

The Annual Report of the Director of Public Health for Walsall 2014/15



Starting Well, Living Well, Ageing Well in Walsall



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Foreword by Dr Barbara Watt, Director of Public Health

This is my first Annual Report on the health of the people of Walsall. Reports like this have a long history, having started with the work of Walsall's first Medical Officer Dr James MacLauchlan in 1871. These reports give an independent review, which in the days of Local Authority Public Health departments were presented at the annual general meeting of the Borough Council in public. Many were produced by Walsall Local Medical Officers for Health.

The vision for Public Health Walsall is based on the national priorities set down through **Public Health England**. We have structured report chapters around the human life cycle: **Starting Well**, **Living Well** and **Ageing Well**.

This mirrors the new **Healthy Walsall website** www.healthywalsall.co.uk/ that directs members of the public to Public Health commissioned services.



This Annual Report sets out some recommendations and examples of how the Public Health team in Walsall Council have started to change and modernise services in the Borough over the last two years. I hope that the Public Health team in the Council can continue to influence and change service provision in the Borough for many years to come.



Figure 1 Healthy Walsall Website Screenshot

Dr Barbara Watt

Director of Public Health, Walsall Council

Introduction

All Directors of Public Health produce regular reports on the health of their local population. Traditionally, these reports have focused on describing health status. However with improved access to health statistics through other regular reports from a number of organisations, there is less need to include detailed statistical information here than in the past. Instead this report will give an account of the key Public Health challenges for the Walsall population at each stage of the human life cycle and the priority actions being taken to address each.

- **2 Years in the Council**

Local Authorities in England took responsibility for the commissioning of some Public Health services from the National Health Service (NHS) on April 1st 2013. Public Health Walsall has been through significant change during the two years since this transfer back to local government. The Director of Public Health, now located within the local authority, is well placed to plan strategically how to reduce health inequalities by working across all local authority service areas.



- **Financial / budget austerity**

Austerity is the policy of reducing government budget deficits. Austerity policies may include spending cuts, tax increases, or a combination of both. In these financially straitened times, Walsall has less money to spend on tackling Public Health and healthcare challenges, such as smoking, obesity, or those associated with ageing or population inactivity.

- **Walsall Health and Wellbeing Strategy**

The Walsall Health and Wellbeing strategy¹ sets out key priorities that all statutory and non-statutory partners in Walsall must tackle in an ordered way through each stage of life: from birth; through childhood; the transition into adulthood and working life through to retirement. It recognises the strong correlation between poor health and the social and economic conditions, in which people are born, grow, live and work.

- **Walsall Joint Strategic Needs Assessment (JSNA)**

The main purpose of the JSNA is to accurately assess the health needs of the local population in order to improve the physical and mental health and wellbeing of individuals and communities. The NHS and local authorities have had a statutory duty to produce annual JSNA data since 2007. The latest full Walsall JSNA report² was produced in 2013 and is currently undergoing refresh to represent latest data, with information continually being added from in-depth studies produced for specific topics (e.g. the Infant Mortality needs assessment). The JSNA exercise has a central role to bring together partners from across the NHS, local government and the voluntary sectors to analyse current and future health needs of populations. Collaboration and involvement of all central and local government departments and the third sector is essential to deliver the wider benefits of wellbeing.



¹ Transforming Health and Wellbeing for all in Walsall. The Health and Wellbeing Strategy for Walsall 2013–2016. Plan for action in 2014-2015. (www.cms.walsall.gov.uk/final_2014_hws_refresh.pdf)

² Walsall Joint Strategic Needs Assessment Refresh (2013), Final Version. (www.cms.walsall.gov.uk/final_2014_hws_refresh.pdf)

Examples of Public Health facilitating change across the country

A Local Government Association (LGA) report was published following 20 months of Public Health and local authority fusion³. Taking the form of a set of detailed case studies, a variety of local authorities was chosen representing varying levels of deprivation and area classification (i.e. both rural and urban neighbourhoods). The areas selected were Wigan, Newcastle, Solihull, Hampshire, London Borough of Lambeth, Bath and North East Somerset, East Riding of Yorkshire and Gloucestershire.

All areas reported that the transfer to local authorities had been a positive development for tackling the wider social and economic determinants of health. They also indicated that many of the activities they are now involved in may not have happened, or may have happened more slowly, without the 2013 transformation.

Although most Public Health teams had 'hit the ground running', it was sensed that there is still huge potential to increase mutual understanding of the synergies. The case studies also revealed Public Health and other Council functions needed to understand and utilise each other's strengths to add value to what they do. Additionally, it was recognised that by being part of the Council, Public Health were more able to match interventions to the needs of the local community.

Public Health Transformation in Walsall

During 2014/15, Public Health Walsall established a **Transformation Fund of £1 million** to invest in services across the Council⁴. The purpose was to deliver improvements in the health and wellbeing of residents. The source of this fund was a ring-fenced Public Health grant from the Department of Health. The fund aimed to change the way the Public Health function works in Walsall, by extending its reach across a range of Council service areas, delivering wider Public Health benefits.

Additionally, the transformation fund allowed innovative, pilot health programmes to be created and reviewed, providing improvements in health and wellbeing for residents further reducing the impact of budget cuts.

It is proposed that an additional £1.2 million will be released in 2015/16 through disinvestment in some existing Public Health services and this will be reinvested through the Public Health Transformation Fund. Figure 2 illustrates how the transformation fund was used during 2014/15 by service area.

³ 'Public health transformation, twenty months on: Adding value to tackle local health needs', © Local Government Association, February 2015, www.local.gov.uk

⁴ 'Public Health Transformation Fund', Walsall Council Cabinet Report (Dec 2014)

