Public Health is Everybody's Business

Let us Work Together, Grow Together, and Succeed Together.

Annual Report of the Interim Director of Public Health, 2011/12

Walsall Council

NHS Walsall

Acknowledgements

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Foreword from Interim Director of Public Health

The transfer of Public Health functions from the NHS back to Local Authorities across England on 1 April 2013 provides a unique opportunity and new perspective as we bring together the skills and influence of both to benefit the people we serve.

The safe transition of public health responsibilities to new organisations created as a result of the Government's Health and Social Care Act 2012 is a challenge in itself. Excellent joint working between the Public Health department of NHS Walsall and Walsall Council has produced robust arrangements to ensure that this transfer is completed safely and in time.

The greater challenge is in using the combined resources: financial of course, but also harnessing the knowledge, skill, expertise, enthusiasm and creativity of people at all levels and in a wide range of organisations including those who do not yet recognise the impact their role has on improving health and wellbeing across Walsall. The combined expertise that this change brings is an extremely powerful factor in our efforts to do our best by Walsall residents.

That is one of the objectives of this report: to set out the scope of 'Public Health' and to show the wide range of people, activities and organisations that have contributed and the successes achieved in the last twelve months. These are only a selection of the examples which could have been used. There are many others, but space is limited!

The report also identifies 'Future Opportunities': areas where further work is required. Walsall's Joint Strategic Needs Assessment 2012, "Towards a Health and Wellbeing Strategy for Walsall", which is referred to throughout the report, describes in more detail the health and wellbeing challenges we face across Walsall.

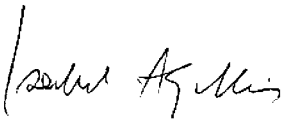
Together, we have the ability to influence those areas which have a direct impact on people's health and wellbeing such as planning, regeneration, leisure opportunities, education, housing, social care and the environment.

We are also united in our understanding of the Marmot Review: Fair Society, Healthy Lives, which encourages us to look at the bigger picture in our borough and ensure there is a co-ordinated approach to the challenges that we face.

This approach will bring colleagues from the public, private and voluntary sectors, together with the residents of Walsall to ensure we can bring about meaningful improvements.

This report gives a taste of some of the success stories while also recognising the ongoing work that is required.

Against the backdrop of a difficult economic climate, we still have a long way to go. However, the shared vision of the improvements we aspire to achieve puts us in a good place to meet the challenges of the future together.



Dr Isabel Gillis
Interim Director of Public Health

Portfolio Holder Message

When the responsibility for public health transfers from the NHS to Walsall Council in 2013, it would be something of an understatement to say there will be challenges ahead.

Rather like some of our youngsters in the borough, it reminds me a little of the first day at a new school.

We will be excited about what lies ahead - looking forward to meeting and working with a new set of colleagues, hoping to forge lasting relationships and, if we're honest, letting out a sigh now and then as we look at all the homework we need to do!

But this is a time of opportunity for us in Walsall.

We are not going into this period thinking we know it all – far from it. This transfer is all about bringing the different pieces of the jigsaw together so we have the full picture.

We appreciate that the Local Authority is in an advantageous position as its members and officers already work in areas that have an influence on people's health and wellbeing.

We know about social care, planning, education and environmental services. It's what we do, day after day.

Where we need to brush up on our understanding, however, is the sheer scope of work that our public health colleagues have been undertaking so that together we can tackle inequalities in a meaningful way.

When Walsall Council takes on its Public Health responsibilities we will be combining a wide range of skills and expertise thanks to the vital contribution of our new colleagues.

This is a significant step and one that we are taking buoyed by the knowledge that together we can build on the positive changes that our residents have already enjoyed, making even more of an impact on Walsall's communities.

Councillor Mike Bird
Leader of Walsall Council

Introduction

Hand on heart, how many people could actually give an explanation of what public health does?

In North America, a campaign titled 'This Is Public Health' certainly got people talking.

Its aim was to increase awareness of public health among the community following recognition that most people do not understand what public health is or how it impacts on their daily lives.

It involved sticking stickers with the slogan 'This Is Public Health' on sites or locations where public health plays a role, for example on bike racks, fruit stalls, 'no smoking' signs, restaurant menus, water fountains, condom machines, and cycling helmets.

The campaign showed the different ways in which public health affects people's health and wellbeing on a daily basis, and how this is affected by where and how we live, work and play.

The link below is of a video produced by students in New York City which summarises the 'This is Public Health' Campaign, and has since gained international recognition. www.thisispublichealth.org/video_highres.html.

To learn more about the campaign, visit www.thisispublichealth.org

Closer to home, public health probably conjures up some of the usual buzz words – obesity, flu, smoking?

Yes, public health is concerned with all these things but that's really just scratching the surface of something that affects people's lives every day.

Public health's key areas can be best described as:

- Health improvement
- Health protection
- Healthcare public health

Health improvement includes: addressing inequalities and the causes of inequalities, education, housing, employment, family/community, lifestyles, surveillance and monitoring of specific diseases and risk factors.

Health protection includes: infectious diseases, chemicals and poisons, radiation, emergency planning and response, and environmental health hazards.

Healthcare public health includes: public health input into the commissioning of Health Service Needs Assessment, pathway redesign, providing evidence of clinical effectiveness, service specifications, and monitoring of key performance indicators, with the aim of improving health and wellbeing and reducing inequalities.

This is all underpinned by Public Health Intelligence: a central source of information for everyone involved in public health decisions. The role of Public Health Intelligence includes:

- Providing information on key life events e.g. births
- Monitoring health and disease trends using evidence from public health information, to highlight areas for action.
- Providing health and wellbeing outcomes for a population
- Evaluating the progress made in improving health and wellbeing, and reducing health inequalities for the population

Public health is about promoting wellness, not just dealing with illness, and looks at the impact on health and wellbeing of social, economical, political and environmental factors as well as individual behaviour.

In short, we are only as healthy as the society we live in.

It is clear that public health is a huge responsibility. That said, as the majority of public health functions return to the Local Authority, the collective abilities of all of those involved can create a brighter future for our residents.

The back cover shows a summary of the key health and wellbeing characteristics in Walsall.

Back to the Future

Local government has a proud history of promoting and protecting the public's health and wellbeing, dating back to Victorian times. It was only in the 1970s that these functions were taken over by the NHS.

From April 2013 many local responsibilities for public health will move back to the Local Authority. For Walsall this means a move of these responsibilities from the Primary Care Trust (NHS Walsall) to Walsall Council.

This will see councils across England taking the lead for improving health and wellbeing, by co-ordinating local efforts to protect residents' health and wellbeing, and ensuring health services effectively promote the borough's health and wellbeing. This is not about recreating the functions that existed prior to the 1970s, but about drawing on experiences and changes over the past few decades.

For example, the current placement of public health within the NHS has led to closer working with clinical services and professionals. When public health moves to the council, this will be maintained by close working with Clinical Commissioning Groups (CCGs), representatives from the NHS Commissioning Board (NHSCB) and Public Health England.

Clinical Commissioning Groups, which will replace Primary Care Trusts (PCTs), are groups of local GPs who will be responsible for designing, commissioning and monitoring the majority of local health services to meet the needs of the local population. Examples of these services are listed in the table below.

CCGs will be overseen by the newly formed independent NHS Commissioning Board which will assist or support CCGs. It will also make sure that CCGs have the capacity and capability to commission services successfully as well as make sure that CCGs meet their financial responsibilities.

