

Healthy and Well: Adding Life to Years in Walsall

Director of Public Health Annual Report 2024



Walsall Council



PICO BLVD
ESTABLISHED
-DOWNTOWN-
TRADE 1984
LA MARK 1987
HERITAGE & TRADITION
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Foreword



I am proud to present to you my annual report for 2024, which focuses on the key question of how we can “add life to years”, maximising the time people spend living in good health in Walsall. We celebrate the huge progress made in health and public health over the last 100 years, and outline some of the key challenges we face today, but also the opportunities for us to make that wholesale population shift we want to see in health outcomes in our borough. Public Health is both a science and an art – the science shows us what works and measures our success, while the art is all about our partnerships and uniting our efforts around shared challenges.

To improve the health of our communities, 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 causes of ill-health, prioritise mental health, and protect our communities from diseases and hazards. All of these activities are connected, and whilst the focus of my report is on the big preventable risk factors for ill-health: tobacco, food, alcohol and physical inactivity, we know that we can only tackle these in the context of our wider understanding of how to improve health. This includes the understanding that our environment drives our behaviours, that there are unfair differences we need to tackle in health harm, that the preventable causes of ill-health have an impact across the whole life course and that there is an important two-way relationship between mental health and wellbeing and behaviour risks.

With this in mind, my ambition in this report is to outline how we can work together to create the right environment and conditions for a healthy and prosperous borough, what people and professionals can do to have the right conversations and get people the support they need, and ensure everyone knows where they can go for help when they need it around smoking, food and healthy weight, alcohol use and opportunities for increasing physical activity.

I would like to thank partners for all the support they are already providing to tackle this big agenda, and look forward to the onward journey as we make a step change shift in our efforts to become the most improved borough in the West Midlands by 2040.

A handwritten signature in blue ink that reads "N. Inglis".

Dr Nadia Inglis
Director of Public Health



Introduction and national context

“Standing on the shoulders of giants” Bernard of Chartres

The past one hundred years have seen a number of significant advances in public health.¹ Life expectancy across the UK has followed a trend of improvement from the beginning of the 20th century, thanks to improved sanitation, nutrition, hygiene, universal healthcare, and housing. This has been supported by a multitude of other advances, including our understanding of risk factors for disease, the establishment of successful national vaccination programmes, the discovery of antibiotics and improvements in our control of infectious diseases.² Many of these achievements were delivered by people who didn't have “public health” in their job titles, and this remains true today when we think about who our “public health workforce” are, and the fact that good health can only be delivered through the “organised efforts of society”.³

This has led us to a point where, aside from the important threat of pandemics, emerging and some re-emerging infectious diseases linked with low vaccination uptake, the key health challenges for us nationally are not linked with infections.⁴ Cancers, cardiovascular disease and chronic respiratory disease/infection are the biggest causes of mortality today.⁵ These are very much driven by key preventable risk factors for mortality and ill-health – tobacco, food, alcohol, and physical inactivity.⁶ Occupational risks, drug use, non-optimal temperature and air pollution are also important preventable risks for ill-health and mortality.⁷

There was a turning point in long-term mortality trends nationally in 2011, with a national picture showing a slowing in improvements in life expectancy, becoming virtually flat between 2014 and 2018.⁷ In 2020, the impact of the COVID-19 pandemic was linked to a sharp reduction in life expectancy in England and Wales. In one year, life expectancy reduced by 1.3 years for males, and by 0.9 years for females, bringing life expectancy down to the equivalent levels seen about a decade earlier. There has been some recovery in life expectancy, however it remains below 2019 pre-pandemic levels. There are a number of factors which may have contributed to these life expectancy trends, 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.⁸ The longer-term direct and indirect health impacts of COVID-19 also remain a concern today.

¹ Adapted from: Association of Directors of Public Health. History of Public Health Timeline. 2022. Available from: [ADPH](#)

² Royal Society for Public Health. Top 20 public health achievements of the 21st century. Available from: [RSPH](#)

³ Faculty of Public Health. What is Public Health Available from: <https://www.fph.org.uk/what-is-public-health>

⁴ Office for National Statistics. Mortality in England and Wales: past and projected trends in average lifespan. 5 July 2022. Available from: [Office for National Statistics](#)

⁵ Institute for Health Metrics and Evaluation. Health Data GBD Compare. Available from: [VizHub - GBD Compare](#)

⁶ The Health Foundation. Addressing the leading risk factors for ill health February 2022. Available from: [The Health Foundation](#)

⁷ Public Health England, Health Profile for England 2021. Sep 2021. Available from: [Health Profile for England 2021](#)

⁸ The King's Fund. What is happening to life expectancy in England. April 2024. Available from: [The King's Fund](#)

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

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

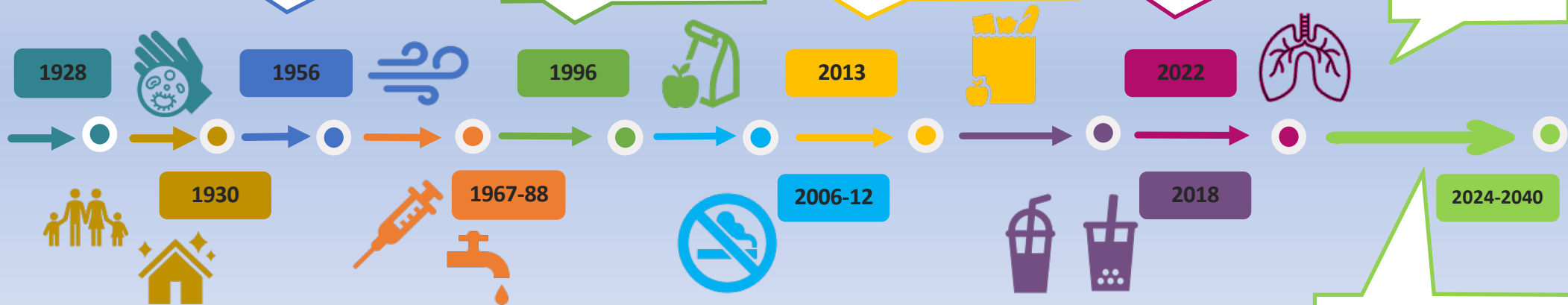
The Clean Air Act (1956) granted local authorities the power to control emissions of smoke, grit, dust and fumes from industrial premises and furnaces.

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. **Traffic light 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 **2030 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 2009.



The responsibilities of **Medical Officers of Health (MOsH)** 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: The WHO announced the Intensified Smallpox Eradication Programme, aimed to eradicate smallpox in more than 30 countries, through surveillance and vaccination.

1980: 33rd 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.

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.

1967: The WHO announced the Intensified Smallpox Eradication Programme, aimed to eradicate smallpox in more than 30 countries, through surveillance and vaccination.

1980: 33rd World Health Assembly declares the world **free of smallpox**.

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We Are Walsall 2040

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

Outcomes: Narrow the gap in life expectancy and healthy life expectancy
Stopping smoking, eating healthily, maintaining a healthy weight, and reducing drug & alcohol intake can have a significant impact on our current and future health.

100 Years of Public Health in the UK IN DETAIL

KEY Text Colour:

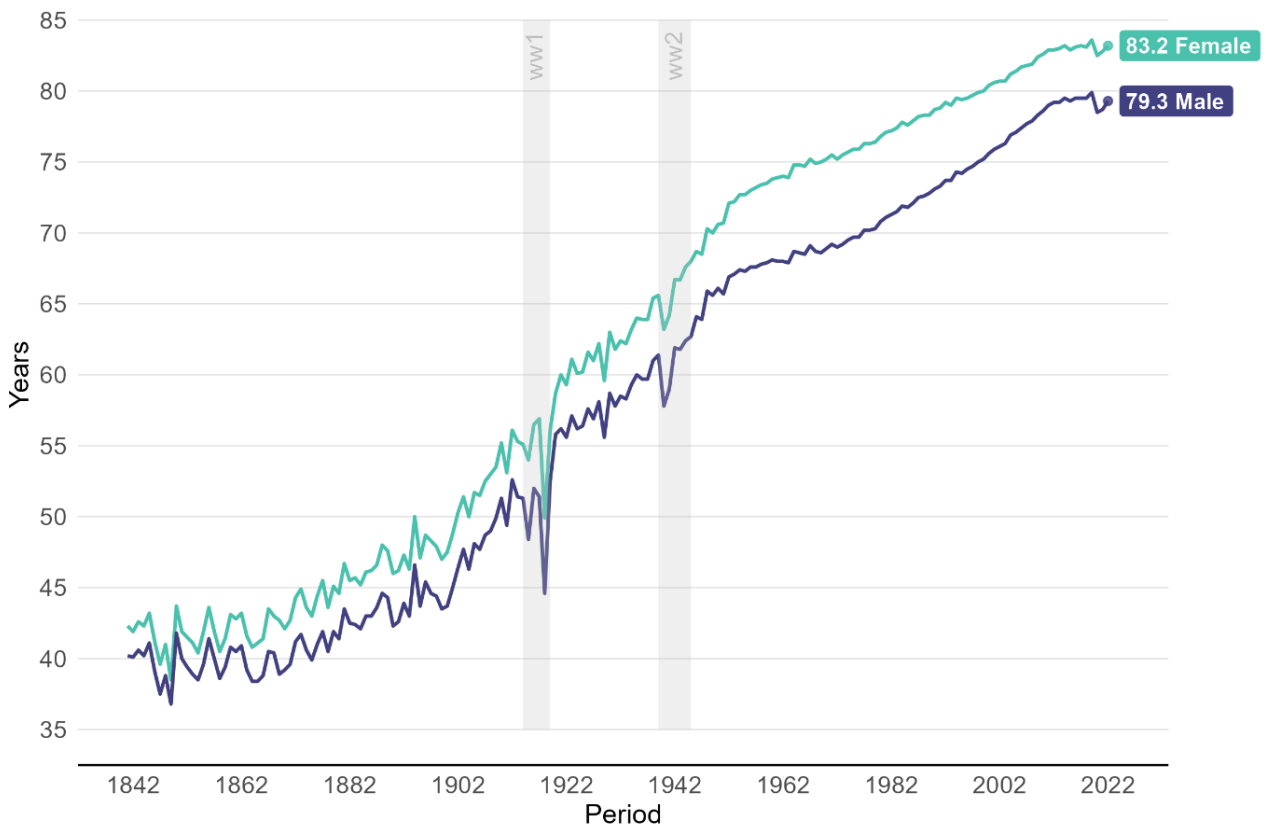
- Green - Vaccines / Supports Improved future Health outcomes
- Blue - Links to key themes/priorities – Tobacco/Obesity/Alcohol
- Red – Major Outbreak of Infectious Disease in UK and Worldwide



1918	1928-30	1948	1950-51	1956	1967	1980	1986-88	1996	2006	2009	2010	2012-13	2018-19	2020	2022-24
<p>● Spanish flu pandemic infected an estimated 500 million people.</p> <p>Local Authorities played an important role in running hospitals, keeping essential services open and ensuring care for vulnerable people. Dr James Niven (Medical Officer of Health Manchester) was the first to introduce preventative measures that slowed the spread of the diseases.</p>	<p>1928 - The discovery of penicillin as an antibiotic.</p> <p>1930 - The responsibilities of Medical Officers of Health were extended in parallel with the Local Government Act of 1929, to include school health services, food control and hygiene, and housing.</p> <p>Housing Act forced local councils to clear all remaining slum housing and provide further subsidies to re-house inhabitants.</p> <p>The National Birth Control Council (NBCC) was formed from 20 SH clinics so 'married people may space or limit their families and thus mitigate the evils of ill-health and poverty'.</p>	<p>Creation of the NHS. This removed hospitals from the remit of Medical Officer of Health, leaving them with residual public health and social care functions.</p> <p>The World Health Organisation (WHO) is established.</p>	<p>● Sir Richard Doll conducts a study to demonstrate that smoking was a cause of cancer.</p> <p>British Doctors Study commences, based on Doll's preliminary evidence. The study lasted 50 years and proved beyond reasonable doubt the relationship between smoking and the risk of death from lung cancer.</p>	<p>● The Clean Air Act 1956 granted local authorities the power to control emissions of smoke, grit, dust and fumes from industrial premises and furnaces.</p>	<p>The World Health Organisation announced the Intensified Smallpox Eradication Programme which aimed to eradicate smallpox in more than 30 countries through surveillance and vaccination.</p> <p>The Abortion Act legalises abortion in certain circumstances. The Family Planning Act enabled local authorities to give contraceptive advice and supplies under the NHS.</p>	<p>● 33rd World Health Assembly declares the world free of smallpox.</p>	<p>● 1996 BSE (Bovine Spongiform Encephalopathy) commonly called Mad Cow Disease, infects the UK food chain, and causes a Public Health crisis.</p> <p>● 1988 Combined Measles Mumps & Rubella vaccine for child immunisations.</p>	<p>● The Education Act 1996 stipulates that maintained schools must provide free school meals to disadvantaged pupils aged between five and 16 years of age.</p>	<p>● 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.</p>	<p>● Swine flu pandemic began. The virus is first identified and causes a global flu outbreak.</p>	<p>The Marmot Review made a strongly evidenced case that health inequalities have social determinants, and that health and wellbeing were just as important measures for society as economic growth.</p>	<p>The Alcohol Minimum Pricing Scotland Act 2012 passes introducing a minimum unit pricing (MUP) and setting a baseline price at which a unit of alcohol can be sold.</p> <p>● Childhood flu vaccine is introduced. success led to the roll out in 2019-20 of flu vaccines for all primary school aged children in the UK.</p> <p>Traffic light labelling on packaged food is rolled out. It encourages the nutritional content of food to be colour coded on packaging.</p> <p>Drug safety testing at UK festivals is first piloted, allowing anonymous substance testing.</p>	<p>● 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.</p> <p>● 2019 - Junk food advertisement is banned across the entire Transport for London network.</p> <p>2019 - Abortion is decriminalised in Northern Ireland.</p>	<p>● Covid-19 declared a pandemic by the WHO.</p>	<p>● The Khan Review is published. The report considers what is needed to achieve the Government's 2030 Smokefree target, making 15 recommendations, including the promotion of vapes as an effective 'swap to stop' tool to help people quit smoking.</p> <p>● MARCH 2024 Tobacco & Vapes Bill introduced supporting Prime Minister's smoke free generation – implemented in 2027 meaning current 15yr olds (in 2024) will never legally be able to buy tobacco products – phasing out smoking as a 'stopping the start' campaign.</p> <p>● M Pox outbreaks occur in non-Endemic countries, including the UK, with cases mainly concentrated in London.</p> <p>● Ongoing challenges linked with Avian Influenza in the UK.</p>

