

17 February 2025

Title of the Report

Ward(s): All

Portfolios: Health and Wellbeing, All Portfolios

Purpose: For Comment / Review

1. Aim

- 1.1 To provide Audit Committee with assurance in relation to Strategic Risk Register (SRR) Risk 14 - To reduce the corporate risk related to the inability to improve health outcomes.

2. Summary

- 2.1 Healthy life expectancy has been falling in the borough due to a combination of factors, on the background of a recent global pandemic and cost of living challenges. The drivers of healthy life expectancy include socio-economic risk factors, key behavioural risk factors (tobacco, food, alcohol and physical inactivity), and the increasing prevalence of chronic health conditions, including multiple health conditions. This report, and accompanying presentation sets out the current health context, our current controls and activities, and future planned controls to reduce the afore-mentioned risk.
- 2.2 It is important to note that improving health requires a multi-agency and whole system approach, including action at local, regional and national level. This report focuses on local assurance regarding the work we are undertaking as a council, in collaboration with other local, regional and national partners, to improve health. Poor health is also one of the largest long-term financial and economic risks nationally.

3. Recommendations

- 3.1 That Audit Committee review and comment on SRR14.

4. Report detail – know

- 4.1 Appendix 1 contains the risk for SRR 14 which is summarised below.

Risk	Risk Description	Lead	Current score	Target score
14	Inability to improve health outcomes in Walsall.	Director of Public Health	20 (5x4)	12 (3x4)

- 4.2 People born in Walsall have a healthy life expectancy below the national and West Midlands average. In Walsall in 2021 - 2023, healthy life expectancy was 6.8 years (for females) and 5.3 years (for males) below the national average. Females have a lower healthy life expectancy than males, living in good health until 55.1 years, compared with 56.2 years for males, and the gap has widened for females in Walsall, compared with national and regional averages.
- 4.3 The reasons for reductions in healthy life expectancy are multi-factorial and attributable to factors outlined above, which have been exacerbated by the recent pandemic and subsequent cost of living challenges, namely socio-economic risk factors, behavioural risks and an increasing prevalence of long-term conditions at younger ages. There has also been a plateauing of life expectancy nationally over the last 15 years, likely attributable to a combination of factors which may have had an impact including vulnerabilities linked with an ageing population, bad flu seasons, a slowing down of improvements in cardiovascular disease mortality, widening inequalities, and resource constraint in public services. The longer-term direct and indirect health impacts of COVID-19 also remain a concern today.
- 4.4 The function of Public Health teams working in local and central government, as well as within the NHS, is to improve and protect the health of the communities we serve, and reduce avoidable differences in health outcomes, by working to reduce health inequalities. Improving health can only be done through the “organised efforts of society”, highlighting the critical nature of partnerships, both internal and external to the council, in achieving our ambitions.
- 4.5 To improve health, we need to create the right environment and conditions for people to thrive, ensure our children get the best start in life, tackle the big preventable risk factors for of ill-health, prioritise mental health, and protect our communities from diseases and hazards. The Director of Public Health Annual report for 2024, published in December 2024, and due to be launched in February 2025, specifically focuses on the big preventable risk factors for ill-health, namely smoking, food, alcohol and physical inactivity, with a number of key recommendations for partners.
- 4.6 Change in health outcomes requires time, patience and effort, with efforts focused not only on the big environmental drivers of ill-health, linked to income, housing, education, employment etc., but also on factors such as social isolation and mental wellbeing, and the big behavioural risks mentioned above linked to smoking, food, alcohol and physical inactivity. Action needs to have a population focus, and not just a focus on those at highest risk to get the shift in health outcomes that we need, with resource input being proportionate to need.

4.7 There are avoidable differences in health outcomes linked to socio-economic risk factors, as well as related to communities with particular protected characteristics and underserved communities, such as homeless communities, vulnerable migrants, traveller communities etc.

4.8 Current controls in place for reducing the health risk outlined in our strategic risk register include:

- Work to create a health in all policies approach in the council, working internally across all directorates with a focus on shared priorities which will have an impact on health, to include: development of the Equality and Health Impact Assessment (EHIA), work on wider health-related policy work with licensing and planning, alongside supporting the drafting of the council's financial inclusion strategy.
- Ensuring children have the best start in life through prioritising work to continually improve our universal and targeted 0-19 services, support work linked to our Children's 2040 strategy and the family hub offer, as well as implementing infant feeding and teenage pregnancy strategies, alongside finalising the refresh of our infant mortality strategy.
- Tackling the big preventable risk factors and causes of ill-health, with strategies in place for tobacco control, reducing alcohol and drug misuse, and work ongoing to finalise our food plan and develop a physical activity framework. Further, a falls and frailty workstream has been established through Walsall Together, our place-based partnership.
- Prioritising mental health: currently delivering against our "Together We Can" – 10-year mental wellbeing strategy alongside commitments we made in our Prevention Concordat for better mental health, submitted and approved by the Office for Health Improvement and Disparities.
- Protecting our communities from diseases and hazards through delivering on our statutory health protection responsibilities, prioritising work on immunisation uptake, improving our sexual health service offer and ongoing work to tackle communicable diseases such as TB, and environmental hazards such as air quality.