The NHS Commissioning Board will be responsible for commissioning most primary care services and services in highly specialised fields that cater for a much wider population e.g. adult cancer services, medical genetics services, and prison health services. The NHSCB will also have commissioning responsibilities for some public health services which include:

- Public health services for children aged 0-5, e.g. health visiting and family nurse partnership. These services will then transfer to Local Authority responsibility in 2015.
- Immunisation and screening programmes
- Public health services for those in prison or custody
- Child Health Information Systems

Commissioning responsibilities of the CCG	
Most community health services Maternity services Elective hospital care Rehabilitation services Urgent and emergency care Continuing healthcare Treatment of most infectious diseases	Healthcare services for children, older people, people with mental health conditions, and people with learning disabilities Abortion services Infertility services Wheelchair services Home oxygen services

Public Health England (PHE) will become the authoritative national voice of public health in England. By working with partner organisations, PHE will:

- Deliver, support and enable improvements in health and wellbeing in the areas set out in the Public Health Outcomes Framework
- Lead on the design, delivery and maintenance of systems to protect the population against existing and future threats to health.

Within Walsall Council, the Director of Public Health will be responsible for all the new public health functions of the council. They will champion health and wellbeing across the Local Authority as the person whom elected members and senior officers will consult with on a range of issues. The Director of Public Health will also be a statutory member of the Health and Wellbeing Board.

The Health and Wellbeing Board (which currently exists in shadow form), will bring together CCGs and the council to develop a shared understanding of the health and wellbeing needs of Walsall residents and to ensure that these needs are being met.

One of the ways in which the council will fulfil this duty is through commissioning a range of services from providers across different sectors, which provides an added opportunity for partnership working to improve health and wellbeing outcomes, and health and care services.

The remit of the Health and Wellbeing Board goes beyond health and adult social care to include children's health and wellbeing, and wider areas that impact on health and wellbeing such as housing, education and the environment, all of which are heavily influenced by the council.

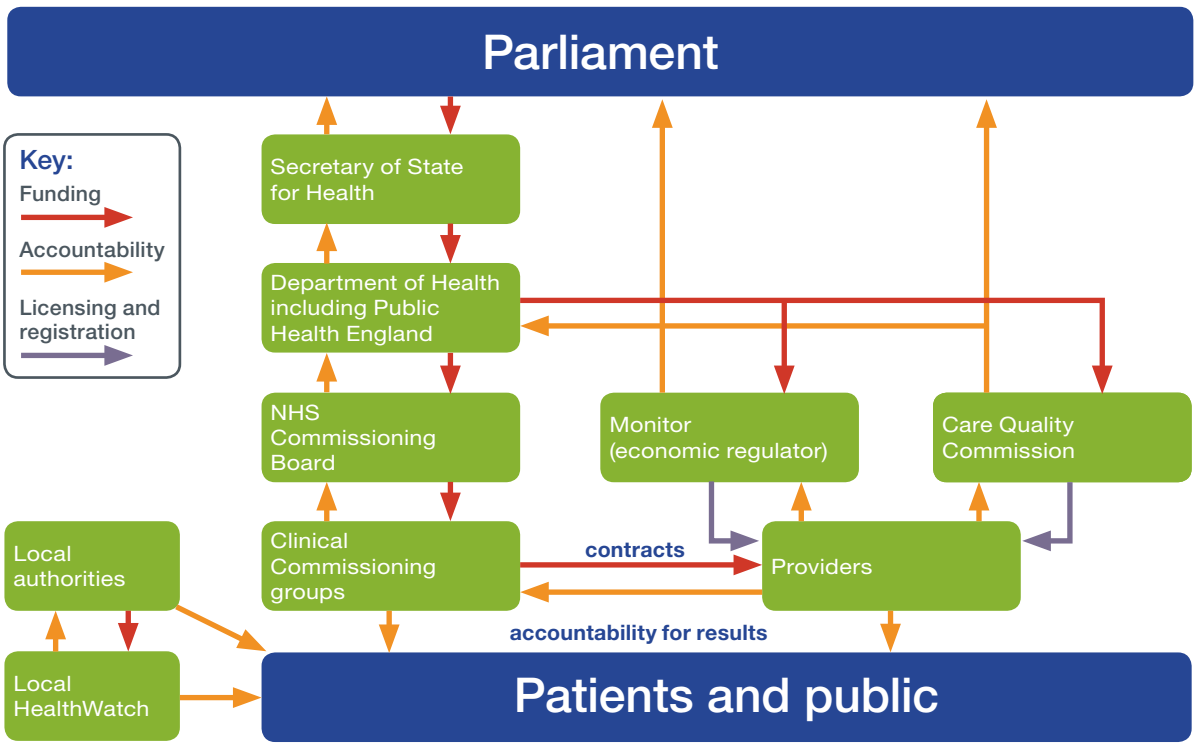
The Health and Wellbeing Board is also instrumental in the development of a Health and Wellbeing Strategy for Walsall by March 2013.

In addition, Healthwatch will replace Local Involvement Networks (LINks) and will monitor the work of the Health and Wellbeing Board.

Healthwatch will make sure the views and experiences of the public and people who use services are taken into account when local needs assessments and strategies are prepared, such as the Joint Strategic Needs Assessment (JSNA) and the authorisation of Clinical Commissioning Groups.

The new arrangements (see diagram below) will also bring opportunities to work more closely with communities in Walsall and the voluntary sector, by engaging local residents in the provision of public health and drawing on their experiences and feedback to shape future provision.

Future NHS Structure



Next spring Walsall Council will be responsible for commissioning and coordinating with partner agencies on:

- Tobacco control and smoking cessation services
- Alcohol and drug misuse services
- Activities to tackle obesity such as community lifestyle and weight management services
- Increasing levels of physical activity in the local population
- Locally-led nutrition initiatives
- Public health services for children and young people aged 5-19 - including Healthy Child Programme 5-19 (and in the longer term all public health services for children and young people)
- The National Child Measurement Programme
- NHS Health Check assessments
- Public mental health services
- Dental public health services
- Accidental injury prevention
- Population level actions to reduce and prevent birth defects
- Behavioural and lifestyle campaigns to prevent cancer and long-term conditions
- Local initiatives on workplace health
- Supporting, reviewing and challenging delivery of key public health-funded and NHS-delivered services such as immunisation and screening programmes
- Comprehensive sexual health services (including testing and treatment for sexually transmitted infections, contraception outside of the GP contract and sexual health promotion and disease prevention)
- Local initiatives to reduce excess deaths as a result of seasonal mortality
- Aspects of health protection incidents, outbreaks and emergencies
- Public health aspects of promotion of community safety, violence prevention and response
- Public health aspects of local initiatives to tackle social exclusion
- Local initiatives that reduce public health impacts of environmental risks
- Provision of population healthcare advice to the NHS
- Healthcare Associated infections

By doing all of this, our aim is to improve the health and wellbeing of all Walsall residents, while improving the health and wellbeing of the poorest, fastest, to reduce inequalities.

Health Improvement

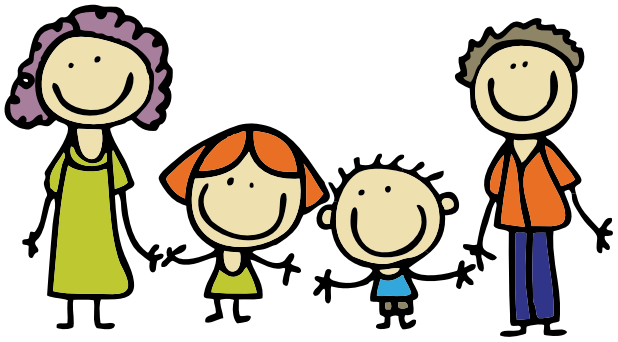
'Meet David and Andrea Wilson. They have been married for 9 years and have two young children, Johnny who is aged 6 and goes to primary school, and Laura who is aged 2 and goes to nursery.

David was born in Walsall and has lived here all his life. Andrea moved to Walsall after getting a job as a teacher in a local school.

David was made redundant earlier this year and is struggling to find a job.

His mother lives around the corner and enjoys spending time with her grandchildren, but her recent hip operation means that she can't take them to the park as often as she would like.

David and Andrea wish to have a third child but this would mean that they need a bigger house, which they can't afford at the moment.



Andrea's mother died from breast cancer recently, which has left her father struggling to cope. This has left Andrea with the responsibility of her teenage sister.'