Life Expectancy at Birth

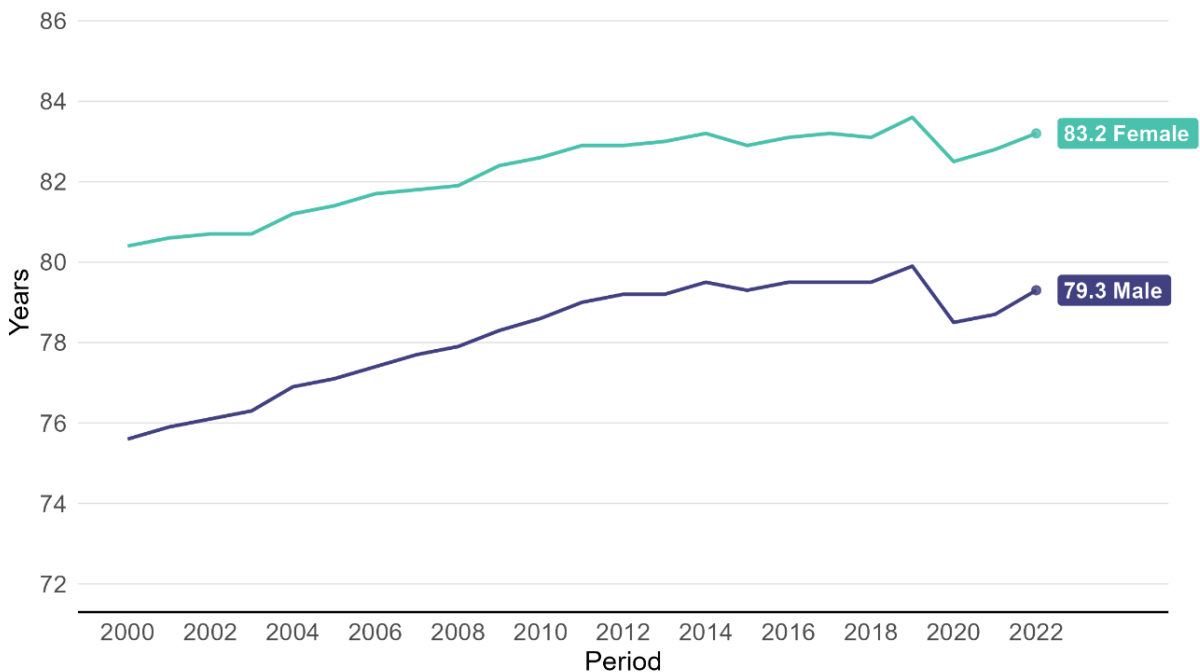
England and Wales, 1841 - 2022



Data source: Office for National Statistics.

Life Expectancy at Birth

England and Wales, 2000 - 2022



Data source: Office for National Statistics.

Local context

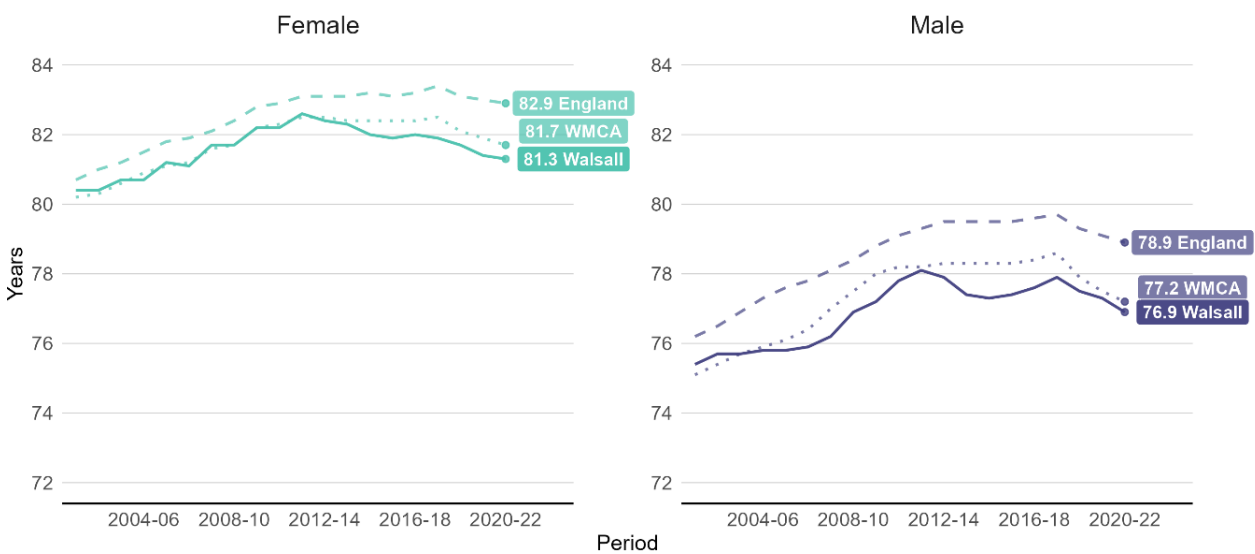
Life expectancy

The picture for Walsall is similar to the trends in England, with a general increase in life expectancy until 2010. However, from 2010 onwards, life expectancy has decreased in Walsall and remains on a downward trajectory for both males and females, with a widening gap compared to the national average, tracking just under the life expectancy for the West Midlands Combined Authority (WMCA) area (Black Country, Birmingham, Solihull and Coventry), but with some degree of recovery in 2022. Life expectancy for males in Walsall is 1.1 years lower in 2020-2022 than in 2011-2013, and for females, 1.4 years lower.

To get a fuller picture of the health of our population in Walsall, it is important to consider not only life expectancy, but also the number of years lived in good health or without disability.

Life Expectancy at Birth in Walsall (3-year range)

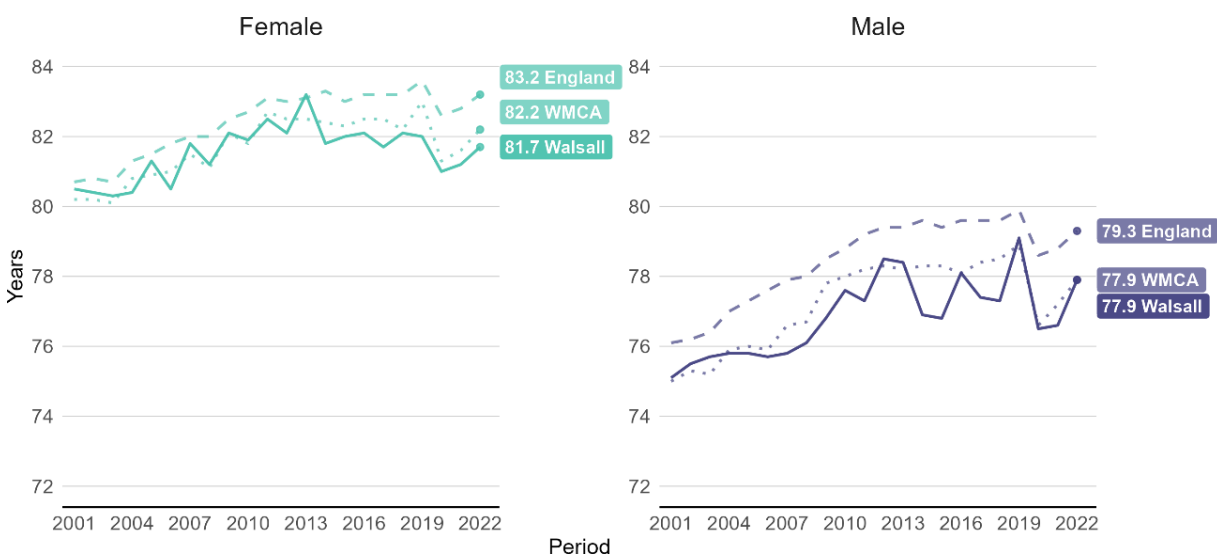
2001-2022, Comparison with England and West Midlands Combined Authority



Data sources: Office for Health Improvement and Disparities, Office for National Statistics.

Life Expectancy at Birth in Walsall (1-year range)

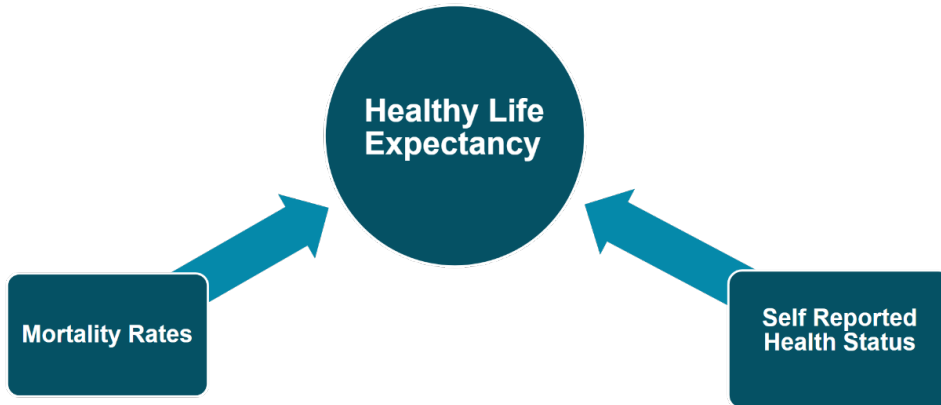
2001-2022, Comparison with England and West Midlands Combined Authority



Data sources: Office for Health Improvement and Disparities, Office for National Statistics.

Healthy life expectancy

Healthy life expectancy can be defined as “a measure of the average number of years a person would expect to live in good health based on contemporary mortality rates and prevalence of self-reported good health”.⁹

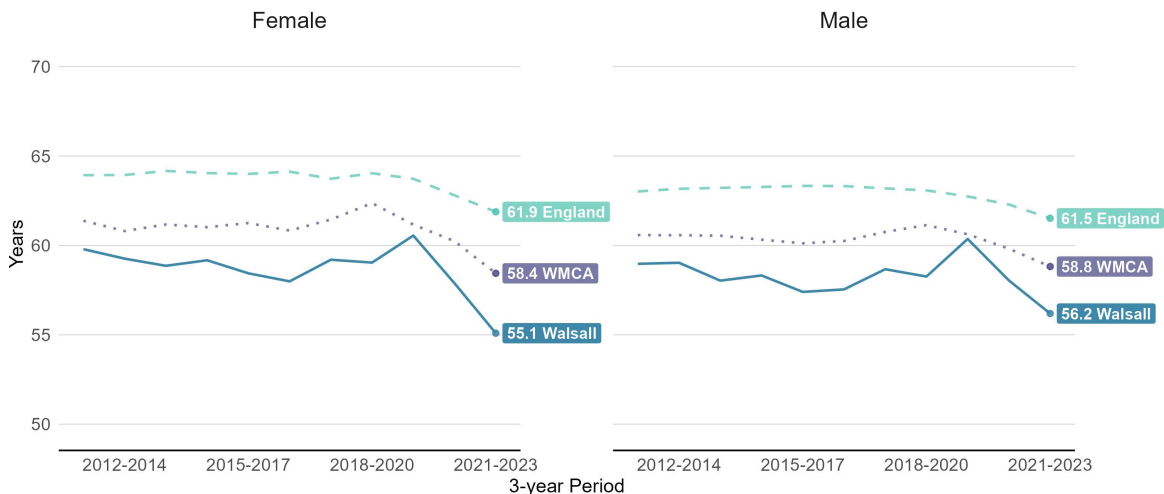


When we consider healthy life expectancy, we begin to see some additional differences emerging – both between Walsall and England as a whole, but also between males and females within Walsall.

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 had 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. Socio-economic risk factors (including poverty and income deprivation), key behavioural risk factors (tobacco, food, alcohol and physical inactivity), chronic health conditions, particularly where people have several conditions, are all drivers of healthy life expectancy.⁹ Poor health is also one of the largest long-term financial and economic risks nationally – with health and wealth being two sides of the same coin.¹⁰

Healthy Life Expectancy at Birth

2011-2023, 3-Year Periods, Comparison with England and West Midlands Combined Authority



Data sources: Office for Health Improvement and Disparities, Office for National Statistics (APS).

