BRIEFING NOTE

TO: **Health, Social Care and Inclusion Scrutiny and Performance Panel**

DATE: 1 December 2008

RE: Walsall Health Inequalities Strategy

Purpose

This briefing note has been prepared in response to an enquiry about health inequalities in Walsall and also to seek endorsement of the above strategy from this panel prior to presentation to Cabinet for approval.

The scale and persistence of health inequalities in Walsall remain major challenges to 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 Metropolitan Borough Council and their partners, in particular the Increasing Life Expectancy Report commissioned by the Partnership in 2006.

Walsall 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 has been presented to a number of organisations and events, including the Walsall Partnership's Annual Event on 15 July 2008.

The Health Inequalities Partnership Board formally adopted the Strategy on 27th October 2008.

The Walsall Strategic Partnership Board formally endorsed the strategy on 5th November 2008.

Recommendations

That the Panel:

- Endorse the Walsall Health Inequalities Strategy, as set out at appendix 1.
- Approve the proposal that future strategies are subject to a health inequalities impact assessment before presentation to the boards of key partner agencies in Walsall
- Approve the proposal that (in addition to LAA and other existing targets) key 'health inequalities gap targets' are introduced in each of the major service area.

- Make recommendation to Cabinet to endorse this strategy

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Walsall Health Inequality Strategy 2008-2011

Introduction

The scale and persistence of health inequalities in Walsall remain major challenges to 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 Walsall tPCT, Walsall Metropolitan Borough Council and their partners – and in particular in the innovative 'Increasing Life Expectancy Commission".

The Walsall Borough 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 Walsall tPCT and Walsall Metropolitan Borough Council, and it is informed by interviews and continuing conversations with key stakeholders in the Borough.

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 Inequality 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 fives.

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.

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, limited physical exercise and 20% of residents living with incomes

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

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 (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).

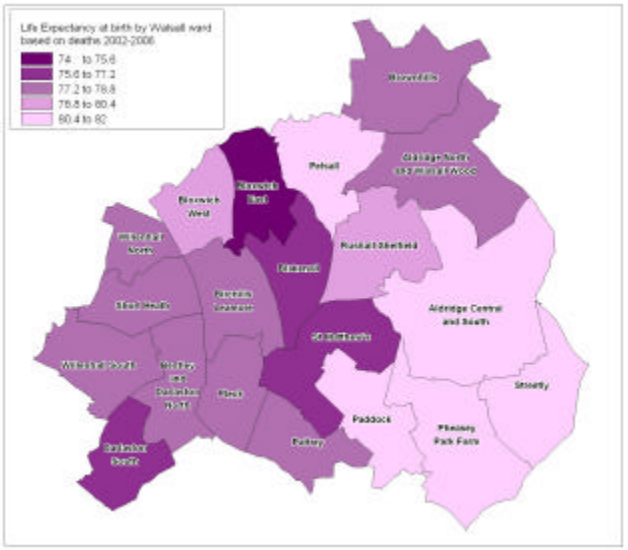
Health Inequalities in Walsall in a nutshell:

- 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
- There are considerable variations in infant and perinatal mortality across the wards of Walsall 14.8 per 1000 and 20.2 per 1000

Underlying Causes of health inequalities in Walsall:

- Poverty
- Employment
- Education
- Environment

Figure 1. Life expectancy in Walsall:



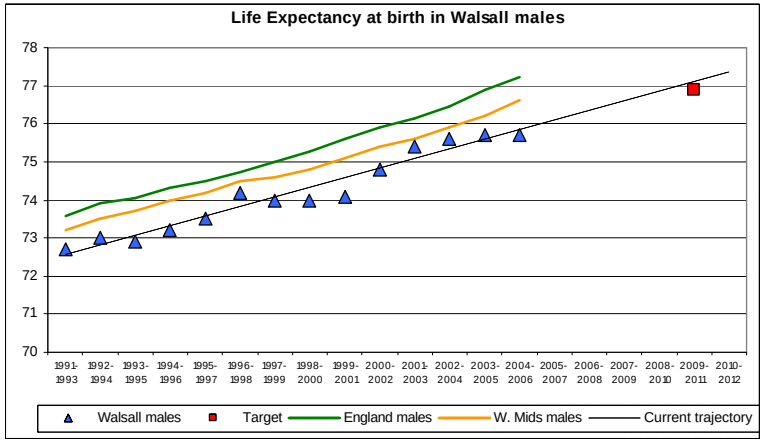
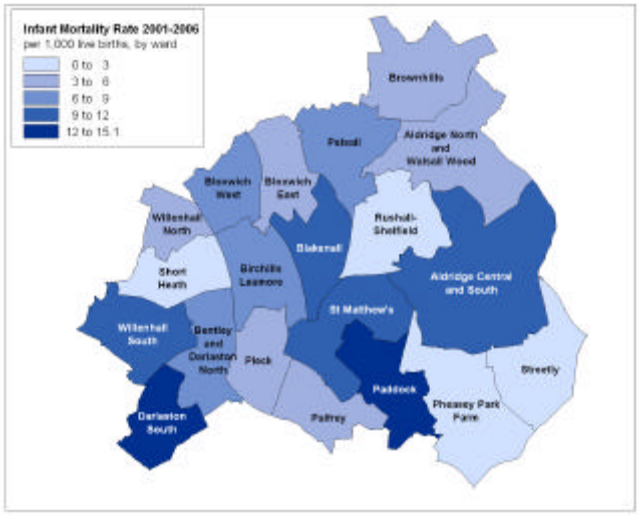
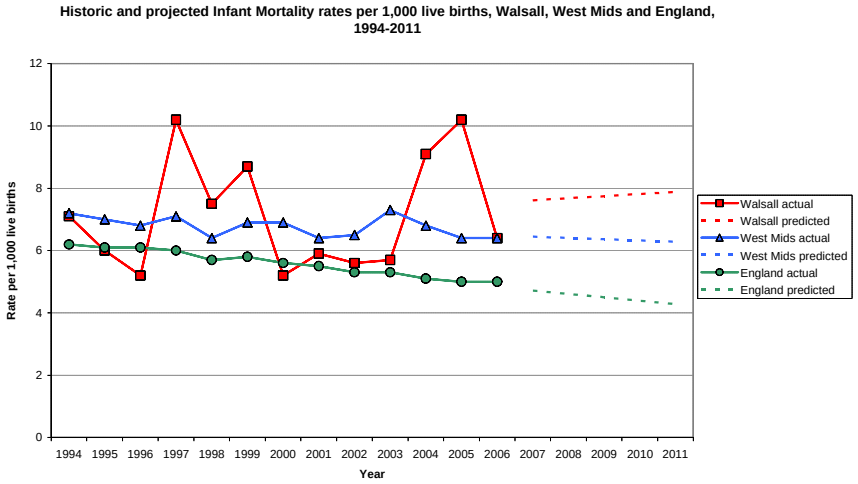


Figure 2. Infant mortality in Walsall:





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 Borough 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 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: 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 Coronary Heart Disease Mortality. The 2010 Our Healthier Nation target 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 socioeconomically 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 MBC have been implementing and actively promoting the Government 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 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.

What remains a challenge?

- 6% of Walsall's residents are unemployed (twice the regional average of 3.5%). Male unemployment is 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 five 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%

- 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 with 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 a 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 the Borough of Walsall.

We are only too aware that 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 Borough 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 Mathews, 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 WSBP 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 get to 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

- 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.
- Continue to implement the WBSP '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.

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 to 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 education 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 LSP will be required to undergo an assessment of their impact of health inequalities in the Borough before presentation to Board.

- **Improving access to public resources for those traditionally excluded from them**: We are aware that access to health services, education services, good quality housing in safe and desirable neighbourhoods and employment in well paid occupations are differentially distributed and that disadvantage in one dimension tends to amplify disadvantage in many other areas. Particular groups – black and minority ethnic communities, lower income groups, people with learning difficulties or mental health needs and people with physical disabilities – all are 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 LSP's work. Walsall Partnership has taken responsibility for further development of the Local Accessibility Action Plan (LAAP), ensuring partner "sign up", bringing back changes for endorsement and holding partners to account on delivery.

- **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.

- **Research – where needed:** There will continue to be areas of intervention which will require examination either by reference to research literature or actually 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.

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
PEOPLE		
Health • To reduce smoking in pregnancy, target smokers with quit support and to reduce sales of counterfeit and contraband tobacco.	Children and young peoples plan (CYPP) DAAT Increasing life expectancy by reducing inequalities WSBP report Teenage pregnancy strategy Reducing perinatal and infant mortality	NI 120 All age all cause mortality
To work towards reducing teenage conception rates.	CYPP Teenage pregnancy strategy	NI 120 All age all cause mortality NI 112 Under 18 Conception Rate (L)
To develop a health nutritional standard for school through a proactive healthy school meals programme**.**	CYPP Health care strategy Increasing life expectancy by reducing inequalities WSBP report	NI 56 Obesity among primary school age children in yr 6
To provide free swimming for residents over the age of 60 and work towards extending this to those under the age of 16	Older people's strategy Community cohesion strategy CYPP Health care strategy National Service Framework (NSF)	NI 8 Percentage of adult population who participate in sport NI 120 All age all cause mortality
• To work to improve mental health and well-being service	NSF	NI 120 All age all cause mortality

provision.	Healthcare strategy Community cohesion strategy	NI 135 carers receiving needs assessments
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	Community cohesion strategy CYPP Older person strategy Child poverty reduction strategy	NI 112 Under 18 Conception Rate (L) NI 5 general satisfaction with local area NI 116 proportion of children in poverty
PROSPERITY		
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.	CYPP Regeneration Frame work Local Accessibility Action Plan	NI163 working age population qualified to at least level 2 NI152 working age people on out-of work benefit N1 117 16-18 yr who are NEET NI 4 % of people who feel they can influence decisions in their locality NI 5 general satisfaction with local area NI 110 Young people's participation in positive activities N1 117 16-18 yr who are NEET NI 141 % of vulnerable people achieving independent living NI152 working age people on out-of

