

## Health and Wellbeing Board

17 October 2016

### Walsall Health and Wellbeing Strategy – choosing the priorities

#### 1. Purpose

To enable all the members of the HWB to consider two options for development of the Health and Wellbeing Strategy. Option One was developed to take to the HWB development session on 5<sup>th</sup> Oct and Option Two came out of the discussions had at the development session by the HWB members that attended.

#### 2. Recommendations

2.1 That the members of the Health and Wellbeing Board consider the two options below and decide which option to pursue and develop.

#### 3. Report detail

At the development session for HWB members on 5<sup>th</sup> Oct, the original proposals for development of the HWS and process for identification of the priority needs and HWB priorities were discussed and the following points were recognised:

- Prevention work is likely to 'suffer' as financial constraints tighten
- Evidence shows we need to tackle the 'drivers' rather than the issues if we are to make a difference long-term
- Targeted work needs to cover those 'on the cusp', not only those already receiving services.
- Clarification of the term 'vulnerable people' is important when considering the target groups for priorities. We must consider where the 'greatest impact' might be made
- Particular concern for those with disabilities and combined impact of all the sector cuts. How do we reduce the inequality?
- The long list of 13 priority needs that have emerged from the JSNA (see appendix one) were no surprise to the group and reflected the organisational priorities presented by the reps from the various organisations.
- The 'long list is too long and we shouldn't be adding more – the issues can be combined in different ways and others grouped under them. We should filter the list whilst being aware of others.
- Need partnership ownership of priorities through the other Boards within the Partnership and the system leaders
- Selection criteria to facilitate selection of the key priorities for the (see appendix one) were considered helpful except for the final one, 'no other key Board is already leading on this issue'. Discussion here led to another option for the HWS (See below)
- There should be no more than 1 or 2 priorities finally selected for everyone to concentrate on
- Key to overall progress and improvement will be a vibrant voluntary sector & resilient communities as well as a workforce & population that is health literate

- We need to do things differently and reduce duplication. Do we need all the Boards? How do we integrate better? High level negotiation and discussion is required

Out of the discussions in the development session around the original option for the HWS, an alternative option emerged. Both options are described below:

#### Original proposal: Option One

A small group of Public Health professionals have been meeting to analyse the information in the Joint Strategic Needs Assessment (JSNA) and develop a long list of priority needs from which it is proposed that 2/3 priorities for the Health and Wellbeing Board (HWB) are chosen. Criteria are suggested (see appendix one) to enable the selection process and a broad plan put together to suggest how all the HWB partners can be involved in development of the HWS, selection of the priorities and wider consultation.

The other Boards aligned to the HWB such as the Children and Young People's Partnership, Walsall Economic Board have/are setting their own priorities (using the JSNA resource) and these can be collated and mapped against the long list of priority needs, thereby identifying where other Boards are already taking the lead on certain issues. The HWB would **not** be responsible for overseeing progress in all the priorities, only those identified as the priorities for the HWB but there would be Board to Board accountability through agreed governance arrangements.

**The timelines in this proposal are geared to having the HWS ready for approval at the HWB on 6<sup>th</sup> March.**

#### Alternative option: Option Two

For this option, the HWS would collate a 'long list' of the priorities already identified by each of the Boards associated with wellbeing and the determinants of health, recognising the assumption that they would have been chosen based on the evidence of need incorporated within the JSNA. The Boards would include the Fire Service, Police and Vol sector as well as the CCG and other LA Boards already aligned with the HWB (eg: Children and Young People's Partnership, Walsall Economic Board). These could be combined and duplication removed, each Board agreeing to take the lead on different priorities.

From this list of priorities it might also be possible to identify one or two overarching priorities to which all Boards contribute, the various actions being geared to the services they commission and/or deliver. It was suggested that the HWB could oversee the whole.

Governance arrangements for the strategy would need to be agreed by all the Boards concerned. Whether the HWB has an overseeing role for the whole would need to be agreed by all boards concerned.

**This option would give the HWS a broader, agreed sphere of influence and will require specific negotiation, wider consultation and overall agreement in the initial stages, therefore possibly requiring more time than is available within the current sign off deadline of end March (HWB date is 6<sup>th</sup> March).**

#### **4. Implications for Joint Working arrangements:**

Option Two would require negotiation and agreement between Boards at the initial stages - and at the highest level - in order to ensure the proposed outcome of the work is viable. This may well affect the current timelines where the HWS is agreed at the HWB on 6<sup>th</sup> March. Agreed governance arrangements are likely to mean that the HWS would need to be agreed by a number of Boards.

Both options require joint working between the partner organisations of the HWB in the writing of the strategy as well as facilitation of consultation requirements through organisational networks.

