



Walsall Council

Health and Wellbeing Board

Tuesday 21 March 2023 at 4.30pm.

Hybrid meeting: Conference Room 2 and Microsoft Teams.

Public access via this link: <http://www.WalsallCouncilWebcasts.com>

Membership: Councillor G. Flint (Chairman)
Dr. A. Rischie, Integrated Care Board (Vice-Chair)
Councillor K. Pedley
Councillor S. Elson
Councillor A. Nawaz
Ms. K. Allward, Executive Director Adult Services
Ms. S. Rowe, Executive Director Children's Services
Mr. S. Gunther, Director of Public Health
Mr. G. Griffiths-Dale, Integrated Care Board
Mr. R. Nicklin, Healthwatch Walsall
Ms S. Samuels, Group Commander, West Midlands Fire Service
Chief Supt. P. Dolby, West Midlands Police
Ms S. Taylor, One Walsall
Mr D. Loughton, Walsall Healthcare NHS Trust
Ms. F. Shanahan, Walsall Housing Partnership/Housing Board
Ms. M. Foster, Black Country Healthcare NHS Foundation Trust
Ms. R. Davies, Walsall College
NHS England
Vacancy – Integrated Care Board Representative.

Quorum: 6 members of the Board

Democratic Services, The Council House, Walsall, WS1 1TW

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www.walsall.gov.uk

Memorandum of co-operation and principles of decision-making

The Health and Wellbeing Board will make decisions in respect of joined up commissioning across the National Health Service, social care and public health and other services that are directly related to health and wellbeing, in order to secure better health and wellbeing outcomes for the population of the Borough, and better quality of care for all patients and care users, whilst ensuring better value in utilising public and private resources.

The board will provide a key form of public accountability for the national health service, public health, social care for adults and children, and other commissioned services that the health and wellbeing board agrees are directly related to health and wellbeing.

The Board will engage effectively with local people and neighbourhoods as part of its decision-making function.

All Board members will be subject to the code of conduct as adopted by the Council, and they must have regard to the code of conduct in their decision-making function. In addition to any code of conduct that applies to them as part of their employment or membership of a professional body. All members of the board should also have regard to the Nolan principles as they affect standards in public life.

All members of the board should have regard to whether or not they should declare an interest in an item being determined by the board, especially where such interest is a pecuniary interest, which an ordinary objective member of the public would consider it improper for the member of the board to vote on, or express an opinion, on such an item.

All members of the board should approach decision-making with an open mind, and avoid predetermining any decision that may come before the health and wellbeing board.

The Relevant Authorities (Disclosable Pecuniary Interests) Regulations 2012

Specified pecuniary interests

The pecuniary interests which are specified for the purposes of Chapter 7 of Part 1 of the Localism Act 2011 are the interests specified in the second column of the following:

Subject	Prescribed description
Employment, office, trade, profession or vocation	Any employment, office, trade, profession or vocation carried on for profit or gain.
Sponsorship	<p>Any payment or provision of any other financial benefit (other than from the relevant authority) made or provided within the relevant period in respect of any expenses incurred by a member in carrying out duties as a member, or towards the election expenses of a member.</p> <p>This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Regulations (Consolidation) Act 1992.</p>
Contracts	<p>Any contract which is made between the relevant person (or a body in which the relevant person has a beneficial interest) and the relevant authority:</p> <p>(a) under which goods or services are to be provided or works are to be executed; and</p> <p>(b) which has not been fully discharged.</p>
Land	Any beneficial interest in land which is within the area of the relevant authority.
Licences	Any licence (alone or jointly with others) to occupy land in the area of the relevant authority for a month or longer.
Corporate tenancies	<p>Any tenancy where (to a member's knowledge):</p> <p>(a) the landlord is the relevant authority;</p> <p>(b) the tenant is a body in which the relevant person has a beneficial interest.</p>
Securities	<p>Any beneficial interest in securities of a body where:</p> <p>(a) that body (to a member's knowledge) has a place of business or land in the area of the relevant authority; and</p> <p>(b) either:</p> <p>(i) the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; or</p> <p>(ii) if the share capital of that body is more than one class, the total nominal value of the shares of any one class in which the relevant person has a beneficial interest exceeds one hundredth of the total issued share capital of that class.</p>

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AGENDA

Part 1 – Public Session

1. Welcome
2. Apologies and Substitutions
3. **Minutes: 6 December 2022**
 - To approve as a correct record – copy **enclosed**
4. **Declarations of interest**
[Members attention is drawn to the Memorandum of co-operation and principles of decision making and the table of specified pecuniary interests set out on the earlier pages of this agenda]
5. **Local Government (Access to Information) Act, 1985 (as amended):**
There are no items for consideration in the private session of the agenda

Discussion/Decision Items

6. We are Walsall 2040 – Draft Strategy
 - Report of Director of Public Health and Policy and Strategy Hub - **enclosed**
7. Place Integrated Commissioning Board (PICC) – **ITEM WITHDRAWN**
 - Report of Managing Director, Integrated Care Board
8. Review of Council Commissioning Intentions
 - Report of Interim Director of Commissioning - **enclosed**

Assurance Items

9. Health and Wellbeing Board priorities – end of year report.
 - Report of Director of Public Health - **enclosed**
10. Mental Wellbeing
 - (a) Annual report on the Delivery of the Mental Wellbeing Strategy
 - (b) Black Country Mental Health and Emotional Wellbeing Strategy for Children and Young People.
 - Reports of Director, Black Country Healthcare Trust - **enclosed**
11. Healthwatch Walsall - progress on delivery of work programme 2022/23

- Report of Chair, Healthwatch Walsall - **enclosed**

Information Items

12. Director of Public Health Annual Report
 - Report - **enclosed**
13. Public Health Outcomes Framework
 - Report of the Director of Public Health - **enclosed**
14. Work programme 2023/24
 - Copy **enclosed**

Date of next meeting – To be confirmed following Annual Council 24 May 2023

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Health and Wellbeing Board

Minutes of the meeting held on Tuesday 6 December 2022 in a conference room at the Council House, Walsall at 4.30pm

Present
(in person)

Councillor G. Flint (Chair)
Councillor Elson
Councillor Nawaz
Councillor Pedley
Mr. S. Gunther, Director of Public Health
Ms R. Davies, Walsall College
Ch. Supt. Dolby, West Midlands Police
Ms S. Kelly, Children's Services Director of Access and Inclusion
Ms V. Hines, Chief Executive One Walsall

Present
(Remote)

Mr T. Meadows, Adult Social Care (Substitute)
Ms. M. Poonia, Chair, Healthwatch Walsall
Ms F. Shanahan, Walsall Housing Sector
Ms K. Kaur, Black Country Healthcare Foundation Trust (substitute)
Geraint Griffiths Dale, Managing Director, Integrated Care Board.

In Attendance:
(In Person)

Mr D. Benghe, One Walsall (supporting Ms Hines)
Mrs H. Owen, Democratic Services Officer

805 **Welcome**

Councillor Flint opened the meeting by welcoming everyone and explaining the rules of procedure and legal context in which the meeting was being held. He said that he would consult all Board members on their views if a vote was required however, only those Board members present in the Council House were able to vote and that this would be done by a show of hands which would be recorded.

He directed members of the public viewing the meeting to the papers which could be found on the Council's Committee Management Information system (CMIS) webpage.

Introductions took place and a quorum of members present in-person was established.

806 **Apologies and substitutions**

Apologies for absence were received from Dr Rischie, Vice-Chair and:
Mrs K. Allward. Substitute: Mr T. Meadows
Mrs S. Rowe. Substitute: Ms S. Kelly
Ms M. Foster. Substitute: Ms K. Kaur

Permanent Change in Membership:
Ms V. Hines – Chief Officer for One Walsall, replacing Ms. S. Taylor.

807 Minutes

Resolved

That the minutes of the meeting held on 20 September 2022, a copy having been sent to each member of the Board be approved and signed by the Chair as a correct record.

808 Declarations of interest

There were no declarations of interest

809 Local Government (Access to Information) Act, 1985

There were no items to be considered in private session.

At this point, the Chair brought forward item 8. Walsall Safeguarding Partnership Annual Report.

Assurance item:

810 Walsall Safeguarding Partnership Annual Report

In attendance for this item: Ms S. Hodges, Independent Chair, Safeguarding Partnership

Ms Hodges presented a report which provided the highlights of the Walsall Safeguarding Children's and Walsall Safeguarding Adults Annual reports.

(see annexed)

A lengthy discussion took place during which time, comments included:

- A concern around the increase in safeguarding numbers and the importance of raising awareness of support services, effective communication and signposting. Work was being done to check adequacy and to undertake a self-assessment against that inspection criteria.

- The Council's Cabinet was being asked to continue to support early help in the Walsall Council Family Safeguarding model which was important in getting the help to those in need earlier in the process.
- Individual agencies were understood to consider Inequalities between different areas of the borough, and how they were measured and addressed, as part of their service delivery mechanisms.
- Work was being done in conjunction with the Safer Walsall Partnership to consider how to challenge relevant agencies to address the high proportion of people from a minority ethnic background in the criminal justice system.
- The rate of in hospital patient admissions for mental health had fallen behind the national and regional average other authorities. In the children's world, there had been a significant increase in the challenging issues and consequently an audit was being undertaken to look and identify these earlier on. Self-reported well-being was low in the borough and building resilience in communities was a key component of the Mental Health Strategy. Emphasis was also being placed on crisis alternatives rather than hospital admissions. Young people with mental health needed a heightened focus and support so that they become healthy adults.

The Chair thanked Ms Hodges for her report and presentation.

Resolved:

- 1) That the content of the Walsall Safeguarding Children's Partnership Annual Review of Effectiveness and the Walsall Safeguarding Adults Board Annual report be noted
- 2) That the Members of the Health and Wellbeing Board consider, as part of future business, any opportunities for collaboration on joint issues.

Discussion/Decision item:

811 Black Country Integrated Care Board (ICB) – Five Year Forward Plan

The Walsall ICB Managing Director, Mr G. Griffiths-Dale presented a briefing note which updated the Board on the development of an ICB five-year Joint Forward Plan (JFP)

(see annexed)

In presenting the report, Mr Griffiths-Dale said that the reporting to the Health and Wellbeing Board had been delayed due to changes to the planning footprint however, this is now a much more joined up Black Country approach with a more integrated plan which was being worked on in conjunction with Walsall Together. He pointed out that further guidance was awaited and that the final draft would be consulted upon during January, and that he would ensure that Whg were engaged in this.

It was suggested that a Health and Wellbeing Board informal workshop be arranged for January in order to discuss the draft plan in detail in advance of the final plan being submitted to the Board at its meeting in March for approval.

The Chair thanked Mr Griffiths-Dale for the progress report. He said that an informal workshop was being arranged for Health and Wellbeing Board members to consider the proposals in more detail before agreeing the final plan at the next meeting.

Assurance items:

812 Special Educational Needs and Disabilities (SEND)Improvement Programme

In attendance for this item: Ms E. Higdon, Public Health Senior Programme Development Manager for Children and Young People.

The Children's Services Director for Access and Inclusion, Ms S. Kelly presented a report which updated on the delivery of the SEND Local Area Improvement Programme.

(see annexed)

In presenting the report, Ms Kelly advised that a new SEND inspection framework had been redeveloped by Ofsted and the Care Quality Commission and had now been launched. She said that a self-evaluation against the new inspection framework would be developed and a further report submitted to the Board in due course.

A discussion took place, during which time, the representative of the Black Country Healthcare Foundation Trust, Ms K. Kaur, undertook to check the waiting times for referrals to the Children and Adolescent Mental Health Services (Camhs) with regard to both routine and crisis cases. Members were keen for this to be the focus of monitoring. Members were advised that self-evaluation was already ongoing and also the wider support needed as a result of an increase in Education Health and Care Plans (EHCPs) at a younger age.

Ms Higdon advised that a robust needs assessment was about to commence looking at the emotional health and wellbeing in young people to keep them emotionally strong and resilient, particularly those young people with special educational needs.

Also during the discussion, the relevant services were urged to consider the parents and carers of young people suffering from mental ill-health as navigating the system was a real challenge for those carers, particularly during transition from children to adult services.

Following on from this, with regard to the importance of Education Psychologists (EP) and communication with parents on the local offer, Ms Kelly stressed that there was a national shortage of education psychologists however, Walsall had

recently been able to recruit a Principal EP who was currently in the process of building a new team to increase capacity, addressing the barriers to recruitment such as pay in relation to neighbouring authorities.

With regard to the local offer, Ms Kelly advised that it was the council's responsibility to ensure that the vehicle for the local offer, a signposting website, was in place and that an officer had recently been recruited for that purpose. She stressed however, that it was the responsibility of the partners not the council to input into the local offer vehicle.

A vote was taken amongst those members present in the room following which it was:

Resolved:

- 1) That the Board confirms:
 - a) That it is assured that there are robust plans in place to achieve improvement in the two areas of concern that were found not to have yet made sufficient progress at the SEND inspection.
 - b) That it is satisfied with the robustness of the governance arrangements for the ongoing monitoring of SEND Improvement and the identification of impact
 - c) That it is assured by the plans to develop a wider robust SEND improvement plan over the next three months.
- 2) That a further progress report be submitted to the Board in 6 months time.

813 **Healthwatch Walsall Annual Report**

In attendance: Ms A. Farrer, Manager, Healthwatch Walsall

Ms Farrer and Ms Poonia presented the Annual Report for 2021/2022

(see annexed)

In presenting the report, Ms Poonia drew attention to the numbers of people engaged during the year which she said had been over 6,000 which she said was significant in ensuring that the voice of local services users was heard.

A discussion took place, during which time The Director of Public Health, Mr S. Gunther, said that as Chair of the clinical and professional leadership group of Walsall Together, the findings of the pathway development had been crucial in informing the priorities of Walsall Together. He added that the extent of engagement undertaken by Healthwatch Walsall regarding the Pharmaceutical Needs Assessment, which had been the most that had ever been received, had helped to shape the recommendations taken forward with partners. In summary he said that these were two key pieces of work being reported to the right places

having an impact on the care and support of patients. In response to a question regarding the learning from the outcome of consultation, and how it had made a difference, members noted that Healthwatch Walsall were represented on a number of strategic boards to inform and influence decision making. Ms Poonia said that there were other examples and stories which she could share if requested.

Resolved:

- 1) That the key messages and the contribution made by Healthwatch Walsall Volunteers be noted
- 2) That the work priorities for 2022/23 be noted

Information Items

814 Joint Local Health and Wellbeing Strategy

In attendance: Ms C. Williams, Public Health Specialist Advisor

The final published strategy was submitted for information

(see annexed)

Members noted that the strategy was approved at the last meeting and that this was the final version being published, which was now live and could be found on the Council's website.

815 Child Death Overview Panel (CDOP)

In attendance for this item : Dr M. Bashir, Walsall Healthcare Trust and Ms E. Higdon, Public Health Senior Programme Development Manager for Children and Young People.

Dr Bashir, lead for CDOP in Walsall, presented a report which updated on the activity of the Panel and which outlined the challenges in Walsall.

(see annexed)

The Director of Public Health, Mr S. Gunther pointed out three key areas which were the main drivers which included usage of tobacco, safe sleeping being a key programme and thirdly, alcohol and drugs substance misuse. He assured the Board that linkages were being made with the Children and Adolescent Mental Health Service and the Special Educational Needs and Disabilities

services with further work next year on maternity and smoking, and safe sleeping, linking to the Children's alliance and family hubs work.

Resolved:

- 1) To note the report
- 2) To agree to accept future reports and any accompanying recommendations for learning from the Strategic Child Death Overview Partnership
- 3) To agree to relate relevant learning and suggested recommendations in points 5.3 to 5.9, 6.1 & 6.2 to their organisations/directorates and implement these changes accordingly.

816 Work programme

The work programme was noted. The Chair reminded members to take note of the deadlines for reports to be submitted for publication which had previously been circulated to Board members.

Date of next meeting – 21 March 2022.

The meeting terminated at 5.45 p.m

Chair:

Date:

Health and Wellbeing Board

March 2023

We are Walsall 2040 consultation on draft strategy.

Discussion

1. Purpose

1. The purpose of this report and presentation is to update the Health and Wellbeing Board on the We are Walsall 2040 engagement feedback received from thousands of Walsall residents, businesses, and communities throughout the summer and autumn of 2022. It further outlines the draft We are Walsall 2040 strategy that is out for consultation, seeking views from the Board on the draft and asks the Board to consider endorsing the final strategy in June and commit to the delivery of the Health Wellbeing Strategy against the 2040 strategy framework.

2. Recommendations

- 2.1 That Walsall Health and Wellbeing Board consider and respond to the draft We are Walsall 2040 consultation.
- 2.2. That Walsall Health and Wellbeing Board agree to endorse the final strategy once agreed and commit to the delivery of the Health and Wellbeing Strategy against the We are Walsall 2040 framework.

3. Report detail

- 3.1 We are Walsall 2040 is an opportunity for us to listen to residents, businesses and communities and understand what is important now and for the future. It gives us a unique opportunity to shape the borough that we want to work in and live in and create a better tomorrow for those born today.
- 3.2 We are ambitious for the borough and want to create a thriving place with healthy and happy people. The We are Walsall 2040 strategy allows us to create a shared narrative of the Walsall we all want to create by 2040. It enables a redefined agreement between public agencies, community groups and residents on what we can work together to deliver and how people can help themselves, help each other and their communities.

- 3.3 A range of engagement activities were conducted with residents, businesses, community groups, schools, and partners throughout June-November 2022. In total over 8k people and several thousand businesses have been consulted through the We are Walsall engagement programme, and the insight has helped us consider the key priorities to inform the development of the 2040 borough plan.
- 3.4 The draft strategy framework has incorporated these many resident, partner, and business views in shaping the vision and four strategic ambitions. Each ambition consists of three themes of focus with high level outcomes to be achieved by 2040 for each theme. The strategy articulates Our Walsall story, what partners will work together to achieve over the next 18 years and redefines our relationship with residents and communities. It outlines what we expect residents and communities to do to ensure we co-design and co-deliver a borough of which we are all proud.
- 3.5 The draft strategy framework is out for consultation to partners, community groups and the public until 21 March. The final full strategy will be approved at Walsall Council in June 2023 and endorsed by partners.

4. Implications for Joint Working arrangements:

The 2040 strategy will act as a strategic framework by which partner agencies can work together to deliver a thriving borough for the future. It will act as a keystone under which sit supporting strategic pillars (including the Health and Wellbeing Strategy) to reduce inequalities and ensure improved outcomes. It provides a clear framework for the partnerships across Walsall to work together and provide a narrative of place, signalling ambition and intent regionally and nationally.

5. Health and Wellbeing Priorities:

- 5.1 The We are Walsall 2040 strategy has been developed to align with other strategic frameworks including the Health and Wellbeing strategy. It has twelve themes which include the three priorities of the Health and Wellbeing Strategy:

- Children & Young people (Ambition: Thriving and Happy, Theme: Child friendly borough)
- Mental Wellbeing (Ambition Healthy and Well, Theme: Good mental wellbeing)
- Digital approach (Ambition Prosperous and innovative, Theme: Connected borough)

The draft Ambition Healthy and Well outlines the outcomes we want to see by 2040, what partners will do collectively and outlines our expectations of what the public/residents can do.

Background papers

[We are Walsall 2040 Strategy Consultation Walsall Council Cabinet paper February 2022](#)

[We are Walsall 2040 Draft Strategy Framework](#)

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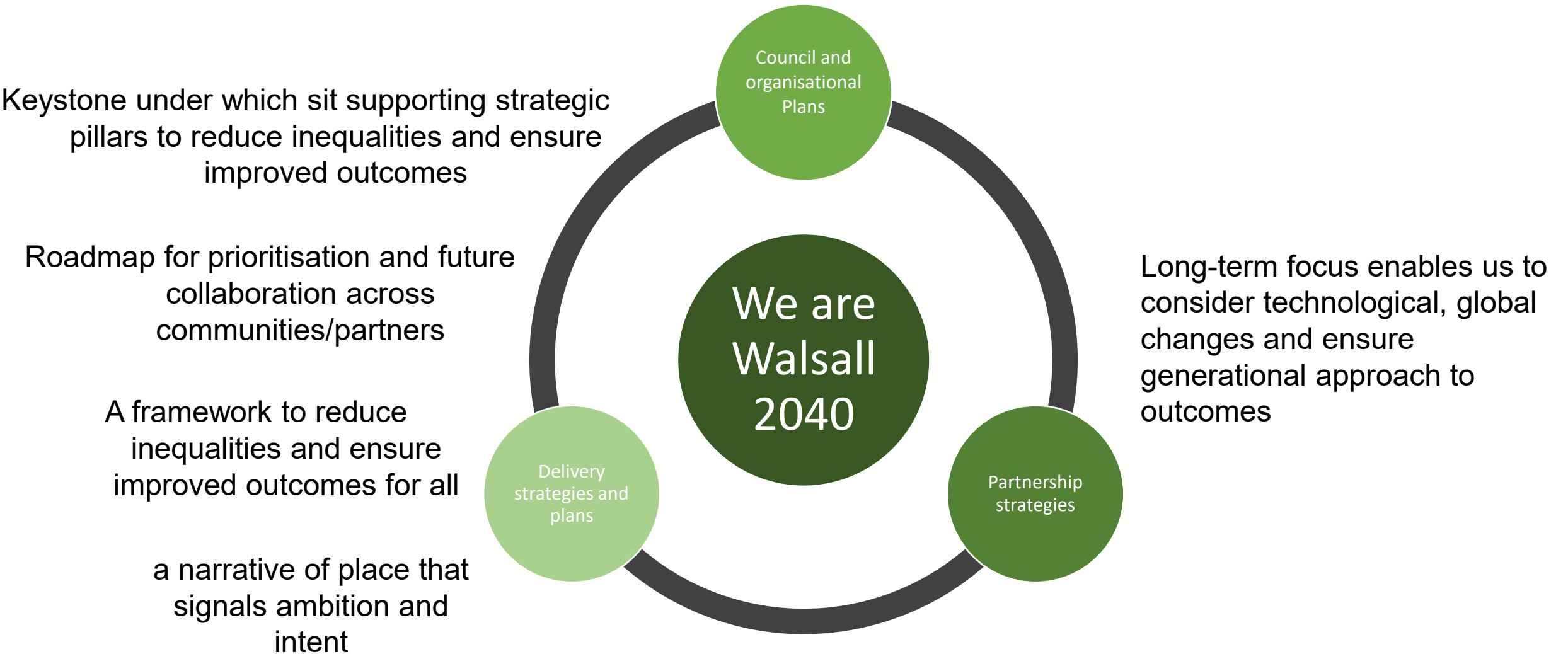
WE ARE WALSALL 2040

March 2023

Health & Wellbeing Board

DRAFT

Walsall strategic framework



Partnership:

We are Walsall 2040 will provide a strategic framework for Walsall to prioritise resources, develop shared ambitions and ensure we are aligned in leading and shaping a Walsall that works for everyone: a Walsall we can all be proud of.

Our Partners include:

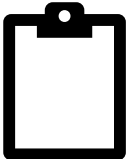
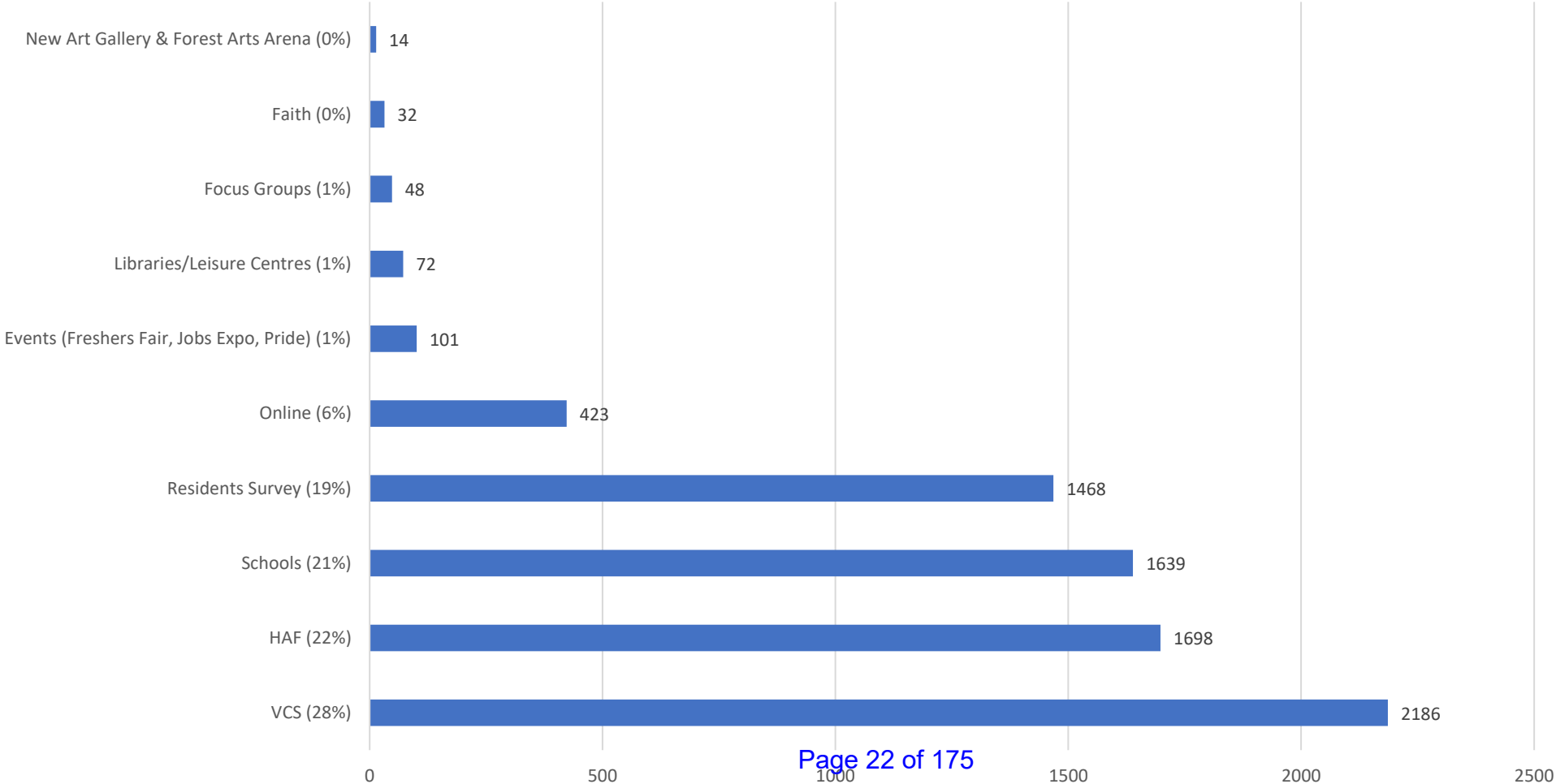


Partnerships: Theme partnerships will help drive the delivery.

Asking each partnership to comment on the draft and then later this year to endorse and commit to collectively delivering the vision

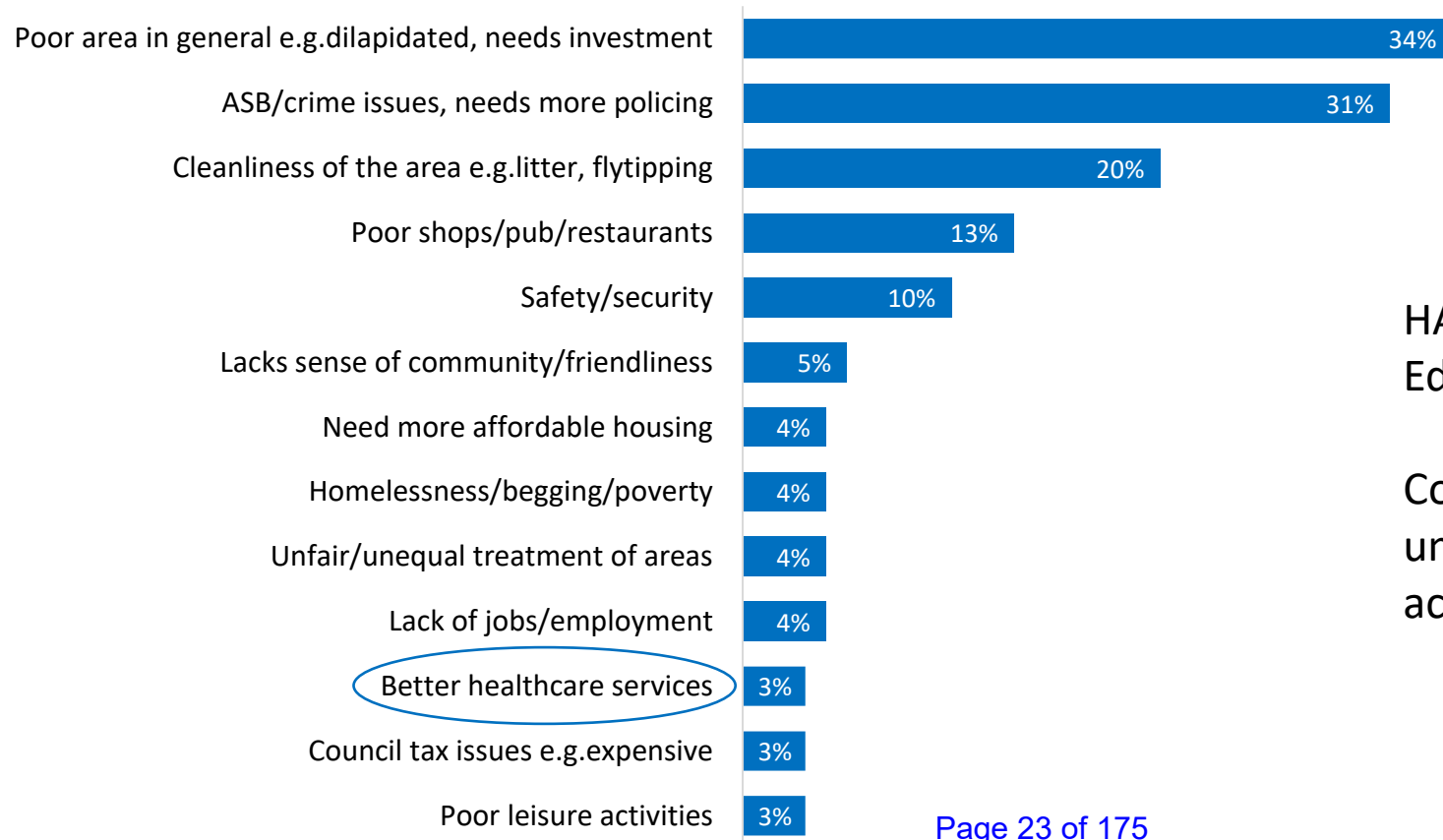
Participants to date

Engagement to date is 7681 and still counting...



