

Health and Wellbeing Board

17 October 2016

Measures and progress report for priorities under the Health and Wellbeing Strategy themes: 'Wellbeing in Walsall' and 'Improving health and wellbeing through healthy lifestyles: Making Healthier Choices Easier'.

1. Purpose

There are three priorities identified under the themes described above. All are priorities shared with other Strategic Partner Boards and these links are acknowledged in the penultimate column of appendix 1. This is so that the Health and Wellbeing Board (HWB) can assure itself that all relevant partners are taking the priorities within the Health and Wellbeing Strategy (HWS) into account when considering their commissioning priorities.

The HWB also needs to be made aware of current progress against those priorities. In order to do that, the HWB developed a performance dashboard and identified specific measures for each priority. The updated dashboard is shown at appendix 1.

2. Recommendations

2.1 That the Health and Wellbeing Board considers the performance dashboard at appendix 1 and decides whether the information provided is sufficient to give members assurance that either adequate progress is being made or that the named lead Boards have adequate corrective action plans in place to tackle poor performance

2.2 That the Health and Wellbeing Board notes the linkages with Partner strategies and/or references to shared priorities shown in this performance dashboard and is satisfied that all partners are taking the Health and Wellbeing Strategy priorities relating to Healthy, Sustainable places and Communities into account when considering commissioning priorities

3. Report detail

Three priorities have been identified under these two themes, all of which are shared with the Public Health Programme Board. These links are acknowledged, in the penultimate column of appendix 1, through references to strategic documents and/or Strategic Board priorities within the LA or partner organisations.

In order to ensure awareness of current progress against these 3 priorities, the HWB developed a performance dashboard and identified certain measures for each priority. The dashboard at appendix 1 has been populated using the information currently being used to assess progress by the named Boards and relevant commissioners and operational managers.

As the HWB is primarily seeking assurance from the Public Health Programme Board that adequate progress is being made against these priorities, it is not expected that all the reports that board receives are also reported to the HWB.

A summary of work being undertaken to overcome the problems would only be expected where overall rating is Red or Amber:

- the overall rating is red when:
 - the performance measure is in the bottom national quartile
 - or it is in the 3rd quartile and recent progress has deteriorated by more than 10%.
- the overall rating is amber if it is in the 3rd quartile and there has been improvement or no change
- the overall rating is green if it is in the top quartile or the 2nd quartile with any or no change - then no commentary should be required.

Where there is a time lag for data reporting, this needs to be tolerated unless there is recent local data that could be included.

The last 5 columns in appendix 1 show the exception reports. They contain summaries of the following:

- What is preventing or limiting improvement?
- What actions are being done, or need to be done, to ensure improvement?
- The named leads for these actions.
- Links to relevant partner plans.
- The name of the Board(s) leading on implementation of any corrective action plan.

The performance dashboard has been designed this way to avoid duplicating all the work of the other Boards whilst enabling the HWB to have:

1. an overview of current progress against the HWS priorities
2. easily identify where adequate progress is not being made
3. assure itself that adequate steps are being undertaken to overcome the challenges and begin to reverse poor performance.

While detailed delivery or improvement plans will not be reported to the Board, it is expected that accountable leads will maintain plans for improvement to ensure that actions are planned and impact monitored.

4. Implications for Joint Working arrangements:

There are resource implications implicit in the ongoing work and any planned future work being reported within the dashboard. If these represent a major impediment to progress they are covered in the narrative.

5. Health and Wellbeing Priorities:

The priorities within Walsall's Health and Wellbeing Strategy reflect the six policy objectives identified for action within Professor Sir Michael Marmot's final report, 'Fair Society Healthy Lives' (2010), in order to reduce health inequalities in England.

In relation to this performance dashboard, one of the Marmot policy objectives was **'Strengthen the role and impact of ill-health prevention'**. The 'Wellbeing in Walsall' and 'Improving health and wellbeing through healthy lifestyles: Making Healthier Choices Easier' themes and priorities within the HWS show current progress in Walsall against that objective and the contribution to the wider Health and Wellbeing efforts to reduce inequality in Walsall.

