

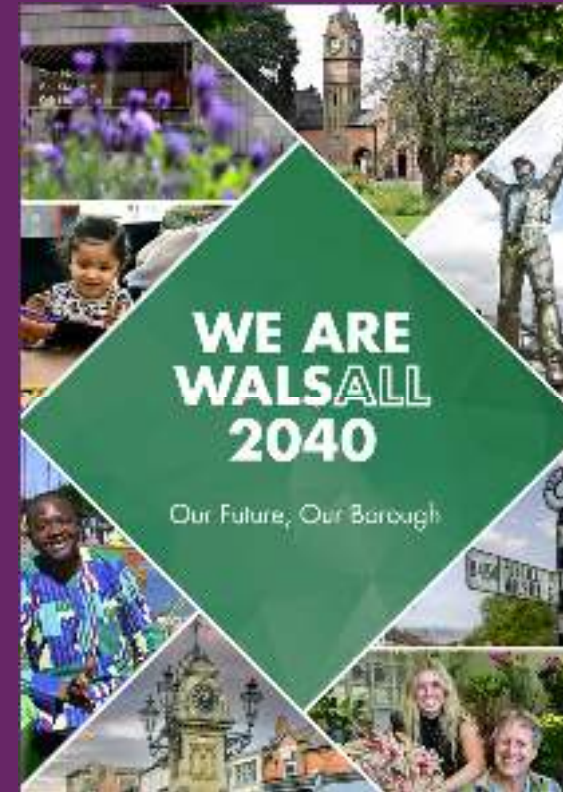
**PROUD** OF OUR PAST, OUR PRESENT AND FOR OUR FUTURE

**Audit Committee - 17<sup>th</sup> February 2025**

**Review of strategic risk: Inability to improve health outcomes**

**Nadia Inglis – Director of Public Health**

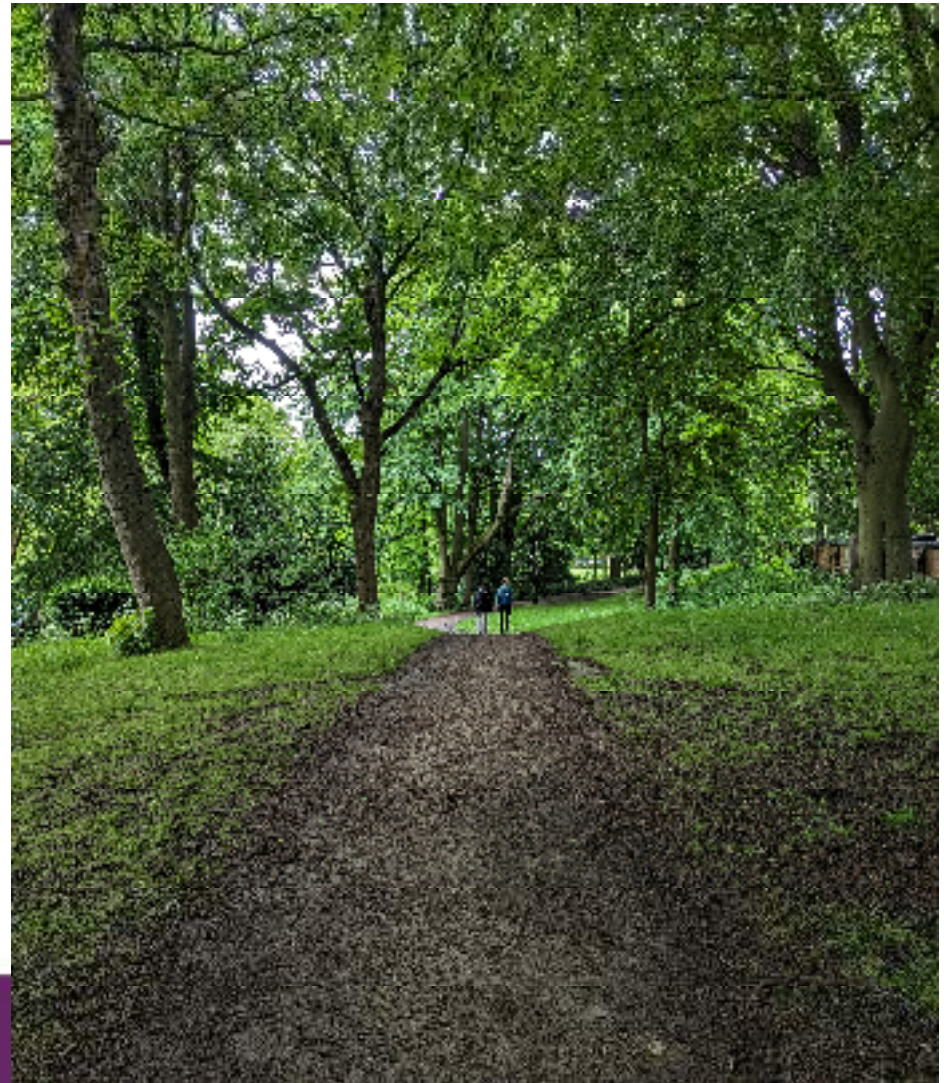
**December 2024**



# Overview

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- Context
- Current health challenges
- Improving health outcomes and current controls
- Further actions/planned mitigations
- Conclusion
- Discussion/Questions



# Looking back and looking forward...



**Public health improvements over the last 100 yrs:** sanitation, antibiotic discovery, housing, NHS established and routine childhood immunisations, smoking legislation.



**Current challenges:** chronic non-communicable disease, COVID-19 recovery, cost of living challenges and economic inactivity due to ill-health, and an environment in which the healthiest choices are not the easiest.

# Public Health in the UK – A Century of Success!



## Key Historic Dates:

1848: Public Health Act  
 1866: Sanitary Act  
 1918: Maternity & Child Welfare Act  
 1928: Penicillin Discovered  
 1948: National Health Service is established

1928: Dr. Alexander Fleming's discovery of Penicillin as an antibiotic was one of the most important scientific discoveries in the history of medicine



### The Clean Air Act 1956

This granted local authorities the power to control emissions of smoke, grit, dust and fumes from industrial premises and furnaces.



### The Education Act 1996

stipulates that maintained schools must provide free school meals to disadvantaged pupils, aged between five and sixteen years of age.



The childhood flu vaccine is introduced. The programme's success led to the roll out in 2019/20 of flu vaccines for all primary school aged children in the UK every year.