#### **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, identified through the JSNA, of the local population.

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'Long list' of priority needs emerging from Joint Strategic Needs  
Assessment

1. Emotional health / wellbeing of children and young people, including self esteem and higher aspirations
2. Infant mortality, including maternity services
3. Obesity in children
4. Mental health – children & adults
5. Physical activity: adults and children
6. Unemployment – particularly people unable to take up employment due to ill health (physical & mental) and claiming ill health benefits
7. Long term conditions eg: cancer, diabetes, asthma and respiratory diseases
8. Dementia
9. Loneliness & isolation (carers in particular)
10. Substance misuse
11. Domestic violence
12. Quality housing, appropriate for need & energy efficient
13. Infrastructure to encourage active leisure & travel

Rationale for inclusion in the list of priorities based on the decision tree used to identify what is covered by the Walsall JSNA:

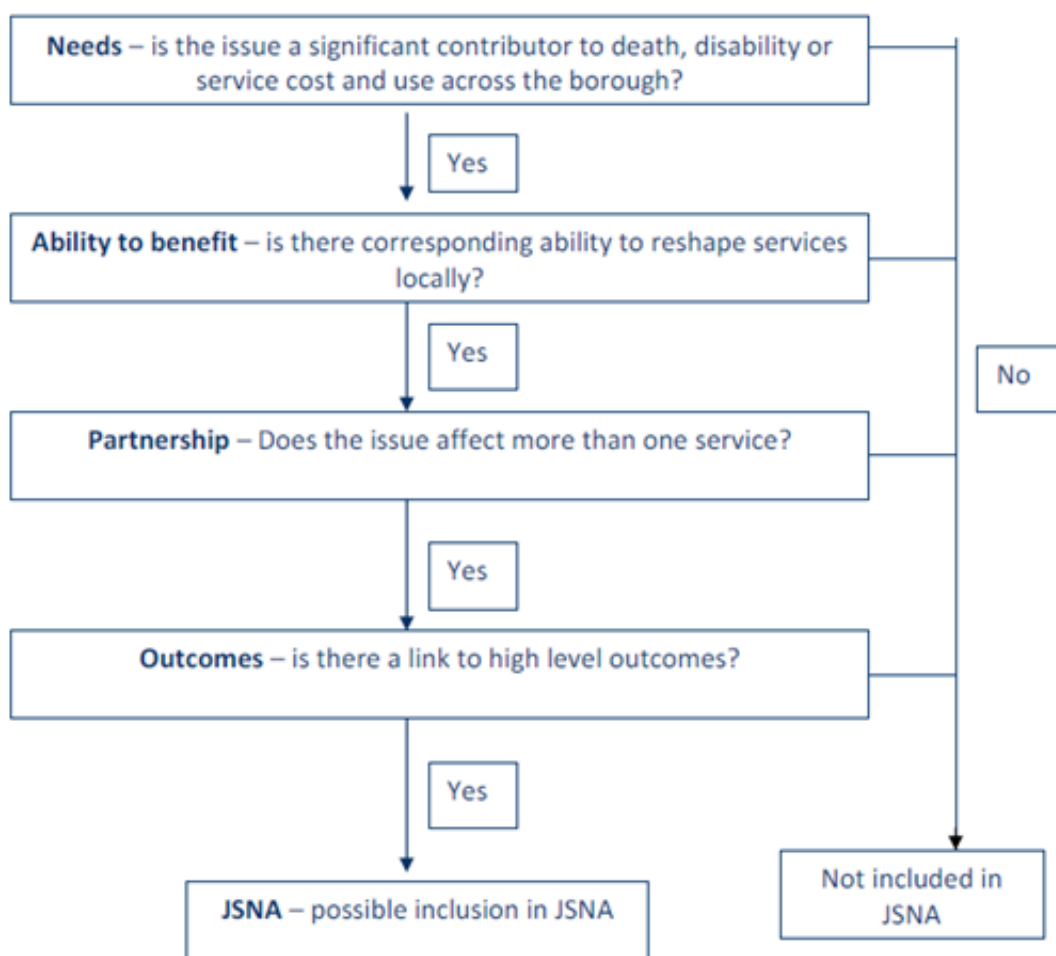


Figure 2 JSNA Decision Tree – Modified from Birmingham Health and Well-being Partnership: Determining whether a topic is a JSNA Level Project v1 2009

Selection criteria to be used in moving from long list to short list of 1 or 2 priorities:

- The majority of the HWB members feel that they can directly influence a number of aspects relating to these priorities
- the HWB partners commission services that impact the priority
- the performance outcomes of the majority of the HWB members are affected by the priority
- Considering the priority, specific actions could be identified that affect commissioning, policy or partnership
- The priority has been identified, either within other key programmes in Walsall (eg Walsall Together), or within the work programmes of the majority of HWB members
- no other key Board is already leading on this issue