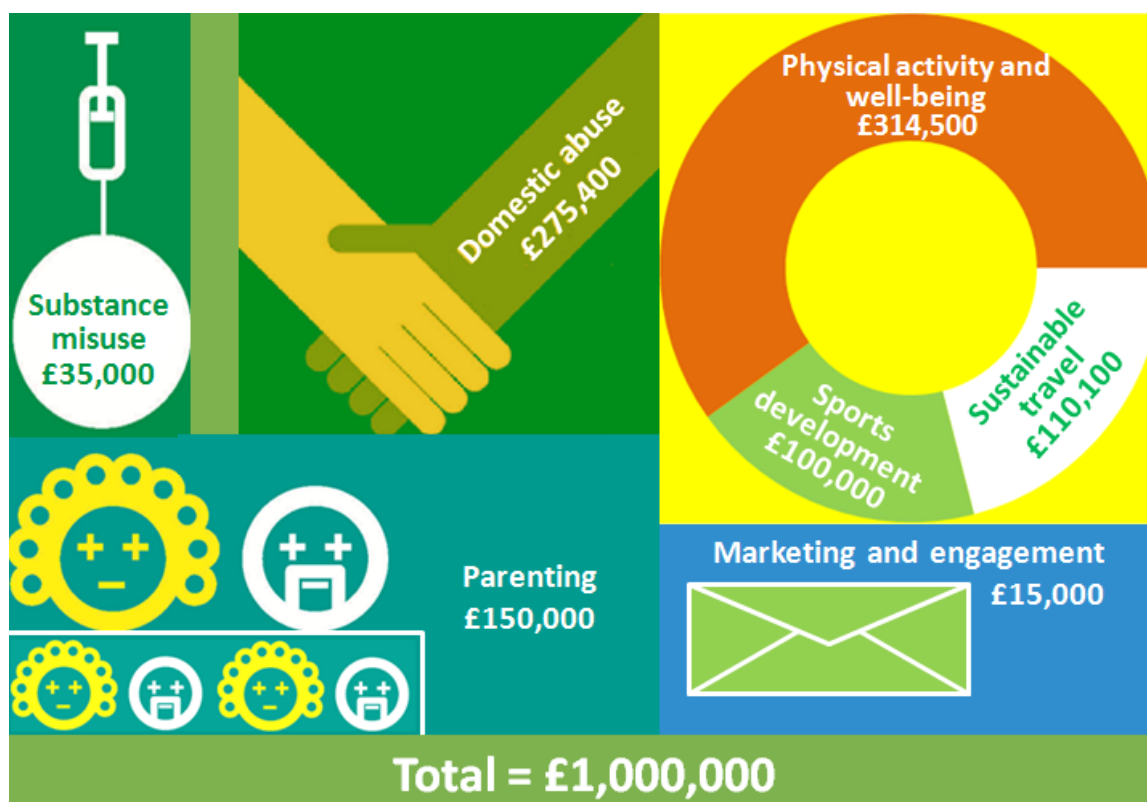


Figure 2 How the Transformation Fund was using in Walsall during 2014/15

Improving health in the community cannot be achieved by just one service in isolation. By embedding Public Health through all of the Council's services, a wide range of programmes that support the health improvement of the local population are accessible.

Walsall programmes are designed and tailored to meet the needs of particular groups, for example children, older people or those living with one or more medical conditions, ensuring services are delivered fairly according to the needs of the specific population.

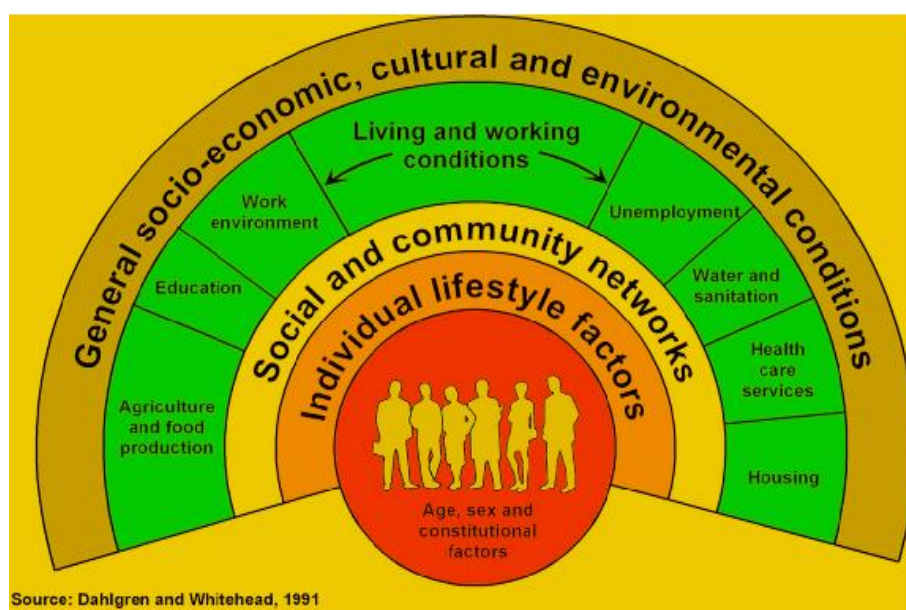


Figure 3 Embedding Council Services

Chapter 1 – Starting Well in Walsall

1.1 Early Years

Children develop quickly in the early years and practitioners do all they can to help them have the best possible start in life. Interventions early in life to support good parenting can help to reduce health inequalities and other future poor outcomes, including the detrimental impacts of child poverty.

1.1.1 Where we are?

Perinatal and Infant mortality rates are higher in Walsall than regional and nationally, although these are gradually reducing.

The main contributors to infant mortality include deprivation, low birth weight (which is affected by smoking in pregnancy) and also smoking in pregnancy as an independent factor. There are also difficulties in monitoring an unborn baby's weight where the mother is very overweight. Maternal obesity is also a risk for stillbirth and prematurity.

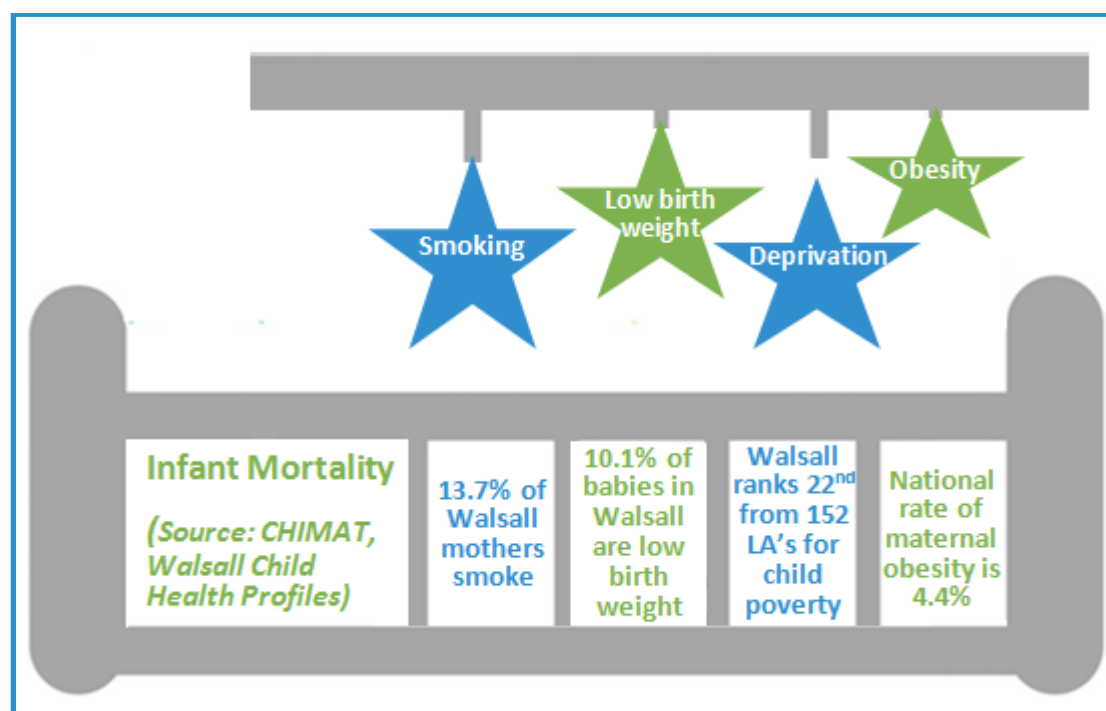


Figure 4 Contributing factors for infant mortality

Breastfeeding be protective against infant mortality. In Walsall, breastfeeding rates are showing signs of improvement. The proportion of mothers smoking in pregnancy is also reducing.

Live births in Walsall are increasing whereas stillbirth rates have not declined significantly. Poverty and need are increasing for children. This is due in part to the higher birth rate known to occur in deprived areas. Recent data showed that 30% of births occurred in the most deprived areas of Walsall with only 11% of births occurring in the most affluent areas.

Early parenting styles are known to predict health outcomes and life chances. Good parenting can improve school readiness, reduce behaviour issues and decrease family stress. Over time, this can lead to avoidable costs to the NHS and public sector.

