Cabinet – 24 June 2009

Walsall Health Inequalities Strategy

Portfolio: Councillor McCracken, Social care, health and housing

Service: All Directorates

Wards: All

Key decision: No

Forward plan: No

1. Summary of report

1.1 The report informs Cabinet about the Walsall Health Inequalities Strategy, which was commissioned by the LSP in partnership with NHS Walsall and will be managed through its recently formed Health and Wellbeing Board. It has been endorsed by Walsall Partnership and the board and Professional Executive Committee of NHS Walsall. It will not be published until agreed by Walsall Council. The strategy is designed to be delivered by all partners and Council officers have made major inputs to the various drafts of the report. Most directorates of the Council make a contribution to addressing health inequalities in Walsall. However, there are still many health issues of concern, such as our high levels of obesity in both adults and children and the gap of over 8 years in the average life span of men living in the east or the west of the Borough. The Strategy considers the actions that the Council needs to make with its partners to address these issues and identifies those areas of the Borough where the inequalities are the greatest and the most difficult to change.

2. Recommendations

2.1 That Cabinet agree to endorse the Walsall Health Inequalities Strategy.

2.2 That Cabinet notes the success already achieved by the Council and its partners.

2.3 That Cabinet agrees the proposed actions included in this report.

2.4 That resources designed to tackle health inequalities are concentrated on those areas of greatest need.

2.5 That officers consider the addition of health inequalities as a performance measure for improving inequality in the Borough and that all plans that go to the LSP should have health inequalities considerations.

3. Background information

3.1 The scale and persistence of health inequalities in Walsall remain major challenges to the Council, the NHS and other partners, despite extensive work carried out in the Borough in recent years. Reducing the gaps between the health experiences of different groups of Walsall citizens requires a strong focus on partnership working. The Health Inequalities Strategy for Walsall builds on work already undertaken by NHS Walsall, Walsall Council and their partners. In response to the strategy, NHS Walsall has done an analysis of the health inequalities gaps in Walsall which forms a basis for further action.

3.2 The strategy was developed following a rigorous review of the health inequality work in Walsall by Grant Thornton, the appointed auditors of both NHS Walsall and Walsall Council, and it is informed by consultation with key stakeholders in the Borough. It aims to reduce health inequalities by building on the work already established in the Borough and further developing integrated, accessible and appropriate services which address the wider determinants of health to enhance the health and quality of life of all Walsall Citizens.

3.3 Walsall is one of the 70 Spearhead Authorities which have been identified by the Government as requiring additional attention and resources to address its poor health profile. There is a significant geographic divide between the health experiences of those living in the East and those in the West of the Borough. This inequality is manifest as an eight year difference in life expectancy between the most deprived and the least deprived wards, high teenage pregnancy rates, high levels of obesity and unhealthy eating, levels of physical activity that are declining and 20% of residents living with incomes only found in the poorest 10% of the nation's population. Death rates from coronary heart disease (CHD), stroke and cancer in Walsall are all higher than the national and regional averages. Life expectancy for Walsall men is 1.5 years less than the national average and for women 0.7 years less than the national average. Although infant mortality fell in 2006 to the West Midlands average, the underlying trend is still upwards.

3.4 The underlying causes of health inequalities in Walsall are social and economic and are identified as:

- High levels of poverty
- High levels of unemployment
- Low educational attainment in some areas
- Poor living and general environmental conditions

3.5 **Improvements to date**

However, over recent years the Council has contributed considerably to addressing these issues, either wholly or in partnership. For example:

- The difference in life expectancy between the most and least deprived wards has reduced.
- Walsall has an established and innovative child measurement programme which goes beyond the requirements of the National Child Measurement Programme.

- 87% of young people undertake at least two hours of physical activity within or outside the school curriculum.
- School exclusions are half the rate of the borough's statistical neighbours.
- Key Stage 1 reading results have improved: Walsall is now in top third of all councils.
- Access to services for children with mental ill-health has improved.
- Teenage conception rates have dropped by over 20% in Walsall since 1998, at a much faster rate than many of our closest neighbours, although reaching the nationally defined target by 2011 remains challenging.
- Since September 2008, the Council schools catering service has been implementing and actively promoting the Government nutritional standards for its client schools.
- The take up of free school meals has increased from 79.4% of those entitled in 2007/8 to 82.8% in 2008/9.
- 269 non-decent homes in the private sector were made decent during 2007/08, (12%) of which housed children and young people.
- Completed 250 major adaptations for disabled residents in 2008/09.
- In 2008/09 602 households were taken out of fuel poverty through the Health Through Warmth programme.
- Reducing infant mortality rates by helping reduce the Walsall PCT target from 7.1 to 5.7 deaths per 1000 live births. All new mothers (3,500 births a year in Walsall) will receive a room thermometer to help reduce the amount of cot deaths by keeping rooms at an ideal temperature.
- Reducing excess winter mortality – estimated at 14.
- Since its set up, the Welfare Rights Service there has been a gain in benefits of £110m across borough, with New Benefit Maximisation of £6.8m 2007/08 and £8m+ 08/09.
- In January 2009 free swimming for 16s and under was introduced in Council leisure centres and in April free swimming for over 60's was also introduced.