Residents survey - cite a general need for investment, crime issues and lack of cleanliness as key reasons for not recommending the borough

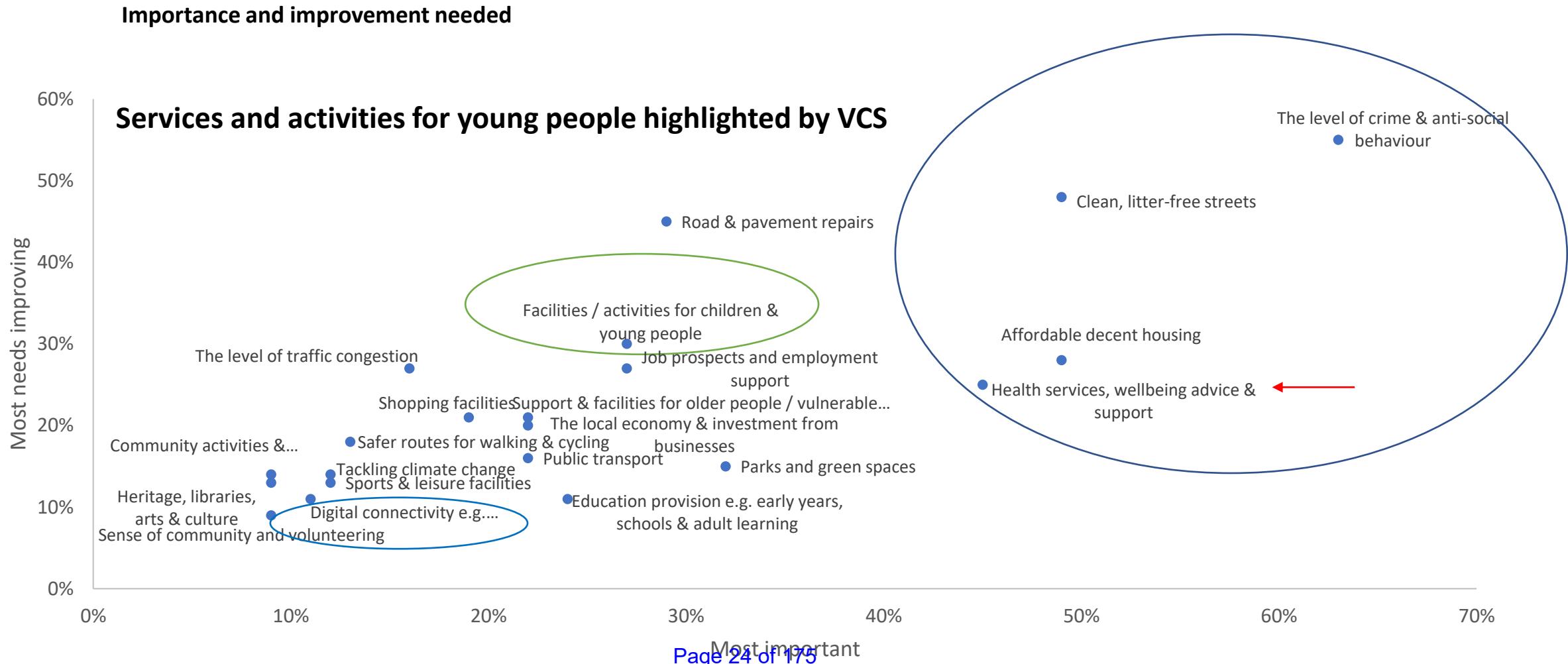
Reasons for unlikeliness to recommend (Detractors)



HAF: Community safety, clean & green, Education, Housing, leisure, jobs

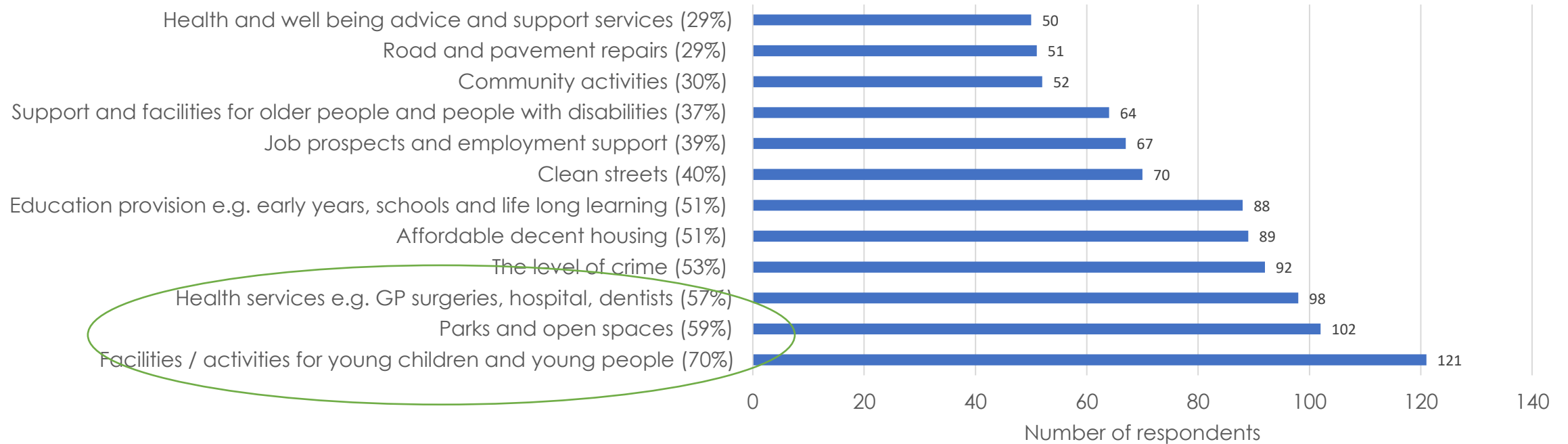
Community groups: Cleanliness, feeling unsafe, regeneration/revamp, services activities for young people

A good place to live: Some of the most important features for a good place to live are also considered most in need of improvement



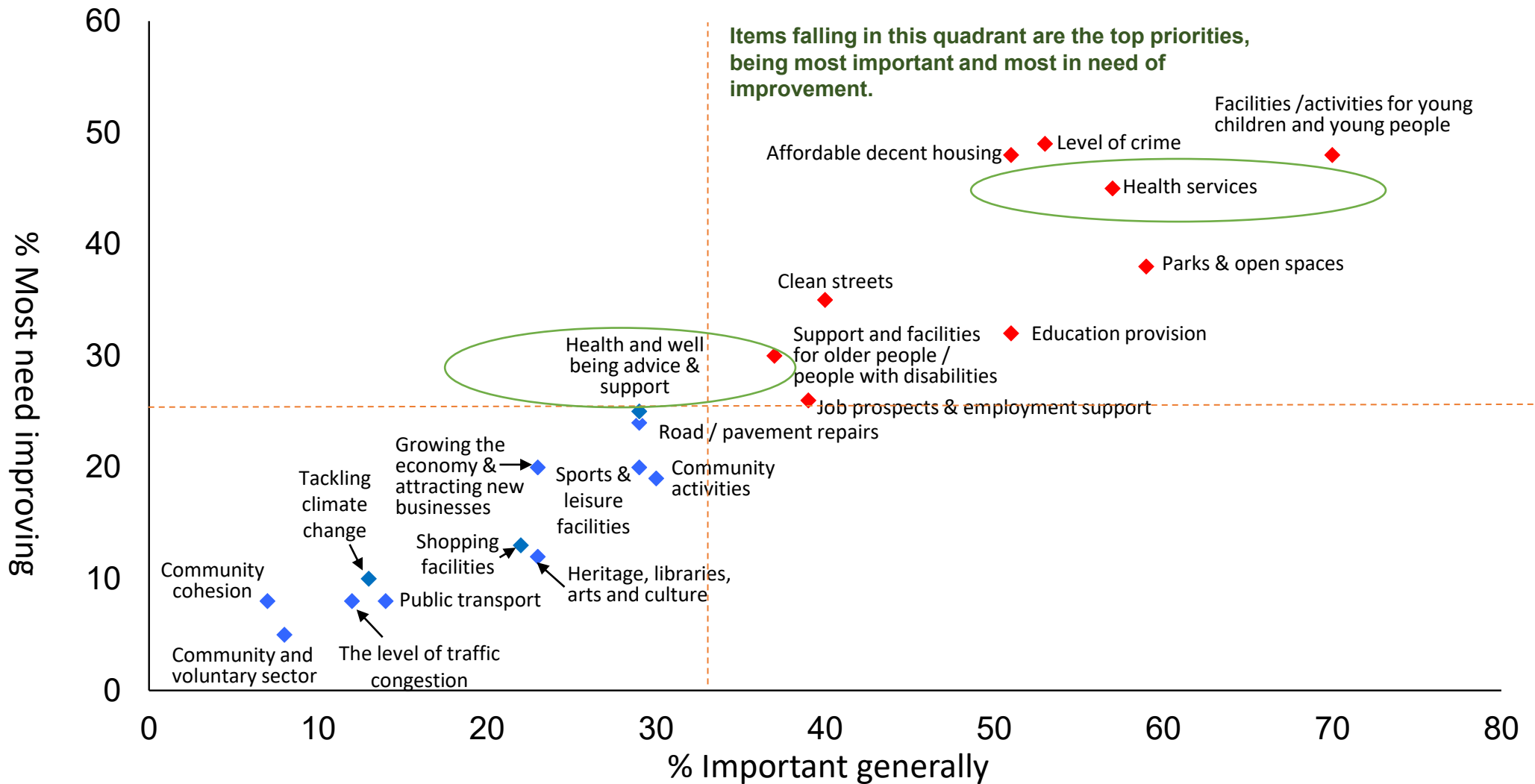
Source: We Are Walsall 2040 Postal Survey
 Q1a Thinking generally, which of the things below would you say are most important in making somewhere a good place to live? Base (Valid responses): All respondents (1428) Q1b. And thinking about the borough of Walsall, which of the things below, if any, do you think most need improving? Base (Valid responses): All respondents (1312)

HAF easter survey: The most important things for respondents during the next 20 years



- Facilities and activities for young children and people were most important for 70% (121) of respondents.
- The second most important thing for 59% (102) of respondent was parks and open spaces.
- Thirdly, 57% (98) of respondents stated that the health services were important.

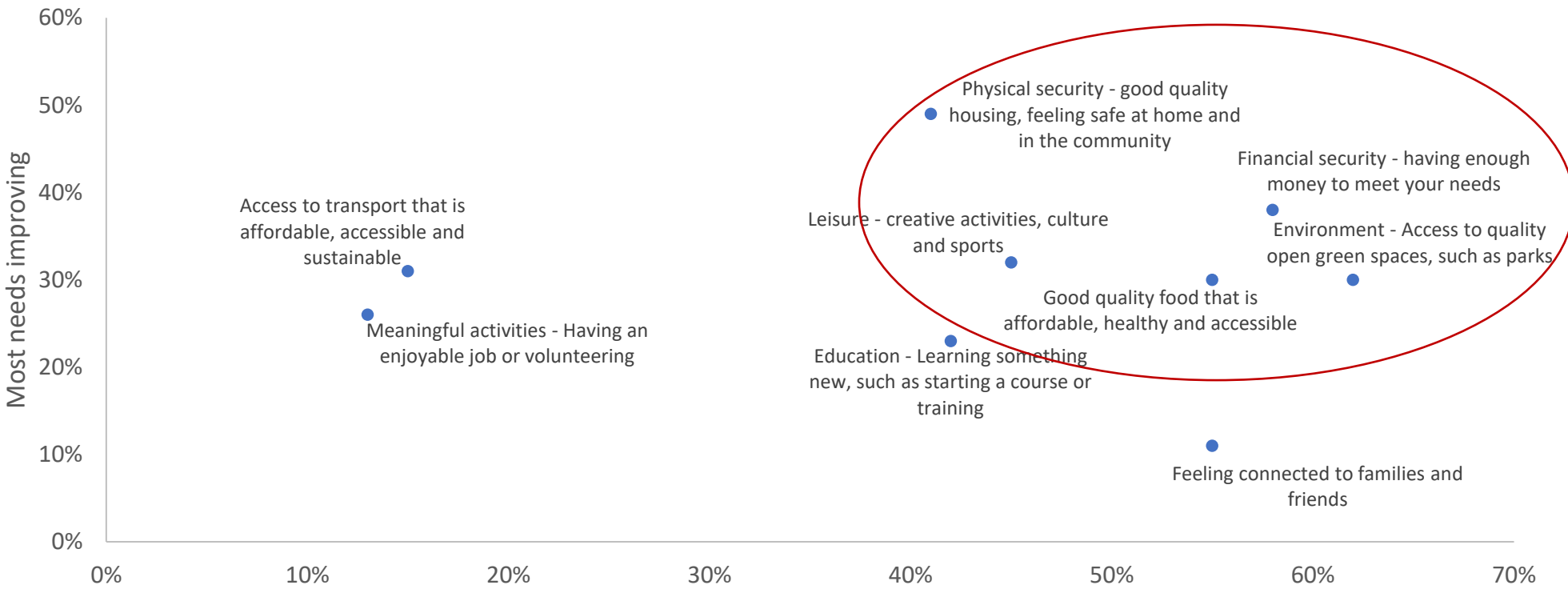
HAF PARENTS PRIORITIES FOR IMPROVEMENT



HAF Easter Parents survey: Q24. Thinking about the next 20 years, what things in the following list do you feel are most important in the borough of Walsall? / Q25. And thinking about the next 20 years, what things in the following list do you feel most need improving in the borough of Walsall? (Valid responses. Base 174)

Wellbeing: Financial and physical security, as well as the environment are considered important to wellbeing and in need of improvement

- **Importance and improvement needed**



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Source: We Are Walsall 2040 Postal Survey
 Q19A. Thinking generally, which of the things below would you say are most important for your wellbeing? Base (Valid responses All respondents (1440)
 Q19B. And thinking about the borough of Walsall, which of the things below (including existing support services), if any, do you think most need improving? Base (Valid responses All respondents (1147)

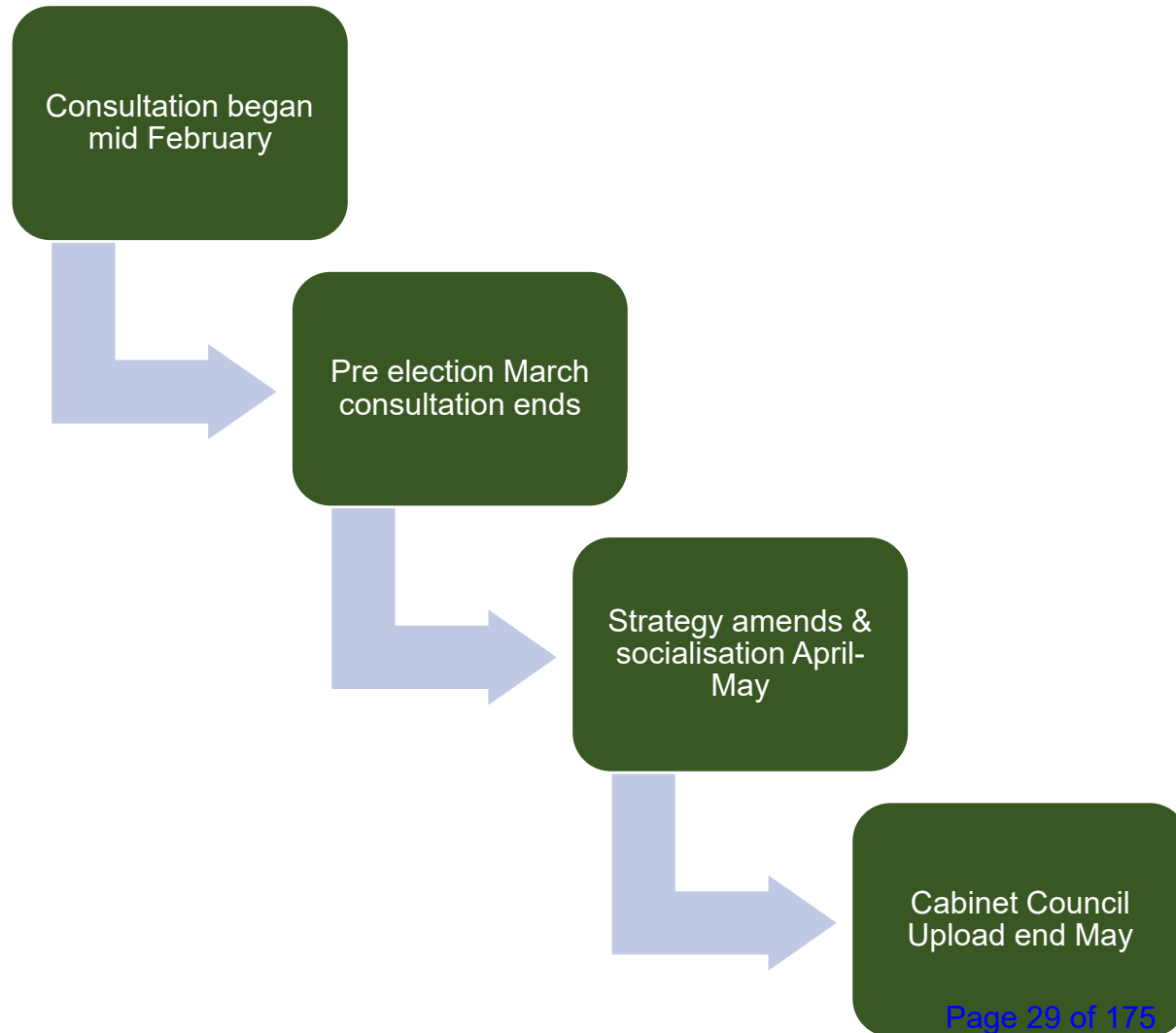
Summary of all engagement

- Regeneration and investment across Borough are key for our residents
- Jobs and skills seen as priorities. Economic Strategy delivery to support growth and investment
- Learning and skills offer- Walsall talent in Walsall!
- Safer Walsall focus on reassurance, enforcement and work in specific local areas
- Maintaining quality parks and open spaces an ongoing priority for residents.
- Climate Change acknowledged as important.
- Retail offer and leisure opportunity including **children and youth offer** and local activities/events
- Community –we have a strong foundation to be built on for future years particularly in health and care

Recognition of need for better health services and in qualitative feedback wellbeing choices



Timescales



Consultation underway

Delivery plan:

Mapping gap analysis underway against the 12 themes in the draft strategy

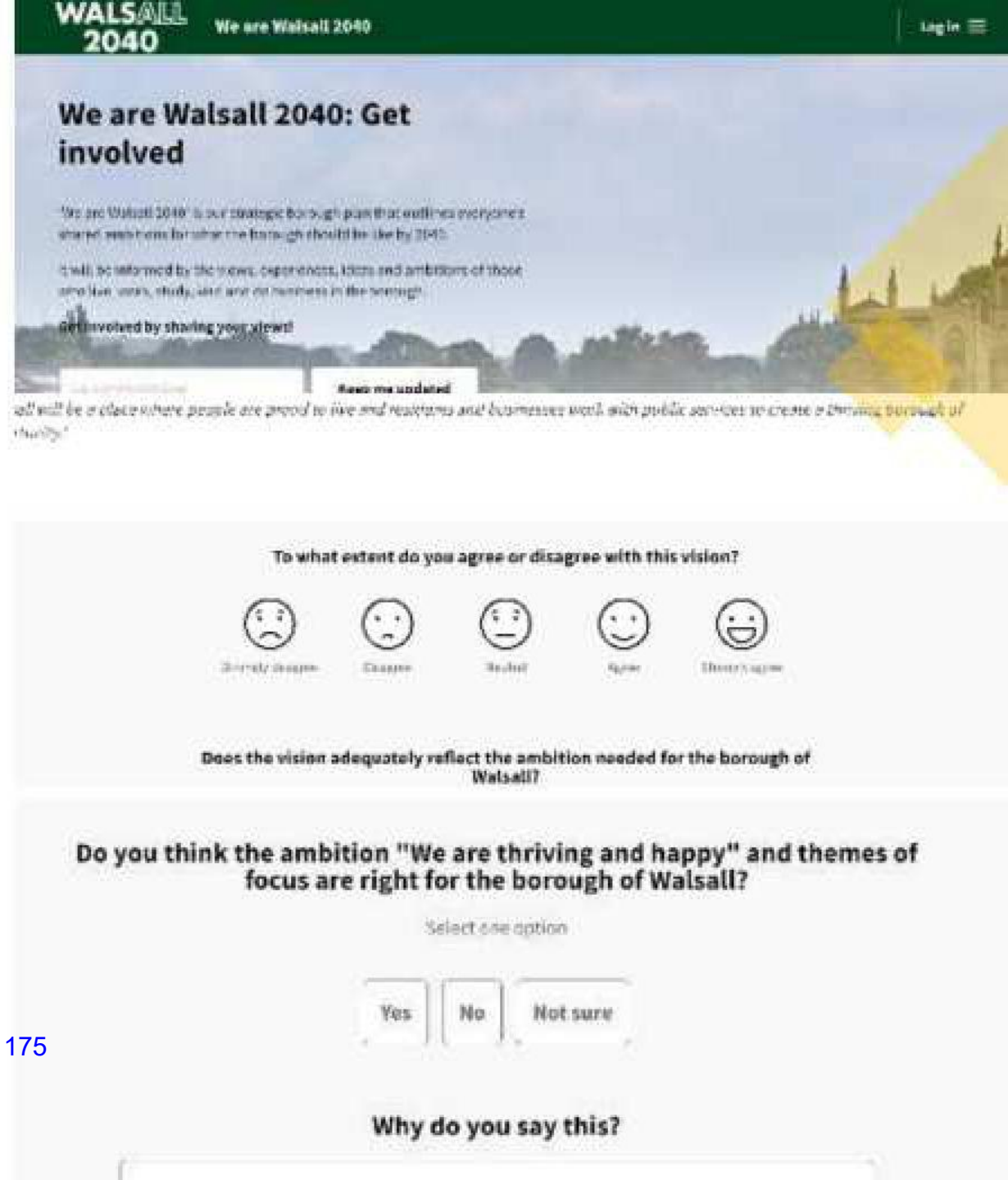
June Council signoff

Consultation

- Socialisation of draft continues
 - Attending partnership/partner meetings
- Commonplace survey created
 - Qr code generated and shared on flyers and posters
 - link to be shared on Council website and sent to partners
 - Please circulate in your own communication bulletins/staff/customers
- Sharing on Wmnow
- Posters, flyers in community buildings
- Written to partners : VCS, Schools....
- Engagement activities planned
 - Job expos, police events, College event
- Pushing on social media
 - Facebook ads go live next week
- Who else would Health & Wellbeing Board like us to consult?

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[Have Your Say Today - We Are Walsall 2040 - Commonplace](#)



Vision and ambitions

Walsall in 2040 will be a place where people are proud to live and residents and businesses work with public services to create a thriving a borough of opportunity



Principles

- **We are sustainable**
- **We are inclusive**
- **We are local**
- **We are resident focussed**
- **We are honest**

Ambitions

Each of the four ambitions consists of three themes of focus.

- Child friendly borough
- Empowered communities
- Feeling safe

We are thriving and happy



- Living active lives
- A community that cares
- Good mental wellbeing

We are healthy and well



- Quality homes
- A strong economy for all
- Connected borough

We are prosperous and innovative



- Clean and green borough
- Celebrating our culture and heritage
- Vibrant towns

We are proud of our borough



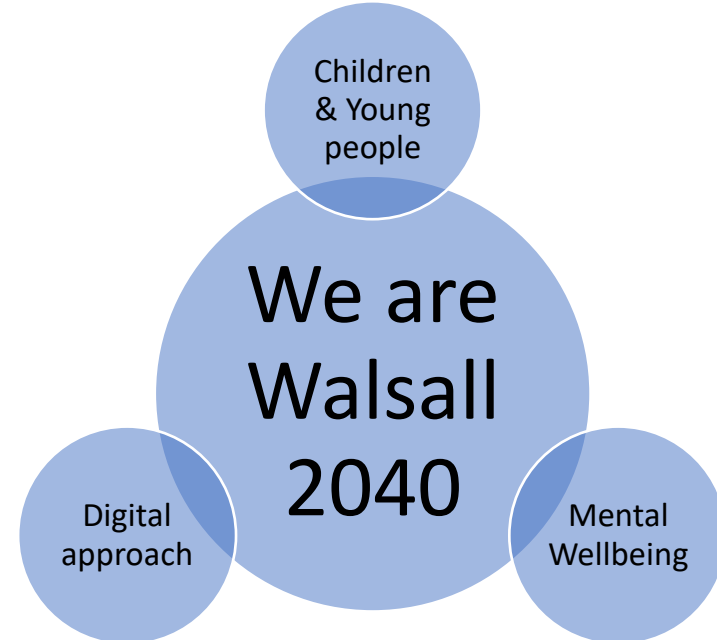
Walsall strategic framework



2022-25

Walsall Joint Local
Health & Wellbeing Strategy

"Together we will create a wellbeing-centred Borough!"



Healthy and well-living active lives

Outcomes

By 2040 Walsall will be a dementia friendly borough known for high quality care where people can live independent lives at home and in their communities

By 2040 Walsall will have narrowed the gap in health inequalities

By 2040 people will live longer and healthier lives in Walsall, with reduction in smoking prevalence and drug and alcohol addiction

By 2040 people in Walsall will live more physically active lives.

By 2040 we will see a reduction in car journeys across the borough and an improvement in air quality in Walsall particularly in Pleck and Palfrey

Healthy and well-living active lives

So you can:

We will:



Design and deliver the right health services that meet your needs where you live



Understand the barriers to living healthy lives and work together to address them for all communities



Provide and share opportunities for you to do what you love to stay active and well



Do more to look after your health, wellbeing and happiness



Use your pharmacist, GP and other health services as needed, choosing the right care at the right time



Consider health in all our decision-making and put it at the heart of what we do to improve quality of life for all



Promote and encourage green travel options to reduce car congestion and emissions



Participate in opportunities across the borough to stay fit, well and happy



Understand the needs of any condition you have and tell us when we interact with you

Healthy and well- a community that cares

Outcomes

By 2040 all carers will be supported to meet their needs and maintain their quality of life

By 2040 Walsall will be a borough with excellent end of life care where all people have choice and control and we will see an increase in end-of-life care in homes and communities.

By 2040 we will have health and care services that are flexible and local with more people accessing community services to stay healthy and well

Healthy and well- a community that cares

We will:



Ensure high quality care and support across the borough for all



ensure health and care career skills and opportunities are developed so our workforce is made up of local people with enough health and care staff for the future



Listen to carers and help them feel supported

So you can:



Tell us if you are a carer and how we can support you



Tell us if you feel your care or the care of a loved one is below standard



Look out for elderly family, neighbours and those without close support networks in your world



Show kindness to those around you and show respect and kindness online

Healthy and well- good mental wellbeing

Outcomes

By 2040 mental health is well understood and we will see a decrease in mental illness, anxiety, and depression in Walsall as more people know how to self-care to maintain their wellbeing.

By 2040 Walsall will have mental health services that are local and accessible and enable people who need them to fully participate in Walsall life.

Healthy and well- good mental wellbeing

We will:



work with employers to ensure staff are supported with mental wellbeing and resilience



promote mental health awareness and highlight where people can go to get help and support



ensure children and young people understand good mental health and where to go for local support

So you can:



Support mental wellbeing awareness campaigns and projects in your work and community



Learn what to do to keep good mental wellbeing and know where to go to get support



Be mental health aware and support family, friends, colleagues and those around you with accessing advice and support



Be supportive and understanding to those around you with mental health issues

Discussion

1. HWB are asked to cascade/share commonplace link across communication platforms and internally for comment. Partners are asked to tell us any other avenues for socialisation
2. HWB are asked to comment on draft [Have Your Say Today - We Are Walsall 2040 - Commonplace](#)
3. HWB are asked to consider endorsing final strategy in June and commit to delivery of Health Wellbeing Strategy against 2040 framework





Have Your Say Today - We Are Walsall 2040 - Commonplace

Thoughts?

Walsall Council Commissioning Intentions 2023/24

1. Purpose

To inform the Health and Wellbeing Board of Walsall Council's Public Health commissioning intentions for 2023/24 as required by the Health and Social Care Act 2012

2. Recommendations

That the Board notes the content of the report for assurance.

3. Report detail

3.1 Adult Social Care (ASC)

Walsall ASC faces another particularly challenging year, and it is important that the commissioning team delivers its intentions so that we can provide quality and safe services to our residents.

We will be seeking to strengthen our partnerships with health colleagues with a view to furthering the integration agenda. Our intentions fall under three principal areas:

(a) Implementation of the Market Sustainability Plan (MSP).

We are currently in consultation with the market over the final version, which will be published shortly.

The MSP seeks, in line with government guidelines, to establish a high quality and sustainable care market for the long term. This includes strategies for managing financial restrictions, workforce development and quality improvement. The main mechanism for doing this will be the implementation of our commissioning transformation programme - "Re-Imagining Care."

(b) Re-Imagining Care. Following an extensive consultation and design period we will, this year, begin to implement our vision for transforming care in Walsall. The programme will focus on new commissioning models that improve independence and wellbeing outcomes for all our service users.

In addition, we will be reviewing our approach to complex care and whole life service – moving away from bed based, more restrictive provision will be a further outcome from this work.

The programme contains workstreams focussing on:

- reviews of our community-based services,
- needs analysis,
- design of procurement models, and
- a change in monitoring for community providers.

The most important output of this work will be a new single contractual framework, which will unify outcomes for the whole market to ensure that all providers are working to improve independence and wellbeing for our residents.

(c) New forms and functions to Commissioning, Procurement and Contract Management (CPCM).

The Council is looking at maximising its quality assurance, fully utilising knowledge, expertise and resource by centralising all Commissioning, Procurement and Contract Management teams that are currently providing these services throughout the organisation (in each directorate).

The Commissioning function will also be looking at new ways of working collaboratively - ASC and NHS - to create a whole system place-based commissioning environment, optimising the limited health and care resources as well as providing a single point of contact model / experience for Walsall residents.

Further developments and challenges identified: - Responding to the new CQC ASC inspection regime

- Demand management across health and care.

3.2 Children's Services

SEND. The Children and Families Act places a legal duty on Local Authorities and ICS to secure services to meet the provision set out in individual EHC Plans. This means that ICS and the Local Authority will work together to ensure the full integration of special educational needs and disabilities (SEND) provision across education, health and care and strengthen the principles of joint planning and commissioning of services as set out in the Children and Families Act 2014

Ofsted inspection in February 2019 judged our Local Area and SEN services as having 12 significant areas of weakness in the local area's practice. This resulted in a Written Statement of Action for which the LA and CCG hold joint responsibility. A revisit inspection took place from 20-22 June 2022, which identified progress and improvements for children with SEND. 2 out of the 12 priority areas which were judged as "not have made sufficient progress to improve this area of weakness"

- The poor quality of the local offer, which does not meet the requirements of the code of practice
- Weak arrangements for joint commissioning, which do not consider information about the local area well enough

Family Hubs. The Department for Education and the Department for Health and Social Care announced that Walsall was going to be one of 75 LA's eligible to be part of the next wave of Family Hub programmes commencing 1st April

A family hub is a system-wide model of providing high-quality, joined-up, whole-family support services. Hubs deliver these services from conception, through a child's early years until they reach the age of 19 (or 25 for young people with special educational needs and disabilities).

Family hubs aim to make a positive difference to parents, carers and their children by providing a mix of physical and virtual spaces, as well as outreach, where families can easily access non-judgmental support for the challenges they may be facing. Family Hubs will provide a universal 'front door' to families, offering a 'one-stop shop' of family support services across their social care, education, mental health and physical health needs, with a comprehensive Start for Life offer for parents and babies at its core.

Effective service design and commissioning is crucial for better outcomes for infants, children and families – particularly in the context of budget pressures. Designing effective family hubs is about responding to what children and families say they need; and building on best practice while addressing the gaps and who is being missed.

We will be developing a joint commissioning plan between the local authority and partners such as health commissioners for the services accessed through the family hub network.

Adolescents with complex needs. There is an increase demand of young people with complex needs who are being admitted on Ward 21 or in high costs placements that could be more safely supported at home with better outcomes through developing the right support at the right time.

Through Joint commissioning arrangements we will be planning to develop an effective community (integrated) service(s) that will assess and meet young people with complex needs safely and effectively in their own home, reducing the need for crisis high cost placements.

Family Safeguarding. In Walsall we received an investment - through the Department of Education's 'Strengthening Families Protecting Children programme' - to develop an evidence based model in protecting children.

The model, originally developed in Hertfordshire, will implement multi-disciplinary teams across our 4 localities with children's social workers, probation officers, adult

recovery workers and mental health practitioners working together to resolve the main family challenges that have been identified can cause harm to children's health and development.

We are now working, through joint commissioning arrangements, to ensure the model will sustain the integrated partnership resources beyond the investment of the programme.

Future Arrangements

Walsall Council is establishing the Commissioning, Procurement & Contract Management element of the Council's Hub model, which will in the future centrally manage/support the full commissioning cycle from a whole of life perspective.

3.3 Public Health

It is acknowledged that there are notable differences in service needs, expectations and demand between pre- and post-Covid, Further to the restructure that went live 01 March 2022, Public Health have been working with partners on reviewing all services and programmes to ensure that services and programmes remain fit for purpose and are addressing Public Health outcomes.