Childhood obesity is also seen as a key issue in Walsall, it can start in the very early years

- 24% (854) of Walsall's Reception children are overweight or very overweight
- Obesity does not affect all groups equally and is associated with many indicators of socioeconomic status, with higher levels of obesity found among more deprived groups. Local data shows the obesity prevalence in Reception children increases significantly from 2.7% to 11.4% as socio economic deprivation increases.
- Some black and minority ethnic (BME) groups are also more at risk of becoming obese. In Walsall Black (16.5%) and mixed race children (13.6%) are significantly more likely to be obese than Asian (9.2%) and White children (10.0%) in Reception.

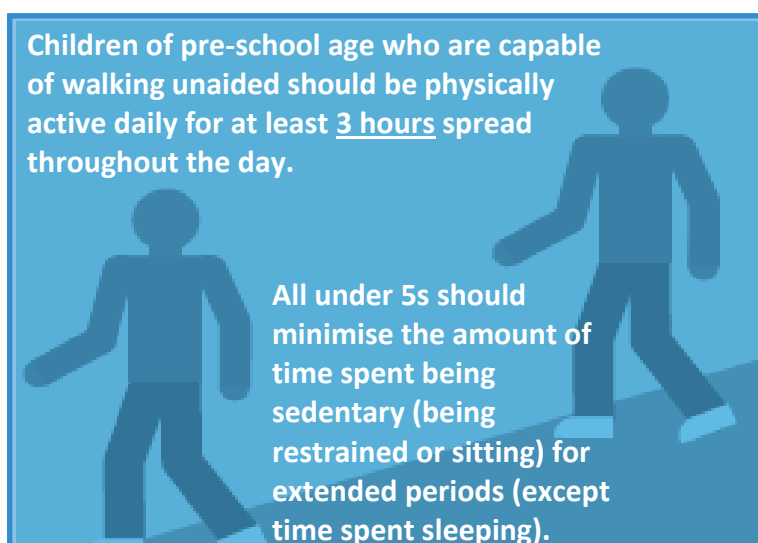


Figure 5 Physical activity guidelines for under 5's – Infants who are capable of walking

1.1.2 What changes we can make to improve / transform services?

Tackling Perinatal and Infant Mortality is a major priority for key partners across Walsall. The CCG, Walsall Healthcare Trust and Public Health Walsall teams have separate actions based upon an in-depth study into infant mortality in Walsall and its causes.

From October 2015 **health visitors** will be commissioned by the Local Authority, which gives Walsall a unique opportunity to integrate the health visiting service with Children's Centres and Early Years Education providers. This will result in improved services for families.

Parenting is critical to the early years and subsequent quality of life for children. To support **parenting** Public Health have invested in parenting programmes, ensuring that Children's Centres offer Public Health messages through the **transformation fund**.

Transforming 0-5 services:

- Promote Public Health messages relating to maternity care, smoking and obesity
- Promote education on SIDS awareness including co-sleeping, alcohol, smoking, restricted foetal growth
- Maintain clear pathways for interagency working with high risk families
- Ensure feedback from Child Death Overview Panel reviews are shared
- Address service provision within areas of high deprivation
- Expansion of the Health Visiting Service
- Walsall Momma's to communicate messages (e.g. importance of foetal movements)
- Promotion of flu jabs for eligible groups including pregnant women
- Promotion of smoking Cessation in Pregnancy Services
- Increase breastfeeding rates / Maternal and Early Years
- Increase women entering pregnancy in healthy weight
- Children's Centre Services promoted
- Reducing Risk through screening and immunisation

1.1.3 What future services could look like?

Health Visitor numbers are increasing and in future they will be working more closely with the services offered to families via Children's Centres and nurseries. In deprived areas there is need for intensive health visitor support for many reasons, including increasing birth rates. The **parenting strategy is being revised** to focus support through a multiagency approach based around the following outcomes:

Outcome 1:	Outcome 2:	Outcome 3:
Reduce looked after children numbers by improving parenting and support to the most vulnerable (levels 3 and 4)	Improved parenting skills and wellbeing of vulnerable families with a child aged 0-5 (level 2)	Improved parenting skills for all parents (level 1-universal)

The **school nursing service** will also be raising its profile within schools in Walsall and supporting pupil emotional health and wellbeing as well physical health.

1.1.4 Case Studies: Flu Fairies

The key to improving the health of **parents and children** is how we communicate health messages to enable Walsall people to receive advice. A variety of programmes have been working with local people. One programme, **Flu Fairies**, explored what influences women to have the **flu jab in pregnancy**.



Flu Fairies Learning:

- Women listen to other family members
- Women value person to person advice
- Women don't always want to hear medical language or be given impersonal messages in a leaflet
- Women receive mixed messages e.g. midwife / 'Nan' / internet searches

As a result of *flu fairies*, the increase of the take up of flu jabs by pregnant women in Walsall showed the greatest increase in the West Midlands during 2014/15

1.2 Children and Young People

The transition from childhood to adult life is one which is fraught with challenge and risk. Adolescence is the time when young people start to make decisions about how they live and opportunities arise to engage in what is known as 'risky behaviour' such as smoking, drinking alcohol or sexual activity. One of the aims of public health policy is to prevent, or at least delay and minimise, the potential harm that can be the result of these types of risky behaviour for young people. Public Health Walsall recognises that issues affecting the health and wellbeing of adolescents rarely exist in isolation.

1.2.1 Where we are?

Activity and weight

Obesity does not affect all groups equally and is associated with many indicators of socioeconomic status, with higher levels of obesity found in more deprived areas. In Walsall, 40% of Year 6 children are overweight or very overweight. Additionally, some black and minority ethnic (BME) groups are also more at risk of becoming obese.

The Walsall YOW (Youth of Walsall) survey found that only 16% of young people did physical activity for an hour or more over 7 days. Boys were more active than girls and less likely to reduce their activity levels as they moved from childhood to adolescence.

Drugs and Alcohol

Adolescence is a period of exploration and experimentation where attitudes and behaviours become established and continue into adulthood e.g. Smoking, substance misuse, physical activity and sexual risk taking. In Walsall, there has been an increase in the last 12 months of 18-24 year olds in **drug and alcohol treatment** from 17% to 21%⁵.

Sexual Health

It is important to recognise that people may be **sexually active** from the onset of puberty. Young adults are at higher risk of acquiring Sexually Transmitted Infections (STIs) compared to other age groups. In Walsall, 57% of the 2,631 acute STIs diagnosed during 2013 occurred in the 15-24 year age group. Chlamydia rates in Walsall for 15-24 year olds is 17 per 100,000 in comparison to the England rate of 13.4.



⁵ Public Health Walsall 2014 Substance Misuse Needs Assessment

Young adults are also more likely to become **re-infected** with STIs, contributing to infection persistence and health service workload. In Walsall, an estimated 11.8% of 15-19 year old women and 8% of 15-19 year old men presenting with a new STI at a GUM clinic during the five year period from 2009 to 2013 became re-infected with an STI within twelve months. This suggests that young adults lack the skills and confidence to negotiate safer sex.

The Walsall conception rate in 2013 was 36.8 conceptions per 1,000 girls aged 15-17, this was significantly higher than the rates for comparator authorities (such as Rochdale), regionally and the England rate (24.3%).

Mental Health

The general health and wellbeing of adolescents in Walsall is worse than in England as a whole. Nationally 1 in 10 young people experience **mental ill health** with rates of mental health problems on the increase and rising as young people reach adolescence.



Young Offenders

The Walsall Youth Justice Service is a multi-agency team, with Public Health as a statutory funding partner. Currently staff are deployed from the Crime Reduction Initiative (CRI) Young Person's Substance Misuse Services, Child and Adolescent Mental Health Services (CAMHS) and school nursing.

