

Transforming Health and Wellbeing for all in Walsall.

The Health and Wellbeing Strategy for Walsall 2013-2016

Plan for action in 2014-2015

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1 Health and Wellbeing Strategy (HWS) at a glance

HWBS Purpose and Strategy	Key Recommendations in 14/15	Measure of improvement	Health and Wellbeing Board Lead	Partnership lead and/or Board
5. Wellbeing in Walsall	1. Seek assurance from Public Health Programme Board (PHPB) that they are working with individuals and communities resident in Walsall as well as those working in the statutory and voluntary/community sector to promote wellbeing and self-reliance through adoption of 5 ways to wellbeing	Numbers of people volunteering in Walsall Proportion of physically active adults/under 16 year olds	Director of Public Health	Walsall Voluntary Action and Public Health programme Board
6. Give every child the best start in life	2. Seek assurance from Children and Young People's Board (CYPB) that the Priority Champion for 'Supporting the most vulnerable families to provide the Best Start in Life' takes into account recommendations identified as part of antenatal services and Children's Centres review to improve identification of vulnerable parents and provision of early help to them and increase school readiness and early years foundation scores 3. Seek assurance from PHPB and CYPB that they are working with appropriate service users and providers to identify reasons for high infant and perinatal mortality levels in Walsall and ensure appropriate best practice is part of antenatal and early years pathways	School readiness (eg Early Years Foundation Score or equivalent) Infant Mortality rates	Director of Children's Services Director of Public Health / Director of Children's Services	Children and Young People's Partnership Board and Public Health Programme Board

	in Walsall			
7.Enable all children and young people to maximise their capabilities and have control over their lives	<p>4. Seek assurance from CYPB that their priorities and action plans incorporate work with parents, schools, education and training providers to enhance aspirations and minimise absences to reduce the attainment gap between the least and most deprived children and young people in Walsall</p> <p>5. Seek assurance from the CYPB and PHPB that they are working together to effectively commission evidence based parenting education and have appropriate monitoring in place that includes evaluation and identification of ongoing need</p> <p>6. Seek assurance from CYPB and PHPB that they will work with partners: commissioners, service providers, parents and children and young people to ensure that children have the knowledge and support to maintain a healthy weight</p> <p>7. Seek assurance from Walsall Clinical Commissioning Group (CCG), Children's Services and the Public Health Programme Board that, following review and redesign, mental health services for children and young people in Walsall (from universal/primary to targeted and specialist) are fit for purpose to meet the identified need</p>	<p>GCSE achieved 5 A*-C inc. English and Maths</p> <p>Number of parents accessing parenting programmes</p> <p>Healthy weight measures</p> <p>Reduction in hospital admissions due to self harm</p>	<p>Director of Children's Services</p> <p>Director of Children's Services / Director of Public Health</p> <p>Director of Public Health / Director of Children's Services</p> <p>CCG / Director of Public Health / Director of Children's Services</p>	<p>Children & Young People's Partnership Board</p> <p>And</p> <p>Public Health programme Board</p> <p>And</p> <p>CCG</p>
8.Money,Home,Job	8. Seek assurance from Walsall Economic Board (WEB) and CYPB that they are helping to reduce youth unemployment by working with partners to provide coordinated support to vulnerable young adults that	Number of young people 18-24 who are unemployed	Director of Regeneration	Walsall Economic Board

	<p>enables them to access appropriate jobs or training</p> <p>9. Seek assurance from PHPB that they continue to develop and implement a comprehensive Health and Work programme available to all businesses in Walsall, covering Healthy Workplaces, sickness absence and return to work and the health needs of those who are out of work or have specific health barriers to employment</p> <p>10. Seek assurance from CYPB and WEB that there is alignment and a successful collaborative approach to the priorities they cover in order to reduce child poverty and the impact on families of worklessness in parents</p> <p>11. Seek assurance from CYPB and WEB that all organisations involved in giving welfare advice and support to people in Walsall work together to meet the identified needs in an holistic, collaborative way that makes best use of all the resources available and provides the best possible support for people and families in crisis or at risk of being so</p> <p>12. Seek assurance from WEB that programmes, particularly within the Health and Social Care sector, continue to equip local service providers with the knowledge and skills required to maximise the health of those they provide services for, as well as their own workforce</p>	<p>Take up of Healthy Workplace Programme</p> <p>Number (%) of children in families in receipt of out of work (means tested) benefits etc</p> <p>Local child poverty measures including all children living in poverty, children aged 0-4 living in poverty, children in families in receipt of out-of-work(means tested) benefits etc</p> <p>Number of new learning and development programmes developed & delivered</p> <p>Number of Health & Social Care sector providers supported</p>	<p>Director of Public Health</p> <p>Director of Regeneration / Director of Children's Services</p> <p>Director of Regeneration / Director of Children's Services</p> <p>Director of Regeneration</p>	<p>Public Health programme Board</p> <p>Children & Young People's Board/ Walsall Economic Board</p> <p>Children & Young People's Board/ Walsall Economic Board</p> <p>Walsall Economic Board</p>
9.Creating and developing healthy and sustainable	13. Seek assurance that a proactive approach to planning, investment and service provision is	To be confirmed		

places and communities	<p>being used to:</p> <ul style="list-style-type: none"> • promote sustainable development and provide land for the uses and facilities we need by making the best use of existing infrastructure. We must maximise accessibility and social inclusion, protect green spaces and the environment to enable 'active outdoors' and help to minimise exposure to pollution • ensure that the health impacts for individuals and local communities of any potentially significant decision are fully assessed and that the results are used in the decision-making process <p>14. Seek assurance that the Area Partnerships, through community based initiatives, are developing and implementing an assets-based approach to community engagement and active involvement in the life of their community</p> <p>15. Seek assurance from PHPB and Safer Walsall Partnership Board (WSPB) that the harms caused by alcohol and drugs are being addressed as a priority and reported through the monitoring of the objectives of the Community Safety Plan and Public Health Programmes</p>	<p>Proportion of physically active adults/under 16 year olds</p> <p>Local measures appropriate to initiative</p> <p>alcohol specific admissions to hospital</p> <p>Successful completion of drug treatment</p>	<p>Director of Regeneration</p> <p>Director of Neighbourhoods</p> <p>Director of Public Health</p>	<p>To be agreed</p> <p>Safer Walsall Partnership and Public Health Programme Board</p> <p>Safer Walsall Partnership /Public Health programme Board</p>
10.Improving health and wellbeing through healthy lifestyles: Making 'healthier choices easier'	16. Seek assurance from PHPB that the people of Walsall know what to do to improve their health and where they can get support and access services to help them to improve their health	Take up of Healthy lifestyles service provision Making Every Contact Count performance	Health Watch/Walsall Voluntary Action/ Director of	Public Health Programme Board

	17. Seek assurance from PHPB that they continue to promote and roll out the Making Every Contact Count (MECC) initiative within both the LA, NHS and partner organisations, providing support for implementation through identified training and resource provision	measures Making Every Contact Count (MECC) performance measures	Public Health Director of Public Health	Public Health Programme Board
11.Reducing the burden of preventable disease, disability and death	18. Continue to seek assurance that Walsall Clinical Commissioning Group and Walsall Council's commissioning plans take proper account of the priorities of the Health and Wellbeing strategy, in particular, actions to improve the health of the poorest fastest and to address the health needs of men in order to reduce the life expectancy gap For Walsall CCG, this will include delivery of the following core transformation priorities: <ul style="list-style-type: none"> ➤ Developing primary care ➤ Community services review ➤ Urgent care pathway review and longer term development ➤ Integrated care development- taking forward the Better Care Fund ➤ Patients empowerment – telecare and Personal Health Budgets ➤ Quality and safety of provider services ➤ Public and VFM of services commissioned ➤ Mental health – dementia, psychological therapies and crisis resolution services 	Potential years of life lost from causes considered to be amenable to healthcare: adults	CCG Chair and Accountable Officer	CCG/Improving Outcomes Performance Board
12.Healthy ageing and independent living	19. Seek assurance from the Integration Board (IB) that the integrated approach to health	Proportion of older people (65 and older)	CCG Accountable	Integration Board

	<p>and social care for frail elderly people is evidencing good progress in developing a fully integrated, joint team for Intermediate Care and Community Services in health and social care alongside Primary Care to develop a shared approach to risk stratification thereby lowering emergency admissions to hospital for over 75s and reducing use of long-term residential care</p>	<p>who were still at home 91 days after discharge from hospital into re-enablement/rehabilitation services</p>	<p>Officer/Director of Adult Social Services</p>	
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2 Foreword: A statement from Councillor Ali, Chair of the Health and Wellbeing Board

This Health and Wellbeing Strategy identifies key priorities through every stage of our residents' lives: from birth, through childhood, into adulthood and working life through to retirement.

We are only too aware of the health inequalities in this borough and the major issues such as infant mortality, workless households, obesity and quality of life for those with long term conditions that affect people day in, day out.

Feedback and suggestions from the people who are experiencing these issues is absolutely vital to everyone concerned with tackling them and bringing about improvements.

They are best placed to help us take a collective responsibility towards tackling these inequalities and making Walsall a better place to live and work: a goal we are all focused on achieving.

This refresh of the 2013– 2016 Health and Wellbeing Strategy recognises the progress we have made in tackling the 16 recommendations for action that we originally identified as well as identifying areas for action that require even more focus in the year ahead.

The health inequalities in this borough are still with us as well as the major issues such as infant mortality, workless households, obesity and quality of life for those with long term conditions. These issues affect people across the life course, day in, day out. They have complex causes that, over time, we will need to tackle on a number of fronts, guided by feedback and suggestions from those who are experiencing the issues

Our success will depend upon commissioners, providers and the public taking collective responsibility for the work that needs to be done to tackle the inequalities and make Walsall a better place to live and work. This is a goal well worth achieving and one we are taking positive steps towards.

3 Introduction

Welcome to Walsall's refreshed Health and Wellbeing Strategy for 14/15.

This strategy sets out the key priorities that all statutory and non-statutory partners in Walsall must tackle in a coordinated way through every stage of life: from birth; through childhood; into adulthood and working life through to retirement. It recognises the strong association between poorer health and the social and economic conditions in which people are born, grow, live and work. In measuring improvements the focus includes indicators of social inequality as well as health indicators. The development of actions that are truly capable of improving the physical and mental health and wellbeing of individuals need to take account of their employability prospects and the geographical inequalities inherent in where they live. This requires a detailed understanding of the differences between people, families and communities across the Borough. Some of this understanding comes from the analysis of data described in the 2013 Joint Strategic Needs Assessment (JSNA) and some from the lived experience of residents and community leaders and some from learning the lessons from the past. Pulling these strands together and applying them in the design and delivery of solutions is essential if we are to deliver sustainable health and wellbeing improvements.

Each section of this strategy sets out:

- A summary of the JSNA findings
- A statement of our shared **ambition**
- **Key priorities** for greatest impact
- Proposed **measures** to show things are improving
- **Key recommendations for action** in 2014/15

This strategy does not seek to solve everything but focuses on those priorities in addition to universal provision that are required to reduce inequalities. While progress has been made in some areas, in others inequalities have been persistent or widened. It is these areas of local inequalities in health and wellbeing that are the focus of this strategy. The strategy seeks to balance short-term and long-term impact by identifying short-term recommendations for action that can support long term, sustainable change.

In section 13 of this document the future process is described by which the Health and Wellbeing Board will seek assurance from other identified key Boards and service areas of the progress against the priorities and key recommendations for action in 14/15 and what evidence we will have of whether we are being successful.

3.1 Meeting the challenges together

All Public Sector organisations are facing serious financial challenges for the foreseeable future, in part as a result of demographic pressures - more people living longer but not necessarily healthier lives - leading to increasing NHS and social care costs in older age, an unsustainable growth in ill-health as a result of disease preventable through positive lifestyle

change and unsustainable expectations of too many people on public sector services to meet these needs.

The Public Sector across Walsall needs a coordinated approach to reprioritisation and subsequent commissioning decisions to ensure the 'up-stream' prevention services which support and encourage self-help, self-reliance and personal resilience are not casualties of short-sighted, un-co-ordinated financial decisions, leading to increased costs in later years.

Walsall Council and Walsall Clinical Commissioning Group (CCG) together spend close to £1 billion (Walsall Council c£634m and Walsall CCG c£364m) of public money on services which impact on health and wellbeing of our residents and on their care. Significant sums of money are spent by commissioners and providers of health and social care services on people in Walsall with poor health and with high care needs. During recent years we have seen a reduction in resources available to councils whilst the health needs of the population appear to be increasing. This reduction is likely to continue for the foreseeable future.

This strategy looks at what we need to do in the longer term to improve the health outcomes for our local population and how to get best value for this significant sum of money.

3.2 The health challenges

Walsall contains some of the most deprived areas in the country and the communities living in these areas have poor health. The high prevalence of a range of preventable conditions presents a real challenge and requires a concerted effort from communities and public bodies working together.

The health of people living in Walsall is in the worst quartile in England and Wales for the following indicators:

- Potential Years of Life lost from causes considered amenable to health care
- Deaths for people under the age of 75 from heart conditions
- Deaths for people under the age of 75 from cancer
- Health related quality of life for people with long-term conditions
- Patient reported outcomes from hip replacements
- Patient reported outcomes from groin hernia repairs
- Patient experience of GP out of hours
- Incidence of health care associated infections

Walsall's infant mortality rate is consistently higher than regional and national rates. On average life expectancy for men and women in Walsall has improved in parallel with regional and national improvements over the last 20 years, but always at a lower level. More recently the improvement in life expectancy for men in Walsall has started to narrow the gap between it and the England average and the figure for women has started to widen slightly. However the data tells us that the last years of life are often affected by years of poor health, on average 8 years for men and 10 years for women. Much of the poor health is due to preventable conditions where positive lifestyle changes earlier in their lives, or at the point of

diagnosis, could make a significant impact on the health, wellbeing and healthy life expectancy of the individual.