Areas of focus:

1. Children & Young People

- Emotional health and wellbeing support in schools: Continuing to raise awareness through a series of workshops and publicise self-harm support/services in Walsall for easy access .
- 0-19 contract: working with our NHS partners to gain agreement and embed variations in the contract, which will result in a Section 75 agreement in place
- Developing a smoking in pregnancy integrated model (with PH and NHS funded components)
- Children & Families Healthy Eating: Commissioning a new child healthy eating plan

2. Health Improvement

- Implement new Tobacco Control Strategy (including agree key actions of Trading Standards and Environmental Health)
- Implementation/Mobilisation of Smoking Cessation Contract
- Developing NHS Health Checks Franchise model
- Implementation of plan for initialising Wellbeing service

3. Health Protection

- Embedding new ways of working for community IPC
- Use of community champions to drive flu vaccination and screening uptake in the South and West of the Borough

- Increase TB screening in specific population groups - under-served populations including refugee and migrant communities
 - Ongoing review and updates based on publication of new guidance, feedback from Care home users relating to infection prevention and control mobile app
4. Healthcare
- By taking a whole system approach, PH will work with partners (health and non-health specific) to achieve the recommendations contained within Walsall's sexual and reproductive health strategy
 - The approach will also focus on improving sexual and reproductive health and wellbeing for our most vulnerable communities and those where sexual health inequalities are greatest through strengthening conversations and reducing stigma in respect of sexual health and HIV.
 - Reviewing the Oral Health programme, ensuring the most vulnerable have access, in particular Year 4-6 and Walsall's elderly population
 - Within 12 months of the updated HSC Act being passed, the Secretary of State must lay before Parliament a report setting out a programme for the fluoridation of water supplies in England with a timetable for each proposed scheme. PH are awaiting publication of this to identify risk to the Council and future tasks/resources required
5. Inequalities
- PH are focusing on the delivery of the OHID SSMTR Grant as 2023/24 is the 2nd year of the 3-year national programme to improve local drug and alcohol treatment and recovery systems
6. Mental Wellbeing (see Annual Report)

The above is not a complete list, but main examples of the Public Health 2023/24 focus for continuing to reduce inequalities

Tony Meadows

Walsall Council Interim Director, Commissioning

Health and Wellbeing Board

21 March 2023

2022-23 Health & Wellbeing Board Annual Report on Priorities

For Information

1. Purpose

A Health & Wellbeing Board Annual Report reviews members' achievements and confirms priorities for the ensuing year. The 3 priorities¹ in the Joint Local Health & Wellbeing Strategy (JLHWBS) 2022-25 will be the focus for the life of the strategy, for the Chair to publish on the delivery of the outcomes identified against those priorities.

2. Recommendations

- 2.1 That the Annual report on the delivery of the Health and Wellbeing Board priorities be noted.
- 2.2 That the Health and Wellbeing Board partner organisations provide a 6-month update for discussion at an informal workshop, arranged for that purpose, to provide assurance that the priorities of the Board are being delivered.
- 2.3 That formal reports on specific issues be subsequently submitted to the Board, should this be required.

3. Report detail

- 3.1 The priority outcomes in the JLHWBS 2022-25 are set out separately in different documents and monitored accordingly by the relevant member-organisation and provides a governance diagram, which shows reporting into the HWBB by the various agencies/forums.
- 3.2 As the JLHWBS 2022-25 was signed off in July 2022 it has been agreed that, for 2022/23, Board members will submit a progress report for 2022/23 for information and assurance responding to:

¹ Children & Young People, Digital Approach, Mental Wellbeing

• How the priorities have been approached this year
• Any challenges identified / support required
• Any partnership developments
• Plans for 2023/24

Members were sent the four-part questionnaire for completion relating to their approach to the three agreed priorities as per the [Walsall Joint Local Health & Wellbeing Strategy 2022-25](#), which was signed off in July 2022.

Members' individual updates are in the appendix document.

- 3.2 Walsall's Joint Local Health & Wellbeing Strategy (JLHWS) for 2022-25 maps out the priorities identified by Walsall's Health & Wellbeing Board members for the next three years. The outcomes are focused on levelling up on social and quality of life issues - such as mental wellbeing, uneven life-expectancy, excessive elective surgery waiting time, fighting gang crime, encourage healthier lives, and creating a safer environment – which are within each member organisation's plans.
- 3.3 Each member of the Health & Wellbeing Board is obligated to update the Board to provide assurance that the priorities of the Board are being delivered.
- 3.4 The 2022-23 Health & Wellbeing Board Annual Report on Priorities is the first report on the 2022-25 Priorities, as per the JLHWS.

Examples of how members have approached the priorities this year:

- ❖ One Walsall worked with Health, helping to distribute laptops from the ICS scheme to those in digital poverty. [Digital Approach]
- ❖ Fire Service delivered a fixed term course Fire Cadet unit providing opportunities and accreditation based at Aldridge Fire Station. [CYP]
- ❖ This year to combat loneliness and isolation WHG Kindness Champions have used random acts of kindness as a currency to connect with people and begin the cycle of behaviour change. [Mental Wellbeing]

Examples of Challenges identified during 2022-23

- ❖ The most significant challenge the FE sector is facing is the growing demand of young people whose mental health is preventing them from thriving in our education settings and the lack of funding to sufficiently resource for this. [Mental Wellbeing]
- ❖ Availability of technology and its use in health and social care provision. [Digital Approach]
- ❖ Partners required for Healthy Child programme team [CYP]

Examples of Partnerships and developments identified

- ❖ Healthwatch Walsall worked closely with the Walsall Multi-Agency Suicide Prevention Group re Male Suicide [Mental Wellbeing]
- ❖ Public Health, Healthcare have partnered with the ICB to facilitate immunisation in children and young people and adults as well [CYP]
- ❖ Walsall College have worked with The Good Things Foundation to increase our outreach to the community for digital upskilling [Digital Approach]

Examples of Plans for 2023/2024

- ❖ Walsall Healthcare NHS Trust - There is an opportunity to improve the alignment of digital strategies across the different partners and partnerships. Digital Approach]
- ❖ Housing Sector - Children and young people are prioritised within Aim 3 of The H Factor strategy with a focus upon reducing the impact of poverty. This includes food, fuel, child, digital and poverty of experience. [CYP]
- ❖ Public Health, Mental Wellbeing - Delivery of Wellbeing Grants and wellbeing programmes – including for men, neurodiverse communities, and the general population etc. [Mental Wellbeing]

4. Implications for Joint Working arrangements:

There are no joint financial, legal or other resource implications.

Appendix

H&WB 2022-23 Annual Priorities Report

Background papers

[JSNA - Walsall Insight \(walsallintelligence.org.uk\)](https://walsallintelligence.org.uk)

[Walsall Joint Local Health & Wellbeing Strategy 2022-25](#)

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Health & Wellbeing
Board

2022/23 Annual Report

March 2023

Message from the Chair of the Health & Wellbeing Board

Welcome to the 2022/23 Health & Wellbeing Board Report.

This Report is the first update on the delivery of the three priorities agreed in the [Walsall Joint Local Health & Wellbeing Strategy 2022-25](#):

- (i) Mental Health and Wellbeing
- (ii) Children and Young People
- (iii) Digital Footprint / Approach

Our Board membership covers all aspects of service and, therefore, will have their own specific approach to these priorities; but all are united that the focus is on reducing inequalities and make the most of potential.

Each member has submitted an update covering four points:

- How the priorities have been approached this year
- What challenges have been identified
- What partnerships and developments have been identified
- Plans for 2023/2024



Members' Update 2022/23

**How
members
have
approached
the priorities
this year**



Integrated Care Board

The Walsall Together programme launched in 2016, has brought together the providers and commissioners across Walsall to deliver three key aims:

- Improving health and wellbeing outcomes for the Walsall population.
- Improving care and quality standards in the provision of care.
- Meeting the statutory financial duties of all partner organisations.

A tiered Operating Model has been co-developed with an increased level of focus on services outside of the acute setting, to move the system towards a population management orientated model with a clear focus on prevention and early intervention.

Walsall Healthcare NHS Trust

Work has been undertaken within Walsall Together to ensure the priority areas have sufficient focus and aligned governance for assurance/oversight e.g.:

- Alignment of mental wellbeing strategy and community mental health transformation, retaining clear accountability to the Health & Wellbeing Board for mental wellbeing
- Establishment of Family Hubs programme within the governance of the WT transformation programme; membership at the Children & Young People Strategic Alliance

Continued support to the implementation of an Integrated Shared Care Record across the Black Country

One Walsall

Children & Young People

During the year, the Voluntary and Community sector has had significant involvement in the delivery of holiday activity and food schemes (HAF)

The sector has played and continues to play an active role in the work to develop the Family Hubs programme.

Mental wellbeing

The sector has been involved in scoping out a pathway to support mental health and wellbeing. The sector has also been involved in research on green social prescribing, which has a mental health component.

Digital approach

One Walsall worked with Health, helping to distribute laptops from the ICS scheme to those in digital poverty.

VCSE organisations are involved in the implementation of the Walsall Connected programme.

The aims are to level up on social and quality of life issues and outlines the intention to invest in the Mental and Physical Wellbeing of residents.

[ICB]

West Midlands Fire Service

Children and Young People:

WMFS will continue to provide interventions for referred children and young people who set fires, accepting and assessing referrals from partner agencies.

Sparks education sessions for Year 4 children will be available to Primary Schools across the Borough delivered by operational crews locally.

Schools have access to booking visits to our Safe side Education Centre subject to admission costs.

Directed delivery into Secondary schools for Year 8 and Year 10 safety sessions themed around Arson and Your Choice on the Road.

A fixed term course Fire Cadet unit providing opportunities and accreditation based at Aldridge Fire Station.

Mental wellbeing:

Safe and Well Pathways – We continue to explore pathways with agencies/organisations that can give us access to those with mental health issues; and those who are over 60.

Housing Sector

Mental wellbeing: WHG have continued to deliver the H Factor Strategy (Health Hope Happiness). Our USP is the employment of people with lived experience to work within their own communities as Champions. This year to combat loneliness and isolation WHG Kindness Champions have used random acts of kindness as a currency to connect with people and begin the cycle of behaviour change. Champions have used their day to day connections, incentives and hooks, coaching support, and opportunities to try new things to engage disadvantaged people who are lonely or isolated. To date Kindness Champions have coordinated 3,000 random acts of kindness, hosted 5 Kindness pop up shops, coordinated an on line initiative (Kindness Rocks) distributed Kindness Bags containing essential food and toiletries and provided digital equipment and training to enable people to access e health services allowing them to self-care. Over 90% of participants mental wellbeing scores have improved (WEMWBS)

West Midlands Police

Children and Young People:

Walsall Police have installed 4 new established posts for Schools and Intervention Officers, assigned to each of the 20 secondary schools in the Borough. The role of the SIP Officer is to work in partnership with key stakeholders within their locality to operationalise co-ordinated early intervention and embed our trauma informed policing as part of a holistic and structured intervention plan for children and young people. Interventions will be data led and can be on an individual level (where the most appropriate agency can also lead on the completion of an *Early Help Assessment*) or as a group intervention and/or prevention session. The completion of an Early Help Assessment supports a collaborative approach with a young person for a more formal arrangement, with measurable impact of intervention. Being part of a multi-agency team will enable the SIP to consider thresholds and pathways for involvement.

Responsibility for seasonal (or priority led) safety intervention inputs within schools, including Drugs, Criminal Exploitation, Personal Safety and Knife Crime; in line with Child Centred Policing and PHSE guidance packs.

Mental Wellbeing:

WMP representative at multi-agency meetings centred on vulnerable pupils, to share information and assist in *Early Help Assessments* /CASS and exploitation tool submissions and further interventions (Police & Schools Panels/Sharing Panels/SEND - special education needs disabilities).

Involvement in exclusion/managed move initial risk meetings to share appropriate information and intelligence linked to the safeguarding of the incoming and outgoing students into new settings.

Assist and Support schools with SEND plans and any risk/vulnerability management of students attending AP's.

“To reduce risk and to continue to make the West Midlands safer stronger and healthier.” WMFS

Mental health and wellbeing priorities this year have been achieved partly through the delivery of the 1 year Better Mental Health (BMH) programme, which included the following projects:

- Walsall Community Bereavement Support, which was extended and is currently under tender evaluation for a new 3-year contract.
- Community Counselling which on completion was tendered for an additional 3 years and is now in contract with Mustard Seed
- Mental Health and Wellbeing Training for Leaders and Supervisors was delivered, and a new suicide prevention and mental wellbeing training contract has been tendered and is currently at award stage.
- 'Thrive' Wellbeing Mobile Unit was successfully delivered and was extended for an additional year. A new 2-year contract is currently at the tender evaluation stage.

<https://go.walsall.gov.uk/health-and-social-care/health-and-wellbeing/get-support-your-wellbeing>

- The 'No Wrong Door' network developed through the BMH funding has been integrated into the Community mental health service contract delivered by Rethink.

Small grant funded projects delivered: Invention - Friends Together, Mind Kind Community Garden, Young Peoples Project, and Men's Project, Mental Wellbeing Walsall Women's Project, Walsall Carers (Young Carers, Women's Empowering and Male Carers), Women Outreach - Let's Get Moving, Walsall Creative Factory Peer Buddying Wellbeing

Walsall Mental Health Service information hub has been updated and discussions are afoot about linking this information hub with a few directories within the Black Country Healthcare NHS Foundation Trust, Young People's Positive Outcomes Project and the developing Walsall Together Wellbeing directory and framework.

<https://www.rethink.org/media/6008/information-hub-2023.pdf>

Young People: The Positive Outcomes Project (POP), which has been co-produced and designed by and for young adults aged 16-25 in Walsall, was launched in October 2022. The service mentors' young adults through challenges, to develop coping mechanisms, employability skills, cooking skills and signpost to specialist help. POP also hosts an online directory for young people on a range of topics.

<https://popwalsall.co.uk/>

All public mental health and wellbeing commissioned services encourage the uptake of 8 Steps to Wellbeing plans.

A range of other multiagency partners have also committed to delivering these wellbeing plans. <https://go.walsall.gov.uk/health-and-social-care/health-and-wellbeing/get-support-your-wellbeing>

Community mental wellbeing events have been successfully delivered throughout February to improve mental wellbeing through access to information and support. These events took place at different venues, Manor Farm Community Association, Walsall Arena & Arts Centre, and Willenhall CHART Centre. There was also a heart health event held at Saddlers centre where mental wellbeing awareness was raised,

Walsall College Response

Mental wellbeing

Like much of the FE Sector across the country, Walsall College has seen a significant increase in the number of our students who are presenting with significant mental health challenges. *As part of our Personal Development programme, we have increased the focus on Health and Wellbeing.* This ensures targeted and protected time within the curriculum to deliver sessions, activities, and events to support the promotion of positive mental health and resilience. The College has a range of staff who support this including Pastoral Support Officers, Specialist Mentors, Counsellors, and Personal Development Tutors who are at the front line delivering the support to students.

Digital Approach

One of our keys 7 Pledges is our commitment to improving digital access and inclusion for our students and the wider community. All curriculum areas are required to outline their intent to embed digital skills development, this includes replicating the most up to date digital technologies across all sectors. Our Essential Skills and Community Learning provision has an extensive digital offer to support and upskill those who have low level digital literacy skills. This includes delivery of 'introduction' courses in various community locations to residents as well as Essential Digital Skills Qualifications being delivered at our Wise more and Hawbush Campuses. The programmes include the use of various devices, online safety and how digital skills can improve independence and inclusion.

The Children and Young People Strategic Alliance recognises that “**today's children are upstream adults**” and is driven through a “**Children First**” vision to create a collaborative space critical to developing new ways of thinking and new ways of working driven by the voice of children, young people, and their families.

Partners as part of the Alliance have signed up to working to one moral purpose:

“To regularly consider how the lived experience of children and young people in Walsall can be improved.”

There have been key pieces of engagement work undertaken with children and young people growing up in Walsall providing the Alliance with valuable and rich qualitative information to understand children's lived experience and the things Walsall Alliance need to consider in ensuring all children in Walsall can be happy, healthy, safe, and learning well. The key pieces of work were:

- ✓ An ethnographic Study on 'growing up in Walsall' – commissioned by Public Health - November 2020
- ✓ Big Conversation – Summer Daily Conversations programme – undertaking by Children's Services during Summer 2021.
- ✓ The Big Ask/ The Big Answer undertaken by the children commissioner for England – September 2021
- ✓ We are Walsall 2040 – 2022
- ✓ Regular inviting children and young people stories to the Board

The focus of the Healthy Child Programme in 2022/23 has been to ensure that the Healthy Child Programme mandated visits can continue in those children who are identified as targeted or specialist and that the service can ensure that all children can be seen at their new birth visit. An increased skill mix model and grow your own Health Visiting team is being built.

Dad pad work being taken forward to ensure fathers are better supported building on work already in place through CSC Vulnerable Parent team and WHT HCP team.

Food for life healthy eating programme in 51 primary schools and 34 early years settings has been extended for another year while a population healthy eating programme is developed.

Supporting the Mental Health of young people is a growing issue. A partnership led by Walsall Intelligence Group is taking forward a Children and Young people emotional health and wellbeing needs assessment which will feed into a Walsall strategy. This is supported by the Walsall CYP Emotional Health and Wellbeing Partnership Strategy group.

Performance in Education working in all Walsall secondary schools to reach year 8s and 9s around drug and alcohol education.

Beat the Streets interactive game coming to Walsall promoting community activity in the South and West of Walsall

Mental wellbeing

Young Person Transition; In collaboration with Healthwatch Dudley, Sandwell and Wolverhampton a joint piece of work was undertaken around the experiences of young people in transition between young person’s mental health services and adult mental health services. Focus groups held with up to 10 attendees at each group. 10 individual interviews were undertaken from each Healthwatch area. Online surveys advertised widely.

Male Suicide; In April 2022 work commenced around male suicide with the scope of raising the attention of men in the 35 – 55 year age range from within the East 2 Primary Care Network area to the risks and issues of male suicide. The work was in the form of a campaign to raise awareness and inform people about the support and help that is available. Final poster developed and distributed to many businesses in Walsall. Poster very well received from businesses with commitment given to displaying these in prominent and well used areas within their working environment.

World Mental Health Day 10 October 2022; Young person focus group held on World Mental Health Day to hear of challenges being faced. Report from session distributed to partners.

Digital approach: Following on from work carried out previously, which involved access to primary care and digital exclusion undertaken by Engaging Communities Solutions across their network of Healthwatch contracts, we will continue to undertake our statutory duties by a hybrid approach. From November 2022 Healthwatch Walsall mobilised the National Adult Social Care Survey, which is being carried out by digital and face to face engagement. Digital engagement sessions recommenced in February 2023 to learn about issues being faced on a variety of topics. (First Friday Focus).

Children and young people: Youth Engagement Officer recruited with a brief to recruit 10 young volunteers to obtain intelligence from young people within the Borough about health and social care services. We worked with young people and discussed what could be done to make services better for them. They concluded that communication barriers are what caused a lot of the issues they had faced.

With a young person’s perspective, a communications survey was put together, the questions in this survey have been designed by young people for young people.

We will use this survey to show how professionals could be communicating better with young people and each other regarding a young person’s health and well-being. Some young volunteers have liaised with their schools and Head of Year, and they have agreed to let the volunteers have some time to engage with the students to do some research within the schools using our survey.

Our plan is to use the data from recent projects to highlight what services can do to make themselves more accessible to young people. We hope to create a better awareness around services available so young people can understand the options that are available to them when they are unwell. We have had a positive increase in activity, we now engage with 47% more young people through social media compared to previously. Our volunteers are sharing the Youth Healthwatch message and telling their friends and family who Healthwatch are and what we are about.

Public Health – Health Improvement

Mental Wellbeing

- Walsall Together have agreed two Public Health led mandates to develop:
 - (1) Wellbeing Outcomes framework (WOF) - The project is mapping provision that supports positive wellbeing and developing a consistent set of wellbeing measures for Walsall.
 - (2) Social Prescribing – a task and finish group is streamlining social prescribing to ensure support across providers operates as a system rather than isolated interventions.
- One You Walsall has re-established its standard level of provision following the pandemic. 4153 referrals have been received between May and October 2022 (1576 in 2021). Average mental wellbeing score (measured through WHO-5 validated questionnaire) for those that completed targeted support increased from 51.3 at assessment, to 63.6 at 12 weeks and 67.0 at 26 weeks.
- Public Health successfully bid to conduct a joint research project with Public Health Intervention Responsive Studies Teams. This is exploring barriers and facilitators for increasing engagement with local employers, *shaping the offer for supporting employee physical health and mental wellbeing in Walsall.*

Digital Approach: Digital Stop Smoking App has been tendered and provider identified. The 12-month pilot will complement existing face-to-face support to enable choice to those residents that prefer digital based support.

Mental Wellbeing: A strategy for reducing inequalities in Walsall through systematic consideration in our policy and strategy development processes is being developed.

Health in all policies will be used as a tool to support this work, which has a focus on equity of outcomes for both physical and mental health/wellbeing.

Children and young people:

- The Alcohol and Drug strategy developed under the Combatting Alcohol & Drugs Misuse Partnership board includes work to strengthen and develop the dual diagnosis pathways as well as developing counselling capacity in treatment services. *Under the strategy there will be further strengthening of mental health referral pathways along with work to strengthen referral and engagement of young people and increase awareness of the harms and risks related to substance misuse.*

Alcohol and drug services have strengthened work with Walsall College and other Walsall schools/alternative education centres to support students and those in transition from young person to adult services through additional drop-in surgeries and raising awareness.

- The Positives Outcomes Project (POP) launched in October 2022 to deliver wellbeing support and mentoring to Young People (16-25) across Walsall. With an initial hub in Bloxwich, five more hubs are planned with the second having just opened at the Saddler Centre. These in-person sites are targeted to be local to the people who need them the most to provide accessible support.

Digital Approach:

The Wellbeing Outcomes Framework workstream includes the development of a directory of wellbeing services/assets, which will be made available digitally to residents.

Mental Wellbeing

Outbreak management in schools continues to be carried out through the PH on-call service Monday to Friday 0900-1700hrs. Bespoke IPC input given, and escalation done to partners accordingly, this way the children's schooling goes on and without interruption.

Assisted the Walsall TB team in TB screening in a secondary school in Walsall that had a potential outbreak in October 2023. Fortunately the tests all came back negative.

Working with Vaccination UK, we have met with the headteachers on ways to improve uptake of vaccinations in children at schools. This is especially done through getting into parent's meetings facilitated by head teachers as well to get consent to immunisations.

We have worked with our partners and taken a lead on the management of scabies outbreak in the asylum seekers in a hotel in Walsall. Bespoke IPC guidance given; IPC support visits were conducted by us assisted by ICB.

Considering monkeypox, the IPC team developed an IPC audit tool for the adult sex establishments. We have visited two MSM of these premises to support with their IPC. This was conducted in partnership with our Environmental health and sexual health colleagues.

Improving MMR uptake through pilot programme funded by the ICB. This work is underway to address Health inequalities in the Borough.

Improving vaccination uptake among pregnant mothers including teenage and pregnancy in Walsall through use of Flu fairies from October through to end of Feb 2023. Report will be shared shortly.

Digital Approach:

IPC annual audit tool is currently being developed to be used in care homes, which will include children's care homes.

Digital Provision

Walsall's SRH services in the Borough were significantly impacted by the COVID-19 pandemic, including the Government's national and regional lockdowns and social and physical distancing measures. Walsall Public Health looked for innovative ways of working to ensure early diagnosis and treatment of sexually transmitted infections (STI's) continued. This offered the opportunity to modernise some approaches of delivery, including the offer of online consultations, and a wider online offer for STI testing and treatment.

In response to the Living with COVID-19 plan, Walsall's integrated sexual health service (WiSH) now offers a blended service of face-to-face and telephone triage appointments. They also commission the STI online/self-testing service for the Borough, hosted by PreventX.

The service allows residents who feel they may be at risk of an STI but have no symptoms, to order a STI and HIV postal testing kit, through an online ordering system. A safeguarding assessment is undertaken for those aged under 16 years. The test kit arrives in a plain envelope. and will contain everything a person needs to provide the required samples for testing. For some STI's, including Chlamydia, if the test is positive, treatment will be available via the postal service.

Public Health are continuing their work on developing a whole system approach to SRH in the Borough, this includes ensuring treatment services become more accessible, manage demand, ensure value for money and be resilient to emerging trends and outbreaks.

Residents can [order their testing kit online through the WiSH service](#)

Children and Young People

Sexual Health : Wellbeing -

- We commission Street Teams - provide support to Vulnerable Young People (risk of exploitation , LGBTQ concerns , radicalisation) identified through their attendance at Walsall Sexual Health service in Walsall.

Young People –

- Dedicated sexual health clinics, specific for young people, deliver advice and management for STIs and contraception choice , reducing stigma, discrimination
Offers bespoke support to U25s

Challenges identified during 2022-23



Integrated Care Board

The emerging needs identified from the latest JSNA [JSNA Walsall Insight (walsallintelligence.org.uk)] informed the approach which has been progressing, despite capacity challenges from providers in 'restoration and recovery' mode following the pandemic.

Increased demand on secondary care and patient flow have added additional pressure on resources and demand management.

Workforce continues to prove challenging with high vacancy rates across all providers in particular social care and care services.

One Walsall

A new lead has been appointed around volunteering in the family Hubs work. It would be useful to discuss how the sector can support this work going forward.

Public Health – Health Improvement

The start of the tendering process for the Wellbeing Service was put on hold whilst Public Health explored.

Other commissioning options complimentary to local ambitions for greater collaboration and local investment. Following a process to sort through different commissioning options and seek external legal advice, it has been concluded that a competitive procurement continues to be the best option for ensuring effective service provision and positive outcomes and best value.

Walsall College Response

The most significant challenge the FE sector is facing is the growing demand of young people whose mental health is preventing them from thriving in our education settings and the lack of funding to sufficiently resource for this. Both the volume and complexity of mental ill health challenges are significant putting pressure on not only teaching staff but wider wrap around support services such as Safeguarding and SEND. It is also a contributing factor to reduced attendance and increased behaviour and disciplinary interventions. Equal pressures on health and social care services compounds the challenges for our students and their families to access support externally. In some instances, in an attempt to ensure students who, have mental ill health continue to access provision, the learning experience of other students has become compromised. Therefore, the impact is wider than just for those who dealing with mental ill health.

Children's and Customer

Listening to the voices of children and young people the Alliance considered what the issues were that ONLY this group could resolve in the best interest of children and young people living in Walsall? As a result, the Alliance selected two key areas of focus:

First 1001 days – recognising that investing in system wide change which supports children to have the best start in life will lay the foundations to

- Improve the mental and physical health of the next generation.
- Reduce risky and anti-social behaviour and the cost they bring.
- Build skilled workforce to support a thriving community and create a compassionate society

Exclusions – in selecting this priority the Alliance recognised that:

It's not OK to fail Children.

Exclusions is a system failing a child – collective responsibility.

Therefore, we need to find system solutions

The Alliance defined exclusions as the act of leaving someone out or the act of being left out and have an ambition of influencing a system change that focus' on increased sense of **'belonging'**.

West Midlands Police

Across the areas of Community Safety within Walsall borough, it is my ambition to encourage a greater participation from our Mental Health colleagues in respect of the work around the Safer Walsall Partnership, the Safeguarding Partnerships, the CONTEST Strategy and so on. Mental Health is a regular feature within the lives of vulnerable victims and offenders is incredibly prevalent and seems to continue to be a rising tide.

West Midlands Fire Service

We would like to work closer with Walsall Housing Group and explore better pathways that we can develop with them.

Housing Sector

Kindness Counts was a Proof of Concept funded by a small grant from NHS Charities and Walsall Together. The programme was designed to respond to the research completed within the pandemic that highlighted the 3.3 million people who identified as lonely or isolated. We know that being lonely or isolated has a negative impact upon health and wellbeing which then has a social and economic impact. Within whg we know at least a third of our older customers are lonely and isolated, and that many of our younger customers are struggling with their mental health those who live alone and have moved into their first home. Within the POC we demonstrated the impact of the Kindness Counts programme and have been awarded a small amount of money to deliver the programme for a further 12 months. We have proved the Champion model works reaching those others may describe as hard to reach and with a larger longer term investment we could employ additional Kindness Champions therefore reaching many more people, reducing the impact on primary and acute services and reducing the need for MH services .

Healthwatch Walsall

Mental wellbeing

Challenges faced were around liaising with young people regarding their transition from young person to adult services.

More support from partner organisations would have been welcomed to obtain greater feedback.

Digital approach

Reaching digitally excluded citizens in the Borough.

Availability of technology and its use in health and social care provision.

Children and young people

Availability and consistency of young people.

To support the above, need to consider incentivising young people to a long-term commitment.

Local Authority support would be welcomed.

Partnership support to sharing information (e.g., access to groups)

Public Health – Mental Wellbeing

Limited staffing capacity to deliver/support mental wellbeing strategy implementation within the public health team. Addition staffing would be helpful (apprentices in the first instance)

Public Health – Children and Young People

Wide partnership engagement required (planning, Chamber of Commerce, businesses and statutory organisations) around supporting healthy eating in children and families.

Partners required for Healthy Child programme team recognising that if a universal family, health visitors will only see a child for 3 hours max in 3 years so other partners may see children more frequently and in a better situation to identify need.

Young people mental health can be raised by youth groups, physical activity as well as focussed work. To increase provision around these.

Public Health – Health Improvement

The start of the tendering process for the Wellbeing

Service was put on hold whilst Public Health explored.

other commissioning options complimentary to local ambitions for greater collaboration and local investment. Following a process to sort through different commissioning options and seek external legal advice, it has been concluded that a competitive procurement continues to be the best option for ensuring effective service provision and positive outcomes and best value.

Public Health – Health Protection

Following ICB survey most care homes are not digitally up to scratch and therefore embedding the Digital approach to IPC annual audits may pose a challenge.

We anticipate challenges in engagement with COVID 19 vaccination uptake following the new criteria for spring boosters that has select few eligible groups. Engagement with the traveller community has been a challenge in the past year whilst we have conducted visit to aim at improving childhood immunisations.

Public Health – Health Care

SRH Digital Provision

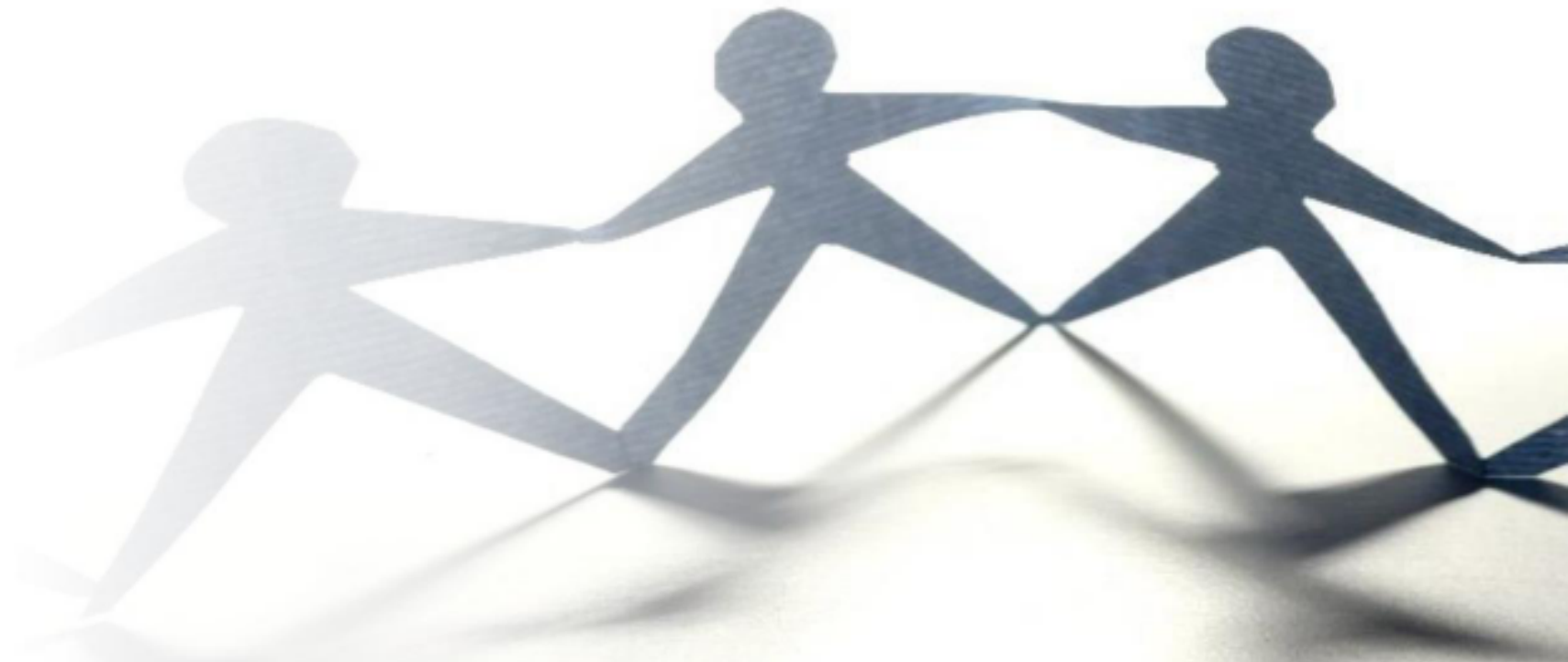
Over the last year costs for this service have significantly increased. This is due to the increases in postage, new health and safety requirements (COSHH), and increased reagent, laboratory and consumables costs.