Healthier food labelling on packaged food is rolled out. It encourages the nutritional content of food to be colour coded on packaging.



The Khan Review is published. The report considers what is needed to achieve the Government's 2050 Smokefree target, making 15 recommendations, including the promotion of vapes as an effective 'swap to stop' tool to help people quit smoking.



Government Smoke Free Generation - Tobacco & Vapes Bill introduced to parliament March 2024 will prevent the legal sale of tobacco products to anyone born after 1 Jan 2025.



1930

-The responsibilities of Medical Officers of Health (MOHs) were extended in parallel with the Local Government Act of 1929, to include school health services, food control and hygiene, and housing.  
 -Housing Act forced local councils to clear all remaining slum housing and provide further subsidies to re-house inhabitants.



1967-88

1967: The WHO announced the Intensified Smallpox Eradication Programme, aimed to eradicate smallpox in more than 90 countries, through surveillance and vaccination.  
 1980: 10th World Health Assembly declares the world free of smallpox.  
 1985-87: Water fluoridation scheme is introduced in Walsall Borough.  
 1988 Combined MMR child vaccinations for Measles, Mumps & Rubella introduced.



2006-12

The Health Act 2006 is passed, affecting the sale of tobacco products. The Act places a ban on smoking in enclosed public places and increased the age of purchase for tobacco products. In Scotland the Alcohol Minimum Pricing Unit Act 2012 set a baseline at which alcohol can be sold.



2018

Soft Drinks Industry Levy taxes manufacturers based on the sugar content of their product. It forces product reformulation and recognises the role of the food and drink industry in the public making healthier choices.