In 2009/10 there were 389 community and custodial sentences passed on Walsall young people. In 2014/15 this reduced to 215, i.e. a reduction of 44.7% over 5 years.

In 2014/15 a greater percentage of youth justice assessments identified substance misuse (a 6.7% increase) and mental and emotional health concerns (a 9.1% increase) than in the previous year. Also, almost 1 in every 5 young people known to the Youth Justice Service showed self harm risks, compared to the wider population of young people. This makes young people who offend in Walsall twice as likely to be at risk of self harm.

In Walsall's Youth Justice population of 10-18 year olds, 77% smoke, over 5 times as many as the general population. The trend continues with cannabis 6.4% of the general population of 16-24 year olds smoke cannabis (source: 2013 crime survey) and in Walsall's Youth Justice population this is over 10 times that at 67.4%. Engaging complex young offenders to address their health needs is challenging and their attendance at mental health appointments is lower compared to those young people entering into mainstream services.

1.2.2 What changes we can make to improve / transform services?

Activity and weight

We must ensure, through the services we commission, that young people's **weight management and healthy eating programmes** identify and target high risks groups e.g. BME, boys, children with disabilities and those living in deprived areas.

Drugs and Alcohol

An integrated **drug and alcohol recovery service** has been commissioned and came into operation on July 1st 2015. This will bring together the elements of drug and alcohol clinical intervention with an increased range of psycho-social measures directed at improving recovery outcomes.

Sexual Health

In Walsall we are committed to supporting all residents, to live a healthy sexual and reproductive life, free of discrimination, regret, coercion and violence. To achieve this we want a **joined-up, integrated sexual health system** which provides good quality and value for money. The recommended new system will support people in making informed, confident choices and will especially focus on those at greatest risk, such as the adolescent age group.

Mental Health

There is a need for a system of **early mental health assessment and intervention** for all children including looked after children and young people. Further research is required to understand the mental health needs of this population. Parental and foster carers training and support is also required for dealing with mental health conditions. Resilience support and training should be offered to children in schools. Cognitive Behaviour Therapy (CBT) may be beneficial to young people identified as having a mental health concern and a programme of support should be developed to meet the needs of that family as appropriate.

Young Offenders

Liaison and diversion work is an important development that is occurring within the youth justice arena in Walsall. At the point of entry into the Youth Justice System, there is a need to improve the early identification of young people with mental health, learning and communication difficulties or other vulnerabilities that affect their wellbeing. Access to multi-agency support for these young people needs to improve to divert them from the Youth Justice System when appropriate or to ensure they have the right intervention.

Other objectives to reduce longer term offending behaviour and health inequalities for this social excluded group will be achieved through close partnership working.

The Youth Justice Service in Walsall is addressing how we engage young people in mental health interventions. We need to better understand why engagement with main stream mental health services is greater for those young people not involved in the Youth Justice System. In partnership with CAMHS and the NHS we have trained our practitioners in working with communication difficulties and developmental disorders and it is hoped that these increased skills will prove dividends with successful engagement.

There is a need for closer links between substance misuse services and smoking cessation services to be able to provide our young people with effective intervention to reduce re-offending and improve health outcomes. We need to better understand the relationship between tobacco dependency, cannabis misuse and offending.

1.2.3 What future services could look like?

Healthy Weight and Physical Activity

In order to reduce the population burden of obesity and increase physical activity levels, there must be a balance between a **universal approach to prevent people becoming obese** and **targeting high risk groups**, including those who are already overweight, obese or inactive.

Drugs and Alcohol

The integrated **drug and alcohol recovery service** will bring together the elements of drug and alcohol clinical intervention with an increased range of psycho-social interventions directed at improving recovery outcomes.

Sexual Health

Sexual health can affect a person's physical and mental wellbeing. **Most teenage pregnancies** are unplanned and around half end in abortion. As well as being a preventable experience for the individual, abortions represent an avoidable cost to the NHS. While for some having a child when young can represent a positive turning point in their lives, for many more teenagers bringing up a child is extremely difficult and often results in poor outcomes for both the teenage parent and the child, in terms of the baby's health. Teenage Pregnancy remains a very complex issue. Further reductions in Walsall's rates and accelerated progress will only be achieved with the commitment of all partners, supported by a refreshed, strengthened and mainstreamed strategy/action plan.

Strategic Sexual Health Outcomes:

- To reduce unplanned teenage pregnancies with an agreed target a year-on-year reduction in under 18 conceptions
- To reduce the percentage of under 18 conceptions that end in abortion.
- To reduce the level of Sexually Transmitted Infections
- To improve the outcome for young parents and their children through improved health and behaviour and an improvement in mother's life course and economic self sufficiency
- Improve uptake/access to Young People's Health Services as appropriate, that are young people friendly (meet **You're Welcome criteria**) and are available in a diverse range of settings including Schools, and training providers
- Target vulnerable Young People to enable early identification/intervention to take place, particularly in the case of young people exhibiting risky behaviour

Through the **Transformation fund** Public Health Walsall department is supporting a reduction in under 18 conception rates by working with key partners ensuring the following initiatives:

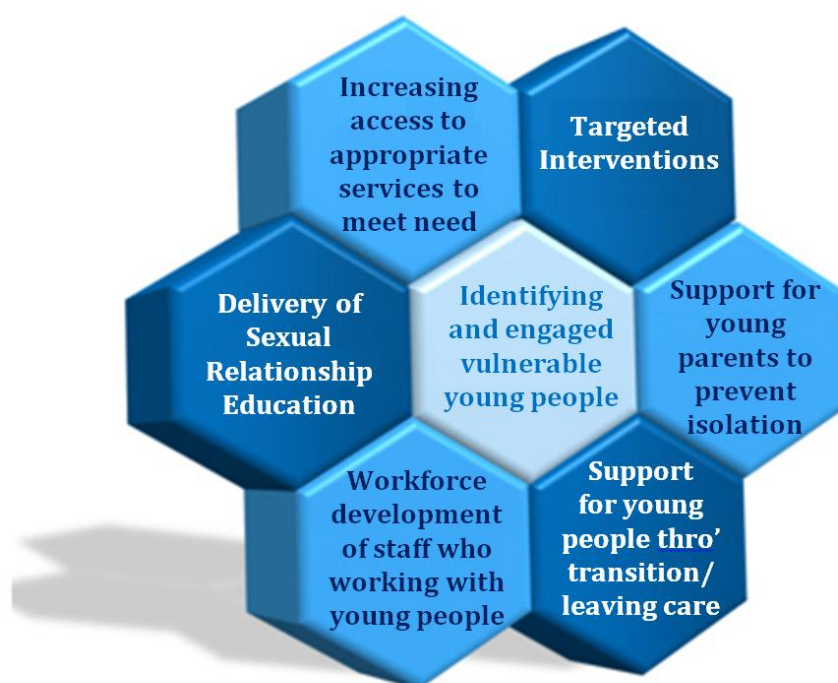


Figure 6 How the Transformation Fund was used to reduce Under 18 Conception Rates

Mental Health

Future services would identify young people at risk of **mental ill-health early** and should include therapy / Cognitive Behavioural Therapy (CBT) support as appropriate for young people. Young people will know how, when and where to get support when needed. This should mean that fewer young people will develop enduring mental health conditions. There will; be a seamless pathway of support services for young people which is appropriate and accessible to those with the greatest level of need.

Young Offenders

The links between Liaison and Diversion and CAMHs, substance misuse intervention alongside smoking cessation, mental health services and the Secure Estate (such as young offenders institutions or secure children homes) could mean that future services for young offenders are more **joined up** and pathways within health and the Youth Justice Service become clearer.