The health indicators for Walsall, where we are in the top quintile, are for NHS Dental Care and for people who have had knee replacements.

Further facts and information on the health and wellbeing of Walsall people can be found in the Joint Strategic Needs Assessment (JSNA) “Towards a Strategy for Health and Wellbeing for the people of Walsall” refreshed and approved by the Health and Wellbeing Board in December 2013. Facts from the JSNA are quoted throughout this strategy to illustrate various points.

Despite high levels of poor health in the population the incidence of admissions of older people to residential or nursing care in Walsall is low. Walsall Council spends £110 million on care for older people; people with disabilities and those with mental ill health.

3.3 Financial challenges

A combination of factors may mean that we have much less money to tackle the public health and healthcare challenges over the 5 years between 2013/14 and 2019/20:

- Councils will see 30% less money transferred to them from Central Government over this period
- If the current growth in demand for services by the people of Walsall and neighbouring areas on the Manor Hospital continues it will reduce the amount of money available to help people in the community. This will mean that there will be proportionately less money for health care at home
- We have an ageing population who, if current trends continue, will need more health and social care
- We will have a growing population with disabilities and long term conditions that may also need more support when resources are reducing
- The costs of care are rising at a time when there are many pressures on the budgets which are, in some cases, reducing.

Can we change the way in which we spend the money so that there is a better balance between ensuring those that need acute services get the quality they need but that overall the health and wellbeing of the population can improve so that less people need that acute care? The challenges faced are significant.

3.4 Meeting the Health and Wellbeing challenges together

In order to meet the challenges indicated in the Health and Wellbeing Strategy for Walsall, the document sets out a number of key priorities and recommendations for action over the next 3 years (2014–2016) and then specific recommendations for action in the next year (2014-2015). It also indicates how we might measure our success or otherwise.

The challenge cannot be met by public bodies doing projects in communities; we have to redesign fundamentally the way in which individuals, their communities and publically funded bodies work together to change the health profile of the Borough. Citizens will need to take more responsibility for their own health and wellbeing which will mean that they will take more exercise, eat a healthier diet and consume less alcohol. The Council will want to ensure that appropriate facilities and information are available to support this. Health services will want to ensure that people get the right advice and then the right treatment when things do go wrong and people become ill. Avoiding illness as well as treating it and taking action to address the underlying social factors which contribute to poor health throughout life are the basis of the strategy.

3.5 A shared understanding of health and wellbeing

If we are to develop a co-ordinated approach to improving health and wellbeing we need to start with a shared understanding of what we mean. Using Maslow's Hierarchy of Need as the starting point we have identified the factors which, taken together, lead to positive health and wellbeing for most people:

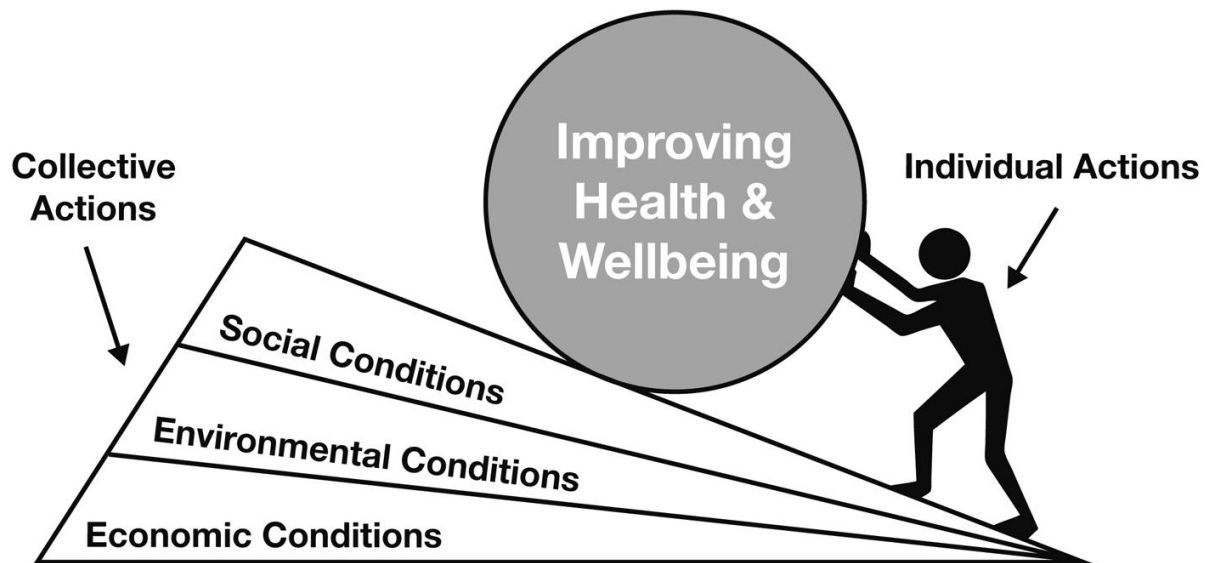
- A safe and secure place to live: home safety, freedom from violence or fear of it
- Enough money to live on and be able to get to work and participate in community life
- Nurturing relationships: family, friends, community, a sense of belonging
- Purposeful activity and valued achievements: learning, working, volunteering, relaxing
- A healthy mind: emotions, reason, imagination, positive self-esteem, feeling respected by others, emotional resilience, problem solving skills, freedom from fear
- A healthy body; fit, active, enables full life

3.6 Our ambition for health and wellbeing in Walsall

The members of Walsall Health and Wellbeing Board are committed to working together in order to:

Improve the health and wellbeing of everyone in Walsall and reduce the inequalities by improving the outcomes of people in deprived communities and vulnerable groups faster than the average for the borough of Walsall.

In order to achieve this there needs to be balance between support for individual actions and actions to shape the conditions that will make improving health and wellbeing easier.

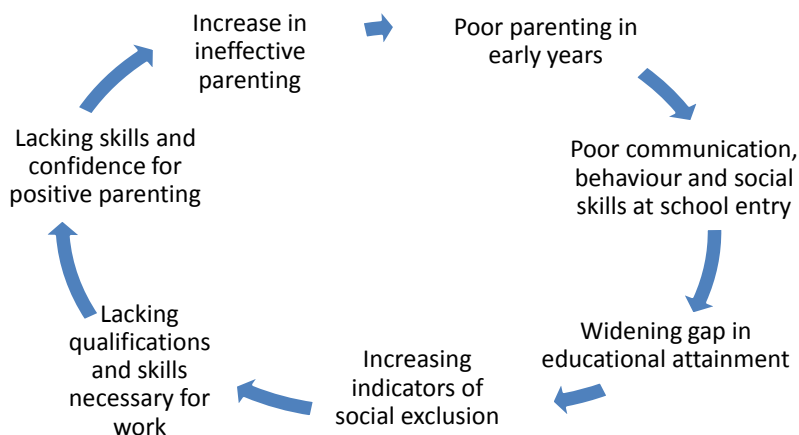


Balance is required because people in deprived communities face more adverse social, environmental and economic conditions that ‘increase the gradient’ against which individual actions are set, making individual change more difficult. The illustration above, adapted from a model developed by Tannahill, graphically illustrates this point.

Walsall Health and Wellbeing Board will achieve their ambition by:

- Transforming health and wellbeing and reducing inequalities in Walsall by improving the health of the poorest fastest
- Taking effective action to break the vicious cycle of poor parenting skills, poor educational attainment, poor skills and worklessness which fuels the health inequalities seen in Walsall (see diagram below)
- Providing timely support for people and families in crisis: whether through redundancy, unemployment or benefits changes, or to prevent people sliding into difficulties
- Bringing together residents and communities with all public bodies, voluntary and community organisations and private companies to play their part in action to tackle the challenges that are identified.

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



18/02/2013

2

3.7 Agreeing key outcomes for improvement

National Outcomes Frameworks have been developed for Public Health, the NHS and Adult Social Care. Locally, the 'Every Child Matters' framework has informed the outcome indicators chosen for Children and Young People. The key outcomes and indicators for measuring progress shown throughout this strategy have been selected from these outcomes frameworks based on the needs of the people of Walsall shown in the Joint Strategic Needs Assessment. Appendix 2 shows certain high level outcome measures that have been selected because they are pertinent to the recommendations that we have chosen for particular focus in 14/15; for example in section 6 infant mortality is highlighted as a major area of concern and we will closely monitor this indicator over the next 12 months.

4 Approach to refreshing the Strategy

Walsall Health and Wellbeing Board recognised that this strategy, its priorities and recommendations will need to be at least a 3 year commitment before we can be sure of real and systematic change in our residents, communities and organisations and the health inequalities that exist within the borough.

As a result the Health and Wellbeing Board decided to retain the majority of the recommendations from 13/14 with minor amendments and add a small number of others where greater focus needed to be brought to the task.

The refresh of the strategy has occurred in consultation with Health and Wellbeing Board members and the identified Partnership Boards that will be providing assurance to the

Health and Wellbeing Board of the ongoing progress against the priorities and recommendations.

4.1 Identified gaps and future work programmes

The Health and Wellbeing Board recognises that there are gaps within this strategy, particularly in relation to adults and their sexual health (both promotion and prevention) and adults with mental health conditions and adults with complex conditions including the cohorts shown below:

- Learning disability
- Down's syndrome
- Challenging behaviour
- Autistic Spectrum disorder

In relation to Children's Services it is recognised that the following are issues that need to be examined further:

- Challenging behaviours/conduct disorders
- CAMHS and LAC

It is proposed that these identified gaps are the subject of future pieces of work embedded within work programmes, the results of which will be presented to the Health and Wellbeing Board at an identified date.

5 Population Mental Health and Wellbeing in Walsall

Why is this important?

“Mental health (and emotional wellbeing) is everyone’s business: individuals, families, employers, educators and communities all need to play their part. Good mental health and resilience (the ability to bounce back after difficulties and setbacks in life) are fundamental to our physical health, our relationships, our education, our training, our work and to achieving our potential” (*No Health without Mental Health: A cross government mental health outcomes strategy for people of all ages. DH 2011*)

We can all recognise ‘wellbeing’ when we see it and feel it but it can be difficult to put into words. The JSNA recognises that wellbeing is determined by a range of things including:

- A safe and secure place to live: home safety, freedom from violence or fear of it
- Enough money to live on and be able to get to work and participate in community life
- Nurturing relationships: family, friends, community, a sense of belonging
- Purposeful activity and valued achievements: learning, working, volunteering, relaxing
- A healthy mind: emotions, reason, imagination, positive self-esteem, feeling respected by others, emotional resilience, problem solving skills, freedom from fear
- A healthy body; fit, active, enables full life

Wellbeing has two essential elements: feeling good and functioning well. Many people in Walsall are familiar with the actions they can take to improve their own physical health and function well: healthy eating, an active lifestyle, maintaining a healthy weight, not smoking or drinking too much. Few people will know about the *5 ways to Wellbeing* and the actions that they can take to improve their own sense of wellbeing and feel good. The ‘5 ways to wellbeing’ are described as follows:

1. **CONNECT** with people – family, friends, colleagues, neighbours
2. **BE ACTIVE** – walk, cycle, swim, run/jog, dance, play a game that you enjoy
3. **TAKE NOTICE** – reflect on the beauty of the world around you
4. **KEEP LEARNING** – try a new challenge, learn to do something new
5. **GIVE** – volunteer your time, do a favour, look out for someone in need

Evidence shows that building these actions into your daily life can add 7.5 (healthier) years to your life.

Our Joint Strategic Needs Assessment (JSNA) tells us that:

Work can enhance wellbeing as it gives a sense of purpose and creates social relationships. Conversely, both unemployment and workplace stress can impair mental health:

- 1 in 6 adults has a mental health problem at any one time and many do not seek help because of stigma. Benefits of improved population wellbeing include improved mental health, greater resilience against mental health problems, less discrimination and stigmatisation in the workplace and reduction in suicides

- The *Your Place, Your Wellbeing Walsall Lifestyle Survey 2012*, tells us that overall life satisfaction average in Walsall varies by a range of socio-economic subgroups, decreasing with deprivation and increasing with educational attainment. Personal relationships and freedom to make your own decisions are key to life *satisfaction and mental wellbeing*.

Further Information

Look at Chapter 1 (Wellbeing in Walsall), Section 2.2 (Child and Adolescent Mental Health), Section 6.5 (Emotional Health & Wellbeing in Adults), Section 7.7 (Mental Health and Suicide) and Section 8.4 (Dementia) in the JSNA for further information

What is our ambition?

By 2016 we want knowledge and understanding of the *5 Ways to Wellbeing* to be well embedded in all communities with Area Partnerships and Third Sector organisations taking a lead, especially on 'giving through volunteering' which benefits both the volunteer and those receiving help.

What are our key Priorities?

- Work with individuals and communities to promote wellbeing and self-reliance through knowledge and understanding of *5 ways to Wellbeing* as part of a borough wide strategy to improve mental health and wellbeing
- Work with employers, occupational health and other partners to promote the benefits of a work environment that enables mental wellbeing and reinforces a work/life balance and ensure advice and support is available within the Health and Work Programme for employers wishing to implement changes as a result.

What will we do together?