⁹Office for Health Improvement & Disparities. Research and analysis: Understanding the drivers of healthy life expectancy. Published 1 June 2023. Available from: [GOV.UK](https://www.gov.uk)

¹⁰Office for Budget Responsibility. Fiscal risks and sustainability. September 2024. Available from: [CP 1142](#)

Differences in health outcomes

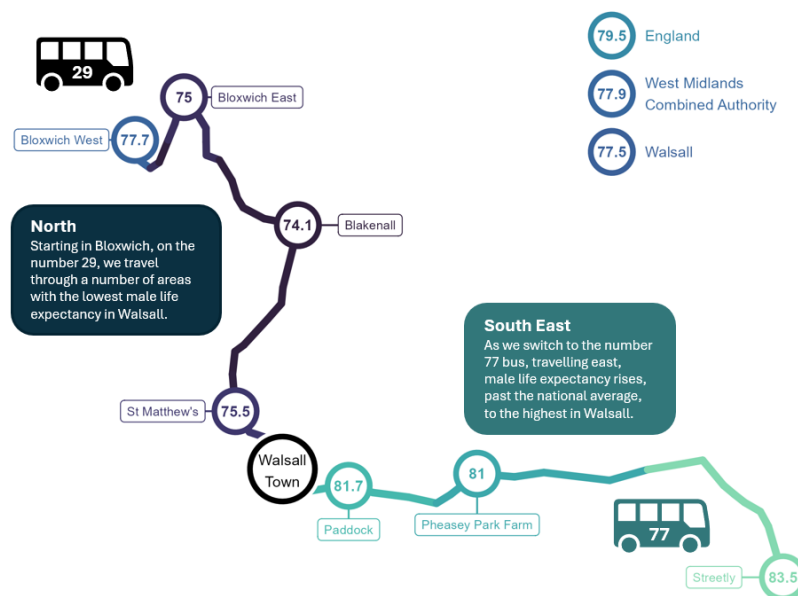
One of the key ambitions in our We are Walsall 2040 borough plan,¹¹ reflects the importance of “narrowing the gap” that we see in health outcomes, considering not only how Walsall compares with regional and national averages, but how we can reduce differences that we see within the borough also:

By 2040 people in all areas of the borough will live longer lives in better health, and we will have narrowed the gap in life expectancy and healthy life expectancy across all neighbourhoods.

When we consider differences in outcomes across our borough, we can see this reflected in life expectancy, which is 74.1 years for males towards the north-west of the borough in Blakenall, at its lowest and 83.5 years in the-south-east of the borough in Streetly - a difference of 9.4 years

Life Expectancy - A Journey Through Walsall

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

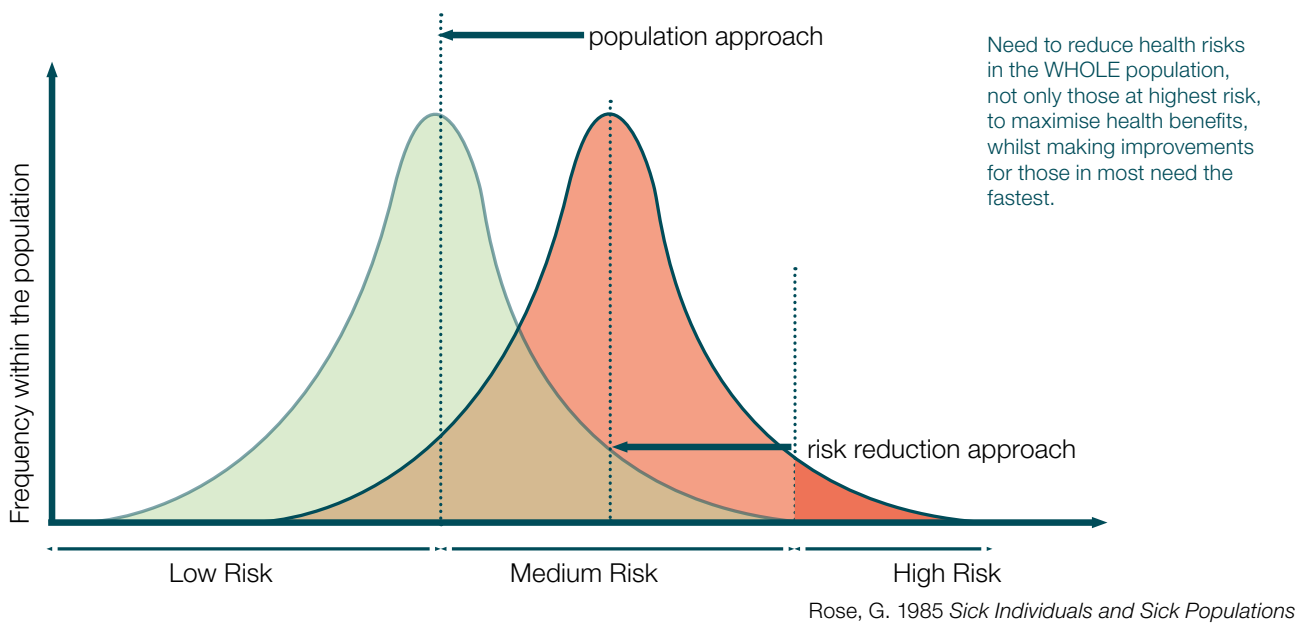


Produced by Walsall Council's Business Insights Public Health Team.
Data Source: Office for National Statistics.

Whilst place and socio-economic position are critically important when we think about differences in health outcomes, we know that outcomes also vary significantly between people of different ethnic backgrounds, people with other protected characteristics, and also when we consider undeserved communities: homeless communities, vulnerable migrants, people with substance misuse/mental health conditions, traveller communities, prison leavers, people who sex work, care experienced individuals, armed forces/veterans, people with disability etc.

As we work towards our Walsall 2040 ambition, it is important that we develop an understanding of how we – as residents, and as organisations can begin to tackle some of the key things that we know will reduce the risk of ill-health and early death. We must also consider how we do this in a way that improves health for the whole population, whilst at the same time making improvements for those in most need the fastest.

¹¹ Walsall Council. We are Walsall 2040 borough plan. June 2023. Available from: [Walsall Council](https://www.walsall.gov.uk)



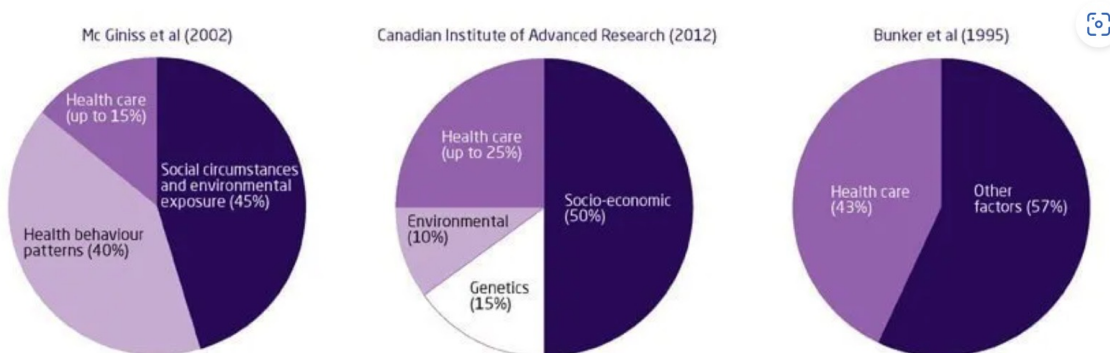
Key drivers of health

“A job, a home and a friend are the things that matter most to our health”

Duncan Selbie, Chief Executive of Public Health England, 2019

There are many things which contribute to differences in health outcomes. The most important of these, and the drivers of good health, are factors such as our financial means, access to good quality housing, our environment, access to transport, having a good education and good employment.¹² These, in turn, have an influence on our choices and behaviours.

What makes us healthy?¹³



The Walsall Wellbeing Outcomes Framework, developed by Walsall Together, our local health and care partnership, identifies the key factors which influence our wellbeing. It was developed by Walsall Together, our local partnership of health, social care, housing and voluntary and community sector organisations as a tool to support strategic leads across Walsall, ensuring wellbeing is at the heart of all decision making. A range of population-level indicators sit behind the framework, providing a mechanism for analysing progress towards improved population wellbeing whilst simultaneously integrating it into all partnership activity.

¹²The Health Foundation. What builds good health. July 2024. Available from: [The Health Foundation](#)

¹³The King’s Fund. Broader determinants of health: trends. Jan 2013. Available from: [The King’s Fund](#)

“Wellbeing is managing the quality of my life. It’s the things I do and have that make me happy and make my life better”



1

Health

Being healthy in body and mind

2

Meaningful connections

Having mutual and fulfilling bonds/relationships

3

Meaningful activity

Engaging in activity we find stimulating and enjoyable

4

Digital

Being able to use technological devices & access the internet

5

Where we live

Being satisfied with the building and/or the area we live in

6

Education and training

Developing the knowledge, skills and abilities we need and want

7

Access to transport

Getting to the people we want to see and the places we want to go

8

Co-creation

Having the freedom to shape our locality, so it positively influences our lives

9

Money

Being able to pay for our basic needs and fund the lifestyle we want

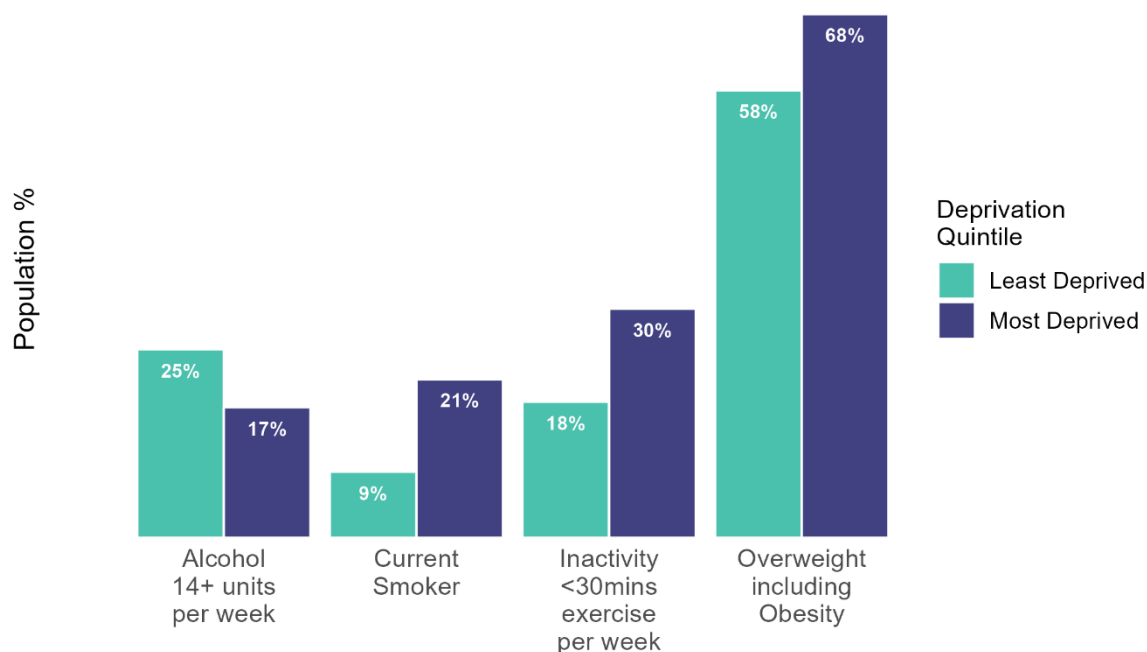


The next section details how the fundamentals were used as the foundation for creation of the outcomes.

Overall, we know that people living in our more deprived communities are more likely to smoke, to be overweight or obese, and to be inactive.¹⁴ They are also more likely to suffer harm from drinking alcohol, despite overall consuming less.¹⁵ Ethnicity also plays a key role in influencing health behaviours.¹⁶ Women of Black African, Black Caribbean and Pakistani ethnicity are most likely to be overweight or obese. White Irish and White British men and women are most likely to consume higher amounts of alcohol. People of other White backgrounds, mixed ethnicity and Bangladeshi ethnic origin are most likely to be smokers.¹⁶ We also know that smoking and alcohol use are higher among LGBTQIA+ communities.¹⁷

Health Related Risks

Population (%) undertaking health related risks by deprivation quintile in England, 2022.



Data sources: NHS England, NHS Digital - Health Survey For England 2022.

These overarching influences on health and wellbeing help us to frame our understanding of how we can best serve our communities within Walsall. Improving health for our residents means tackling some of the issues causing and associated with inequalities head on. There must be a focus on the opportunities for organisations to improve health on this wider scale, and at the same time, highlight existing support for individuals, families and communities whilst taking away the barriers to them accessing this support.

“Change may require time, patience and effort”

Murray “MJ” Blehart – Author, Storyteller, 2020

Public Health England outline the important point that an effective strategy to reduce health inequalities requires us not only to act at multiple different levels of risk, but also that impact is seen over different time spans, depending on at which level you are acting.¹⁸

¹⁴ The Kings Fund. Health inequalities in a nutshell. 9 February 2024. Available from: [The King's Fund](#)

¹⁵ McGeoch L, Ewbank L, Dun-Campbell K, Burale H, O'Brien S, Mulrenan C & BriggsA (The Health Foundation). Addressing the leading risk factors for ill health – a framework for local government action. October 2023. Available from: [The Health Foundation](#)

¹⁶ Health Survey for England Additional Analyses, Ethnicity and Health, 2011-2019. Jun 2022. Available from: [NHS England Digital](#)

¹⁷ NHS Digital. Health and Health-related behaviours of Lesbian, Gay and Bisexual adults. Jul 2021. Available from: [NHS Digital](#)

¹⁸ Public Health England. Reducing health inequalities. Sep 2017. Available from: [PPT](#)

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

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

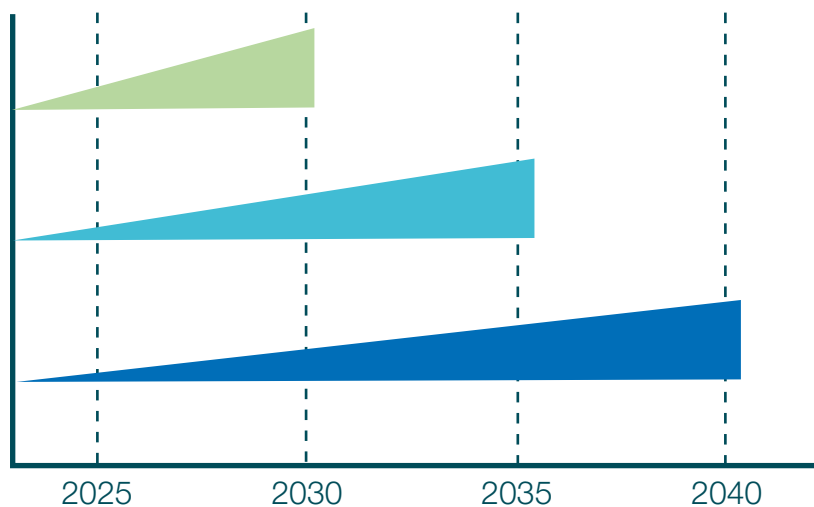
Interventions for impact over time

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.