The continued reduction in the number of young people appearing in Court and receiving a custodial sentence, means that we will be working with a smaller cohort of young people with increased and multiple complex needs. It is therefore important that through clear inter-agency pathways we engage with young offenders early and effectively to ensure positive health and youth justice outcomes.

1.2.4 Recommendations

Healthy Weight and Physical Activity Recommendations:

- Redesign the local Healthy Schools Award to offer schools a package of tailor made services and offer advice on support on how to utilize the school sport premium effectively.
- Support and offer training to caterers and teachers to achieve new mandatory food school standards and increase the quality, take-up and economic viability of school meals.
- To develop links between education and green spaces through improving schools' knowledge of local green spaces and teachers' confidence in delivering outdoor learning.

Data sets that demonstrate **drug and alcohol services'** contribution to corporate priorities would be useful in identifying which programmes are of most benefit, such as:

Drug & Alcohol Evaluation Data Recommendations:

- Safeguarding children and young people
- Reducing the number of looked after children.
- Reducing offending.
- Data around domestic abuse reduction.
- Improving community safety by reducing the harm caused by drug and alcohol.

Prevention messages must be promoted to adolescents, with additional emphasis placed on engagement with high risk groups.

Sexual Health Recommendations:

- Ensuring adolescents understand they should always use a condom correctly and consistently when having sex with casual or new partners, until all partners have had a sexual health screen.
- Reducing their number of sexual partners and avoiding overlapping sexual relationships
- Sexually active under 25 year olds should be screened for Chlamydia every year and also on change of sexual partner.
- Contraception should be available through general practice and a range of contraceptive, sexual health and young people's services. Contraception should be provided free from any prescription charges.

Mental Health Recommendations:

- Provision of mental health awareness raising sessions in all schools
- Implementation of Making Every Contact Count (MECC) & 5 ways to wellbeing peer support programme in schools
- Ensure all young people are provided with information on how, when and where they can get support
- Make support available and when the need is identified
- Offer young people a programme of support through home and school
- Train teachers in identifying those at risk and working appropriately with young people

Youth Offenders Recommendations:

- Develop links between substance misuse services, cannabis intervention and smoking cessation services.
- Develop our understanding of the impact of 'legal highs' on physical and mental health and offending behaviour.
- Continue to train Youth Justice Service staff in mental health, emotional health and communication issues with a view to better engagement and intervention with young people.
- Improve the links between CAMHS and the secure estate to ensure appropriate and seamless mental health intervention.

With respect to youth offending, you will notice that some recommendations above involve actions from other teams (i.e. Drug & Alcohol, Mental Health). This again highlights the fact that issues for adolescents are not separate but interlinked and this type of cross-disciplinary approach is essential in providing effective support and intervention.

1.2.5 Case Study: Teens to Toddlers Project

Teens and Toddlers consists of an **18 week course** where young people spend one afternoon per week in intensive interaction with toddlers. Through participating in the programme, teenagers, selected as being at risk of becoming **NEET** (Not in Employment, Education or Training) or **teenage parents** (by teachers using a selection tool based on a set of criteria), are paired with pre-school children to mentor and support.



Teens and Toddlers participants receive approximately 40 hours of contact time with nursery children where they are encouraged to play and engage with the pre-school children, and 20 hours of curriculum input. The programme is designed to fit into a school term and sessions are spaced one week apart as an intensive course would not yield the same effects and would be too draining on the participants involved. In addition to the nursery time, classroom sessions are designed to support the young people to engage with the children while working towards a

National Award in Interpersonal Skills (Level 1 NCFE).

Teens to Toddlers Outcomes:

- **Teens To Toddlers was beneficial to young people with low self-esteem, low self-belief and poor decision making abilities**
- **Successful in encouraging young people to take greater care over their sexual health and relationships**
- **Engaging young people to realise their potential**
- **High satisfaction scores suggest that the programme was very well-received by the young people**

Chapter 2 – Living Well in Walsall

The concept of multi-agency working is now well established in Public Health. Information and services in Walsall are made available by cross-disciplinary teams to help residents live and work well. In addition to direct interventions, Public Health Walsall help residents to help themselves in making better life choices that will improve wellbeing.

2.1 Where we are?

Health and Work

Work is beneficial for improving and sustaining an individual's health. Additionally, having a healthy working age population is beneficial for the local economy in Walsall. Main principles are aligned to Walsall Council's key priority of '*supporting business to thrive and supporting local people into work*'.

Why & how we are supporting local businesses:

- To bring Walsall in line with the national average, a 38% increase on its 7,185 businesses is required.
- Improving health at work increases productivity and decrease sickness/absence.
- The Healthy Workplace programme identifies the health needs of employees and provides a tailored plan of support.
- Delivery of services such as **stop smoking, weight management and emotional health and well-being support.**

Why & how we are supporting those unemployed:

- Over 12,000 residents are claiming out of work benefits due to illness or poor health.
- 60% of these claims are due to Mental health and musculoskeletal issues
- Over 50% of Walsall's previously Looked after Children aged 19-21 are not in education, training or employment with 1 in 5 of these being due to ill health or disability.
- Walsall Works programme, delivered by Walsall Council Regeneration, supports out of work residents to access employment and volunteering opportunities.
- Walsall Public Health transformation funding is being used to enhance the Works programme to increase access to health support. This will address health issues improving access to employment as well as resident's fitness for work as they get older.

Activity and Weight

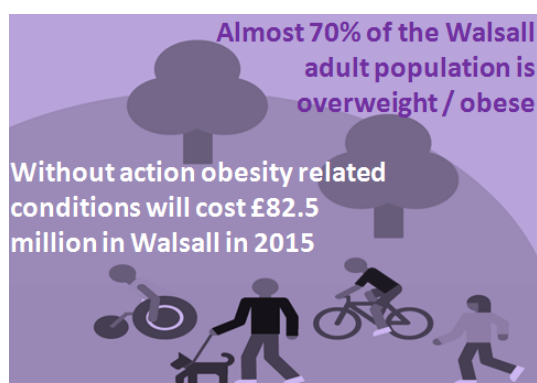


Figure 7 Obesity in Walsall

Obesity and physical inactivity are associated with many chronic diseases including diabetes and coronary heart disease (CHD). Obesity does not affect all groups equally, with higher levels found among deprived groups. Obesity threatens the health and wellbeing of individuals and puts burden on resources in terms of health costs and employers (e.g. through lost productivity).

Substance Misuse

Walsall has higher rate of problematic drug users than the West Midlands or National figures, along with a higher rate of injecting drug users. Figure 8 shows some statistics around drug and alcohol use in Walsall.