3.6 **Further Actions**

There are still many issues that need addressing. Those which the Council can affect directly include:

- Reducing unemployment, specifically during the recession.
- Addressing the issue of no more than a quarter of the population are consuming five or more portions of fruit or vegetables a day.
- Taking action to improve physical activity as Walsall has the second lowest rate of adults participating in at least three 30-minute sessions of moderate intensity physical activity per week of all LA areas in the country at 13.4%. This has reduced in the last 2 years from 16.1%.
- Obesity levels exceed national rates. This can be addressed through promoting healthy eating in schools and families
- 20.7% of children in the borough are eligible for free school meals compared with 14.3% nationally and the Council can ensure that take up of these continues to improve.
- Nearly a third of children in Walsall live in poverty and in just two wards, Palfrey and Birchills Leamore, together account for 61.4% of the increase

in the number of children in poverty. The Council can continue to ensure that these families receive all the benefits available to them

- Poor housing is a continuing issue, particularly in the private sector: dampness, overcrowding, and poor repair contribute to poor health and accidents. These issues are being addressed by Strategic Housing.
- Around 20% of households in Walsall experience fuel poverty; this proportion is likely to increase in the current economic climate.
- Handyperson scheme to be launched during 2009/10 to reduce slips, trips and falls.
- Joint working with NHS Walsall to develop a Home Health and Safety Officer post to offer advice and support private sector families. The officer will advise and signpost on a wide range of health related matters including, smoking, diet as well as home safety and accident prevention.
- Proactive work with major energy providers to secure Community Energy Saving Programme funding for Walsall's priority areas.

A summary of the priorities for action in the strategy is:

- To reduce smoking in pregnancy, target smokers with quit support and to reduce sales of counterfeit and contraband tobacco.
- To continue work towards reducing teenage conception rates.
- To work to improve mental health and well-being service provision.
- To develop a health nutritional standard for school through a proactive healthy school meals programme
- To improve the physical environment of Walsall's citizens by:
    a Working towards providing a safe environment which promotes physical activity, reduces the risk of road traffic accidents and leads to improvements in the physical and social health;
    b Prioritising the elimination of fuel poverty – firstly in households with older people and young children;
    c Working to improve housing conditions, particularly in the private sector, by reducing damp, overcrowding and other factors known to adversely affect health;
    d Working to reduce accidents in the home.
    e Continuing to invest in housing related support programmes and build partnerships with voluntary agencies, charities and housing associations to provide local services as effectively and efficiently as possible.
- To ensure all Walsall residents have the opportunity to access to the cultural and leisure opportunities and other activities as a means of improving physical activity.
- Improve the educational aspirations and achievements of the whole school age population of the Borough and reduce the gap in education outcomes.
- To prioritise and enhance work opportunities for parents.
- To ensure that there is a clearer and more systematic approach to identifying and tackling the barriers that people, particularly those from disadvantaged groups and areas, face in accessing jobs and key services.
- To increase the aspirations of our citizens to achieve economic security and family stability.

- To work across agencies to reduce poverty and its effects in Walsall.

Priorities for health improvement in Walsall are built into the LAA. These include indicators that are specifically about health issues and others that impact on health.

Health related indicators	**Baseline**	**08/09**	**09/10**	**10/11**	**Lead Partner**
N1 8 percentage of adult population who participate in sport	16.4%	18.4%	19.4%	20.4%	Walsall Council
NI 56 Obesity among primary school children	19.4%	19.0%	18.8%	18.6%	NHS Walsall (supported by Walsall Council and WSP)
NI 120 All age/all cause mortality	M 1017 F 629 Per 100000	M 702 F 488	M 681 F 478	M 659 F 468	NHS Walsall (supported by Walsall Council) and WSP)
NI 154 Number of additional homes	Average = 444 p.a.	421 net tbc	421 net tbc	421 net tbc	Walsall Council
NI 186 Per capita CO2 emissions in the LA area	6.6 tonnes per capita	Targets to be set	Targets to be set	Targets to be set	Walsall Council

In addition to the contribution that the Council already makes to improving health inequalities, and the specific LAA targets the Council can contribute to achieving the following 'gap' targets (as identified by NHS Walsall).

Gap Targets	**Target**	**Date**	**Council service**	**Key Partner**
Reducing number of teenage conceptions	Reduce the conception rates between the most deprived fifth of wards and the Walsall average by 50%	2010	Children's Services	NHS Walsall
Childhood Obesity	Halt the year on year rise in obesity in children under 11	2010	Serco School meals Sports and Leisure	
Adult obesity	Reducing the % of adults with high Body Mass Index (BMI) recordings between the most deprived fifth of wards and the Walsall average by 5%	2010/11	Sports and Leisure	NHS Walsall
Improving the Physical Environment	All social housing achieving the Decent Homes Standard.	2010	Strategic Housing	Housing Associations
	70% of private sector homes occupied by vulnerable households improved to the Decent Homes Standard.	2010	Strategic Housing	

4. Resource considerations

4.1 **Financial**: The funding for tackling these issues largely comes from existing budgets however, some additional funding has been obtained through partnership working with NHS Walsall and other sources, such as grants from Sport England, the Arts Council and Communities for Health funding from the Department of Health (reported to Cabinet on 16 July 2008). The Government has funded a free swimming programme for 16 and under and over 60s which started on 1 April 2009.

4.2 **Legal**: There are no specific legal implications.

4.3 **Staffing**: There are no specific staffing issues. Some project staff have been recruited linked to specific external funding schemes.

