discussion, supported by Democratic Services, is required to clarify the scope of the scrutiny roles of the Health and Wellbeing Board and the Scrutiny Panels in order to avoid both gaps and duplication of effort.

## **Agenda item 7**

### **Transforming Health and Well-being for all in Walsall**

### **The Health and Well-being Strategy for Walsall 2013 – 2016**

### **Action plan for 2013-2014**

Draft for consultation  
Shadow Health and Well-being Board  
25 February 2013

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## **1 Executive summary**

For final version of strategy

## **2 Foreword: A statement of intent**

Statements by Cllr Ali, Cllr Bird and Dr Gill to be agreed for final version of strategy

### **Suggested signatories**

#### **For Health and Well-being Board**

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Jamie Morris, Executive Director Neighbourhoods

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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 Designate Walsall CCG

## 3 Introduction

Welcome to Walsall's Health and Well-being Strategy.

The development of actions that are truly capable of improving the physical and mental health and well-being 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, 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 well-being improvements.

### 3.1 Familiar Challenges

This strategy sets out the key priorities that all partners in Walsall must tackle in a co-ordinated 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. This strategy identifies the key priorities for action to improve health and reduce the inequalities in Walsall described in the 2012 Joint Strategic Needs Assessment (JSNA).

It builds on previous work in Walsall to address these long-standing problems and updates the previous Partnership strategy: "Walsall Health Inequalities Strategy 2008-2012".

This strategy:

- Sets out a series of **ambitions** across the life course to be realised by **2016** through effective partnership working
- Identifies **key priorities** for greatest impact at each point in the life course
- Describes the **overarching actions** that will need to be tackled in partnership if together, we are to be successful
- Sets out the **measures** we will use to show things are improving

This strategy does not seek to solve everything, but focuses on those actions, 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 well-being that are the focus of this strategy. The strategy seeks to balance short-term and long-term impact by identifying short-term actions that can support long term, sustainable change.

Some drivers are outside local control eg national policies, but nevertheless have shaped and informed this strategy which focuses on actions where the allocation of resources is under the control of local decision makers.

### **3.2 New Opportunities**

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 well-being of their population
- the creation of Health and Well-being Boards with Local Authority and Clinical Commissioning Group representation
- The responsibility of the Local Authority to produce a Joint Strategic Assessment and Health and Well-being 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.

### **3.3 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.

#### **3.3.1 LGA workshop and area partnership events**

“We realised we needed an approach to developing our health and well-being 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 well-being 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 well-being set out in the JSNA. A detailed report on these events is available separately.

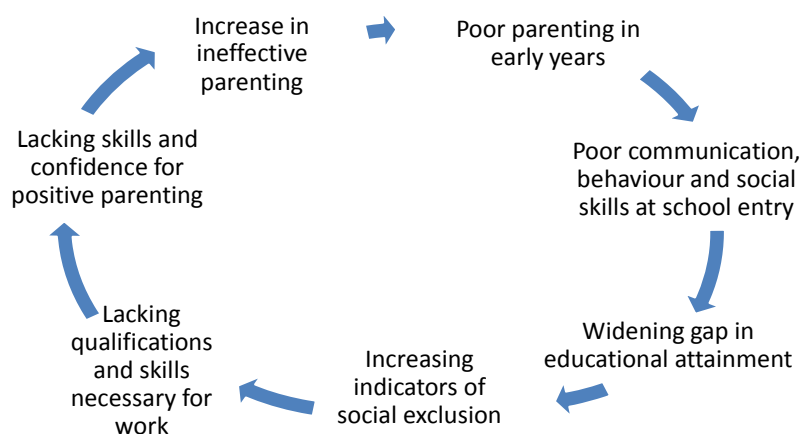
The Walsall Area Partnership Team and the Public Health team are considering next steps. Each Area Partnership is now reviewing their action plans. They will each identify a specific local priority in order to put appropriate action plans in place that could be addressed through an asset based approach.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

### **3.4 Our ambition for health and well-being in Walsall**

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

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



18/02/2013

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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 6 – 12.