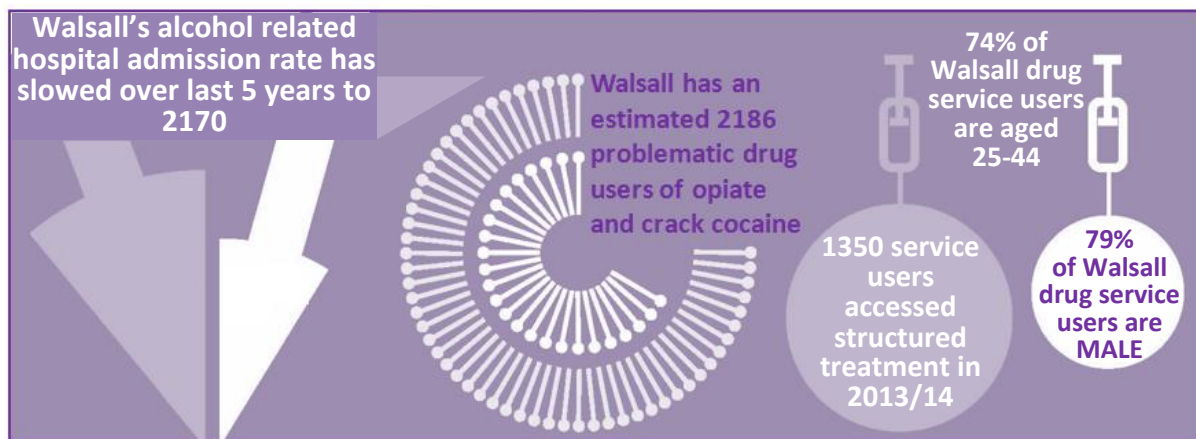


Figure 8 Substance Misuse in Walsall

2.2 What changes we can make to improve / transform services?

Health and Work

Sustaining local businesses and long-term employment in Walsall will improve business activity data. For interventions to be effective, the health of staff is integral to the culture of an organisation. This can be achieved through the Wellbeing Charter which includes: **health improvement** (smoking cessation, physical activity, diet & nutrition and emotional health and wellbeing), **health & safety** (relevant policies and employee training), **attendance management** (supporting staff to stay in work and return to work efficiently) and **leadership** (corporate engagement). Particular emphasis should be put on small /medium sized companies, low paid employees, manual labourers, the male population and BME.

Developing support for individuals with health conditions which are stopping them from working, especially mental health and musculoskeletal issues.

Activity and Weight

In order to reduce the population burden of overweight/obesity and to increase physical activity there must be a universal approach targeting high risk groups, including those who are already overweight, obese and inactive.



With key partners we need to facilitate healthy choices for Walsall residents and remove barriers to physical activity in the community. Closer collaboration between a number of sectors including Green Spaces, Planning Sustainable Travel, Public Health, Walsall Clinical Commissioning Group (CCG), Rights of Way and Canals and River Trust would increase physical activity and healthy weight prevalence across the borough.

Increased promotion of useable green spaces would allow more residents to take part in recreational walking, use active travel corridors and structured physical activities.

Substance Misuse

An integrated **drug and alcohol recovery service** has been commissioned and came into operation on July 1st 2015. This will bring together the elements of drug and alcohol clinical intervention with an increased range of psycho-social interventions directed at improving recovery outcomes.

2.3 What future services could look like?

Health and Work

A large number of local small/medium businesses committed to the Workplace Wellbeing Charter, demonstrating the benefits through a decrease in staff sickness and an increase in productivity.

Future provision would include employment and health services working alongside each other and supporting residents into good quality work to sustain long-term employment.

Activity and Weight

Ensure all adult weight management and physical activity services identify and target high risks groups e.g. adults with disabilities, black and minority ethnic groups, older people, adults with long term conditions and adults in the most deprived locations.

Substance Misuse

To further develop data sets that demonstrate drug and alcohol services contribution to corporate priorities e.g. offence reduction, domestic abuse reduction and improvement in community safety by reducing the harm caused by drug and alcohol misuse.

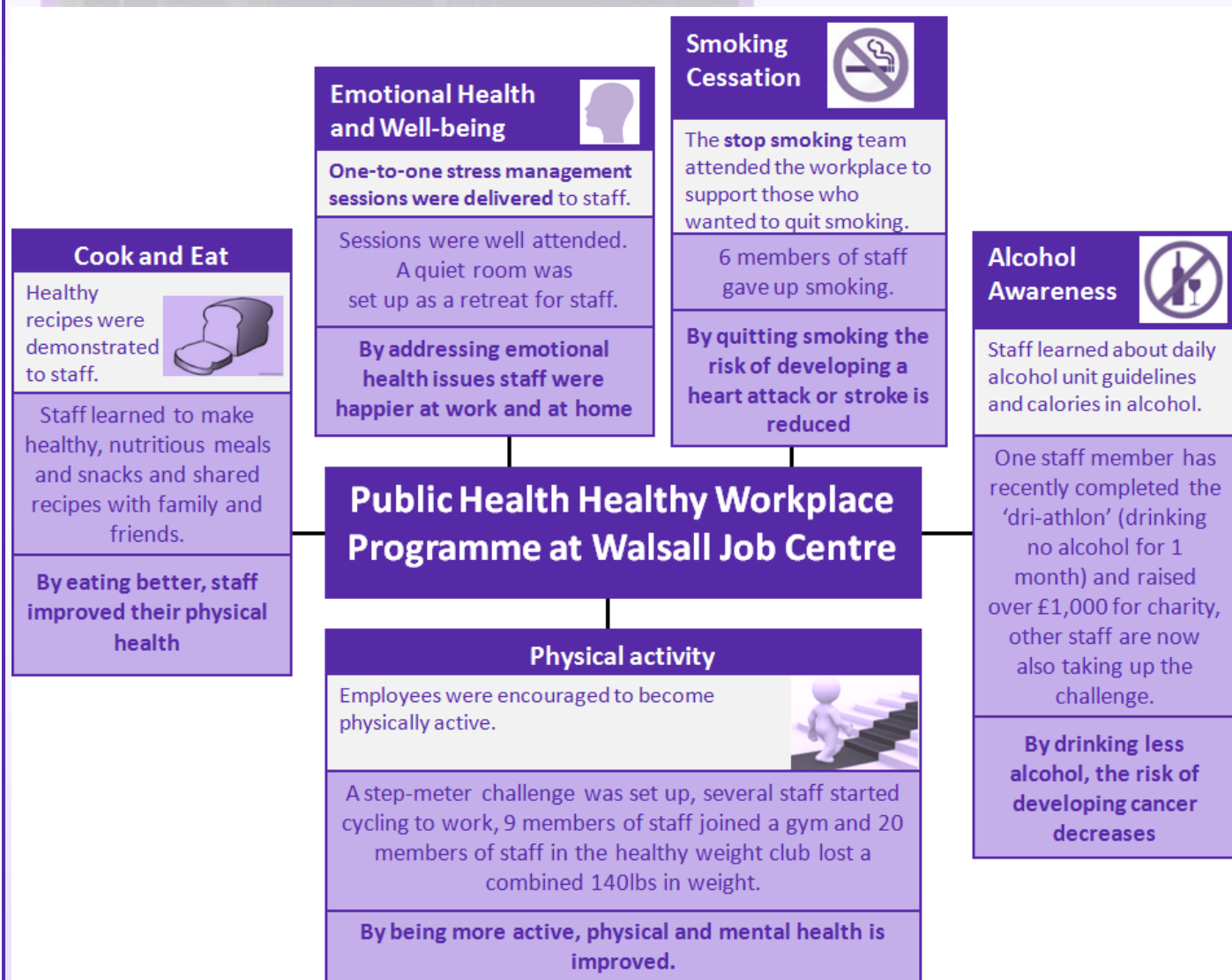
2.4 Case Study: Healthy Workplace Programme - Walsall Job Centre



Some of the 60 employees that registered for health checks

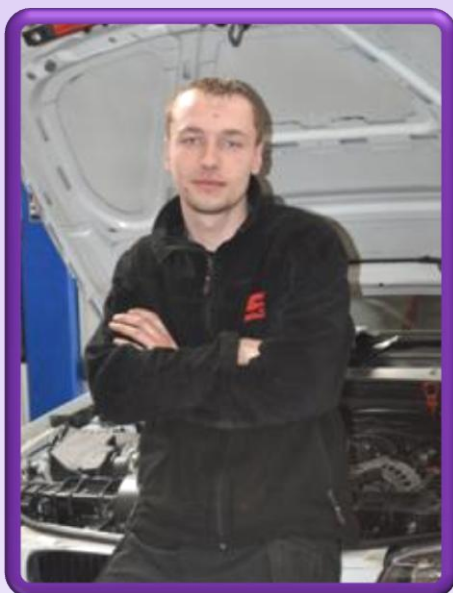
Walsall Job Centre Plus took part in the **Healthy Workplace Programme** after an increase in staff absence rates and high stress levels in the workplace.