- Work with individuals and communities to promote wellbeing and self-reliance through adoption of *5 ways to wellbeing*
- Encourage local people to connect, keep learning and give through volunteering by promoting the many different ways they can volunteer in Walsall and the benefits involved
- Encourage local people to be active and take notice by promoting parks, green spaces, the many community and council leisure and sports facilities and other opportunities available to them in Walsall (see section 10)
- Encourage local businesses and organisations to become healthy workplaces with support delivered through the Healthy Business Awards Scheme and opportunities to focus on work related stress and wellbeing
- Identify and target key groups that evidence tells us will be most likely to benefit from brief interventions and improved access to psychological therapies. These will include

for example pregnant women who smoke, people in the workplace with absenteeism problems, diabetic patients where depression is common

- Consult with, and fully involve, both communities and service providers in work to reduce stigma around mental ill-health in Walsall thereby seeking to reduce suicide and promote mental wellbeing.

How will we ensure that things are improving?

Priority	Measure
<ul style="list-style-type: none"> • Work with individuals and communities to promote wellbeing and self-reliance, through knowledge and understanding of “5 ways to wellbeing”, as part of a borough wide strategy to improve mental health and wellbeing 	<ul style="list-style-type: none"> • Numbers of people volunteering in Walsall • Proportion of physically active adults • Proportion of physically active children and young people • Self-reported wellbeing • Number of local businesses part of Healthy Business Awards Scheme • Number of local businesses awarded Healthy Business Award

Key recommendation for action in 13/14:

Work with individuals and communities resident in Walsall as well as those working in the statutory, independent and voluntary/community sector to promote wellbeing and self-reliance through adoption of *5 ways to wellbeing*

What have we achieved in 13/14?

- 5 ways ‘Train the Trainer’ sessions have been held, training at least 120 people from organisations across Walsall, including voluntary sector and public sector organisations
- Local 5 ways resources have been developed, focusing on the assets within local communities to improve mental wellbeing
- Other mental health awareness training needs have been identified and appropriate training identified and delivered
- Volunteering strategy has been developed and TALK project is in place to support strategy and action plan.

Key recommendation for action in 14/15:

1. Seek assurance from Public Health Programme Board (PHPB) that they are working with individuals and communities resident in Walsall as well as those working in the statutory and voluntary/community sector to promote wellbeing and self-reliance through adoption of 5 ways to wellbeing

6 Give every child the best start in life

Why is this important?

What happens in pregnancy and the early years of a child's life has a profound impact on the rest of his or her life. Improving experiences in the early years is central to reducing inequalities in childhood and later life. Parenting is critical to children's experience of early years and their life chances.

Early parenthood is associated with poor health outcomes and life chances. It impacts the poorest communities and most vulnerable young people/ widens health inequalities, contributes to worklessness and poverty, and leads to avoidable costs to the NHS and public sector in general.

Our JSNA tells us that:

- In Walsall the proportion of stillbirths and infants dying before their first birthday remain higher than regional and national levels. There are wide inequalities between the most and least deprived in Walsall, with the proportion of stillbirths and infant deaths being much higher in deprived areas (See section 2.1 Infant and Perinatal Mortality in the JSNA for further information)
- Educational attainment in the early years has been poor in Walsall compared to regional and national levels. Educational attainment is lower in the more deprived communities in Walsall (See section 2.3 Educational Attainment – the early years in the JSNA for further information)
- The overweight and very overweight prevalence in children aged 4-5 years has reduced from 24.1% (2011/12) to 22.8% (2012/13) narrowing the gap between Walsall and the Regional and National averages (NCMP data) (See section 2.5 Healthy Weight in the JSNA for further information)
- A large number of children and young people suffer from mental health problems. For example in 2012/13 143 Walsall children were admitted to an Acute hospital with a primary or secondary diagnosis of intentional self harm (see section 2.2 mental health of children and young people in the JSNA for further information).
- The oral health of 5 year old children in Walsall in terms of decayed, missing or filled teeth (dmft) is significantly better than the National average (2.97 compared to 3.45 respectively). Fluoridation of the water supply has been an important factor in achieving this outcome.
- Walsall has been successful in reducing the under-18 conception rate the rate of teenage pregnancy has fallen 30.8% since 1998 from 67.2 per 1,000 to 46.5 per 1,000 in 2012 this compares with a fall of 40.6% nationally from 46.6 per 1,000 in 1998 to 27.6 per 1,000 in 2012.
- Between 2009 and 2011 there were 819 conceptions at a rate of 54 per 1,000 females age 15 to 17.

What is our ambition?

By 2016 we want all children in Walsall to have the best start in life, lead healthy, safe lives and develop the skills, confidence and opportunities they need to achieve their full potential, particularly those children who are vulnerable or disadvantaged. This process begins before birth and continues through the early years of life and throughout school years.

What are our key priorities?

- Reduce the number of children dying before birth or before the age of 12 months (stillbirths and infant mortality), narrowing the gap for our most disadvantaged and vulnerable groups
- Improve the proportion of children who are ready for school at age 5 (emotionally, behaviourally, cognitively and physically - with a focus on healthy weight;), narrowing the gap for our most disadvantaged and vulnerable groups

What will we do together?

- Ensure that organisations can demonstrate how they work together to enable every child to have the best start in life by supporting integrated plans to:
 - Reduce still births and infant mortality
 - Enable children to develop well in all areas: cognition, communication and language, social, emotional and physical development – with a focus on healthy weight and oral health
- Continue to invest in integrated early help maximising the use of Children's Centres so families have access to the support they need in their locality, in particular to enable them to be effective parents
- Improve support to families through increased access to evidence-based parenting programmes targeted at those most in need. We will also ensure appropriate support is given to parents to enable them to provide an environment for their children that nurtures child development
- Target specific vulnerable groups to ensure appropriate support is available to narrow the gap in social, education and health outcomes. These will include children of lone parents, those dependent on out-of-work benefits, previously looked-after children, children from families that do not speak English, teenage parents and their children, those in poor housing conditions, migrants/asylum seekers, victims of domestic violence, amongst others.
- Health promotion and education remains the cornerstone for reduction of STIs, particularly encouraging safer sexual behaviour, such as consistent condom use and reductions in the number and concurrency of sexual partnerships. In general, for most infections, a whole population approach, but with particular emphasis on young people remains the key.
- Ensuring good access to contraception, including the most cost effective forms, to prevent unplanned pregnancies could achieve savings in avoided health and social costs.

How will we ensure that things are improving?

Priority	Measure
Reduce the number of children dying before birth or before the age of 12 months (Stillbirths and Infant Mortality)	<ul style="list-style-type: none"> • Children in poverty • Breastfeeding • Smoking status at time of delivery • Low birth weight of term babies • Access to non-cancer screening programmes • Infant mortality • Stillbirths and neonatal mortality • Admission of full term babies to neonatal care • Access to maternal and early years service (MAEYS) (weight management in pregnancy) • Access to NHS dental services
Improve the proportion of children who are ready for school at age 5 (physically emotionally, behaviourally and cognitively)	<ul style="list-style-type: none"> • Child development at 2-2.5 years • Healthy weight in 4-5 year olds (including underweight as well as overweight/very overweight) • School readiness (eg: Early Years Foundation score or equivalent) • Emotional wellbeing of children looked after • Tooth decay in children aged 3 and 5 years • Population vaccination coverage (various)

Key recommendations for action in 13/14:

Better identify and provide early help to vulnerable parents by undertaking a joint Local Authority/NHS review of services and performance within antenatal pathways and Children's Centres to contribute to an effective early help offer for children and their families

Improve the early years offer across childcare, nurseries and children's centres to increase school readiness and early years foundation score (or equivalent)

What have we achieved in 13/14?

- Early Help Strategy consulted and agreed November 2013 which has resulted in the reconfiguration of Children's Centres into Early Help Clusters to improve access to Early Help support
- Work completed to deliver the enhanced 2 year old offer for most disadvantaged 2 year olds to improve school readiness. 1,246 families eligible from April 2014
- Neo-natal mortality rates have shown a reduction on those of the previous year, however, infant mortality figures remain higher than target.
- School readiness improved from 51% (2010/11) of children achieving a good level of development to 58% (2011/12).

- The award winning Food Dudes Nursery programme, designed to increase consumption of fruit and vegetables in children aged 2-5 has been delivered in fifty early years settings (Children centres and schools with nurseries attached) and will continue in 14/15
- Reducing in the under-18 conception rate the rate of teenage pregnancy has fallen 30.8% since 1998 from 67.2 per 1,000 to 46.5 per 1,000 in 2012 this compares with a fall of 40.6% nationally from 46.6 per 1,000 in 1998 to 27.6 per 1,000 in 2012.

Key recommendations for action in 14/15:

2. Seek assurance from Children and Young People's Board (CYPB) that that the Priority Champion for a 'Supporting the most vulnerable families to provide the Best Start in life' takes into account recommendations identified as part of antenatal services and Children's centres review to improve identification of vulnerable parents and provision of early help to them and increase school readiness and early years foundation scores
3. Seek assurance from PHPB and CYPB that they are working with appropriate service users and providers to identify reasons for high infant and perinatal mortality levels in Walsall and ensure appropriate best practice is part of antenatal and early years pathways in Walsall

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

Why is this important?

Educational attainment is a key determinant of future employability, and a key building block of future self-sufficiency. There are wide inequalities in educational attainment between the most and least deprived communities in Walsall and these are reflected in many other health and social indicators.

The number of children in Walsall in the care of the Local Authority reflects the high level of deprivation and the need to support parents particularly where they lack the knowledge, skills or behaviour necessary to provide a safe and nurturing home for their children.

Our JSNA tells us that:

- Each year in Walsall an estimated 250–300 children are listed with Child Protection Plans and 150–200 admitted into the care of the Local Authority
- Whilst the rate of offending is declining, the proportion of sentences that are custodial is high and has increased in Walsall (See section 3.5.3 Youth Offending of the JSNA for further information)
- Health and educational outcomes for vulnerable children, including looked-after children, children with disabilities/special educational needs and young offenders remain grounds for concern (See section 3.5 on Vulnerable Children and Young People of the JSNA for further information)
- Achievement of key indicators, for example 5 or more A* to C grades (including English and maths) at GCSE by pupils in Walsall, has been lower than regional and national averages. The gap in achievement between children from vulnerable groups and their peers is wide (See section 3.1 on Educational Attainment of the JSNA for further information)
- The proportion of children in Walsall aged 10-11 years who are overweight or very overweight is higher than the national average (See section 3.2 on Healthy Weight of the JSNA for further information).
- The level of sexually transmitted infections amongst young people in Walsall and the rate of teenage pregnancy in Walsall remain higher than regional and national rates. (See section 3.3 on Sexual Health and 3.4 on Teenage Pregnancy of the JSNA for further information).

What is our ambition?

All partners working with children and young people have an integrated holistic approach in supporting families and communities to narrow the gap in health wellbeing and improve the resilience of children and young people thereby reducing the need for children to be looked after.

What are our key priorities?

- Reduce the time spent on a Child Protection plan for children and young people by improving access to evidence based parenting programmes for those most in need and able to benefit
- Raise achievement for all children and young people, but particularly for those children who are most disadvantaged and vulnerable
- Safeguard children and young people from harm
- Promote the physical and emotional health and resilience of young people, particularly in relation to healthy weight
- Following review and redesign, ensure that mental health services for children and young people in Walsall (from universal/primary to targeted and specialist) are fit for purpose to meet the identified need.
- Ensuring good access to contraception , including the most cost effective forms , to prevent unplanned pregnancies could achieve savings in avoided health and social costs.
- Health promotion and education remains the cornerstone for reduction of STIs, particularly encouraging safer sexual behaviour, such as consistent condom use and reductions in the number and concurrency of sexual partnerships. In general, for most infections, a whole population approach, but with particular emphasis on young people

What will we do together?

- Ensure that organisations work together to enable every child to continue to develop well by supporting integrated plans to:
 - Enable healthy choices (eg healthy school meals, healthy vending machines) and ensure access to appropriate age specific specialist lifestyle services (eg sexual health)
 - Narrow the gap in educational attainment for the most disadvantaged and vulnerable groups
 - Improve the transition between young peoples' services and younger adults' services. This is particularly relevant to young people with mental health needs
- Using appropriate evidence based programmes and tools, target specific vulnerable groups to ensure appropriate support is available to children, young people and their parents to narrow the gap in social, education and health outcomes. These will include looked-after children, children with special needs or disabilities, children already within the safeguarding system, children experiencing family breakdowns, young people experiencing homelessness and subsequent transient lifestyles etc.

How will we ensure that things are improving?

There are a number of outcomes and indicators that could be chosen to monitor each action within this programme area. However, the following overarching and high level outcomes have been prioritised below:

Priority	Measure
Raise achievement for all children and young people	<ul style="list-style-type: none"> • Children in poverty • School absence • GCSE achieved 5 A*-C inc. English and maths • GCSE achieved 5 A*-C inc. English and maths for children in care <p><i>Note: attainment measures may change</i></p>
Safeguard children and young people from harm	<ul style="list-style-type: none"> • CPP more than 2 years • Numbers of children who have run away from home or care placement • Hospital admissions caused by unintentional and deliberate injuries in under 18s • Number of parents accessing parenting programmes
Promote the physical and emotional health and resilience of children and young people	<ul style="list-style-type: none"> • Emotional wellbeing of looked after children • Under 18 conceptions • Chlamydia diagnosis rate (15-24 year olds) • Emergency admissions for children with LRTI • Healthy weight in yr 6 (both underweight and overweight/very overweight), diet and physical activity levels

Key recommendations for action in 13/14:

Work with parents, schools, education and training providers to enhance aspirations and minimise absences to reduce the attainment gap between the least and most deprived children and young people in Walsall

Increase access to evidence-based parenting and family support programmes, targeted at those most in need (Children in need includes those who are looked after (LAC) and those with a child protection plan (CPP))

What have we achieved in 13/14?