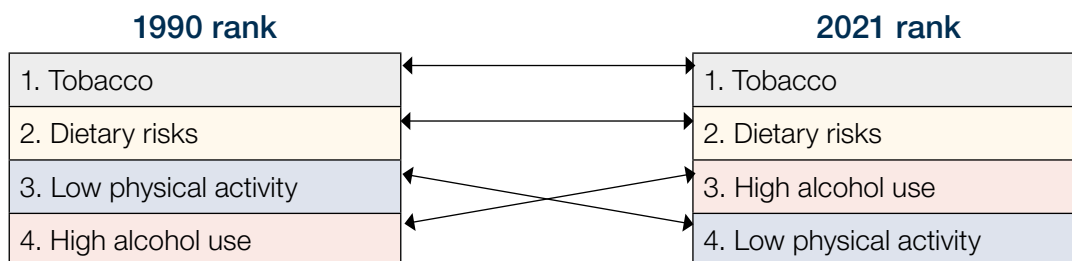


Source: Public Health England. Reducing health inequalities. Sep 2017.
Available from: [Reducing health inequalities: System, scale and sustainability](#)

Biggest preventable risk factors for ill-health - “The big four”

Behavioural risk factors, when compared with other categories including metabolic and environmental factors, were determined the most significant risk factors for mortality in both males and females in Walsall in 2021, according to the Global Burden of Disease study.¹⁹ The key behavioural risk factors were identified as tobacco, dietary risks, alcohol use and physical inactivity, in this order. The first two of these factors were transposed for females. Drug use ranks higher than physical inactivity when we consider the biggest causes of preventable ill-health, rather than just mortality. It is an important area of focus for us locally, although we will not be considering it in detail here. Tobacco, food, alcohol and physical inactivity are therefore the key areas of focus for this report, considering how they each have an impact for people of all ages, their links with mental health and wellbeing, and how we can work together to create an environment in which the healthiest choices are the easiest.

Walsall Both sexes, all ages, deaths per 100,000



Data source: Global Burden of Disease Study.

¹⁹ Institute for Health Metrics and Evaluation. Health DataGBD Compare. Available from: [VizHub](https://vizhub.healthdata.org/gbd-compare/)

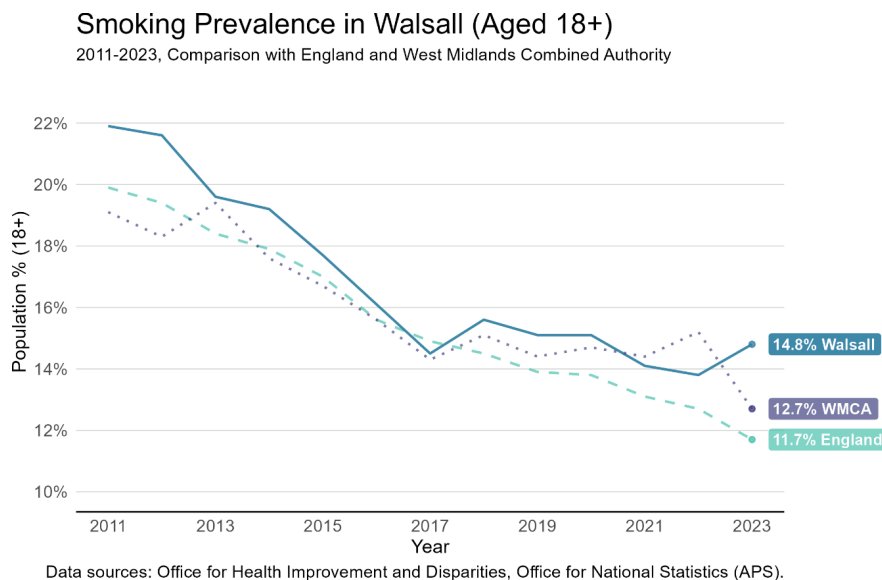
Tobacco

What do we know about smoking?

Smoking is the biggest preventable risk factor for ill-health and mortality in the country.²⁰ It is also the single largest driver of health inequalities in England.²¹ Illicit tobacco sales are a fundamental driver of tobacco use, and efforts to tackle this are central to our tobacco control approach.²² Youth vaping and illicit vapes are also a cause for concern, and form part of our local tobacco plan.

What does the data tell us?

Smoking prevalence has reduced in Walsall from 21.9% of the adult population in 2011 to 13.8% in 2022, although progress plateaued from 2017 onwards, and the gap between the Walsall and national average has widened. Our ambition now needs to be to accelerate and expand our tobacco control efforts, to ensure we continue to improve our smoking prevalence, which is currently also higher than the West Midlands average, and work towards our Smokefree 2030 ambitions.



For a range of smoking-related indicators we benchmark higher than the West Midlands average. However, smoking at delivery among pregnant women, smoking amongst people who are in routine manual occupations, and mortality linked to lung disease and some smoking-related cancers is improving. Smoking among people with mental health conditions is an area which requires further work.

²⁰ Office for Health Improvement and Disparities. Smoking and tobacco: applying All Our Health, Updated 5 April 2022. Available from: [GOV.UK](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/103444/Smoking_and_tobacco_-_applying_All_Our_Health.pdf)

²¹ Action on Smoking and Health. Health inequalities and smoking. September 2019. Available from [ASH-Briefing_Health-Inequalities.pdf](https://www.ash.org.uk/sites/default/files/2019-09/ASH-Briefing_Health-Inequalities.pdf)

²² HM Revenue and Customs/Border Force. March 2024. Available from: [GOV.UK](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/118444/Smoking_and_tobacco_-_applying_All_Our_Health.pdf)

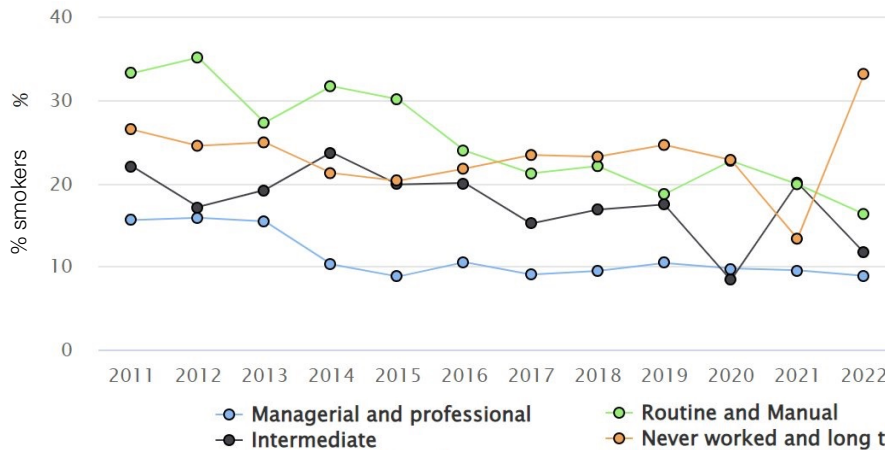
Smoking - How Walsall compares to the West Midlands and by recent trend

	Worse	Similar	Better
Improving	Female smokers Lung cancer mortality (males) Emergency COPD admissions	Smoking status at time of delivery Smokers in manual occupations Oral cancer mortality COPD mortality (males)	Low birthweight COPD mortality (females) Current smokers (18+yrs) Female smokers
Recent Trend	Never smoked (females) Premature births Oesophageal cancer Lung cancer mortality (females)	Oral cancer mortality Smokers with anxiety or depression Current smokers	Lung cancer Oral cancer mortality (females)
Deteriorating	Oral cancer Never smoked (males)	Smokers with long term mental health conditions	

Data source: Smoking profiles, Office for Health improvement and Disparities

Who do we need to target?

In Walsall there is a trend of higher use in unemployed adults, and adults working in routine and manual jobs, and lower in those in managerial or professional jobs, but we also know that smoking prevalence is higher in people who have poor mental health. In Walsall, 14.8% of adults currently smoke (2023). This increases to 28.3% in adults with a long-term mental health condition, compared with 25.1% nationally.



Smoking prevalence in adults in Walsall: Department of Health and Social Care smoking profiles

Impacts across the life course

Pregnancy is a time where smoking can have wide-reaching impacts, increasing the risk of pregnancy and birth complications, including prematurity, low birth weight, stillbirths and sudden infant death syndrome (SIDS), also known as "cot death".²³ Smoking in pregnancy is also linked with overweight in childhood.²⁴ Stopping smoking reduces these risks. Within Walsall, we have seen a decline in smoking at time of delivery, closing the gap with the national average. However, there remains more to do.

²³ NHS. Stop smoking in pregnancy. Available from: [NHS](#)

²⁴ Schnurr et al. Smoking during pregnancy is associated with child overweight independent of maternal pre-pregnancy BMI and genetic predisposition to adiposity. Nature. Feb 2022. Available from: [Nature.com](#)

Smoking also has an impact on those living with smokers. We know that passive smoking is especially harmful for children as they have less well-developed airways, lungs and immune systems, and can lead to a higher chance of asthma, chest infections, ear infections, coughs and colds, and even meningitis.²⁵

National and local strategy

Tougher action to better protect the public, NHS and the economy from the harms of smoking was set out in the Tobacco and Vapes Bill, introduced in Parliament November 2024.^{26, 27}

The Bill includes world-leading reforms to phase out smoking, creating the first smoke-free generation so children turning 15 this year or younger can never legally be sold tobacco. The Government will be given powers to extend the indoor smoking ban to certain outdoor settings, focused on protecting children and the most vulnerable. In England, there is a plan to consult around banning smoking in locations such as in children’s playgrounds, outside schools and in hospitals. The Bill also provides powers to make most public places and workplaces that are smoke free, vape free too. In addition, vape and nicotine product advertising and sponsorship will be banned, and there will be new powers to restrict the flavours, display and packaging of vapes intending to reduce the appeal to children.

To tackle the illicit market and protect legitimate businesses, the Bill also provides powers to introduce a new retail licensing scheme, and introduce a new £200 fixed penalty notice, enabling Trading Standards Officers to act ‘on the spot’ to clamp down on offences such as underage sales.

The Walsall Tobacco Control Plan 2023-2027²⁸ has been agreed by local partners and is currently in the implementation phase, with four priorities identified:

- | | |
|---|---|
| 1. Effective Leadership and Partnership | 3. Preventing residents from starting |
| 2. Enhance Local Regulation and Enforcement | 4. Enhancing stop smoking services to target those in greatest need |

This marks a real opportunity to use this shared vision to tackle tobacco as one of the most important negative impacts on the health of our population.



Walsall Council signed the Tobacco Control Declaration in March 2024.

²⁵ NHS. Passive smoking. Available from: [Passive smoking - NHS](#)

²⁶ HM Revenue and Customs/Border Force. Available from: [GOV.UK](#)

²⁷ Department of Health and Social Care. The Tobacco and Vapes Bill: What you need to know. Nov 2024. Available from: [Department of Health and Social Care Media Centre](#)

²⁸ Walsall Council. Tobacco Control Plan 2023-2027. 2023. Available from: [Tobacco Control Plan 2023-2027](#)



Key achievements: Tobacco Control

Key achievements over the last year of delivering the plan include:

Leadership and Partnerships

- Walsall Tobacco Control Alliance and Black Country Smokefree Generation Group established.
- Walsall Council signed the government declaration on tobacco control.
- 18 secondary schools and 3283 year 8 and 9 pupils benefitted from a drama put on by Performance in Education, highlighting the risks of smoking and vaping.
- Stop smoking training sessions ran through the summer of 2024. 78 staff and volunteers from frontline roles within health, social care and the community and voluntary sector were trained, giving staff the confidence to have conversations with the people they meet about smoking.

Pursuing the trading of Illicit Tobacco and Vapes

- Over an 8-month period, three enforcement operations led to the seizure of 361,156 illegal cigarettes, 35.35kg of illegal hand rolling tobacco and 54 pots of illegal shisha tobacco. During disruption visits, Trading Standards seized a further 28,480 illegal cigarettes and 7.2kg of illegal hand rolling tobacco.
- 4624 illegal disposable vapes were seized during the same period, some containing 15,000 puffs - 25 times over the legal limit.
- Three traders were prosecuted under Regulation 3 of The Nicotine Inhaling Products (Age of Sales and Proxy Purchasing) Regulations 2015 and Section 92(2) of the Children and Families Act 2014.