Health Checks highlighted a number of healthy lifestyle issues and support was provided.



Through all these support programmes, evidence shows an improvement on absenteeism, productivity and staff health and wellbeing.

2.5 Case Study: Walsall Works Programme - Adam's Story



After a difficult childhood which led to suicidal thoughts, Adam got the break he desperately needed thanks to an **apprenticeship scheme** which changed his life for the better.

The 24-year-old from Walsall said that an apprenticeship with **Motorland 2008 Ltd**



(Walsall) encouraged him to turn his life around and helped him to escape from the rut he was in.

He's now reached Level 3 in Mechanics through Walsall Council's multi-million pound apprenticeship scheme, **Walsall Works**.

"I did not have a very good childhood and instead of going to school I had to stay at home to help look after my younger brothers and sisters.

Life was really hard and at some points I felt like I wanted to take my own life. It would have been easy to follow what I had been taught and to end up involved in a life of crime, drugs and alcohol but I was determined to better myself"

Adam now works full time at Motorland. The training provider Nova Training carries out assessments on Adam and he has to complete a portfolio as evidence of his work.

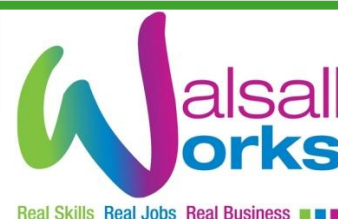
"This apprentice scheme has been a lifeline to me because it's given me a purpose and made me feel like I can achieve something in my life. One day I hope to run my own business and I will always be grateful to Walsall Works for giving me this apprenticeship"

For more information,

Call: 01922 654353 Email: walsallworks@walsall.gov.uk

Website: www.walsall.gov.uk/walsall_works

Follow us on  @WalsallWorks, Find us on  'Walsall Works'



Chapter 3 – Ageing Well in Walsall

3.1 Where we are?

In line with the UK, the Walsall population is ageing and the number of older people is estimated to increase further in the coming decade (Walsall *Health and Wellbeing Strategy*, 2013). The Public Health team in Walsall recognise that Older People are an asset to the population, adding social capital to communities.

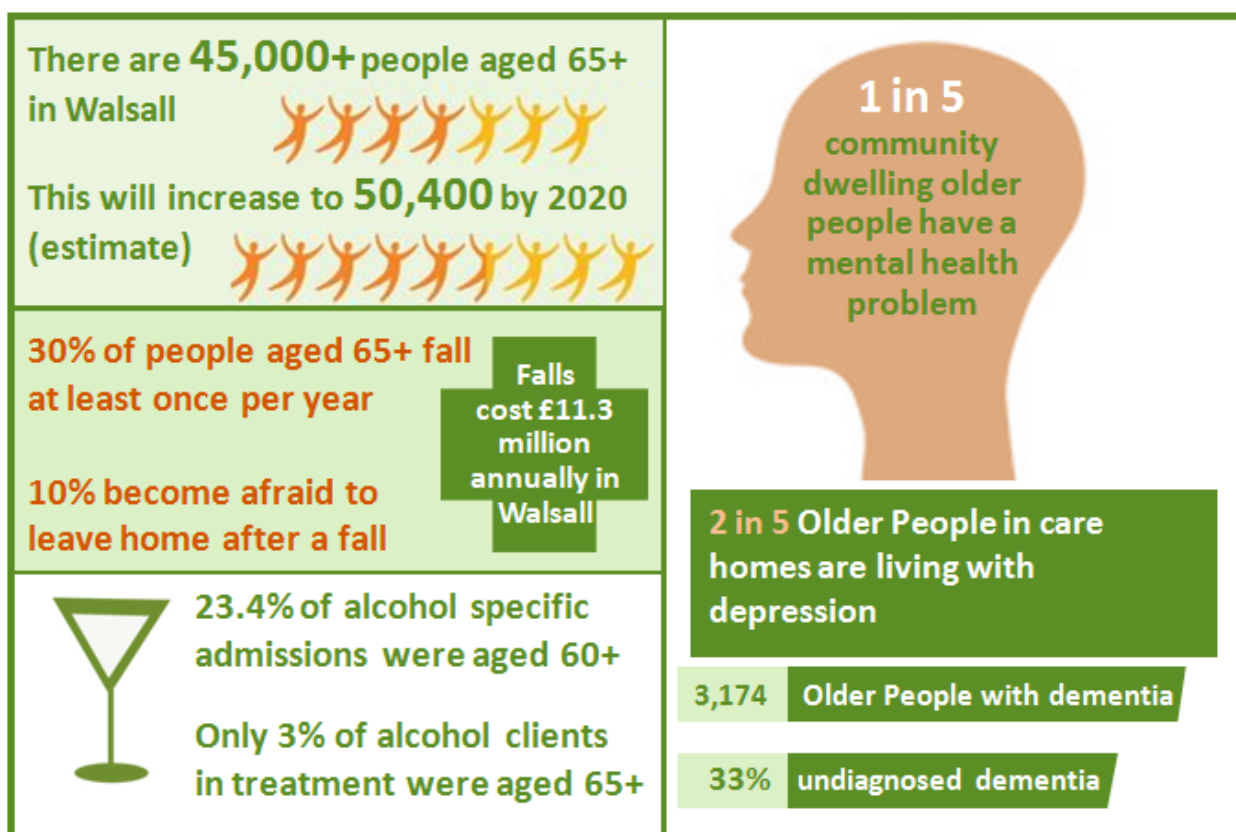


Figure 9 Ageing in Walsall

The Health and Wellbeing Strategy for Walsall details an ambition to improve the quality of life for older people in Walsall and key priorities for action. Public Health is playing a key role contributing in this area. Supporting older people to remain healthy and independent for as long as possible by providing services that promote good health and the prevention of ill health throughout the life course into older age.

Older Peoples Supporting Services:

Being Active
Good Mental Health And Wellbeing
Following a Healthy Diet
Falls and Fall Prevention

Falls

Falls and fall-related injuries are a common and serious problem as we get older. People aged 65 and above have the highest risk of falling. The human cost of falling includes distress, pain and injury. In addition, falls destroy confidence, increase isolation and reduce independence. Falls are estimated to cost the NHS in England more than £2.3 billion per year. **In Walsall, falls cost around £11.3 million.**

Falls prevention programmes have been proven to be extremely effective in reducing falls. They play an important role in reducing the financial burden on the NHS and adult social care services by preventing fractures, avoidable hospital admissions and the need for long term residential and nursing care.

The role of alcohol in falls cannot be overlooked and although data on alcohol consumption, such as the UK General Lifestyle Survey, shows that older adults might consume less than younger groups, they are more likely to drink more regularly.

3.2 What Changes we can make to improve / transform services?

A review and consultation of services has told us that there is limited public knowledge of current services and an important role to be played in promoting these.