- Improvement in the proportion of pupils achieving 5 A* - C (including A* - C in English and Maths) which has increased from 55.90% to 58.70% of pupils in 2013
- The proportion of Looked After Children achieving 5 GCSEs including English and Maths has increased and is above the England average
- Progress has been achieved on school attendance with a reduction in pupil absence from 6.3% to 5.2%
- The most recent figures for under 18 conceptions show a continued reduction.

- 64 primary schools including 3 special schools have been through the Food Dudes programme resulting in an average 60% increase in the consumption of fruit and vegetables per child.

Key recommendations for action in 14/15:

4. Seek assurance from CYPB that the relevant Priority Champion has taken account of the need to work with parents, schools, education and training providers to enhance aspirations and minimise absences to reduce the attainment gap between the least and most deprived children and young people in Walsall
5. Seek assurance from CYPB that the relevant Priority Champion has taken account of the need to commission evidence based parenting education and have appropriate monitoring in place that includes evaluation and identification of ongoing need
6. Seek assurance from CYPB and PHPB that the relevant Priority Champion has taken account of the need to work with partners: commissioners, service providers, parents and children and young people to ensure that children have the knowledge and support to maintain a healthy weight
7. Seek assurance from Walsall Clinical Commissioning Group (CCG), Children's Services and the Public Health Programme Board that, following review and redesign, mental health services for children and young people in Walsall (from universal/primary to targeted and specialist) are fit for purpose to meet the identified need

8 Money, Home, Job

Why is this important?

Walsall has suffered from long-term economic hardship and declining prosperity over the past few decades. This has left the borough with a weak and vulnerable local economy, a legacy of high unemployment and a subsequent lack of disposable income. If not corrected this will continue to have a massive impact on local communities and the services provided by the public sector.

Poverty and lack of work are very closely related to health inequalities: people suffering from ill health are more likely to be unable to work due to their condition and to be dependent on benefits; conversely those who are unable to find work and subsequently live in poverty are more likely to have unhealthy lifestyles and suffer from poor health outcomes. Ill-health caused through accidents at work or occupational disease places a further burden on the economy.

The economic disparities seen across the borough directly relate to the health and wellbeing of communities. Areas of low income or worklessness correlate with poor health outcomes, child poverty, lower standards of housing, crime, lack of aspiration and lower levels of educational achievement. This generates a vicious cycle of intergenerational unemployment, ill health, poor emotional wellbeing and lack of self-esteem and self-confidence.

Having a home that is safe and secure is vital to good health and wellbeing – and this is especially true for people who are already vulnerable. Living in poor quality housing or experiencing fuel poverty can have a significant detrimental impact on both physical and mental health. Similarly not having a secure home or becoming homeless negatively affects emotional wellbeing.

The most sustainable route out of poverty is through gaining and remaining in employment, which is also perceived as having the single biggest positive influence on a person's health and wellbeing.

Our JSNA tells us that:

Despite recent signs of recovery from the recession, the borough continues to have:

- too few businesses and limited, lower paid, local job opportunities;
- high numbers of people who are economically inactive or unable to find work;
- residents unable to take up work opportunities as a result of low skills, ill health or both.

All three of these inter-related issues must be tackled together in order to develop sustainable economic prosperity for the borough, its people and businesses.

In February 2013, just over 12,000 adults (7.2% of our working age population) were dependent on health related benefits (Employment Support Allowance or Incapacity Benefit).

For Walsall this is a greater problem than the 10,000 individuals claiming Jobseeker's Allowance who are fit for work.

In order to break the cycle of deprivation, the 18-24 year age group requires specific attention as they are at a particular disadvantage. In June 2013, 2,610 of the 18-24 year olds in the borough were unable to find work – 10.7% compared with only 6.2% nationally. At the same time long term unemployment is becoming an increasing issue with 1 in 4 young people who claim Job Seekers Allowance having done so for more than 12 months. The transition period as 16-18 year olds move from services available to children and young people to adult services is particularly challenging for vulnerable young people and young parents, especially those who lack the support to grow into mature, independent adults and responsible parents. Without such support these young adults are at risk of life-long unemployment, homelessness or poor housing, substance misuse, addiction and transient lifestyles, fuelling the next generation of children growing up in workless households and in poverty. The social and economic cost of this is huge.

A safe and secure place to live is an important pre-requisite for health. Overcrowding, inadequate heating, damp, housing in a poor state of repair or infested with pests are all associated with poor physical and emotional health, particularly for our most vulnerable groups. Most of the social housing stock in Walsall has achieved the national 'Decent Homes Standard' but work is still needed to improve the physical quality of the private housing stock, particularly in the rental sector.

Further information:

Specific information within the Marmot Review final report: 'Fair Society, Healthy Lives' reiterates that the benefits of reducing health inequalities are economic as well as social, with inequalities in illness accounting nationally for productivity losses of £31-£33 billion per year, tax losses and higher welfare payments in the range of £20-£32 billion per year and additional NHS healthcare costs associated with inequality in excess of £5.5billion per year.

Currently Walsall Council and its partners are helping tens of thousands of residents with their money, their home and their job, through integrating services provided by them in respect of these critical underpinning determinants of wellbeing. This holistic approach involves empowering staff to make innovative improvements to service delivery leading to substantial cost savings in a way that is not available through traditional management thinking. This helps significantly to understand what help residents need and what works in relation to meeting those needs. Critically the mindset and method being used are being deployed to respond to the raft of welfare reform changes being made by government which will have a huge effect on Walsall communities.

What is our ambition?

By 2016 Walsall will be attracting new businesses that will provide a range of job opportunities and training for local people who have the relevant skills, abilities and attitude. Local people, including parents and young people, will be supported to make the most of these opportunities.

We will ensure access to a choice of sustainable, quality homes that meet the different needs of our communities and promote independent living and we will support health by tackling fuel poverty and improving the quality and energy efficiency of both existing and future homes.

Where individuals are in danger of losing their jobs due to ill health or caring responsibilities they will be able to access services that will provide advice and support in order to mitigate against job loss. Appropriate and timely support will be available to families who are in crisis or are at risk of becoming homeless.

What are our key priorities?

- Reduce the number of children living in poverty and mitigate against the impact on those who remain in poverty
- Reduce the number of working age people who are dependent on health related benefits
- Reduce the number of young people who are out of work and are not in education or training
- Support local people to become fit, healthy and therefore able to take up employment
- Ensure support is available for people in work in order to optimise their health and sustain employment
- Ensure that local people have a safe, secure and healthy place to live in

What will we do together?

- Recognising that Child Poverty is a key determinant in many poor outcomes we will support worklessness reduction in parents of young children and mitigate its effects by supporting income maximisation, food banks and fuel poverty reduction
- Ensure a collaborative approach to welfare advice and support across Walsall that makes the best use of all the resources available and provides the best possible support for people and families in crisis, or at risk of being so
- We recognise that employment and continuing employability in adulthood is a product of effective role models and educational achievement coupled with good health in early/school years. Actions to tackle economic inequalities will therefore be matched by complementary actions in the early/school years in order to break the cycle of deprivation in future generations of local people
- Provide the infrastructure and environment that will attract new businesses to Walsall and support them to recruit from the local population
- Ensure easily accessible support and advice to young people, and 18-24 year olds in particular, on life skills, training and employment opportunities that includes work based learning opportunities and apprenticeships
- Identify individuals in poor health (physical and mental) or with long term health conditions either at risk of losing their jobs or becoming dependent on health benefits and provide relevant interventions to reduce that risk
- Continue to identify and reduce barriers to obtaining and keeping work for people who are potentially disadvantaged in the labour market (eg: parents, carers) through a range

of partnership interventions that focus on specific issues such as affordable child care and transport links

- Work with key stakeholders in the development of innovative, high quality Health & Social Care Sector training provision to equip both local people and providers with the skills they require to care for themselves and others
- Work together to ensure that local businesses have the necessary support and infrastructure to provide 'good jobs' in a healthy working environment leading to sustained employment
- Work together to ensure that people and families in crisis are supported in obtaining or retaining their home
- Improve the condition, quality, energy efficiency and choice of housing, particularly private sector stock and work to reduce fuel poverty.

How will we ensure that things are improving?

Priority	Measure
Reduce the number of children living in poverty	<ul style="list-style-type: none"> • Local child poverty measures including all children living in poverty, children aged 0-4 living in poverty, children in families in receipt of out-of-work(means tested) benefits etc • Number of people claiming Jobseeker's Allowance
Reduce the number of working age people who are dependent on health related benefits	<ul style="list-style-type: none"> • Number of people in receipt of health related benefits (Employment Support Allowance and Incapacity Benefit) • Proportion of adults with learning disabilities in paid employment • Proportion of adults in contact with secondary mental health services in paid employment • Employment of people with long term conditions
Reduce the number of young people who are out of work and are not in education or training	<ul style="list-style-type: none"> • Number of 18-24 year olds claiming Jobseeker's Allowance • Availability and take-up of apprenticeships by 16-24 year olds • Number of 16-18 year olds not in education, employment or training (NEET) • Number of young people supported to gain employment through targeted recruitment initiatives with local employers, including the <i>Think Walsall</i> programme
Support local people to become fit, healthy and therefore available to	<ul style="list-style-type: none"> • Smoking prevalence: adults (over 18s) • Smoking prevalence: 15 year olds • Excess weight in adults

take up employment

- Proportion of physically active adults
- Proportion of physically active under 16 year olds
- Self reported wellbeing
- Recovery from substance misuse addiction
- Number of workplaces involved in healthy workplace programme

Ensure that local people have a safe, secure and healthy place to live

- Proportion of households experiencing fuel poverty
- Excess winter deaths
- Statutory homelessness (households in temporary accommodation)
- Number of households in crisis receiving support
- Number of households prevented from becoming homeless

Key recommendations for action in 13/14:

Reduce youth unemployment by working with partners to provide coordinated support to vulnerable young adults & young parents to support them into work and to reduce poverty and become capable parents

Continue to develop and implement a comprehensive Health and Work programme, covering Healthy Workplaces, sickness absence and return to work and the health needs of those who are out of work

Reduce child poverty by targeting worklessness reduction on parents of young children and enhancing access to childcare as well as mitigating the impact by supporting income maximisation, food banks, high quality housing and fuel poverty reduction through a collaborative approach

Ensure that all organisations involved in giving welfare advice and support to people in Walsall work together to meet the identified needs in an holistic, collaborative way that makes best use of all the resources available and provides the best possible support for people and families in crisis or at risk of being so

Develop and implement a comprehensive set of programmes that equip local service providers, particularly within the Health & Social Care Sector, with the knowledge and skills required to maximise the health of those they provide services for, as well as their own workforce.

What have we achieved in 13/14?

- Additional parenting provision has been arranged in Darlaston which will enable young parents and mums to access vocational training, eg study programmes
- A working group has been established to understand more fully local food poverty, how it is impacting Walsall children, and to agree ideas for future developments. Access to crisis food and Food Banks has also been significantly increased
- Walsall College launched its Social, Care and Medical Health Academy in September 2013 – delivering a flexible menu of learning & development programmes that are tailored to meet the local Health Sector’s employment and delivery needs
- The Black Country European Union Strategic Investment Framework has been approved, which will draw in approx £150m of new EU funding to tackle issues around social inclusion, employment and skills. Delivery is intended to start in early 2016
- A Black Country Strategic Economic Plan has recently been approved by government and includes a range of activities that support Walsall businesses to thrive and local people to gain work
- The Healthy Workplace Programme has engaged 28 local companies providing a range of tailored health and wellbeing support based on the health needs of the employees.
- Strong improvements have been made to the number of young people who are unemployed. Over the past year there has been a significant reduction in the number of 16-18 year olds not engaged in education, employment or training (NEET), while the number of 18-24 year olds claiming Jobseeker’s Allowance has been reduced by a quarter
- The Big Switch initiative has allowed hundreds of Walsall households to save an average of £150 each on their fuel bills by collectively switching energy supplier
- The Council’s ‘Money, Home, Job’ approach has seen over 4,000 families in crisis receiving support, and over 2,000 prevented from becoming homeless during the past year

Key recommendations for action in 14/15:

8. Seek assurance from Walsall Economic Board (WEB) and CYPB that they are helping to reduce youth unemployment by working with partners to provide coordinated support to vulnerable young adults that enables them to access appropriate jobs or training
9. Seek assurance from PHPB that they continue to develop and implement a comprehensive Health and Work programme available to all businesses in Walsall, covering Healthy Workplaces, sickness absence and return to work and the health needs of those who are out of work or have specific health barriers to employment
10. Seek assurance from CYPB Priority Champion for reducing the impact of child poverty and WEB that there is alignment and a successful collaborative approach to the priorities they cover in order to reduce child poverty and the impact on families of worklessness in parents
11. Seek assurance from CYPB Priority Champion for reducing the impact of child poverty and WEB that all organisations involved in giving welfare advice and

support to people in Walsall work together to meet the identified needs in an holistic and collaborative way that makes best use of all the resources available and provides the best possible support for people and families in crisis or at risk of being so

12. Seek assurance from WEB that programmes, particularly within the Health and Social Care sector, continue to equip local service providers with the knowledge and skills required to maximise the health of those they provide services for, as well as their own workforce

9 Creating and developing healthy and sustainable places and communities

Why is this important?