Background papers

'Fair Society, Healthy Lives: A Strategic Review of Health Inequalities in England – post 2010.' Marmot Review Report

'Transforming Health and Wellbeing for all in Walsall.' The Health and Wellbeing Strategy for Walsall 2013 – 2016

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Theme	Priority	Measure	Reporting Frequency / date of Latest Available Data	Measure source	Baseline	Latest Metric	Direction of Travel	Current Quartile Performance	National Rank Change (out of 152 Las)	Overall Performance Rating	What is preventing improvement ?	What needs to be done to progress improvement actions undertaken to meet challenges?	Named lead for actions	Links to Relevant Partner Plans	Lead Board
Create and develop healthy, sustainable places and communities	Ensure that we provide land and space for healthy living and that the health impacts of developments are properly assessed.	Proportion of physically inactive adults	Annual: 2015 (updated)	PHOF 2.13ii	32.8% (2014)	36.7% (2015)	↑		142/152 (where 1 is the best)		The England value is 28.7% (2015). The gap between England and Walsall is also increasing.	Public Health commissioned physical activity services (Sport and Leisure Development Services) have increased participants by 16% compared to this time last year. The new Active Living Centres (since opening) have also seen a doubling in attendances (7,500 average weekly attendance), 1000 new enrolments on the Move It Card Scheme (discount scheme for target groups) and 1000 children enrolled on the learn to swim programme at Oak Park. Bloxwich Active Living Centre attendances have also been on a par with Oak Park. Discussions are taking place to develop the new Active Living Centres to increase participation amongst the least active. There is a need to ensure that residents who require additional support are identified at first visit and provided with a clear offer of targeted provision. Public Health and Sport and Leisure services have been working with partners across the Combined Authority to develop a West Midland Combined Authority physical activity strategy. Initial draft has been produced which is aligned to the WMCA Strategic Economic Plan objectives including employment (e.g. shape the Work and Health Programme), transport (e.g. West Midlands wide cycle hire scheme) and mental wellbeing (e.g. training of health professionals) The recent Childhood Obesity plan outlines details of a soft drinks levy with the revenue being invested into doubling the primary schools sports. Public Health are working with partners to ensure support is available to Walsall schools to ensure resources are used effectively to improve physical activity outcomes for young people. As part of a range of health initiatives being offered to Walsall Council staff, many of which live locally, a stair use campaign across main council buildings has been implemented. Starting in September this will include competitions against other local authorities.	Joe Holding	Healthy Weight and Physical Activity Strategy (refresh due in new year)/Sport and Leisure review and plan	PHPB
		% of people using outdoor space for exercise / health reasons	Annual: 2014/15 (updated)	PHOF 1.16	11.8% (2013/14)	12.5% (2014/15)	↑		119/152 (where 1 is the best)		Although significantly lower than the England average of 17.9%, Walsall has increased consistently over the last 4 years. Walsall was 6% in 2011/12.	Strong evidence base linking access to good quality green space to reduced weight and increased physical activity and emotional health and wellbeing. The difference in health inequality (e.g. emotional health) across social classes is reduced with improved access to green spaces. Public Health Transformation Funding has been used over recent years to develop green spaces and increase usage for the purposes of health improvement. This has now led to development of a Clean and Green/ Public Health project group which has started to meet with a defined set of objectives which include: 1) A review of the evidence for improving utilisation of green spaces 2) Develop a process for community engagement to ensure improvements meet the needs of the local residents 3) Develop a coherent offer for parks and green spaces e.g. well signposted recreational walks, green space based activities such as use of multi-use games areas. 4) Systems for monitoring effectiveness 5) Identify opportunities for a more joined up approach to wider physical activity delivery including council services and external partners, particularly the community and voluntary sector. As part of a new initiative called Making Connections, Public Health have also delivered a series of market warming and community engagement events. The overall aim is to enhance the ability of the community and voluntary sector to apply for their own funding. There will also be opportunity for local organisations to apply for small grants to deliver sustainable activities (such as physical activity in parks)	Joe Holding	Healthy Weight and Physical Activity Strategy (refresh due in new year)/ Green Spaces Strategy	PHPB