Public Health - Inequalities

The start of the tendering process for the Wellbeing Service was put on hold whilst Public Health explored other commissioning options complimentary to local ambitions for greater collaboration and local investment. Following a process to sort through different commissioning options and seek external legal advice, it has been concluded that a competitive procurement continues to be the best option for ensuring effective service provision and positive outcomes and best value.



Partnerships and developments identified



Integrated Care Board

- Walsall Together Partnership is mature and is moving towards more partnership integration with place governance and partnership working, emerged from the BCF alliance.
- The Resilient Communities element of the Operating Model is a fundamental change in the way a population's health and wellbeing is supported and managed, with the largest volume of care and support provided in the community by Place Based Teams co-located to ensure integrated and joined-up delivery of care.

Walsall Healthcare NHS Trust

- Following the Health & Care Act (2022) and the creation of ICBs in July 2022, a new governance model for Walsall place has been developed. There is an intention within this model to strengthen the role of the HWB in overseeing the delivery of the Walsall Together partnership, in respect of improving the health and wellbeing outcomes for the citizens of Walsall. Discussions with the HWB have started and will need to continue into 2023/24. [Page 67 of 175](#)

Healthwatch Walsall

- Young Person Transition - Walsall College, Walsall Community Mental Health Partnership and local schools via sixth forms.
- Male Suicide - Worked closely with the Walsall Multi-Agency Suicide Prevention Group.
 - Linked into partner meetings and provided feedback and intelligence.
 - Report shared with partners and disseminated through networks.
 - Suicide Information Poster produced as a result of this work was disseminated widely and sent to Walsall Place ICB which was subsequently forwarded to the hotels housing asylum seekers.

•Digital approach

- Continue to work across the Healthwatch Network to understand comparators with neighbouring Boroughs.
- First Friday Focus platform offered to partners to reach members of the public to provide updates, share information and obtain intelligence.

•Children and young people

- Working with Children & Young People Group.
- Working with Schools.
- Working with Juniper Training

One Walsall

- There are some good opportunities to take forward around volunteering - One Walsall has been instrumental in raising the issue at the Walsall Together level.
- One Walsall has established a homelessness forum, which is a vehicle for both voluntary & community sector organisations and stakeholders to consider pieces of work like the Borough's Homelessness strategy.
- One Walsall is exploring opportunities to host a series of events. In March an International Women's Day event is being held to celebrate the work across the sector and involving a diverse and inclusive group of members & stakeholders.

West Midlands Fire Service

- We have worked closely with WMP through the Safer Walsall Partnership Board, and on specific operations.
- These have led to specific focus in impact areas including St Matthews and Willenhall South.

West Midlands Police

- With the Safer Walsall Partnership, which I chair, we are working on:
- The 10-year Alcohol and Drugs Strategy (along with Public Health and other colleagues).
- The introduction of a Serious Violence Strategy.
- A continued multi-agency approach under Operation ARGONITE to try to reduce violence and vulnerability within the Walsall Night-time Economy.
- Keeping people safer through the introduction of the Protect Duty (aka 'Martyn's Law');
- A review of the pertinent and recent Domestic Homicide Reviews to look for cross-cutting themes and opportunities for learning and improvement.
- The extension of the capabilities within the multi-agency Exploitation and Vulnerability Hub, including a new pro-active local police team focussing upon Serious Organised Crime and Exploitation.

Public Health – Health Improvement

- Walsall Together led Task and finish groups developed for both social prescribing and wellbeing outcomes framework projects. Wide range of partners including public sector and community and voluntary sector organisations.
- Partnership with University of Hertfordshire to deliver workplace health and wellbeing research. Advisory group has also been developed to shape the research and interpret (alongside other stakeholder workshops) and disseminate the findings.

Public Health – Health Care

- We have partnered with the ICB to facilitate immunisation in children and young people and adults as well.
- We have partnered with schools' partners in the council and children and young people to address outbreaks, IPC measures and guidance in the schools.
- We have partnered with quality and compliance teams to conduct IPC and quality visits to care homes as well as escalation to quality and compliance to address any concerns.
- We equally have worked with safeguarding teams to make referrals of safeguarding concerns in care home residents including the children's homes.

Housing Sector

- WHG do not work in isolation we know in order to reduce health inequalities we have to work in partnership. Key to our partnership work is employing residents with lived experience. Their experiences are embedded in the programme design and programme delivery. Lived experience is the building block of our approach. We have also worked extensively with colleagues within Walsall Council (Public Health , Resilient Communities) Partner organisations within Walsall Together and CVS organisations and Birmingham University who have delivered Peer Research Training to our Champions . We see partnership work as critical to the delivery of effective impactful services.

Walsall College Response

- Walsall College is working with Walsall Council's Wellbeing team. We are in the early stages of a partnership but have already committed to using some of the resources such as the wellbeing assessment and the Suicide Prevention training for staff. The college is also training several senior managers in advanced mental health training to become Senior Mental Health Leaders. We work in partnership with a few external organisations to refer students where more specialist support is required. We have also consulted with Youth Employment UK following their All-Party Parliamentary Group for Youth Employment report on The Impact of Mental Ill Health on Young People Accessing the Labour Market and Quality Work.
- We have worked with The Good Things Foundation to increase our outreach to the community for digital upskilling. The project aims to promote awareness and access points to residents who are digitally isolated and refer them to one of our community-based programmes. Further to this, the college is represented on the West Midlands Digital Inclusion Alliance which is supported by the West Midlands Combined Authority.

Children's and Customer

- The Alliance is currently developing its Walsall Children and Young people Strategy 2023 – 2040 based on following principles:
 - Children First - driven by our understanding of current lived experience and our ambition for children in the future.
 - Long term system change – aligned to our We are Walsall 2040 vision.
 - Use of our organisational and partnership levers
 - Widening our influence to include private sector and communities.

Public Health – Children and Young People

- CSC have been successful in gaining Family Hub funding for 2 years. This partnership and activity will be valuable in supporting the 5 key areas – infant feeding, parent/child relationships, child development, parenting support, perinatal mental health support, early language support.

Public Health – Mental Wellbeing

- Partners delivering the BMH Fund projects.
- Thrive Mobile Unit- Bloxwich Community Partnership, Manor Farm Community Association, Citizens Advice, Sandwell and Walsall and Walsall Community Transport
- Multiagency partnership development of the multiagency mental wellbeing Steering Group between; Public Health, Black Country mental health foundation trust and Walsall Together,
- No Wrong door partnership led by rethink 33 organisations.
- Mental Concordat Action plan developed through consultation and engagement of multiagency partners committed to delivery of action to improve mental wellbeing. The concordat is currently at submission stage subject to approval.
- Men's wellbeing development steering group
- Walsall College programme of work regarding mental health and wellbeing

Public Health – Health Protection

- We have partnered with the ICB to facilitate immunization in children and young people and adults as well.
- We have partnered with schools' partners in the council and children and young people to address outbreaks, IPC measures and guidance in the schools.
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Public Health – Inequalities

- Walsall Together led Task and finish groups developed for both social prescribing and wellbeing outcomes framework projects. Wide range of partners including public sector and community and voluntary sector organisations.
- Partnership with University of Hertfordshire to deliver workplace health and wellbeing research. Advisory group has also been developed to shape the research and interpret (alongside other stakeholder workshops) and disseminate the findings.
- The Walsall Combatting Alcohol & Drug Misuse Partnership has been developed to deliver on the new national drug strategy and strengthen coordination of the alcohol treatment and support services in the area also. Members of the partnership are also widely engaged across other partnerships such as weekly partnership meetings between our local treatment service and Youth Justice Services.



Plans for 2023/2024



Walsall Healthcare NHS Trust

The HWB priorities have been incorporated into the prioritisation framework for the Walsall Together Partnership transformation programme.

Outcomes associated with all 3 areas will be monitored by the partnership and reported through to the HWB.

There is an opportunity to improve the alignment of digital strategies across the different partners and partnerships.

Housing Sector

- Children and young people are prioritised within Aim 3 of The H Factor strategy with a focus upon reducing the impact of poverty. This includes food, fuel, child, digital and poverty of experience.
- Extending the Champion model focussing upon children impacted by Asthma. Champions are interacting with children and families who are hospitalised due to Asthma attacks. Using our A.C.E Programme (Assisting Children to Excel) we are receiving referrals directly from the hospital and are reaching out to parents to evaluate their take up of support services, identify any environmental factors and offer support to purchase essential items such as warm winter coats and shoes. The work is being delivered as part of the Asthma clinical pathway.
- Piloting a young person's Social Prescribing programme. Currently a proof of concept with whg and the CVS(MindKind) we are supporting a small group of young men who have poor mental health , are NEET, maybe known to probation, are care leavers and are now living in their first home . The pilot programme 'Men-Kind' will be evaluated this year and we will then seek funding to upscale and increase the numbers of young people we can work with in the future. We have already discovered this is 'slow' careful work that has to be delivered on young people's terms and in a way that resonates with their stage of life.

<p>Integrated Care Board</p>	<p>‘A healthy population’, ‘Accessible coordinated and responsive care’ and ‘Strong, active communities’ have been identified as key enablers to support priorities in 2023/24. This demonstrates the shift to a more holistic approach to health and care provision, focused on addressing the wider determinants of health, designing appropriate responses, and building community resilience. This framework being developed, and the associated metrics used to measure performance will focus commissioners and system leaders on delivering improved outcomes for citizens and the population health, rather than units of activity delivered by local services.</p>
<p>West Midlands Police</p>	<p>The high-profile Murder of Bailey Atkinson in Walsall Town Centre a month ago has 13 people arrested and 9 charged + remanded in custody. Of the 9 charged, the average age is 16 yrs. In a meeting in April, I am going to be calling for the joint commissioning of an authored report in the timelines and issues around those younger people and will be seeking support as Chair of the Safer Walsall Partnership from the Health & Wellbeing Board, the Safeguarding Walsall Partnership, the Youth Justice Board, the local agencies, etc.</p> <p>2023 will see the launch of the Walsall Serious Violence Duty, a multi-agency Strategy delivered under the leadership of the safer Walsall Partnership. The issues of Serious Youth Violence, Knife Crime, Exploitation, Vulnerability, Violence Against Women & Girls, etc. are addressed within this.</p>
<p>Walsall College</p>	<ul style="list-style-type: none"> • Training and development for staff in various aspects of Mental Ill Health • Implementation of the use of My Wellbeing Plan for students • Continuous review of curriculum intent to ensure there is a commitment to focus on health and wellbeing. Quality processes will assess the implementation of the health and wellbeing strategy and make a judgement on impact. This will be further scrutinised by college leaders and governors. • Annual external validation of the quality of provision including Personal Development, Behaviour and Welfare

West Midlands Fire Service	<p>We will focus on Community Risk Reduction –</p> <ul style="list-style-type: none"> • Creating pathways, which give us access to those in the community who are vulnerable to Fire and other emergencies / Those who don't have smoke alarms • Drug and alcohol abuse • Live alone • Mental health issues • Care packages • Smokers • Live in rented accommodation
One Walsall	<ul style="list-style-type: none"> • Exploring opportunities around Equality, Diversity & Inclusion • Communication / Engagement: We are currently reviewing the One Walsall website, looking at opportunities to showcase impact achieved by the sector and promote the work of the sector through One Walsall's events, newsletter, and website. • One Walsall is working to develop a Youth forum for the Borough, to raise awareness of the views of young people in 203/24.
Children's and Customer	<p>The Alliance will be organising a Children and Young people Alliance summit on the 23rd of June 2023 to work with wider stakeholders to develop the 2023-2040 strategy and secure wider stakeholder commitment.</p>
Healthwatch Walsall	<p>Digital approach</p> <ul style="list-style-type: none"> • Review new approaches to make our campaigns more accessible. • Working on ways to encourage more people from diverse backgrounds to share their experiences through our web form. <p>Children and young people</p> <ul style="list-style-type: none"> • Youth Engagement Officer post extended for a further 12 months. • Will continue to liaise with young people throughout the Borough to seek intelligence about

Public Health - Inequalities	<ul style="list-style-type: none"> • Support completion of wellbeing outcome framework and social prescribing task and finish groups • Disseminate findings from workplace health and wellbeing research and shape local offer. • Continue expansion of POP to further in-person hubs across Walsall
Public Health – Mental Wellbeing	<p><u>Developing new projects</u></p> <ul style="list-style-type: none"> • Delivery of mental wellbeing and suicide prevention programme strategic commitments • Submit and Deliver the Prevention Concordat application to Office for Health Improvement and Disparities. • Develop and implement Young People’s wellbeing enterprise programme. • Delivery of Wellbeing Grants and wellbeing programmes – including for men, neurodiverse communities, and the general population etc. • Development of Bereavement Programme • Delivery of Community Counselling Project • Ongoing development of the Thrive mobile unit - including specialist debt/finance advice element. • Develop dementia prevention and awareness programme.
Public Health – Health Protection	<p>To get an Immunisation HCA to post who will do more call and recall to childhood immunisations and equally address, alongside the health visiting teams inequalities in vaccination uptake.</p> <p>Training of Health protection team on ebug resource planned and plans to do it on a wider scale in the young people team and education partners in 2023/2024. Working with children and young people lead to develop health protection link worker sessions on a quarterly basis for schools as well as utilising the ebug resource in schools.</p>

Public Health – Health Care	<p>Oral Health : Wellbeing & Online -focused on YP Development of associated comms and engagement plan to promote oral health this include -</p> <ul style="list-style-type: none"> • Media release – promotion to stakeholders • Social media targeted at YP • Online toolkit for schools • Online survey starts W/C 6 March 2023
Public Health – Health Improvement	<ul style="list-style-type: none"> • Mobilise Walsall Wellbeing Service • Support completion of wellbeing outcome framework and social prescribing task and finish groups • Disseminate findings from workplace health and wellbeing research and shape local offer. • Introduce mental wellbeing assessment as part of NHS Health Check/ Health Assessment • Walsall Wellbeing Service tender has been initiated with market warming event being held on 6th March 2023. The service will provide support across the fundamentals of wellbeing (e.g., employment, debt) as well as advice on health behaviours (e.g. smoking cessation, healthy eating). • Digital Stop Smoking App has been tendered and provider identified. The 12-month pilot will complement existing face to face support to enable choice to those residents that prefer digital based support (using evaluation from pilot to determine next steps).
Public Health – Children and Young People	<p>Further develop HCP 0-19 offer Set a Walsall CYP EHwb strategy in place Further support Family Hub development work Work to create a culture of healthy eating in Walsall.</p>

Health and Wellbeing Board

21 March 2023

Delivery of the Mental Wellbeing Strategy through the Walsall Multi-agency Mental Wellbeing Stakeholder Partnership

For Assurance

1. Purpose

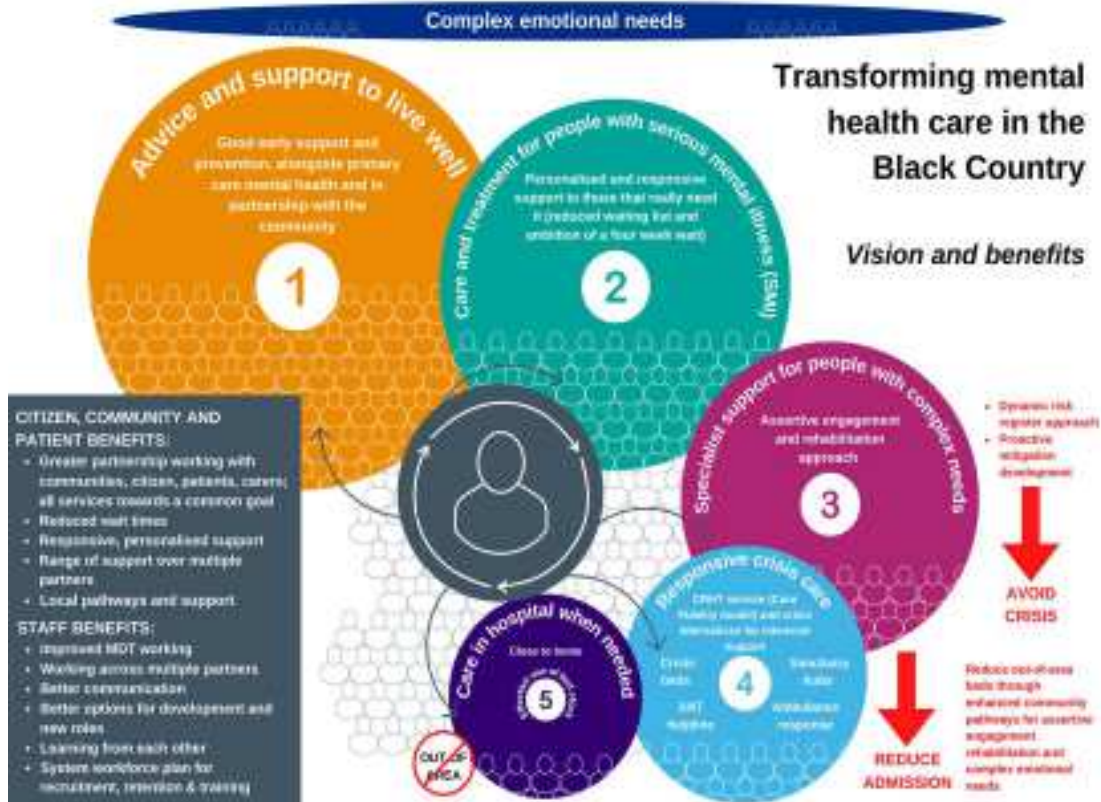
The report is to update the Health & Wellbeing Board on the arrangements for delivering the [Walsall Mental Wellbeing Strategy](#) (2022 – 2032) - “Together We Can” - via the Walsall Multi-agency Mental Wellbeing Stakeholder Partnership.

2. Recommendation

To note the content of this report.

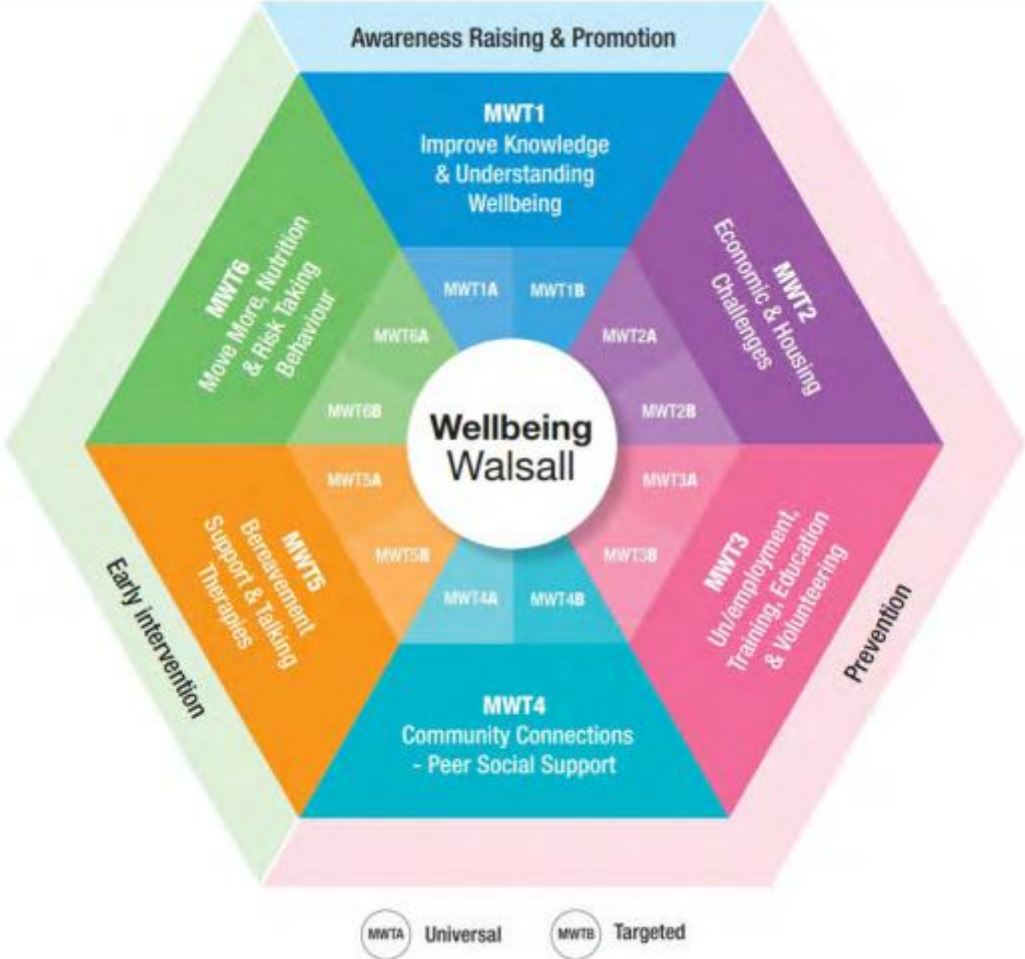
3. Report detail

- 3.1 Black Country Healthcare NHS Trust (BCHFT) are the Mental Health Trust across the Black Country and were tasked with delivery of the Mental Wellbeing Strategy through a partnership group in Walsall, working closely with Walsall Council Public Health
- 3.2 Alongside the Mental Wellbeing Strategy, BCHFT are delivering the Community Mental Health Transformation programme which is due to complete by April 2024.



As a result of this there were multiple forums in Walsall with duplicate attendance and priorities.

3.3 The Mental Health Community Transformation programme includes specific objectives within Tier 1 of the model, to improve the prevention and early intervention support to mental health and mental wellbeing. This aligns with the Walsall Mental Wellbeing Strategy. The alignment was to MWT1, MWT2, MWT3, MWT4 and MWT5 in the below.



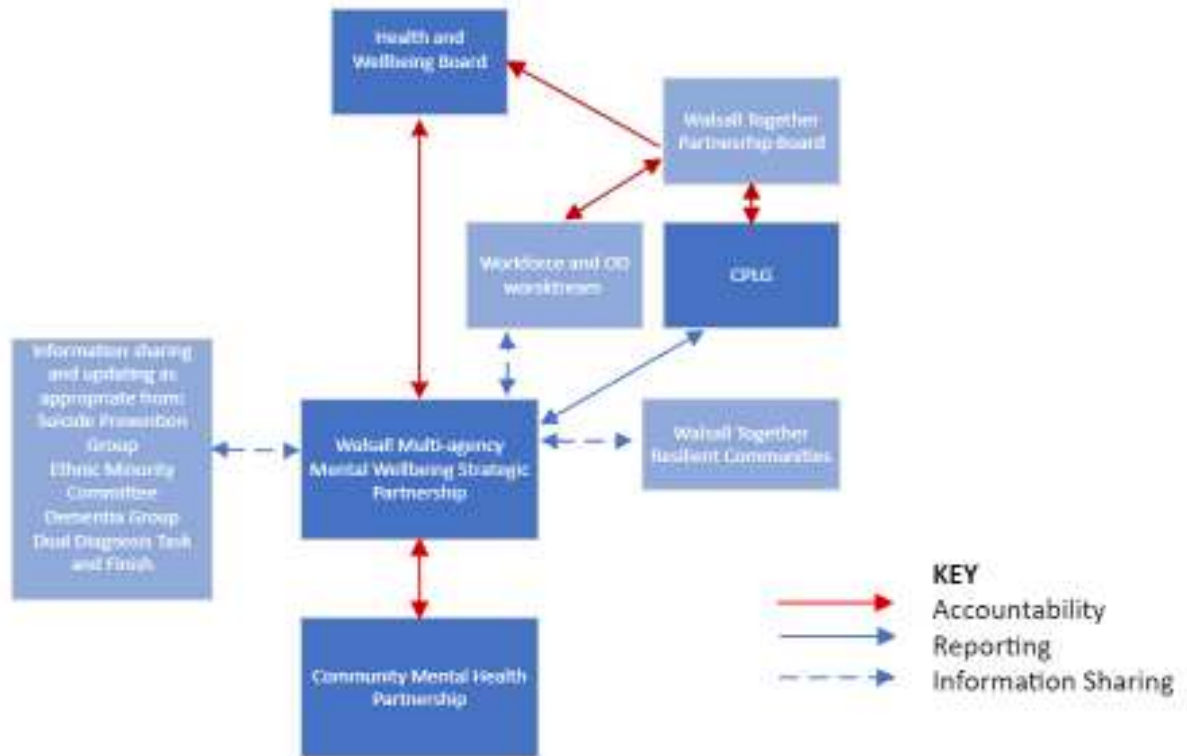
3.4 The Walsall Multi-Agency Mental Wellbeing Stakeholder Partnership will take forward:

- a. A universal partnership approach to promote good mental health and emotional resilience and prevent mental ill health for all age groups and populations.
- b. A focused and partnership approach to community-based early help and support for emerging mental illness.
- c. A proportionately targeted approach to reduce inequalities in mental wellbeing and health, to consider the clear mental health inequalities, both in terms of who experiences the greatest risk of poor mental health and in terms of unequal access to intervention.
- d. To lobby and link mental health and wellbeing into wider population health activity across Walsall.

- 3.5 The Walsall Multi-Agency Mental Wellbeing Stakeholder Partnership will meet monthly and will be co-chaired by The Head of Mental Health Transformation & Integration from BCHFT and Consultant in Public Health responsible for Mental Wellbeing in Walsall. It includes wide ranging membership across the partnership from the Council, the NHS (including PCNs), the third sector (including One Walsall and community associations) and social housing (whg)

4. Implications for Joint Working arrangements:

The Walsall Multi-Agency Mental Wellbeing Stakeholder Partnership will report to both Walsall Place (accountable to Health and Wellbeing Board with regular updates also being fed into Walsall Together Partnership Structures) and BCHFT Lead Provider governance. The Community Mental Health Partnership will be accountable to the Stakeholder Partnership, and there will be appropriate information sharing with a number of other allied groups.



The Partnership will consider and make recommendations on funding from multiple agencies and joint funding priorities related to Mental Wellbeing.

5. Health and Wellbeing Priorities:

- 5.1 This workstream directly supports one of the three stated Health and Wellbeing priorities related to Mental Wellbeing. The strategy focuses on how we can systematise consideration of mental wellbeing within the Borough through the range of activities that Health and Wellbeing Board partners are involved in, improving people's awareness of how to protected/increase mental wellbeing, improving connection within communities. It is also concerned with tackling some of the causes of poor mental wellbeing and ensuring people know what support services are available. Whilst the strategy has a focus on adult mental wellbeing, it links well with work already in train regarding emotional wellbeing of children and young people. This also links closely with work in Walsall's children's services on supporting families (linking both parental and child mental wellbeing)

- 5.2 This strategic work is linked with three of the Marmot policy objectives:
- Ensuring a healthy standard of living for all
 - Creating and developing sustainable places and communities
 - Strengthening the role and impact of ill-health prevention.

- 5.3 There should be no adverse implications for safeguarding. Additionally, this approach will increasingly support children’s social care and wider children’s services by improving safeguarding of children by supporting parental mental wellbeing.

Background papers

- [“Together We Can” – Mental Wellbeing Strategy 2022 - 2032](#)
- Walsall Multi-Agency Mental Wellbeing Stakeholder Partnership Terms of Reference



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- Update slides from first meeting of Stakeholder Partnership



Author

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Organisation – Black Country Healthcare Foundation Trust



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Walsall Multi-Agency Mental Wellbeing Strategic Partnership

Version:	Version 6 - 6.2.23
Ratified by:	
Date ratified	
Date issued:	
Updated:	
Review date:	

1. Purpose

The Steering group is responsible for coordinating and delivering Walsall place-based approach to the [10 year "Together we Can" strategy](#) (2022 – 2032) to improve mental wellbeing and the Tier one prevention and early help transformation in mental health. It will ensure linkages with other mental health and wellbeing work across the Black Country and with wider population health strategies across Walsall. It will report to the Health and Wellbeing Board on an annual basis, and Walsall Together Clinical Professional Leadership Group (CPLG)

The key areas of focus are as follows:

- Years 1-2: Addressing immediate population mental health wellbeing challenges. Linking activities across the partnership,
- Years 3-5: Beyond equilibrium
- Years 1-10: Aim higher for Walsall residents.

The steering group will develop and deliver an integrated action plan to take forward:

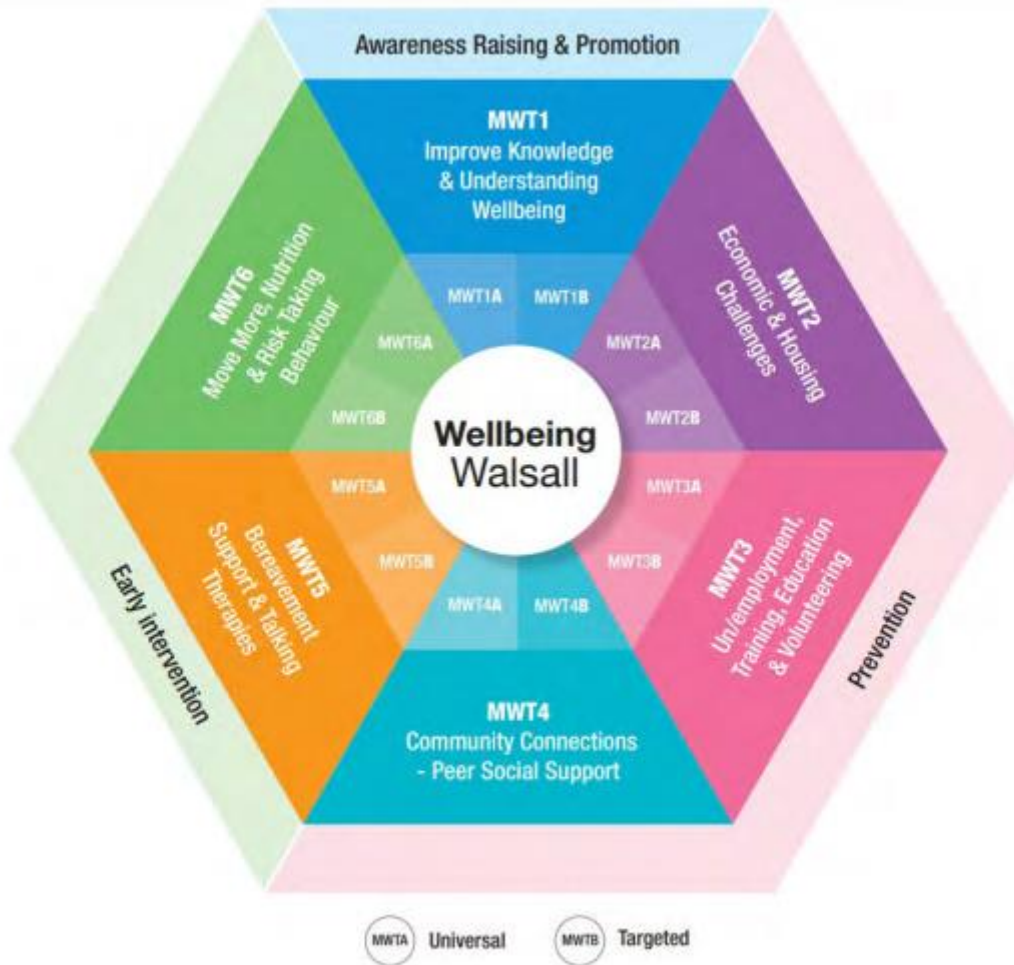
- a. A universal partnership approach to promote good mental health and emotional resilience and prevent mental ill health for all age groups and populations.
- b. A focused and partnership approach to community-based early help and support for emerging mental illness.
- c. A proportionately targeted approach to reduce inequalities in mental wellbeing and health , to consider the clear mental health inequalities, both in terms of who experiences the greatest risk of poor mental health and in terms of unequal access to intervention.
- d. To lobby and link mental health and wellbeing into wider population health activity across Walsall.

2. Duties to include.

The partnership will:

- a. Work together to achieve system leadership for mental health and wellbeing and will lead the implementation of integrated approaches to improve population mental health and wellbeing in Walsall.

- b. Deliver the mental wellbeing strategic priorities for Walsall as set out within the mental Wellbeing Thematic wheel.



Responsibilities will also include:

- Developing a governance structure to ensure oversight and accountability for the actions of the group.
- Developing a Mental Wellbeing Prevention Concordat – develop and facilitate local action plan around improving good mental wellbeing and coordinating activity which aim to improve mental wellbeing outcomes through multi-agency partnerships.
- Strategic oversight on programmes which deliver on community tier 1 mental health and wellbeing for Walsall.
- Achieving assurance of partnership delivery of the No Wrong Door Network, which partners sign up to
- Steering action to improvement health and wellbeing and reduce mental wellbeing inequalities.
- Influencing and advocating for long-term multi-agency investment into interventions that improve population mental health and wellbeing.
- Sharing best practice between Walsall multiagency partners
- Encouraging and steering the Implementation of Mental Wellbeing considerations being used across the system when undertaking any major plan, project or proposal.