There is a close relationship between the quality of the physical and social environment in which people live and their health and wellbeing. Healthy, sustainable communities are supported by factors such as good quality housing, access to green spaces, leisure and recreation, public transport, good quality food, as well as increased levels of community involvement and better social networks. Social networks and links between individuals help to build social capital which improves resilience and wellbeing in both the individual and the community.

'Climate-friendly' investments in transport, housing and household energy policies can help reduce the incidence of cardiovascular and chronic respiratory disease and cancers. Improved air quality delivered through green technology, active travel and low carbon transport will reduce the incidence and exacerbation of respiratory diseases. Improving the energy efficiency of homes will reduce fuel poverty and reduce the impact on health of extremes of climate.

Our JSNA tells us that:

- Good transport links can improve access to health improving opportunities such as education, employment, fresh and healthy food, leisure and health care. Good transport planning encourages active forms of transport such as walking and cycling and reduces any associated risk (See section 5.1 Getting About of the JSNA for further information)
- Relaxing and having fun involves both utilisation of services that are provided for us and our use of areas and facilities that are free to all as part of our local environment (eg parks, libraries and play areas). We need to improve community capital and reduce social isolation as we reconnect and build stronger communities (See section 5.2 relaxing and having fun of the JSNA for further information)
- The design and layout of the places where people live, work and play is a key influence on residents' health and wellbeing. A community that has good access to high quality health and leisure, healthy food outlets and well-designed public space will be healthier, happier and more stable. We need to utilise all mechanisms and powers at our disposal to achieve this
- Stronger communities are built when they are empowered to identify their own priorities for action and feel that they can influence the work of partner agencies in their localities. Integrated planning and closer working is needed to ensure effective activity and better outcomes for residents (See section 5.4 Stronger Communities of the JSNA for further information)
- The Community Safety Plan is the overarching community safety document for the borough and identifies the key strategic community safety priorities. It indicates how the agencies that make up the Safer Walsall Partnership will focus their combined activities across the borough to improve community safety and increase community reassurance by reducing crime, anti-social behaviour, drug and alcohol misuse and environmental crime. It will therefore contribute directly to improvements in health and wellbeing across Walsall (See section 5.5 Community Safety and section 6.4 Substance Misuse of the JSNA for further information)

What is our ambition?

By 2016, through effective partnership work that fully engages our local residents, all who live and work in Walsall will be benefitting from improvements in the physical and social environment and from the stronger, healthier communities that are emerging as a result of that work.

What are our key priorities?

- We will improve the social and physical environment in order to make Walsall a place that promotes high levels of health, wellbeing and safety
- We will build stronger, healthier communities for individuals and groups in Walsall through the promotion of healthy behaviours and access to appropriate facilities and services, mitigating against risk wherever possible
- We will seek to engage residents at all levels of the decision making process thereby building social capital

What will we do together?

- Develop safe, sustainable and active means of travel (eg cycling and walking) and encourage the use of public transport including journeys to and from schools and colleges
- Promote the benefits of physical activity and healthy lifestyles and ensure we have appropriate facilities and interventions to enable and support people to adopt healthy behaviours (eg allotments, leisure centres, parks and playing fields)
- Use a proactive approach to planning, investment and service provision to:
 - promote sustainable development, provide land for the uses and facilities we need, arrange these in a manner that makes the best use of existing infrastructure and maximises accessibility and social inclusion, protect green spaces and the environment and help minimise exposure to pollution
 - ensure that the health impacts for individuals and local communities of any potentially significant decision are fully assessed and that the results are used in the decision-making process
 - develop and drive activities that support businesses to thrive and local people to work
- Continue to use our enforcement powers wisely to ensure people who work and live in Walsall are kept safe and well
- Continue to work together in partnership with our communities to build social capital and ensure local people have a role in local decision making
- Each Area Partnership to identify a specific local priority in order to put appropriate action plans in place that could be addressed through an asset based approach, establish peer learning networks and develop intelligence systems to capture wider sources of data
- Further develop our voluntary and community sector and work together to create links and provide opportunities for social interaction
- Work with other agencies to protect the most vulnerable; identify and tackle risky behaviours amongst our residents that may lead to offending and improve the general feeling of safety in our neighbourhoods.

How will we ensure that things are improving?

Priority	Measure
We will improve the social and physical environment in order to make Walsall a place that promotes high levels of health, wellbeing and safety	<ul style="list-style-type: none"> • Percentage of the population affected by noise • Excess winter deaths • Older people's perceptions of community safety • Public sector organisations with board-approved sustainable development management plans • Killed or seriously injured casualties on England's roads • Protection of green belt from inappropriate development • Amount of accessible open space • Proportion of businesses continuing trade after 1 year and after 3 years • Mortality due to air pollution • Violent crime • Re-offending
We will build stronger healthier communities for individuals and groups in Walsall through the promotion of healthy behaviours and access to appropriate facilities and services, mitigating against risk wherever possible	<ul style="list-style-type: none"> • Utilisation of green space for exercise/health reasons • Cycle usage • Use of rail services/bus services • Social contentedness • Self-reported wellbeing • Proportion of physically active and inactive adults • Proportion of physically active 16-24 year olds
We will seek to engage residents at all levels of the decision making process, thereby building social capital	<ul style="list-style-type: none"> • Public response to surveys • Engagement with Area Partnerships

Key recommendations for action in 13/14

Use a proactive approach to planning, investment and service provision to:

- promote sustainable development, provide land for the uses and facilities we need, by making the best use of existing infrastructure, maximising accessibility and social inclusion, protecting green spaces and the environment and helping to minimise exposure to pollution
- ensure that the health impacts for individuals and local communities of any potentially significant decision are fully assessed and that the results are used in the decision-making process
- develop and drive activities that support businesses to thrive and local people to work
- work with the Area Partnerships, and through the other community based initiatives, to develop and implement an assets-based approach to community engagement and active involvement in the life of their community

What have we achieved in 13/14?

- Extensive public consultation has been conducted on the Issues and Options for Walsall's Site Allocations Document and its Town Centre Area Action Plan. The options and plans include accessibility, housing, types of employment available. facilities (eg: health facilities) to meet needs of proposed communities, protection of environmental assets, provision of open spaces and account taken of potential exposure to pollution, including air pollution. These key documents will be fundamental in determining what development happens, where and when
- Consultation with key contributors to ensure that planning policy has been applied consistently and in line with adopted policy framework
- Health impact assessments of plans and proposals have been undertaken where health impacts are likely and included in options appraisals
- The Black Country Strategic Economic Plan has recently been approved by government. Various initiatives have been developed to work to support the growth of new and existing companies in Walsall, reduce unemployment rates and improve work related skills, such as Walsall Works Apprenticeship scheme, bring forward appropriate sites for active development such as the BC Enterprise Zone and develop and deliver schemes to move people and products around such as The Darlaston Access programme
- Health priorities have been identified for each of the 6 Area Partnerships and, using the available local assets, evidence based initiatives have been developed to tackle the health priorities in ways that will built capacity and capability amongst local residents and service providers in the areas to ensure sustainability. Examples include the Connecting Communities Project in Darlaston and the Diabetes Awareness Campaign in Walsall South.

Key recommendations for action in 14/15

13. Seek assurance that a proactive approach to planning, investment and service provision is being used to:
 - promote sustainable development and provide land for the uses and facilities we need by making the best use of existing infrastructure. We must maximise accessibility and social inclusion, protect green spaces and the environment to enable 'active outdoors' and help to minimise exposure to pollution
 - ensure that the health impacts for individuals and local communities of any potentially significant decision are fully assessed and that the results are used in the decision-making process
14. Seek assurance that the Area Partnerships, through community based initiatives, is developing and implementing an assets-based approach to community engagement and active involvement in the life of their community
15. Seek assurance from PHPB and Safer Walsall Partnership Board (WSPB) that the harms caused by alcohol and drugs are being addressed as a priority and reported through the monitoring of the objectives of the Community Safety Plan and Public Health Programmes

10 Improving health and wellbeing through healthy lifestyles: Making 'healthier choices easier'

Why is this important?

The people of Walsall are experiencing poorer health and quality of life than those who live in most other areas of the country and many have their lives cut short by entirely preventable illnesses. Lifestyle factors such as diet, physical activity, alcohol, smoking and drug use are key determinants of health and wellbeing and are linked individually, or in combination, to a wide range of health and social consequences.

Sexual relationships are an important part of people's lives and relationships. Good sexual health can be defined as the enjoyment of sexuality of your choice without causing or suffering physical or mental harm. Certain groups of the population experience disproportionately poor sexual health including young people, men who have sex with men, black Africans, prisoners, sex workers, refugees and asylum seekers, this make it an important health inequality issue.

Nationally it is estimated that one-quarter of people infected with HIV are unaware of their infection. Direct care costs for late HIV presenters is estimated to be 200% higher than for early presenters (£230K per individual)

Our JSNA tells us that:

- Lifestyle factors such as diet, physical activity, alcohol, smoking and drug use follow a social gradient; those who live in the most deprived areas of the borough are most likely to adopt the most risky lifestyle behaviours
- Typically, life expectancy is higher in women than men. However in Walsall the gap in life expectancy between women and men is higher than seen regionally and nationally. Men in Walsall on average live 5 years less than women in Walsall, though both live less than the England average. However the gap for Walsall men is starting to narrow with England life expectancy (See section 1.3 – Life Expectancy of the JSNA for further information)
- In Walsall it is estimated that around 55,000 adults (26%) are very overweight and around 130,000 (62%) are overweight or very overweight (See section 6.1 – Adult Obesity of the JSNA for further information).
- More than 55% of Walsall residents take part in no recreational physical activity, compared to 47.4% nationally (See section 6.2 – Adult Obesity of the JSNA for further information)
- Using synthetic analysis it is possible to determine that approximately 65% of adults currently over the age of 75 living in Walsall will have lost all their teeth. A 2011 Survey of Care Homes will help shape and guide oral health needs amongst older people and those within care homes.
- The estimated prevalence for smoking in Walsall is 22.7% (approx 45,000 adults). For pregnant women rates of smoking at the time of delivery are high (15.1%). Encouraging smokers to quit is becoming more challenging. However research shows at any one

time 70% of smokers want to stop (See section 6.3 – Smoking Cessation and Tobacco Control of the JSNA for further information)

- The General Household Survey (2010) estimates Walsall has 34,058 hazardous drinkers, 33,550 binge drinkers and 10,174 harmful drinkers. The rate of alcohol related crime has fallen in Walsall in the last 5 years though it remains higher than the regional and national rates (Walsall Alcohol Needs Assessment 2011) (See section 6.4 – Substance Misuse of the JSNA for further information).
- There are an estimated 2,107 problematic drug users (ie those who misuse heroin or crack cocaine) in Walsall. National Drug Treatment Monitoring System data reveals a small percentage of young people in Walsall require structured drug treatment and this is almost exclusively for alcohol and cannabis misuse (See section 6.4 – Substance Misuse of the JSNA for further information).
- One in six adults has a mental health problem at any one time. Benefits of improved population wellbeing include improved mental health, greater resilience against mental health problems, less discrimination and stigmatisation in the workplace and reduction in suicides and self harm.
- Chlamydia is the most commonly diagnosed sexually transmitted infection. Most people who have it will have no symptoms and will be at higher risk of being infected with other STIs.

What is our ambition?

By 2016 we want to lay firm foundations upon which to build in the future if we are to increase healthy life expectancy across Walsall by promoting health and wellbeing and self-reliance through effective partnership working with individuals and communities. We must create and maintain an environment in Walsall that promotes healthier lifestyle choices using all the mechanisms at our disposal (eg planning, transport, green spaces) and ensuring that this is a thread running through all partner agencies and multiagency strategy and policy development. It is important that we also remember the balance required between physical, social and mental health in order to achieve good overall health and wellbeing as described in section 5.

We also want to narrow the gap between male and female life expectancy so that men no longer have higher mortality rates. This requires us to target our services effectively in order to promote the uptake of lifestyle and treatment services by people in the most deprived areas and by men in particular.

What are our key priorities?

Due to the overlap between prevention and reducing disability and death these priorities are very similar to those in section 11. However, this section focuses on *prevention* and supporting people to *keep healthier, longer*.

- Support people in making healthy lifestyle choices in order to increase healthy life expectancy and seek to reduce the specific barriers of particular vulnerable groups, such as people with mental health conditions and people with complex conditions

- Reduce the risky behaviours that contribute to ill health in order to reduce all age, all cause mortality rates
- Further narrow the gap between male mortality and female mortality rates by targeting available advice and support services, both universal and specialist, accordingly.

What will we do together?

- Prioritise work to tackle health improvement in those areas where deprivation and/or inequalities are highest. This will provide a focus on men in Walsall and specific geographical areas where we must work through the Area Partnerships to ensure that local people are at the heart of delivering our strategies
- Create and maintain an environment in Walsall using all powers at our disposal that promotes healthier lifestyle choices around physical activity, healthy eating, safe drinking and reduces substance misuse including alcohol, tobacco and drugs
- Ensure closer working between service provider agencies that coordinates the provision, promotion and marketing of key health improvement programmes such as the healthy workplace programme, NHS health checks, physical activities, subsidised swimming, smoking cessation, mental wellbeing, weight management and alcohol screening linked to the delivery of brief advice and interventions. The marketing will recognise the need for targeted activity appropriate to identified vulnerable groups
- Support children and young people to become strong, resilient individuals able to make healthier lifestyle choices through effective partnership working that engages with parents as well as service providers
- Ensure that all partner agencies are fully committed to encouraging and supporting residents to adopt and sustain healthy lifestyles. The 'Making Every Contact Count' (MECC) initiative provides a real opportunity to do this by enabling partners to use their front line staff do this systematically and on a scale that could bring about real improvements in health
- Encourage all employers, but particularly those with a predominantly male workforce and engaged in industrial processes, to promote and improve the health of their workforce. They should be supported through easy access to relevant healthy lifestyle services such as the NHS Healthy Workplace Programme and stop smoking services.
- Promote the common risk factor approach to health promotion and integrate oral health promotion into other health promotion campaigns such as smoking cessation, healthy eating and healthy weight programmes
- Health promotion and education remains the cornerstone for reduction of STIs, particularly encouraging safer sexual behaviour, such as consistent condom use and reductions in the number and concurrency of sexual partnerships. In general, for most infections, a whole population approach, but with particular emphasis on young people and black Caribbean groups, remains the key. However, the epidemiology of some serious infections (HIV, syphilis and gonorrhoea), suggests that specific targeted programmes for men who have sex with men and black African groups are also required.

