Sandwell Health and Wellbeing Board
Joint Health and Wellbeing Strategy 2016-2020
Forward from the Chair of the health and wellbeing board

A woman in Sandwell can expect, on average, to live for 80 years. However, she can also expect to spend up to 23 years with a long-term health condition or disability. For men this gap is 18 years. This level of inequality in health and wellbeing is unacceptable. As members of the health and wellbeing board, we have a duty to do everything we can to help people in Sandwell stay healthier for longer.

Having listened to local people and through work with our partners, we have agreed that the main priority for the health and wellbeing board is to reduce this gap in healthy life expectancy. This strategy builds on work with local people and a wide range of partners. It describes what we will do over the next five years to help people in Sandwell stay safe and live healthier for longer. Partnership working is central to the strategy. Sandwell is rich in having strong communities and a vibrant and innovative voluntary and community sector. We can only be successful through working with local people, public bodies, voluntary organisations and communities and local businesses.

The health and wellbeing board must ensure that all parts of the community benefit and that we reduce inequality. As part of this, children and young people must be central to the work of the health and wellbeing board. It is essential that they are able to influence the work of the board and have the opportunity to help shape the future of Sandwell and the world in which they will be living. We need to work directly with children and young people, building on existing successes such as the SHAPE programme. We also need to work with schools and other partners who support children and young people.

Sandwell is facing major challenges over the next five years. These include financial challenges and the impact of austerity. There will also be substantial changes to all the organisations that make up the board. These changes are affecting health, social care, wider council services and wider partners such as the police and the voluntary sector. If we are to meet these challenges, we must join up our services to make the best use of limited resources. We must work with local people and partners to check that what we do is making a difference. We must also be willing to stop doing things that are not working so we can concentrate on those that do make a real difference for the people of Sandwell.

We face many challenges over the next five years. Through working together, and with the people of Sandwell at the centre of everything we do, we can meet these challenges to improve people’s health and wellbeing and reduce the gap in healthy life expectancy.
Ensuring a safe and healthy future for everybody in Sandwell is a priority for West Midlands Police. We are committed to working with the Health & Wellbeing Board to prevent violence and protect those who are at risk of harm and exploitation by tackling the underlying causes – health & social inequality, mental health and addiction.

Matthew Ward. Chief Superintendent, West Midlands Police

“Tackling the underlying causes of ill-health is mission critical to the future of the borough. The strategy from the Health and Wellbeing Board plays an important role in driving forward improvements. We have to succeed.”

Toby Lewis. Chief Executive of Sandwell and West Birmingham Hospitals NHS Trust

Healthwatch Sandwell is committed to the priorities of the Health and Wellbeing Board, especially helping people to stay healthier for longer and working together to join up services. We are resolved to advance the involvement of local people in the design and monitoring of services to ensure appropriateness.

John Clothier. Chair of Healthwatch Sandwell

Sandwell and West Birmingham CCG is committed to working in partnership improve the health and wellbeing for people and communities. The Health and Wellbeing Board is key to this.

Andy Williams. Chief Accountable Officer for Sandwell and West Birmingham Clinical Commissioning Group

“The Black Country Partnership NHS Foundation Trust supports the vision of the Health and Wellbeing Board. In particular, its aims to reduce inequalities as this Trust’s patients and service users are often the most disadvantaged in society. It is an arena where physical and mental health can be given equal priority.”

Karen Dowman. Chief Executive of Black Country Partnership Foundation Trust

“Ensuring a safe and healthy future for everybody in Sandwell is a priority for West Midlands Police. We are committed to working with the Health & Wellbeing Board to prevent violence and protect those who are at risk of harm and exploitation by tackling the underlying causes – health & social inequality, mental health and addiction.”

Matthew Ward. Chief Superintendent, West Midlands Police

Views from the board
Introduction

Sandwell has always been a place of innovation and invention. Matthew Boulton and James Watt built the first modern factory in the world, the Soho Foundry, in Smethwick. Sandwell has many assets, chief of these being a diverse population with a proud history of strong communities and community action. There is long history of partnership work in Sandwell to improve the health and wellbeing of Sandwell. The organisations that make up the Sandwell Health and Wellbeing Board are committed to building on past success and working together to improve the health and wellbeing of Sandwell, improve healthy life expectancy and reduce inequalities.