5. Citizen impact

Addressing health inequalities will have a major impact on the citizens of Walsall, through resolving one of the key issues affecting the Borough. The Health Inequalities Strategy can only be implemented through cross sector partnership and continuing the regeneration of the Borough to improve peoples living conditions, environment, income and lifestyles. Inevitably this must include significant community involvement in the partnership working. Public sector intervention will not affect change unless citizens are actively committed to changing their own lifestyles. Volunteers are already involved in innovative schemes such as the walking programme, play and food growing schemes.

6. Community safety

A greater sense of well-being and safety in the Borough will contribute to reducing health inequalities as it will encourage people to walk, cycle and use our parks and open space.

7. Environmental impact

Improving the environment is a major contributor to reducing health inequalities. Reducing the dependency on cars and encouraging walking and cycling will have a double benefit on both health and the environment of Walsall. Reducing levels of pollution has obvious health benefits. The many public parks and green areas in the borough are important locations for healthy activities.

8. Performance and risk management issues

8.1 **Risks**:
There is a high risk that the current recession will impact on the physical regeneration of the Borough which will slow down the improvement of housing and environmental conditions. In an effort to save money people may revert to unhealthier food options (particularly as an alternative to a healthy school meal). Conversely, the recession may encourage people to consider their own lifestyles, to grow their own food and take advantage of free offers such as swimming. .

There is a high risk that citizens will not engage in the improvement of their lifestyles. We have already seen a decline in people taking physical exercise over the last two years despite active promotion of the benefits of exercise. We will need to look at alternative ways of promoting public health in the Borough.

8.2 **Performance management**:
Performance is managed in a number of different ways. The Director of Public Health is responsible for reporting on the general health of the Borough and on specific indices, some of which are included in LAA targets. The Council is measured on physical activity levels through the bi-annual Active People survey (commissioned by Sport England) and for specific services that impact on health, such as housing, transport and environmental health. There is no overall co-ordination of all the factors that impact on health inequalities and it is recommended that this should happen at LSP level so that overall change can be measured and actions taken to improve performance.

9. Equality implications
By definition this is an equalities issue. Poor health impacts most on the poorest and most deprived members of the community. In addition some cultural groups have lifestyles and traditional diets that are not good for their health and well-being. Addressing health inequalities could become one of the Council's equality measures.

10. Consultation
In preparing the Strategy, consultation took place with a range of medical professionals, Council and NHS Walsall officers and community based organisations. The strategy has been agreed by the Walsall Strategic Partnership and the NHS Walsall board.

Background papers
Final draft of the Walsall Health Inequalities Strategy

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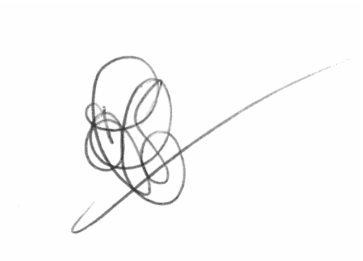
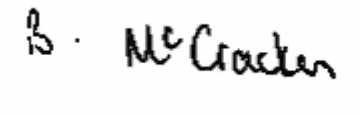




David Martin
Executive Director

11 June 2009

Councillor Barbara McCracken
Portfolio holder

15 June 2009

WALSALL HEALTH INEQUALITIES STRATEGY 2008-2011

Introduction

The scale and persistence of health inequalities in Walsall remain major challenges for Local Government, the NHS and other partners, despite extensive work carried out in the Borough in recent years. Reducing the gaps between the health experiences of different groups of Walsall citizens requires a strong focus on partnership working.

This Health Inequalities Strategy for Walsall builds on work already undertaken by NHS Walsall,, Walsall Council and their partners – and in particular in the innovative 'Increasing Life Expectancy Commission".

The Walsall Strategic Partnership has already demonstrated its strong commitment to reducing health inequalities through the selection of Local Area Agreement (LAA) targets which focus on life expectancy (with a local agreement to include Infant Mortality as a subset) and the underlying determinants of health.

The strategy was developed following a rigorous review of the health inequality workings in Walsall by Grant Thornton, the appointed auditors of NHS Walsall and Walsall Council, and it is informed by interviews and continuing conversations with key stakeholders in the Borough.

Final version: 30 January 2009

Aim

To reduce health inequalities by building on the work already established in the Borough and further developing integrated, accessible and appropriate services which address the wider determinants of health to enhance the health and quality of life of all Walsall citizens.

Context

Walsall's Strategic Approach

The overarching strategy for improving quality of life is the Walsall Partnership's 'Sustainable Community Strategy' and its key priorities for improvement are in the LAA (many of its 26 targets directly address *Reducing Health Inequalities*).

The 2021 vision for Walsall is:

Walsall will be a place to live, work and invest, where….

- people get on well with one another
- people can get around easily and safely
- people support and look after one another
- there are more and better jobs for local people
- people can live an independent and healthy life
- there is a wide range of facilities for people to use and enjoy
- people consider the impact of what we do now on future generations
- there exist high-quality and distinctive designs of buildings and spaces
- growing up is as good as it can be and young people fulfil their potential
- people are our strength and have the skills and attitude required by employers
- everyone has the chance to live in a home fit for their purpose and fit for the future
- People feel proud to live in Walsall

This Health Inequalities Strategy will contribute directly to the delivery of this vision.