Just like the Wilsons, we all go through different experiences and challenges in life, some of which we can control and change and some of which we have limited control over.

One thing these experiences and challenges all share in common is the impact they have on health and wellbeing. This section of the report explores this relationship in more detail.

Why does it matter where you live?

People's general health and wellbeing is improving which means that they are living longer. However, this level of improvement is higher among those who are better off compared to those less well off.

In Walsall, for example, men from the most affluent areas are expected to live on average, nearly 11 years longer than men from the poorest areas. For women, the difference is nearly 7 years.

This difference is an example of an inequality in health, yet it can be avoided.

People's health and wellbeing is affected by conditions in which they are born, grow, live, work and age. These conditions are known as the social determinants of health and include:

- Income
- Employment
- Education
- Skills and qualifications
- Housing
- Social community and networks
- Leisure and recreation
- Transport

Any disadvantages in these conditions can occur as early as before birth and they can build up throughout life.

For example, poor education in childhood impacts on the development of skills and qualifications that are needed for employment. This subsequently impacts on income, which could affect the ability to afford good quality housing or recreational activity.

Any action to reduce inequalities in health and wellbeing must therefore start before birth and continue through to working age and beyond.

In Walsall, there are lots of initiatives already underway to tackle inequalities in the social determinants of health. These include:

Income and Employment

Healthy Workplace Programme – Public Health commission a comprehensive service for local companies. Through this programme, employers receive support to improve the health and wellbeing of their employees in the form of free health checks, quit smoking sessions, healthy lifestyle advice, stress management and access to one-to-one individual support. The service also works with employers to ensure that workplace policies protect and improve health.

Working Together: Mental Health Intermediate Labour Market places unemployed residents who suffer or have suffered from mental health issues with an employer for a six month work placement with training and further support to maintain them in long term employment.

Walsall Housing Group (whg) has a construction skills centre which offers apprenticeships to unemployed young people.

Education, Skills and Qualifications

'Thirst for Knowledge' – whg delivers capacity-building courses to help residents develop their confidence and self-esteem to prepare them to go into further education and training, or into employment. This is provided in partnership with Walsall College.

Housing

Walsall Warm and Healthy Homes Programme – A joint initiative between Walsall Council and NHS Walsall Public Health, which provides assistance for residents whose health and wellbeing is made worse by living in cold and/or damp housing.

Community Energy Savings Programme – This involves the provision of a free assessment and energy saving measures in the home to those eligible.

Social Community and Networks

Area partnerships – These are designed to enable services to be much more responsive to local needs, by encouraging local people to play their part in helping the council and its partners to identify and tackle the key issues in their local area (see Case Study C).

Leisure and Recreation

Free swimming for children under 16 and adults over 60 was introduced in Walsall in January 2009, as part of a national scheme. The national scheme was scrapped in 2010. However, Walsall Council and NHS Walsall Public Health continue to fund this programme for children under 16 and Walsall Council's Health and Social Care Directorate are subsidising swimming for over 60's. As a result there has been an increase in the number of young people taking part, particularly from disadvantaged communities and the frequency of people over 60 swimming.

It is important to identify whether these initiatives are achieving their goals so that progress towards narrowing the inequalities gap can be measured and necessary improvements can be made. Some of the indicators used to measure progress are listed in Appendix A.

Central Government, Local Authorities, the NHS, voluntary organisations, communities and businesses all play a major role in achieving these outcomes. We need to continue to develop strong partnerships to ensure that improving health and wellbeing, and narrowing the gap between the health and wellbeing outcomes of the poorest and those who are better off, remains everybody's business. The transfer of Public Health responsibilities to Walsall Council will provide new opportunities to work together to achieve this.

For more information see the Joint Strategic Needs Assessment 2012:
Chapter 2, Section 2.3
Chapter 3, Section 3.1
Chapter 4 and 5
Chapter 8, Section 8.4

'Read all about it!'

Case Study A: GP Practice Welfare Advice Outreach Service

The Public Health Directorate commissions an independent advice service, which operates mainly from GP practices in the most deprived areas of Walsall.

This service supports clients on a wide range of issues, including welfare benefits, debt, employment, education, health, and housing. It targets resident groups in Walsall who are least likely to access town centre based services.

The outreach service, which is provided by Walsall Citizen's Advice Bureau (CAB) comprises 16 drop in sessions per week across 10 sites. Individuals seeking advice do not have to be registered at the GP practice where the outreach sessions are held. CAB are working with practices to ensure that patients whose health and wellbeing is affected by financial and other issues are booked into sessions.

As well as the provision of information and advice on the wider determinants of health and wellbeing, the outreach service works closely with NHS Walsall Public Health and Area Partnerships to evaluate the service and ensure that it continues to meet local needs.

Key achievements

- The outreach service sees between 100-150 clients per month.
- Earlier this year, CAB staff received training from Walsall Healthcare NHS Trust Lifestyle Services regarding the delivery of information on healthy lifestyles, such as smoking cessation and weight management. As a result, the number of health issues reported increased by almost tenfold within 3 months.
- CAB advisors have also accessed the 'Making Every Contact Count' (MECC) training (see page 33 for further information).

Future opportunities

- Build on the existing relationships within this project to continue to develop the initiative.
- CAB offer a wide variety of training sessions relating to the wider determinants of health and wellbeing to GP practices within the borough e.g. welfare benefits.

'Read all about it!'

Case Study B: Community Champions Programme

In 2008, NHS Walsall and Walsall Housing Group (whg) formed an innovative partnership to tackle the inequalities gap and improve health and housing for local residents.

This has evolved into the 'Health Housing Steering Group' which now includes wider partners such as Walsall Council, Sure Start, Walsall Voluntary Action, and Walsall Healthcare NHS Trust.

Its aim is to tackle the wider determinants that affect health and wellbeing (especially poverty and unemployment), and it is delivered through the 'New Opportunities in Walsall' (NOW) programme.

One of the initiatives is employing people who were previously long-term unemployed, and who live in the most deprived areas of Walsall as Community Champions.

These residents have direct experience of some of the problems in their local area and are trained to provide support to others through confidence building, advice, advocacy and signposting to key services.

The Community Champions have also received training and support to progress into higher-level employment or education.

Key achievements

- Out of 17 Community Champions, nine have progressed into long-term employment and three were supported into degree courses.
- More than 1,000 members of the community have seen their lives improved since the introduction of Community Champions.
- In addition to Community Champions, Community Health Champions have also been appointed. They are receiving training on 'Making Every Contact Count' (MECC) to facilitate the delivery of healthy lifestyle brief advice leading to referrals into specialist lifestyle services.
- The NOW Programme has been shortlisted for the regional component of the National Housing Federation Community Impact Awards 2012, under the category of 'Better Health'.

Future opportunities

- Four Community Health Champions have been employed to lead on specific topic areas such as men's health, to further improve the health and wellbeing of the local community.

'Read all about it!'

Case Study C: Asset based programme within the Darlaston and Bentley Area Partnership

Area Partnerships were established in 2010 to bring together local people, the council and its partners to work closely and effectively within local communities. There are now six Area Partnerships across Walsall.

Each Area Partnership receives public health support to help identify and tackle the key health and wellbeing determinants in the area.

As one of the six Area Partnerships, Darlaston and Bentley produced an Area Community Action Plan recognising the importance of tackling the wider determinants of health and wellbeing.

The priorities included in the plan were: tackling anti-social behaviour and crime, reducing health inequalities, tackling worklessness and employability, improving educational achievements, and enhancing leisure and community facilities.

The Darlaston and Bentley Area Partnership also recognised the need to place greater focus on the more deprived areas, which included Rough Hay.

This led to the development of an asset-based programme. This involves various partners supporting local community groups to build capacity and drive initiatives at a street level.

The aim is to empower people to continue to develop their own community in the long-term, thereby improving the health, wellbeing and life chances of the whole community.