The people of Sandwell also face many challenges, with the decline in manufacturing and heavy industry Sandwell experienced a significant change in fortune. Unemployment increased and the area suffered from increasing deprivation. Sandwell is now the 12th most deprived local authority in England. The people of Sandwell experience significant inequalities in health when compared to the rest of England. On average, they do not live as long as people in other areas of England and spend more of their lives ill or disabled.

This strategy describes how the Sandwell Health and Wellbeing Board will work with the people of Sandwell and with partners and providers of services to address these challenges, help people to stay healthier for longer and reduce the inequalities between Sandwell and the rest of England. The strategy is based on a wide range of evidence for what influences people’s health and how long they live, it has also been informed by what people have told us about what needs to change in Sandwell.

The Marmot Review of Health Inequalities showed that the largest influences on physical and mental health are the social determinants of health, for example, education, employment, social networks and housing. A major influence on people’s health and wellbeing is their mental and emotional wellbeing. This affects how well people can cope with the challenges and stresses of everyday life. It also affects how resilient people are and influences the choices they make such as healthy eating, physical activity and smoking. During consultation on this strategy, local people and partners identified this as an important theme. To support this work, ‘Sandwell Feel-good 6’ is a five year programme which will start a local conversation about what is important for emotional wellbeing and what people, families and communities can do to improve and maintain their mental health and wellbeing.

Sandwell’s membership of the UK Healthy Cities Network will support this work. This network is part of a global movement supported by the World Health Organization. It aims to develop a creative and supportive network for UK cities and towns that are tackling health inequalities. Member councils pledge to put health improvement and health equity at the core of all local policies.
Figure 1: The social determinants of health and wellbeing (Barton and Grant 2010)\(^6\)

This diagram shows the different factors that affect people’s health and wellbeing. The individual factors such as a person’s age, sex and hereditary factors sit within the wider social and environmental determinants of health.
Sandwell Health and Wellbeing Board Vision

“Working with local people to improve health and wellbeing and reduce inequalities for everyone who lives and works in Sandwell.”

The Health and Wellbeing Strategy will make a difference by:

- Providing clarity for public, community and voluntary sector providers of the Sandwell Health and Wellbeing Board’s priorities for its delivery of health and wellbeing across the borough.
- Providing a concise summary of how the health and wellbeing of the population will be improved how health inequalities will be reduced
- Providing a framework for organisations to use when commissioning, redesigning and decommissioning services
- Enabling Sandwell to use existing assets and resources of partners, including workforce, communities and information, to reshape services
- Influencing the wider determinants of health and wellbeing through joint working across Sandwell.

A wide range of evidence and information supports this strategy. Within the strategy, there are links to where you can find this information.
A picture of Sandwell

Sandwell is a Metropolitan Borough formed in 1974, and is one of seven authorities that make up the West Midlands conurbation.

**Healthy in Summary**
- Healthy life expectancy is 59.7 years for men and 66.8 years for women. (England averages 63.3 years and 63.9 years)
- Life expectancy is 7.8 years lower for men and 6.2 years lower for women in the most deprived areas of Sandwell than in the least deprived areas.

**Health of Children and Young People**
- In Sandwell around 7 out of every 1000 children die before their 1st birthday. Higher than the rate in England.
- Levels of teenage pregnancy and G4CG (unhealthy living) rates are above the England average.
- A quarter of 11 year olds are classified as obese, whereas the average for England is lower. Fewer women breastfed than the England average.
- Around 30 children and young people go to hospital due to alcohol each year.

**Mental and Emotional Health and Wellbeing**
- During 2014 a wellbeing survey was carried out in Sandwell. The average wellbeing score in Sandwell was slightly lower than the England average.
- The number of people reporting a long term mental health problem is not significantly different from the England average.

**Adult Health**
- Around 2000 people are admitted to hospital due to alcohol. This is more than the average for England.
- 500 people each year die from smoking. This is more than the average for England.
- The rate of people killed and seriously injured on roads is lower than the England average.
- Rate of hip fractures are worse than the England average.