- k. Deliver the facilitation of population wide of personal wellbeing plans.

3. Membership

- Black Country Healthcare – (Senior Operational Manager)
- Senior Public Health Development Manager (Mental Wellbeing)
- Senior Public Health Development Manager (CYP)
- Senior Public Health Development Manager (Health improvement/Work and Health)
- Rethink (Service Manager)
- Black Country Healthcare – (Community Development Worker)
- Black Country Healthcare – (Staff Hub)
- Black Country Healthcare – (CYP)
- Black Country Healthcare – (Chair of Dementia Group)
- Citizens Advice Bureau
- Customer Services
- One Walsall (Service Manager)
- Communities – (Lead)
- Voluntary Service Network – (Lead)
- Housing Associations
- Walsall Healthcare (TBD)
- Social Care (Delivery/Commissioning)
- Housing (TBD)
- Employment (TBD)
- Walsall College
- Walsall Bereavement Service
- Carers
- Substance Misuse Rep
- Police
- Walsall Together
- Walsall for All
- Primary Care

4. Quorum

- Chair or Deputy Chair
- One representative from the Black Country Healthcare Trust and Walsall's Public health department
- Minimum of five attendees from different organisations

5. Attendance

- Chair
- Members will be expected to attend at least 50% of scheduled meetings and nominate a deputy if they are unable to attend.

6. Accountability and Governance Structure

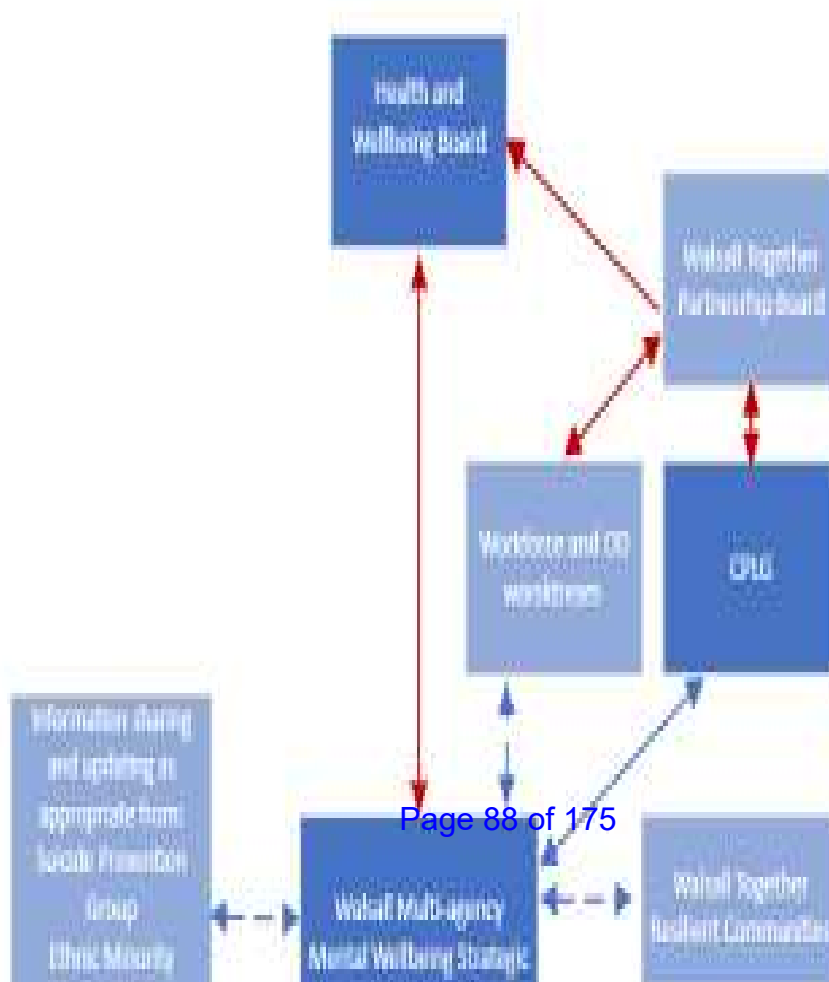
- The Mental Wellbeing Multi-Agency Partnership Steering Group will be accountable to and report into the Health and Wellbeing Board annually.
- The Chair will be required to report to the Health and Wellbeing Board to feedback progress, implementation, and actions in a timely manner.
- There will be routine quarterly updates to Walsall Together's Clinical Professional Leadership Group (CPLG), also any issues of escalation or risk will be reported by exception (including resourcing)
- There will be quarterly discussions in the Walsall Together Resilient Communities group (immediately prior to CPLG) in order to sense check progress and community and VCSE based working.
- Issues relating to the mental health and wellbeing workforce will be discussed in the Walsall Together Workforce and OD group as required.

The Mental Health & Wellbeing Multi-Agency Partnership Steering Group is **accountable for** :

Community Mental Health Partnership

Will receive reports and information from (but accountability sits elsewhere);

- Suicide Prevention Steering Group
- Ethnic Minority Committee
- Walsall's Dementia Group
- Walsall's dual diagnosis group



7. Communication

Members of the Steering Group to send agenda items and papers to the Chair at least 5 working days before the meeting in line with the cycle of business

Agenda and cycle of business to be agreed by the Chair and Deputy Chairpersons

8. Co-Chairs

- Laura Brookes System Clinical Transformation Manager – Black Country Healthcare NHS Foundation Trust
- Nadia Inglis – Consultant in Public Health, Walsall Council

9. Frequency of Meetings

To be determined by the Steering Group

10. Monitoring and Review

The Mental Wellbeing Multi-Agency Partnership Steering Group will undertake an annual review of its performance and Terms of Reference.

11. Reviewed on

TBD

12. Approval required by:

Project sponsor

- Stephen Gunther Director of Public Health WMBC
- Marsha Foster Chief Executive BCMHFT

13. Review Date Due

TBD

14. Administrative arrangements

Administrative support will be arranged and provided by the Chair person.

Minutes will be circulated within 10 days of the meeting occurring and all meetings will be recorded.

WALSALL MULTI-AGENCY MENTAL WELLBEING STAKEHOLDER PARTNERSHIP

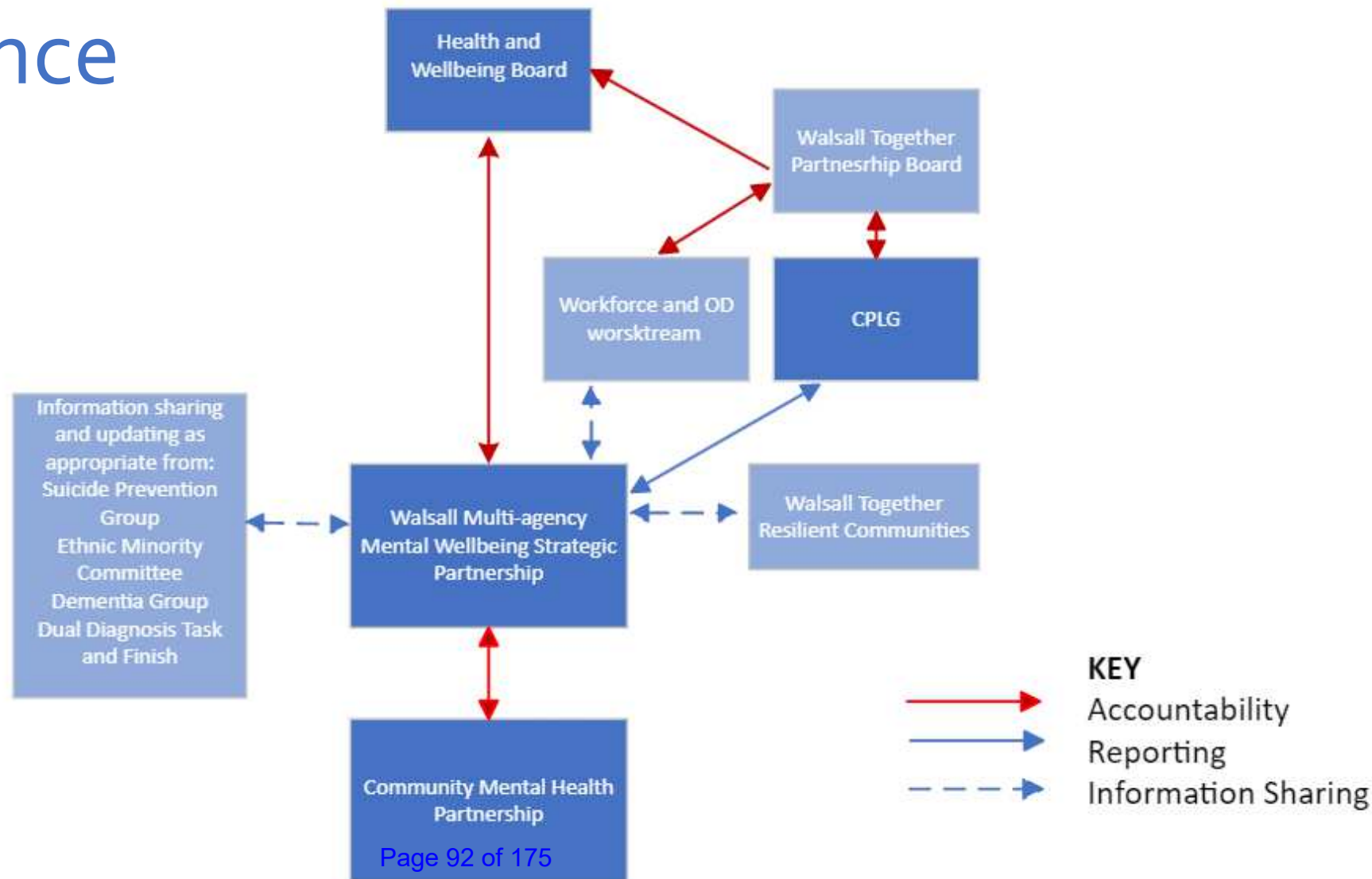
Update for partners

March 2023

Context

- There were two meetings, once looking at community transformation for mental health services (including prevention and early help) and one looking at mental wellbeing
- These have now been combined (but excluding the acute transformation work – focus on prevention and early intervention)
- The primary purpose is to provide strategic oversight on programmes which deliver on community tier 1 mental health priorities and mental wellbeing for Walsall
- The first meeting took place on 3.3.23 and was well attended, by some partners of WT (Social Care, PCNs, Healthwatch and One Walsall are on invite list, as well as DWP, Community Association leads etc.)
- It was co-chaired by Laura Brookes (Head of Mental Health Transformation & Integration) and Nadia Inglis (Consultant in Public health)

Governance



Meeting topics

- We mainly clarified the ToR and had an overview of work to date and plans, some other topics discussed as a result of the presentations;
- We will look for experts by experience to attend the meeting regularly. Mental Health trust will also be holding quarterly stakeholder advisory fora
- We will explore ways of linking well with social prescribers. Note there is a community inclusion worker sitting within the mental health trust for Walsall
- There is a meeting to discuss the counselling (and broader pathway(s))

Meeting topics

- Transition from children and young people's services were discussed
- Issues of neuro-diversity and wellbeing as well as men's mental health are areas where micro grants are being offered. Thrive mental wellbeing bus continues to be commissioned alongside bereavement services, counselling services and suicide prevention/mental health awareness training. Looking at how to embed wellbeing plans across the system
- Rethink Mental illness continue to provide the community mental health service and have just updated their service directory, which will link with the Wellbeing service directory
- There are real issues for those for whom English is a second language

Next steps

- To look at current plans and activity in a bit more detail to work out if there are any overlaps or things missing, and how they map against the mental wellbeing strategy and underlying action plan
- This may then lead to a discussion of the workforce for mental health



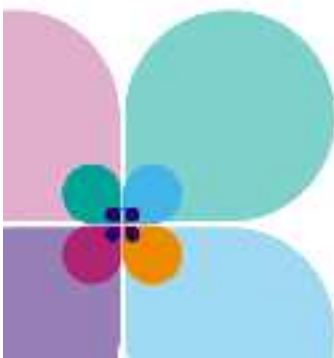
Walsall Health and Wellbeing Board 21st March 2023

Reference:	Agenda item no:		Action ref (if any):		Enclosure no:	
Title of report:	Annual Report on the update of the Black Country Mental Health and Emotional Wellbeing Strategy for Children and Young People					
Author:	Mags Courts and Sarah Hogan					
Presenter:	Mags Courts and Sarah Hogan					

Purpose of the paper:	<p>This paper is presented to: (tick one)</p> <p><input type="checkbox"/> Approve: To formally receive and discuss the report and approve its recommendations or decide on a particular course of action.</p> <p><input checked="" type="checkbox"/> Receive: To receive and discuss, in depth, noting the implications without formally approving it.</p> <p><input type="checkbox"/> For information: To note the report for the intelligence without in-depth discussion.</p>
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Summary of key issues:	<ol style="list-style-type: none">Needs Led Assessment is slightly behind schedule to understand what the needs for CYP in Walsall are and how they can be met as well as potential commissioning intentions.
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Identified key risks (summary risk only)	<ol style="list-style-type: none">Recruitment and retention of staff.
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Introduction:

Black Country Healthcare NHS Trust is now the Lead Provider for Mental Health, Learning Disability and Autism Services in the Black Country from 1st of July 2022. This means we will be working pro-actively with our partners and friends in health and care, the voluntary sector and our communities to deliver services that meet the needs of our population. It was felt that it would be useful to pull together a draft Mental Health and Emotional Wellbeing Strategy for Children and Young People for consultation purposes and to articulate the vision for our young people.

A draft Black Country wide Mental Health and Emotional Wellbeing Strategy for Children and Young People has been pulled together to articulate our vision for the Black Country to be a place where children and young people thrive and have the capacity to develop both physical and emotional resilience. This strategy is about delivering that vision, and driving change to improve outcomes across the system, in partnership with our local authorities, childrens trust, voluntary sector partners and communities. Our vision is that:

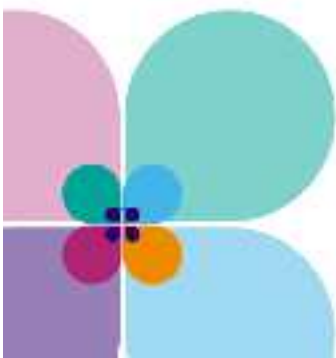
- All children and young people will enjoy a happy and fulfilling childhood.
- All children and young people will be resilient and manage their emotional health and wellbeing in their family, school, and community.
- That the most vulnerable children and young people will have access to the most appropriate range of services.

We would envision to achieve this vision, evidence-based services will be commissioned, which are evidence-based and will be designed to:

- Promote resilience, prevention, and early intervention.
- Improve access to effective support.
- Improve specialist early help and Intervention for the most vulnerable

Background:

Every year, NHSE has requested the local commissioners to update the initial CAMHS transformation plan with specific Key Lines of Enquiry to give assurance that funding was being used to address specific areas and reach targets set. However, it left us locally with a plan that was unyielding, cumbersome and although it gave assurance to NHSE, it did not necessarily support us articulating what work was





being undertaken to increase capacity in services or developments, the impact the funding was making, challenges and risks that existed and any mitigations for these risks and challenges.

As Black Country Healthcare NHS Foundation Trust has now become the lead provider for Mental Health, Learning Disability and Autism Services in the Black Country from 1st of July 2022, it was felt that developing a strategy pro-actively would help us to articulate, as a collective, the work that we would be undertaking across the Black Country and the overarching principles and outcomes. This in turn would enable local places to think about how this could be used to support development of a local place-based Emotional Mental Health and Wellbeing Strategy taking local needs led assessments into account and existing services in place as well as how gaps in provision can be addressed.

Activity which is currently taking place or due to take place in the Black Country:

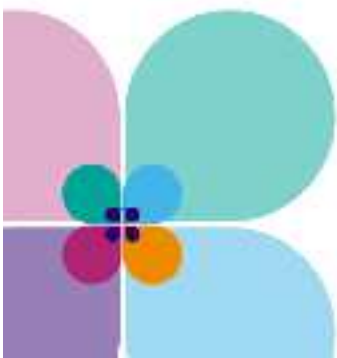
CYP Core and Crisis

- Baseline uplift 21/22 and 22/23 – This allowed for the age range In Core CAMHS in Dudley and Walsall to be brought up to 18 years.
- Capacity in the CAMHS crisis teams has also been increased across the Black Country especially in Dudley and Walsall.
- A 24 hours a day, 7 days a week CAMHS Medics rota and a 24 hours a day, 7 days a week rota on CAMHS crisis is now available across the Black Country and Service development funding in 21/22 has allowed for an increase in multi-disciplinary capacity within Sandwell and Wolverhampton CAMHS Core teams.

Eating Disorders

- Baseline Uplift 21/22 – This has allowed for development of an all age eating disorders service in Dudley and Walsall which is already in place in Sandwell and Wolverhampton.
- Funding is now available over 3 years under Community Transformation Programme to develop an outreach service and support reducing hospital admissions.

18-25 Younger adult's transition





- Service development funding 21/22 and 22/23 and funding available over 3 years under Community Transformation Programme – to establish a wraparound service for Young Adults aged 18-25 and to provide a seamless transition from CAMHS to AMHS services when Young Adult turns 18. This is particularly relevant for those young people who do not necessarily easily meet thresholds for adult mental health services and will include care leavers and children who have been subject to the criminal justice system.

CYPF Intensive Support Team

- Funding is available under LDA to mobilise an intensive support team for CYP across Black Country.

Mental Health Supports teams in Schools

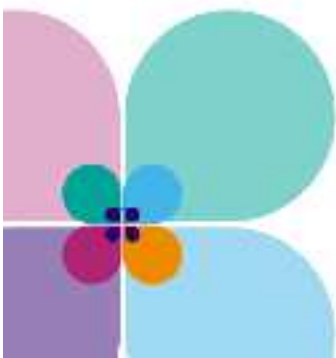
- Wave 2, 4 and 6 funding has been available across the Black Country for the last few years. In Walsall, there has been funding available for MHSTs in Wave 2 and 6 with more due to come on line for wave 8 (recently confirmed) and wave 10. Recruiting and mobilising MHST teams to provide mental health support to CYP in schools across Black Country has been challenging with recruitment and retention being one of the main concerns.

Tier 4 delayed discharge programme

- Non-recurrent funding in Q4 in 21/22 which has been moved into 22/23 – to support admission avoidance and early discharges. The aim will be identifying the system population cohort in CAMHS Tier 4 hospital provision, tracking patients through their inpatient journey using the 12-step model to enable care to be delivered in the least restrictive setting, strengthening relationships between CAMHS Tier 4 providers and local community teams to enable effective planning, reducing Length Of Stays in Tier 4 for C&YP from Black Country presenting with eating disorders.
- During the time whilst this programme has been in place, the number of young people being admitted to tier 4 mental health beds, who have presented with eating disorders, has been reduced.

Winter pressures monies

- We are piloting a project to put some keyworker roles, which are working as a conduit between CAMHS Crisis Team, acute hospitals, and social care when there is a social reason for a CYP remaining in an acute hospital aiming to





reduce the length of stay for C&YP on paediatric wards across the Black Country and to provide 1:1 support if CYP require this during an admission.

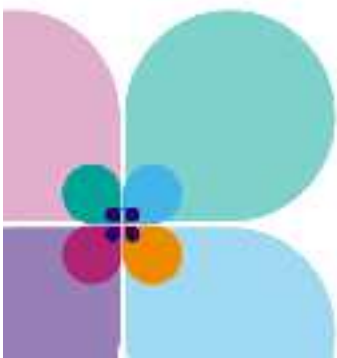
Digital Offer

Currently BCHFT commission Kooth as part of the 'signposting and getting advice' services and the 'getting help' services as part of the Thrive model to provide an online digital offer for emotional mental health and wellbeing for young people and this will include a number of children in care and care leavers, although not specifically for this group. The offer includes a

- A chat function for a young person to drop in to speak to a readily available counsellor
- A messaging function for young people to contact the service
- A schedule function to provide booked sessions with a named counsellor on a regular basis
- A range of forums, all of which are pre-moderated, to offer facilitated peer support for CYP. They also provide crucial first steps towards getting further therapeutic support
- Live discussion groups – run by professionals (with all comments moderated) to enable groups of CYP to interact with each other in a safe environment
- An online magazine with full content moderation, creation and editing which includes opportunities for CYP to submit their stories or write articles, all of which is moderated
- Information, activities and self-care tools and resources on the site for CYP to download.

The current digital offer is to be reviewed in the Black Country in light of the increased number of providers and their range of offers that have emerged following the COVID-19 pandemic to ensure that our provision at this level is appropriate and meeting the needs of our young people in the Black Country including our underserved communities. The service specification for this service will be co-produced with our young people and stakeholders to ensure it meets their needs.

Embedding I thrive Model



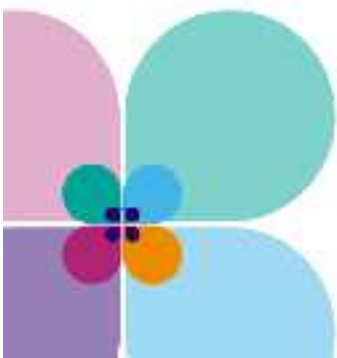


The i-Thrive framework was proposed as part of the Future in Mind national policy document as a method of grouping children and young people together according to their level of need, allowing children and young people to move more flexibly around and between services. In order for this to occur, it will be important to understand and map all of the services that are available across the framework including those that are non-commissioned and commissioned via BCHFT and the Local Authorities/Childrens Trust. This will include those services that are considered thriving all the way up to getting risk support.

The i-Thrive model replaces the currently recognised tier-based system with a whole system approach. It is based on the identified needs of children, young people (CYP) and their families. It advocates the effective use of data to inform delivery and meet needs. It also helps to identify groups of CYP and the range of support they may benefit from. The i-thrive model also ensures CYP and their families are active decision makers.

Getting Help services

In each of our 4 areas of the Black Country 'Getting Help' services are either commissioned by BCHFT alone or with the Local Authority (in some of the areas) with some Local Authorities commissioning these services by themselves. These





services are commissioned, recurrently in some instances, from local voluntary sector organisations in each of the four areas and they are able to enter the activity onto the Mental Health Service Data Set (MHSDS), when commissioned via the NHS. Other services are commissioned in some of the local authorities/ childrens trust but are non-recurrent. There are significant differences across the Black Country in terms of the commissioning arrangements and work is to be undertaken to clearly understand what is available and the capacity required following a needs led assessment that is occurring in each area.

Children in care/care leavers services

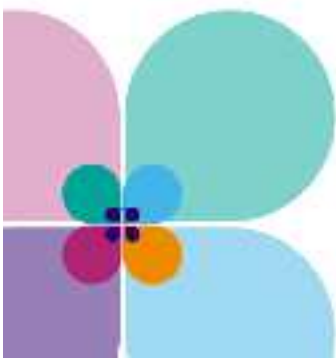
A full review of services for children in care and care leavers commissioned through the lead provider model is going to be undertaken across the Black Country. This will include the following steps:

- Scoping of Specialist Mental Health Support for CiC in the Black Country
- Research Models of Good Practice
- Review Findings of Scoping Material
- Identify any gaps in provision or funding across the Black Country
- Developing a Black Country Emotional Mental Health and Wellbeing CiC Service
- Operationalising the New Model
- Review and Evaluation

Youth Justice Services

A full review of the current offer for Children and Young People who are part of the Criminal Justice system commissioned through the lead provider model is going to be undertaken across the Black Country. This will include the following steps:

- Scope out current provision from CAMHS to the criminal justice system in all areas
- Liaise with stakeholders
- Identification of finances associated with each of the CAMHS posts into the criminal justice system
- Liaising with contract re SLA
- Identification of best practice in the country for CYP who are part of the criminal justice system

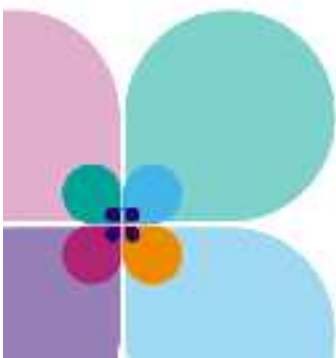




- Developing the New Offer from CAMHS to the Criminal Justice System across Black Country which also ties in with the new offer from the Liaison and Diversion Service which has recently been awarded to MPFT.
- Advocating in each place based for additional health offers that will support the rehabilitation process as part of the criminal justice system.

Actions:

1. Meet with a range of stakeholders to discuss what we think a strategy should look like for the Black Country.
2. Needs Led Assessment for Emotional Mental Health and Wellbeing for CYP in Walsall to continue to be developed so that it can support us to understand what the needs for CYP in Walsall are and how they can be met.
3. Stakeholder sessions to be put in place to look at the Needs Led Assessment and understand what the Emotional Mental Health and Wellbeing Strategy for Walsall should contain.
4. Stakeholder sessions to be booked with social care team to ensure that we are co-producing the offer for children in care from specialist mental health services.



Health and Wellbeing Board

March 2023

Healthwatch Walsall - Update March 2023 Work Plan 2022/2023

1. Purpose

The purpose of this report is to update the Health and Wellbeing Board on the progress of Healthwatch Walsall's work programme for 2022/2023.

2. Recommendation

That the Health and Wellbeing Board notes the progress in delivering the Healthwatch Walsall work plan for 2022/2023.

3. Report Detail

This year we continue to strive to have even greater positive impact for the communities and the people we serve. We aim to continue to strengthen partnerships with providers and commissioners of services, further increase our public engagement, increase escalations when necessary / issues to decision makers to impact on change. For key numbers see below:

- **Attended 193 face to face events in the community**
- **Held/attended 25 online sessions including our popular First Friday Focus**
- **Engaged with 5,146 people in person and online**
- **Had 21,401 visitors to our website with 39,058 page views**
- **Have 3,126 social media followers across 5 platforms**
- **Published 31 reports including Ebulletins, Newsletters and Weekly Updates**

The full details are as outlined in Appendix 1, also attached to the report is the February Insight Bulletin as Appendix 2.

Healthwatch Walsall priorities are identified through public engagement, intelligence gathered and discussions with partners and from this the key areas of work for 2022/2023 were agreed as:

3.1 Discharge Project – Walsall Healthcare Trust

Public intelligence was received about the discharge process from Walsall Manor Hospital and the Healthwatch Advisory Board agreed this to be the first work priority

project for Healthwatch Walsall. This decision was made at the public Healthwatch Walsall Advisory Board Meeting held on 7 April 2022.

In order to gain a full picture it was agreed the project would not just focus on service user experience of discharge from Walsall Manor Hospital, but would also look at the pathways which service users are discharged in to with the aim of identifying experiences throughout the process.

Work commenced during Quarter 1 when desktop research was undertaken and contacts made. The patient engagement element of the project was mobilised at the end of July 2022 and will run to the end of February 2023. The lengthy timescale was intentional to give us an opportunity to look at the systems during the summer and majority of the winter months to gain a full insight.

The work is being carried out by staff and volunteers and we have been supported by the Hospital itself and Red Cross by way of distributing surveys to people they are in contact with and who have recently been discharged.

During the course of patient interviews some issues of concern have been raised and these have been brought to the attention of the Trust.

The final report will be completed circa the end of March 2023, and will be distributed to partners, stakeholders and uploaded onto the Healthwatch Walsall Website.

3.2 Young Persons Communication Project

At the start of April 2022, Healthwatch Walsall recruited to the post of Youth Engagement Officer, with a remit of enrolling 10 young volunteers which has been achieved. The role of the young volunteers was to obtain intelligence about health and social care issues amongst their peers and feed this back into Healthwatch Walsall.

From initial work undertaken listening to young people about health and social care services it became clear that there is communication barrier to accessing services. From this, and guided by the young people, a Young Persons Communication project was commenced.

Some of our young volunteers have liaised with their schools and Head of Year and have had agreement to let them have some time to engage with fellow pupils to do some research and use our Young People Communication survey.

The work will run to the end of February 2023 and the findings will be used in our final report. Our plan is to use the data to highlight what services can do to make themselves more accessible to young people. We also hope to create a better awareness around services available so that young people can understand the options that are available to them when they need services.

3.3 Cost of Living Crisis

Whilst not in our work programme, Healthwatch Walsall realised that with the cost-of-living increases, this would impact service users and their families and expose health inequalities within the Borough. We therefore commenced a cost-of-living survey in October 2022, and this will run to the end of February 2023, following which an analysis of findings will be undertaken and shared with partners/stakeholders.

3.4 Integrated Care Board

Healthwatch Walsall has a participatory (non-voting) seat on the Integrated Care Board and the Manager of Healthwatch Walsall is the Black Country representative at these meetings. There is the same representation at the ICB Quality & Oversight Committee, and the 4 Black Country Healthwatch have a MoU in place for this purpose.

3.5 Volunteer Recruitment

We continue to work with a group of passionate and active volunteers, a small cohort of whom supported our work although providing suitable volunteering opportunities during Covid-19 has been difficult.

As noted previously, we are delighted to have a cohort of 10 young volunteers working with Healthwatch Walsall.

Engaging Communities Solutions holds the Investing in Volunteers (IIV) accreditation which is valid until April 2023. ECS has successfully achieved re-accreditation of the IIV award which will be valid until April 2026.

3.6 Enter & View

Face to face Enter and View visits have resumed following the Covid-19 pandemic when these were suspended. In the preceding period, we commenced our virtual engagement project "Engage & Share".

Healthwatch Walsall are undertaking a series of visits to care/nursing homes and primary care services throughout 2023 and reports from all visits will be shared with partners and uploaded onto our website we follow up on all recommendations made with care providers to see if they have acted upon them and if not, we will seek a response as to why they have not been implemented.

3.7 First Friday Focus

During the pandemic when face to face engagement was suspended, Healthwatch Walsall commenced First Friday Focus online digital sessions providing updates to the public of Walsall on a range of topics and to listen to their experiences of health and social care services in the Borough.

These were well received and proved popular with the public. However, once we were able to return to face-to-face engagement, these sessions were stood down. It has become apparent, from what we are being told, that these sessions are very important

to service users so in February 2023, we resumed our FFF sessions. This first session gave members of the public to tell us about health and social care issues they had been facing.

We will resume a monthly schedule of FFF sessions and put together a forward plan which will be disseminated through partners to attract different audiences.

3.8 Strategic Engagement

Healthwatch Walsall has built up a working relationship with a number of strategic level organisations and committees. These include the Health and Wellbeing Board, Walsall Together Board, Social Care and Health Scrutiny Committee, Safeguarding Partnership, Integrated Care Board, ICB Quality & Oversight Committee. We are also involved in other Walsall Together and Local Authority groups supporting their work.

Our remit is to work with these partnerships to ensure the voice of the public and patients are heard, and to provide advice, guidance and assurance on how to achieve this, to work collaboratively to maximise resources and to avoid duplication.

Healthwatch continues to be a strong voice for patients and service users in strategic decision making.

4. Implications for Joint Working arrangements:

Good joint working and partner relationships are crucial in the delivery of Healthwatch Walsall work plan. We continue to act independently with a strong Board to champion the public/patient voice but engage in partnership activities to improve and enhance health and social care; hence combining the roles as a critical friend.

5. Health and Wellbeing Priorities:

- Commitment to supporting the HWBB priorities.
- Healthwatch Walsall support the promotion and delivery of initiatives to support the improvements in health identified in the JSNA.
- Enable those at risk of poor health to access appropriate health and care, with informed choices.
- Empowering and signposting people to appropriate services to support positive health and wellbeing.
- Remove unwarranted variation in health care and ensure access, with consistent quality.
- Enable those at risk of poor health to access appropriate health and care services, with informed choice.
- Marmot objectives: Action on health inequalities requires action across all the social determinants of health, including education, occupation, income, home and community, enabling all children, young people and adults to maximise their

capabilities and have control over their lives. (Healthwatch Walsall delivery around Care Assessments and Hearing Impairments – Access to Health and Social Care).

6. Safeguarding

- Healthwatch Walsall have a seat on the Walsall Safeguarding Partnership Performance Quality & Assurance Committee
- Healthwatch Walsall, via intelligence escalate safeguarding / issues of concern to the relevant authorities.

Background papers

Appendix 1 – Key Points

Appendix 2 – February 2023 Insight Bulletin

All reports are published on our website: www.healthwatchwalsall.co.uk

Author:
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Healthwatch Walsall Manager
ailen.farrer@healthwatchwalsall.co.uk

07732 683495



healthwatch
Walsall

Key points update
From April 2022 to February 2023

Key Engagement information

We have attended 193 face to face events in the community.