Some of the partners involved in the asset-based programme include: NHS Walsall Public Health, Walsall Healthcare NHS Trust, Walsall Council, Darlaston Sure Start, Walsall Housing Group, Walsall College, West Midlands Police and West Midlands Fire Service.

Key achievements

- A dedicated programme of work commenced including a Fun Day. This also included work focussed around the children's centre to improve pathways and access to services for children and parents.
- Following this, referrals to lifestyle services dramatically increased. The Fun Day also attracted local community members to sign up to become local health trainers.

Future opportunities

- The aim is to continue to create real opportunities – not only to identify which local services local people need and want but also to put local people at the heart of maintaining and sustaining the outcomes achieved.

Why do your lifestyle choices matter?

Your place, your wellbeing – Walsall Lifestyle Survey

This image was used in the poster that promoted the Walsall Lifestyle Survey

During spring 2012, NHS Walsall and Walsall Council jointly undertook a major survey of people living in Walsall.

The key aims were to understand how people perceived the local area and its services and to understand their health and lifestyle choices.

The survey was posted out to 18,000 households to be completed by a resident aged 16 years or over.

There were a number of key themes included in the survey such as:

- The local area
- Local public services
- General health and wellbeing
- How to get information
- Community safety
- Diet
- Exercise
- Alcohol
- Tobacco

The findings from the survey are already being used in the planning of improvements to services, and to fill critical gaps in understanding. These are described in more detail in the next section of this report.

Healthy Weight Programme

It is estimated in Walsall that over half the population are either overweight or obese. The Walsall Lifestyle Survey highlighted that only half of the residents eat fruit and vegetables every day and only 1 in 8 eat the recommended five portions per day.

Obesity is a significant contributor to illness and premature death in the borough. Serious health consequences include type 2 diabetes, cardiovascular disease, liver disease, musculoskeletal disorders such as osteoarthritis, and certain cancers.

Our aim is to reduce the number of overweight and obese children and adults in Walsall reducing their risk of disease and early death.

Creating an environment where all residents have the opportunity to maintain a healthy diet and participate in physical activity as part of their normal lives is essential to achieving a healthy weight.

Working with partners including Walsall Council, Walsall Healthcare NHS Trust, whg, schools, children's centres, Primary Care, and Bangor University is also key to reducing obesity.

Key measures

- Children's overweight and obesity prevalence in Reception and Year 6
- National Child Measurement Programme participation rates
- Number of primary schools participating in Food Dudes
- Uptake of breastfeeding

Key achievements

- Commissioned a maternal and early years programme to support obese pregnant women and their families to eat healthily and increase their physical activity.
- Over the past 18 months, there has been a 12% relative increase in the uptake of breastfeeding at 6-8 weeks following birth.
- 32 primary schools including special schools have participated in Food Dudes (see Case Study D). Evaluation results show children dramatically increased their fruit and vegetable consumption.
- Commissioned a Food Dudes nursery pilot.
- Commissioned children's weight management programmes – annually over 650 children and parents accessed these programmes.
- Between the period January to March 2012, Walsall had the highest rate of children completing a weight management programme in the West Midlands.
- Providing adult weight management programmes – 3000 patients access these annually and over 35% of residents achieve their 5% weight loss target.
- Commissioned workplace weight management groups. Earlier this year, Walsall Council employees were offered a weight management programme which resulted in over 70 members of staff signing up and a combined weight loss total of 350lbs shed over a 5 week period.
- Healthy Vending introduced in leisure centres and work places.

Future opportunities

- Work with Planning and Regeneration colleagues on Local Transport Plans, Planning policies restricting fast food take-aways near schools and access to green spaces.
- Work with Environment Health to implement a Healthy Retail Awards Scheme.

For more information see the Joint Strategic Needs Assessment 2012:
Chapter 2, Section 2.4 & Section 2.6
Chapter 3, Section 3.2
Chapter 6, Section 6.1

'Read all about it!'

Case Study D: Food Dudes Programme

Mother-of-four, Robina Kauser cannot speak highly enough of the Food Dudes programme which has encouraged her son to have healthy snacks and try new fruits and vegetables.

Kashaan Ahmed, aged 12, took part in the scheme at Jane Lane School and now regularly tucks into tasty peppers and plenty of fruit.

Robina, of Walsall, said: "He used to love fried food and ate a lot of rice and pasta and I don't think I could have persuaded him to try new things like Food Dudes did.

"He loves peppers in particular now which he wouldn't have gone for before and he takes them to school as a snack as well as fruit such as watermelon.

"My son is autistic and has learning disabilities so he is quite set in his ways and routines. But he has loved this programme and has also learned about looking after his teeth.

"I can't wait for my youngest son to have Food Dudes at his school."

Robina Kauser

'Read all about it!'

Case Study E: Breastfeeding

From children's centres, to churches, hospital and voluntary groups – women and children are getting together for mother to mother breastfeeding support all over the borough.

This has been in development in Walsall since around 2000 but back then it depended on the NHS Breastfeeding Co-ordinators training women in their own time.

There is now a Breastfeeding Peer Support Service and a Volunteer Co-ordinator within the NHS structure.

Across both paid and voluntary Breastfeeding Peer Supporters there are antenatal and postnatal services organised to meet new families' needs.

'Read all about it!'

Tammy Scale has three healthy children and understands the emotional and physical demands of being a mother.

She was determined to give them all the best start in life. She breast fed her two elder children and is currently breastfeeding Evangeline, who's three months old.

It is partly due to her own positive experiences that she wanted to support other women to breastfeed and she works as a breastfeeding peer supporter as well as a volunteer.

"I see many mothers in many different settings and I get a lot of satisfaction out of being able to help them to breastfeed," said Tammy who lives in Bloxwich.

"Some mothers need a little more time and support. The most common difficulty is because they haven't got the baby positioned correctly and it just needs someone to show them how to do this. It can be something that simple."

Tammy's aunt Donna Scale, a mother-of-four, didn't breastfeed her first three children but is breastfeeding her son Alfie, who is just a few weeks old.

"The support around now makes all the difference," she explained.

"No-one judges you and they help you keep calm."

Donna is also following a healthy weight programme.

"It's not someone being bossy and judging you," she said. "I want to learn more about being healthy and it's good to have someone there."

Tammy and Donna Scale

Active Lifestyles Programme

More than 55.5% of Walsall residents take part in no recreational physical activity, compared to 47.4% nationally.

Yet the preventative and therapeutic benefits of physical activity on a range of conditions including obesity, cardiovascular disease, diabetes, cancer, musculoskeletal disorders and emotional health and wellbeing are well documented.

Our aim is to increase physical activity in children and adults in Walsall and thus reduce the burden of death and disease from sedentary behaviour.

Adults should be taking part in 150 minutes per week of physical activity; while children and young people aged 5 to 18 should be taking part in at least an hour a day.

The Walsall Lifestyle Survey revealed that only 1 in 6 residents do the recommended level of physical activity. The most popular form of physical activity identified was swimming, followed by going to the gym.

Important partners to help us support active lifestyles include the council with sport and leisure services, green spaces, transport and regeneration, Walsall Healthcare NHS Trust, GPs, schools, children's centres and nurseries.

Key measures

- Number of adults doing 150 minutes physical activity per week
- Number of 5-18 year olds doing at least 60 minutes physical activity per day

Key achievements

- Maintaining free swimming for under 16 year olds
- Commission free physical activity classes across the borough
- Following commissioning of 'Fit for a fiver' – a discounted gym membership scheme, a sustainable gym membership has been developed called 'train for a tenner'
- Support A* Stars – an active travel programme for schools
- Supported Groundmiles – an incentive scheme to encourage the inactive to do some physical activity through health led walks, jogging clubs and physical activity sessions

Future Opportunities

- Work with Planning and Regeneration looking at Local Transport Plans, and building design to encourage physical activity
- Build on the assets based approach by supporting the third sector to offer physical activities to their communities
- Build on the Olympic legacy to increase physical activity
- Work with sports and leisure services to offer a leisure card targeting the obese and residents with long term conditions.