Improve / Transform Services:	
<ul style="list-style-type: none">• A requirement for clear processes for referral• A fully integrated falls prevention service	National best practice, evidence and standards tell us that we should be providing services where:
	<ul style="list-style-type: none">• Health and Social Care are well integrated• People are encouraged to self manage• Care is person centred• People are kept out of hospital and care is received closer to home

The above have informed a new strategy and model for falls services in Walsall, to provide a systematic multi-agency approach that places greater emphasis on prevention.

Mental Health Services for Older People

It is recognised that people with mental health conditions, including older people, have complex and often unmet need. This key group are targeted by public health through the commissioning of its services. Public Health work closely in partnership with the CCG on Mental health and older people's services.

3.3 What future services could look like?

By offering a mix of prevention and intervention services, Public Health Walsall can help improve the quality of life for Older People, assisting them to age well.

Falls

Programmes and interventions to reduce falls risk could, and should, begin with the prevention of falls in the general population before the physical health and environmental situation of an individual puts them at risk of falling. This requires working with people in **middle-age** to increase their awareness of the causes of falls and the actions that they, their families and communities can take to prevent falls.

A new service model for falls services consists of 3 strands as shown:

Population Falls Prevention Service:	
Through community engagement, to proactively support the wider population and, in particular, those entering middle-age (45 years and over) with information, knowledge & risk assessment training to help them to adopt lifestyle choices and behaviour that reduce the risk of falls.	
Community Falls Prevention Service:	Specialist Falls Prevention Service:
Evidence based falls prevention interventions for those people over the age of 50 who are at a moderate risk of falls.	Clinically led, specialist falls prevention interventions for those people over the age of 50 who are at a high risk of falls.

Regarding alcohol consumption, new alcohol limit guidelines should be considered that are age specific, since older people may be less likely to tolerate the levels of alcohol recommended as safe for the general population.

Mental Health Services for Older People

Currently, Public Health funds a range of programmes which seek to address loneliness and isolation in older people including: Mental Health Re-ablement, Population Level Mental Health and Wellbeing Services, BME Mental Health and Wellbeing Service, Green Spaces project. This list is not exhaustive. During 2015/16 we will be increasing our strategic commitment to tackling loneliness, isolation, and social connectedness in older age.

3.4 Case Study : The Falls and Balance Programme

We received a referral from the **Falls Team** to see a 79 year old lady who had experienced over 20 falls in the past year.

She had become fearful of falling and had lost confidence in walking. She had stopped walking her dog, relying on family members to take him out instead. This frustrated her and she felt she couldn't accomplish everything she wanted to.

She attended 22 weeks of the **Falls and Balance programme** and over the weeks her confidence increased, particularly with her walking. From hesitantly stepping, looking at the floor and falling into her chair to walking with good posture, lifting her feet and sitting down slowly in a safe manner.



Before:
tinetti score = 8/28
(HIGH RISK)



After:
tinetti score = 22/28
(MODERATE RISK)

At the end of the programme her **tinetti score** (a falls risk indicator) had decreased significantly and she could accomplish a lot of the balance tests she previously couldn't manage.

She hasn't fallen since attending the programme. As well as the exercises, she feels her falls prevention knowledge (learned from the programme) has helped her understand why she was falling and she has stopped her doing the things which could cause a fall. Her **confidence has increased dramatically** and she is now walking her dog on her own again.



She also now regularly attends the continuation Falls Prevention class '**Active Steps**'.

Service Information

There follows a list of useful services arranged by life-cycle theme:

Starting Well:

Breastfeeding Support

01922 721172 ext. 6822/ 7280

Change 4 Life national campaign

www.registration.change4life.co.uk

Early Help Website

<http://www.mywalsall.org/walsallearlyhelp/>

Children's Centres 01922 653383

<http://www.mywalsall.org/fis/parents-homepage>

<http://www.mywalsall.org/fis/What-is-a-childrens-centres/>

Counselling for Young people

01922 649000

'Fun 4 Life' Programme

www.fun4life.org.uk

Healthy Walsall www.healthywalsall.co.uk

Make it Count

www.lifestyle.walsallhealthcare.nhs.uk/our-services/physical-activity-service.aspx

Mental Health

www.cms.walsall.gov.uk/index/mentalhealthservices.htm

Oral Health

www.dentalhealth.org/tell-me-about

Parenting Registration site 01922 653383

<http://www.mywalsall.org/fis/parenting-programmes>

School Nursing 01922 423349

schoolnursing@walsallhealthcare.nhs.uk

Sexual Health Walsall Centre for Sexual Health

01922 633341

www.walsallhealthcare.nhs.uk/sexualhealth

Smoking Cessation 0800 169 9346

www.gosmokefree.co.uk

Substance abuse 01922 669840

www.cri.org.uk

Walsall Centre for Sexual Health 01922 633341

www.walsallhealthcare.nhs.uk/sexualhealth

Way4Ward - Young Peoples Exercise

www.mywalsall.org/mywalsall/upload/file/Way%20forward%20exercise%20advice.pdf

Living Well:

Healthy Workplace Programme 0121 568 4364

www.lifestyle.walsallhealthcare.nhs.uk/our-services/health-workplace-award-scheme.aspx

Mental Health

[www.cms.walsall.gov.uk/index/mentalhealthservices.h](http://www.cms.walsall.gov.uk/index/mentalhealthservices.htm)
[tm](http://www.cms.walsall.gov.uk/index/mentalhealthservices.htm)

NHS Health Checks

email: nhshealthcheck@walsall.gov.uk

<http://www.healthcheck.nhs.uk/>

Sexual Health

Walsall Centre for Sexual Health 01922 633341

www.walsallhealthcare.nhs.uk/sexualhealth

Smoking Cessation 0800 169 9346

www.gosmokefree.co.uk

Specialised physical activity sessions

01922 658080

Substance abuse The Beacon Integrated Recovery Service 01922 669840

<http://www.cri.org.uk/content/beacon-recovery-service>

Walsall Works 01922 654353

'Weigh to Go' adult weight management service

01922 444044

Ageing Well:

Community Falls Prevention Service

[www.cms.walsall.gov.uk/index/stay_active_for_longer](http://www.cms.walsall.gov.uk/index/stay_active_for_longer.htm)
[.htm](http://www.cms.walsall.gov.uk/index/stay_active_for_longer.htm)

Community Living Directory

www.wcld.co.uk/kb5/walsall/asch/home.page

Mental Health

[www.cms.walsall.gov.uk/index/mentalhealthservices.h](http://www.cms.walsall.gov.uk/index/mentalhealthservices.htm)
[tm](http://www.cms.walsall.gov.uk/index/mentalhealthservices.htm)

Older people – health and social care

[www.cms.walsall.gov.uk/index/health_and_social_car](http://www.cms.walsall.gov.uk/index/health_and_social_care/social_care-2.htm)
[e/social_care-2.htm](http://www.cms.walsall.gov.uk/index/health_and_social_care/social_care-2.htm)

Sexual Health Walsall Centre for Sexual Health

01922 633341

www.walsallhealthcare.nhs.uk/sexualhealth

Specialist Falls Prevention Service

www.walsallhealthcare.nhs.uk/specialist-falls-and-osteoporosis.aspx

Substance abuse The Beacon Integrated Recovery Service 01922 669840

<http://www.cri.org.uk/content/beacon-recovery-service>

Appendix 1 – Acknowledgements

This report has been produced by the joint efforts of the following people, who either contributed to the writing, design or provided data and information.

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Feedback

If you have any comments or feedback on the contents of this report then please either fill in the space below and return to Walsall Public Health, Civic Centre, Walsall, WS1 1XU or email your views to...

PublicHealth@walsall.gov.uk