Population

At the last census, Walsall had a population of 253,499, almost a quarter of which were children and young people under the age of 18. It was estimated in 2006, that 17% of the population were over the age of 65. The number of people in this age group is projected to grow by an estimated 10,000 over the next 20 years, bringing significant implications for both health services and social care.

Ethnicity

The population of Walsall is increasingly diverse: whilst 13.6% of Walsall residents are of BME origin, this rises to 21.2% of children and young people, and 23.8% of under-5's.

Poverty

Child poverty can be seen as the underlying determinant of a wide range of outcomes, such as health and attainment. Nearly a third of children in Walsall live in poverty. Some 30% live in households in receipt of workless benefits or tax credits and those whose income (excluding housing benefits) is below 60% of the median before housing costs (15,988 children under 16). This is up from 27% in 2004. Just two wards, Palfrey and Birchills Leamore, together account for 61.4% of the increase in the number of children in poverty.

Health

Walsall is one of the 70 spearhead authorities[2] which have been identified by the Government as requiring additional attention and resources to address its poor health profile.

[2] Defined as one of the 20% of areas in England with the poorest health and deprivation indicators.

There is a significant geographic divide between the health experiences of those living in the east and those in the west of the Borough. This inequality is manifest as an 8-year difference in life expectancy between the most deprived and the least deprived wards, high teenage pregnancy rates, high levels of obesity and unhealthy eating, limited physical exercise and 20% of residents living with incomes only found in the poorest 10% of the nation's population. Death rates from coronary heart disease (CHD), stroke and cancer in Walsall are all higher than the regional and national averages. Life expectancy for Walsall men is 1.5 years less than the national average (Figure 1) and for women 0.7 years less than the national average. Although infant mortality fell in 2006 to the West Midlands average, the underlying trend is still upwards (Figure 2).

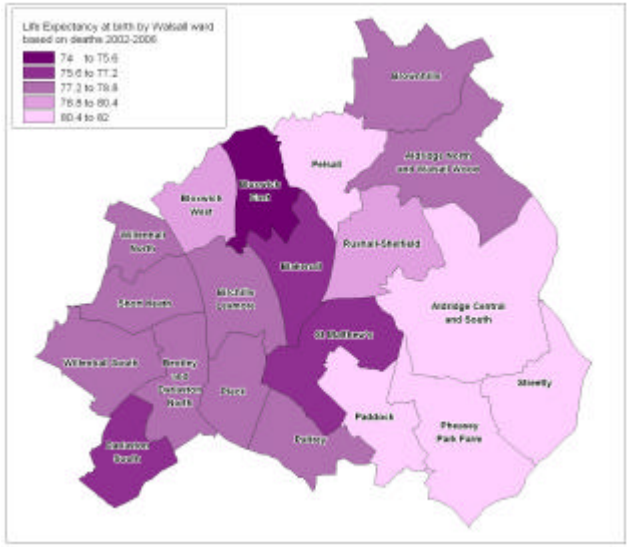
Health Inequalities in Walsall in a nutshell:

- Male life expectancy is 1.5 years less than average for England and Wales and worsening
- Within Walsall the widest gap in male life expectancy is 8.4 years but improving
- Cancer mortality is 14% above the national average and worsening
- Deaths from heart disease is 16% higher than the national average but improving
- In 2006, the infant and perinatal mortality rate fell to close to the West Midlands average. However the underlying trend shows that the gap between Walsall and the regional and national averages may widen without further actions already underway

Underlying causes of health inequalities in Walsall:

- Poverty
- Employment
- Education
- Environment

Figure 1 Male Life expectancy in Walsall:



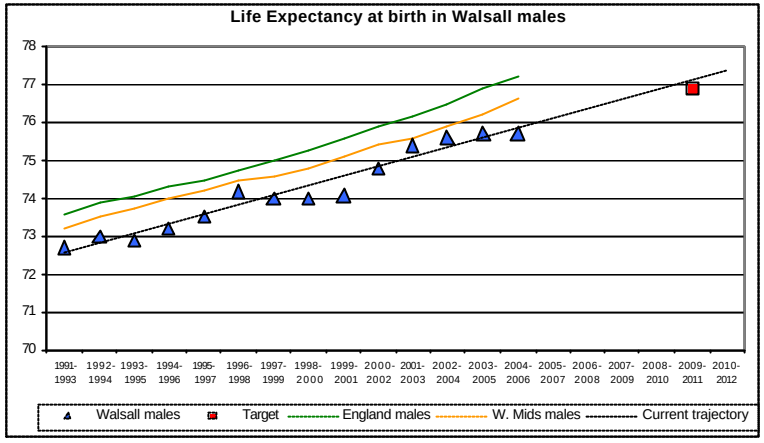
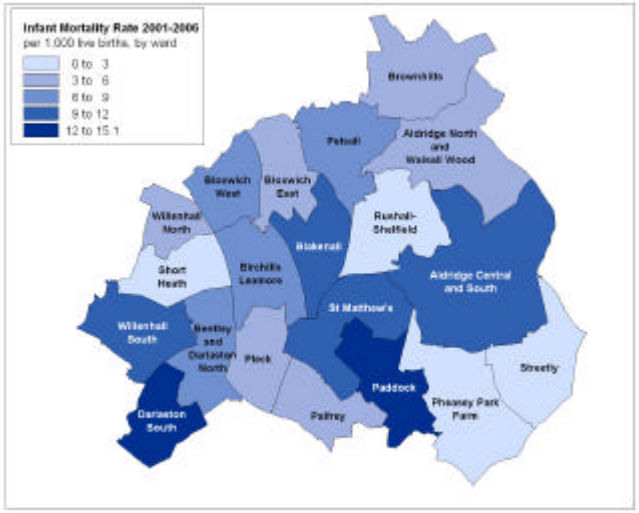
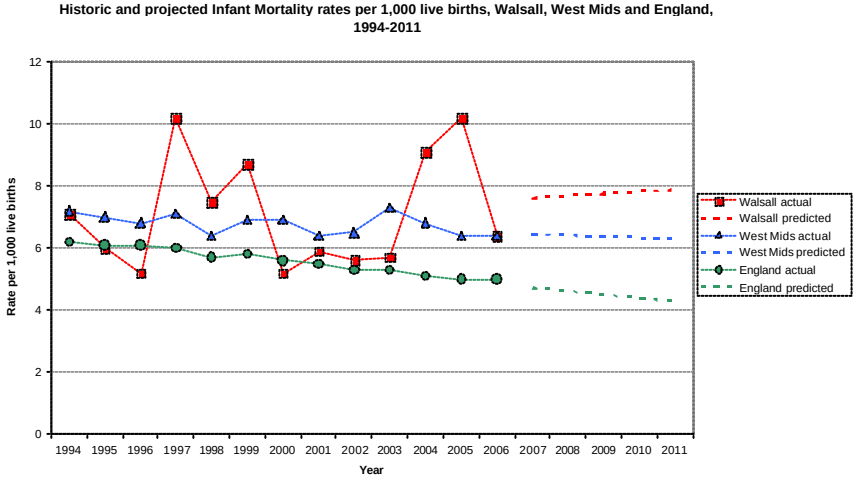


Figure 2 Infant mortality in Walsall:





In 2005, the Local Strategic Partnership commissioned a major study to identify the key factors affecting life expectancy in all the wards in the Borough. The intention was to identify how the partnership could address the national Public Service Agreement [PSA] target of reducing inequalities in health outcomes by 2010. The study enabled short to medium term interventions to be targeted on specific wards in order to maximise the overall impact on the reduction of health inequalities in the Borough. This work was singled out by the Department of Communities and Local Government (DCLG) in its best practice guide to what works in neighbourhood renewal as offering lessons for all strategic partnerships wishing to tackle health inequalities.

However, the Walsall Strategic Partnership recognised that, in the longer term, tackling deep seated health inequalities required greater emphasis on improving educational attainment, employment opportunities and income, reducing crime and addressing lifestyle issues (smoking in particular).

In 2006, The Health and Social Care Partnership carried out a gap analysis between the pattern of health inequalities and health improvement initiatives already in place and those still to be undertaken. The action plan produced from this analysis was designed to increase the impact which the Local Authority and Primary Care Trust (together with voluntary sector and other third sector providers) might have on reducing health inequalities.

Reducing Health Inequalities

What works well in Walsall?

- Walsall has an established and innovative child measurement programme which pre-dates and goes beyond the requirements of the National Child Measurement Programme.

- 87% of young people undertake at least 2 hours of physical activity per week within or outside the school curriculum.

- School exclusions are half the rate of the borough's neighbours.

- Key Stage 1 reading results have improved: Walsall is now in the top third of all councils.

- Access to services for children with mental ill-health has improved: In 2006/07, the waiting time for accessing Child and Adult Mental Health Services was 10 weeks; this reduced to 7 weeks in 2007/08.

- New services implemented in August 2007 have shown early interventions having positive effects on the number of children subject to a Child Protection Plan in domestic abuse categories.

- Teenage conception rates have dropped by over 20% in Walsall since 1998, at a much faster rate than many of our closest neighbours, although reaching the nationally defined target by 2011 remains challenging.

- Walsall is demonstrating good progress in reducing cardiovascular disease mortality. The 2010 *Our Healthier Nation* target of a 40% reduction among the under-75's will be met.

- A successful Health Trainer Service has been established in Walsall which offers residents one-to-one support and advice relating to healthy eating, physical activity and quitting smoking targets. The service targets residents in socio-economically disadvantaged wards.

- Access to Genito-Urinary Medicine clinics has improved significantly. The percentage of people able to get an appointment within 48 hours increased from 38% in 2005 to over 80% in 2007.

- Early terminations of pregnancy are significantly improved rising from 21% in 2002-3 to 44% in 2005-6.

- Since September 2008, Walsall council have been implementing and actively promoting the Government's nutritional standard for the schools for which it provides a school meals service.

- 269 non-decent homes in the private sector were made decent during 2007/08, 69 of which housed children and young people.

- Since establishment of the Welfare Rights Service there has been a gain in benefits of £110m across the borough, with New Benefit Maximisation of £6.8m in 2007/08 and £8m+ in 08/09.

What remains a challenge?

- Currently 6% of Walsall's residents are unemployed (twice the regional average of 3.5%) with male unemployment at 8.9% compared with a regional average of 4.9%.

- Prevention strategies are still failing to deliver, with no better than a quarter of the population consuming 5 or more portions of fruit or vegetables a day.