For more information see the Joint Strategic Needs Assessment 2012: Chapter 5, Section 5.2 & Section 5.3 Chapter 6, Section 6.2

'Read all about it!'

Case Study F

Alison before weight loss

April 2012 – 5½ stone lost

Zumba, line dancing and ice-skating are all part of active Alison Fisher's weekly routine – not bad for someone who used to break out in a sweat just walking the children to school.

September 2012 – 6½ stone lost

The Willenhall mother-of-two used to weigh 16 stone 11 pounds but thanks to the NHS health trainer service and Weight Watchers she is now down to 10 stone 6 pounds. She was able to receive Weight Watchers vouchers for 12 weeks to kick start her weight loss.

She also started attending sessions run by the Physical Activity Team at Fibbersley Park School, which is where she discovered a love for Zumba and she hasn't looked back.

"I have discovered so many health benefits to losing weight," she said.

"My top tip for anyone wishing to lose weight is go to your local NHS health service and ask for help. My whole life is now focused around walking and being active."

Tobacco Control and Stop Smoking Programme

Smoking is a major cause of long term illness and early death – in 2009 over 1100 Walsall residents died from a smoking related condition. Yet these deaths could be prevented.

Public Health in Walsall has worked with organisations across the borough to address the issues of smoking related ill health and death. Below are some of our successes.

Stop Smoking Services have been changed to make it easier for people to get the support they need to stop smoking. There are over 100 places where smokers can get help to quit.

The new service design has certainly paid off: we surpassed the annual target for four week quitters, which is the Government measure, by 373 people with a huge total of 2284 quitters. This is particularly pleasing as we had not reached our target for some years.

NHS Walsall, Walsall Council (Regulatory Services, Early Years, Integrated Young People's Support Service), West Midlands Police and West Midlands Fire Service are all working in partnership to help people quit. As a result of this partnership working a new Tobacco Control Plan for Walsall has been developed involving all of these agencies plus others in working together, not only to help people to stop smoking but more importantly to stop young people from starting.

Key measures

- Numbers of smokers successfully stopped at 4 and 12 weeks
- Partnership developments to include smoke free homes and cars

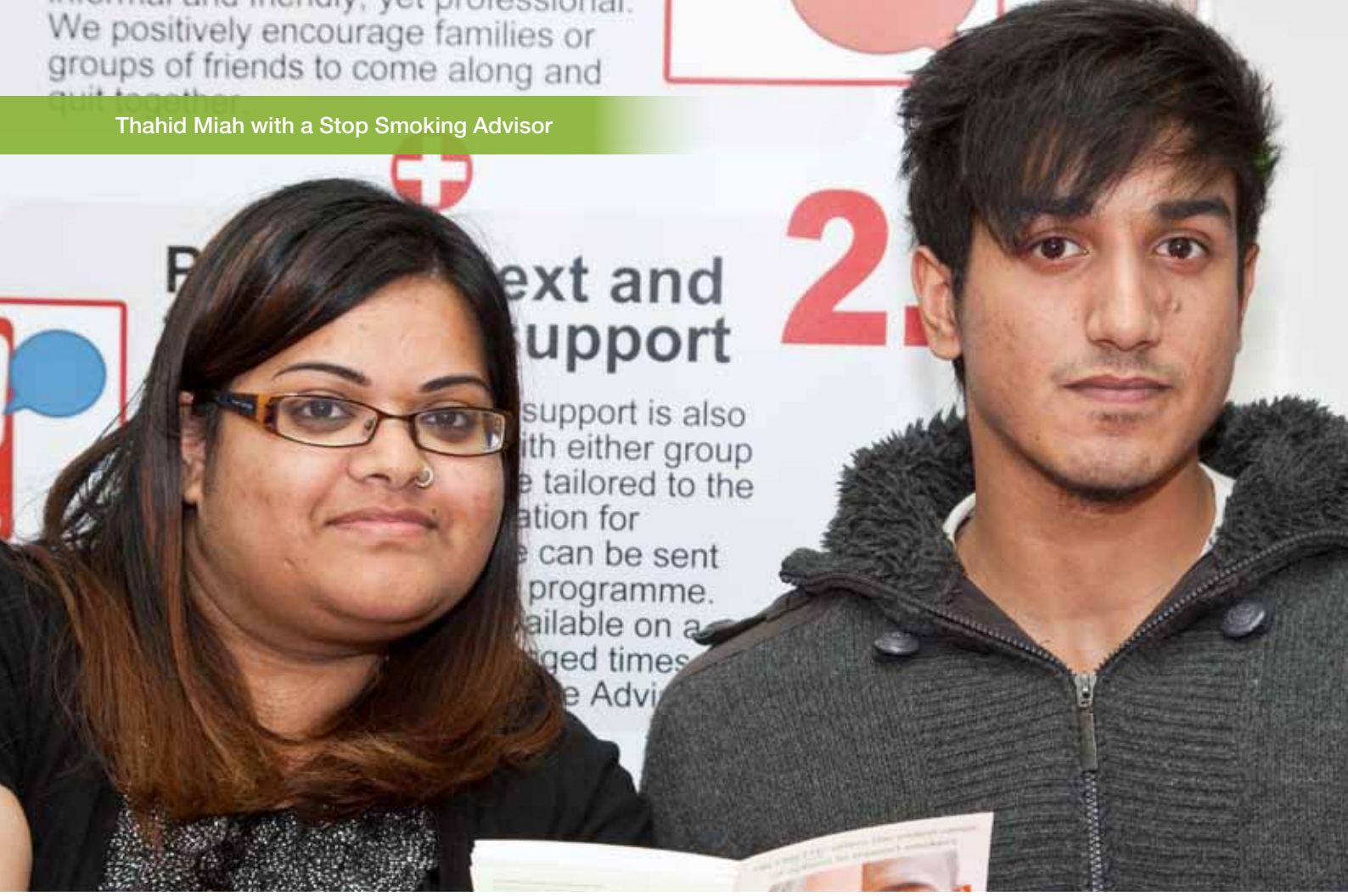
Key achievements

- Surpassed the target for 4 week quitters by 373.
- Developed a new Tobacco Control Plan for Walsall involving all public sector organisations in encouraging current smokers to stop smoking, and supporting children and young people to resist the pressure to start smoking

Future opportunities

- Build on established partnership working to further strengthen Walsall's commitment to becoming a Smoke Free Borough
- Continue to set challenging targets for Stop Smoking Services to reduce the prevalence of smoking even further

For more information see the Joint Strategic Needs Assessment 2012: Chapter 6, Section 6.3



Thahid Miah with a Stop Smoking Advisor

'Read all about it!'

Case Study G

The real success stories are those of the individuals who have been helped to stop smoking by our service providers. The life changes that stopping smoking brings about should be an inspiration to us all. Here's just one example of what we mean:

University student Thahid Miah started smoking as a child aged around 10 or 11, mainly because that's what his friends did.

As he moved through school and college he carried on smoking until he was getting through around 25 cigarettes a day.

The 22-year-old, who lives in Caldmore, said: "I was addicted, it's as simple as that."

Thahid decided to seek help to break his habit following the death of his father.

"That really hit home about how I should be looking after my health and not doing something that was going to potentially kill me."

Thahid went to the White Pearl Pharmacy in Caldmore where he says Stop Smoking advisors were really supportive.

"They didn't lecture me but they made me realise what I was doing to my body as well as the financial cost of continuing to smoke.

"I know they're there for me when I need them. It's not something I could have done on my own."

Thahid, who is studying Human Biology at Wolverhampton University, is also encouraging his friends to kick the habit.

"I am so much fitter and healthier now and haven't smoked for six months."

Substance Misuse Programme

The purpose of the drugs programme is to support people to recover from addiction and reduce the harmful effects of illegal drugs upon individuals, families and their communities.