### 3.5 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. Whether these are the right priorities and indicators is one aspect of the consultation on this strategy.

## 4 Roles and responsibilities

### 4.1 Health and Well-being Board (HWBB)

The members of the Health and Well-being Board are very clear that having identified the issues that impact on the health and well-being of Walsall residents through the JSNA, they should use this strategy to set strategic direction through agreement of a relatively small number of strategic priorities, focused to ensure successful delivery. In doing this, they will

clearly identify the key leads with responsibility for those priorities 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:

- Development and implementation of robust plans to deliver priorities and measure outcomes
- Effective partnership working that includes the sharing of information
- Development and implementation of a communications and engagement strategy to underpin the Health and well-being strategy and ensure the involvement of commissioners, service providers and those who live and work in Walsall in order to maximise our potential for success.

## **4.2 Local Authority roles**

### **4.2.1 Walsall Council**

Perhaps one of the most significant demonstrations of Walsall's commitment to health and well-being has been the adoption of the Marmot principles by full Council. Following this Walsall Council has used the principles to shape its corporate priorities and the business plans for each directorate. The long-term value of this adoption of Marmot lies in the framework for policy in Walsall and its consequent influence on the way the council works and delivers thus achieving greater improvements through the collective approach. Throughout all there is a greater emphasis on the use of shared and complementary indicators, highlighting shared responsibilities and goals, and facilitating joint working.

### **4.2.2 Portfolio holders and Executive Directors**

Almost all the activities of the Council have the potential to have a positive impact on the health and well-being of the residents of Walsall. However, at present, not all staff are fully aware of that impact and the role they play. Conversely, decisions taken by the Council and its staff may inadvertently have the opposite effect on health and well-being if that impact is not taken fully into consideration. 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.

There is already much good work going on - as briefly described below:

**Children's Services:** the Children and Young People's Partnership Board (CYPPB) lead the production and implementation of the *Children and Young People's Plan*, which encompasses the links to the *Sustainable Communities Strategy*, the *Walsall Children's Partnership priorities* and *Council Corporate Priorities*. The CYP has identified that the current CYPP and accompanying strategies need radical reshaping in order to ensure that we better meet the children's safeguarding challenges we face. This work is currently in progress and will take account of the HWB strategy.

**Regeneration and Economic Development:** currently working with four key strategies driven by the Local Economic Assessment but providing a valuable local context on the 'villages' of Walsall.

- *Local Economic Assessment (LEA)*
- *Associated Local Economic Framework*
- *Child Poverty Needs Assessment and Strategy*, which references the assessment work of the Children and Young Peoples plan
- *Worklessness Assessment & Executive Summary*

Regeneration has a number of area based groups, focusing on the engagement of the local business community to championing regeneration. This approach has been supported through Cabinet within the Council.

**Housing:** *Walsall Housing Strategy 2012 – 2016* amalgamates a range of strategies such as affordable warmth, gypsy and traveller and housing allocation. The Strategy draws upon the *Local Economic Assessment and Local Investment Plan (2011 – 15)* and works to three priorities:

- Increase housing choice and employment opportunities
- Tackling fuel poverty and improving the quality and energy efficiency of existing and future homes
- Address different needs and promote independent living, health and well-being

Housing also has a draft *Health and Housing Strategy* which is currently being updated.

**Neighbourhoods:** A refresh of the *Sustainable Community Strategy* and its connection to the Health and Well-being Strategy are being considered by the corporate management team within the Council. Officers have been tasked to consider the impact of these and other existing strategies within the Council. This runs parallel and supports the work programme for the Health and Well-being Board with officers covering both remits participating.

**Leisure and Community Health:** have produced the borough's *Green Spaces Strategy* and *Sport and Leisure Strategy* with health and well-being very much at the heart of these documents. The department have been developing a School Catering Strategy tying into the challenge of childhood obesity.

**Social care and inclusion:** There are obvious links between the work of this directorate and the Health and Well-being Strategy. Both their *Directorate Operating Model around Personalisation* and the *Joint Commissioning Unit Business Plan 2013/14 – 2015/16* are premised on a preventative and reablement approach in order to 'keep people healthier for longer.' This should therefore reduce the number of people requiring long term care either in hospitals or residential care.

