Health and Wellbeing Board

23 January 2017

Health and wellbeing strategy: Progress to date

1.   Purpose

This paper is intended to report on progress in developing the Health and Wellbeing Strategy 2017 – 20 and to explain why the completion deadline needs to be extended by 6 weeks.

2.   Recommendations

2.1   That the Health and Wellbeing Board discusses the proposed format shown in appendix A and notes the progress to date

2.2.   That the Health and Wellbeing Board agrees the completion deadline should be extended to April 24th to allow for effective consultation.

3.   Report detail

The Health and Wellbeing Strategy (HWS) is a key document for the Health and Wellbeing Board, identifying the priorities for current and future focus. These priorities should not be about work already being covered by LA and partner services, but should identify any gaps or where the connectivity between partners on the HWB can make a positive difference.

Other plans and strategies will obviously impact upon the development of the strategy and identification of the priorities and as a result, the first phase of development has been about collating the priorities in other strategies prior to identifying the gaps or integration issues (see **appendix A** for current draft and **part B** for collation of priorities). This collation of priorities has been organised within a matrix framework that incorporates both the Marmot life course and three partnership cross cutting themes:
* Increasing prosperity
* Raising people potential
* Creating a healthy and sustainable place.

In addition to work on the collation, a discussion has been ongoing concerning the integration of plans and whether there is need for a Walsall Plan as well as the HWS. Ensuring that there is a fit between the HWS and the LA Corporate Plan has also been considered. Now we need to check with partner organisations including those on the HWB Board.

In order to maximise the opportunity we have for integrated planning and reduce the number of plans and strategies we operate under and report on, it is vital we consult effectively with our partners as we identify the priorities on which we intend to focus. The discussions at the next Borough-wide Leadership Group meeting and HWB will feed into the next drafts but we intend to also set up a workshop in March for members of the HWB, leadership group and other partners to discuss and identify the priorities for focus. Key actions will also emerge and these can be fed into the action plan that will be developed following completion of the HWS when further engagement with local residents and other stakeholders will need to be undertaken about what actions are included and how they are delivered.

The proposed actions described above will impact upon completion of the HWS. Originally the intention was for the final draft to come to the March HWB (6th). If the Health and Wellbeing Board agree the new time frame, then another HWS draft and plan for the partners' consultation workshop will be presented for discussion on March 6, also including options for discussion about how we engage local residents and other stakeholders at the action plan stage. The final draft of the HWS will come to the HWB on April 24th.

4.   Implications for Joint Working arrangements:

The Health and Wellbeing Strategy is a partnership strategy and therefore its development requires effective joint working between the partner organisations of the HWB as well as the other Boards and groups linked to the HWB.
Consultation with partners requires co-operation and negotiation and when consulting with our residents and service users, all the Partners will need to use their organisational networks and service user groups to facilitate the process.

5.   Health and Wellbeing Priorities:

The Health and Wellbeing Strategy is the key document laying out the priorities for the work of the Health and Wellbeing Board and partners to meet the needs of the local population, identified through the JSNA.

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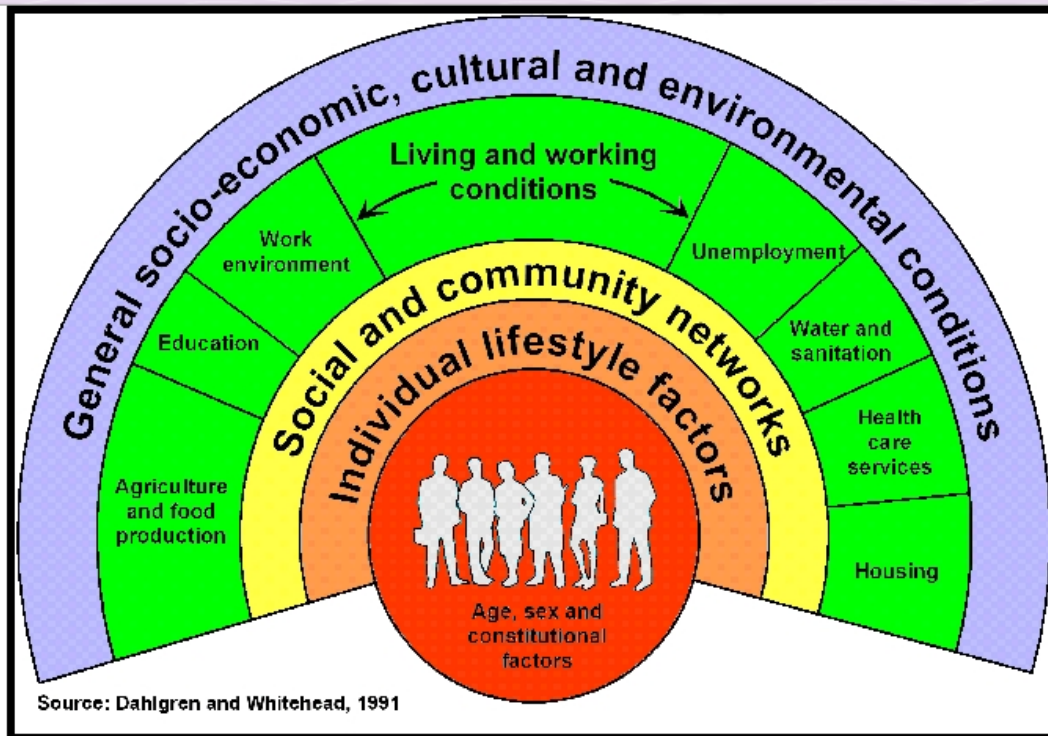✉ bonehamc@walsall.gov.uk