How will we ensure that things are improving?

Priority	Measure
<p>Support people in making healthy lifestyle choices in order to increase healthy life expectancy</p>	<ul style="list-style-type: none"> • Smoking prevalence: adults (over 18s) • Smoking prevalence: 15 year olds • Maternity - smoking in pregnancy • Maternal smoking at delivery • Excess weight in adults • Proportion of physically active adults • Proportion of physically active under 16 year olds • Self reported wellbeing • Promotion of the NHS Health Check programme for adults aged 40 - 74 • Take up of Healthy Workplace Programme • Making Every Contact Count (MECC) performance indicators
<p>Reduce the risky behaviours that contribute to ill health in order to reduce all age, all cause mortality rates</p>	<ul style="list-style-type: none"> • Hospital admissions as a result of self harm • Successful completion of drug treatment • People entering prison with substance dependence issues who are previously not known to community treatment • Alcohol related admissions to hospital (alcohol related harm) • Take up of Healthy Workplace Programme • Making Every Contact Count (MECC) performance indicators • Late diagnosis of HIV • Chlamydia diagnosis rate
<p>Narrow the gap between male mortality and female mortality rates by focusing on available advice and support services, both universal and specialist, accordingly</p>	<ul style="list-style-type: none"> • Potential years of life lost from causes considered to be amenable to healthcare: adults • Mortality from causes considered preventable • Mortality from cancer • Mortality from respiratory disease • Excess under 75 mortality in adults with serious mental illness • Suicide rate • Potential years of life lost (PYLL) from all causes • Mortality from all cardiovascular diseases (including heart disease and stroke – NHS Health Check Programme) • Difference between male mortality rates and female mortality rates (by borough and across the social gradient)

Key recommendations for action in 13/14

Ensure that the people of Walsall know what to do to improve their health and where they can get support and access services. to help them to improve their health. This will involve better coordination and communication between appropriate provider services in the statutory, independent and voluntary/community sector resulting in focused, targeted messages and provision

Ensure that all partner agencies are fully committed to encouraging and supporting residents to adopt and sustain healthy lifestyles. This should include championing a local ambition for the 'Making Every Contact Count' (MECC) initiative that will ensure an increase in the number of organisations actively delivering MECC until all key providers in Walsall are using their front line staff to encourage and support residents systematically and on a scale that will bring about real improvements in health

What have we achieved in 13/14?

- Public Health internet pages and social media use have been reviewed and infrastructure has been put in place to communicate key messages more effectively
- Initiative between partners, particularly voluntary sector, has begun to increase assets based work in Area partnerships, focusing on physical activity initially
- Local healthy lifestyle campaigns developed and supported by partners to motivate individuals and communities to make positive lifestyle behaviour changes and signpost where support to do so can be obtained
- Successful roll out of Making Every Contact Count (MECC) training across key partners (including LA, NHS, CAB, whg, Fire service Walsall College and vol sector) and collection of metrics established to enable evaluation of initiative
- Local MECC resources developed to support those delivering MECC
- The number of adults taking part in no exercise has actually reduced by 7.9% (15,800 adults) since 2006, including 2.5% (5,000 adults) in the last year.
- Walsall has achieved the Chlamydia screening target set out in the Public Health Outcomes Framework

Key recommendations for action in 14/15

16. Seek assurance from PHPB that the people of Walsall know what to do to improve their health and where they can get support and access services to help them to improve their health

17. Seek assurance from PHPB that they continue to promote and roll out the Making Every Contact Count (MECC) initiative within both the LA, NHS and partner

organisations, providing support for implementation through identified training and resource provision

11 Reducing the burden of preventable disease, disability and death

Why is this important?

The development of long term conditions and subsequent mortality follow a clear social gradient, as shown by the east and west divide in Walsall. In order to reduce inequalities across the life course it is essential that there is early detection and treatment of the major causes of disease and disability. The main causes of death in Walsall are cancer, coronary heart disease and pulmonary (lung) disease.

Our JSNA tells us that:

- All age, all cause mortality is higher in Walsall than the rest of England. Men have higher mortality rates than women, although the gap between these has reduced (See Section 7.1 – Mortality of the JSNA for further information)
- Cancer is the leading cause of death in the under-75s in Walsall, accounting for almost 712 deaths per year. This is 54 more deaths than the England average rates (See Section 7.2 – Cancer Mortality of the JSNA for further information)
- Coronary heart disease (CHD) is extremely common. Although deaths from this disease have reduced in the past 10 years, Walsall deaths remain higher than national figures. There are a range of extremely effective interventions for prevention and treatment of CHD (See Section 7.3 –Heart Disease Mortality of the JSNA for further information)
- Stroke is the largest cause of disability in the UK, and the third commonest cause of death (after heart disease and cancer). Each year in Walsall 480 people have a stroke. Good blood pressure control, correction of heart rate abnormalities, and investigation of ‘mini-strokes’ (transient ischaemic attacks) help to prevent stroke (See Section 7.4 – Stroke Mortality of the JSNA for further information)
- Chronic Obstructive Pulmonary Disease (COPD) affects 5,548 people in Walsall. It mainly occurs in people over the age of 40, and increases with age. COPD accounts for more time off work than any other illness (See Section 7.5 –COPD of the JSNA for further information)
- Walsall has a high prevalence of diabetes compared to the rest of England. Diabetes is a significant cause of disability and death, both of which can be reduced by good management of the condition (See Section 7.6 –Diabetes of the JSNA for further information)
- Around 22 people each year commit suicide in Walsall, although suicide rates are lower than the national average (See Section 7.7 –Mental Health and Suicide of the JSNA for further information)
- Infections continue to be a significant cause of ill health. In 2010 in England, infectious diseases accounted for 7% of all deaths, 4% of all potential life years lost and were also

the primary cause of admission for 8% of all hospital bed days (See Section 7.8 –Health Protection of the JSNA for further information).

What is our ambition?

By 2016 we want to reduce mortality across Walsall, particularly from CHD, stroke, diabetes, COPD and mental health problems. However our aim is not just to prevent early death; we also want to increase healthy life expectancy. This means our focus is *keeping people as well as possible, for as long as possible*. This can be achieved through encouraging healthy lifestyles, as discussed in the previous section, and ensuring that we have early detection i.e NHS Health Check Programme and early treatment of disease. We particularly want to narrow the gap between male and female life expectancy so that men no longer have higher mortality rates. By working together we can help all the people of Walsall to have a good quality of life even if they have a physical or mental health condition.

What are our key priorities?

Due to the overlap between prevention and reducing disability and death these priorities are similar to section 10. However, this section focuses on keeping people well once they have developed a chronic condition:

- Ensure that people are appropriately supported in both the diagnosis and subsequent management of chronic conditions in order to increase healthy life expectancy
- Reduce all age, all cause mortality rates by 7.3% so that these equal the rest of England through early detection and early treatment of disease
- Further narrow the gap between male mortality and female mortality rates by targeting services and support accordingly

What will we do together?

- Prioritise prevention and early detection of those conditions most strongly related to health inequalities. This will include raising awareness of the need to take up opportunities offered in primary care – NHS Health Check programme
- Strengthen support for people who develop long term conditions to take a more active role in managing their condition
- Ensure that all organisations have a sustained focus on lifestyle improvement for patients who have developed medical conditions. This includes stopping smoking, healthy eating, an active lifestyle and keeping alcohol intake to a safe level. This will help to increase healthy life expectancy and reduce mortality
- Promote and develop all opportunities to improve self-care through patient education programmes and telehealth for people with long term conditions. This will give patients and their families a larger stake and responsibility in the ongoing management of their conditions, and provides the potential for better control of these conditions
- Ensure that there is a clear focus on social support and rehabilitation and re-enablement which will deliver benefit in terms of people returning to work following illness (eg stroke)

as well as improved mental health. Investment in social worker input to clinical pathways assists with early supported discharge and promotion of independence

- Commission and deliver a clear and robust service for younger stroke sufferers in Walsall. This will increase the proportion of stroke sufferers returning to work within 6 and 12 months
- All partners need to assist in the design and implementation of appropriate community bed-based rehabilitation services within Walsall. These will provide people with the maximum chance of regaining function after becoming ill.

How will we ensure that things are improving?

Priority	Measure
Ensure that people are appropriately supported in both the diagnosis and subsequent management of chronic conditions in order to increase healthy life expectancy	<ul style="list-style-type: none"> • Preventable sight loss – diabetic eye disease • Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults) • Proportion of people feeling supported to manage their condition • The proportion of people recovering to their previous levels of mobility/walking ability at 30/120 days
Reduce all age, all cause mortality rates by 7.3% so that these equal the rest of England	<ul style="list-style-type: none"> • Potential years of life lost from causes considered to be amenable to healthcare: adults • Mortality from respiratory disease • Excess under 75 mortality in adults with serious mental illness
Further narrow the gap between male mortality and female mortality rates	<ul style="list-style-type: none"> • Mortality from all cardiovascular diseases (including heart disease and stroke) • Difference between male mortality rates and female mortality rates (by borough and across the social gradient)

Key recommendation for action in 13/14

Ensure Walsall Clinical Commissioning Group and Walsall Council's commissioning plans take proper account of the priorities of the Health and Wellbeing strategy, in particular, actions to improve the health of the poorest fastest and to address the health needs of men in order to reduce the life expectancy gap

What have we achieved in 13/14?

- **Diabetes** is a life limiting illness. Walsall has the third highest prevalence of diabetes in England and actions to prevent new cases and managing those with the condition well to prevent complications is a high priority. During the year we reviewed the current arrangements for the management of patients with diabetes in primary care, ensuring

that they are encouraged to attend education sessions to enable them to better manage their condition and reduce the risk of complications including admission to hospital. As a consequence the CCG have Improved the number of people involved in diabetes self-care management which includes education programmes such as DESMOND (diabetes education and self-management for on-going and newly diagnosed diabetics). Currently we have exceeded the 40% target for access to structured education programmes in 2013 -14 and are continuing in 2014/15 to investigate ways of increasing the number of GP referrals for this type of access and improve on the reported 2013/14 patient take up. In addition we have developed a business case to secure the roll out of educational sessions for patients who have been diagnosed as being at risk of developing diabetes. The programme will be offered to all patients with the intention that they do not go onto to develop diabetes or delay onset through better self-management, such as improving their lifestyle choices and therefore life expectancy.

- **Cardiovascular disease** –The CCG has continued to make improvements to patient care and has redesigned referral pathways for people with Atrial Fibrillation, Heart Failure and Stable Angina in order to optimise early diagnosis and treatment intervention and improve life expectancy. In the area of Cardiac rehabilitation we have invested in the provision of a Counsellor to provide support to patients who have had a heart condition with the aim of improving their health outcomes by reducing patient level of anxiety and depression as a result of their heart condition. Local audit has shown that patients feel more confident and as a consequence have reduced their weight, improved their health through exercise and reduced the risk of further cardiac related events.
- **Hypertension** – high blood pressure is a leading cause of stroke and cardiovascular disease. The CCG has worked to bring about a new and innovative approach to management of hypertension in primary care. Pharmacist prescriber-led hypertension clinics have been implemented with the aim to reduce blood pressure, to within Quality Outcomes Framework targets, in patients that for one reason or another had not engaged with existing GP services and as a result were poorly controlled and at greater risk of poor health. From a pilot phase started in February 2012 the clinics have now been rolled out to a total of 23 practices across the Borough (12 practices up to December 2013 and 23 GP Practices from January 2014). The clinics depend on available and suitably trained pharmacists. Data from the three months from Oct-Dec 2013 shows that, from the 12 practices that were in the scheme at the time, blood pressure was controlled in a total of 236 patients that presented with high blood pressure. The clinics utilise the pharmacists prescribing and communication skills to engage with these hard to reach patients to reduce their cardiovascular risk in line with the JSNA needs assessment. Trial data shows that for stroke it is only necessary to treat 43 patients with antihypertensive drugs to prevent one acute admission over 5 years. Control of blood pressure in this hard to reach vulnerable group who are not accessing mainstream primary care services, has been key in preventing the number of stroke cases and avoidable deaths.
- **Dementia** - the CCG has worked with GP practices to assist with the identification of patients who may have suspected but not confirmed dementia diagnosis and improve the care of dementia patients. In 2013/14 we aimed to improve diagnosis rates to 44%

but have already exceeded this at the end of December 2013 achieving 51%. The requirement for 2014/15 is to improve diagnosis rates to 67% in line with the requirements of NHS England planning guidance. Timely diagnosis and referral enable patients to plan their lives better and to provide timely treatment if appropriate and access to other forms of support to enhance their quality of life.

Key recommendation for action in 14/15

18. Continue to seek assurance that Walsall Clinical Commissioning Group and Walsall Council's commissioning plans take proper account of the priorities of the Health and Wellbeing strategy, in particular, actions to improve the health of the poorest fastest and to address the health needs of men in order to reduce the life expectancy gap.