#### 4.2.3 Scrutiny committees

Similarly, Scrutiny Committees have a key role in scrutinising actions and results against the plans and aspirations set out in this strategy, to complement the role of the Health and Well-being Board in this task, ensuring that pace and impact of improvement is achieved and sustained.

#### 4.3 Roles of CCG and NHS Commissioning Board

Clinical Commissioning Groups (CCGs) and the NHS Commissioning Board (NCB) have the responsibility, jointly, for commissioning services from a range of providers, including NHS Trusts, GPs, Dentists, Pharmacists and Opticians. As a statutory member of the Health and Well-being Board, Walsall CCG has a duty to contribute to the development of the JSNA and joint Health and Well-being Strategy and has done so. It also has a duty involve the HWBB when preparing their commissioning plans and to ask whether the Board considers that the plans take proper account of the joint Health and Well-being Strategy.

#### 4.4 Relationships with wider partners through the Borough Management Team (BMT)

The Borough Management Team 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:

- Well-being in Walsall
- Economic Development – employment and improving employability
- Improving health
- Creating safe and sustainable communities
- Children and Young people

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

#### 4.5 Meeting the financial challenge 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 co-ordinated 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.

## 5 Well-being in Walsall

### Why is this important?

“Mental health...(and emotional well-being)...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 ‘well-being’ when we see it, and feel it, but it can be difficult to put into words. The JSNA recognises that well-being 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
- 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, emotional resilience, problem solving skills, freedom from fear
- A healthy body

Well-being 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 “Five ways to well-being” the actions that they can take to improve their own sense of well-being and feel good. The 5 ways are described as follows:

1. **CONNECT** with people – family, friends, colleagues, neighbours
2. **BE ACTIVE** – walk, cycle, 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 well-being 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 well-being 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 Well-being 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 well-being.

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

By 2016 we want knowledge and understanding of the *5 Ways to Well-being* 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 well-being and self-reliance, through knowledge and understanding of "5 ways to well-being", as part of a borough wide strategy to improve mental health and well-being.

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

- Work with individuals and communities to promote well-being and self-reliance through adoption of '5 ways to well-being'
- 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 the many facilities, green spaces 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 well-being
- 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 well-being.

## 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 well-being and self-reliance, through knowledge and understanding of “5 ways to well-being”, as part of a borough wide strategy to improve mental health and well-being</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>○ Self reported well-being</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:

Work with individuals and communities to promote well-being and self reliance through adoption of ‘5 ways to well-being’

### Consultation points: Well-being in Walsall

Q1: Are these the right priorities to achieve our ambition?

Q2: Will what we intend ‘to do together’ ensure we achieve our priorities? If not, what would you add, change or take out?

Q3: Please explain why you want to make these changes

Q4: Do we have the right measures to show progress against the priorities or can you tell us about others that are collected?

## 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 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
  - Physical
- Continue to invest in an integrated early help offer, 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>○ Excess weight in 4-5 year olds</li> <li>○ School readiness</li> <li>○ Emotional well-being of children looked after</li> <li>○ Tooth decay in children aged 5</li> <li>○ Population vaccination coverage (various)</li> </ul>

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

Undertake a joint LA/NHS review of services and performance within antenatal pathway and Children's centres. This will focus on better identification and early help to vulnerable parents who lack the knowledge, skills and behaviour to be effective parents and overall parenting support in the first 5 years of life.

**Consultation points: Give every child the best start in life**

Q5: Are these the right priorities to achieve our ambition?

Q6: Will what we intend 'to do together' ensure we achieve our priorities? If not, what would you add, change or take out?

Q7: Please explain why you want to make these changes

Q8: Do we have the right measures to show progress against the priorities or can you tell us about others that are collected?