**A Vibrant and Successful Voluntary and Community Sector**
- There are over 1000 voluntary and community sector (VCS) organisations in Sandwell with estimated annual turnover of £132 million.
- Residents give an estimated 1.4 million hours of formal volunteering in Sandwell, equivalent to almost £15 million benefit to the local economy.
- Nearly 20,000 people engage in formal volunteering per year.

**The Contribution of Carers**
- There are currently over 33,000 carers in Sandwell.
- Nearly 10,000 of these are providing care for over 50 hours per week.
- Carers are much more likely to be in the general population to experience poor physical and emotional health.

**Area: 8,600ha**
- Population: 316,720
- White British: 65.8%
- From other ethnic groups: 34.2%
Health and Wellbeing Board Priorities

During late 2014, the health and wellbeing board chair challenged the board to show the progress it had made in improving health and reducing inequalities since being established. Alongside this, the board looked at how it was working and how it could make the biggest difference for the people of Sandwell. In November 2014, at a board stakeholder event, we asked local people and organisations what the future priorities for the health and wellbeing board should be. The question asked at this event was:

“We want people to live independent and fulfilling lives, how do we do this?”

Over 2014 and 2015 children and young people have also told us, through the SHAPE programme, about what is important to them, what is good about Sandwell and what needs to change. The youth parliament was also involved in the Dials and Levers project, a partnership project in which public bodies, communities, voluntary organisations and partners such as the police looked at how we can do things differently to make things better in Sandwell.

We combined the views from local people with information from the joint strategic needs assessment and from the review of the board. This information helped the board to gain an understanding of what it needs to do to make a difference over the next five years.

In the past the board partners have worked hard to increase how long, on average, people in Sandwell can expect to live (life expectancy). This work has meant that life expectancy in Sandwell has increased more quickly than in the rest of England. However, new information is now available on ‘healthy life expectancy’, that is, how long someone can expect, on average, to live before experiencing a long-term illness or disability. This information showed that:

- People in Sandwell, on average, do not live as long as people in other parts of England do. They have a lower life expectancy.
- People in Sandwell, on average, experience illness and disability at a younger age than in other parts of England. They therefore spend more of their lives experiencing illness and disability. They have a lower healthy life expectancy.
- The gap in healthy life expectancy between Sandwell and England is bigger than the gap for life expectancy
- The gap in healthy life expectancy is wider for women than for men. A woman in Sandwell can expect, on average, to spend nearly 23 years with a long-term illness or disability. For men in Sandwell this is nearly 18 years.
- The biggest influences on how long people live, and on how healthy they are, come from their everyday lives. This includes such things as education, employment, environment and their social contacts and networks. These influences are the social determinants of health and wellbeing.
Based on this information the health and wellbeing board agreed four priorities for the next five years.

1. **We will help people stay healthier for longer**
   People in Sandwell are, on average, spending nearly a third of their lives with a long-term health condition or disability. This priority will include gaining a clear understanding of what the board and board partners can do to improve healthy life expectancy over the next five years. The board partners can only do some of this directly and so will need to work with a range of partner organisations and local communities. By 2020, there will be a reduction in the gap in healthy life expectancy between Sandwell and the rest of England by 20%.

2. **We will help people stay safe and support communities**
   Social and community networks are important influences on people’s health and wellbeing and on healthy life expectancy. This priority will build on existing work with local people and communities to support them in strengthening existing networks and developing new approaches to building community capacity. This priority also includes understanding the role of the board in keeping people safe and developing the relationship between the health and wellbeing board, safeguarding boards and the Safer Sandwell Partnership. The focus for this priority will be prevention of violence and exploitation, working across the four statutory boards and aligned to the West Midlands Violence Prevention Alliance.

3. **We will work together to join up services**
   People have told us that current services are complex and can be difficult to navigate and that there are gaps in, and duplication of, services. Sandwell is also facing considerable financial challenge and there is a need to make best use of all resources. The organisations on the board will work together to align the design and commissioning of services. This will deliver accessible and clear services which provide what people need when they need it, including supporting the contribution made by carers.