- The West Midlands has the lowest rate of adults participating in at least three 30-minute sessions of moderate intensity physical activity per week (19.3%). Walsall has the 3rd lowest rate of all LA areas in the Midlands and 6th lowest rate of all LA areas within the country at 16.1%.

- Mortality rates among the under-75's for cardiovascular disease and for cancer in Walsall remain stubbornly higher than the national averages.

- Obesity levels exceed national rates.

- The proportion of low birth weight babies in Walsall is higher than the regional and national average.

- Between 2004 and 2006, the suicide rate rose by 37% for men and by 31% for women.

- 5 GCSE A* - C passes have increased by 5% to 41% in 2008 but the gap between similar councils still needs to close.

- 20.7% of children in the Borough are eligible for free school meals compared with 14.3% nationally.

- Nearly one-third of children in Walsall live in poverty. 29.7% live in households in receipt of workless benefits or tax credits and those whose income (excluding housing benefits) is below 60% of the median before housing costs (15,988 children under 16). This is up from 27% in 2004.

- Just two wards - Palfrey and Birchills Leamore together, account for 61.4% of the increase in the number of children in poverty.

- Poor housing is a continuing issue, particularly in the private sector: dampness, overcrowding and poor repair contribute to poor health and accidents.

- Around 20% of households in Walsall experience fuel poverty; this proportion is likely to increase in the current economic climate.

Walsall – A Health Strategy For All Citizens

The citizens of Walsall have lived with a rapidly changing social and economic environment for two decades. The dramatic loss of industrial employment in the 1970s, which saw over a third of a million jobs disappear across the Midlands, transformed employment opportunities and the experience of economic stability in the Borough. Changing social patterns have transformed the patterns of family life and, whilst incomes have increased for most people, the gap between the higher and lower income groups has widened significantly.

Likewise, whilst there have been dramatic improvements in life expectancy and significant reductions in infant mortality over this period, the gap between higher income groups and lower income groups has widened remorselessly, both nationally and within Walsall.

No single area of social policy can be treated in isolation. The Treasury's *Cross Cutting Review* examining health inequalities makes the point clearly that the complex interaction between education, income, employment, housing, family structure, geography and place of birth interact in complex ways to shape the health experiences of communities in the UK. Indeed, the epidemiological profile of Walsall acts as a "tracer" for the effectiveness – or otherwise – of the totality of public services available in Walsall rather than the NHS alone.

We know which areas to target

- Walsall is divided in terms of access to public and private resources between the east and the west of the Borough. The 'Increasing Life Expectancy by Reducing Inequalities' study undertaken for the Walsall Strategic Partnership (2006) provides a more detailed ward-by-ward analysis of this differentiation. There is a need to target resources for education, housing, employment, economic development, crime reduction and healthy lifestyle

support to the wards of St Matthews, Bloxwich East, Pleck, Blakenall, Bentley and Darlaston North, Willenhall South, Palfrey, Bloxwich West, Birchills Leamore, Darlaston South and Brownhills.

- The pattern of morbidity and mortality in the Borough is also differentiated by ethnicity, with those coming from South Asian and African-Caribbean backgrounds exhibiting higher rates of diabetes, stroke and coronary heart disease than the White community.

- Access rates to acute hospital provision are differentiated by income (and therefore geography).

- The proportion of young people not in employment, education or training [NEETs] is again unequally distributed between the east and the west of the Borough.

We know what to do – because the evidence base is well established and well researched in Walsall

'Tackling Health Inequalities – a Programme for Action' [published in 2004 by the Department of Health] demonstrated the interaction that exists between the underlying determinants of health, lifestyle choices, community engagement and family organisation. The subsequent Government White Paper "Choosing Health" published in the same year identified key national health improvement targets, which were designed to reduce health inequalities. It pointed out that the most affluent groups in our society expect their health to continue to be good half as often again as do lower income groups.

In 2004, the Director of Public Health for Walsall produced an equity profile of all the 22 major health inequality targets across Walsall. The following year, the Walsall Strategic Partnership commissioned "Increasing Life Expectancy by Reducing Health Inequalities", a major study of Walsall which identified the

key actions to be taken to directly address health inequalities where they arose in different parts of the Borough. Importantly this study showed that to have the biggest and most rapid impact on increasing life expectancy there needs to be a focus on the very young and very old.

Our Children and Young People's Plan needs analysis shows how we need to prioritise key determinants of health inequality (such as lifestyle and aspiration). The Walsall Partnership Child Poverty analysis is helping us to target those areas with the greatest levels of deprivation and has informed our Child Poverty Reduction strategy.

Based on best practice from the Social Exclusion Unit, a Local Accessibility Action Plan has been developed by a multi-agency working group and has been endorsed by Cabinet and Walsall Partnership. This will allow partners to assess more systematically how people facing social exclusion can access key activities, and to work more effectively together on implementing solutions.

As the Joseph Rowntree Foundation has pointed out, the key drivers for health inequality lie in the areas of low income and poor educational attainment. The "Increasing Life Expectancy by Reducing Inequalities" study in Walsall confirmed that these two factors outweighed actual patterns of morbidity in determining life expectancy, although it also highlighted the important contribution to health inequalities of smoking and obesity.