## **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 well-being.

The number of children in Walsall in the care of the Local Authority remains high; research suggests that a contributory factor is that their parents lack the knowledge, skills or behaviour necessary to provide a safe and nurturing home for them

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

- Every year in Walsall an estimated 250 – 300 children are placed on Child Protection Plans or in 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 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
- Young people in Walsall experience high levels of sexually transmitted infections. The rates 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 well-being and improve the resilience of children and young people

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

- Reduce the time spent in care or 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

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

- Ensure that organisations will demonstrate how they work together to enable every child to continue to develop well by supporting integrated plans to:
  - Enable healthy choices and ensure access to appropriate age specific specialist lifestyle services
  - 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
- 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, 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>	Children in poverty School absence GCSE achieved 5 A*-C inc. English and maths GCSE achieved 5 A*-C inc. English and maths for children in care
<b>Safeguard children and young people from harm</b>	Incidence of harm to children due to failure of care Children in care
<b>Promote the physical and emotional health and resilience of children and young people</b>	Emotional well-being of looked after children Under 18 conceptions Chlamydia diagnoses ( 15-24 year olds) Emergency admissions for children with LRTI

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

- Work with education and training providers to reduce the attainment gap between the least and most deprived children and young people in Walsall
- Increase access to evidence-based parenting programmes, targeted at those most in need (as measured by LAC and CYPP)

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

- Q9: Are these the right priorities to achieve our ambition?
- Q10: Will what we intend 'to do together' ensure we achieve our priorities? If not, what would you add, change or take out?
- Q11: Please explain why you want to make these changes
- Q12: Do we have the right measures to show progress against the priorities or can you tell us about others that are collected?

## 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 well-being 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 well-being 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 well-being.

### 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.)
- 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 JSA recipients claiming for over 6 months compared to 17% in Sept 2005. As the relatively well-resourced, well-coordinated services for Children and Young People fall away between 16-18 years of age, 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, fuelling the next generation of children growing up in workless households and in poverty. The social and economic cost of this is huge.

### **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 young children (under 5) living in workless households
- Reduce % of our working age population who are dependent on health related benefits.
- Reduce % 18-24 year olds on out-of-work benefits

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

- We recognise 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.

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

Priority	Measure
<b>Reduce the number of young children (under 5) living in workless households</b>	<ul style="list-style-type: none"> <li>• child poverty</li> <li>• Number on job seekers allowance</li> <li>• Number children in workless households</li> <li>• Planning obligations making provision for targeted recruitment or training</li> <li>• Proportion of businesses continuing trade after 1 year and after 3 years</li> </ul>
<b>Reduce % of our working age population who are dependent on health related benefits.</b>	<ul style="list-style-type: none"> <li>• Number of individuals of working age receiving health benefits</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 % 18-24 year olds on out-of-work benefits</b>	<ul style="list-style-type: none"> <li>• % 18-24 on job seekers allowance</li> <li>• Planning obligations making provision for targeted recruitment or training</li> </ul>

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

- |   |
|---|
| <ul style="list-style-type: none"> <li>• Work with partners to provide co-ordinated support to vulnerable young adults and young parents to support them into work and to become capable parents</li> </ul> |
|---|

- Develop 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.

### **Consultation points: Employment and improving employability**

Q13: Are these the right priorities to achieve our ambition?

Q14: Will what we intend 'to do together' ensure we achieve our priorities? If not, what would you add, change or take out?

Q15: Please explain why you want to make these changes

Q16: Do we have the right measures to show progress against the priorities or can you tell us about others that are collected?

## **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 well-being. 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 well-being 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 well-being. 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, well-being 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?**

- Improve the condition, quality, energy efficiency and choice of housing, particularly private sector stock, and working to reduce fuel poverty.
- Develop safe 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 planning and other mechanisms to improve available provision and residents' access to green spaces, health facilities, leisure opportunities and healthy food, whilst recognising the influence that other provision may have on healthy choices.
- 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
- 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
<b>We will improve the social and physical environment in order to make Walsall a place that promotes high levels of health, well-being and safety</b>	<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 classed as non-decent</li> <li>○ Protection of green belt from inappropriate development</li> <li>○ Amount of accessible open space</li> <li>○ Mortality due to air pollution</li> <li>○ Violent crime</li> <li>○ Re-offending</li> <li>○ Hospital admissions caused by unintentional and deliberate injuries in under 18s</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 well-being
- Proportion of physically active and inactive adults

**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**

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. This could include:

- 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 the voluntary and community sector.