Prevention and Stop Smoking support

- National grant funding has been used to enhance our stop-smoking offers for target groups, including through our stop smoking in pregnancy service, the A&E department at Walsall Healthcare Trust, alongside a new digital stop smoking offer.
- A creative visual display, using illicit vapes confiscated during raids, was created by Walsall College students in collaboration with Trading Standards and Public Health, and is now being displayed in various venues across Walsall,
- Stoptober, New Year and No Smoking Day campaigns have been launched or are planned.
- Signposting and referral routes into smoking cessation support are being developed for residents with poor mental health.



Art installation at Walsall College, crafted from approximately 4,000 empty boxes of illicit vapes.

What next?

Creating the right environment to support tobacco control includes the need to work in partnership to deliver on smoke-free places and smoke-free homes ambitions, and also to continue enforcement work across the borough linked to under-age sales and illicit tobacco/vape use. We must expand our activities to support people who want to give up smoking, and particularly those who are most likely to smoke (people experiencing the greatest inequalities, people with mental health conditions), and pregnant women.

Smoking Cessation – Service user story

[Service user] is 68 years of age and had smoked 20 to 30 cigarettes a day for over 40 years. She suffers with chronic obstructive pulmonary disease (condition that affects breathing) and limited mobility. She quit for 2 weeks previously but after a stressful situation had one cigarette and ended up smoking at the same level as before.

[Service user] has said (since leaving the smoking cessation service):

“Without Be Well Walsall, I wouldn’t have done it. Nothing was forced down my throat. You gave me the toolkit to make it happen. You enabled me to do it and to succeed. It was up to me to implement it and I didn’t want to fail. Being a non-smoker has given me freedom. I don’t need to think about where I will smoke when I go out. I can enjoy where I’m going rather than working out where I’ll have my next cigarette. You weren’t pushy, you gave me the choice. My daughter has given up too and told me I was her inspiration.”



Eatwell Guide

Check the label on packaged foods

Each serving (150g) contains

Energy	Fat	Saturates	Sugars	Salt
1046kJ 250kcal	3.0g LOW	1.3g LOW	34g HIGH	0.9g MED
13%	4%	7%	38%	15%

of an adult's reference intake
Typical values (as sold) per 100g: 697kJ/ 167kcal

Choose foods lower in fat, salt and sugars

Use the Eatwell Guide to help you get a balance of healthier and more sustainable food. It shows how much of what you eat overall should come from each food group.

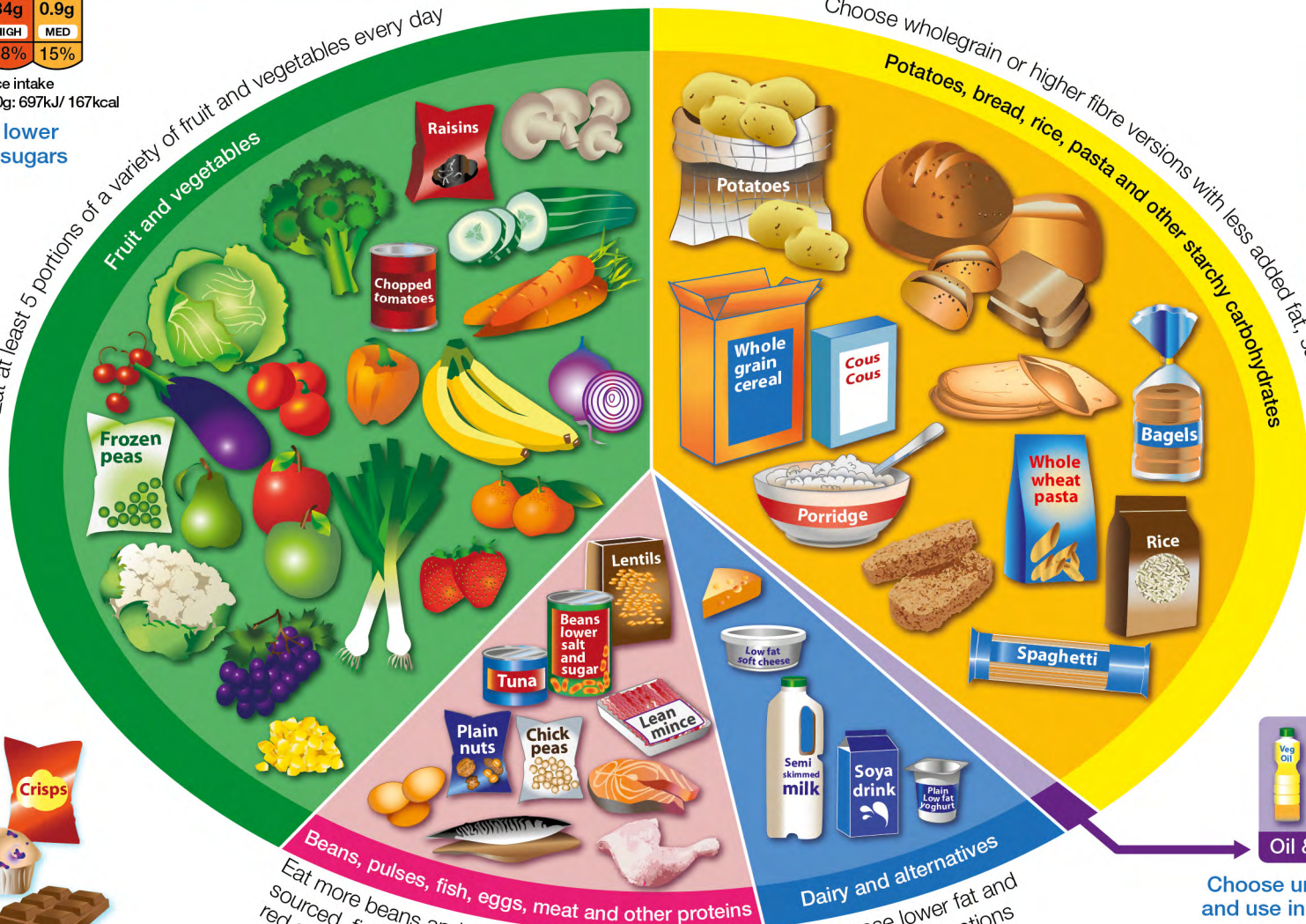


Water, lower fat milk, sugar-free drinks including tea and coffee all count.
Limit fruit juice and/or smoothies to a total of 150ml a day.

Choose wholegrain or higher fibre versions with less added fat, salt and sugar

Choose lower fat and lower sugar options

Choose unsaturated oils and use in small amounts



Eat at least 5 portions of a variety of fruit and vegetables every day

Potatoes, bread, rice, pasta and other starchy carbohydrates

Beans, pulses, fish, eggs, meat and other proteins
Eat more beans and pulses, 2 portions of sustainably sourced fish per week, one of which is oily. Eat less red and processed meat

Dairy and alternatives
Choose lower fat and lower sugar options



Oil & spreads
Choose unsaturated oils and use in small amounts



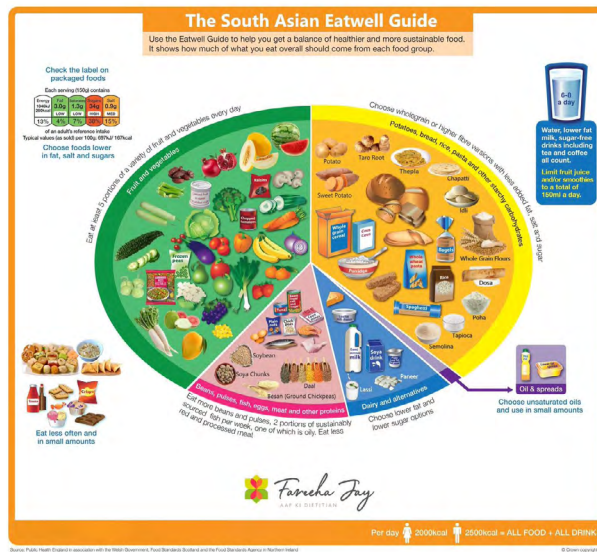
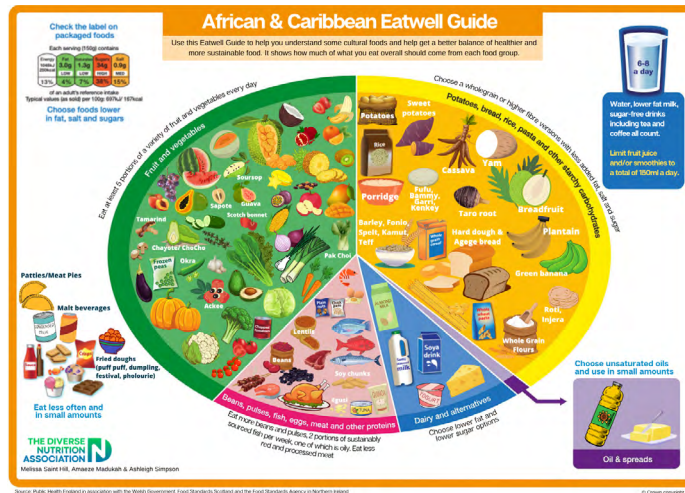
Eat less often and in small amounts

Per day 2000kcal 2500kcal = ALL FOOD + ALL DRINKS

Food and movement

What do we know about food and movement?

We know that what we eat, drink and how active we are has an important impact on our health. The impact of diet and risk of overweight/obesity is greater than that of physical activity, but both remain important, particularly considering the wider benefits of physical activity.²⁹ Current UK guidelines on healthy eating can be found in The Eatwell Guide.³⁰ There are culturally specific adaptations of the guide also available.³¹



There are important messages drawn together in the UK Chief Medical Officer's physical activity guidelines,³² with reassuring evidence of benefits of even small increases in physical activity; "some is good, more is better".

"There is no situation, there is no age and no condition where exercise is not a good thing" Sir Chris Wittly

²⁹ Obesity Health Alliance. Why exercise is important, but nutrition is even better: sure-fire ways to help our health. 10 June 2020 Available from: [Obesity Health Alliance](https://www.obesityalliance.org.uk/news/why-exercise-is-important-but-nutrition-is-even-better)

³⁰ Office for Health Improvement and Disparities. The Eatwell Guide. 17 March 2016 Available from: [GOV.UK](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/531212/eatwell-guide.pdf)

³¹ Walsall Council. Feeding our Future: DPH annual report 2022. Available from: [Walsall Director of Public Health Annual Report 2022](https://www.walsall.gov.uk/media/1000000/feeding-our-future-dph-annual-report-2022.pdf)

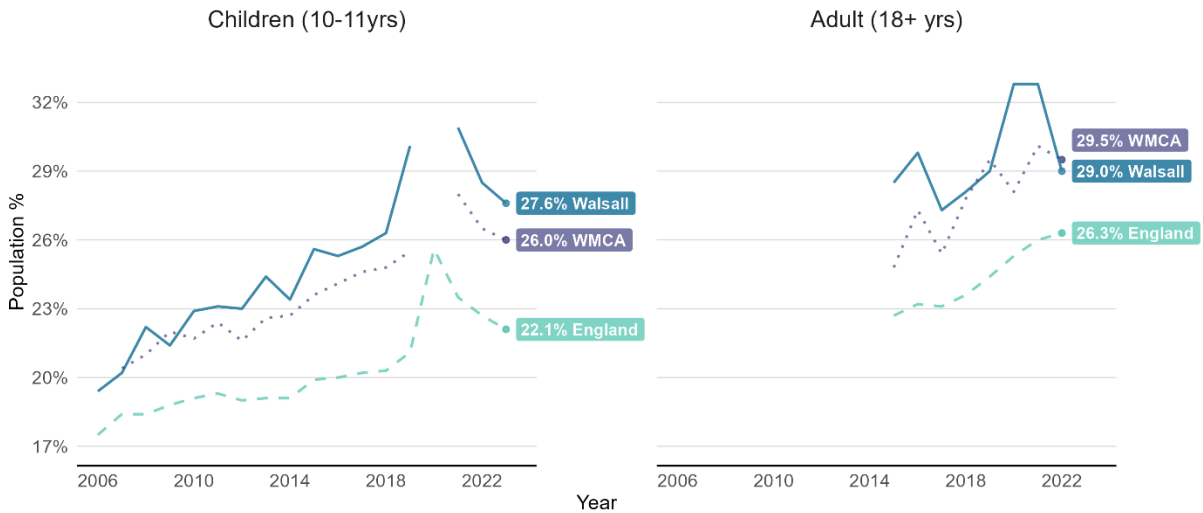
³² Department of Health and Social Care. UK Chief Medical Officers' physical activity guidelines. Published 7 September 2019. Available from: [GOV.UK](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/820212/uk-chief-medical-officers-physical-activity-guidelines.pdf)

What does the data tell us?

Overweight and obesity among both children and adults is a significant challenge for Walsall. Whilst we have seen some reductions in proportions of children who are obese after reaching a peak in 2021, the overall trajectory is one of an increase. The majority of indicators linked to obesity place us higher than the West Midlands, with a smaller number of these, linked to overweight and obesity in year 6, which are deteriorating. However, we have seen recent increases in physical activity levels among children, whilst they remain stable for adults. Tackling the ongoing problem requires a whole system response, which considers the food environment, advice and support for people and families about healthy eating/activity/ maintaining a healthy weight, and building opportunities for activity into the daily lives of our communities.