## We Are Walsall 2040

"By 2040 we will be a wellbeing centred borough where people are healthy and live full and active lives"

Delivered:

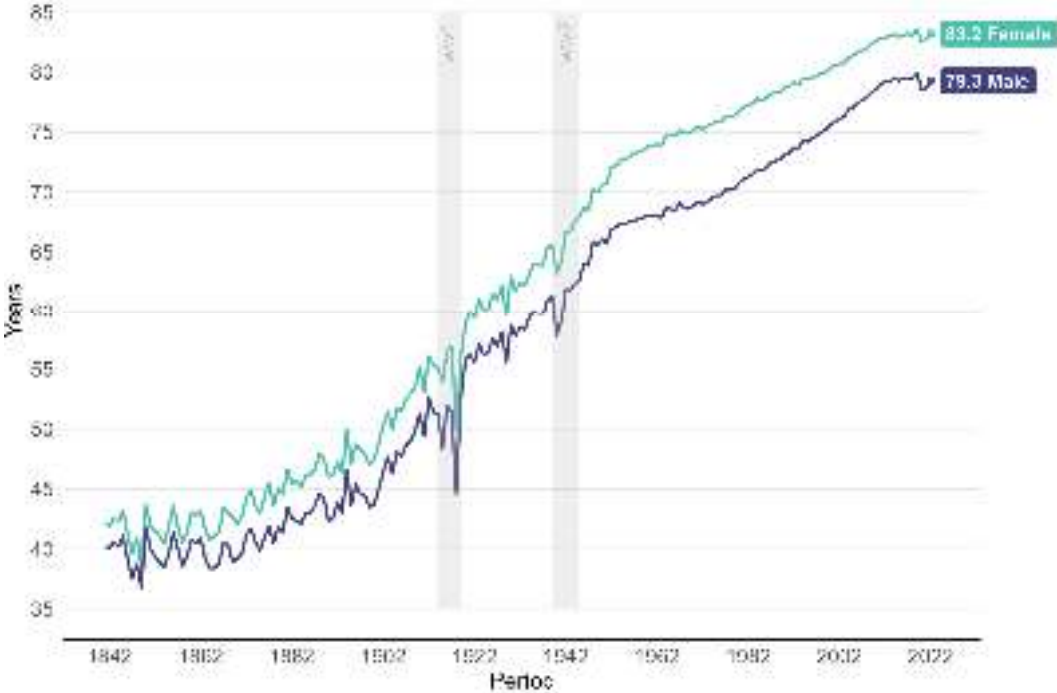
Maximise the gain in life expectancy and healthy life expectancy

Stopping smoking, eating healthy, maintaining a healthy weight, and reducing drug & alcohol intake can have a significant impact on our current and future health.

2024-2040

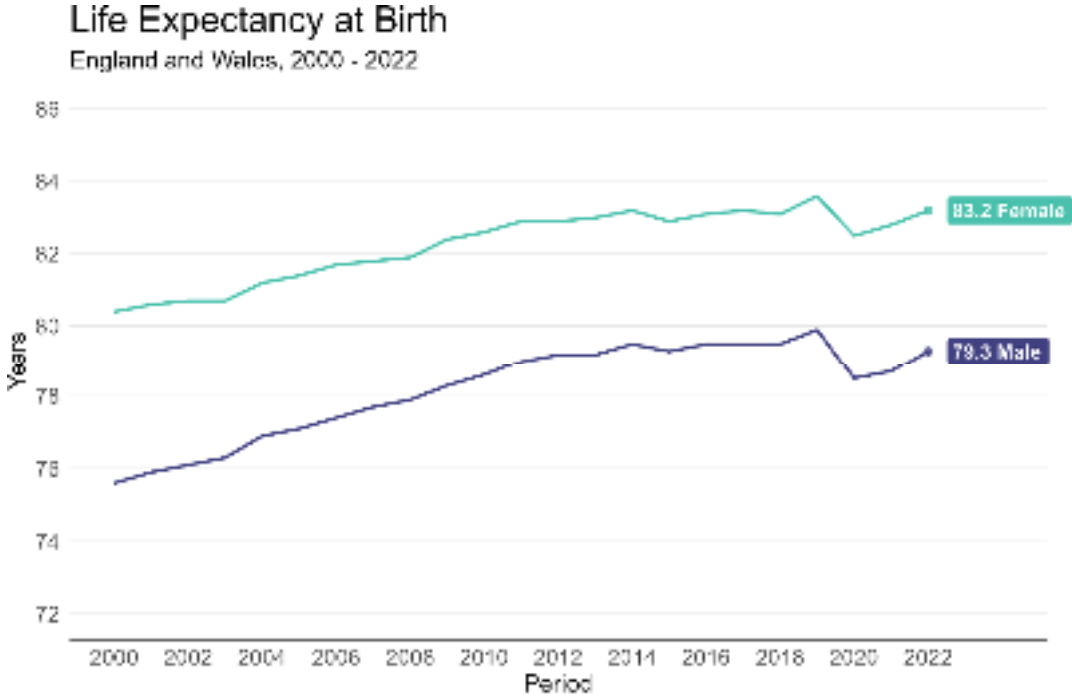
# Life expectancy and Healthy Life expectancy