**Consultation points: Creating and developing healthy and sustainable places and communities**



Q17: Are these the right priorities to achieve our ambition?

Q18: Will what we intend 'to do together' ensure we achieve our priorities? If not, what would you add, change or take out?

Q19: Please explain why you want to make these changes

Q20: Do we have the right measures to show progress against the priorities or can you tell us about others that are collected?

## **10 Improving health and well-being 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 well-being 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 that in Walsall, 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 well-being 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 well-being 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.

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, and 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, 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>Increase healthy life expectancy by supporting people in making healthy lifestyle choices</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>○ Self reported well-being</li> <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> </ul>

- 
- Alcohol related admissions to hospital (alcohol related harm)
  - Take up of the NHS Health Check programme by those eligible
  - MECC indicators

**Reduce all age, all cause mortality rates by reducing the risky behaviours that contribute to ill health**

- 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

**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 (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)
- 

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

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 see all key providers in Walsall using their front line staff to encourage and support residents systematically and on a scale that will bring about real improvements in health

#### **Consultation points: Improving health and well-being through healthy lifestyles: Making 'healthier choices easier'**

Q21 Are these the right priorities to achieve our ambition?

Q22: Will what we intend 'to do together' ensure we achieve our priorities? If not, what would you add, change or take out?

Q23: Please explain why you want to make these changes

Q24: Do we have the right measures to show progress against the priorities or can you tell us about others that are collected?

## 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 these 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
- Diabetes 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 medical or mental health condition.

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

Due to the overlap between prevention and reducing disability and death these priorities are the 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
- Ensure that all organisations have a sustained focus on lifestyle improvement, even once patients 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 bed based rehabilitation services within Walsall. This will maximise regain of function for stroke patients

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

Priority	Measure
<b>Increase healthy life expectancy</b>	<ul style="list-style-type: none"> <li>○ Emergency admissions for acute conditions that should not usually require hospital admission</li> <li>○ Emergency readmissions within 30 days of discharge from hospital</li> <li>○ Health-related quality of life for people with long term conditions</li> <li>○ Delayed transfer of care from hospital and those which are attributable to adult social care</li> <li>○ Preventable sight loss – diabetic eye disease</li> <li>○ Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults)</li> <li>○ Proportion of stroke patients reporting an improvement in activity/lifestyle on the Modified Rankin Scale at 6 months</li> <li>○ Estimated diagnosis rate for dementia</li> <li>○ A measure of the effectiveness of post-diagnosis care in sustaining independence and improving quality of life</li> <li>○ Proportion of people feeling supported to manage their condition</li> <li>○ Health related quality of life for carers</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 causes considered preventable</li> <li>○ Mortality from cancer</li> <li>○ Mortality from respiratory disease</li> <li>○ Excess under 75 mortality in adults with serious mental illness</li> <li>○ Suicide rate</li> <li>○ Excess winter deaths</li> <li>○ Potential years of life lost (PYLL) from all causes</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

Ensure Clinical Commissioning Group commissioning plans take proper account of the priorities of the Health and Well-being 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.

## Consultation points: Reducing the burden of preventable disease, disability and death

Q25: Are these the right priorities to achieve our ambition?

Q26: Will what we intend 'to do together' ensure we achieve our priorities? If not, what would you add, change or take out?

Q27: Please explain why you want to make these changes

Q28: Do we have the right measures to show progress against the priorities or can you tell us about others that are collected?

## 12 Healthy ageing and independent living

### Why is this important?

We know that too many of our older people do not have the means to live healthy and fulfilled lives. This is particularly important considering that Walsall's population aged 65 years and older is estimated to increase from 45,100 in 2010 to 50,400 in the year 2020. Older people face key challenges including excess winter deaths, fuel poverty and social isolation. Supporting healthy ageing and independent living are essential to ensure that our older people are able to achieve and maintain a good quality of life.