For Walsall CCG, this will include delivery of the following core transformation priorities:

- Developing primary care
- Community services review
- Urgent care pathway review and longer term development
- Integrated care development- taking forward the Better Care Fund
- Patients empowerment – telecare and Personal Health Budgets
- Quality and safety of provider services
- Public and VFM of services commissioned
- Mental health – dementia, psychological therapies and crisis resolution services

12 Healthy ageing and independent living

Why is this important?

There are over 45,000 people aged 65 years and older who live in Walsall and this number is estimated to increase in the coming decade to 50,400 people by 2020. We know that many of our older people struggle to live healthy and fulfilled lives and face key challenges including fuel poverty and social isolation. We must work in partnership with older people to address the key challenges and to support healthy ageing. In addition, there are a growing number of older people with dementia (rising from approximately 3,000 people in Walsall in 2010 to nearer 4,000 people by 2020).

We need to support people with dementia and their carers to be more confident about living with the condition as part of everyday life.

Health and Social care resources will continue to be spent on supporting older people to live as independent and fulfilled a life as they are able. During the period 2014 to 2018 however, we must plan for a significant level of reduction in Walsall Council spends on adult social care services. This can be achieved if we are successful in maximising independence and well being through the implementation of the Adult Social Care & Inclusion operating model. Therefore, the Health and Social care approach is to commission and provide a menu of services to support older people in living independent and fulfilled lives. These services will include reablement, rehabilitation and recuperation approaches that will allow for speedy discharge from hospital alongside a proper time for recover.

Our JSNA tells us that:

- There has been an increased number of falls in older people (particularly in institutional settings) with the resulting loss of independence (See Section 8.2 on maintaining mobility and preventing falls of the JSNA for further information)
- It is estimated that approximately 65% of adults over the age of 75 in Walsall have lost all their teeth. Those in long term institutional care are particularly vulnerable to oral health problems (See Section 8.3 on Adults Oral Health of the JSNA for further information)
- Walsall has an estimated prevalence of over 3,106 people with dementia and only 43% of these have a formal diagnosis. The proportion of people in Walsall with dementia who have had an early diagnosis has been one of the lowest in the West Midlands (See Section 8.4 on Adults Oral Health of the JSNA for further information)
- Nationally, mortality rises by 21.2% during winter months, with many of these deaths amongst older people. Walsall has a higher proportion of excess deaths than the region as a whole, yet many of these deaths are preventable (See Section 8.5 on Excess Seasonal Deaths of the JSNA for further information)
- Fuel poverty is when a household needs to spend more than 10% of its income on fuel to adequately heat their home; it frequently affects vulnerable groups including older people. Walsall has significant numbers of households living in fuel poverty (See Section 8.5 on Fuel Poverty of the JSNA for further information)

- Older people want, and have the right to expect, to have maximum choice and control over the support services they receive. Yet there has been little discussion with our older citizens about what wellbeing means to them and how they would wish to be supported in different aspects of their lives (eg housing, leisure and transport) (See Section 8.5 on Independent Living and Quality of Life of the JSNA for further information)
- Walsall has high numbers of older people living in poverty; this limits their ability to take part in a range of activities and often leads to social isolation. Nationally 6% of older people leave their homes only once a week or less
- In the 2011 Census 11.6% of the Walsall population cared for a relative with a long term illness compared to 11.1% nationally (See Section 8.8 on Carers in the JSNA for further information)
- Carers who give up their work, or reduce their hours of paid work to support relatives, are often disadvantaged by this, with lower incomes. This can then be associated with poor health outcomes and quality of life for the carer (see Section 8.8 on Carers in the JSNA for further information)
- There are avoidable emergency admissions of older people to hospital. Analysis of all emergency admissions shows that around 20% of emergency admissions would have been prevented if there had been improvements in the way health and social care services are provided in the community
- Too many people are entering residential care. Improvements in the way health and social care services are provided in the community would also mean fewer people having to enter residential care
- There is a need to improve hospital discharge systems and intermediate care services to ensure a smoother experience of transfer from hospital to home
- The proportion of people dying in their preferred place of death is low. Too many people are sent from care homes to hospital acute wards for their final days and hours, when appropriate, dignified care could be provided within the community (see Section 8.8 on End of Life Care in the JSNA for further information)

What is our ambition?

By 2016 we will have improved the quality of life for older people in Walsall. This will have many dimensions, with a particular focus on supporting older people to live as independent and fulfilled a life as they are able. Work to improve quality of life will further encompass reducing social isolation, poverty, falls, winter illness and facilitating people to live their lives with dignity. We should ensure that older people feel, and are recognised as, a valued part of our society.

What are our key priorities?

- Improve quality of life for older people, while developing a measure of this in order to establish a baseline and set future targets
- Enable individuals to be independent for as long as possible in the setting of their choice
- Provide the support needed to enable individuals to keep as well as possible in their old age.

What will we do together?

- Develop a systematic and multi-agency approach to falls and fracture prevention. This will have a focus on preventing falls through activities that improve stability, mobility, flexibility and coordination over the life course
- Build on the strengths of current oral health promotion linking these to general health and wellbeing. The elderly will be a key target group for health promotion activities, both in the community and in care homes
- Develop a programme to reduce the incidence of incontinence in the older population
- Work with all agencies to ensure that the message of 'healthy body, healthy mind' is reinforced at every opportunity as, through healthy lifestyles we can reduce the prevalence of dementia over time. All strategic plans must recognise the increasing prevalence of dementia, the need for early identification on onset and the required financial investment to support this, including the development of a Dementia Care Pathway for Acute and Community Services
- Create greater awareness of how people with dementia and their family carers can remain at home
- Commission a range of specific services that support people with dementia and their family carers in their local communities and raise awareness so that they have greater confidence to go out and about
- Help people to use reminiscence techniques and new hand held technology such as i-pads which have specific applications to help people with dementia and their carers. We should strive to reduce excess winter deaths by building on the current work to immunise vulnerable groups and work to increase the energy efficiency of homes
- Develop a robust definition for health related quality of life for older people and ensure that this is measured, addressed and incorporated into strategic service planning as appropriate
- Develop a framework to measure the numbers of carers in Walsall and use this to ensure that carers receive both assessment of their needs and support to meet these needs
- Ensure that palliative care services are integrated between home, hospital and hospice to improve the experience of dying from incurable disease in Walsall
- Work with all agencies to ensure that both patients and carers have an appropriate level of involvement and support in decisions about their preferred place of death. This should be facilitated by coordinated care between health professionals, social care professionals and third sector agencies
- Social Care will continue to work with partners using a preventative approach and future integrated initiatives will include:
 - A combined approach across telehealthcare
 - Community equipment services and community alarm services to sustain older people at home
 - Implement Residential and Nursing Care Framework
 - Implement Support for Living at Home Services Framework
 - Stimulate investment in supported living accommodation such as sheltered housing or extra care
 - Joint commissioning of integrated delivery of intermediate care services to minimise delayed hospital discharges

- Develop more extra care schemes to provide additional support in a home setting
- To keep people at home as long as possible we will create integrated local teams comprising the competences of primary care, acute, mental health, secondary and social care to combine with a range of other skills from other partners. These teams will utilise tools such as the single point of access to intermediate care, and risk stratifying patients using a range of health and social care data sets to understand the individual needs of people most at risk of hospital or care home admissions and target the services which best enable them to stay at home
- Develop a more coherent and efficient joint intermediate care service which will be made up of the current separate health and social care services. This service will have the skills of hospital discharge and social care reablement, linking with the wider multi-disciplinary locality teams, to agree with people the packages of care they most need at home. Through the Single Point of Access, there will be a menu of packages of services ranging from at the most intense, hospital based intermediate care beds through to at the least intense, 'reablement ' which is available within 24 hours of request and provided for a specified duration of days/weeks depending upon the recovery time needed.

How will we ensure that things are improving?

Priority	Measure
Improve quality of life for older people, while developing a measure of this in order to establish a baseline and set future targets	<ul style="list-style-type: none"> • Health related quality of life • Social care related quality of life • Percentage of people who leave their homes once a week or less • Number of older people 65+ receiving 10 or less hours of care in their own homes • An increase in the proportion of older people in residential or nursing care who are receiving dental care
Enable individuals to be independent for as long as possible in the setting of their choice	<ul style="list-style-type: none"> • Falls and injuries aged 80+ • Hip fractures in over 65s • Proportion of older people (65 and older) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services • Permanent admissions to residential and nursing care homes per 1,000 population of people aged 65+ • Delayed transfer of care from hospital which is attributable to adult social care • Proportion of patients recovering to their previous levels of mobility/walking at 30/120 days
Provide the support needed to enable individuals to keep as well as possible in their old age	<ul style="list-style-type: none"> • Population vaccination coverage flu aged 65+ • Estimated diagnosis rate for people with dementia

- Emergency readmissions of older people (65+) within 30 days of discharge from hospital
- Emergency admissions of older people (65+) for acute conditions that should not usually require hospital admission

Key recommendation for action in 13/14

Ensure coordinated provision of health and social care services to reduce unnecessary admission to hospital and timely discharge, focusing on recovery and re-enablement

What have we achieved in 13/14?

- In 2013/14 Walsall Council and CCG budget a net spend of £33.65 million on services for Older People:
 - Older People Extra Care = £9.15m
 - Older People Commissioning = £13.5m
 - Older People Continuing Healthcare = £11m
- We have increased the percentage of people with dementia who have had a diagnosis from 43% to over 51%
- We have provided over 2000 people with community equipment that helps them to remain independent in their own homes
- We have also supported over 2000 older people with community alarm system that helps them to remain independent in their own homes
- We have funded over 1000 older people to live in care homes
- There are 7 extra care schemes in the Borough with over 300 places in total
- There were 2,531 people receiving care at home in the community in Walsall. The independent sector delivers approximately 20, 000 hours of care at home per week from over 50 different providers
- 22 % of older people with assessed needs to be met by the Council are receiving Direct Payments. The numbers of older people receiving services in this way has increased by 50% over the last 12 months, and we expect this rate of increase to continue so that higher numbers of older people will have a greater say over the purchasing of their own care services. All older people in community based services (i.e. non-residential) will be offered a Personal Budget during 2013/14
- There are a small number of day centres, and they are all operating on a commercial basis whereby those people attending are paying for their service from their own personal incomes or from their Personal Budgets.

Key recommendations for action in 14/15

19. Seek assurance from the Integration Board (IB) that the integrated approach to health and social care for frail elderly people is evidencing good progress in developing a fully integrated, joint team for Intermediate Care and Community Services in health and social care alongside Primary Care to develop a shared approach to risk stratification thereby lowering emergency admissions to hospital for over 75s and reducing use of long-term residential care

13 Mobilising action in 14/15

We recognised, in 2013, when we first developed this strategy that achieving the ambition for Walsall set out here will require sustained action over many years. As a result, the key recommendations have changed very little from the original ones, but as the JSNA has been refreshed and priorities within each sections have been reviewed, then new work is emerging for 14/15 that will be embedded in the action plans.

Process for HWB assurance:

The way in which the Health and Wellbeing Board will seek to review progress on the key recommendations and priorities has been considered and a new process agreed for 14/15. Each of the recommendations will be assigned:

- a champion from the Health and Wellbeing Board or wider partnership membership
- a partnership group or Board to implement action

The Health and Wellbeing Board will be seeking assurance from the identified partnership group or Board in a manner that will be agreed between the Boards following adoption of this refreshed strategy. Suggestions include:

1. The identified HWB champion will conduct a deep dive exercise to gain the assurance for the HWB in the areas outlined below
2. HWB champion works with relevant Board officer (ie: from CYPB, WEB etc) from which the HWB is seeking assurance as well as appropriate others
3. Report comes to HWB detailing the results of the deep dive that is presented to the HWB by champion and appropriate others.

Assurance is sought in these areas:

- Progress in actions planned to tackle key recommendation and section(s) priorities
- Identification and sharing of any barriers to progress that are proving very difficult to overcome.
- Stakeholder engagement by services in delivery of actions
- Review of current strategies that support actions planned to tackle key recommendation and section priorities and identification of any gaps

Evidence gathered through:

- 1) Outcome measures
 - latest data and previous trend
 - Proxy measures to show short/medium term progress
- 2) Deep dive where actions intended to deliver progress against key recommendation and section priorities have been seen and evidenced – progress report and presentation to HWB
- 3) Document for HWB outlining supporting strategies and any identified gaps.