Obesity Prevalence in Walsall

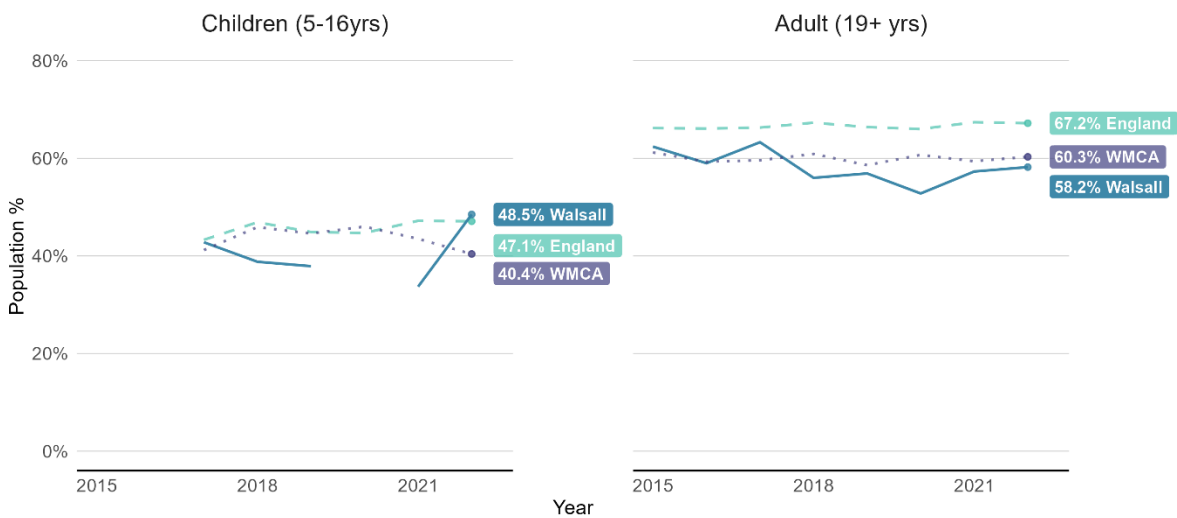
2011-2023, Comparison with England and West Midlands Combined Authority



Data sources: Office for Health Improvement and Disparities, Office for National Statistics (APS).

Physical Activity in Walsall

2015/16 - 2022/23, Comparison with England and West Midlands Combined Authority



Data sources: Office for Health Improvement and Disparities, Office for National Statistics (APS).

Obesity

How Walsall compares to the West Midlands and by recent trend

	Worse	Similar	Better
Improving		Adults eating 5-a-day	Active Children
Recent Trend	Overweight/Obesity 4- 5yrs Overweight/Obesity 10- 11yrs Adults with Musculoskeletal conditions Inactive Adults	Overweight/Obese Adults Active Adults Healthy Weight 4-5yrs Healthy Weight 10-11yrs	Underweight 10-11yrs
Deteriorating	Severe Obesity 4-5yrs Obesity 10-11yrs Severe Obesity 10-11yrs	Underweight 4-5yrs	Obesity Adults

Obesity profiles, Office for Health Improvement and Disparities

Who do we need to target?

70.6% of Walsall adults are overweight or obese, and we have some of the lowest percentages of physically active adults in the country.³³ The picture in childhood is equally concerning, with increasing levels of obesity over time among children in Walsall, above and beyond the trends seen across the country. Getting it right for our communities and reversing current trends requires us to take a whole family approach in whatever we do, and importantly to consider how we make the healthiest choices affordable, and the easiest choices, particularly among communities experiencing income deprivation.

Impact across the life course

There is a link between obesity in adulthood and obesity in childhood. In childhood it can have an impact both on physical and mental health and wellbeing, and predisposes children to developing chronic health conditions in adult life.³⁵ Tackling the problem requires a focus on the whole life-course, from pre-natal support/care through pregnancy, childhood and then into later adulthood.

National and local strategy

On this backdrop, the Walsall Food Summit at the start of 2024 has continued a conversation begun locally following the publication of the 2022 DPH annual report “Feeding our Future”,³⁶ linked to the Government’s “National food strategy for England”,³⁷ and the national food plan.³⁸ A local food partnership has been established to support joint delivery of our local food plan. There is also a national sport and physical activity strategy: “Get Moving: a strategy for the future of sport and physical activity”, which has a strong focus on the sports sector rather than physical activity more broadly.³⁹

³³ Department of Health and Social Care. Fingertips. Nov 2024. Available from: Fingertips | [Department of Health and Social Care](#)

³⁴ Public Health England. Health matters: whole systems approach to obesity. July 2019. Available from: [GOV.UK](#)

³⁵ Office for Health Improvement and Disparities. Childhood obesity: applying All our Health. April 2022. Available from: [GOV.UK](#)

³⁶ Gunther S. Walsall Director of Public Health Annual Report 2022 Feeding our Future. Available from: [Publications - Walsall Insight](#)

³⁷ Dumbleby H, Defra. Policy paper: National food strategy for England. 29 July 2020 (Part 1) 15 July 2021 (Part 2). Available from: [GOV.UK](#)

³⁸ Dumbleby H. National food strategy – independent review. The Plan. July 2021. Available from: [National Food Strategy](#)

³⁹ Department for Culture, Media and Sport. Get Active: a strategy for the future of sport and physical activity. Aug 2023. Available from: [GOV.UK](#)



Key achievements: Food and Activity

Key achievements over the last year include:

The food environment

- Child and Family Healthy Eating programme commissioned to the Soil Association's Food for Life team in April 2024. The team have continued their support to 76 settings with potential to reach over 19,000 children and their families. In the summer term of 2024, 12 primary schools took part in Plant and Share programmes with 66 classes growing food.
- Food for Life are trialling a new "Nourishing Communities" award, focusing on cooking and growing activities in the community. 8 community organisations are now inspiring and supporting community food-related skills and leadership. 8 grants were awarded through this programme, with one setting using their grant to create a community garden.
- "Future Foodies", delivered by Walsall College in partnership with Public Health Walsall, encouraged students aged 14 to 16 to develop their understanding of a healthy and environmentally friendly approach to eating well. The course promoted holistic life skills and "good food" knowledge.
- "Feeding Our Futures" small grant programme is currently being launched. This provides funding, via our community locality lead organisations, to local community and voluntary sector organisations to promote "good food" choices and improved access (e.g. support to grow your own vegetables).

- Health Inequalities small grant funding for 30 community organisations to deliver projects with a focus on physical activity, good food and access to green spaces, delivered:
 - 7 projects linked with the development of new green spaces and community gardens, and providing access to allotments for children and young people.
 - Healthy eating and healthy weight projects supporting 1383 people.
 - Physical activity programmes, including soccer camps, strength and balance classes, single sex exercise sessions, for 1319 individuals.
- Community shops are being introduced in Walsall. Walsall Council is working with Foodbanks and Community Organisations to reduce food insecurity and financial hardship and improve resident's wellbeing by increasing accessibility to affordable and nutritious food in our local communities They will offer in fresh produce, frozen goods, pantry staples, personal care items, and household essentials.



Future Foodies advert

Supporting people

- Community weight management pilots, delivered through 6 community organisations, have been completed for primary aged children, seeing approximately 120 children between March and July 2024. Adolescent weight management pilots are also planned.
- The HENRY (“Health Exercise Nutrition for the Really Young”) randomised controlled trial is beginning in Walsall, with 10 community organisations signed up to be either control or intervention centres. Delivery of HENRY also continues more widely in Walsall, with 38 facilitators trained to support parents of children, from pregnancy through to age 11.
- Walsall Housing Group (whg) have recently completed a project in conjunction with “Meals by Mitch”. Mitchell Lane, author of “Feed your Family for a Fiver”, supported whg’s six-week Food Matters programme, enabling residents to develop the confidence and skills to cook healthy, nutritious low-cost family meals. With older customers and young parents coming together to cook, new friendships were forged, along with cooking skills.



Summary of discussions at the Walsall Food Summit, February 2024



Getting people active

- Walsall Council's Healthy Spaces team have been working to develop parks and community spaces, and improving infrastructure, e.g. play areas, tennis courts and making spaces more accessible. The team support the maintenance of 33 allotments, and during 2023/24 provided activities for over 6000 adults and nearly 2000 children (including the school games, junior rangers and holiday clubs), as well as supporting/delivering 79 events (attended by up to 100,000 people). Community Litterwatch supports almost 1,000 volunteer litter pickers, who last year undertook over 11,000 volunteer hours, collecting 20,312 bags of rubbish across Walsall and improving the environment for others.
- The "Swim, Bike, Run" programme, being delivered through the a partnership between Walsall Council, British Triathlon and Active Black Country, seeks to develop a long-term plan to support local communities and people of all ages and abilities to walk, run, cycle and swim to help improve their health and wellbeing. The programme includes a small grants programme for community and voluntary sector organisations which has now been launched.
- The Tackling Inactivity Fund over the last year made £33,286 in pledges to 8 projects which totalled £106,739 in value - this equates to a 321% return on investment through the Crowdfund Walsall model. 89% of grant beneficiaries said they had become more active.
- The Commonwealth Active Communities project has been delivered in partnership with Active Black Country and our neighbouring local authorities. This has included development of an online activity finder, an Activation Academy (platform to support development of the community-based physical activity workforce) and delivery of new activities (e.g. park yoga).
- Walsall Council's Sport & Leisure Services deliver physical activity opportunities with an annual social value



of over £6m from Walsall's four leisure centres, accommodating 1.5m visitors per year.

- A Sports England bid is being developed by Walsall Council in partnership with Active Black Country, with a focus on increasing physical activity across the borough. The development phase of the bid has been submitted, and a full bid for Walsall will be developed, alongside a new Physical Activity Framework for the borough.

A range of active travel programmes have been developed, or are planned for the borough:

- Consultation on a new Black Country Walking, Wheeling and Cycling Plan has been completed and will be presented to Walsall Council's Cabinet for approval. This identifies a network of active travel future routes that the council will develop in conjunction with our partners.
- Work continues with the Canal and River Trust to improve canal towpath routes for cycling and walking, including as part of the Walsall and Bloxwich Town Deal programmes.
- Plans are in place to implement new cycle routes in Willenhall to improve access to/from the town centre, the new rail station site, and into the neighbouring City of Wolverhampton.

What next?

There are a number of local services for children, young people and adults, with an aim of improving food choices and increasing physical activity. “Happy, Healthy and Well” is also a key pillar in the recently published Children and Young People’s 2040 strategy for the borough.⁴⁰ It is important for us to make sure that individuals and families are able to be signposted to activities and programmes that appeal to them. Anchor institutions, workplaces and food establishments in the borough should also consider maximising health benefit through the food and drink they have on offer.

We need to be aware of the environmental factors that influence our choices, and advocate for positive changes to our environment. Ensuring our residents have access to green spaces and other opportunities for activity, as well as access to affordable healthy food options on their high streets and in their local areas will be key to creating a healthier borough. Further, reducing exposure to advertising food/drink which is high in fat, sugar and salt should be an aim of future activities.

Using local planning, licensing and wider policy to improve health and wellbeing and maximising health benefits through taking a “Health in all Policies” approach within our partnerships will also be key areas of priority action.

Weight management - a service user story

One participant described her journey, successfully losing 8.2kg over a 12-week weight management health coaching programme.

“The programme gave a support system, confidence and a structured way of how to lose weight and exercise. [Staff member] was a great person to work with who has given me help and information that has led me to a healthy weight loss.”

⁴⁰ Walsall Council. Children and Young People’s 2040 strategy. Oct 2024. Available from: [Walsall Council](#)



Alcohol

What do we know about alcohol?

Alcohol misuse has a broad impact on our communities, from its association with over 200 medical conditions, a cause of both hospital admissions and premature deaths, to its links with violence, accidents, familial discord, child neglect, and unemployment. We also know we have significant unmet need when it comes to support being provided for people who are alcohol dependent - we are estimated to be reaching currently 22.6% of those in need, just below the national average of 22.9%.

What does the data tell us?

Walsall has similar alcohol-related mortality rates when compared with regional and national averages, but higher hospital admissions rates for alcohol-related conditions in adults. However, it should be noted that more recent experimental data has shown that hospital admission rates have decreased for Walsall.