4.9 Future planned controls include:

- Health in all Policies and Health Inequalities: ongoing partnership work related to health inequalities with a focus on Work and Health, Housing and Health, Underserved communities, Financial Inclusion and Licensing/Planning Policy. Ongoing development of Health in all Policies approach internally in the council.
- Spend on Prevention: work being undertaken with Impower which has a core prevention strand (linked to adult social care) and will make a number of recommendations. Due to meet with CIPFA to discuss their investment in prevention work, and will be working to capitalise on opportunities linked to the "treatment to prevention" mission of current national government.
- Healthy regeneration: regeneration teams are working with public health and wider partners on a range of regeneration programmes across the

borough, with the potential for maximising health impact of these programmes.

- Best start in life, behavioural risks and older people: Director of Public Health annual report 2024 focuses on key behavioural risks linked to tobacco, food, alcohol and physical inactivity and will be working with partners to implement recommendations, building on current partnerships. Our newly established falls and frailty prevention workstream will continue to mobilise, alongside continuing the work undertaken through early years/children's prevention workstreams.

- 4.10 Monitoring of our collective action takes place through a range of partnership workstreams and strategy groups linked to the above activities, with a fundamental aim of improving healthy life expectancy, alongside a number of other process and outcome-related health measures we collate through service performance reports, with population health measures included in the national Public Health Outcomes Framework, and associated profiles (see Background papers for Walsall Public Health Outcomes Framework summary document).

Control Environment

- 4.11 This report does not relate specifically to particular controls in terms of them being directly relevant reducing the risk. However, all internal partners with actions linked to this risk are subject to all appropriate controls and internal governance processes.

Assurance of Controls

- 4.12 This report is for re-assurance that the council is working to reduce this significant corporate risk linked to health.

Strategic Risks

- 4.13 This report pertains to the strategic risk: Inability to improve health outcomes.

Annual Statements

- 4.14 A range of statutory documents and strategies are relevant to the reduction of the risk in question, including the current Director of Public Health annual report 2024, Health and Wellbeing Strategy 2022 – 2025 (due to be refreshed this year, on the back of a refreshed Joint Strategic Needs Assessment), as well as our newly agreed Council Plan: Pursuing Excellence 2024 - 2029, and our We are Walsall 2040 borough plan and Children's 2040 strategy. These sit alongside the newly refreshed Integrated Care Partnership strategy and Walsall Together strategy, which are currently being finalised.

5. Financial information

- 5.1 There are no direct financial implications for the consideration of Audit Committee linked to this report.

6. Reducing Inequalities

- 6.1 Fundamental to improving health is the reduction in health inequalities. Key Marmot principles are covered in two of the key areas of focus in the overarching framework presented in this paper about how to improve health:

Ke area of focus: Creating the right environment for health:

Associated Marmot principles

- Create fair employment and good work for all
- Ensure a healthy standard of living for all
- Create and develop healthy and sustainable places and communities (please note the health impacts of climate change is not covered in detail in this report, however the public health team are involved in the Net Zero 2041 strategy development and lead on the Air Quality workstream)

Key area of focus: Ensuring the best start in life for children

Associated Marmot principles

- Give every child the best start in life
- Enable all children, young people and adults to maximise their capabilities and have control over their lives

7. Decide

- 7.1 Audit Committee are asked to consider the risk and comment as appropriate.

8. Respond

- 8.1 Audit Committee is required to ensure that it receives reports on risk management on a regular basis and takes appropriate action to ensure that strategic business risks are being actively managed. This report enables Audit Committee to exercise its responsibilities in respect of risk management by reviewing SRR14 and seeking assurance that risk management is thoroughly embedded within the organisation.

9. Review

- 9.1 The Risk Management Strategy sets out the formal review and reporting points for risks throughout the year and these will continue to be followed, with feedback on the actions set out within this report incorporated into those updates.