### 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 a right to expect, to have maximum choice, control over the support services they receive. Yet there has been little discussion with our older citizens about what well-being 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 reduce 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 well-being. Concentrate health promotion activities on the elderly, 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 working 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
- Begin 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 co-ordinated care between health professionals, social care professionals and third sector agencies.

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

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Priority

Measure

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<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 eligible population receiving direct payments or personal budget</li> <li>○ The proportion of people who use services who have control over their daily life</li> <li>○ Carer-reported quality of life</li> <li>○ Overall satisfaction of carers with social services</li> <li>○ Overall satisfaction of people who use services with their care and support</li> <li>○ The proportion of carers who report that they have been included or consulted in discussions about the person they care for</li> <li>○ Proportion of people who use services who feel safe</li> <li>○ Numbers of carers</li> <li>○ Numbers of carers that are receiving assessment of their needs</li> <li>○ Number of patients who die in their preferred place of care</li> <li>○ Percentage of people who leave their homes once a week or less</li> <li>○ Proportion of patients recovering to their previous levels of mobility/walking at 30/120 days</li> <li>○ Delayed transfer of care from hospital and those which are attributable to adult social care</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 in the over 65s persons</li> <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 re-enablement/rehabilitation services</li> <li>○ Proportion of people (65 years and older) offered rehabilitation following discharge from acute or community hospital</li> <li>○ Permanent admissions to residential and nursing care homes per 1,000 population. People aged 65+</li> </ul>
<b>Provide the support needed to enable individuals to keep as well as possible in their old age</b>	<ul style="list-style-type: none"> <li>○ Population vaccination coverage flu aged 65+</li> <li>○ Excess winter deaths</li> <li>○ Estimated diagnosis rate for people with dementia</li> </ul>

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

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

## Consultation points: Healthy ageing and independent living

Q29: Are these the right priorities to achieve our ambition?

Q30: Will what we intend 'to do together' ensure we achieve our priorities? If not, what would you add, change or take out?

Q31: Please explain why you want to make these changes

Q32: Do we have the right measures to show progress against the priorities or can you tell us about others that are collected?

## 13 Mobilising action

### 13.1 Implementing the strategy

The Health and Well-being Board (HWBB), through this strategy, has identified a number of key priorities for action in 2013/14. Each of these priorities will be tackled through the creation of a Health and Well-being Transformation Group to act as the operations group of the Health and Well-being Board. This group will form multi-agency task and finish groups for key projects to tackle these identified priorities, thereby establishing a recognised support system to enable the Health and Well-being Board to meet its commitments as laid down in this strategy. Where appropriate, governance of the task and finish groups for the key projects will be shared with other Partnership Boards eg: Children and Young People's Partnership Board.

### 13.2 Recommendations and priorities for action in 13/14

#### General

Create a Health and Well-being Transformation Group to act as the operations group of the Health and Well-being Board and establish a support system to co-ordinate work to deliver the key priorities identified by HWBB for 13/14

Through the Health and Well-being Transformation Group, establish multi-agency task and finish groups for key projects to deliver the action plans that will, in turn, deliver the priorities identified by HWBB for 13/14

#### **Section 5: Well-being in Walsall:**

1. Work with individuals and communities to promote well-being and self-reliance through adoption of '5 ways to Well-being'

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

2. Undertake a joint LA/ NHS review of services and performance within antenatal pathway and Children's Centres. This will focus on : better identification and early help to vulnerable parents, who lack the knowledge, skills and behaviour to be effective parents and overall parenting support in the first 5 years of life

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

3. Work with education and training providers to reduce the attainment gap between the least and most deprived children and young people in Walsall
4. Increase access to evidence-based parenting programmes, targeted at those most in need (as measured by LAC and CPP)

**Section 8: Employment and improving employability**

5. Work with partners to provide co-ordinated support to vulnerable young adults & young parents to support them into work and to become capable parents
6. Develop 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

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

7. 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. This could include:
  - 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 the voluntary and community sector.