How Walsall compares to the West Midlands and by recent trend

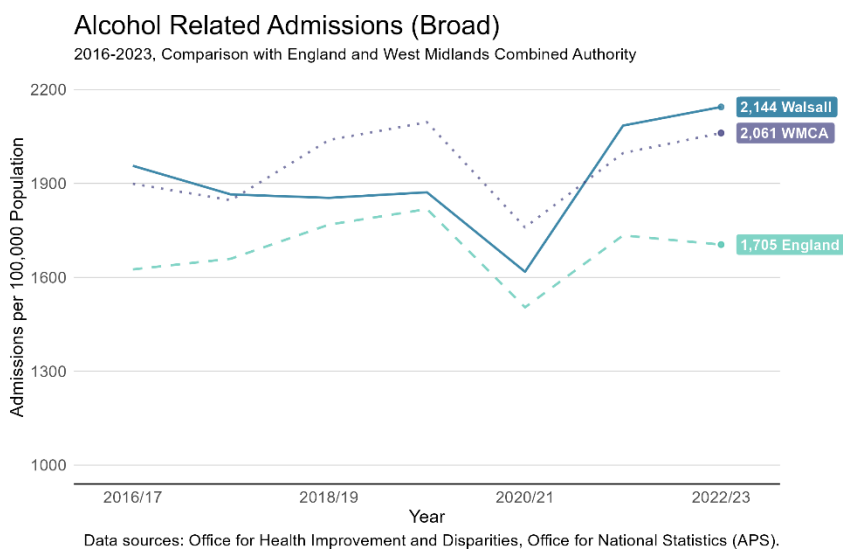
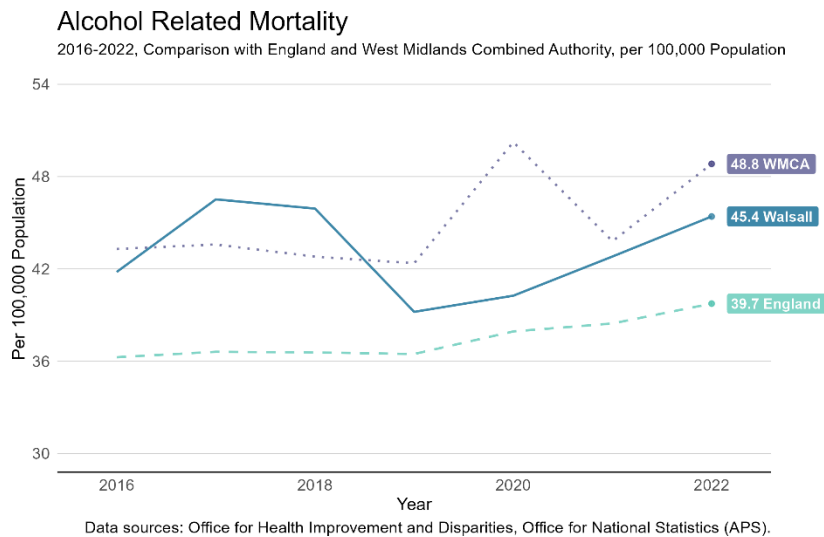
	<i>Worse</i>	<i>Similar</i>	<i>Better</i>
<i>Improving</i>	Intentional alcohol self-poisoning admissions (males) Admissions for alcohol-related conditions (males)		Intentional alcohol self-poisoning admissions (female) Mental health alcohol-related admissions Alcohol related mortality (females) Potential life years lost (females)
<i>Recent Trend</i>	Admissions for alcohol-related conditions (females) Admissions for alcohol-related cardiovascular disease (males)	Admissions for alcoholic liver disease (females) Alcohol related cancer	Admissions for alcohol-specific conditions Alcohol related mortality (males) Per capita cost of alcohol admissions Potential life years lost (males)
<i>Deteriorating</i>	Admissions for alcohol-related cardiovascular disease (females) Admissions for alcohol specific conditions (under 18 females) Admissions for alcohol-related conditions (narrow) Alcohol related injuries	Admission episodes for alcohol specific conditions (under 18 males) Chronic liver disease mortality	Admissions for alcoholic liver disease (males)

Data source: Alcohol profiles, Office for Health Improvement and Disparities

There are some positive trends emerging with regard to the picture for younger people - youth drinking is in decline in England (Walsall rates currently similar to England albeit higher than the regional average), due to both later initiation of drinking, and reductions in the volume and frequency of alcohol consumption.

Who do we need to target?

Alcohol consumption is higher among people in less deprived communities, but we know that alcohol harm is greatest among our most deprived communities. We also know that women, people from ethnic minority communities and LGBTQIA+ communities are under-represented in our services.⁴¹



Impact across the life course

Alcohol misuse has an impact across the life course,⁴² from birth through childhood and onwards into adulthood. It is associated with increased intimate partner violence, affecting family, friends and the wider community. It can increase the risk of worklessness, exclusion, homelessness and poor mental health.

⁴¹ Walsall Council and partners. Walsall Alcohol and Drugs Strategy 2023 – 2028. Available from: [Alcohol and Drug Strategy 2023 - 2028](#)

⁴² Institute of Alcohol Studies. Alcohol and the Family. October 2020. Available from: [ias.org.uk](https://www.ias.org.uk)

National and local strategy

The existing National Alcohol Strategy has not been refreshed since it was published in 2012.⁴³ Walsall is approaching this challenge through delivery of our Alcohol and Drugs Strategy 2023 - 2028,⁴⁴ based on the principles of prevention, engagement and high-quality treatment and recovery. The local strategy is supported by a 10-year national drug strategy: From Harm to Hope.⁴⁵

Prevent	Engage	Treat & Recover
<ul style="list-style-type: none"> • Prevent substance misuse through improved awareness and informed communities, with a particular focus on alcohol related unmet need. • Limit drug supply - reducing exposure to illicit substances. • Drive changes in the market and manage substances at risk of being misused to reduce access. • Use policy levers to systematically address alcohol and drug-related harm. 	<ul style="list-style-type: none"> • Actively engage with under-represented communities, to support their awareness of alcohol and drug harms and of the services available to them. • Engage service users and recovered service users in designing and delivery of services. • Improve partnerships across the Borough in reducing substance misuse and its related harms. 	<ul style="list-style-type: none"> • Support those engaged in substance misuse, to drive behaviour change as well as addressing environmental factors contributing to substance misuse, with a focus on recovery and factors which facilitate positive outcomes. • Address wider needs; support all of those who need it, including carers, family and friends. • Reduce drug related morbidity and mortality through effective harm reduction and overdose prevention interventions.

⁴³ Home Office. Alcohol Strategy. 23 March 2012. Available from: [GOV.UK](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/101222/Alcohol-Strategy-2012.pdf)

⁴⁴ Walsall Council. Alcohol and Drugs Strategy 2023-2028. Available from: [Walsall Intelligence](https://www.walsall.gov.uk/press-releases/2023/04/2023-2028-alcohol-and-drugs-strategy)

⁴⁵ Cross Government. From Harm to Hope. 2021. Available from: [GOV.UK](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/98222/From-Harm-to-Hope-2021.pdf)



Key achievements: Alcohol

Key achievements over the last year include:

- The Beacon – Change, Grow, Live’s (CGL) alcohol and drug clinical treatment hub is now located in a town centre location in Walsall, with a second Groupwork hub and Young Person’s hub at Station Street.
- Change Grow Live workers also work from a range of outreach community locations, including GPs, pharmacies, early help hubs, social housing hubs, probation services, and education and training centres, enabling ease of access for service users. They are also able to offer a home visit service.
- A referral pathway has been developed between The Beacon and Be Well Walsall (wellbeing/lifestyle service) to support with delivering brief interventions for alcohol.
- There are increasing numbers of people being seen in treatment, including for support with alcohol – we have seen a 17% increase in the past year, following efforts to reduce unmet need in the borough.
- A new “dual diagnosis” pathway has been put in place between mental health services and our alcohol and drugs services, focusing on people who have both substance misuse and mental health problems, with an initial focus on those admitted to the mental health trust.
- A hospital liaison worker post has been established in our alcohol and drug services, who is currently supporting both Walsall Healthcare Trust and Black Country Healthcare Foundation Trust (mental health trust).
- Alcohol and drug workers from Change Grow Live are part of Walsall’s successful Family Safeguarding model, which takes a multi-disciplinary approach to supporting families in need and has increased the number of children staying with their families and not requiring care in Walsall.
- An exploitation worker from Change Grow Live is partnering with Walsall Council’s Exploitation Team and the Rough Sleepers team to A multi-agency approach to street drinking has yielded a stronger partnership approach to increase access for street drinkers into treatment.
- Change Grow Live also have a new Individual Placement Support team focusing on supporting service users into employment, as part of their recovery. 63 service users have been supported over the past year resulting in 15 successful job starts.



The Beacon, Change Grow Live

What next?

Whilst the work currently happening within local alcohol and drug services and their wider partnerships is positive, we need to continue to ensure that the pathways to recognising and referring as many as may benefit from these services are robust. Ensuring professionals working with people locally have the skills and confidence to deliver brief interventions around alcohol is also an important part of our ongoing strategy.⁴⁶

We must also consider the impact we can have on the wider environment and availability of alcohol. We know that existing licensing policy levers can be utilised in ways to minimise the risk of alcohol harm.

Alcohol recovery – service user story

A service user reflects on their experience of recovery following support from The Beacon – Change Grow Live:

*“Addiction, which for me was alcohol, had taken over every aspect of my life. I wasn’t able to function as a normal human being in society when I was drinking as much as I was. Recovery gave me my life back. I can tell the difference since I walked in. I can say for a fact that life is better without addiction”*⁴⁷

Listen to Angela’s story [here](#)

⁴⁶ University of Cambridge and Cambridge Public Health. Making the case for prevention. Oct 2021. Available from: www.cph.cam.ac.uk

⁴⁷ Angela’s Story – Journey of Recovery. Oct 2024. Available from: www.youtube.com

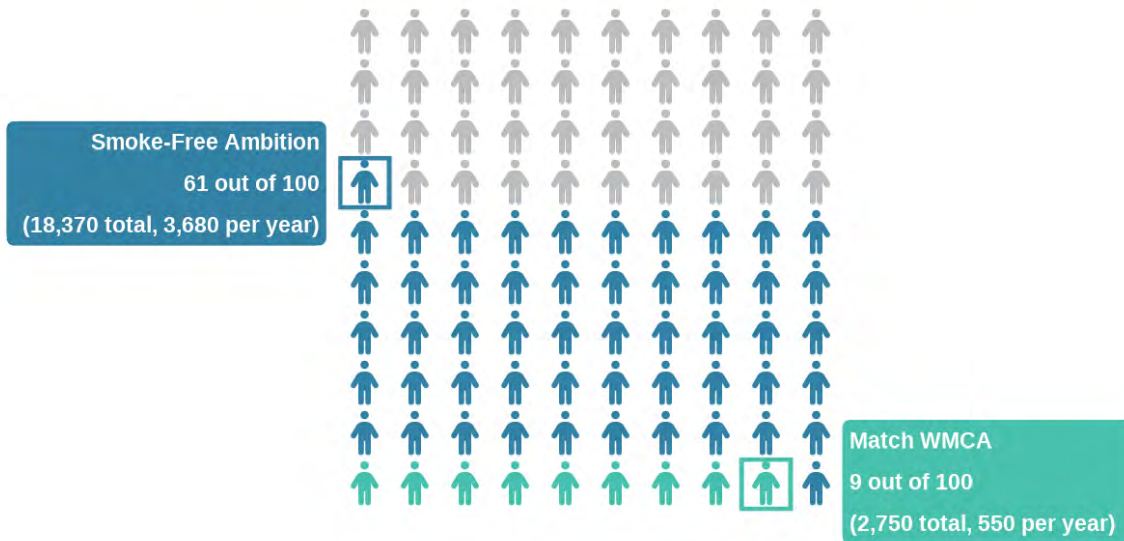


What do we need to do to meet our ambitions?

These linear projections have been generated with the assumption that recent historical trends will continue into 2030.

What is needed to meet our 2030 Stop Smoking Ambitions?

How many, out of 100 Adults (18+), would need to have quit?



What is needed to meet our 2030 4-5yr old Obesity Ambitions?

How many, out of 100 4-5yr olds, would need to no longer live with Obesity?



What is needed to meet our 2030 Alcohol ambitions?

Walsall is on trajectory for reductions in numbers of alcohol admissions by 2030 and if the current trends continue would have an alcohol admission rate of 9.7% lower than WMCA.

Our ambition should be to maximise reductions in alcohol-related harm.

The cost of inaction

The costs to society linked with smoking, unhealthy food and drink, alcohol and physical inactivity are significant.⁴⁸ Please see Table 1. The impact of all of these risk factors goes beyond the individual, to families, the economy and society as a whole.

Table 1: Estimated annual costs associated with smoking, obesity and alcohol in Walsall.

	NHS Cost (£)	Social Care Cost (£)	Wider economic cost
Smoking	10.7m ⁴⁹	73.6m	127m productivity loss, 1.8m fires
Obesity	28m (modelled from UK figures) ⁴⁸	32m + 17m in welfare payments	
Alcohol	23.7m ⁵⁰	17.7m	87.7m crime and disorder, 20.1m wider economy

We also know that public health interventions are very cost effective. For one year of good quality life, public health interventions cost on average £3800, with NHS interventions costing £13,500. Stop smoking interventions are either cost saving when compared with standard practice or cost effective because the benefits outweigh the costs, when compared to the threshold of £20,000 per additional year of good quality life, which is used to prioritise NHS interventions.⁴⁶

Interventions to promote healthy weight, manage healthy weight and increase physical activity are cost effective compared to standard practice. Evidence also shows that interventions to reduce alcohol consumption are cost saving, in the most part, when compared with standard practice.²³

⁴⁸ Holding us back: tobacco, alcohol and unhealthy food and drink. Nov 2023. Available from: [Holding-us-back-report.pdf](#)

⁴⁹ ASH. Ready Reckoner Summer 2024. Available from: [ashresources.shinyapps.io/ready_reckoner/](#)

⁵⁰ Institute of alcohol studies. Cost of alcohol harm in Walsall. 2021/22. Available from: [Institute of Alcohol Studies](#)

Making the mental health link

There is a complex relationship between mental health and smoking, unhealthy food consumption and alcohol use. This relationship works both ways, with poor mental health making it more likely that people will smoke, eat less healthily and have an increased alcohol consumption. In turn these behaviours have a negative impact on mental health and wellbeing. There is also a link between tobacco, unhealthy food consumption, alcohol use and addiction, including links with other addictive. For food, it is acknowledged that the link with addiction is a complex area and a subject of debate, as is the link between tobacco, food, alcohol use and other forms of addiction such as gambling.^{51,52} We have a strong mental health and wellbeing partnership in Walsall, which will support us to create a positive relationship between good mental health and wellbeing and healthy behaviours.

Smoking

A 2013 joint report by the Royal College of Physicians and the Royal College of Psychiatrists highlighted the scale of the link between smoking and mental health.⁵³ A third of cigarettes smoked in England are smoked by people with a mental health condition. People with poor mental health die on average 10 to 20 years earlier than the general population, and smoking is the biggest cause of this life expectancy gap. The 2020 Guidance from Public Health England⁵⁴ highlights the evidence that quitting smoking was associated with reduced depression, anxiety and stress, and improved positive mood and psychological quality of life. This is at odds with a common perception that smoking can, in the very short term, be used to alleviate stress or anxiety.