We have held/attended 25 online sessions, including our popular 'First Friday Focus'.

We have engaged with 5,146 people in person and online.

We have had 21,401 visitors to our website from April 2022. With 39,058 page views.

We have 3,126 social media followers across 5 platforms.

We have published 31 reports, Ebulletins, Newsletters and a new weekly updates issue.

What we have done...

Escalated 18 service user issues to service providers/commissioners of services and or the CQC.

Signposted people on 117 occasions to support organisations or for information and advice.

Attended 84 strategic meetings with partners across the Borough.

We enabled people with visual, hearing and physical impairments to have their say in the development of the New 'Urgent and Emergency Care Centre'.

We met with Eddie Hughes MP to discuss access to primary care.

Healthwatch Walsall mentioned in a CQC report

Walsall Manor Hospital was recently inspected by the CQC and a report on their findings was issued on the 25th January 2023. Here is the mention...

Healthwatch Walsall had regular contact with the Trust and in 2021/22 provided feedback reports on patient views regarding communication and end of life care. The report on communication was shared with the patient experience team and changes were made to the telephone system within the Patient Advice and Liaison Service (PALS) to accommodate concerns regarding call handling.

A member of the Healthwatch team sat on the Trust Learning Matters editorial group throughout 2021/22 and contributed via independent scrutiny to the inclusion of articles that shared learning from feedback and actions arising from complaints, incidents and mortality reviews.

Link to full report: <https://www.healthwatchwalsall.co.uk/sites/healthwatchwalsall.co.uk/files/CQC%20inspection%20manor%20hospital.pdf>

We attended the pre-opening of the newly built... 'Urgent and Emergency Care Centre'

We attended a pre-opening tour of the NEW Urgent and Emergency Care Centre at Walsall Manor hospital.

Valuable input was given by our network of contacts from the visually, hearing and physically impaired groups/persons.

The new tech laden facility should help NHS staff and Walsall patients achieve the best outcomes possible in a shorter time.



Health and Wellbeing Board

March 2023

Director of Public Health Report 2022

For Information

1. Purpose

This report provides an overview of the independent Director of Public Health (DPH) Annual Report 2022 - “Feeding our Future”

2. Recommendations

- 2.1 That the Health and Wellbeing Board notes the key findings and recommendations presented in this year’s report
- 2.2. That the Health and Wellbeing Board supports the implementation of the recommendations through respective organisations
- 2.3 That the Health and Wellbeing Board promotes the report across the borough

3. Report detail

- 3.1 Directors of Public Health in England have a statutory duty to publish an independent Annual Report to demonstrate the state of health within their communities. It is a major opportunity for advocacy on behalf of the health of the population and as such can be extremely powerful both in talking to the community and also to influence actions by key agencies to improve health.
- 3.2 The focus of the DPH Annual Report 2022 is the local food environment. The aim of the report is to:
 - Review the national and local evidence available on access to quality food, the food environment and food policy
 - Highlight where improvements are needed locally
 - Make recommendations on key actions for individuals, communities and organisations to provide a healthful, affordable, sustainable food environment for the future.
- 3.3 The national food plan (The Dimpleby Report) made recommendations to escape the junk food cycle and protect the NHS; reduce diet-related inequality; make best use of our land; and create a long-term shift in our food culture.

The ambition in the report is for Walsall to have a sustainable, fair, prosperous food environment where good quality food is grown, available and promoted for our residents to have nutritious affordable food choices.

The culture of food in Britain has changed beyond recognition in the past 20 years. The type of food we eat, where it is sourced, how we cook, buy and dispose of our food waste have altered dramatically.

The food we eat has a profound impact on our health and wellbeing. Moving away from a culture of eating excess calories, high fat, salt sugar (HFSS) foods with low fruit & veg can improve our physical and mental health. Food brought in from hundreds of miles away, food waste contributing to greenhouse gas emissions, and a high density of takeaway outlets with a limited food offer all need to be addressed. Recent economic challenges mean that record numbers of our residents are relying on support to feed their families. It is a travesty that in one of the world's wealthiest countries, we have such need for food banks and food support.

The future food system should support health improvement, deliver high quality food and animal welfare standards, be resilient to global challenges, and should not damage nature or the planet.

There are actions that individuals, communities and organisations can take to improve the food environment in Walsall.

3.4 To inform the report, a series of focus groups were held with local residents to understand more about their food habits and their views on Walsall's food environment. This research has given insight into the complexity of factors that affect the food choices of individuals and families. The findings have informed the recommendations in the report.

3.5 The chapters of the DPH Annual Report are:

Chapter 1 - Food Glorious Food – what, why, how

- The benefits of a good quality diet , what we are eating, useful resources and apps.
- Residents' views, affordable food.

Chapter 2 - Enhancing the Local Food Environment

- Out of home food
- Regulation of food providers, growing food, food and climate change.

Chapter 3 – Maximising food policy to improve food in Walsall

- Using procurement rules, policies on advertising, waste and planning processes to improve the local food environment
- Influencing national food policy

3.6 The DPH Annual Report 2022 is included in **Appendix A**. The recommendations from the report are as follows:

I (DPH) recommend Walsall residents to:

Take steps to improve the quality and sustainability of their diets, for example by:

- Increasing the amount of fruit vegetables, fibre and water they have each day
- Introducing meat-free days to their diet
- Use free tools from websites, retailers and apps to make healthy changes
- Check the food hygiene rating of premises when buying and eating food outside the home (FSA website)
- Take up the local offer of Healthy Start vouchers, breastfeeding, cooking, growing

I recommend that local communities and community association networks should:

- Support residents with cooking skills by working together and sharing resources
- Sign up to and/or promote the Breastfeeding Friendly Scheme, Healthy Start Vouchers, Free School Meals and the Holiday Activities and Food Programme
- Promote and support opportunities to grow food to increase self-sufficiency and community cohesion

I recommend that Walsall Council, local public sector organisations, housing, schools and businesses work together to:

- Develop planning policies which limit the expansion of hot food takeaways.
- Complete and implement an ambitious plan to reduce food waste, in line with national requirements.
- Draw up and implement a borough-wide food plan to ensure local people have access to quality food and opportunities to grow food
- Ensure the availability of water-filling points at new public developments, such as the new railway stations across Walsall
- Get residents involved in food growing initiatives on allotments and other community growing spaces.
- Promote diets with more wholegrains, fruit, vegetables, water and fibre for their staff and customers

- Join with national groups (e.g. LGA, ADsPH) to lobby for the implementation of the national food plan and national obesity strategy.
- Restrict the advertising of high fat, sugar, salt foods in areas accessible to children. As part of this, specifically encourage Travel West Midlands to follow TfL's lead and restrict junk food advertising on transport.
- Support nutritional training for their staff. For example, the "Understanding Cultural Diversity in Nutrition and Health" course
- Work with other West Midlands authorities to standardise enforcement work, for example on importing food, illegal food processing, adulterating of food and misrepresentation.
- Promote a breastfeeding friendly workplace and to make their spaces breastfeeding friendly
- Set procurement standards for food on their own sites and for contracts they let.

4. Implications for Joint Working arrangements:

- 4.1 Financial implications: It is anticipated that organisations will prioritise the recommendations from the report within their policy and financial planning.
- 4.2 Legal implications: N/A
- 4.3 Other Resource implications: The recommendations of the report indicate the partnership approach which is required to build an improved food environment in Walsall. This calls on effort from:
- Individuals
 - Local businesses and organisations
 - Walsall Council and partners

5. Health and Wellbeing Priorities:

- 5.1 Improving the food environment in Walsall contributes to the key priorities of Walsall's Joint Local Health & Wellbeing Strategy 2022-25: (1) Mental Wellbeing and (2) Children and Young People.
- 5.2 The quantity and the quality of food we consume has a huge impact on our mental wellbeing, impacting on our mood, our relationships, energy and physical condition.
- 5.3 One of the key focuses within the DPH annual report is reviewing the food offer in those critical early years – from pre-conception to school years. Food and nutrition are an essential part of The Marmot review's key policy objective to "Give Every Child the Best Start in life"
- 5.4 Food is an important aspect of several local needs identified from the latest JSNA 2021, including healthy weight, behaviour choices and health inequalities.

5.5 The Marmot Review - Fair Society Healthy Lives also sets out as one of the six policy objectives the importance to “Create and develop healthy and sustainable places and communities”. A critical recommendation within this is to improve the food environment in local areas across the social gradient. There is a significant gap in healthy life expectancy across Walsall and strengthening the food environment in Walsall to be affordable, nutritious and sustainable, can have an important impact on health inequalities.

5.5 Safeguarding: None.

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Introduction - Director of Public Health



My ambition is for Walsall to have a sustainable, fair, prosperous food environment where good quality food is grown, available and promoted for our residents to have nutritious affordable food choices. The culture of

food in Britain has changed beyond recognition in the past 20 years. The type of food we eat, where it is sourced, how we cook, buy and dispose of our food waste have altered dramatically. However, with these changes have come significant challenges. The intake of excess calories, high fat salt sugar (HFSS) foods with low fruit & veg consumption affects our health and wellbeing.

Food brought from hundreds of miles away, pesticide use, high density of hot food takeaway outlets with a limited food offer and food waste all need to be addressed. Recent economic challenges have led to record numbers of our residents relying on support to feed their families. It is a travesty that in one of the world's wealthiest countries, we have such need for food banks and food support.

The future food system should support health improvement, deliver high quality food and animal welfare standards, be resilient to global challenges, and should not damage nature or the planet.

It is time for us to work proactively on local and national policies which reduce the harm to health from the food system. Simple measures such as a tax on salt and sugar for food producers, or for individuals switching to some meat-free days can have a great benefit. Other local actions, such as growing food, sourcing from local suppliers, reducing the density of fast-food outlets and working with these businesses to improve the quality of the food on offer can make a huge difference to the food system and is within our gift. If we increase access to affordable fruit & vegetables and nourishing filling food at home, school, community and workplaces it is possible to improve the health and wellbeing of our residents, whilst supporting the local economy and environment. There is a role for individuals, communities, businesses and organisations to make the improvements needed and I am certain that we can do this if we work together.

Stephen Gunther
Director of Public Health

Summary of Recommendations

I recommend Walsall residents to:

Take steps to improve the quality and sustainability of their diets, for example by:



- Increasing the amount of fruit vegetables, fibre and water they have each day
- Introducing meat-free days to their diet
- Use free tools from websites, retailers and apps to make healthy changes

- Check the food hygiene rating of premises when buying and eating food outside the home



- Take up the local offer of Healthy Start Vouchers/breastfeeding/cooking/growing

I recommend that local communities and community association networks should:

- Support residents with cooking skills by working together and sharing resources



- Promote and support opportunities to grow food to increase self-sufficiency and community cohesion



Sign up to and/or promote:

- The Breastfeeding Friendly Scheme
- Healthy Start Vouchers
- Free School Meals and the Holiday Activities and Food Programme



I recommend that Walsall Council, local public sector organisations, housing, schools and businesses work together to:

- Develop planning policies which limit the expansion of hot food takeaways



- Complete and implement an ambitious plan to reduce food waste, in line with national requirements



- Draw up and implement a borough-wide food plan to ensure local people have access to quality food and opportunities to grow food
- Ensure the availability of water-filling points at new public developments, such as the new railway stations across Walsall
- Get residents involved in food growing initiatives on allotments & other community growing spaces
- Promote diets with more wholegrains, fruit, vegetables, water & fibre for their staff/customers

- Join with national groups (e.g. LGA, ADsPH) to lobby for the implementation of the national food plan



- Restrict the advertising of high fat, sugar, salt foods in areas accessible to children. As part of this, specifically encourage Travel West Midlands to follow TfL's lead and restrict junk food advertising on transport
- Support nutritional training for their staff. For example, the "Understanding Cultural Diversity in Nutrition and Health" course
- Work with other West Midlands authorities to standardise enforcement work, for example on importing food, illegal food processing, adulteration of food and misrepresentation
- Promote a breastfeeding friendly workplace and to make their spaces breastfeeding friendly
- Set procurement standards for food on their own sites and for contracts they let.



Chapter 1

Food Glorious Food

Food is anything we eat or drink for our bodies to sustain life, growth and vital functions and to provide energy. It consists of proteins, carbohydrates, fats, vitamins and minerals to keep us in balance.

Why do we eat food?

Food is not just related to our physical needs, it is also linked to our mood, emotions and feelings. Aside from hunger, there are other reasons and motivations for eating.

Habit - most people have a routine of 'meal times' with snacks in between.



Social - eating together is a common way that people enjoy socialising. People may also use food to please and entertain others, by preparing meals for them and eating with them.



Sensory appeal - the stimulation of our senses gives a positive feeling. As we prepare food it can produce tempting smells and sounds. Food packaging, menus and advertisements also show visually tempting dishes.



Psychological - eating is often a pleasurable activity, particularly of food that we like. Some people use food as a coping mechanism to deal with feelings such as stress, boredom, loneliness or anxiety, or even to prolong feelings of joy (often called 'comfort eating').





Source: Public Health England in association with the Health Foundation, Food Standards Agency and the Food Standards Agency's Nutrition Research

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The Eatwell Guide - What Should we Eat

To get the most and best out of food, it should come from a balanced diet, with the right mix of carbohydrates, proteins, fats, fibres, vitamins, minerals, anti-oxidants, probiotics, etc. The Eatwell guide shows us clearly the types and amounts of food we should be eating. This does not have to be for every meal, but it is recommended that we try and get this balance over the day or over the week.

Genetics and ethnicity can increase a person's risk of certain diseases and conditions. For example, compared to other ethnic groups, people of South Asian descent are more likely to develop heart disease and Type 2 diabetes¹, and members of the Black African and African-Caribbean community are more likely to suffer from hypertension (high blood pressure), heart disease, diabetes and stroke².

Culturally diverse adaptations of the Eatwell Guides have been developed, to include popular foods that are associated with traditional African, Caribbean, and South Asian diets. These guides may be more relatable and so may encourage and facilitate healthier informed choices across the increasingly diverse population of Walsall and the UK, and subsequently reduce the risk of ill health in these populations.





The NHS recommends that we eat at least 5 portions of fruit and vegetables a day³. These 5 portions should include a variety of fruit and vegetables, because different fruits and vegetables have different combinations of fibre, vitamins, minerals and other nutrients.







Almost all fruit and vegetables count towards your 5 A Day. They can be fresh, frozen, canned, dried or juiced.

Here are some examples of what you can eat to count as 1 of your 5 a day:

- 80g of fresh, canned or frozen fruit and vegetables
- 30g of dried fruit
- 150ml of fruit juice, vegetable juice or smoothie
- 80g of beans and pulses

WHAT IS A 5 A DAY PORTION?

Eating a wide variety of vegetables and fruit is a great first step to eating well and protecting yourself against cancer. Aim for at least five portions every day. Here are some examples of what counts as a 5 A DAY portion for an adult. One portion weighs 80g, roughly equivalent to:

Cruciferous vegetables  3 florets or pieces eg. broccoli, brussels sprouts, cauliflower	Root vegetables  1 whole eg. carrot, parsnip, sweet potato	Salad leaves  1 cereal bowl eg. lettuce, shredded cabbage
Medium to large vegetables  1/2-1 whole vegetable eg. cucumber, bell, aubergine	Small or sliced vegetables  3-4 heaped tablespoons* eg. peas, tomatoes, or sliced aubergine, mushrooms, onion, beans	Large fruit  1-2 slices eg. mango, watermelon, pineapple
Medium fruit  1 whole eg. apple, banana, orange, peach, pear	Small fruit  2 whole eg. two kiwis, berries, tangerines	Berries  1-2 handfuls eg. blueberries, raspberries
Unsweetened fruit or vegetable juice  1 glass (150ml) (only counts once per day) eg. orange, pear, apple, pear	Cooked pulses (beans & lentils)  3 tablespoons* (only counts once per day) eg. canned chickpeas, lentils	Dried fruit  1 heaped tablespoon* (30g) (only counts once per day) eg. raisins, dried cranberries


The benefits of a good quality diet

Eating a good quality diet can have positive effects on our physical and mental health. It can reduce the risk of Type 2 diabetes, keep hearts healthy by maintaining blood pressure and cholesterol levels, keep bones and teeth strong and, help to keep a healthy weight⁴. A good diet can also help improve our mood, give us more energy and help us think more clearly⁵.




Improving what you eat may help to improve your mood, give you more energy, help you think more clearly and improve your overall health. Some of the ways this can be achieved is by:

- Eating regularly at intervals
- Staying hydrated through the day

- Getting your 5 a day to cover a range of nutrients 


- Looking after your gut with fibre, fluid and exercise
- Getting enough protein

- Managing the caffeine intake 


- Eating the right fats the body needs

Similarly, poor nutrition is not just about “bad foods”. Both undereating and overeating (even of the “right foods”) can have adverse affects on health such as:

- Overweight & obesity

- Problems with teeth & gums 

- Heart disease & stroke
- Type 2 diabetes and hypertension

- Vitamin deficiency 

- Depression & eating disorders
- Cancers

What are we eating?



In Walsall, only **51.3%** of adults meet the recommended '5 a day' on 'a usual day'⁶.

The **average number** of portions of fruit consumed a day is **2.5** and the average number of portions of vegetables consumed a day is **2.4**⁶.



In children aged **5-15** years old, we know that in England the average number of fruit and vegetables eaten is only **3**, with only **18%** of children getting their 5-a-day⁷.



The National Diet and Nutrition Survey collects data on the UK's food consumption, nutrient intake and nutritional status of the general population and shows⁸.

Too little

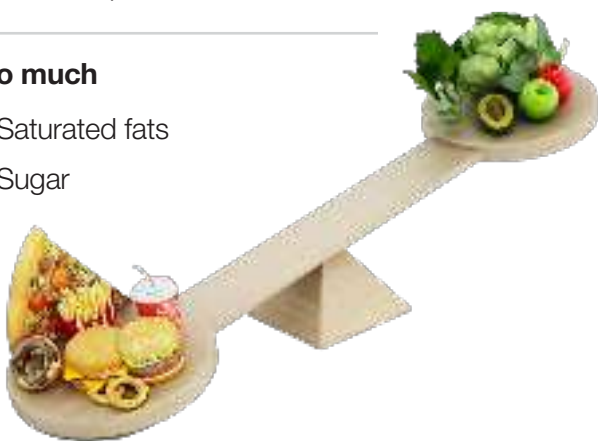
- Fruit and Vegetables
- Oily Fish
- Fibre

Meeting recommendations

- Red and processed meat

Too much

- Saturated fats
- Sugar



Too much saturated fat can raise "bad" LDL cholesterol in the blood, which can increase the risk of heart disease and stroke. Too much sugar can lead to obesity and raise your risk of heart disease and diabetes¹⁰.

Oily fish is high in long-chain omega 3-fatty acids which help keep hearts healthy¹¹. Examples of oily fish include salmon, sardines, trout and mackerel.

Fibre is an essential part of our diet. Eating foods with fibre can make us feel fuller, it helps digestion and to prevent constipation. Fibre also lowers your risk of heart disease, stroke, type 2 diabetes and bowel cancer¹². You can get fibre from:

- wholemeal bread
- brown rice
- fruit and veg
- beans
- oats

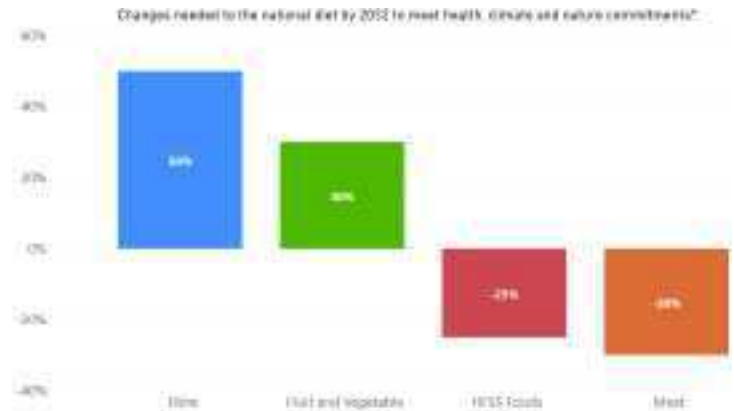
Aside from fibre, fruit and vegetables also supply us with important vitamins and minerals.

Salt is another important nutrient in our diet that we should monitor carefully. The average daily salt intake of adults in England is 8.4g, despite the World Health Organisations recommended target of 5g¹³. If every adult in the UK met World Health Organisation (WHO) salt consumption guidelines by 2030, by 2035 there could be¹³:

- Up to **1.4 million** fewer new cases of high blood pressure
- Up to **135,000** fewer new cases of coronary heart disease
- Up to **49,000** fewer new cases of stroke
- More than **450,000** more years living in perfect health

We need to change our diet, and the way we grow and produce our food, if we are going to meet national and international health and climate related ambitions¹⁴.

- An increase in the amount of fruit, vegetable and fibre, along with a decrease in foods high in fat, salt or sugar (HFSS) is needed to meet nutritional guidelines.
- Reducing meat consumption is necessary to meet UK carbon commitments and global agreements to conserve 30% of land to boost biodiversity.




The rising cost of living is a concern for everyone in Walsall at the moment. However, although it is commonly thought that it costs more to eat healthy foods¹⁵, there are low-cost changes we can make to our food choices to help save money while eating healthily.

Food swaps

Breakfast swaps (excluding milk)

- ❌ Coco pops – **19p per serving**
- ❌ Croissant – **26p each**
- ✅ Porridge – **6p per serving**
- ✅ Slice of wholemeal toast – **4p a slice**

Switching your white bread to wholemeal bread can give you 1.1g more fibre with every slice – that's nearly **80%** more fibre, for exactly the same price!



Lunchbox swaps


- ❌ Packet of crisps from a multipack – **29p**
- ❌ Chocolate bar from a multipack – **34p**
- ✅ Banana – **14p**
- ✅ A pack of raisins – **10p a pack**



Dinner time swaps

- ❌ Margherita pizza – **£1.75 per serving**
- ✅ Vegetable pasta – **95p per serving**

The recipe can be found here: Odds and ends arrabbiata al forno | Tesco Real Food



Exact prices will vary according to the supermarket but this shows some examples of simple swaps we can all make to help achieve a well-balanced diet, while either cutting costs or even making savings. We can also use websites and phone apps to help make healthier and more sustainable food choices.

To find out more about healthier food swaps check out:

- Healthier food swaps - Food facts - Healthier Families - NHS (www.nhs.uk)

For more budget recipes:

- Supermarkets tend to have their own budget recipe sections on their websites, such as '5 meals for £20'.

Sainsburys: Feed your family for a fiver Sainsbury's Recipes (sainsburys.co.uk)

Aldi: Budget Recipes | ALDI

Tesco: Budget meals and recipes | Tesco Real Food

Morrisons: Recipes | Morrisons

ASDA: Budget Meals | ASDA Good Living

LIDL: 5 meals for £20 Collection September 2022 (lidl.co.uk)

Helpful Apps

Easy Meals

Find a wealth of delicious, easy and healthy recipes.



TooGoodToGo

Buy and collect food from businesses that hasn't been sold in time at a reduced price.



Change4Life Smart Recipes

Find a wealth of delicious, easy and healthy recipes.



OLIO

A food sharing app where anyone can share food that they don't want or aren't going to eat.



Food Scanner

Scan food to find out what's inside your food and find healthier alternatives.



Refill

Find local water refill stations as well as zero-waste shopping options and hot drink refill stations.



Portion distortion

In addition to failing to meet national guidance on what we eat in terms of nutrients, the amount we eat has been worryingly increasing. A report by the British Heart Foundation¹⁶ found that many portion sizes have progressively grown between 1993-2013 across a range of products. Larger portions make it easy to eat more calories and nutrients than we need to. Over time, this habit can cause unwanted weight gain, contribute to obesity, and increase your risk of developing certain chronic illnesses.

On the other hand, if we don't finish the oversized portion this can lead to food waste. This is not only a waste of the food itself, but a waste of the energy and water required to grow, harvest, and transport food, and a waste of the food packaging. When food rots in landfills, it releases methane, which contributes to climate change¹⁷. Mindful eating is an approach to food that focuses on being fully present while you're eating. It helps regulate appetite, aid digestion and make eating an enjoyable and pleasurable experience¹⁸.

Recommendations:

I recommend Walsall residents to take steps to improve the quality and sustainability of their diets, for example by:

- Increasing the amount of fruit vegetables, fibre and water they have each day
- Introducing meat-free days to their diet
- Use free tools from websites, retailers and apps to make healthy changes



How have portion sizes changed?


The British Heart foundation's 2013 report found that portion sizes of pre-prepared meals had generally increased over the preceding 20 years.



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To learn more about Walsall residents' food habits and their views on the local food environment, we held a series of focus groups. Five main themes came up in these discussions.



“Going back to supermarkets, it’s accessibility of sweets - isn’t it? - and fast food. It’s there. You know what I mean? So like sweets, it’s always there at the checkout. Even though they said years ago they wouldn’t do that anymore, it still is.”

Theme 1:
The food environment as a barrier and facilitator to accessing food

Walsall residents felt it was easy to access fresh food in shops within their local area owing to the high number of shops available. However, not having a car was a barrier to food shopping and tended to lead to more frequent trips to the shops.


Residents felt that supermarkets dedicated more space in their shops to processed and high fat, salt, sugar foods, rather than to fresh produce. These foods tended to also be placed in areas in the supermarket to encourage temptation – such as by the counters. These less healthy options also tended to be priced lower, making the temptation to buy them greater.

Overall, residents felt the food on offer in cafes, takeaways and restaurants could be improved to have more healthy options.

Theme 2:
Whether food and healthy eating is a priority

A balanced diet was largely of importance to residents we spoke to. However, there are many other priorities which it competes with, and this was felt to be more the case with younger individuals. There was a feeling of shifting needs across generations and younger people having to balance more needs and wants, leading to healthy eating falling down on their list of priorities.

A lack of time due to working long hours and busy lifestyles was another factor, and this tended to lead to buying convenience foods. Convenience seemed to be perceived as an important priority to some individuals.



“My son works full time, and he now has taken another job which is almost full time, and he doesn’t cook at all. He just doesn’t cook. He’ll grab a sandwich in Asda when he’s packing the shelves with the spices. And then he’ll probably pick up a takeaway from Asda on his way home. And it’s I think because there’s no time for him to cook”

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'You talked about healthy options and access to healthy options as far as distance. I think a lot of barriers to having the healthy option is finance for a lot of people and a lot of families.'

Theme 3:

The importance of cost

The rising cost of food was a major concern for residents, as well as the cost of energy for cooking. These added to other worries about the increase in other living expenses, adding to financial pressures.

These financial challenges were leading to some residents changing food behaviours and facing decisions on what to prioritise. Some people reported switching to cheaper alternative food items, such as supermarket own brands. Other changes included bulk cooking to save money. However, there was also significant concern of the impact of rising costs on households with lower incomes. Money was identified as a critical barrier for these households to access food and to be able to afford to prioritise healthy eating.

Sources of free, or reduced priced food was discussed by some residents. The importance of these sources of support was acknowledged, but challenges which face them include stigma which can discourage people from taking up these options. The current cost of living is also leading to increasing demand with decreasing supplies.

Theme 4:

Gaps in cooking skills and nutritional knowledge

The focus group participants were mostly confident in their abilities to cook and in their knowledge surrounding nutrition. Many cooked from fresh ingredients, and fewer tended to use pre-prepared or ready meals. However, many of the residents we spoke to felt that this was because they had been taught these vital skills at school or at home when they were younger. It was felt that this is an important gap now, where younger generations weren't, and are not, being taught these vital skills.

'I think if we're all admitting we're all a certain age, we've all had classes at school. We've had domestic science...and you learn how to cook. I think that's a bit of a gap now.'



'There's enormous amount of people who've no idea how to cook anything...'

Theme 5:

The impact food has on the environment as a consideration when making food choices

Walsall residents were aware of multiple aspects of food which impact on the environment. Conversations covered minimising the use of plastic, food miles and local produce, organic food and growing your own food, and lastly, minimising food waste and expiry dates. The amount residents prioritised this varied, but for the majority this fell below other factors - such as cost.



'We go to farm shops, and we access our milk from Oakleys Farm. It's one of the milk dispensers. So you reuse the bottles each time.'

Cooking skills

There is no standard offer from local agencies to provide cooking skills for residents. Since the publication of the School Food Plan in 2014, schools have had a legal requirement to teach cookery and nutrition to all children up to the age of 14¹⁹. The plan states that by 14 years old, all pupils should be able to “understand the source, seasonality and characteristics of a broad range of ingredients” and “cook a repertoire of predominantly savoury dishes”. However, in many schools, this is still not happening.

Residents in our focus groups told us that they would welcome support such as learning essential cooking skills and gaining nutritional knowledge.

There are voluntary and community organisations providing teaching on essential cooking skills across Walsall. Organisations such as Positive Outcomes Project who provide essential health and wellbeing support for 16-25 year olds in Walsall. As part of their fantastic work they run cooking classes for the young adults who attend their services.



MindKind also provide a free healthy eating peer support group at their wellbeing centre.

However, it is challenging to identify all courses, as some agencies, such as P.O.P, run cooking skills alongside other activities, and many are not tailored for specific needs such as people with disabilities.

Another example of cooking support is the Holidays Activities and Food programme (HAF) which provides food parcels to children on the scheme during school holidays. These parcels include ingredients for 2 meals, with instructions and a video on how to cook the meals. Children are encouraged to cook with their whole family.



Feedback from the summer 2021 programme, showed the following benefits²⁰:

- New meal ideas **65%**
- Saved money **47%**
- Tried/introduced new food **49%**
- Learned new cooking skills **41%**
- **36%** reported to cook fresh meals more often since
- **40%** reported to involve children in cooking more often

Knowing these benefits are possible, agencies across Walsall should be doing much more to equip Walsall residents with essential cooking skills. Local organisations appear willing to provide this but are challenged by very limited funding.

Recommendation:

I recommend that local communities and community association networks should:

- Work together and share resources to develop an offer to support residents with cooking skills.



Nutritional Knowledge in Health and Care professionals

Health and care professionals can be an important source of dietary knowledge and support. When we spoke to local dietitians and trainee GPs however, there seems to be important gaps in nutritional knowledge and skills in some professionals. Aside from dietitians, health and care professionals receive too little training in nutrition during their careers and, as a result, are not always confident in giving advice to patients.



Dietitians: *'[I am] confident in diabetes nurse knowledge and that they will refer appropriate patients. However [I am] less confident with other health care professionals as knowledge seems to vary a lot'*



Doctors: *'I would be interested in training and resources'*

Recommendations:

For Walsall Council, local public sector organisations, housing, schools and businesses I recommend that they:

- Work together to support nutrition training for their staff. This could include The Diverse Nutrition Association "Understanding Cultural Diversity in Nutrition and Health" for healthcare professionals working with diverse communities.



Giving every child the best nutritional start in life

It is important to ensure we are getting nutrition right, across the whole life course, starting from conception. Our diet in the early years is key to equip us with all the nutrients we need to grow and develop, but also to form those healthy dietary habits and food preferences which we will carry through our lives.

Pre-conception

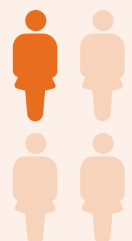
Providing every child with the best nutritional start in life begins even before conception. Folic acid and vitamin D are essential vitamins for a baby's development²¹.

- **All women** should take **Folic acid** supplements daily from pre-conception up to week 12 of pregnancy
- **All women** should take **Vitamin D** supplements daily during pregnancy



Maternal weight is also very important in pregnancy. A raised Body Mass Index (BMI) increases risks to mother as well as baby. It increases the risk of having a miscarriage, giving birth early, having a big baby or having a stillbirth²².

Over **1 in 4** pregnant women in Walsall are obese at their booking appointment, which is higher than the regional and national average²³.



Breastfeeding

Healthy eating starts at birth. Breastmilk has many benefits over formula milk for both infant and mother, such as²⁴:

- **breast milk protects your baby** from infections, diarrhoea and vomiting and sudden infant death syndrome (SIDS)
- breast milk reduces you baby's risk of being overweight/obese in childhood
- breastfeeding provides health benefits for the mother, including a reduced risk of breast cancer
- breast feeding has also been shown to have positive effects right into your baby's adult life, with a reduced risk of cardiovascular disease
- breast milk is available for the baby whenever the baby needs it
- breastfeeding can build a strong emotional bond between you and your baby through release of the hormone oxytocin

Breastfeeding initiation:
59% of babies born in Walsall had a first feed of breastmilk.