Our Priorities for Action in line with Walsall Strategic Partnership Three Pillars

1. PEOPLE

Health

- Continue to implement the Walsall Strategic Partnership's 'Increasing Life Expectancy by Reducing Health Inequalities' 2007-2010 Action Plan using evidence-based interventions appropriate to each ward in the Borough in order to deliver the 2010 life expectancy and infant mortality targets. This includes:
    - To reduce smoking in pregnancy, target smokers with quit support and to reduce sales of counterfeit and contraband tobacco
    - To continue work towards reducing teenage conception rates.
- Work to improve mental health and well-being service provision.
- Develop a health nutritional standard for schools through a pro-active healthy school meals programme.

2. PLACES

Housing /Environment

- To improve the physical environment of Walsall's citizens:
    - Working towards providing a safe environment which promotes physical activity, reduces the risk of road traffic accidents and leads to improvements in the physical and social health
    - Prioritising the elimination of fuel poverty – firstly in households with older people and young children
    - Working to improve housing conditions, particularly in the private sector, by reducing damp, overcrowding and other factors known to adversely affect health
    - Working to reduce accidents in the home.
    - Continuing to invest in housing related support programmes and build partnerships with voluntary agencies, charities and housing associations to provide local services as effectively and efficiently as possible.
    - To ensure all Walsall residents have the opportunity to access the cultural and leisure opportunities and other activities as a means of increasing social capital.

3. PROSPERITY

Education

- Improve the educational aspirations and achievements of the whole school age population of the Borough and reduce the gap in educational outcomes.

Employment

- To prioritise and enhance work opportunities for parents.

- To ensure that there is a clearer and more systematic approach to identifying and tackling the barriers that people, particularly those from disadvantaged groups and areas, face in accessing jobs and key services.

Poverty

- To increase the aspirations of our citizens to achieve economic security and family stability.

- To work across agencies to reduce poverty and its effects in Walsall.

How will we address these priorities?

- **Health inequalities gap targets**: To identify (in addition to LAA and other existing targets) key 'health inequalities gap targets' in each of the major service areas in order to reduce the incidence of health inequalities across the Borough and target interventions to meet these.

- **Health inequalities impact assessment**: In future all policies and strategies adopted by partners to the Walsall Partnership will be required to undergo an assessment of their impact on health inequalities in the Borough before presentation to Walsall Partnership Board.

- **Improving access to public resources for those traditionally excluded from them**: Particular groups – black and minority ethnic communities, lower income groups, people with learning difficulties or mental health needs and people with physical disabilities – are all commonly disadvantaged in their access to the kind of services which determine "control over resources over time". Addressing this disadvantage through targeting of resources will be a central driver of Walsall's partnership work.

- **Raising awareness:** Work will be undertaken to raise awareness in the wider partnership of the extent of health inequalities in the Borough and how these can be tackled.

- **Communication and information:** Work will be undertaken to ensure effective communication and provision of information relating to health, lifestyle and services to Walsall citizens.

- **Research – where needed:** There will continue to be areas of intervention which will require examination either by reference to research literature or through primary research. Where necessary, we will support Walsall-based research into areas of uncertainty or ambiguity. We will ensure that interventions directed at reducing the incidence of health inequalities are securely based in existing research findings and only when such evidence is absent will we look at initiating new research studies.

- **Joint Strategic Needs Assessment process:** will be used in tackling health inequalities.

We know that many of our strategies and action plans across the borough already address health inequalities and we want to avoid the risk of 'parachuting in' new actions that are not owned. Therefore the action plan for this strategy can be found in the contributing plans. A table showing how these strategies priority actions are already embedded in delivery plans is shown below.

Priority Action	Strategy/Plan	LAA Indicator	NHS Walsall World Class Commissioning Outcomes
PEOPLE			
1. Health			
Continue to implement the Walsall Strategic Partnership's 'Increasing Life Expectancy by Reducing Health Inequalities' 2007-2010 Action Plan using evidence-based interventions appropriate to each ward in the Borough in order to deliver the 2010 life expectancy and infant mortality targets	Local Accessibility Action Plan 'Increasing Life Expectancy by Reducing Health Inequalities' 2007-2010 Action Plan **NHS Walsall 5-year Strategy**	N1 120 All-age all-cause mortality	N - Life expectancy 1 - Infant mortality 31 - Cancer mortality 44 - COPD mortality 46 - CVD mortality 49 - Diabetic controlled blood sugar
To reduce smoking in pregnancy, target smokers with quit support and to reduce sales of counterfeit and contraband tobacco	Children and Young People's Plan 'Inceasing Life Expectancy by Reducing Health Inequalities' 2007-2010 Action Plan Teenage Pregnancy Strategy Reducing Perinatal and Infant Mortality Action Plan **NHS Walsall 5-year Strategy**	NI 120 All age all cause mortality	6 - Smoking During Pregnancy 48 - COPD Prevalence
To work towards reducing teenage conception rates	Children and Young People's Plan Teenage Pregnancy Strategy **NHS Walsall 5-year Strategy**	NI 120 All-age All-cause mortality N 112 Under-18 Conception rate (L)	1 - Infant Mortlaity