Alcohol

There is a similar relationship between alcohol and mental health. Alcohol can have an impact on mental health in a number of ways,⁵⁵ including:

- Directly affecting the chemistry of the brain, increasing the risk of depression, panic disorder and impulsive behaviour.
- Hangovers following alcohol can cause feelings of being ill, anxious and jittery.
- Increased and problematic drinking might begin to affect other aspects of life, including relationships, work and friendships.

Similar to smoking, there is a perception that alcohol can temporarily relieve symptoms of anxiety or depression. However, the longer-term chemical changes within a brain can soon lead to more negative feelings, such as anger, depression or anxiety, regardless of your mood.⁵⁶

Food and movement

Physical activity has been shown to have benefits for our mood, stress levels, self-esteem, and to reduce cognitive decline in older people.⁵⁷ However, mental illness may be associated with reduced energy or motivation, and sleep patterns, which may make physical activity less likely.

⁵¹ Gordon et al. What is the Evidence for “Food Addiction”. Apr 2018. Available from: [A Systematic Review - PMC](#)

⁵² Office for Health Improvement and Disparities. Gambling-related harms evidence review: summary. Jan 2023. Available from: [GOV.UK](#)

⁵³ Smoking and mental health: A joint report by the Royal College of Physicians and the Royal College of Psychiatrists. 2013. Available from: [www.rcp.ac.uk](#)

⁵⁴ Public Health England. Health Matters: smoking and mental health. Feb 2020. Available from: [GOV.UK](#)

⁵⁵ Royal College of Psychiatrists. Alcohol, mental health and the brain. Feb 2024. Available from: [www.rcpsych.ac.uk](#)

⁵⁶ Mental Health Foundation. Alcohol and mental health. Feb 2022. Available from: [www.mentalhealth.org.uk](#)

⁵⁷ How to look after your mental health using exercise. Available from: [www.mentalhealth.org.uk](#)

Similarly, our food choices can have an impact our mental health ⁵⁸ in both positive and negative ways. Healthy eating patterns, such as the Mediterranean diet, are associated with better mental health than a more typical Western diet.⁵⁹ Yet, for people struggling with their mental health, the additional time and energy to plan eating with health in mind may be harder to overcome. Furthermore, several of the medications used for mental health conditions can influence appetite and lead to weight gain.

With the above in mind, it is critical for us to think about the type of mental health and wellbeing support that individuals may need alongside support around their behaviours.

8 Steps to Wellbeing

	Be Active		Learn Something New
	Take Notice		Hydration and Nutrition
	Connect		Sleep for Wellbeing
	Give Something to others		Hope for the Future

⁵⁸ Firth J, Gangwisch J E, Borsini A, Wootton R E, Mayer E A. Food and mood: how do diet and nutrition affect mental wellbeing? 2020. Available from: [The BMJ](#)

⁵⁹ Lassale C, Batty GD, Baghdadli A, et al. Healthy dietary indices and risk of depressive outcomes: a systematic review and meta-analysis of observational studies. 2019. Available from: [Molecular Psychiatry](#)

An environment that's fit for the future

“Our choices are constrained by the conditions in which we are born, grow, live, work and age.” Sir Michael Marmot, 2015

Our physical and social environment has a big impact on our health, and on our choices and behaviours, from the local environment right through to global environmental challenges such as climate change. Access to good education, good employment, good housing, is all critical for achieving our health goals, with financial security being one of the most important determinants of health.⁶⁰ Within local government, and working with our partners we have a huge range of policy and delivery options open to us to help create the right environment for health, through planning, licensing and wider policy, through how we work with education and housing providers and our community and voluntary sector partners, and through advocating for policy change around advertising of harmful products.



Illustration created by Eoin Kelleher @EoinKr for © WHO, 2024

The Royal Society for Public Health placed Walsall town centre as second most unhealthy high street in the country in 2018.⁶¹ Follow up work done specifically with Walsall Council, yielded a number of recommendations including promotion of active travel, using planning processes to improve the healthiness of businesses, encouraging healthier “out of home” food provision and creation of health and wellbeing hubs alongside a community health champions programme. These recommendations have been addressed in a range of different ways, but not currently in full. There is a huge opportunity for us to make further progress through the £1.5bn regeneration programme we have underway in the borough, and through policy levers we hold as partners.

The advertising of tobacco, alcohol, gambling and food/drink with high fat, salt and sugar (HFSS) content, has a direct impact on the lifestyle choices made by individuals.⁶²⁻⁶⁷ Advertising and/or presence of

⁶⁰ Public Health England. Health Profile for England 2017, Chapter 6. Jul 2017. Available from: [GOV.UK](https://www.gov.uk)

⁶¹ Royal Society for Public Health. Britain's unhealthiest high streets revealed. Nov 2018. Available from: [RSPH](https://www.rsph.org)

⁶² Harris et al. Effects of the 2003 advertising/promotion ban in the UK on awareness of tobacco marketing. Jun 2006. Available from: [nih.gov](https://www.nih.gov)

⁶³ Lovato et al. Does tobacco advertising and promotion make it more likely that adolescents will start to smoke. Oct 2011. Available from: [Cochrane](https://www.cochrane.org)

⁶⁴ Boyland et al. Association of Food and Nonalcoholic Beverage Marketing With Children and Adolescents' Eating Behaviors and Health: A Systematic Review and Meta-analysis. Jul 2022. Available from: [nih.gov](https://www.nih.gov)

⁶⁵ Thomas et al. The health, cost and equity impacts of restrictions on the advertisement of high fat, salt and sugar products across the transport for London network: a health economic modelling study. Jul 2022. Available from: [biomedcentral.com](https://www.biomedcentral.com)

⁶⁶ Grane et al. What is the evidence that advertising policies could have an impact on gambling-related harms? A systematic umbrella review of the literature. Feb 2023. Available from: [ScienceDirect](https://www.sciencedirect.com)

⁶⁷ Scottish Government. Restricting alcohol advertising and promotion: consultation. Nov 2022. Available from: www.gov.scot

tobacco, alcohol, gambling or unhealthy food outlets is highest in our most deprived areas.⁶⁸⁻⁷² We now that the environment in which we live, including the commercial environment, is a big driver of health outcomes. Any choice made to promote this advertising is both an issue of ethics and inequality.

Health is an asset which is important in its own right, but also in helping to grow our economy. Leadership is required to support partners to take a health in all policies approach, in order to maximise health benefit for all, whilst improving the health of those most in need fastest. Considering the wider context in which people live, is also essential for understanding and being able to support them in the right way.

Conclusions

This report has documented the journey of public health over the last 100 years, highlighting some of the key changes in the nature of the health challenges we experience today. Our environment and the circumstances in which we live are fundamental determinants of our health, and drive our behaviours. Tobacco, food, alcohol and physical inactivity are the most important preventable risk factors for ill-health and mortality, and it is critical for us to upscale our efforts to tackle these, in addition to efforts to create the right environment for health, in the context of falling healthy life expectancy in Walsall. Change requires the persistent and organised efforts of society, and I would like to invite you to join us to achieve our health ambitions and ensure we become the most improved borough in the West Midlands by 2040. Health and wealth are two sides of the same coin, and to improve health is to improve the prosperity of our borough. In order to achieve these improvements, we need to create an environment in which people can thrive, equip organisations and individuals to play their part in helping others, and ensure people know where they can get support to make and sustain positive changes.

⁶⁸ University of Bath. Poor countries are hardest hit by tobacco marketing. Dec 2018. Available from: bath.ac.uk

⁶⁹ Boyland et al. Association of Food and Nonalcoholic Beverage Marketing With Children and Adolescents' Eating Behaviors and Health: A Systematic Review and Meta-analysis. Jul 2022. Available from: biomedcentral.com

⁷⁰ Scott et al. Advertisement of unhealthy commodities in Bristol and South Gloucestershire and rationale for a new advertisement policy. Jun 2023. Available from: biomedcentral.com

⁷¹ Macdonald et al. Do 'environmental bads' such as alcohol, fast food, tobacco, and gambling outlets cluster and co-locate in more deprived areas in Glasgow City, Scotland? May 2018. Available from: ScienceDirect

⁷² University of Bristol. The Geography of gambling premises in Britain 2018 – 2020. Available from: bristol.ac.uk ⁶⁹ National Centre for Smoking

⁷² National Centre for Smoking Cessation and Training. Very Brief Advice on Smoking. Available from: VBA

Overarching recommendations - a call to action.

Creating an environment in which people can thrive

Overarching recommendations

- Fully implement a Health in all Policies approach within the council and through wider partnerships – going beyond impact on health to maximising benefit to health and reducing inequality.
- Design health into borough-wide regeneration programmes, housing, employment and education programmes.
- Develop a partnership approach to financial inclusion strategy in the borough, to prevent and alleviate poverty, building wealth in an inclusive way in our communities.
- Act as leaders in the system to delivery policy change linked to advertising harmful products: tobacco, alcohol, food which is high in sugar, salt and fat, gambling and high carbon products.

Food and movement

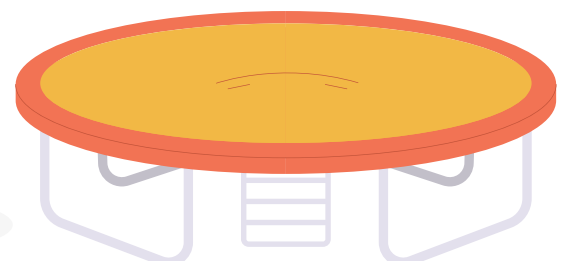
- Develop healthy high streets in our town centres through policy levers, incentivisation, planning and licensing processes, advocacy and collaboration.
- Increase community access to and use of good quality green space in the borough, and other opportunities to increase physical activity.
- Improve the food offer in a variety of settings including: council and NHS buildings, local food businesses, workplaces, and educational settings.

Tobacco

- Create smokefree places to support Smokefree 2030 ambitions: outdoor areas around hospitals, schools, workplaces, public buildings, playgrounds, sports grounds and smoke-free homes.

Alcohol

- Use licensing policy to minimise the risk of alcohol harm.



Playing our part - supporting people

Overarching recommendations

- Build an understanding of the environment in which people live (access to good education, housing, employment, and their financial circumstances) into conversations about health and know where people can access support.
- Promote the use of and support access to public health, mental wellbeing and wider support services (see below).
- Develop new partnerships and pathways with local support services, and join our local partnership groups for tobacco, alcohol/drugs and food.

Tobacco

- Become a stop smoking champion – [learn how to have conversations with people about smoking](#).⁷²

Alcohol

- Support our alcohol and drug services, and support individuals [through delivery of brief interventions](#).^{73 74}

Food and movement

- Support people with the right advice and know what is available to help people access good affordable food and opportunities to be physically active.



⁷³ NHS England and Public Health England. Alcohol Identification and Brief Advice programme. Available from: [elearning for healthcare](#)

⁷⁴ National Institute for Health and Care Excellence. Drug Misuse in over-16s. Jul 2007. Available from: [NICE](#)

Knowing where to go for help – spread the word!

There are a range of public health support services in Walsall, which have been referenced throughout this report. These form part of a much wider directory of support services including a large range of community and voluntary sector services, which form part of the [Walsall Wellbeing Directory](#).

[Home](#) > [Health and social care](#) > Walsall Wellbeing Directory

Walsall Wellbeing Directory

Helping you to find services in Walsall



For our range of public health and wider support services, please see overleaf

Monitoring our success

Overarching recommendations

- Use data and citizen insights to understand drivers of inequalities (e.g. differences linked to ethnicity, gender) linked to the key risk factors of ill-health, and to access, experience and outcomes of people accessing support services.
- Use data science techniques to model outcome trajectories linked with our ambitions, and to support operational work to meet these.



Walsall Public Health and wider support services - a life course guide

For wider support and access to voluntary and community sector services, search or [visit the Walsall Wellbeing Directory](#).

For wider council services [visit the Walsall Council website](#), contact 01922 650000 or [visit your local Walsall Connected hub](#) for help to get online.

Health Visiting Service for 0-5s

01922 603074

HENRY - healthy eating programme for families (0-12 years)

www.henry.org.uk

Walsall Family Hubs

www.walsallfamilyhubs.co.uk



Infancy and early years

Be Well Walsall - smoking, weight and health check support | 01922 444044

The Beacon - Change Grow Live - alcohol and drug services | 01922 669840

Walsall Integrated Sexual Health (WiSH) | 01922 270400

Walsall Council services (Walsall Leisure, Healthy Spaces)

Diabetes prevention programme

Mental health and wellbeing support (visit [Black Country Healthcare NHS](#)

[Foundation Trust](#) and [Walsall Council's wellbeing web pages](#))

Gambling support services - Aquarius | 0300 456 4293



Young adulthood

NHS immunisations and screening

Pregnancy

NHS Healthy Start - help to buy healthy food and milk (0-4 years)

www.healthystart.nhs.uk

Walsall Health in Pregnancy

01922 423252

Walsall Stop Smoking in Pregnancy

01922 270477



Childhood and adolescence

Black Country Moving - physical activity finder

blackcountrymoving.activityfinder.net

Food for Life Walsall

Children and Families Healthy Eating Programme

School Nursing | 01922 423349

POP Walsall - health for 15-25 year olds

www.popwalsall.co.uk



Older adulthood

NHS Health Checks

For 40-74 year olds with no pre-existing conditions

Making Connections

Walsall - loneliness and isolation support



Many of the services can be accessed by residents within a range of different age groups.

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QR Code and URL to Public-facing Public Health Outcomes Framework and Tobacco, Obesity and Alcohol Profile visualisations for Walsall:

<https://walsallintelligence.shinyapps.io/PHOF3x3/>