The breastfeeding rate in Walsall is significantly lower than other parts of England and the West Midlands²⁵.

Walsall has lower rates of initiating breastfeeding at birth and exclusive breastfeeding at 6-8 weeks compared to other parts of England and the West Midlands. Our rates are not improving, or indeed being maintained, as is happening in other parts of the country. Many women are reluctant to breastfeed in public owing to stigma relating to breastfeeding and fear of confrontation from strangers. When women do breastfeed in public they often feel uncomfortable doing so²⁶.

Everyone has a role to create a more welcoming environment for mothers to breastfeed whenever and wherever they wish. It is important that shops, businesses, workplaces and the wider community recognise the role that they play in making this happen.

A good start would be to review their policies and signing up to the Breastfeeding Network's "Breastfeeding Friendly Scheme" to be a safe place for mothers in Walsall to feed their children.

I recommend Walsall residents to:



- Take up the local offer of Healthy Start Vouchers/ breastfeeding/cooking/growing.

I recommend that local communities and community association networks should:

- Sign up to and promote: the Breastfeeding Friendly Scheme.

Infant Feeding

Solid foods are recommended to be introduced to infants from 6 months of age. Unfortunately, there is limited data on what children are being fed aside from breast milk at this age.

We do know, however, that there needs to be important changes made to the baby food industry. This is a crucial period for forming dietary habits and food preferences and it is therefore disheartening to see that the baby food industry is failing in several areas to align their products to national infant feeding advice. Currently there are no restrictions on permitted amounts of salt and sugar in baby food.

According to the British Dental Association, many baby food pouches intended for infants under 12 months old may **have more sugar by volume than Coca-Cola**²⁷.



Excess sugar is one of the leading causes of tooth decay, which is the most common oral disease in children, affecting nearly a **quarter of five year olds**. It is the most common reason for hospital admission for 5-9 year olds²⁸.



A recent independent review also found clear inconsistencies between national infant feeding advice and how some commercial baby food and drink products are presented²⁹.

It found that:

- some foods marketed as healthy snacks are amongst those with the highest sugar content
- sweet snacking is being encouraged
- misleading product labelling and marketing encourages the introduction of solid food before official advice recommends
- some product names don't reflect the balance of ingredients
- products do not always provide clear feeding instructions

Clearly, this makes it difficult for parents and carers to make informed choices about healthy nutrition for their young children.

There is a responsibility for us all (individuals, communities and organisations) in Walsall to join together to lobby for mandatory limits on the sugar and salt content of baby food.

We should all be encouraging families to “make their own” baby food, highlighting the reduced cost and the reassurance of knowing the content of their children’s food. This would give benefits in terms of better infant nutrition, longer term health, exposure to a wider variety of foods, less packaging, and lower cost to families.



Walsall Healthcare NHS Trust

Infant Feeding Support Service

We are here to support you, please contact us anytime during your feeding journey.

01922 605 248
Available Monday - Friday 9.00am - 12.00pm
and on Saturdays 10.00am - 12.00pm

We offer support via:

- Telephone contact
- Virtual video consultations
- Face to face (by appointment only)

You can also find us on Facebook @Walsall Welcomes Breastfeeding

Caring for Walsall together

Local Support for Infant Feeding

Walsall's Infant Feeding Team

Our Infant feeding team do a range of activities to support mothers and carers with feeding, including:

- Support to initiate and maintain breastfeeding after birth.
- Postnatal face to face visits
- Regular breastfeeding and infant feeding support groups

Recommendation:

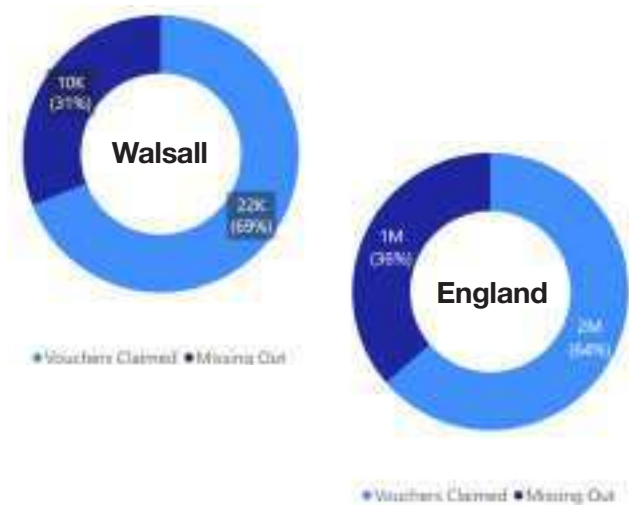


I recommend Walsall Council should:

- Promote a breastfeeding friendly workplace and encourage local businesses and organisations to make their public spaces breastfeeding friendly.

Healthy Start Scheme

Healthy Start is an NHS scheme which provides milk, fruit, vegetables and vitamins for pregnant women and families on low incomes or who receive specific benefits, and with at least one child under 4 years old.



In spite of national and local promotion, knowledge and uptake of Healthy Start could be improved. There are still around **3** in every **10 eligible families** missing out, especially with vitamins.

Up to **1400 Walsall households** are missing out every month; that's **at least £23,800** worth of Healthy Start vouchers not being claimed each month, which could benefit the health of Walsall's mothers and young children. The economic crisis affecting families in Walsall, makes the task to improve this situation even more pressing.

Walsall Public health worked with Aston University on research with local families to explore the reasons why people are not taking up the healthy start scheme. These were:

- Complicated eligibility and application processes
- Lack of awareness of scheme
- Lack of understanding of what is included in Healthy Start Scheme
- Some vulnerable groups ineligible
- Lack of outlets accepting vouchers
- Stigma and social unacceptability of taking up free vouchers

A series of actions are needed to optimise local access and uptake to this scheme. All organisations in Walsall should prioritise actions to improve the processes for access, distribution and uptake of Healthy Start Vouchers.

Recommendation:

I recommend that local communities and community association networks should:

- Sign up to and promote Healthy Start Vouchers

Food in early years settings

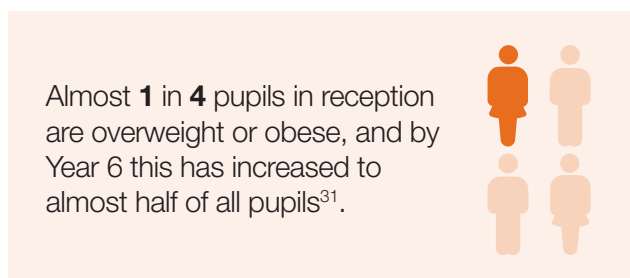
Early years settings are key providers of food to young children across Walsall. It is therefore important that their food offer provides the right amount of energy and nutrients, and that it promotes healthy eating habits. Across Walsall there are a range of caterers who provide this food. Some providers have their own in house cook to prepare snacks and meals on site. Others have external caterers. However, there is limited monitoring of the quality of the food offer in the early years, and this is something that would be useful to be collected nationally. 30 of the settings take part in the Food for Life (FFL) healthy eating programme in Walsall. One example is described below.

Blossoms on the Common are a Pelsall based nursery working with Food for Life. They have achieved their Food for Life Early Years Award. This means that their menus have been shown to be compliant with the national guidelines on food and nutrition. They also grow, cook and enjoy fresh, healthy food and have links with farms or local food businesses.

Feedback from the early years settings is of positive responses from parents on the food served to the children, and they must all abide to national statutory framework regarding food. However, there is limited monitoring on the quality of the food offered in the early years, and this is something that would be useful to be collected.

Food for School age children

In school aged children only 18% of children are getting their 5-a-day³⁰.



2 in 100 children in reception, and in Year 6, are underweight³¹. Therefore, the need to help children to develop healthy eating habits and a balanced diet is important for parents, education, care and leisure providers.

Food in Schools

Children spend 190 days of the year in school and during term time they consume as much as 50% of their food at school. For some students, the



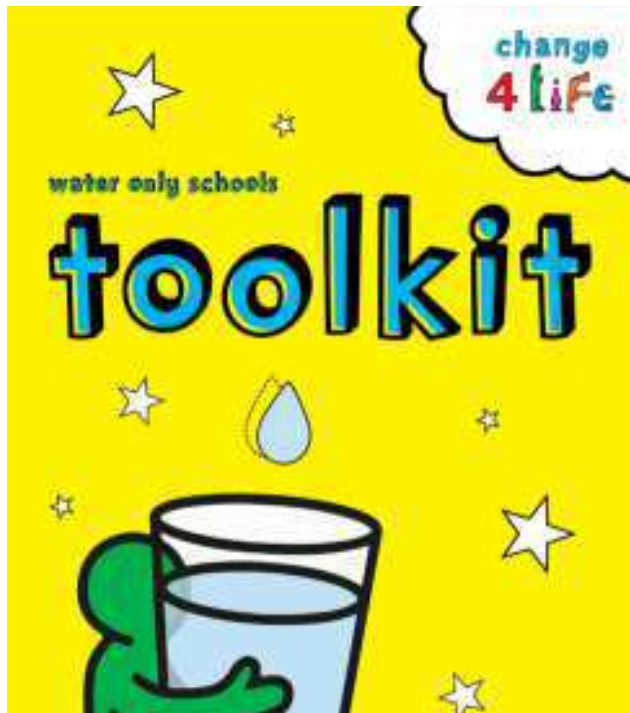
school lunch is their only substantial meal of the day. It is important that schools offer a wide range of food that appeals to pupils while also being well-balanced, fresh, locally sourced, and sustainable. The environment where children eat is also critical in influencing children's relationship with food and mealtimes.

Food served in all maintained schools and academies in England must meet the Governments School Food Standards³². These mandated standards are there to ensure children have healthy and balanced diets so they have enough energy for the school day. It also ensures that children have a pleasant environment for eating. Ofsted's role is to ensure schools are meeting requirements for safeguarding, welfare, and learning and development, however, this does not seem to cover food quality and healthy eating practices. There has now been a commitment to put a greater focus on how schools create a culture of healthy eating³³.

'It's Time to #Spill the Beans' is a report by Bite Back 2030, a youth-led movement campaigning to transform the food system, and provides first-hand insight into the food provided in schools from the pupils who are actually eating it³⁴.

The report suggested that the school food standards are routinely not being upheld.

This is a UK wide report covering a range of schools, so it is possible that the findings would be similar in Walsall. It stresses the importance of ensuring that we are meeting the school food standards and ensuring fair access to food for all pupils.



The Spill the Beans report also found that water is still not available and accessible in all schools. Keeping regularly hydrated is essential and school-aged children should aim to drink 6-8 glasses of fluid a day. Water is the best form of fluid for children for hydration and so we should be encouraging all Walsall schools to ensure water is easily available to all students. 'Water only schools'³⁵ is a toolkit produced by Change 4 Life to encourage all primary schools across London become water only and could be used locally here in Walsall.

Free School Meals

Free School Meals (FSM) are an important support for children and families who are on low-incomes or receiving benefits. However, not all families who are eligible for free school meals in Walsall are taking up the offer.



"The change I want to see at my school is for students to have equal access to a good amount of food that is affordable; both students who do and don't receive free school meals"

"I'll choose the unhealthy option because it will fill me up more, or because it's cheaper to buy so I can buy more of it. Recently the school started selling Skittles and Smarties and people are hoarding them because you can buy lots."



"There's hardly anything vegan or vegetarian. Once, when I had to get a school meal, all I could have was chips and some apple juice."



A report by Food Active highlighted 5 barriers for students and families³⁶:

1. Stigma
2. Knowledge
3. Poor choice/Variability
4. Taste socialisation
5. School Food Environment

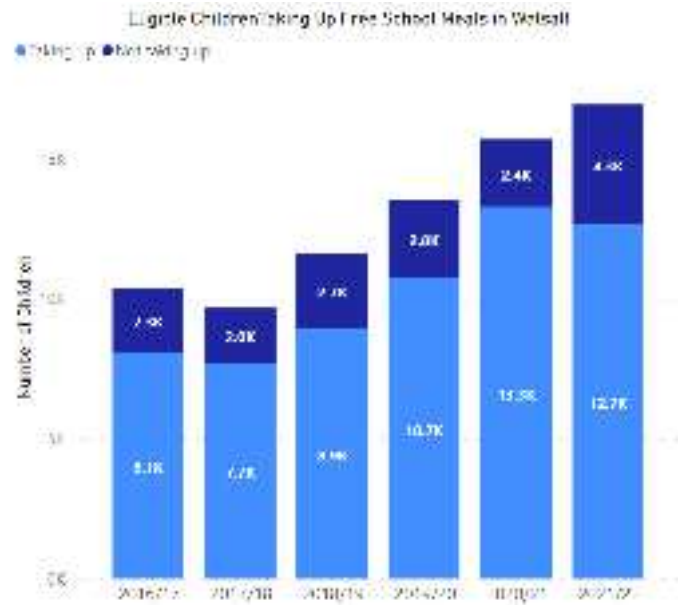
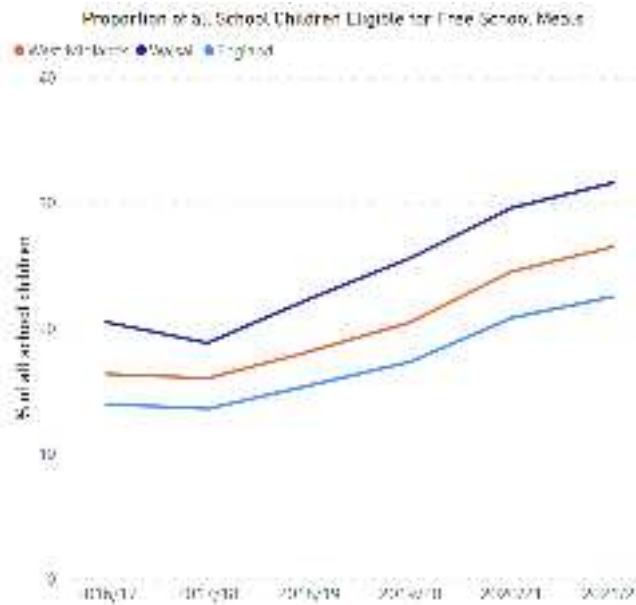
The eligibility criteria are also excluding a significant number of families in need, with the Feed the Future Campaign reporting that 800,000 children in England living in poverty are not currently eligible for Free School Meals³⁷. There is a real challenge to reduce the barriers to families accessing FSMs but also lobby with others to widen the range of people who are eligible. All organisations in Walsall can join the Feed the Future campaign to expand FSM to all children in households on Universal Credit.

Recommendation:

I recommend that local communities and community association networks should:

- Sign up to and promote Free School Meals and the Holiday Activities and Food Programme





Local Action

Food for Life



The Food for Life (FFL) programme run by the Soil Association, is about making healthy, tasty, and sustainable meals the norm for all to enjoy, connecting people with where their food comes from, teaching them how it's grown and cooked, and promoting the importance of well-sourced ingredients.

The service was commissioned by public health in order to embed a healthy approach to eating. This includes influencing caterers and the food served in the school or early years setting, teaching children about healthy eating and offering them the opportunity to grow and taste different foods.

FFL has been running in Walsall since 2017. 86 settings take part in the programme, reaching 16,000 school children and 2238 in nurseries.

"I cannot praise enough the support that the team from Food for Life have given us at school! From the very beginning, when we decided to 'go for Gold', we have been supported and encouraged every step of the way. Nothing is ever too much trouble and the advice and support we have received to completely change our menu and enable us to deliver high-quality food for our children is having a remarkable impact on lunches and children's eating habits and choices."

(Food for Life Walsall school – Radleys Primary School)

"The joint workshop for parents have been great and it is wonderful to see the knowledge learned filtering through into meals being prepared at home. We look forward to more in the near future."


(Food for Life Walsall school – Radleys Primary School)




Active Black Country

Active Black Country run a healthy schools rating scheme which encourages schools' contributions to pupils' health and wellbeing. Two key parts are assessed for these awards – the school's food education and their compliance with the national school food standards. The diagram below gives examples of criteria for the scheme's various awards:


Bronze Award:

- Healthy Eating is a curriculum priority 
- The school must comply with the school food standards across the school day (This is a statutory requirement for schools)
- School food standards are specific in school catering contracts, annual assurance is provided by catering services or the local authority
- Have a nominated school governor with responsibility for school food standards

Silver Award:

- Professional development for teachers on food 
- School ensures training for catering staff on school food standards

Gold Award:

- Gold Award:** 
- Pupils assist catering staff in preparing food
 - School grows food on site for school meals
 - School provides extra curricular cooking clubs
 - Unhealthy items are banned from packed lunches
 - The school is part of a school food award or accreditation scheme



The Holiday Activities and Food programme

The Holiday Activities and Food programme (HAF) works with 62 providers in Walsall, to provide food for children eligible for FSM, during the school holidays.

Local evaluation of this programme found that **3** out of **4** parents said that their children had eaten healthy food while they attended activities.



For Walsall Council, local public sector organisations, housing, schools and businesses I recommend that they:



- Draw up and implement a borough-wide food plan to ensure local people have access to quality food and opportunities to grow food.

Access to Affordable Food


The current economic crisis is having a devastating impact across the UK and in all communities in Walsall. The Food Standards Agency's UK survey showed that in December 2022³⁸:


- More than **8 in 10** people were concerned about food prices 

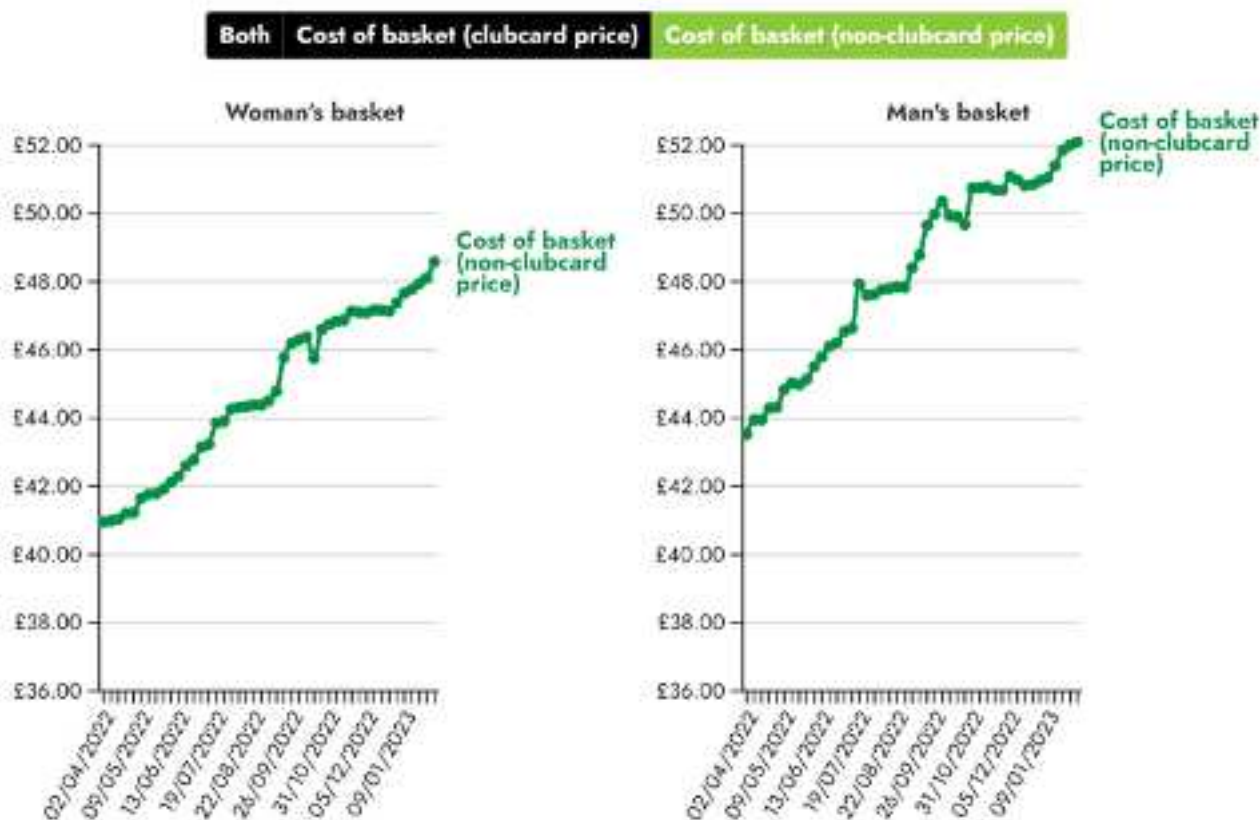
- More than **1 in 4** of respondents said they could not afford their essential food shopping at least once in the last month
- More than **1 in 5** had eaten food cold at least once in the last month, as they couldn't afford to cook hot food
- Nearly **1 in 3** reported at least one occasion in the past month when they could not afford to eat a healthy balanced diet.



A Joseph Rowntree report³⁹ has shown that **7.2 million households** in the UK are either:

- going hungry or cutting down the size of meals or skipping meals 

- or going without basics like showers or adequate clothing. 



The Food Foundation has been monitoring the weekly prices of a basket of food bought from Tesco for an adult male and adult female as part of a reasonably costed, adequately nutritious diet. This shows the incredibly steep increases in food prices that we have all been facing alongside all other rising costs⁴⁰.

Rising prices were a significant concern to residents at our focus groups who reported that cost is a critical barrier for households to access food, particularly those on lower incomes.



"I mean, the prices aren't just going up in 5 pence. I mean, we saw something the other day that was a pound that two days later it was 1 pound 50...but you still have to make those choices each week when you go shopping between the cost of fresh food and what you can and can't do."

"I cook a roast on a Sunday and I cook it for four people. But I'm conscious now of my electricity bill and my usage."

Affordable food in Walsall

Local markets provide lower cost foods and are located across the borough in the town centre, Willenhall and Bloxwich. In addition, value supermarkets such as Aldi and Iceland, have opened more outlets in Walsall in recent years.

Social supermarkets and pantries e.g. those in Pelsall and Pleck, also offer access to discounted food for a small weekly subscription fee.



Free cooked meals are provided by organisations such as Walsall Outreach, SEWA Kitchen and FoodCycle.



Several food banks are also operating across Walsall. Food banks provide free food supplies to those who need it. These are a lifeline for an increasing number of households. Walsall has a good network of food banks with seven Black Country foodbanks, two Trussell Trust and a growing number of independent foodbanks including Blessed 2 Bless, Residents R Us and Hands 2 Help U.

FareShare is a food redistribution charity which provides surplus food to charities across the UK, which then use this to feed people at risk of hunger. They currently support 21 Walsall organisations.



At a time of increasing demand however, there has been a reduction in donations to foodbanks and other organisations providing free and reduced cost food. Supermarkets have also been extending their best before dates allowing older food to be sold rather than given away to the community and voluntary sector. Local residents identified stigma associated with using a foodbank as a key barrier.

Compared to this time five years ago, Trussell Trust has reported an **86% increase** in need for their food banks in the West Midlands⁴¹.



The charities that FareShare support help understand in finer details the reasons in this rising demand⁴²:

- 65% of the charities state the increases in the cost of food

- **52%** state rising energy bills



- 63% state changes in universal credit

- **56%** state mental health issues



- 36% state physical health issues

- **54%** state low pay



- 60% state unemployment

New foodbanks are being created, such as two new ones in Beechdale and Willenhall. Existing foodbanks are also extending their offers with Blessed to Bless supporting a foodbank at the Manor Hospital. Organisations who wish to start a foodbank can receive help and support through the Black Country Foodbank, Walsall Council or One Walsall.

General help is provided to residents through the Government funded Household Support fund, which is managed by Walsall Council with local partner agencies.



But we need to do more. It is an outrage that we are facing a climate with such high rates of food insecurity and where the need for food banks is so great. The reasons lie in wider policies on welfare and living wage employment and childcare. These challenging times call for coordinated, focused, action to reduce food insecurity.

There are a range of actions that can be done by local agencies including:

- Work with food providers to increase the local supply of affordable food
- Use opportunities from new investments e.g. town centre regeneration to increase living wage employment
- Ensure people get the support they need when in crisis by reviewing the offer in Walsall of foodbanks and explore the potential for collaboration



Chapter 2

Enhancing the Local Food Environment

Nationally, the proportion of meals eaten outside of the home is increasing, with more than **1 in 4 of adults** and **1 in 5 children** now eating from out-of-home food outlets at least once a week.



Meals eaten out of the home tend to have larger portions, and higher fat, sugar and salt content and lower nutrients than meals eaten at home. Fast-food and takeaway outlets, are associated with poorer nutrition.

In addition, national and local data show that fast-food outlets are more densely concentrated in areas of greater deprivation compared to more affluent areas, which contributes to health inequalities.

The map illustrates the density of fast food outlets for each ward in Walsall. There is a tendency for fast-food outlets to cluster around schools, increasing children's access to and opportunities for purchasing energy-dense less nutritious food⁴³.

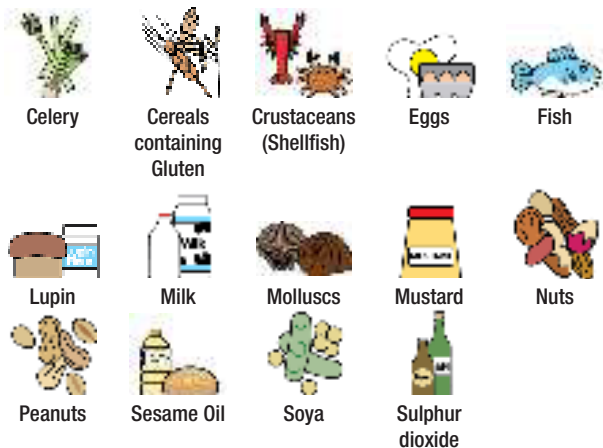


There is a significant rise in the amount of food that is ordered online, as increasingly people purchase their food from online platforms such as Just eat, Deliveroo and Uber eats. These “hosting” sites take a percentage of the sales and this places extra pressure on local food business profit margins, which could lead to local businesses compromising the quality of their offer.

The Food standards Agency (FSA) has recently required these platforms to ensure that any businesses advertising on their sites have a food hygiene registration.

However, we have seen a rise in the number of unregulated “home caterers” selling food through social media e.g. Sunday carvery type meals, cakes sweets and speciality cultural dishes. A simple search of social media will show a range of food offers from domestic premises and these premises are difficult to regulate.

A recent survey by the Office of National Statistics found that to cope with the cost of living challenges, one in five people were eating food beyond its use by date⁴⁴.



There are now two million people in the UK suffering from food allergies (1–2% of adults, and up to 5–8% of children)⁴⁵ but reasons for the increase are unclear. A new law came into force in October 2021 which requires businesses to label all packaged food with full ingredients and all food producers need to be aware of the significant health risks associated with poor allergen control and their duty to control the risks to ensure consumer safety.

Regulation of food businesses

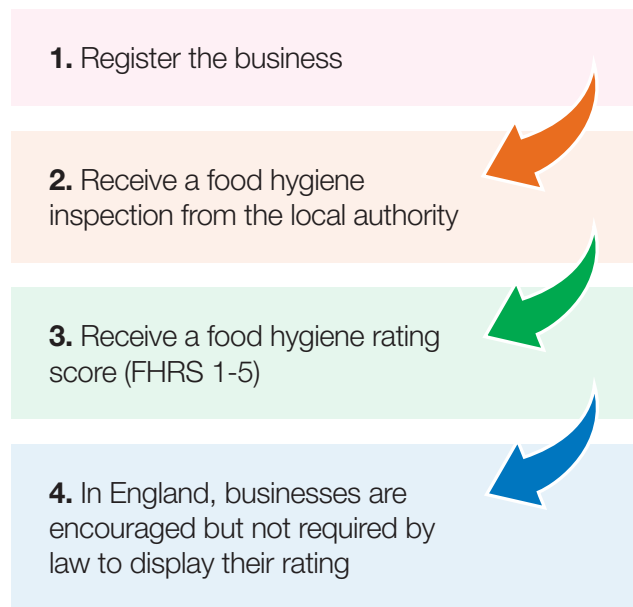
A food business is defined as anyone preparing, cooking, storing, handling, distributing, supplying or selling food.

Contrary to popular belief, most businesses do not require a licence to sell food. New food businesses have to register with a local authority (for free) but the registration cannot be refused.

The Food Standards Agency requires environmental health departments to visit all high-risk premises (or those with poor food hygiene ratings – see diagram). The requirement to register includes food businesses trading from physical customer-facing premises, from home, a mobile unit or temporary premises such as a stall of van, or through online or distance selling. Examples include:

- restaurants, cafes and takeaways
- making food and selling from your home
- catering businesses run from home, B&Bs, mobile catering and temporary businesses marquees, food stalls, food pop-ups and food vans
- nurseries, schools and care homes
- distance selling, mail order and food delivery, including food supplied online or through social media channels or marketplaces

The process is:



Key elements of the ‘food hygiene intervention rating scheme’ are covered during a food hygiene inspection and determine the level of risk posed by the food operation and subsequent inspection frequency. They are assessed on:

1. The level of compliance with food hygiene and safety procedures, (including food handling practices and procedures, allergen control and temperature control).
2. The level of compliance with structural requirements (including cleanliness, layout, condition of structure, lighting, ventilation, facilities etc.).
3. Confidence in management/control procedures.

The FSA requires businesses to do an allergen matrix (see figure below).

DISHES AND THEIR ALLERGEN CONTENT - (INSERT THE APPROPRIATE TICKS FOR EACH FOOD)

DISHES	CELERY	GLUTEN	SHELLFISH	EGGS	FISH	MILK	SOYA	MUSTARD	NUTS	PEANUTS	SESAME OIL	SULPHUR DIOXIDE
Example of a dish	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Food Standards Agency
food.gov.uk

Depending on the assessment at the visit, the environmental health team will decide the frequency of follow up visits. Manufacturers of products of animal origin, such as dairies, meat product manufacturers or fish processors, are subject to specific regulations that require a tighter inspection schedule.

There are **2318** registered food businesses in Walsall with a yearly increase e.g. there have been **322** new registrations in 2022.



In addition, Walsall has a very diverse food offer, with an expansion in small international shops, restaurants, and takeaways offering speciality foodstuffs from around the globe. Although this is a positive step in relation to accessibility of a wider range of foodstuffs for our communities, it also brings challenges in relation to differences in the way foods across the world are imported, processed and labelled.

Walsall Council's Environmental Health and Trading Standards services activities in 2021/22 include:

- **119 programmed inspections** of established food businesses undertaken.

- **314 food complaints** relating to hygiene.



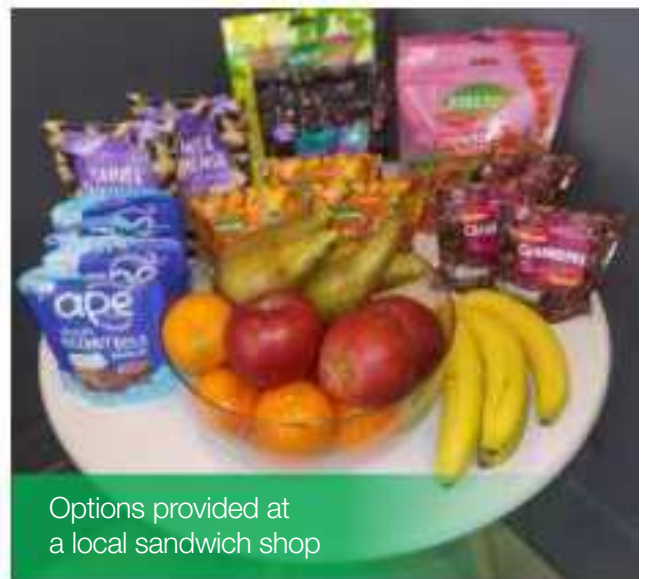
- **173 initial inspections** of unrated (new) food businesses.
- Investigation of **113 notifications of cases** of infectious diseases (including salmonella, campylobacter and E. Coli infections) and a number of allegations of cases of food poisoning, which had not been formally diagnosed.

It is important for regulations to be in place as, within Walsall, trading standards officers are still finding instances of breaches of standards which can pose a risk to public health. Such breaches have included:

- Counterfeit products
- Incorrectly/Unlabelled food, which is particularly important to residents with allergies
- Out of date food items
- Contaminated and incorrectly labelled food

Support for food businesses

Until 2022, Walsall Council's environmental health and public health teams ran a HealthSwitch scheme for hot food takeaways, leisure outlets, playgyms and cafes. This provided knowledge and skills to give healthier options for their menus. These were well received by customers, and business incomes were not affected. However, the impact of the scheme on longer term customer behaviour and wellbeing was difficult to capture. Many of the actions taken on by businesses such as cooking with less saturated fat, adding vegetables, fruit and water, have been continued. Since the pandemic, the attitude of business owners to including healthier options in their menus is not clear.