Life Expectancy at Birth  
England and Wales, 1841 - 2022



Data source: Office for National Statistics.

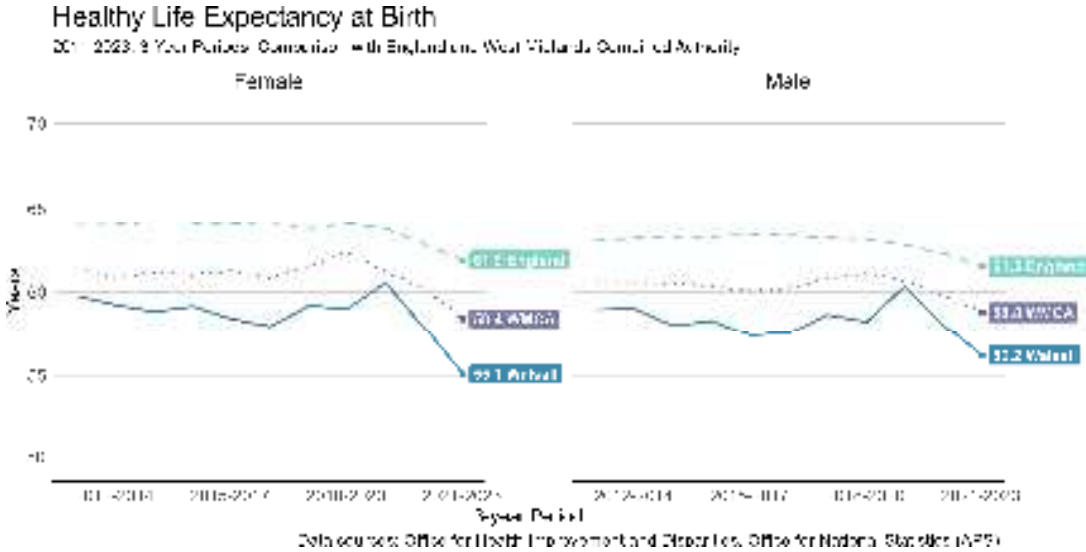
# Life expectancy and Healthy Life expectancy



Data source: Office for National Statistics.

# Life expectancy and Healthy Life expectancy

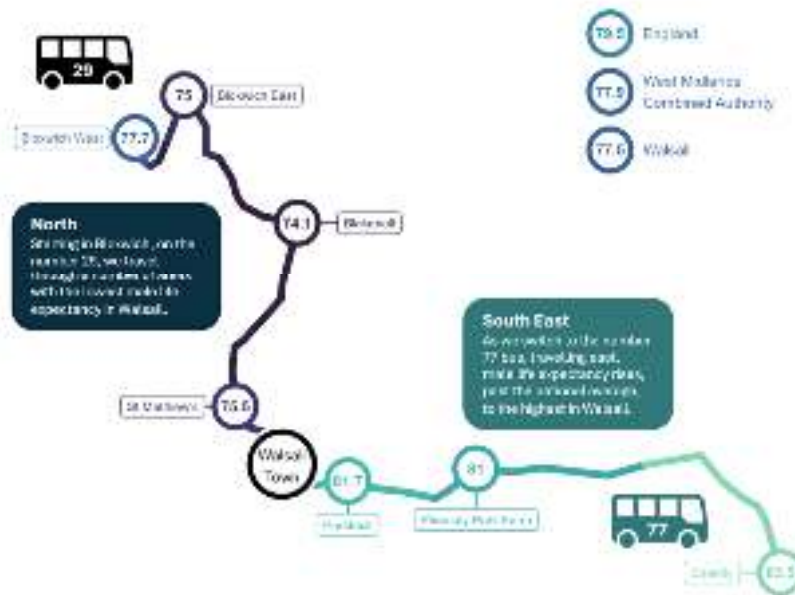
Healthy life expectancy lower in Walsall than regional and national average, and continuing to decline.