		work benefit NI163 working age population qualified to at least level 2
Education Improve the educational aspirations and achievements of the whole school age population of the Borough and reduce the gap in education outcomes.	CYPP Sustainable Community Strategy Walsall health care strategy	NI 112 Under 18 Conception Rate (L) NI 56 Obesity among primary school age children in yr 6 Education targets below:- NI 72: Achievement of at least 78 points across the Early Years Foundation Stage (S) NI73-75 NI 81 NI 87 NI92--NI 101 NI 198 Children travelling to school - mode of transport used
PLACES		
Housing /Environment • .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	NI 17 public perceptions of ASB NI 19 Rate of reoffending by young offenders NI 20 assault with injury crime rate NI 30 rate of reoffending of prolific and

		priority offenders NI 8 % of adult population that participate in sport
To improve the physical environment of Walsall's citizens by:		
• Working towards providing an environment which promotes physical activity, reduces the risk of road traffic accidents and crime and leads to improvements in the physical and social health;	OPS Regeneration framework CDRS Community cohesion CYPP Health care strategy WM Local Transport Plan Local Accessibility Action Plan	NI 5 Overall/ general satisfaction with local area NI 16 Serious acquisitive crime rate NI 19 Rate of re-offending by young offenders NI 20 Assault with injury crime rate NI 30 Re-offending Rate of Prolific and Priority Offenders NI 56 Obesity among primary school age children in yr 6 NI 198 Children travelling to school - mode of transport used
• Prioritising the elimination of fuel poverty – firstly in households with older people and young children;	Housing strategy Economic strategy	NI 187 Tackling fuel poverty NI 116 proportion of children in poverty
• Working to reduce accidents in the home. This is an important cause of fatalities amongst children and older people, especially in low-income households.	OPS Health care strategy CYPP	NI 110 Young peoples participation in positive activities N1 136 people supported to live independently through social services NI 141 % of vulnerable people achieving independent living
• Work to improve housing conditions, particularly in the private	Housing and health strategy	NI 141 % of vulnerable people

sector, by reducing damp, overcrowding and other factors known to adversely affect health		achieving independent living N1 136 people supported to live independently through social services
o Continuing to invest in housing related support programmes such as Supporting People to build partnerships with Voluntary and community sector, and housing associations to provide local services as effectively and efficiently as possible...	Housing Related Support Strategy	NI 141 % of vulnerable people achieving independent living NI 7 environment for a thriving third sector
• To ensure effective communication provision of information relating to health, lifestyle and services to Walsall citizens.	Walsall NHS health information strategy NHS Walsall 5 Year plan	NI 4 % of people who feel they can influence decisions in their locality
• 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.	Local Accessibility Action Plan Health inequality impact assessment tool kit CYPP OPS	NI 120 All age all cause mortality
• Continue to implement the WBSP '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	NI 120 All age all cause mortality

Appendix A

Contributors:

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We are grateful to all of our interviewees for their time, good humour and directness in addressing these issues.

References

Department of Health – Tackling Health Inequalities: *A Programme for Action*, 2003

Walsall Council; Walsall Housing Group – *Transforming Walsall Together*, undated

NHS West Midlands, *Investing for Health 2007 –2012*, 2008

Walsall PCT – Annual Report of the Director of Public Health – 2004 – *A Health Equity Audit for Walsall*

Plymouth 2020 Local Strategic Partnership – *Healthy Plymouth 2007 – 2020 – Plymouth's health, Social Care and Well being Strategy*, 2007

Department of Health, *Health inequality target monitoring: update to include data for 2006: Life expectancy at birth*, 2007

House of Commons, *Hansard Written Answers,* 16 July 2007. National Statistician, *Period life expectancy at birth by sex for the most 25 deprived and 25 least deprived wards in England and Wales, 1999-2003*

Office for National Statistics, *Trends in Life Expectancy by social class 1972-2005*, October 2007 Registrar's General social class (based on occupation): Routine/Manual groups comprise skilled, partly skilled and unskilled manual groups. Non-manual groups comprise professionals, managerial/technical and skilled manual groups London Health Observatory, *Average Life Expectancy at ward level (2001-5)*, http://www.lho.org.uk

Healthcare Commission, *No ifs, no buts* 2007

The Information Centre, *Statistics on Obesity, Physical Activity and Diet: England, January 2008*

Communities and Local Government, *Strong and Prosperous Communities – The Local Government White Paper,* 2006

Communities and Local Government, *Development of the new LAA framework – Operational Guidance,* 2007

Walsall Borough Strategic Partnership, Local Area Agreement refresh 2008/9.

Walsall's Sustainable Community *Strategy, Walsall Borough Strategic Partnership*

West Midlands Local Transport Plan 2006-11

Social Exclusion Unit (SEU) report *'Making the connections: final report on transport and social exclusion'*, 2003

Walsall's Local Accessibility Action Plan, 2007 http://www.walsall.gov.uk/local_accessibility_action_plan.pdf