The key recommendations for action in 14/15 are collated below

Section 5: Wellbeing in Walsall:

1. Seek assurance from Public Health Programme Board (PHPB) that they are working with individuals and communities resident in Walsall as well as those working in the statutory and voluntary/community sector to promote wellbeing and self-reliance through adoption of 5 ways to wellbeing

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

2. Seek assurance from Children and Young People's Board (CYPB) that the Priority Champion for 'Supporting the most vulnerable families to provide the Best Start in Life' takes into account recommendations identified as part of antenatal services and Children's Centres review to improve identification of vulnerable parents and provision of early help to them and increase school readiness and early years foundation scores.
3. Seek assurance from PHPB and CYPB that they are working with appropriate service users and providers to identify reasons for high infant and perinatal mortality levels in Walsall and ensure appropriate best practice is part of antenatal and early years pathways in Walsall

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

4. Seek assurance from CYPB that their priorities and action plans incorporate work with parents, schools, education and training providers to enhance aspirations and minimise absences to reduce the attainment gap between the least and most deprived children and young people in Walsall
5. Seek assurance from the CYPB and PHPB that they are working together to effectively commission evidence based parenting education and have appropriate monitoring in place that includes evaluation and identification of ongoing need
6. Seek assurance from CYPB and PHPB that they will work with partners: commissioners, service providers, parents and children and young people to ensure that children have the knowledge and support to maintain a healthy weight
7. Seek assurance from Walsall Clinical Commissioning Group (CCG), Children's Services and the Public Health Programme Board that, following review and redesign, mental health services for children and young people in Walsall (from universal/primary to targeted and specialist) are fit for purpose to meet the identified need

Section 8: Money, Home, Job

8. Seek assurance from Walsall Economic Board (WEB) and CYPB that they are helping to reduce youth unemployment by working with partners to provide coordinated support to vulnerable young adults that enables them to access appropriate jobs or training
9. Seek assurance from PHPB that they continue to develop and implement a comprehensive Health and Work programme available to all businesses in Walsall, covering Healthy Workplaces, sickness absence and return to work and the health needs of those who are out of work or have specific health barriers to employment
10. Seek assurance from CYPB and WEB that there is alignment and a successful collaborative approach to the priorities they cover in order to reduce child poverty and the impact on families of worklessness in parents
11. Seek assurance from CYPB and WEB that all organisations involved in giving welfare advice and support to people in Walsall work together to meet the identified needs in an holistic, collaborative way that makes best use of all the resources available and provides the best possible support for people and families in crisis or at risk of being so
12. Seek assurance from WEB that programmes, particularly within the Health and Social Care sector, continue to equip local service providers with the knowledge and skills required to maximise the health of those they provide services for, as well as their own workforce

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

13. Seek assurance that a proactive approach to planning, investment and service provision is being used to:
 - promote sustainable development and provide land for the uses and facilities we need by making the best use of existing infrastructure. We must maximise accessibility and social inclusion, protect green spaces and the environment to enable 'active outdoors' and help to minimise exposure to pollution
 - ensure that the health impacts for individuals and local communities of any potentially significant decision are fully assessed and that the results are used in the decision-making process
14. Seek assurance that the Area Partnerships, through community based initiatives, is developing and implementing an assets-based approach to community engagement and active involvement in the life of their community
15. Seek assurance from PHPB and Safer Walsall Partnership Board (WSPB) that the harms caused by alcohol and drugs are being addressed as a priority and reported through the monitoring of the objectives of the Community Safety Plan and Public Health Programmes

Section 10: Improving health and wellbeing through healthy lifestyles: making 'healthier choices easier'

16. Seek assurance from PHPB that the people of Walsall know what to do to improve their health and where they can get support and access services to help them to improve their health
17. Seek assurance from PHPB that they continue to promote and roll out the Making Every Contact Count (MECC) initiative within both the LA, NHS and partner organisations, providing support for implementation through identified training and resource provision

Section 11: Reducing the burden of preventable disease, disability and death

18. Continue to seek assurance that Walsall Clinical Commissioning Group and Walsall Council's commissioning plans take proper account of the priorities of the Health and Wellbeing strategy in particular actions to improve the health of the poorest fastest and to address the health needs of men in order to reduce the life expectancy gap.
For Walsall CCG this will include delivery of the following core transformation priorities:
 - Developing primary care
 - Community services review
 - Urgent care pathway review and longer term development
 - Integrated care development- taking forward the Better Care Fund
 - Patients empowerment – telehealthcare and Personal Health Budgets
 - Quality and safety of provider services
 - Public and VFM of services commissioned
 - Mental health: dementia, psychological therapies and crisis resolution services

Section 12: Healthy ageing and independent living

19. Seek assurance from the Integration Board (IB) that the integrated approach to health and social care for frail elderly people is evidencing good progress in developing a fully integrated, joint team for Intermediate Care and Community Services in health and social care alongside Primary Care to develop a shared approach to risk stratification thereby lowering emergency admissions to hospital for over 75s and reducing use of long-term residential care

14 Roles, responsibilities and relationships

The Health and Social Care Act 2012 established new bodies with a shared responsibility for improving health and wellbeing across the NHS, Local Authority and wider partnership arrangements. In order to clarify and reduce the risk of gaps or duplication, roles, responsibilities and relationships are described in the following sections.

There are a number of things that have all come together to create a new environment in which to address the challenges we face in Walsall. These include:

- The new statutory responsibilities of Local Authorities to improve the health and wellbeing of their population
- The creation of Health and Wellbeing Boards with Local Authority and Clinical Commissioning Group representation
- The responsibility of the Local Authority to produce a Joint Strategic Needs Assessment and Health and Wellbeing Strategy to inform local priorities and commissioning of local services

These opportunities enable us to focus on tackling the social inequalities which lie behind the health inequalities so familiar to us all and provide a real opportunity to achieve the ambitions described in this document.

14.1 Health and Wellbeing Board (HWB)

The duties and powers of the Health and Wellbeing Board are set out through legislation and guidance and include the responsibility to produce and publish a Joint Strategic Needs Assessment, a Joint Health and Wellbeing Strategy and to ensure commissioning plans take proper account of the Joint Health and Wellbeing Strategy. The work programme of the Health and Wellbeing Board for 14/15 sets out how this will continue to be delivered.

The members of the Health and Wellbeing Board are very clear that, having identified the issues that impact on the health and wellbeing of Walsall residents through the JSNA, they should use this strategy to set strategic direction through agreement of a number of strategic priorities, focused to ensure successful delivery. In doing this, they will ensure the key leads responsible for these priorities are clearly identified and recognise their own accountability for overall delivery and leadership.

Success will ultimately be shown through our achievement against the selected outcome measures over the next few years, but on the way we should also measure our success through the following:

- Establishment of robust governance arrangements to gain assurance that identified Boards are monitoring progress on delivery of priorities and recommendations for action through identified, named HWB champions
- Agreed accountability arrangements between other Partnership groups for example (eg Children and Young People's Partnership Board, Walsall Economic Board and Safer Walsall Partnership).

14.2 Local Authority roles

14.2.1 Walsall Council

Almost all the activities of the Council have the potential to have a positive impact on the health and wellbeing of the residents of Walsall. Starting with the leadership of the Council, portfolio holders and executive directors have a key role in shaping the understanding and behaviours of the organisation to make the ambition of this strategy a reality for a larger and larger number of residents.

In direct response to this strategy, portfolio holders and their executive directors will need to:

- Embed actions required by this strategy in the Council's Change Programme
- Own and be accountable for assigned recommendations and priorities
- Steer the next action planning stage within the agreed timeline
- Ensure appropriate council officers are involved in the development of action plans by engaging with other key stakeholders to agree how the priorities will be actioned and by whom; how the delivery and success will be measured
- Ensure all officers work collaboratively with key partners and stakeholders in actioning the work plans to maximise success and achieve the required outcomes
- Ensure that an assessment of the impact on health and wellbeing and the priorities of this strategy is built into the decision making processes of the Council and its committees.

14.2.2 Scrutiny committees

All Scrutiny Committees have a role in scrutinising actions and results against the plans and aspirations set out in this strategy, to complement the role of the Health and Wellbeing Board in this task, ensuring that pace and impact of improvement is achieved and sustained. Feedback from Scrutiny committees has already contributed to the development of the original strategy.

14.3 Role of Walsall Clinical Commissioning Group (CCG) and NHS England

Walsall Clinical Commissioning Group (CCG) and NHS England have joint responsibility for commissioning services from a range of providers including NHS Trusts, GPs, Dentists, Pharmacists and Opticians. They have a duty to:

- Develop and deliver clear commissioning priorities which support the delivery of the priorities of this strategy
- Work in partnership to ensure continuous improvement in access to high quality primary care which targets those with greatest health needs and contributes to reducing inequalities.

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

The Borough Management Team (BMT) brings together key strategic partners from across the Borough to provide strategic co-ordination to priorities and action. These include fire service, social landlords, police etc.

The refresh of the *Sustainable Communities Strategy* and the *Walsall Plan* by the Borough Management Team (BMT) has also framed its key priorities around the objectives and recommendations of the Marmot Report: *Fair Society, Healthy Lives*.

The key priority areas identified are:

- Improving learning and life chances for Children and Young People
- Supporting businesses to thrive and supporting local people into work
- Creating safe and sustainable communities: reducing levels of crime and providing the right environment for people to live in
- Improving health including wellbeing and independence for older people

These match the priority areas described in the JSNA and in this strategy. Agreed actions to be shared between BMT and the HWB are:

- Effective co-ordination between the Sustainable Communities Strategy and the Health and Wellbeing Strategy
- Clear alignment in the accountability arrangements between partnership groups and HWB/ BMT

Members of Walsall Health and Wellbeing Board

Councillor Z. Ali (Chair)

Councillor R. Andrew

Councillor R. Burley

Councillor D. James

Councillor P. Lane

Councillor D.A. Shires

Councillor P.E. Smith

Mr. J. Morris, Executive Director Neighbourhoods

Mr. K. Skerman, Interim Executive Director Adult Services

Ms. R. Collinson, Interim Director Children's Services

Dr. I. Gillis, Director of Public Health

Dr. A. Gill]

Dr. D. Nair] Clinical Commissioning

Dr. R. Mohan] Group representatives

Dr. A Suri]

Ms. S. Ali]

Ms. D. Lytton, Healthwatch representative

Ms. F. Baillie, NHS England



Health and Wellbeing Strategy for Walsall 2013-2016

Summary Dashboard

HWB Section Number	Indicator Description and unit of measure	Unit of Measure	Walsall		Peer Group Average		England		Walsall Trend	Walsall Comparators	
			Previous Year Data Period	Most Recent Data Period	Previous Year Data Period	Most Recent Data Period	Previous Year Data Period	Most Recent Data Period		Walsall Compared with Peer Group	Walsall Compared with England
5	Proportion of physically active adults. Gender: Persons. Age: 16+	Proportion %	Oct 2010 - Oct 2012 17	Oct 2011 - Oct 2013 22	Oct 2010 - Oct 2012 20	Oct 2011 - Oct 2013 22	Oct 2011 - Oct 2012 36	Oct 2012 - Oct 2013 36	Improving	Similar	Worse
6	Infant mortality. Gender: Persons. Age: <1 yrs	Crude rate per 1000	2011 10	2012 7	2011 5	2012 5	2011 4	2012 4	Improving	Worse	Worse
6	Children in poverty (all dependent children under 20). Gender: Persons. Age: 0-19 yrs	Proportion %	2010 29	2011 29	2010 30	2011 29	2010 21	2011 20	Similar	Similar	Worse
6	Children in poverty (under 16s). Gender: Persons. Age: <16 yrs	Proportion %	2010 30	2011 29	2010 30	2011 30	2010 21	2011 21	Similar	Similar	Worse
6	Emotional well-being of looked after children. Gender: Persons. Age: 4-16	Score	2010/11 15	2011/12 14	2010/11 14	2011/12 14	2010/11 14	2011/12 14	Similar	Similar	Similar
7	Under 18 conceptions. Gender: Female. Age: <18 yrs	Crude rate per 1000	2010 49	2011 49	2010 46	2011 38	2010 34	2011 31	Similar	Worse	Worse
7	Excess weight in 4-5 and 10-11 year olds - 10-11 year olds. Gender: Persons. Age: 10-11 yrs	Proportion %	2011/12 37	2012/13 38	2011/12 38	2012/13 37	2011/12 34	2012/13 33	Similar	Similar	Worse
9	Statutory homelessness - households in temporary accommodation. Gender: Persons. Age: All Ages	Crude rate per 1000	2010/11 0.1	2011/12 0.2	2010/11 4.2	2011/12 4.9	2010/11 2.2	2011/12 2.3	Similar	Better	Better
9	Violent crime (including sexual violence) - hospital admissions for violence. Gender: Persons. Age: All Ages	Directly standardised rate per 100,000	2009/10 - 11/12 51	2010/11 - 12/13 46	2009/10 - 11/12 88	2010/11 - 12/13 80	2009/10 - 11/12 63	2010/11 - 12/13 58	Improving	Better	Better
9	Utilisation of outdoor space for exercise/health reasons. Gender: Persons. Age: 16+ yrs	Proportion %	Mar 2011 - Feb 2012 6	Mar 2012 - Feb 2013 9	Mar 2011 - Feb 2012 9	Mar 2012 - Feb 2013 11	Mar 2011 - Feb 2012 14	Mar 2012 - Feb 2013 15	Improving	Worse	Worse
10	Smoking Prevalence. Gender: Persons. Age: 18+ yrs	Proportion %	2011 23	2012 24	2011 23	2012 23	2011 20	2012 20	Similar	Similar	Worse
10	Under 75 mortality rate from cancer. Gender: Persons. Age: <75 yrs	Directly standardised rate per 100,000	2009 - 11 163	2010 - 12 164	2009 - 11 169	2010 - 12 164	2009 - 11 148	2010 - 12 146	Similar	Similar	Worse
10	Under 75 mortality rate from all cardiovascular diseases. Gender: Persons. Age: <75 yrs	Directly standardised rate per 100,000	2009 - 11 100	2010 - 12 95	2009 - 11 109	2010 - 12 105	2009 - 11 84	2010 - 12 81	Improving	Better	Worse
12	Injuries due to falls in people aged 65 and over - aged 80+. Gender: Persons. Age: 80+ yrs	Directly standardised rate per 100,000	2010/11 3456	2011/12 4027	2010/11 5228	2011/12 5191	2010/11 4711	2011/12 4924	Deteriorating	Better	Better
12	Population vaccination coverage - Flu (aged 65+). Gender: Persons. Age: 65+ yrs	Proportion %	2011/12 72	2012/13 72	2011/12 74	2012/13 73	2011/12 74	2012/13 73	Similar	Similar	Similar