# Avoidable differences...

## Life Expectancy - A Journey Through Walsall

More Life Expectancy, Travelling Along the 29 and 77 Bus Routes



Produced by Walsall Council's Business Incentive Public Health Team.  
Data Source: ONS for National Statistics

Nearly **10 year** difference in life expectancy within Walsall borough.

Differences in outcomes:

- Protected groups
- Undeserved communities
- Socio-economic deprivation

# Improving health...



Create the right environment and conditions for all people to thrive



Ensure our children get the best start in life



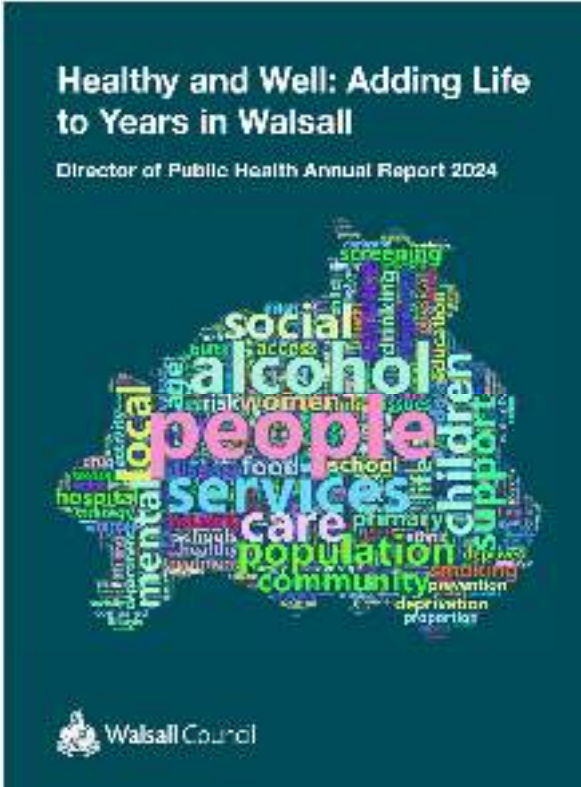
Tackle the big preventable risks and causes of ill-health



Prioritise mental health

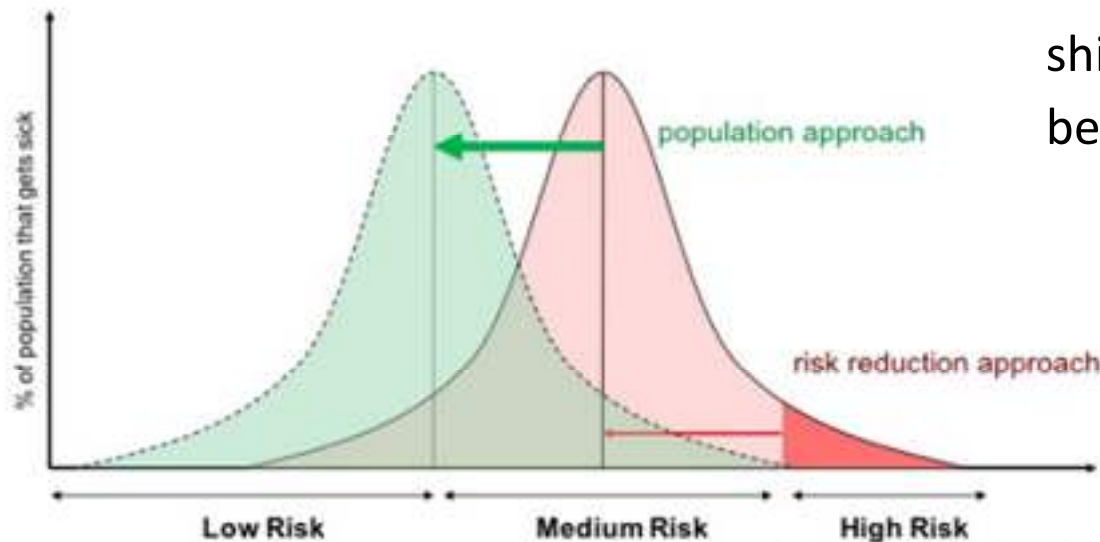


Protect our communities from diseases and hazards



# Shifting the curve – maximising benefit

Reducing the risk of the WHOLE population (left shift) maximises health benefit.