## **Section 10: Improving health and well-being through healthy lifestyles: making 'healthier choices easier'**

8. 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 Counts' initiative that will see all key providers in Walsall 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**

9. Ensure Clinical Commissioning Group commissioning plans take proper account of the priorities of the Health and Well-being 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**

10. 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

## **13.3 Engagement for action**

### **13.3.1 Key actions for Health and Well-being Board**

- Continue to build a strong and effective Health and Well-being Board with a clear vision and priorities for improving the Health and Well-being of the people of Walsall
- Agree, publish and consult on the Health and Well-being Strategy
- Establish a Health and Well-being Transformation Group and Project Task and Finish groups as part of the governance arrangements to deliver 13/14 priorities
- Agree accountability arrangements between other Partnership groups. g. Children and Young People's Partnership Board, Walsall Economic Board and Safer Walsall Partnership.

- Identify gaps in existing partnership arrangements and agree solutions eg: a co-ordinated approach to needs of young adults and young parents who lack necessary family support; promotion of healthy ageing; health protection forum
- Maintain and build strong and effective relationships with NHS: Clinical Commissioning Group, NCB Local Area Team and key local NHS providers including Walsall Healthcare Trust and Dudley & Walsall Mental Health Trust
- Work with Chairs of all Scrutiny panels to clarify the respective roles and responsibilities of the Health and Well-being Board and the Scrutiny Panels on matters affecting the health and well-being of the people of Walsall.

### **13.3.2 Key actions for Walsall Clinical Commissioning Group**

- Continue to contribute to building a strong and effective Health and Well-being Board with a clear vision and priorities for improving the Health and Well-being of the people of Walsall
- 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

### **13.3.3 Key actions for Council**

- Gain the agreement of all portfolio holders to support the development of a communications and engagement strategy to ensure that all members and employees of Walsall Council understand the potential they, and their services, have to improve health and well-being of people of all ages in Walsall.
- Ensure that an assessment of the impact on health and well-being and the priorities of this strategy is built into the decision making processes of the Council and its committees.
- Seize every opportunity to deliver 'more with less' by building resilience and self reliance and sharing the skills, creativity and innovation of individuals and communities to transform the health and well-being of the people of Walsall.

### **13.3.4 Shared actions for BMT and HWBB**

- Ensure co-ordination between the Sustainable Communities Strategy and the Health and Well-being Strategy
- Ensure alignment in the accountability arrangements between partnership groups and HWBB/ BMT

### 13.4 Consultation

The Health and Well-being Board has adopted this strategy and the priorities contained within it. The priorities were selected following careful analysis of the available data and information we have about Walsall and its residents – as described in the JSNA and other strategies and reports. Partner agencies have been involved in development of this strategy but the Health and Well-being Board is now seeking to widen the scope of people involved in the strategy through a period of consultation. Individuals, groups and organisations can participate in the consultation process by responding to the consultation points included throughout the Strategy document.

Any comments received after the end of the consultation period cannot be included in the final report to the Health and Well-being Board but will be taken into account in future planning.

Thank you for taking time to contribute to this consultation.

Your ideas and comments on the consultation points can reach us at [publichealth@walsall.nhs.uk](mailto:publichealth@walsall.nhs.uk) or post to Public Health, NHS Walsall, Jubilee House, Walsall WS2 7JL at the latest by 2 April 2013, to allow time for them to be considered and incorporated into the final strategy which goes to Health and Well-being Board on 15 April 2013.



## **Appendix 1: Circulation List for Key Stakeholders for consultation**

All Councillors

All GPs

Council Executive Directors and ADs

Members of Health and Well-being Board

Clinical Commissioning Group Board members

Members of Borough Management Team and Borough Operations Group

Area Partnership managers for circulation in Area Partnerships

HealthWatch

Partnership Boards eg. Children and Young People's Partnership, Safer Walsall

Partnership, Walsall Economic Board

Members of Technical Support Group

Headteachers and governing bodies of schools

Dudley and Walsall Mental Health Trust

Walsall College, Walsall Adult and Community College and School of Health and Well-being,

University of Wolverhampton

Walsall Voluntary Action and Citizen's Advice Bureau

Walsall Housing Group and other Housing providers