It is estimated that Walsall has 2000 Problematic Drug Users of opiate and crack cocaine, 95% of which are known to or are currently engaged in drug treatment services.

Partners who are key to the delivery of this programme are Walsall Council, West Midlands Police, Addaction, Dudley and Walsall Mental Health Trust (Lantern House) and Staffordshire & West Midlands Probation Trust & CRi/T3.

Lantern House deliver structured drug treatment interventions and shared care services based at GP surgeries to substance misusers.

Addaction deliver an open access service specialising in criminal justice interventions, specialist needle exchange and blood borne virus screening and vaccination, plus a range of harm reduction interventions

Young people often become more at risk of problematic substance misuse as a result of family and social problems which may lead to family breakdown, offending, mental health problems and homelessness.

Services are offered to young people aged 10-19 using drugs and alcohol to prevent further risk and harm. Referrals can be made by people themselves or via professionals.

Key measures

- Numbers of clients in structured drug treatment.
- Percentage of clients successfully completing treatment through drug treatment services.
- Percentage of clients presenting into drug treatment within three weeks and six months of their last presentation.
- People entering prison with substance dependence issues who are previously not known to community treatment services.

Key achievements

- The number of clients in structured drug treatment services has been maintained.
- Client waiting times have outperformed national guidance.
- The recommendations from the Annual Safeguarding Audit have been put into place.
- Establishing the joint working of Lantern House Specialist Family Intervention Team with children's services.

Future opportunities

- Further development of the work being carried out with families.
- Shape services to support service user's recovery.
- Improve successful completions.

For more information see the Joint Strategic Needs Assessment 2012: Chapter 6, Section 6.5

The Substance Misuse Programme supports people in their recovery from addiction

'Read all about it!'

Case Study H

Karen, who recovered following Lantern House's assistance, remembers trying cannabis when she was around 15 "because everyone in my year was doing it."

When she left school she went straight into a Walsall factory job and at that time she was both smoking and dealing cannabis every day and night.

She started taking heroin after meeting someone who had been taking the drug for more than five years.

Now she recalls: "I was young and stupid. Within weeks I was committing crimes, devoting all my energies into getting money for it."

Karen ended up in prison but while she was serving her sentence she turned her life around with the support available through drug courses.

"I lost my family's trust and time being a mother to my son." Karen is clean now and has been for some time.

"People say good things in life are free and that's right. Just wish then I knew what I know now."

Alcohol Harm Reduction Programme

Walsall has commissioned a range of agencies to offer services to local residents with alcohol problems. These services range from preventative advice through to more intensive residential and hospital-based programmes.

Treatment is available via GP surgeries, and individuals can refer themselves for treatment that is delivered by the Community Alcohol Team.

The Walsall Lifestyle Survey showed that the level of frequent drinking (twice or more a week) was highest in the more prosperous parts of the borough. Men aged 50-74 years were the most likely to drink alcohol.

In addition, an Alcohol Needs Assessment carried out in 2011 found that:

- Walsall has significantly worse figures for hospital admissions for alcohol-related harm compared to national and regional figures, with the admissions mirroring the borough's areas of deprivation.

- Although alcohol-related crime rates for Walsall have been falling since 2005/06, rates are still higher than other West Midlands areas.

Key measures

- Numbers of alcohol related conditions resulting in hospital admission for adults and patients aged under 18.
- Number of repeat admissions by high volume users in a 12 month period

Key achievements

- Extending the presence of the primary care alcohol team in GP surgeries
- Establishing an alcohol liaison service between the Manor Hospital and the Community Alcohol Team.
- Establishing a 'wet house' facility with on site support for patients who have had an inpatient detoxification or who are undergoing a community based detoxification.

Future opportunities

- The transfer of responsibility for alcohol treatment services to the local authority will bring new opportunities for partnership working between organisations such as NHS Walsall, Walsall Healthcare NHS Trust, ambulance services, police services and GPs. This focus will strengthen the work being done to reduce alcohol-related harm in Walsall.
- Early identification in the primary care and community setting will lead to more effective treatment and reduced spending in the acute side of the local health economy.
- Building alcohol harm reduction into the Healthy Workplace Programme

For more information see the Joint Strategic Needs Assessment 2012: Chapter 6, Section 6.4

'Read all about it!'

Case Study I

Former serviceman Clint, who received help from Addaction in partnership with the probation service admits: "I drank because I was suffering from post traumatic stress following my time in Bosnia.

"I suffered from nightmares and I would drink until I would pass out so that I was able to sleep."

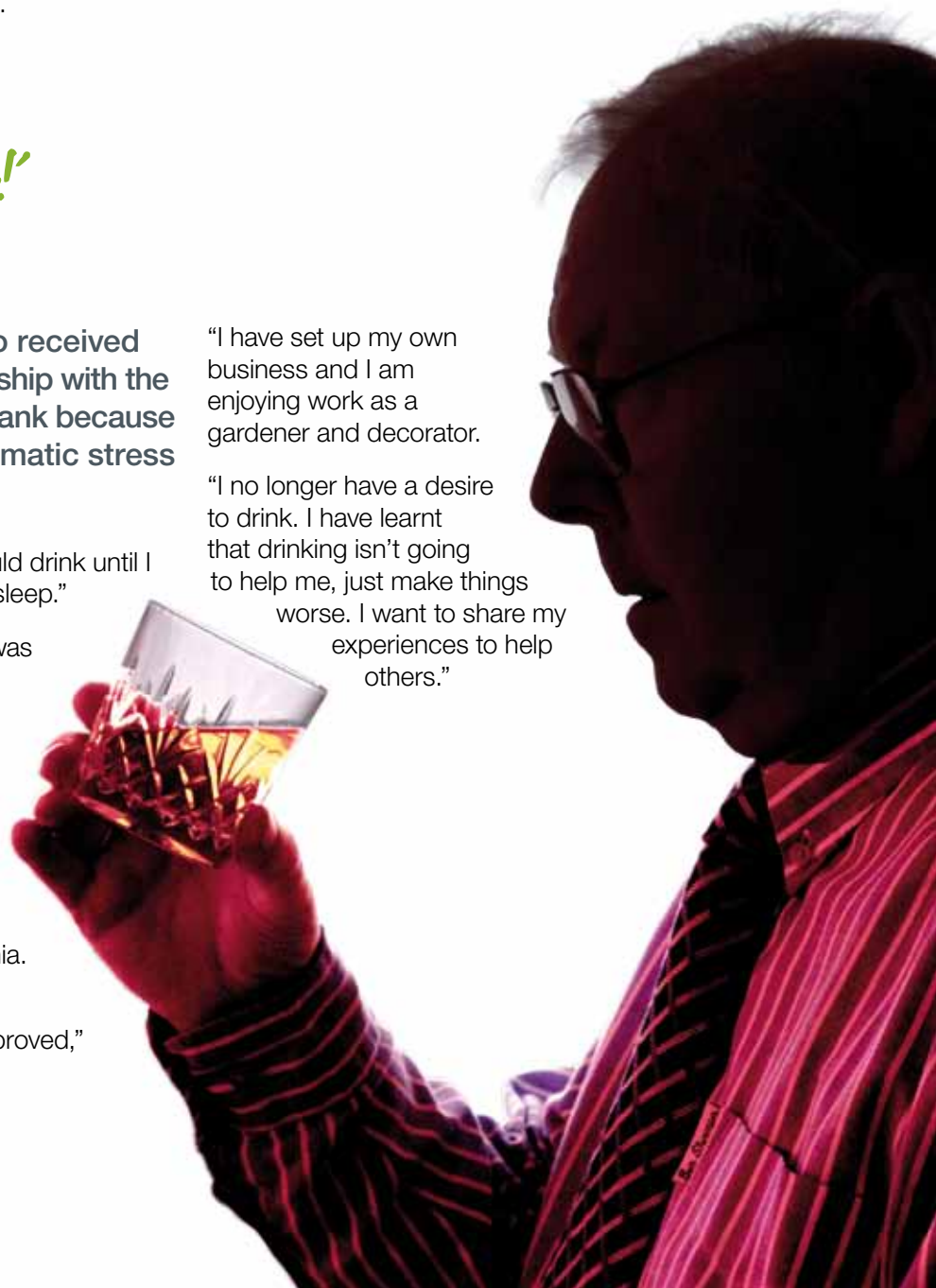
Clint was unable to work because he was drinking so much and he got into debt as all of his money was being spent on alcohol.