Rose, G. 1985. *Sick Individuals and Sick Populations*

# What makes a good strategy?

## Interventions at different levels of risk

It is important that health inequalities strategies contain population level actions at each level of risk, to impact at a sufficient and sustainable scale



### Physiological Risks

High blood pressure, high cholesterol



### Behavioural Risks

Smoking, poor diet, lack of exercise, excess alcohol



### Psycho-social Risks

Isolation, low self esteem, poor social networks



### Risk Conditions (wider determinants)

poverty, unemployment, poor educational attainment

Acting at all levels of risk is critical for improving health and narrowing inequalities.

Source: Public Health England, Reducing health inequalities, Sep 2017.  
Available from: Reducing health inequalities: System, scale and sustainability

# Change requires time, patience and effort

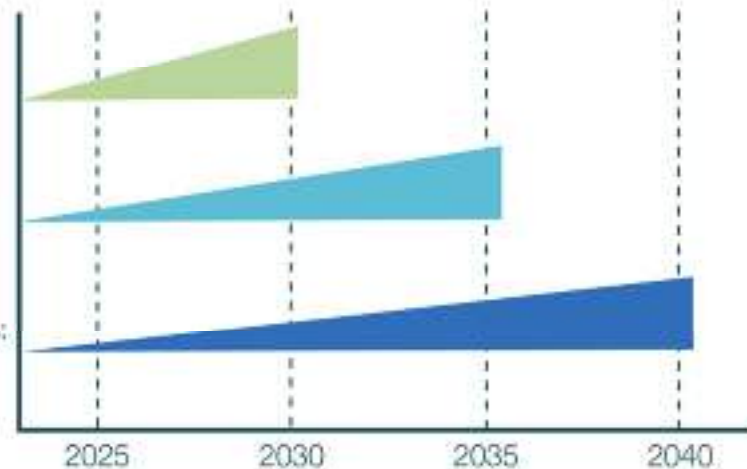
## Interventions for impact over time

Different types of intervention will have different impacts over different time periods

Substantial impact in 3-5 years:  
manage hypertension, coronary  
heart disease, diabetes, cancer.

Substantial impact in 8-10 years:  
tobacco, alcohol harm,  
obesity management.

Substantial impact in 12-15 years:  
work and skills, reduce poverty,  
housing.



Source: Public Health England, Reducing health inequalities. Sep 2017.  
Available from: [Reducing health inequalities: System, scale and sustainability](#)

# Current controls

## Areas of Practice



Create the right environment and conditions for all people to thrive



Ensure our children get the best start in life



Tackle the big preventable risks and causes of ill-health



Prioritise mental health



Protect our communities from diseases and hazards



# Current controls

## Areas of Practice



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Protect our communities from diseases and hazards

## Priorities

Health in all Policies

## Current controls

- Equality and Health impact assessment (EHIA) process being piloted
- Financial inclusion strategy to be developed
- Providing input into strategic licensing and planning policy



# Current controls

## Areas of Practice



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Tackle the big preventable risks and causes of ill-health



Prioritise mental health



Protect our communities from diseases and hazards

## Priorities

Infant Mortality and ensuring children get the best start in life

## Current controls

- Infant feeding and teenage pregnancy strategies approved and being implemented
- Infant mortality strategy being refreshed
- Partnership work linked to Family Hubs, Children's 2040 strategy and Families First for Children
- Key focus on primary prevention role of health visiting and school nursing

# Current controls

## Areas of Practice



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Tackle the big preventable risks and causes of ill-health



Prioritise mental health



Protect our communities from diseases and hazards

## Priorities

Tobacco, food, alcohol and physical activity, older people

## Current controls

- Tobacco Control and Alcohol and Drug strategies approved and being implemented
- Food partnership in place with Food plan to be approved over the coming year
- Physical Activity initial funding from Sports England secured. Healthy spaces team got 6000 people moving in 2023/24
- Falls/frailty prevention workstream through our place-based partnership now up and running