4. **We will work closely with local people, partners and providers of services**
   The board partners cannot deliver any of this without working with local people and other organisations. People need to be involved in the design and in the monitoring of services to ensure they are appropriate and deliver what people need. This priority will ensure people, partner and provider engagement is high in Sandwell. It will provide a two-way platform for effective communication and will support the development of strong, lasting relationships.
Priority 1 – We will help people stay healthier for longer

Sandwell has made good progress in helping people to live longer. Life expectancy in Sandwell has increased over the past decade, though it is still lower than the national average. Men in Sandwell will, on average, live 2.4 years less than the national average, for women the gap is 1.7 years of life. However, recent work has looked at ‘healthy life expectancy’ in Sandwell compared to the rest of England. Healthy life expectancy is;

“The average number of years a person would live in good physical, mental and emotional health.”

The gap between Sandwell and the rest of England for healthy life expectancy is wider than for life expectancy. For men the gap in healthy life expectancy compared to the rest of England is 4 years, for women it is 4.6 years. This means that, on average, a woman in Sandwell can expect to live for nearly 23 years with illness or disability, for men this is nearly 18 years. Improving healthy life expectancy will contribute to increasing overall life expectancy, but will also mean people stay healthier for more of their lives.

The health and wellbeing board has agreed that the overarching priority for the board is to increase healthy life expectancy in Sandwell and to narrow the gap between Sandwell and the rest of England. The target for the health and wellbeing board is to;

Close the healthy life expectancy gap between England and Sandwell by 20% by 2020

The first part of tackling this priority will be to understand what needs to happen to increase healthy life expectancy. This is a new approach where Sandwell is leading the way. We need to work with local people and all partners to understand what we need to do differently.

What will make a difference
We have been looking at all the evidence to understand what influences how long people stay healthy. These influences sit at four main levels;

1. Illness – People who have existing illness or long-term conditions. This is strongly influenced by their lifestyle choices
2. Lifestyle – People’s choices about their lifestyle influences their health and wellbeing. For example, their choices about smoking, healthy eating, physical activity and safe use of alcohol. However, people’s choices are strongly influenced by their mental wellbeing
3. Mental wellbeing – How resilient people feel and their mental health and wellbeing has a direct influence on the choices they make, it also has an impact on their physical health and wellbeing. People’s environment, and what is happening in their lives, has a strong influence on their mental wellbeing. These are the social and wider determinants of health
4. Social and wider determinants – What is clear is that the most important long-term influences on people’s health are what they experience in their everyday lives. Examples of this include education, housing, local communities, employment, the economy and the environment, these are the social determinants of health and wellbeing. An important long-term determinant will be the impact of climate change. It will be a priority to improve sustainability to reduce climate change and adapt to minimise the impact on health and wellbeing.
Figure 2 below shows this model and some of the measures that planned for each of the levels.

Work at the upper levels will have the quickest impact on people’s health and wellbeing. Work on the lower levels will take longer to influence people’s health and wellbeing but this improvement will last for longer and will be more sustainable. It is therefore essential that there is a balance of work across all four levels and that local people, partners and providers of services are fully involved in planning and delivery.

Figure 2: The determinants of Healthy Life Expectancy

- **Social & Wider Determinants**: Housing, work & worklessness, environment, poverty & financial sustainability & climate change, early years, educational
- **Mental Wellbeing**: Social isolation & loneliness, control & resilience, self-reported wellbeing
- **Lifestyle**: Diet & nutrition, obesity, physical activity, smoking, alcohol & substance misuse
- **Illness**: Health literacy, reducing deaths from heart disease, cancer & respiratory disease
Priority 2 - We will help people stay safe and support communities

People’s social and community networks have a large influence on their health and wellbeing. This priority is about working with local people and communities to strengthen existing networks and develop new approaches to helping people and communities support themselves. This priority also includes developing the role of the health and wellbeing board in keeping people safe and developing the relationship between the health and wellbeing board, children’s and adults safeguarding boards and the Safer Sandwell Partnership.

During consultation on the draft JHWS, local people and partners told the board that the priority was too broad and needed more focus. The health and wellbeing board worked with a wide range of partners to identify a focused theme for the priority to ensure that it will deliver change. This work identified the prevention of violence and exploitation as the theme for this priority.