Background papers

Presentation to accompany this report:



Audit Committee
presentation full deck

[Director of Public Health Annual Report 2024](#)

[Health and Wellbeing Strategy 2022-2025](#)

[Joint Strategic Needs Assessment – last updated Sep 2021](#)

[Council plan: Pursuing Excellent 2024-2029](#)

[We are Walsall 2040 Borough Plan.](#)

[Children's 2040 strategy](#)

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No.	Risk Cause and Effect	Lead	Existing Controls and Assurances	Impact	Likelihood	Risk score	Status & Trend	Further Actions/Planned Mitigations	Deadline			
14	<p>Inability to improve health outcomes in Walsall.</p> <p>Health recovery from the pandemic in a time of public sector resource constraint, cost of living challenges and climate change, is linked to the reductions in life and healthy life expectancy we are now seeing nationally and locally.</p> <p>The Office for Budget responsibility highlights health-related inactivity in the labour market (and aligned NHS cost pressures) as one of the country's largest fiscal risks.</p> <p><i>The effect of an inability to mitigate this risk will be an increased pressure on health and social care services (both children and adults) and reduced economic growth. With pressures growing on acute services, preventative spend is also reducing.</i></p>	<p>Healthy and Well</p> <p>Director of Public Health</p>	<p>Existing Controls:</p> <ul style="list-style-type: none"> Ongoing work with health partners to make best use of local resource to address health priorities (e.g. joint delivery/commissioning discussions with NHS partners) Plans to put in train "health in all policies" approach in the council Walsall Connected services supporting individuals in financial difficulty to access council services, and wider debt work being undertaken. Further work needed to support our most vulnerable individuals in the borough Prioritisation within public health workstreams of biggest risks to health/particular groups most at risk: best start in life, tobacco, alcohol, diet (food plan), mental wellbeing, air quality/sustainability Good links between health partners and housing partners, employment and skills partners, regeneration 	Current Score			Red	<p>Wider consideration of supporting our communities with cost-of-living challenges and poverty, including consideration of health inequalities in Walsall.</p> <p>Need to consider a left shift in our corporate spend across the authority – to ensure priority is given to preventative spend, acknowledging the challenge of demand, and increased consideration of the need for universal or targeted services</p> <p>Cross-directorate support needed for embedding "health in all policies approach" and best start in life, tobacco, alcohol, food focused, mental wellbeing and air quality/sustainability workstreams. Practical action and impact both need to be considered including health harm.</p> <p>Need to consider mitigating commercial impacts on poor health through robust local policy, e.g. re advertising, alcohol and wider</p> <p>Regeneration plans should have improving health at centre of ambitions – e.g. through Place Based Strategy work, including all regeneration activity across the Borough, including Healthy Levelling Up</p> <p>Update 02/12/2024</p> <p>An update on all key areas of action above is given below, with a full report going to Audit Committee in February 2025 for this risk.</p> <p>Addressing health inequalities is an ongoing partnership endeavour driven through the Walsall Together Population Health Management, Wellbeing and Inequalities group and newly forming Undeserved communities strategic forum from a Black Country perspective (merging Asylum Seeker and Refugee Health and Health Inequalities fora), as well as</p>	March 2025			
				4	5	20			March 2025			
				Target Score			Red		3	4	12	March 2025
				Ongoing								
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								<p>being key to the work of the range of anchor organisations in Walsall. We are just piloting a new Equality and Health Impact Assessment tool (replacing the EqIA process for Walsall Council) as a means of considering health equity specifically alongside wider inequalities that may be addressed or exacerbated by key policy and strategy decisions made by the council. This is being piloted as part of the budget savings proposals process, and will likely need further refinement, and work to ensure that health is not only a consideration, but that we consider how we can maximise health benefits through the work that we do as a council, but also with partners.</p> <p>Ensuring adequate spending on prevention is an area of ongoing challenge, not only in Walsall, but nationally. Impower are currently working with the Council on a number of strategic programme areas linked with Adult and Children's Social Care, Public Health and Resilient communities. The Community Prevention (demand management) strand of this work includes mapping of preventative spend across the council, with a view to providing recommendations linked to gaps/areas for improvement. The public health team are also meeting with CIPFA specifically on their wider work around the prevention agenda. Further, the Portfolio Holder for Health and Wellbeing has written to the Secretary of State for Health and Social Care regarding the issue of the objectively unfair allocation of Public Health grant to Walsall. The outputs of these activities can be fed into the budget process for 2026/27.</p> <p>The Director of Public Health's annual report for 2024 is due to be published in December 2024, and has a focus on the key preventable causes of ill-health – namely: tobacco, food, alcohol and physical inactivity. It contains a number of key partnership recommendations for these areas, which will be taken round for consideration via DMTs.</p>	

No.	Risk Cause and Effect	Lead	Existing Controls and Assurances	Impact	Likelihood	Risk score	Status & Trend	Further Actions/Planned Mitigations	Deadline
								<p>alongside the other topics mentioned in this action. The report is being presented to CMT on 28th November 2024.</p> <p>There are plans for a review of our corporate advertising policy in 2025, which will include Public Health input. However, the leadership role of the council on this agenda with wider partners is also a critical one. There are live discussions currently about the updating of the Cumulative Impact Policy for the borough (linked with alcohol related harm) and also opportunities being sought to improve and protect health through the developing Street Trading Policy, with further opportunities linked to the review of markets etc.</p> <p>The consideration of health through our regeneration plans is part of ongoing internal work and discussions, with links also having been made with the Walsall Together partnership, regarding possibilities around the Creative Industries Centre linked with creative health.</p>	