

Council – 11th January 2016

Report of Councillor Martin, Portfolio Holder for Public Health and Wellbeing

1. Background

In this statement I would like to headline some of the key achievements in my portfolio over the past year in protecting our residents from harm and promoting their health and wellbeing. I will also highlight some of the challenges we continue to face in Walsall.

2. Introduction

More people in Walsall are living longer, healthier lives than ever before. However inequalities in health and wellbeing persist and they will be a real focus for us in 2016. The number of older residents and younger children in Walsall will increase over the next 10 years but the number of residents of working age will decrease. In modern times the most significant impact upon the public's health is due to harmful lifestyle factors such as smoking, poor diet and alcohol misuse. Tackling these issues remains a great challenge for all of us.

3. Health profile for Walsall

Life expectancy for men and women in Walsall continues to improve. The number of people dying prematurely i.e. under the age of 75 from heart disease and cancer, continues to fall. The life expectancy of Walsall men and women has increased by about 4.5 years over the last 20 years. The gap in Male life expectancy is also starting to narrow when compared to the average for England and the remainder of the West Midlands.

Walsall continues to face significant challenges to the health of its population. The recorded diabetes rate in Walsall is 8.6% compared to an England rate of 6.2%. Walsall has the 7th highest prevalence of diabetes in the country and it is predicted that the prevalence rate will rise to more than 10% over the next 20 years.

The teenage conception rate in Walsall is amongst the highest rates in the country at 35.5 per 1,000 women aged 15 to 17 years. The Infant Mortality rate in Walsall at 6.8 per 1000 live births is amongst the highest rate in the country compared to an England average of 4.1 per 1000 live births. Infant mortality rates in Walsall have now started to decline albeit at a slow pace.

The proportion of people in Walsall who are inactive remains a huge challenge and the health consequences wide reaching. In order to inspire and motivate more people to be more active, more often, and in partnership with colleagues in the sports and leisure service. However, the prevalence of overweight and very overweight Year 6 children had started to decline from 40% in 2013/14 to 37% in 2014/15. On another positive note the latest national data shows that smoking prevalence for Walsall has declined from 24.7% in 2010 to 18.7% in 2014. The smoking levels in high risk manual workers have also fallen from 31% in 2011 to 27% in 2014.

4. Health and Wellbeing Board

The Health and Wellbeing Board (HWB) continues to provide a focal point for partnership working to improve the health and wellbeing of everyone in Walsall and reduce the inequalities in the borough. It is recognised that we need to reduce the gap by improving the outcomes for people in the most disadvantaged communities of Walsall.

I have initiated a review of the priorities of the Health and Wellbeing Board to ensure that they continue to address the most significant health and wellbeing concerns in Walsall. The prevention of avoidable disease is recognised by the Health and Wellbeing Board as a critical central theme of its work programme. I've been keen to continue with the problem-solving style of work for the Health and Wellbeing Board established through the two 'task and finish' groups in 2014/15. The focus for this work was prevention across the health economy by looking at whole system reviews aimed at reducing levels of obesity and the harm caused by alcohol. In 2015/16 we are investigating the two key priorities of infant mortality and Diabetes using the same method.

Earlier this year I attended a two day Local System leadership Course for HWB Chairs and Vice Chairs in order to continue to establish links with the chairs of Health and Wellbeing Boards across the conurbation. We looked at a number of leadership models, explored areas of common interest and opportunities for collaboration as well as shared best practice. The 7 West Midlands Health and Wellbeing Chairs are due to meet in the new year to identify areas where the Boards can work together. I have also attended many other meetings in my role – for example I attended the Directors of Social Care and Children's Services in Bournemouth earlier this year and locally I attended the Patients and Carers Group at the Manor Hospital.

5. Partnerships across the health and social care economy in Walsall

The Board has begun new ways of engaging with partners and stakeholders to ensure the priorities agreed are based on a consensus. I have fostered close working relationships between the key partners to develop bold and innovative solutions and system resilience to alleviate the growing pressures on the health and social care services across the economy of Walsall. In particular I am working closely with Walsall CCG and Walsall Healthcare Trust to support them to identify sustainable solutions to the pressures within the health and social care system. The delivery of integrated health and social care now needs the new partnership in the Healthy Walsall Board. Meanwhile the deeper integration of commissioning is being progressed with new senior appointments in the council and Walsall CCG. I have also strengthened our partnership links with Voluntary sector organisations through the new Strategic Advisory Group – groups such as Age UK, Mencap, Carers Support Partnership and St Giles Hospice are all represented on the group.

6. The Better Care Fund

The Health and Wellbeing Board is embracing the Better Care Fund as a catalyst for integration across the health and social care economy. The Better Care Fund plan is a complex change programme made up of multiple initiatives which are programmed under 3 key themes:

- Enable people to remain well and at home as long as possible
- Enable people to return home swiftly following an episode in hospital.
- Ensure rapid emergency assessment and treatment is that which keeps patients in hospital for only as long as necessary

The programme of work is overseen by the Joint Commissioning Committee reporting to the Health and Wellbeing Board.

7. Public health transformation

A Public Health grant is provided to local authorities to enable them to deliver their public health responsibilities. With the successful conclusion of the transition of public health responsibilities on 1 April 2013 to the Council the focus of attention and activity has switched to 'transformation'; transforming the way that council service work to focus more on the health and wellbeing outcomes they can deliver. The Public Health Transformation Fund provides a flexible financial investment with which to transform existing services provided by Walsall Council and support innovative approaches to protecting, maintaining and improving the health and wellbeing of residents in Walsall.

I am very pleased that, as part of budget setting for 2016/17, £2.2 million of allocation has been earmarked as a Transformation Fund to increase the impact that mainstream Council services have on improving health and wellbeing in Walsall. The Transformation fund will enable the Council to deliver improved outcomes and reduced costs to the Council in future years. Regular performance reports relating to the transformation Fund are reported to the Public Health Performance Board as well as the Health & Wellbeing Board.

The Public Health team is also in the final phase of the 3 year re-commissioning plan, having successfully tendered the drug and alcohol, falls services, specialist weight management and School nursing services. We are also in the final process of concluding the evaluation of the sexual health service before completing the process with an open competitive tender for the lifestyle services.

8. Conclusion

The return of Public Health to local government responsibility is an important opportunity for us to make a real impact on the health and wellbeing of local people as we fully recognise the many different influences on the health of individuals, families and communities, from jobs to housing to the environment. I recognise that Public health now commission all services for children 0-19 after the inclusion of the Health Visitors and Family Nurse Partnership teams into the councils commissioning responsibility. This report recognises the continuing good partnership work across the Council and its partners across Walsall. There is much more to be done (there always will be) but this report illustrates some of the positive developments and improvements being undertaken to protect the local population from harm and to promote their health and wellbeing.

Councillor Martin
Portfolio Holder for Public Health and Wellbeing