Violence and exploitation have a direct impact on people’s lives and cause long lasting emotional and physical harm. They also damage families, communities and social networks. Experience from other areas has shown that violence and exploitation are preventable. This needs concerted and long lasting action across local government, police, NHS, schools and education settings, the fire service and many other partners, all working closely with local communities and voluntary organisations.

Tackling violence and exploitation will provide a focal point for activity across a range of partnerships and a cross cutting theme for the work of community safety, anti-social behaviour, youth offending, mental health, physical health, substance misuse, and contributing to the aims of many voluntary sector agencies. One priority is to develop early identification and support for young people at risk of violence or exploitation. Schools and colleges will have a key role in this alongside other organisations that work with children, young people and families.

This shared approach must build on the strengths and assets that already exist within communities and across partners. Sandwell Council is moving the delivery of services into neighbourhoods and localities. Through the establishment of town teams and community operating groups, agencies are working together. The community offer is an innovative programme to transform health and care services by forging new relationships with local voluntary and community groups. Wider partners, such as the police and the fire service, are working more closely with health, social care and wider council services at a local level.

Sandwell is not alone in tackling the challenges of violence and exploitation. The West Midlands Violence Prevention Alliance is a unique partnership between the police, Public Health England and many other partners. The alliance is coordinating work across the West Midlands and has gathered evidence and guidance for what will work, this will inform the Sandwell approach. Central to this work is ‘Craig’s Story’, a timeline that maps the life and experiences of a young man who was both a victim and a perpetrator of violence.

Delivery of this priority will need joint work at strategic and operational levels across all partners. The work is at an early stage and will develop over the five years of this strategy. A key first step will be to undertake a joint strategic needs assessment of violence and exploitation in Sandwell, based on information from the communities of Sandwell and from all partners and providers of services.
Figure 3. Cross cutting risk factors for violence
This shows the risk factors for violence and exploitation and how concerted joined up action is needed across public sector organisations, partners, communities, families and individuals.\(^1\)
Priority 3 - We will work together to join up services

People have told us that they want joined up services that are easy to navigate and which provide the support they need, when and where they need it. These services must also make the best use of the money and other resources that are available. The board has made a clear commitment that it will work with local people, voluntary sector and community organisations to make sure that people’s experiences of services and of what works are central to this work. This includes recognising and supporting the contribution of carers.

We will align this joining up of services with the changes in how Sandwell Council is working with local people. This includes supporting communities through the development of a neighbourhood model of service delivery and the Sandwell Facing the Future programme. It is also building on existing partnership working such as the better care fund, joint work on mental health and wellbeing and delivery of the new Midland Metropolitan Hospital in Smethwick.

Delivery of this priority will also be through current and developing work on the integration of services across a wider geographical area. 

- Through the NHS Five Year Forward View, the NHS is leading on the development of a five year Sustainability and Transformation Plan (STP) for the integration of health and social care. This plan is based on the Black Country area (Sandwell, Dudley, Walsall, Wolverhampton, West Birmingham)
- The West Midlands Combined Authority (WMCA) has established a public sector reform board. This is looking at how all public sector bodies can deliver joined up services and make the best use of the available resources.
- The WMCA has established a Mental Health Commission that will identify the contribution that devolution can make to addressing poor mental health and wellbeing.

All partners are working together to understand what is needed to improve health and wellbeing and define a set of clear outcomes. This includes looking at what is already available, where they are already working together and how well this is achieving the outcomes. Part of this is gaining a shared understanding of how much money each partner is currently spending and whether this can be used better through the joining up of services and commissioning. As well as the statutory bodies such as the council, the NHS and the police and fire services, this includes things that the voluntary and community sector and local businesses provide.

