

## **Council – 13 April 2015**

### **Report of Councillor Robertson, Portfolio Holder for Health**

#### **1. Background**

In this statement I would like to headline some of the key achievements in my portfolio over the past year in protecting our residents from harm and promoting their health and wellbeing. I will also highlight some of the challenges we continue to face in Walsall.

#### **2. Introduction**

More people in Walsall are living longer, healthier lives than ever before. However inequalities in health and wellbeing persist and they will be a real focus for us in 2015. In modern times the most significant impact upon the public's health is due to an unhealthy environment and harmful lifestyle choices such as smoking, poor diet and alcohol misuse. Tackling these issues remains a great challenge for all of us.

#### **3. Health profile for Walsall**

Life expectancy for men and women in Walsall continues to improve. The number of people dying prematurely i.e. under the age of 75 from heart disease and cancer, continues to fall. The life expectancy of Walsall men and women has increased by about 4.5 years over the last 20 years. Male life expectancy is also starting to narrow when compared to England and the remainder of the West Midlands.

The number of children taking part in active living has increased as more than 3,000 people have enrolled for free swimming. The proportion of adults who take part in 3 x 30 minutes of physical activity per week has increased from 16.1% in 2006 to 20% in 2012.

However Walsall continues to face significant challenges to the health of its population. The recorded diabetes rate in Walsall is 8.2% compared to an England rate of 6%. Walsall has the 7<sup>th</sup> highest prevalence of diabetes in the country and it is predicted that the prevalence rate will rise to more than 10% over the next 20 years.

The teenage conception rate in Walsall is amongst the 10 highest rates in the country at 46.9 per 1,000 women aged 15 to 17 years.

The Infant Mortality rate in Walsall at 7.1 per 1000 live births is amongst the highest rate in the country compared to an England average of 4.1 per 1000 live births. Infant mortality rates in Walsall have now started to decline albeit at a slow pace.

The proportion of people in Walsall who are inactive remains a huge challenge and the health consequences wide reaching. In order to inspire and motivate

more people to be more active, more often, and in partnership with colleagues in the sports and leisure service, Public Health organised the first Walsall Triathlon: swimming, cycling and running, which took place on Sunday 6 July 2014. Adults were able to participate as individuals or teams. This was a great success and we will build on the learning of this for future large scale events.

#### **4. Health and Wellbeing Board**

The Health and Wellbeing Board (HWB) continues to provide a focal point for partnership working to improve the health and wellbeing of everyone in Walsall and reduce the inequalities in the borough. It is recognised that this can only be achieved by improving the outcomes for people in deprived communities and vulnerable groups faster than the average for the borough of Walsall.

I have initiated a review of the priorities of the Health and Wellbeing Board to ensure that they continue to address the most significant health and wellbeing concerns in Walsall.

The prevention of avoidable disease is recognised by the Health and Wellbeing Board as a critical central theme of its work programme. I've been keen to establish a new problem-solving style of work for the Board and so two 'task and finish' groups have been established to trial this. The initial focus for this work is prevention across the health economy by looking at whole system reviews aimed at reducing levels of obesity and the harm caused by drugs and alcohol.

I have also led the establishment of links with the chairs of Health and Wellbeing Boards across the conurbation to explore areas of common interest and opportunities for collaboration as well as share of best practice. It is early days but there is considerable interest from colleagues from other Boards to work together.

#### **5. Partnerships across the health and social care economy in Walsall**

I have fostered close working relationships between the key partners to develop bold and innovative solutions and system resilience to alleviate the growing pressures on the health and social care services across the economy of Walsall. In particular I am working closely with Walsall CCG and Walsall Healthcare Trust to support them to identify sustainable solutions to the pressures within the health and social care system.

#### **6. The Better Care Fund**

The Health and Wellbeing Board is embracing the Better Care Fund as a catalyst for integration across the health and social care economy. The Better Care Fund plan is a complex change programme made up of multiple initiatives which are programmed under 8 major change schemes. It is intended to:

- Enable people to remain well and at home as long as possible
- Enable people to return home swiftly following an episode in hospital.

The programme of work is overseen by the Joint Commissioning Committee reporting to the Health and Wellbeing Board.

## **7. Female Genital Mutilation**

The Health and Wellbeing Board is involved in the campaign across the West Midlands to stamp out the illegal practice of female genital mutilation (FGM). Currently available evidence suggests that the prevalence of FGM in Walsall is low, however this is an area where there is significant underreporting. I have written out to all partner organisations in Walsall to raise awareness of the issue.

## **8. Public health transformation**

A Public Health grant is provided to local authorities to enable them to deliver their public health responsibilities. For Walsall the public health grant for 2015/16 is £15.8 million.

With the successful conclusion of the transition of public health responsibilities on 1 April 2013 to the Council the focus of attention and activity has switched to 'transformation'; transforming the way that council service work to focus more on the health and wellbeing outcomes they can deliver.

The Public Health Transformation Fund provides a flexible financial investment with which to transform existing services provided by Walsall Council and support innovative approaches to protecting, maintaining and improving the health and wellbeing of residents in Walsall.

I am very pleased that, as part of budget setting for 2015/16, £2.2 million of allocation has been earmarked as a Transformation Fund to increase the impact that mainstream Council services have on improving health and wellbeing in Walsall. The Transformation fund will enable the Council to deliver improved outcomes and reduced costs to the Council in future years.

## **9. Conclusion**

The return of Public Health to local government responsibility is an important opportunity for us to make a real impact on the health and wellbeing of local people. This report marks the start of that process as well as recognising the continuing good partnership work across the Council and its partners across Walsall. There is much more to be done (there always will be) but this report illustrates some of the positive developments and improvements being undertaken to protect the local population from harm and to promote their health and wellbeing.



**Councillor Robertson**  
**Portfolio Holder for Health**