Options provided at a local sandwich shop



HealthSwitch menu at Bloxwich Active Living Centre



All new food businesses will receive information and advice on allergen control as part of the initial visit. Alongside this, colleagues from Trading Standards will carry out proactive sampling for undeclared and /or mislabelled allergens in food stuffs, react to complaints and advise food businesses about labelling.

Recommendations:

I recommend Walsall residents to



- Check the food hygiene rating of premises when buying and eating food outside the home (FSA website)

I recommend that Environmental health and trading standards teams should work with other West Midlands authorities to standardise enforcement work.

- For example on importing food, illegal food processing, adulteration of food and misrepresentation.





Growing food in Walsall

Space for growing food

There are **33 active allotment sites** owned by the Council across the borough covering 38 hectares of space (1 hectare = 10,000 m²).

There are also a number of derelict sites and sites in private ownership, bringing the total area of sites to 42 hectares. This equates to 2% of the greenspace in Walsall and 0.4% of space in the Borough in total. The space in active sites is divided into 1372 allotment plots, which are almost all managed by community run Allotment Associations (a small number being managed by the Council).



The National Allotments Society, which promotes allotment gardening suggests a target of 9 plots per 1000 population, although the national average is **6.3 plots/1000** population.

Plots per 100 population in Black Country Local Authorities:



- **Walsall** has **5.5**
- **Wolverhampton** has **4.6**
- **Sandwell** has **5.5**
- **Dudley** has **3.5**

Walsall Council owns **6** farms, which are leased to local businesses for a range of uses.



Local Projects



Goscote Green acres

work with local people to inspire vegetable growing and eating in the Goscote area.



www.facebook.com/GoscoteGreenacresCommunityGarden

Caldmore Community gardens

Caldmore Community gardens is an arts-based organisation who provide community growing and performance space.



www.caldmorecommunitygarden.wordpress.com

Butts Community Garden,

which are developing a small area of open space into a space for bio-diversity, food growing and recreation.



www.facebook.com/TheButtsCommunityGarden

These organisations are community led growing projects which encourage residents to get involved in their local growing spaces and learn to grow vegetables, fruit and other species. There are also other local growing projects which are starting to become established in Walsall such as Rushall Playing Fields and a project proposal as part of Greening Bloxwich on Bloxwich Park.

National and regional projects

Birmingham City is host to a food waste project called Incredible surplus/The real Junk food project.



The organisation uses waste food and redistributes it to those that need it, it is also currently running a composting project, encouraging people to compost more and make their own soil improver.

www.facebook.com/IncredibleSurplus
www.incrediblesurplus.org/compost-culture

Ideal for All is a charity in Sandwell borough which works with people with disabilities, the elderly, vulnerable and their carers.



As part of their Growing Opportunities project they provide therapeutic gardening, food growing and healthy cookery programmes

www.idealforall.co.uk/Health-and-wellbeing

Recommendation:

Walsall Council to encourage local people to get involved in food growing initiatives on allotments and other community growing spaces.



Climate Change Action

Many people are concerned about the impacts of climate change on our lives. The Intergovernmental Panel on Climate Change has found that approximately one third of greenhouse gases are attributable to the food system⁴⁶.

Walsall Climate Change action plan is a 5 year programme (2020-2025). It has limited action on food and food production as a producer of greenhouse gases. The main focus is on cutting energy and fuel use and improving measures to adapt to climate change.

Two clear recommendations from the independent Climate Change Committee are to⁴⁸:

- reduce meat and dairy consumption by **20%** by 2030, eating plant-based alternatives



- release **9%** of agricultural land for woodland creation and bio-diversity by 2035.



Changing dietary patterns would make our food intake more sustainable, reduce the impact of agriculture on the environment and improve our health. Animal products generally need more land, energy and water in their production and also generate more waste than planted crops. 15% of global emissions are from livestock (the same as vehicle emissions)⁴⁷. In industrialised countries, the average person eats twice as much meat as is judged healthy and global consumption is rising. Overconsumption of food is contributing to the steep rise in obesity and diseases such as cancer, type-2 diabetes and heart disease.

Diets to support good health are low in red meat and high in fruit, vegetables and fibre. We should be promoting a high proportion of our diet to be from foods with the lowest environmental impact.

Actions which can be taken locally by us all are to eat local seasonal produce which is farmed organically or with reduced fertilisers and pesticides. Food waste and the transport to landfill and decomposition produces methane, another important greenhouse gas. Incredible Surplus, which is a Birmingham project helps to tackle these issues. There is an opportunity for Walsall to work with this organisation to develop a similar project in our borough.

“**Incredible Edible**” is a national movement which has projects all over the country. The project promotes vegetable growing on land which is underused by landowners, and encourages people to experiment and learn to grow. www.incredibleedible.org.uk/



Through our focus groups we found that local residents had an awareness of the impacts food has on the environment. It varied how much people factored this into their individual food choices, for some there were other more pressing priorities, such as cost. Some residents felt that more could be done higher than at the individual level, to minimise the negative impact on the environment such as:

- Reducing packaging
- More accurate expiry dates to minimise food waste
- Minimising the use of pesticides on food
- More local produce

Some authorities in our region are considering signing up to the



International Plant Based Treaty. The treaty is designed to put food systems at the forefront of combating the climate crisis. Other councils are encouraging their residents to think about improving their health and the health of the planet by focusing on plant-based food and other products rather than a reliance on animals. Walsall could adopt this approach. Find out more about the Plant Based Treaty here: www.plantbasedtreaty.org

Recommendation:

I recommend that local communities and community association networks should:



- Promote and support opportunities to grow food in order to increase self-sufficiency and community cohesion.

Chapter 3

Influencing food policy

Potential to use procurement rules to improve food quality

The national food plan (The Dimbleby report) noted a poor monitoring and enforcement system for the national buying standards for food (GBSF) for public sector organisations⁴⁹.

Hospital food for patients, prisons and the armed forces are bound by the standards, but local authorities, schools, visitor and staff food in hospitals and care homes, do not have to follow the buying standards.

The standards do not require institutions to meet national nutrition guidelines (the Eatwell Guide) and do not consider the environmental impact of the food that is served. They do not reflect the public's preferences on issues such as animal welfare (for example, eggs from caged hens may be used). They prioritise cost over quality, such that suppliers can provide imported food that is produced in ways that would not be legal for UK producers.



In addition, in many public institutions, there is no clear vision, leadership or training around healthy and sustainable food.

Walsall Council does not currently have policies on the local food offer or food supply on Council owned premises. Nor are there duties for contractors with the Council.

The National Food Plan recommended that Government procurement rules should be strengthened to require all public sector organisations to apply these standards so that taxpayer money is spent on healthy and sustainable food.

Bath and NE Somerset Council has introduced a dynamic procurement system which allows SMEs and local businesses to sell smaller quantities of fresh food and drink to public bodies⁵⁰. This has been successful in improving the local food offer. School Food Contract (bathnes.gov.uk)

Recommendations:



For Walsall Council, local public sector organisations, housing, schools and businesses I recommend that they:

- Set procurement standards for food on their own sites and for contracts they let
- Join with national groups (e.g. LGA, ADsPH) to lobby for the implementation of the national food plan and national obesity strategy.

Council Influence on advertising of high fat, salt, sugar food

It is known that children's chances of accessing healthy and nutritious depends strongly on where they grow up. In London work has been done to visualise a schoolchild's bus journey from home to school and track the number of unhealthy food outlets they are exposed to along the way. Bus stops, junk food, and children's health - Impact on Urban Health

The work found that those living in areas with the highest rates of both deprivation and obesity in London also had the most exposure to junk food. Anecdotal evidence in Walsall suggests that the issue is similar within the borough.



Recommendations:

For Walsall Council, local public sector organisations, housing, schools and businesses I recommend that they:

- Restrict the advertising of high fat, sugar, salt foods in areas accessible to children. As part of this, specifically encourage Travel West Midlands to follow TfL's lead and restrict junk food advertising on transport.



An evaluation of the restriction on junk food advertising across the Transport for London (TfL) network in 2019.



It showed a result of:

- **94867** few cases of obesity
- **2857** less diabetes
- **1915** few CVD
- Save NHS **218M**⁵¹

Walsall Council has previously agreed a policy to restrict advertising of high fat, salt and sugar foods on council-owned land in areas accessible to children. However, there have been flagrant breaches of this.

Using planning processes to improve the local food environment

This report has shown the high number of fast-food outlets in Walsall. Local residents have spoken about the challenges for them in an environment such as this.

“And the problem is, we’re surrounded by a lot of the cheaper shops, which sell a lot of the more high fat- like Poundland places, you can go and buy four Yorkies- I don’t know, however many you get for a pound. Where, if you wanted to go and buy a packet of pears, it’ll cost you £2.40 if you go to Tesco or whatever”

“But within a few yards, you’ve got KFC. Just the other side of the chemists and the doctors, you’ve got Co-op. And they’ve got the pizza, haven’t they? There’s a pizza place. Then you’ve got the fish and chippy. Very, very close to one another”



It is however, within our hands to manage the expansion of fast-food outlets in Walsall. NICE recommends that Environmental Health Officers, Local Government Planning departments and Trading Standard Officers can take action by using planning policies to regulate the opening times of fast-food takeaways, particularly those close to schools. In addition, they suggest limiting the number of takeaways in any given area, and to help owners of takeaway foods improve the nutrition of the food offered⁵².

Local policy conditions can be used to restrict the operation of mobile food outlets within the vicinity of schools. For example, by prohibiting trading within 400 metres of school grounds from an hour before the start until an hour after the end of the school day.



A census of local planning authorities in England in 2017/18 showed that half of all local planning authorities had a policy to promote health by targeting takeaway food outlets. The most common planning policy was to have takeaway food outlet exclusion zones around locations attended by children and families (e.g. schools, parks and leisure centres).

The zones were mostly **400** metres, which has been considered a reasonable **5-minute** walk, or 800 metres which is a **10-minute** walk⁵³.



Recent changes in planning legislation in relation to the use class order and hot food takeaways provide opportunities for local authorities to make a difference to the borough’s food environment.

Some local authorities have utilised planning policy to limit the density of new fast-food takeaways. For example, Gateshead Council adopted a blanket ban approach. In 2015 to new applications for fast food takeaways, to improve health and tackle childhood obesity. Using the available planning policy, the Council managed a fall in fast food outlets as a percentage of all food providers compared to other boroughs in north east England.

The approach was:

- Restricting new fast-food outlets near schools
- Restricting new fast-food outlets if the density of existing outlets surpassed a set threshold of all retail outlets (no more than 20% of all outlets can be fast-food)
- Restricting new fast-food outlets if childhood obesity rates were above a threshold of 20% based upon data from National Childhood Measurement Programme for children aged 4-5 and 10-11.

Local planning officers have confirmed that these actions are possible in Walsall, with appropriate evidence.

Recommendation:

I recommend that Walsall Council develops planning policies which limit the expansion of hot food takeaways.



Introduction of food growing to planning policies

There are no powers to influence growing on land as planning is not required. As the Black Country Core Plan is now defunct (partners have withdrawn) a new local plan for Walsall will be drafted – scope will be completed for after the May 2023 elections. Significant investment has been made to Walsall from the Towns Fund and the Levelling up fund. The Regeneration team is leading plans for developing key areas in the borough. Ideas under consideration could include clarifying guidance for developers on making space for growing food in individual plots or communal areas.

New legal requirements are being proposed for biodiversity net gain. This could provide the opportunity to include food growing in new developments.

Recommendation:

Ensuring the availability of **water-filling** points at new public developments, such as the new railway stations across Walsall, is an important and visible commitment to supporting healthier food and drink for residents.





Food waste recycling & composting

As well as encouraging residents to eat healthier diets, and locally grown food, much more can be done to reduce food waste. This will help families and businesses but also support a sustainable environment.

Across Walsall we collect around **18,000 tonnes** of garden waste every year via the 'brown bins' and from the Council's Household Waste Recycling Centres. This waste is sent to a local contractor for composting at a facility in Staffordshire.



This waste is sent to a local contractor for composting at a facility in Staffordshire. The facility also takes in garden waste from other local authorities and larger producers of organic waste and has the capacity to process **90,000 tonnes** per annum.



The composted products are certified and sold commercially under a national supply contract. The finer compost has PAS100 approval and is sold for use in the production of 'growing media', which means it is in the bag of compost you can buy from the garden centre. The medium grade material is used in the agricultural, landscaping and horticultural industries, while any remaining oversize material is used to produce woodchip biomass which can be sold for fuel.

If Walsall was to produce more local compost, the ideal way would be for more people to home compost but it is likely to only ever be the keenest gardeners and allotment holders who do this. As garden waste is very seasonal, the Council only collects it for 36 weeks of the year. There is no real benefit (but an increased cost) to extending collection for the whole year.

No surveys of residents' views on composting have been undertaken in recent years.



Environment Bill Targets

National government has issued a 25 Year Environment Plan with goals to use resources from nature more sustainably and minimise waste.

There is a national target to achieve a **65% municipal recycling** rate by 2035, which includes material sent for composting. The Environment Bill 2021 mandates free garden waste collections by 2023/24. Walsall already meets this requirement.



There is also a requirement for the introduction of separate weekly food waste collections. Proposals are under discussion in Walsall and the Council is commencing a waste composition analysis project to define how much avoidable food waste is ending up in our general grey bins.

An important aspect of the Environment Bill is the power to set long-term, legally-binding environmental targets, with at least one within the area of Resource Efficiency and Waste Reduction.

Walsall Council is exploring how targets can help:

- increase resource productivity
- reduce the amount of 'residual' waste we generate

Recommendation:

- I recommend that Walsall Council completes and implements an ambitious plan to reduce food waste, in line with national requirements.



Influencing National policy

Recently (summer 2022), it has been announced that the government is delaying the introduction of the 9pm advertising ban for junk food due to 'cost of living considerations'.

A national policy on sugar in foods, the 'sugar tax' had been introduced in a limited way with some results. e.g. manufacturers reformulating food products with less sugar, but much more could be done. Walsall alone cannot influence this but, if working with other agencies to challenge national policy, change is possible.

Recommendation:

- I recommend that Walsall Council joins with national groups (e.g. LGA, ADsPH) to lobby for the implementation of the national food plan and national obesity strategy.



Update on Last Year's Recommendations

Looking after our own mental wellbeing



Stronger and more resilient communities



Local Organisations Working Together to Support Better Mental Wellbeing



	Recommendation Description	Actions
Looking after our own mental wellbeing		
1	Make a commitment to putting yourself first, even just for a while.	<ul style="list-style-type: none"> Promotion of the 8 Steps to Wellbeing Plans. Communication around Director of Public Health annual report, including a launch event and media release.
2	Find out where you get support if you need it.	<p>Implementation of:</p> <ul style="list-style-type: none"> The “Thrive” wellbeing mobile unit No Wrong Door network Emotional help line Information hub available and being updated Mapping of existing wellbeing provision through a wellbeing outcomes framework project which will be accessible through an online portal. <p>The information hub is to link to the wellbeing outcomes framework.</p>
3	Make a (realistic) positive routine.	Promotion of 8 Steps to Wellbeing plans.
Stronger and more resilient communities		
1	Make a commitment to putting yourself first, even just for a while	Promotion of “Give them a call “ campaign to encourage people to call others.
2	Let your friends know that it’s ok not to be ok and you are available to speak to if and when they need you.	Communication and promotion activities on mental health awareness days and week.
3	Actively participate in your local community. This might be volunteering, attending a local group, helping a neighbour or sharing your views through a consultation on a local development	Rewarding volunteering opportunities provided across Walsall including public sector (e.g., conservation volunteers through Walsall Council) and the community and voluntary sector.

Local Organisations Working Together to Support Better Mental Wellbeing

1	Develop and implement a set of co-production principles to enable greater voice and control to residents and communities and having relevant plans e.g., Corporate Plan more community centred	<ul style="list-style-type: none"> • Coproduction training made available through Walsall Together. • A range of coproduced projects/ intervention have been developed to improve mental health through the better mental health funded programme.
2	Implement a mental wellbeing impact assessment tool for use when undertaking any major plan, project or proposal at strategic board level	<ul style="list-style-type: none"> • The mental wellbeing impact tool has not been developed independently but is planned to be incorporated into the HEAT tool. • Alongside this, there is a wellbeing outcomes framework being developed through Walsall Together that will provide a consistent set of wellbeing outcome measures for Walsall.
3	Increase the number of organisations signing up to the Mental Wellbeing Prevention Concordat. The Mental Wellbeing Prevention Concordat is an agreed set of actions owned by local organisations to improve population mental wellbeing.	Full range of people and partners signed up to the Wellbeing Concordat, which is to be finalised and submitted.
4	Increase the number of organisations signing up to the No Wrong Door System and delivering wellbeing plans with service users	<ul style="list-style-type: none"> • The No Wrong Door partnership has 33 partners since it launched. • Engagement with 8 Steps to Wellbeing Plans have been incorporated in to tenders across the system e.g., Walsall Wellbeing Service, Public Health mental health services, Young People's health and wellbeing services.
5	Develop targeted media campaigns to increase knowledge of our residents to maintain or improve mental wellbeing with specific focus on those more vulnerable to poor mental wellbeing	<ul style="list-style-type: none"> • See above communication and marketing of mental wellbeing which has taken place in line with events and national campaigns. • Mental wellbeing events taking place across Walsall to support partners to support others. • A number of targeted events to promote positive mental wellbeing directly to residents. This included a number of Tri-It physical activity events in the lead up to and following the Commonwealth Games.
6	Provide easily accessible information on the support available and when and how to access it as well as self-supported wellbeing plans. These will help identify and plan opportunities for maintaining or improving mental wellbeing	<ul style="list-style-type: none"> • A range of partners have committed to delivering 8 Steps to Wellbeing plans including a young people's health and well-being service, POP, Wellbeing services (see below). Also, an information hub has been developed. • A wellbeing service is being tendered providing support across the fundamentals of wellbeing (e.g., employment, housing) and health behaviours (e.g., smoking, weight management).

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Public Health Outcomes Framework (PHOF) – 3x3 matrix

1. Purpose

To update the HWBB on the public health outcomes framework (PHOF) “3x3 Matrix Tool”. This tool provides “conversation starters”, by visually highlighting indicators as they compare to benchmarks as well as showing trends.

2. Recommendations

- 2.1 Members note the detail of this report.
- 2.2 Utilise the 3x3 matrix outside of this Board, to open up discussions and subsequent action both within and outside the Council, on how to improve public health outcomes.
- 2.3 Members note, that incorporating health and wellbeing considerations into decision making across sectors and policy areas, it can make a significant contribution to improving wellbeing for the people of Walsall.
- 2.4 Members note, that the 3x3 matrix has been showcased throughout the organisation and continues to evolve over time with amendments to further enhance its capability.

3. Report detail

- 3.1 The Public Health Outcomes Framework (PHOF) sets out a high-level overview of public health outcomes, at a national and local level. An [interactive web tool](#) makes the PHOF data available publicly. This allows local authorities to assess progress in comparison to national averages and their peers, and develop their work plans accordingly.
- 3.2 Our health and thus public health outcomes are influenced directly and indirectly by our social and community networks and the physical, social and economic contexts in which we live (figure 1).

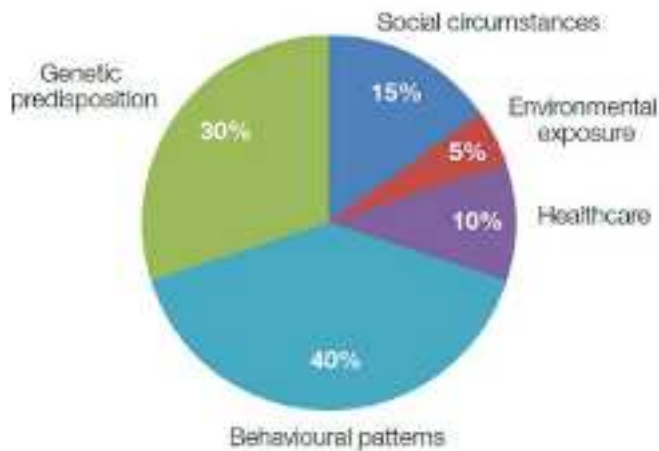


Figure 1. The proportional contribution to premature death. [PHE](#)

- 3.3 The socio-economic and environmental determinants of health taken together are the prime drivers of our health and wellbeing, followed by our health behaviours (for example, whether and how much we smoke and/or drink alcohol, what we eat and how physically active we are), health care, and finally genetic and physiological factors. To improve population health, we have to focus as much on those factors that lie outside the health and care system as those within it.
- 3.4 Local Authorities, with their partners e.g. through the Health and Wellbeing Board, are well placed to take a collaborative approach to improving the wellbeing of all people in Walsall. This can be achieved by incorporating health considerations into decision-making across sectors and policy areas based on the recognition that our greatest health and wellbeing challenges are highly complex and often linked through the social and economic determinants of health and wellbeing (fundamental of health).
- 3.5 To provide a quick overview of over 200 indicators within the PHOF, a simple 'PHOF 3x3 Matrix' has been developed (Figure 2). The indicators are categorised whether their trend is **improving**, **similar** or **deteriorating** and how Walsall compares to statistical* neighbours – statistically better, similar or worse (3x3). The PHOF matrix can be interactively accessed [here](#).

(* 15 areas with similar characteristics to Walsall e.g. Bolton, Derby, Wolverhampton)

Figure 2a – PHOF 3x3 matrix for Walsall



Figure 2b – Indicator Plot of 3x3 matrix for all PHOF Domains

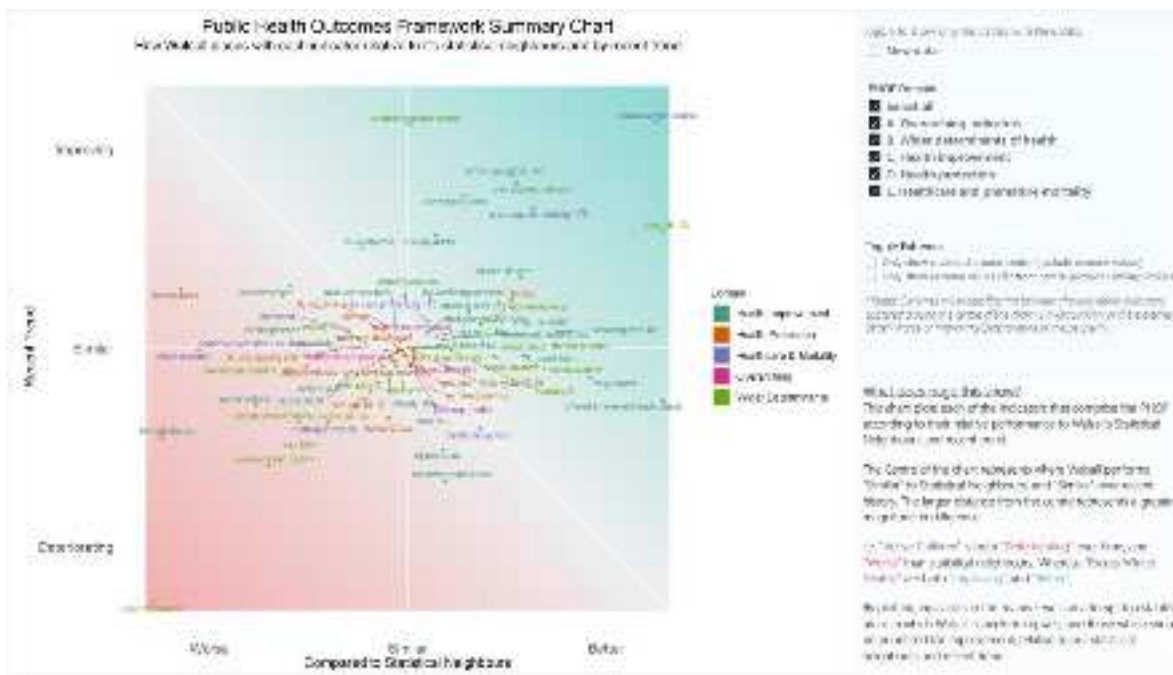
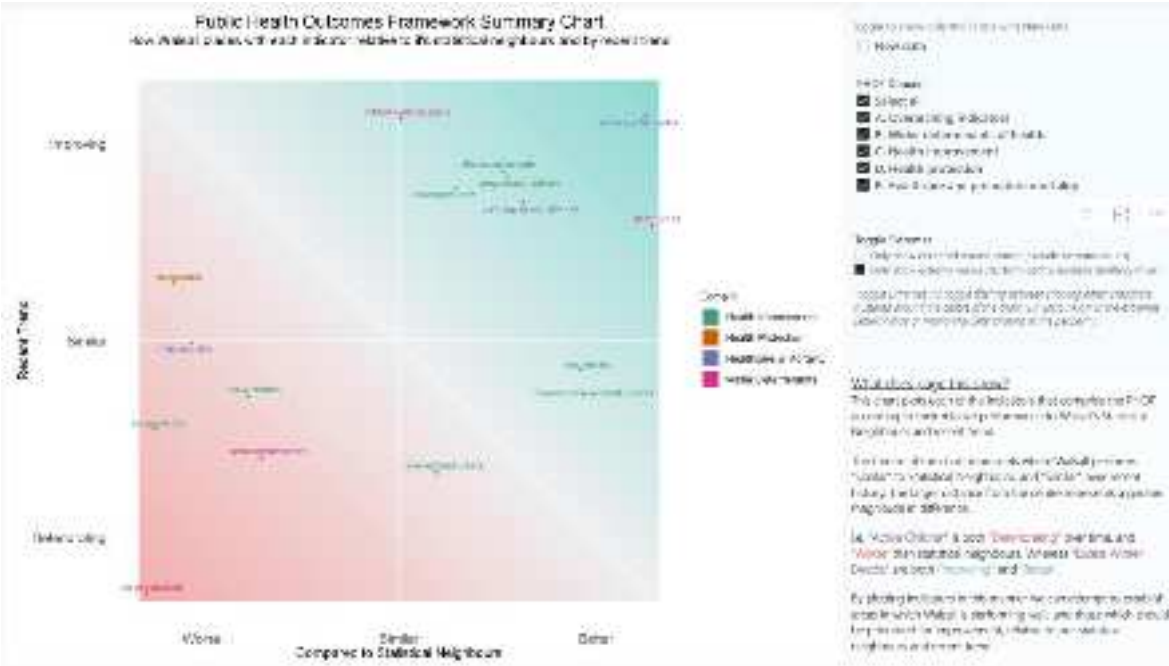


Figure 2 – Indicator Plot of 3x3 matrix for outliers



- 3.6 The matrix aims to be a ‘**conversation starter**’ on action that could be taken to improve outcomes. The underlying principles of a public health approach to improve outcomes is:
- focused on a defined population, often with a health risk in common
 - with and for communities
 - not constrained by organisational or professional boundaries
 - focused on generating long term as well as short term solutions
 - based on data and intelligence to identify the burden on the population, including any inequalities and
 - rooted in evidence of effectiveness to tackle the problem.

These principles are being applied to the PHOF 3x3 matrix to review our current approach to improve outcomes.

- 3.7 Note there are caveats to the matrix, for example, data is updated annually and provides a picture in time. To enrich local action, local data (where available) as well as local knowledge and expertise will help shape future action.
- 3.8 A **key positive finding** to report is there are currently **21** indicators in the matrix which are **improving** over time and show that outcomes for Walsall residents are significantly **better than our peers**. A full list is available [here](#), but examples include:
- excess winter deaths

- under-16 and under-18 conception rates
- pregnant mothers who are smoking at time of delivery

- 3.9 The matrix also demonstrates there are **31** indicators which are **deteriorating** overtime and where outcomes for Walsall residents are **worse compared to our peers**. This offers a focus for further discussion on shared problem solving and action across the Walsall Proud Partnership. A full list is available [here](#), but examples include:
- Noise complaints
 - Carers not having as much social contact as they would like
 - Life satisfaction in the local population

This decline in measures of loneliness and life satisfaction are also reflected in the National [Quality of Life](#) and [Individual and Community Wellbeing](#) Surveys. This highlights the great importance of our comprehensive [Mental Wellbeing Walsall Strategy](#), to promote and optimise good mental health and wellbeing in our residents.

- 3.10 It is also important to note those indicators which show our Walsall residents have *similar outcomes to our peers*, as it could be argued they are ‘on the cusp’ of both *improving* and getting *better* or *deteriorating* and getting *worse*. Examples include; alcohol related admissions to hospital, healthy life expectancy and certain vaccination coverage.
- 3.11 The matrix updates automatically when data is available and monitoring of indicators will continue. This matrix has proved a useful starting point to assess performance on public health outcomes and is assisting with generating further discussions and action around financial planning, meeting needs of the population and generating efficiencies.
- 3.12 Colleagues are encouraged to utilise and engage with the matrix and use the public health principles in meetings they attend to further enhance and probe conversations which aim to take positive action to maximise health and wellbeing for Walsall residents.
- 3.13 To conclude, the ‘3x3 matrix’ and approach is an enabler, allowing for a quick and effective sense check of performance in relation to indicators included within the PHOF. This can facilitate further action across the council and its partners to provide assurance on next steps and challenge in areas where outcomes could be further improved.

4. Implications for Joint Working arrangements

Improving the measures in PHOF and ultimately reducing health inequalities is a key outcome within the PHOF. Understanding the key causes and drivers of inequalities and taking proportionate action to reduce health inequalities is the ultimate aim for the DPH.

5. Health and Wellbeing Priorities

HWBs have a statutory duty to ensure they have a JSNA and HWBS in

place. Utilising the 3x3 grid, and comparing Walsall with statistical neighbours, allows focused action and an ability to work collaboratively to make a difference which will then assist to identify local priorities and develop local plans to improve the health and wellbeing of our population and reduce health inequalities.

Background papers

The Office for Health Improvement and Disparities (OHID) Public Health Outcomes Framework, is available - [Public Health Outcomes Framework \(PHOF\)](#)

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Health and Wellbeing Board Work Programme 2023/24

(as at 6.3.23)

Note: Health and Wellbeing Board priorities are as set out in the Joint Local Health and Wellbeing Strategy 2022-25

(1) Children and Young People (2) Mental Health (3) Digital Development (Access to all).

		Board Mid June	Workshop July	Board Mid Sept	Workshop October	Board Mid Dec	Workshop February	Board Mid March
Item	Lead		Date and focus to be confirmed		Date tbc. Focus: Pledges.		Date and focus to be confirmed	
Board Priorities					Progress report			End of year report
Council Commissioning Intentions outside PICC	DPH/ED ASC/ED Children's							Annual report decision/discussion
DPH Annual Report	DPH							For information
PH Outcomes Framework	DPH							for Information
Child Death Overview Panel	DPH					Annual Report for information		
Health Protection Forum	DPH	Annual Report for information						here
We are Walsall 2040	DPH (policy & Strategy)					6 month progress report on delivery		
SEND update	ED Children's & Customer	6 month update				Annual update for assurance		
Children's Alliance	ED Children's & Customer			Strategy				
Family Hubs	ED Children's & Customer			Progress report				
Homelessness Strategy	ED Children's & Customer							
Better Care fund	ED ASC	Year-end report for assurance						
Adults and Children's Safeguarding Boards	Chair, Safeguarding Partnership					Annual Reports for information		
Walsall Together	Chief Officer WHT			Annual Report for assurance				
ICB Forward Plan PICC Commissioning and Spending plans	Chief Officer BC ICB	5 year plan for approval-deferred from March 2023						Annual report for discussion.
Children and Adolescent Mental Health Services	Chief Officer BCHT	Progress report for assurance						
Mental Wellbeing Strategy	Chief Officer BCHT	Progress report for assurance				Annual Report for assurance		
Healthwatch Walsall	Chair HWW			Annual Report for Assurance				Progress on projects/public engagement for assurance

To be scheduled: WW Hospital Discharges. Assurance updates for 5 year plan and PICC

Note for future work programme:

- Pharmaceutical Needs Assessment expires in 2025. Drafts will be prepared for HWBB in 2024.
- Joint local Strategic Needs Assessment update will commence in 2024/5 for a draft strategy in 2025 and approval in 2026

ASC	Adult Social Care	DPH	Director of Public Health	BCHT	Black Country Healthcare Trust
WHT	Walsall Healthcare Trust	HWBB	Health and Wellbeing Board	SEND	Special Educational Needs and Disabilities
ICB	Integrated Care Board	ED	Executive Director	PICC	Place Integrated Commissioning Committee