# Current controls

## Areas of Practice



Create the right environment and conditions for all people to thrive



Ensure our children get the best start in life



Tackle the big preventable risks and causes of ill-health



Prioritise mental health



Protect our communities from diseases and hazards

## Priorities

Prevention Concordat for Better Mental Health

## Current controls

- Together We Can is our Mental Wellbeing Strategy 2022-2032 that we are currently delivering
- Nationally recognised commitment to improving Mental Wellbeing through being adopted as part of national group of partners who have signed up to the Prevention Concordat for Better Mental Health

# Current controls

## Areas of Practice



Create the right environment and conditions for all people to thrive



Ensure our children get the best start in life



Tackle the big preventable risks and causes of ill-health



Prioritise mental health



Protect our communities from diseases and hazards

## Priorities

Immunisation/Screening uptake,  
Sexual health, TB, Air Quality

## Current controls

- Delivery of ongoing health protection response
- In-house sexual health team now running clinics at Hatherton Centre and leading on sexual health outreach
- Immunisation worker now embedded in 0-19 services
- Black Country TB network established.
- Air Quality Strategy in development



# Further actions/planned mitigations

Key area of action	Detail
Health in all policies and health inequalities	<ul style="list-style-type: none"><li>• Provide support internally re Equality and Health Impact Assessment</li><li>• Ongoing partnership work re inequalities: Work and Health Programme, Housing and Health, Undeserved communities</li><li>• Financial inclusion strategy</li><li>• Currently working with licensing and planning re embedding health-related policy, including linked to commercial determinants of health</li></ul>
Spend on prevention	<ul style="list-style-type: none"><li>• Seek opportunities to improve health through “treatment to prevention” mission of current national government</li><li>• Impower work with the council has had a core prevention strand (linked to adult social care) and will make a number of recommendations</li><li>• Due to meet CIPFA to discuss their investment in prevention work</li></ul>

# Further actions/planned mitigations

## Key area of action

## Detail

Healthy regeneration

- Regeneration teams internally 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.

Partnership efforts re best start in life, tobacco, food/drink, alcohol, physical inactivity, older people

- Director of Public Health annual report, published in December 2024, has a focus on tobacco, food, alcohol and physical inactivity – with a number of system recommendations – further work planned to consider these recommendations internally, and with partners
- Ongoing work through tobacco/food/alcohol partnerships
- Continue to mobilise falls/frailty prevention workstream and early years prevention workstreams

# Conclusion

- Healthy life expectancy is on the decline currently in Walsall
- Change will take time, patience and effort, and need universal services and a policy focus to make the big shifts we need to see in population health outcomes
- Large number of controls currently being implemented, but need to be upscaled and built upon – partnership effort
- Will continue to monitor impact of our collective action, both on key population health indicators like healthy life expectancy, but also on a range of milestone indicators and key performance indicators from our services.

# Risk scores

No.	Risk Cause and Effect	Lead	Existing Controls and Assurance	Impact	Likelihood	Risk score	Status & Trend	Further Actions/Planned Mitigations	Deadline			
14	<p><b>Inability to improve health outcomes in Walsall.</b></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>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.</p>	<p><b>Healthy and Well</b></p> <p><b>Director of Public Health</b></p>	<p><b>Existing Controls:</b></p> <ul style="list-style-type: none"> <li>Ongoing work with health partners to make best use of local resource to address health priorities (e.g. joint delivery/commissioning discussions with H-IT partners)</li> <li>Plans to put in train "health in all policies" approach in the council</li> <li>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</li> <li>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</li> <li>Good links between health partners and housing partners, employment and skills partners, regeneration</li> </ul>	Current Score			High	Wider consideration of supporting our communities with cost-of-living challenges and poverty, including consideration of health inequalities in Walsall.	March 2025			
				4	5	20			March 2025			
				Target Score			3	4	12	High	<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 Leveling Up</p> <p><b>Update 02/12/2024</b></p>	March 2025
												Ongoing
			Ongoing									

# Thank you!



Walsall Council

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Walsall Council



**IMPROVE**  
outcomes and  
customer experience



**IMPROVE**  
employee satisfaction  
and engagement



**IMPROVE**  
service efficiency  
and performance