

Social Care and Health Overview and Scrutiny Committee – Health Inequalities Working Group

Initiation Document

Working Group Name:	Health Inequalities Working Group
Committee:	Social Care and Health Overview and Scrutiny Committee
Municipal Year:	2024/25
Chair:	Councillor A. Nawaz
Lead Officers:	Dr Nadia Inglis (Director of Public Health, Lead Health and Social Care Officer) Jack Thompson (Democratic Services Officer)
Membership	Councillors: A. Nawaz, K. Hussain, J. Chapman, T. Jukes and S.B. Hussain
Co-opted Members	None

1. Context

- 1.1. On 11 July, 2024, the Social Care and Health Overview and Scrutiny Committee reviewed its areas of focus for 2024/25 municipal year. The report indicated the possibility of creating a Working Group for the municipal year of 2024/25. As such, Members proposed setting up a working group specifically to address Health Inequalities in the Borough.
- 1.2. Members noted that over several municipal years, the Committee had received reports and data on the large disparity in health outcomes across the Borough. Additionally, that other factors, such as the performance of the NHS, persistence of smoking-related disease, changes in diet, exercise and alcohol consumption habits, and the lasting effects of the COVID-19 pandemic exposed and exacerbated these disparities.
- 1.3. There was a consensus that the Committee needed to establish a working group to investigate and review the underlying causes of the persistent health inequalities in the Borough. To suggest changes and new policies which could help to tackle them.

2. Objectives

- a. Examine existing health inequalities in the Borough, including an analysis of the various indicators. These indicators include:
 - Health status (life expectancy, healthy life expectancy, avoidable mortality, long term health conditions, prevalence of mental ill-health)
 - Access to care (level of service delivery and delivery uptake including both primary and secondary service delivery)
 - Quality and experience of care (real and anticipated discrimination and experiences for different social groups with a focus on those protected characteristics under the Equality Act 2010)
 - Behavioural risk to health (the prevalence and interaction of the common behavioural risks of smoking, poor diet and harmful alcohol consumption)
 - Wider determinants of health (such as income, housing, environment, transport, education and work)
- b. Understand what work is already taking place which has a focus on reducing health inequalities.
- c. Explore the how factors affecting health inequalities intersect and how these interact with the unique demographics and geography of Walsall.

Appendix 1

- d. Explore how other policies and programmes have been implemented across the country to reduce health inequalities.
- e. Investigate improvements that could be made in line with current national guidance and potential changes in national guidance.
- f. To understand the causes of why life expectancy for women in the Borough is falling below that of men.

3. Scope

- 3.1. Consider the issue of health inequalities within the Borough and how they can be reduced.
- 3.2. Investigate and consider the actions of Walsall Council's Public Health Team, local health partners and the third sector organisations, such as:
 - a. Walsall Council Public Health
 - b. Walsall Together
 - c. Walsall Healthcare NHS Trust
 - d. Black Country Integrated Care Board
 - e. Black Country Healthcare NHS Foundation Trust
 - f. Walsall Housing Group (WHG) and WOTMOS
 - g. Making Connections Walsall (social prescribing) and wider VCS (Voluntary Care Service) partners
- 3.3. To identify areas where improvements in health inequalities can be made in the Borough using examples of existing schemes being used elsewhere and promoting and building upon existing schemes/programmes being run by the Council. In addition, to work with health partners to identify ways health inequalities can be reduced.
- 3.4. Review the current work being undertaken as part of the National Healthcare Inequalities Improvement Programme.
- 3.5. To understand why the disparity in Healthy Life Expectancy between children raised in different geographic areas of the Borough has been historically wide and why there has been a lack of improvement in closing the gap.

4. Equalities Implications

- 4.1. The Equality Act 2010 protects children, young people and adults against discrimination, harassment and victimisation in relation to housing, education, clubs, the provision of services (including healthcare) and work.
- 4.2. The public sector equality duty in Section 149 of the Equality Act requires public bodies, including local authorities and healthcare providers, to take active steps to eliminate discrimination and to do positive things to promote equality.

5. Who else will contribute

- 5.1. In addition to lead officers and members contributions will be required from the following partners and stakeholders:
 - a. Public Health (Walsall Council)
 - b. Walsall Together
 - c. Black Country Integrated Care Board (ICB)
 - d. Walsall Healthcare NHS Trust
 - e. Black Country Healthcare NHS Foundation Trust
 - f. Adult Social Care (Walsall Council)
 - g. Child Services (Walsall Council)
 - h. Employment services (Walsall Council)
 - I Financial inclusion services (Walsall Council)
 - i. Walsall Housing Group, WATMOS and other social housing providers

6. Timescale and Reporting Schedule

- 6.1. The following dates are based upon the need for the working group to be completed in the same municipal year:
- Terms of Reference – September 2024
 - Terms of Reference to be approved by Overview Scrutiny Committee – 12 September 2024
 - Draft report to be considered by Working Group – TBC
 - Final report to be considered by Overview and Scrutiny Committee - TBC
- 6.2. A detailed timetable of meetings and activities can be found at Appendix A.

7. Risk Factors

- 7.1. The following table documents potential obstacles to the progress of the working group:

Risk	Likelihood	Mitigation
Input from officers will detract from service delivery.	Medium	Identify a manageable scope.
A lack of engagement from external partners.	Medium	Early engagement to provide the best opportunity to identify a mutually convenient time for input.
Complexity of the intersectionality of overlapping factors which determine health inequalities.	Medium	Provide the working group a clear breakdown of these overlapping factors and how they are measured.

Appendix A Timetable

Date	Activity
16/08/2024	Issue draft Terms of Reference for consideration and comment
02/09/2024	Comments on Terms of Reference returned to officers
12/9/2024	Terms of Reference presented to Scrutiny Overview Committee Membership and Chairmanship of the Working Group to be determined.
TBC	Review the current factors affecting health inequalities in the Borough and comparisons to national data where possible. To determine what factors the Working Group wishes to focus on.
TBC	To review the current work of the Council Public Health Team and health partners to reduce health inequalities, including the National Healthcare Inequalities Improvement Programme.
TBC	Review and explore other schemes carried out in other localities which could be beneficial for reducing health inequalities in Walsall.
TBC	To formulate recommendations based on the areas explored.
TBC	To approve the final report of the Working Group to be presented to the Social Care and Health Overview and Scrutiny Committee.

Please note, subject to the agreement of the Chair of the Working Group, additional meetings may be arranged to allow the Working Group sufficient time review information and formulate its recommendations. The above should be treated as a guide and not a set calendar of meetings.