	Number of Health Impact Assessments Carried out	The 'Preferred Options' consultation process on Walsall's borough-wide Site Allocation Document (SAD) and the Walsall Town Centre Area Action Plan (AAP) has included a sustainability appraisal undertaken by Planning Policy Team which assesses the impact on a number of issues (e.g biodiversity, climate change, transport) as well as health and wellbeing (e.g. impact on health inequality) The Goscote Regeneration project delivered as a partnership between Walsall Council and Walsall Housing Group. Phase 2 of the housing development at Waterskeep (400 aprox homes), a particular area of inequality, was implemented alongside a range of activities for improving the health of residents. This included a health impact assessment, consultation with existing residents including development of a community action group (CAG), improvements to the green space at Swannies Field (e.g. improved paths, flower planting, play areas etc.), opportunities for employment built into contractor arrangements and access to health prevention activities e.g. Walking Football sessions.										Barbara Watt	Walsall Site Allocation Document / Sustainability Appraisal Document	PHPB	
	Encourage ways to involve local people and communities in efforts to improve health	Local measures appropriate to initiative through Area Partnership structure	A range of activities continue to be supported by Area Partnerships which support health and well-being. Projects and events supported and promoted include activities for a healthy lifestyle, including indoor and outdoor sports (Area Partnerships also supported the development of the Sports and Leisure database), keep fit, healthy eating, smoothie bike, mental health and dementia cafes / information, knit and natter, falls prevention, diabetes awareness. Through the local voluntary and community sector infrastructures, Area Partnerships help promote local activities through our distribution networks. The Area Managers work closely with a wide range of health colleagues to support joint approaches to health priorities.										Jo Lowdes	Walsall Plan and Area Partnership plans	Partnership Tasking Coordination Group / PHPB
	Reduce the harm caused by alcohol and drugs	Successful completions; Drugs	Quarterly release. Latest data 2016/17 Q1	DOMES report from NDTMS (PHE)	5.7% (n=68/1189) 2015/16 Q4	6.2% (n=72/1164)	↑	The 8 drug and alcohol indicators have been re-calculated in order to bring you just 2 indicators. Consequently, comparator data is not readily available to provide colour-coded ratings.		Walsall's drug and alcohol service has been delivered by a new provider and contract since July 2015. Following a significant period of change for personnel and service users we are now concluding the first year of the new service. The changes have impacted on performance but in recent months performance improvements are being demonstrated.	Continued close working between the Public Health commissioners and service managers to optimise every opportunity to impact upon improved outcomes and service user engagement across NHS, Criminal Justice and Community pathways.	Adrian Roche	WMBC Community Safety Plan	PHPB / Safer Walsall Partnership	
	Successful completions; Alcohol	Quarterly release. Latest data 2016/17 Q1		30.1% (n=91/302) 2015/16 Q4	29.6% (n=89/301)	→									

1 Direction of Travel

Improving Performance against baseline (10% change)		Declining Performance against baseline (10% change)	
↑	Improving trend where higher is better	↑	Declining trend where lower is better
↓	Declining trend where lower is better	↓	Improving trend where higher is better

Static Performance (less than +/- 10%)

→	No change compared with baseline
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2 Current Quartile Performance

1	Top quartile	Good Performance
2 or 3	Second and Third Quartile	Medium Performance
4	Bottom quartile	Bad Performance

3 Overall Performance Rating

Green - Top 2 quartiles any change
Amber - 3rd quartile and stable or improving
Red - Bottom quartile and/or 3rd quartile and reducing performance