Priority Action	Strategy/Plan	LAA Indicator	NHS Walsall World Class Commissioning Outcomes
PEOPLE			
To develop a health nutritional standard for schools through a pro-active healthy school meals programme	Children and Young People's Plan 'Increasing Life Expectancy by Reducing Health Inequalities' 2007-2010 Action Plan **NHS Walsall 5-year Strategy**	N1 56 Obesity amoung primary school-age children in year 6	55 - Obesity
To work to improve mental health and well-being service provision	NSF Community Cohesion Strategy **NHS Walsall 5-year Strategy**	N1 120 All-age All-cause mortality N1 135 Carers receiving needs assessments	39 - Suicide mortality
PLACES			
2. Housing/Environment ➢ To improve the physical environment of Walsall's citizens by:			
• Working towards providing a safe environment which promotes physical activity, reduces the risk of road traffic accidents and crime and leads to improvements in physical and social health	Older People's Strategy Regeneration Framework Crime & Disorder Reduction Strategy Community Cohesion Strategy Children and Young People's Plan Walsall Council Local Transport Plan Local Accessibility Action Plan **NHS Walsall 5-year Strategy**	N1 5 Overall/general satisfaction with local area N1 16 Serious acquisitive crime rate N1 19 Rate of re-offending by young offenders N1 20 Assault with injury crime rate N1 30 Re-offending rate of prolific and priority offenders N1 56 Obesity among primary school-age children in year 6 N1 198 Children travelling to school – mode of transport used	N - Life Expectancy 55 - Obesity

Priority Action	Strategy/Plan	LAA Indicator	NHS Walsall World Class Commissioning Outcomes
PLACES			
2. Housing/Environment (Cont'd..)			
• Prioritising the elimination of fuel poverty – firstly in households with older people and young children	Housing Strategy Economic Strategy	N1 187 Tackling fuel poverty N1 116 Proportion of children in poverty	N - Average IMD score N - Life Expectancy 44 - COPD mortality 46 - CVD mortality
• Working to reduce accidents in the home. This is a significant cause of fatalities amongst children and older people, especially in low-income households	OPS Children and Young People's Plan **NHS Walsall 5-year Strategy**	N1 110 Young people's participation in positive activities N1 136 People supported to live independently through social services N1 141 % of vulnerable people achieving independent living	N - Life expectancy 1 - Infant mortality
• Work to improve housing conditions, particularly in the private sector, by reducing damp, overcrowding and other factors known to adversely affect health	Housing and Health Strategy	N1 141 % ov vulnerable people achieving independent living N1 136 People supported to live independently through social services	N - Life expectancy 1 - Infant mortality 44 - COPD mortality

Priority Action	Strategy/Plan	LAA Indicator	NHS Walsall World Class Commissioning Outcomes
PLACES			
2. Housing/Environment (Cont'd..)			
• Continuing to invest in housing-related support programmes such as supporting people to build partnerships with voluntary and community sectors and housing associations, to provide local services as effectively and efficiently as possible	Housing Related Support Strategies	N1 141 % of vulnerable people achieving independent living N1 7 Environment for a thriving third sector	N - Life expectancy 1 - Infant mortality
• To ensure all Walsall residents have the opportunity to access cultural and leisure opportunities as a means of increasing social capital	Sustainable Community Strategy Community Cohesion Strategy Crime and Disorder Reduction Strategy	N1 8 Percentage of adult population who participate in sport N1 17 Public perceptions of ASB N1 19 Rate of re-offending by young offenders N1 20 Assault with injury crime rate N1 30 Rate of re-offending of prolific and priority offenders N1 8 % of adult population that participate in sport	N - Life expectancy 55 - Obesity

Priority Action	Strategy/Plan	LAA Indicator	NHS Walsall World Class Commissioning Outcomes
PROSPERITY			
3. Education			
• Improve the educational aspirations and achievements of the whole school-age population of the Borough and reduce the gap in education outcomes	Children and Young People's Plan Sustainable Community Strategy **NHS Walsall 5-year Strategy**	N1 112 Under-18 Conception rate (L) N1 56 Obesity among primary school-age children in year 6 Education targets below: N1 72: Achievement of at least 78 points across the Early Years Foundation Stage N1 73-75 N1 81 N1 87 N1 92-101 N1 198 Children travelling to school – mode of transport used	N - Average IMD score 1 - Infant mortality

Priority Action	Strategy/Plan	LAA Indicator	NHS Walsall World Class Commissioning Outcomes
PROSPERITY			
4. Employment			
• To prioritise and enhance work opportunities for parents through improving employment opportunities, enhancing incomes both in employment and from income support services • To ensure that there is a clearer and more systematic approach to identifying and tackling the barriers that people, particularly those from disadvantaged groups and areas, face in accessing jobs and key services. We will further develop and implement our Local Accessibility Action Plan	Children and Young People's Plan Regeneration Framework Local Accessibility Action Plan	N1 163 Working-age population qualified to at least level 2 N1 152 Working-age people on out-of-work benefit N1 117 16-18 years who are NEET N1 4 % of people who feel they can influence decisions in their locality N1 5 General satisfaction with local area N1 110 Young people's participation in positive activities N1 141 % of vulnerable people achieving independent living	N - Average IMD score N - Life expectancy 1 - Infant mortality
5. Poverty			
• To increase the aspirations of our citizens to achieve economic security and family stability • To work across agencies to reduce poverty and its effects on the citizens of Walsall	Community Cohesion Strategy Children and Young People's Plan Older People's Strategy Child Poverty Reduction Strategy	N1 112 Under-18 Conception rate (L) N1 5 General satisfactory with local area N1 116 Proportion of children in poverty	N - Average IMD score N - Life expectancy 1 - Infant mortality

Appendix A

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