All of this work is developing a shared understanding of the needs of local people, the outcomes that we need to deliver and how things are working now. A key part of this work will be talking to people and following people’s journeys through services to understand what is working well, and what needs to improve. The partners will then marshal all their resources around the delivery of the agreed outcomes. Local people and partners strongly supported this approach during the consultation on the JHWS

Delivering this will need new approaches to designing and commissioning care and support locally and across the wider geographical areas. A key principle is that we will base this on the integration of services at the point of use for the benefit of local people. Previously much of the focus has been on strategic integration between organisations. This is important but there needs to be much more focus on joining up services at the primary care & community levels to provide the support and care that people need, when and where they need it.
We will work together to join up services

Understand the needs
- Partners to agree clear outcomes for the delivery of joined up services
- Informed by the work across the West Midlands Combined Authority and through the NHS 5 year forward view
- Based on;
  - The joint strategic needs assessment
  - What local people and partners tell us
  - The evidence for what works

Understand where we are now
- What services are currently in place?
- How well are they doing?
  - Based on people's experiences and exploring people's journeys through services
- What resources are available to deliver the outcomes?
  - Across the council, NHS, partners, voluntary organisations, communities
  - Across the wider geographical areas through the NHS STP and the West Midlands Combined Authority

Doing things differently
- Using all the available resources across partners
- Based on the experiences of local people and people who use the services
- Across community and primary care, service and strategic levels
- Building on what is already working
- Focusing on joining things up at a local level for the benefit of local people
Priority 4 - We will work closely with local people, partners and providers of services

The role of the Health and Wellbeing Board is to improve the health of the people of Sandwell, reduce inequalities and increase healthy life expectancy. The sections on priorities one to four explain how the board is planning to deliver this. Everyone who lives and works in Sandwell will have some knowledge and understanding of what we need to do to make this happen. It is therefore vitally important that local people, partner organisations and those that provide services are fully involved in the work of the health and wellbeing board.

For this to happen, the board needs to have effective two-way communication with a large number of individuals and organisations. We are developing ways for this to take place, allowing everyone to feed into the work of the board and to hear what is happening. This will use a variety of different routes for communication across individuals, communities and organisations. We recognise that there are already many groups and engagement forums in place across Sandwell. Local people, partners and providers told us about many of these during the consultation on the JHWS. The Health and Wellbeing Board will work with all of these to join up approaches and build on what is already working.

Each of the other four priorities involves working closely with people who will are affected by, or who can influence how the priority is delivered.

- Priority 1 will include a large-scale programme to understand what matters to local people and what affects how well they are, for both physical and mental health.
- Priority 2 will need concerted joint work across individuals, families, communities and organisations to reduce violence and exploitation.
- When consulting on priority three, local people told us how important it was to involve everyone in the work. People’s experiences of services will be central to agreeing how the partners work together to deliver joined up services.

The objective for priority five is that, by 2020, local people will be fully involved in the design, planning and monitoring of joined up services based on what works for local people. This ‘co-production’ approach brings together the expertise of our partners and providers with the experience and understanding of local people.

There are examples where there is already a move towards this approach. Examples include the establishment of the Sandwell Mental Health Parliament, the Community Social Work Teams are now based at the heart of the communities that they support allowing a joined-up approach with GP surgeries and other community providers to fully address local people’s needs, the Community Offer which empowers local people to support others within their own community is now available to all. We will build on these successes, working with local people and partners to develop the approach across all of the priorities.
Where will we be in 2020?
We will have services that are designed in true co-production with our people, partners and providers from start to finish.
We will have a robust monitoring system in place that measures the Health and Wellbeing Board’s success accurately and effectively and ensures that any issues identified are addressed.

How will we do it?
We will ensure that we identify the right partners and providers of services who need to be involved.
We will target local people, including those that are hard to reach, to ensure that everyone’s opinion is heard.
We will develop tailored forums giving each person, partner and provider group the opportunity to be heard and to contribute to the service design.
We will identify blocks that stop us doing what we say we will and implement co-production fully within everything that we do.

When will we do it?
This strategy is focused on the next five years and an updated Communication and Engagement Plan will be developed with input from local people, partners and providers during this period.
This engagement work supports the four other Health and Wellbeing priorities and will therefore develop as the four priorities evolve over time.

How will we know we have succeeded?
Our Health and Wellbeing Board, its priorities and the input of the people, partners and providers is embedded into every service across the council and within the work that we do.
Our people, partners and providers feel that their voice is being heard and that their views are listened to and acted upon.
Knowledge and evidence is shared freely across partner organisations and this is used to influence and inspire future strategic plans within Sandwell and contribute to the commissioning of new services.
References