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A Plan for Walsall: Health and Wellbeing Strategy 2017-2020

Part A: Health and wellbeing – everyone's business


Source: Dahlgren and Whitehead, 1991

We all know that we cannot improve the physical health and mental wellbeing of the population of Walsall without also considering the determinants of health that contribute to the socio-economic, cultural and environmental conditions in which we live. Dahlgren and Whitehead's diagram above shows the determinants that affect communities and individuals.

Assessment of need in Walsall is predominantly tackled through three key assessments, the Joint Strategic Needs Assessment (JSNA), the Economic Needs Assessment and the Strategic Assessment to inform the Community Safety Plan. From these assessments, key priorities of need are identified and the various Boards and Partnership structures in Walsall develop their programmes of work accordingly. Analysis of the various priorities and work programmes indicates two overarching priorities to which all might be considered to contribute. These are:

- **Improve healthy life expectancy**
- **Reduce inequalities**

Dwindling resources require hard choices when considering where we need to focus our efforts. We recognise that we have a number of vulnerable residents who require services now. Ideally we have enough resource to provide services to those who require them now but also do the preventive work to support our residents to improve their health and wellbeing sufficiently that they do not require those services in the future. In the absence of sufficient resource, we need to be able to reduce the

demand for services as quickly as possible to release resources so that we can do the preventive work that is vital to the continued health and wellbeing of our population in Walsall.
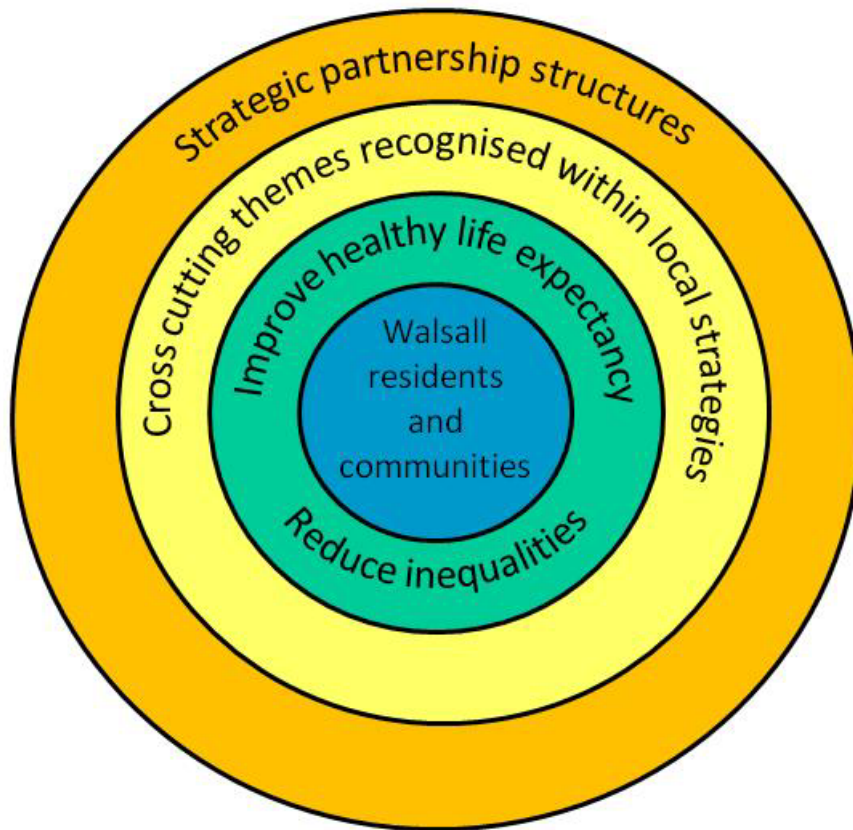
To be added:

Narrative – identify Partnership structures, role of each Board/structure

Reproduce diagram in HWB review

Part B – Health and Wellbeing Board Priorities

The cross cutting themes identified within local Partnership strategies (appendix x) and the Marmot life course approach have been used to identify three priority areas of work for the Health and Wellbeing Board where the HWB will add value through partnerships. These three priorities reflect the broad scope of work that is required to improve health and wellbeing in individuals and communities, as described in part A.

	Increasing prosperity	Raising people potential	Creating a healthy and sustainable place
Children	• Increase school readiness • Raise educational achievement • Improve economic outcomes for LAC	• Increase resilience, self esteem and emotional wellbeing • Promote healthy lifestyles for all ages, starting at pre-conception • Work with Early Years and Schools to improve health and raise health literacy (eg Healthy Schools programme) • Identify and support families with increased needs particularly those on the edge of care • Reduce the number of LACs and CPPs	**Environment** • Create an environment to promote and enable healthy lifestyles (eg green spaces, eating places and licensing) • Reduce atmospheric pollution and mitigate against consequences • Promote ways to be sustainable at an individual and organisational level **Housing** • Enable access to good quality, sustainable and affordable housing • Reduce homelessness **Business** • Develop land and infrastructure to support prosperity and health **Transport** • Strengthen sustainable transport links across Walsall and West Midlands **Third sector** • Strengthen the infrastructure to support a vibrant third sector and empower them to deliver services
Young People	• Develop life and work skills to increase economic literacy • Increase availability and access to good quality work experience, volunteering, training and apprenticeships • Focus efforts on groups with greatest need including LAC and NEETs	• Increase knowledge, skills and motivation to adopt healthy behaviours • Promote emotional wellbeing and resilience • Raise aspiration levels and confidence to embrace opportunities • Improve outcomes for LACs and NEETs	

	Increasing prosperity	Raising people potential	Creating a healthy and sustainable place
Adults	• Develop re-training opportunities and economic literacy to meet identified future business needs • Realise opportunities to improve health in the workplace setting • Ensure those with long term conditions are enabled to stay healthy enough to access and remain in employment • Raise employment rates amongst vulnerable people (eg those challenged by addictions and/or mental health issues, ex-offenders) • Increase flexible working opportunities to enable people to balance work with family needs (eg carers)	• Increase number of adults with a healthy weight • Promote and enable "Everybody active, every day" • Promote ways to increase emotional wellbeing and resilience (eg 5 ways to wellbeing) • Raise health literacy to support individuals to improve all aspects of health (physical, emotional, social and sexual) • Focus efforts on those with greatest need including vulnerable adults and those on low incomes	**Communities** • Empower communities to support themselves to increase cohesion and connectivity • Support individuals and communities to create connectivity opportunities that will become self-sustaining **Target groups** • Focus on geographical areas, business sectors and local communities with greatest needs
Older People	• Increase opportunities for volunteering, continued employment and learning new skills	• Reduce loneliness and isolation by developing supportive communities and greater connectivity • Increase physical activity • Improve health literacy to ensure people maintain and protect their health (eg flu vaccinations) • Support independence • Promote volunteering • Focus efforts on the health and wellbeing of carers (recognising that these may also be younger people)	

<u>Indicators to measure progress:</u>

Outcome indicators can be used to assess progress over time but change is often slow and affected by many factors, resulting in little change in an outcome within a 12 month timescale. It might therefore be of more benefit to develop intermediate indicators that measure process or actions eg: smoking cessation rates rather than reduction of mortality from lung cancer and COPD. The issue will be when we identify indicators whether we already collect the required data or would need to amend contracts to start having it collected.