He was given a court mandated alcohol treatment order and completed a detoxification and maintained abstinence programme. He also received counselling to help him deal with his experiences in Bosnia.

"I'm able to spend more time with my daughter and our relationship has improved," he said.

"I have set up my own business and I am enjoying work as a gardener and decorator.

"I no longer have a desire to drink. I have learnt that drinking isn't going to help me, just make things worse. I want to share my experiences to help others."



Emotional Health and Wellbeing Programme

When people talk about emotional health and wellbeing, do they mean happiness? Or confidence levels? Or feeling content?

The answer probably includes an element of all those things but a good starting point is to imagine it's a feeling of being able to do all that you want to do.

Emotional health and wellbeing has always been a difficult factor to measure across a population. Warwick and Edinburgh Universities developed a scale aimed at assessing this. This scale is called the 'Warwick-Edinburgh Mental Well-being Scale' (WEMWBS).

The scale comprises of 14 positively worded questions focusing on aspects such as feeling optimistic, confident and loved. A shorter 7-scale version was also produced (SWEMWBS) which was used in the Walsall Lifestyle Survey.

The findings from the Walsall Lifestyle Survey using SWEMWBS revealed that residents in deprived areas, and those who are unemployed reported lower levels of emotional health and wellbeing than those employed or living in more affluent areas. In addition, Walsall residents are less positive about how relaxed they feel, and their feelings about the future.

On a more positive note, the findings also showed that residents are most positive about being able to make up their mind, thinking clearly and feeling close to other people.

The **5 Ways to Health and Wellbeing Programme** shows the steps that people can take to improve their emotional health and wellbeing, which in turn can have a positive effect on their physical wellbeing.

These ways to wellbeing are taken from the Foresight Mental Capital and Wellbeing project (http://foresight.gov.uk) published in October 2008. The project commissioned the Centre for Well-being at nef (the new economics foundation – http://www.neweconomics.org) to develop a set of evidence-based actions to improve personal wellbeing.

The five ways are:

Connect.
Connect with the people around you: your family, friends, colleagues and neighbours. Spend time developing these relationships.

Be active.
Find an activity that you enjoy, and make it a part of your life.

Take notice.
Be more aware of the present moment, including your feelings and thoughts, your body and the world around you.

Keep learning.
Learning new skills can give you a sense of achievement and a new confidence

Give.
Even the smallest act can count, whether it's a smile, a thank you or a kind word. Larger acts, such as volunteering at your local community centre, can improve your mental wellbeing and help you make new friends.

Key measures

- Improvement in WEMWBS/SWEMWBS score after initiation of an activity/service aimed at improving emotional health and wellbeing

Key achievements

- The Walsall Lifestyle Survey has provided a baseline indicator of wellbeing across Walsall

Future opportunities

- More work needs to be done to increase awareness of the **5 Ways to Health and Wellbeing** among professionals and the public.
- The findings from the Walsall Lifestyle Survey can be used to inform actions targeted at particular areas and communities within Walsall, for example, those who are unemployed.

For more information see the Joint Strategic Needs Assessment 2012: Chapter 6, Section 6.6

'Read all about it!'

Case Study J

Sheila Bailey would be the first to tell you she loves people.

And the fact that she works as a volunteer in the Collingwood Centre's charity shop in Pheasey is right up her street.

"It keeps me active but, most importantly, I can enjoy a good chat and a laugh with the customers," said the 71-year-old.

"I love the centre here – it does so much good work and supports so many people.

"It makes everyone feel welcome and between us we look out for people in our community.

"I would tell other people to find something like this because it does me the power of good."

Sheila Bailey

Sexual Health Programme

Sexual health is an important contributor to health and wellbeing. In Walsall, young people under the age of 25 experience the highest rates of sexually transmitted infections (STIs) and unplanned pregnancies.

Groups particularly at risk include looked after children, children excluded from school and those living in deprived areas of the Borough.

The sexual health programme aims to:

- Improve the sexual health of Walsall residents.
- Ensure that all our young people have the skills, confidence and motivation to look after their sexual health and delay becoming parents until they are emotionally, educationally and economically ready.
- Reduce sexual health inequalities between the general population and vulnerable groups who are most at risk of poor sexual health.

The sexual health programme commissions a range of services. The main service provider is Walsall Healthcare Trust which offers a comprehensive service for contraception and testing and treatment of sexually transmitted infections. This is provided from a variety of locations including the Town Centre and a number of outreach clinics.

GPs and pharmacists are also commissioned to provide services including: routine and emergency contraception, chlamydia screening and sexual health advice and assessment. There are also a number of services commissioned to reach vulnerable groups.

Key measures

- Teenage pregnancy rate.
- Chlamydia screening programme coverage and population diagnosis rate.
- Early diagnosis of HIV infection.

Key achievements

- Walsall has integrated its community and acute sexual health services into a single service.
- Walsall is one of the highest achieving areas in the region for implementation of the National Chlamydia Screening Programme.
- Launch of new website in 2012 to provide advice and support for young people www.walsallsexualhealth.co.uk
- Relaunch of condom distribution scheme in 2012 as part of a new Young People's Sexual Health Service.

Future opportunities

- Improved collaboration between services that work with young people to ensure that high quality services are provided for the most vulnerable.
- Improved marketing of services.

For more information see the Joint Strategic Needs Assessment 2012: Chapter 3, Section 3.3 & Section 3.4

'Read all about it!'

Case Study K: Chlamydia Screening

Pubs, clubs, sports venues, educational establishments and healthcare venues are among the variety of settings where testing for the sexually transmitted infection Chlamydia is offered.

This is for young people aged 15-24 many of whom have had no symptoms of infection.

It is supported by the National Chlamydia Screening Programme which was introduced in response to figures which showed an increase of young people under 25 with the infection to 1 in 10.

During the programme a 21 year old female accepted a screen, despite saying she was "only doing it because her friends were, not that she actually needed it".

The result came back positive, which meant she had the infection and did not know about it.

Treatment for Chlamydia is with antibiotics and is quick and easy. However, as three quarters of women and half of men have no symptoms it can go undetected for many years and can cause long term sexual health problems.

This was the case for this young woman:

She received treatment and was referred on to the Sexual Health Service at the Manor Hospital where she underwent further investigations and testing for other sexually transmitted infections.

Sadly, she already had some complications from having undiagnosed and untreated Chlamydia and had potential issues with being able to become pregnant in the future.

Other tests showed that she was also HIV positive.

If she had not had an opportunistic test for Chlamydia she said she "would not have thought I needed other sexual health screening and wouldn't have attended a clinic".

As she was diagnosed early, this has now improved her chances of living well with HIV as she can be monitored and, as required, take medication to sustain her long term health.

Screening for Chlamydia is offered to those aged 15-24

Oral Health Programme

Over the last 30 years the oral health of the nation has significantly improved.

However, in Walsall there are significant pockets of dental disease in the borough's deprived areas, which tend to have the greatest effect on children aged 1-5 years.

Dental disease and poor oral health also affect the parents of these children.

Just over a quarter of all five-year-olds in Walsall have untreated dental decay which can lead to pain, infection, difficulty in eating, sleep loss and interruptions to their education.

More than 250 children a year are admitted to Walsall Manor Hospital to have decayed teeth removed.

In adults, dental problems can cause physical symptoms such as pain and sleep loss, and it can affect a person's emotional health and wellbeing. It can also have economic consequences if people have to keep taking time off work for treatment. This may affect the quality of life for a whole family.

