


24 September 2025

Subject:	Joint Health and Wellbeing Strategy Development – Consultation Report
Presenting Officer and Organisation 	Dr Frances Howie Interim Director of Public Health Sandwell MBC
Purpose of Report	Decision

1. Recommendations

- 1.1 That the Board considers and approves the content and method of consultation to prepare the next Health and Wellbeing Strategy for Sandwell
- 1.2 That Board members agree to play an active part in the proposed consultation, to ensure that this engages as many stakeholder and local organisations as possible.

2. Links to Workstreams Set out in the previous Health and Wellbeing Strategy

Healthy Communities	The consultation will inform the Strategy to identify a small number of priority topics for shared action across the system to the benefit of all communities across the Borough. Engagement through consultation will ensure the strategy is relevant for and will impact in all our communities.
Primary Care	As above, all stakeholders will play a part in the consultation, bringing benefit across the system and ensuring an integrated approach.
Integrated Town Teams	
Intermediate Care	
Care Navigation	

3. Context and Key Issues

3.1 Background

Production of a Joint Health and Well-being Strategy is a statutory duty of both the Local Authority and the Integrated Care Board (ICB.) Statutory guidance sets out the purpose of a strategy, which is to explain what priorities the Health and Well-being Board has set in order to tackle the needs identified in their Joint Strategic Needs Assessment.

The July meeting of the Board considered follow up actions and next steps from an LGA review of the Board, which was carried out between November 2024 and March 2025. The Board decided that the production of the next Joint Health and Well-being Strategy should now begin, with a draft report for consultation, including the consultation process, being brought to the Board in September 2025.

There are other Strategy documents across the system, such as the CYP Plan; ICB Plan, and Crime Prevention plan. The HWB Strategy will align with these and, where appropriate, link those Boards with the delivery and governance of the Joint Health and Well-being Strategy.

3.1 Consultation plan

Residents and stakeholders from across the system will be engaged with the production of the Strategy through a consultation which will focus on:

- core principles
- criteria for identifying priorities
- priorities themselves
- next steps in turning strategy to action.

Consultation will run for 6 weeks, from a September date to be confirmed and a draft Strategy will be presented to Board at its December meeting (03/12/25.)

Methods of consultation will include:

- Online - an online survey will be held on the council's Consultation Hub Links and QR codes will be generated
- Voluntary and Community Sector organisations
- Out-reach focus groups, at place level
- Paper copies of survey at place level
- Consultation documents will be available in four languages other than English, via the website.

Respondents will be asked to complete some key demographic information to ascertain if there is a representative sample of residents from within the Borough. If there is not, then a proactive approach via focus Groups will be taken, as was done in the case of the recent consultation on the Pharmaceutical Needs Assessment.

All Board members are asked to actively promote and circulate the consultation within their own organisations and do all they can to increase uptake.

All Board members are asked to consider events and organisations where the survey could be promoted. The Council's Public Health team will be available to present the consultation where needed.

3.2 Health and Well-being in Sandwell:

Around 341,900 people live in Sandwell, in one of its six towns: Oldbury, Rowley Regis, Smethwick, Tipton, Wednesbury, and West Bromwich. Comparison with national statistics shows that Sandwell has a higher proportion of young people (0-19 years), and lower proportion of adults (55 years and over) compared to the England average. Population growth has been rapid with numbers rising from 309,000 in 2011 to 341,900 at the most recent census. In 2021, 42.8% of the population of Sandwell were from ethnic minority groups, compared to 19% England average. Asian and Asian British resident form 26% of the population. Almost one in four of people in Sandwell were born outside the UK, compared with almost one in six in England as a whole. Sandwell ranks 12th in the country in terms of deprivation measures, which include income levels, employment statistics, and educational achievement.

Overall, health outcomes in Sandwell are below national averages. People die at a younger age and live a greater number of years in poor health than they do in the country as a whole. On average, people here live for 20 years in poor health, compared with an England average of 14 years. Rates of premature death from causes which could be seen as preventable, such as cancers and circulatory disease, are higher than national rates. Health inequalities are stark, with significant differences between outcomes in Sandwell and those in more affluent areas, and differences across the Borough between richer and poorer areas. Many people here have lifestyles which increase their health risk. Smoking, physical inactivity, obesity, and drinking alcohol are all more prevalent than in other places, and this too is linked to deprivation.

Improving this picture is challenging:

- public finances are under greater pressure than ever before
- technological advances have increased the potential to treat and extend lives , although co-morbidities are common and care can become increasingly complex
- NHS and local government reform has created some new uncertainties and a period of turbulence
- demand for health services continues to rise, with much of this demand caused by avoidable ill-health related to lifestyles
- health is inextricably linked to economic prosperity which is slow to change.

However, the Health and Well-being Board can:

- lead with clarity through this time of complexity and change
- bring partners together to set a clear direction for change
- work productively to identify a small number of priorities which can have significant impact on people's health and well-being
- identify a set of actions to deliver improved outcomes in each of its priority areas.

3.3 JHWBS core principles:

The consultation will seek views on a set of core principles that will underpin the Health and Wellbeing Strategy:

- keeping prevention at the heart of what we do
- narrowing health inequalities in all that we do
- strengthening partnership between public, private, and voluntary organisations
- strengthening partnership with local people, empowering them and their communities
- basing our work on evidence of what we know works or is likely to work locally
- being clear strategically and translating that clarity into accountable action.

3.4 Criteria for identifying priorities:

Consultation will seek views on the criteria for consideration of a topic as a possible priority. It is suggested that a topic should meet the following criteria:

- Issue that affects large numbers of people
- Issue that has a significant impact on health and well-being
- Issue where Sandwell outcomes are worse than they are in other parts of the country
- Issue where outcomes have not shown significant improvement over time

- Issue that needs a new approach, working together across the whole system
- Issue where there is an evidence base about what can work
- Issue where health inequalities are clear.

Applying the criteria to local data sources in Sandwell has drawn a long list for consultation. Consultees will be asked to identify the three highest and three lowest priorities, and whether they have any to add.

3.5 Time period covered by the Strategy:

Strategies vary across the country, and consultation will include a question about the time period to be covered by the Strategy. The last Sandwell Strategy was produced in 2022.

3.6 Next steps:

The consultation will include a question about holding a summit for each identified priority to draw up an action plan with clear delivery targets and timetables.

The findings from the consultation will be reported back to the Board and used to inform the development of the final Joint Health and Wellbeing Strategy which will be presented to Board.

5. Implications

Resources:	No new resource implication at this stage although some of the work to increase consultation may require some .but reprioritisation of work by partners.
Legal and Governance:	The local authority and IBC have a joint statutory duty to publish JHWBS.
Risk:	There is risk in not delivering the joint statutory duty to produce a JHWBS. The proposals here remove that risk.
Equality:	Consultation with local residents through a variety of methodologies will ensure residents all have an opportunity to contribute to the consultation.
Health and Wellbeing:	Proposals aim to impact on the health and well-being of residents by identifying a small number of priorities following consultation. Priorities identified will lead to action which will improve health and wellbeing.
Social Value:	No direct implications arising from this report.
Climate Change:	The main channel for consultation will be using online surveys, and QR codes/links for marketing of the

	consultation minimising printing to reduce the carbon footprint of the consultation.
Corporate Parenting:	No direct implications arising from this report.

6. Appendices

Appendix 1 – Survey Questions (Draft)

7. Background Papers

None