Key measures

- The reduction of the Decayed, Missing and Filled tooth index of 5 year old and 12 year old children.
- Ensuring that at least 55% of Walsall residents access an NHS dentist within a 2 year period.

Key achievements

- 70% of children aged 12 years are free from dental decay.
- 66% of children aged 5 years have never experienced dental decay.
- All Walsall residents have access to NHS dental services as and when they need them.

Future opportunities

It is important to build on the capacity of other healthcare professionals to promote oral health, deliver tailored oral health education and provide clear pathways into dental services.

For more information see the Joint Strategic Needs Assessment 2012: Chapter 8, Section 8.2

'Read all about it!'

Case Study L

Yvonne's happy smile is testament to the good habits she's picked up through oral health training sessions that have benefited people who attend the Pleck Community Base in St John's Church Hall.

Yvonne is a wheelchair user and knows only too well how difficult it can be for disabled people to physically access dentist services.

"I used to go to a dentist in Brownhills but as I live in Walsall it was a bit too far to go," she explained.

"I now go to a dentist in Bloxwich and I can use Ring and Ride to get there and back, the building is a good design so I can get in and out easily in my wheelchair and I've got to know the staff well.

"The oral health people help you with things like this and also build people's confidence if they haven't been to the dentist for a while.

"And we know all about looking after our teeth and the right way to brush – a lot of people don't!"

Yvonne

Health at Work

The workplace has a powerful effect on the health and wellbeing of employees: How healthy a person feels affects their productivity, and job satisfaction affects a person's physical and psychological health and wellbeing.

An estimated 2.2 million people in Great Britain suffer from work-related health problems. Three-quarters of these are musculoskeletal disorders, stress, depression or anxiety. The costs to employers, individuals and society as a whole are substantial and widespread.

There is a strong business case for creating a healthy workplace. If organisations improve their working environments to promote health and wellbeing, this reduces health problems, injuries and work absences.

The Walsall Healthy Workplace Programme is commissioned by Public Health to:

- Promote healthy and supportive cultures in workplaces across Walsall through a healthy workplace awards scheme.
- Encourage and support employer and employee practices that enhance physical and mental health and wellbeing.
- Identify individuals at risk of poor health through workplace-based Health Checks (see Case Study M) and Lifestyle Risk Assessment and refer at-risk individuals into appropriate services.
- Provide workplace-based lifestyle primary prevention services, including smoking cessation and weight management services (see Case Study N).
- Work with employers and other agencies to promote a safe and healthy physical work environment.

Key measures

- Number of workplaces recruited into Healthy Workplace Awards Programme achieving bronze, silver or gold accreditation.
- Number of NHS Health Checks completed in workplaces and the number of patients with cardiovascular disease risk score >20% referred to their GP for further assessment.
- Number of people referred to and taking up smoking cessation, weight management or other healthy lifestyle programmes.

Key achievements

- Over 50 new businesses recruited into the programme in the last year.
- Programme supporting Walsall Council, whg and Walsall Healthcare NHS Trust to work towards exemplar employer status.
- NHS Health Checks are being carried out in workplaces across Walsall.
- Link up with local GP consortium to deliver 'street doctor-type' sessions in the workplace.
- Link up with Walsall Healthcare NHS Trust Occupational Health department to broaden expertise.

Future opportunities

- Continue close working with Walsall Council Regulatory Services to promote the service to small and medium sized businesses and support on healthy workplace policy development.

For more information see the Joint Strategic Needs Assessment 2012: Chapter 4, page 61 & Section 4.4 Chapter 6, Section 6.6 & Section 6.7

'Read all about it!'

Case Study M: NHS Health Check programme

Heart disease, stroke, diabetes and kidney disease are common causes of illness and early death for people in Walsall. The good news is that these conditions can often be prevented – even if there is a family history.

The NHS Health Check is a national programme for people aged 40 – 74 who are not already diagnosed with diabetes, kidney disease, heart problems or stroke.

At the NHS Health Check, questions will be asked about family history and medications. Height, weight, and blood pressure will be measured. A blood test will be done to check cholesterol and blood sugar levels.

When the check is complete, results will be reviewed and the risk of developing a cardiovascular disease will be calculated followed by a discussion on the support available to reduce risk and stay healthy.

This is an opportunity for people to be better prepared for the future and be able to take steps to maintain or improve their own health and wellbeing.

The NHS Health Checks are taking place in GP Practices, pharmacy settings, in the community and at workplaces across Walsall.

Key measures

- Number of people being invited to have a NHS Health Check
- Number of people who have had a Health Check

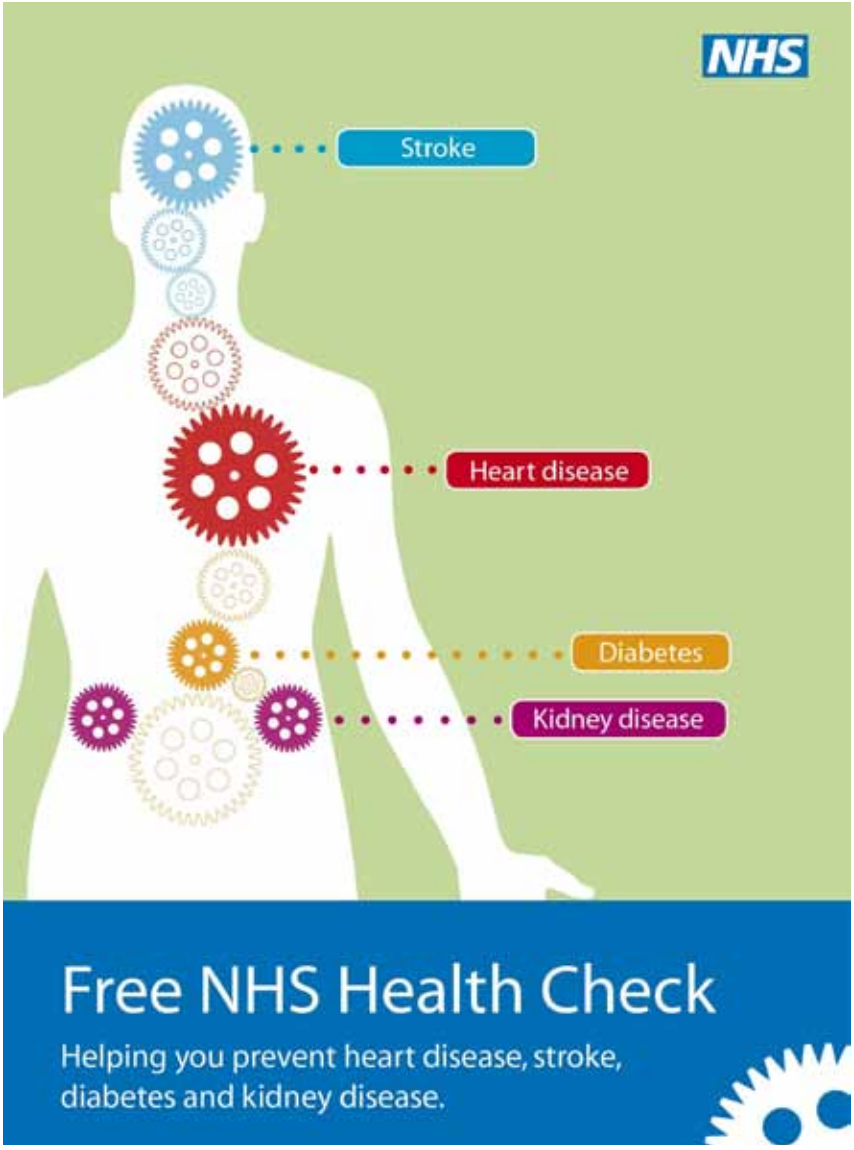
Key achievements

- Working with colleagues in weight management, smoking cessation, physical activity and mental health disciplines to support NHS Health Check outcomes
- Supporting people to make healthy lifestyle changes and better their lives through tailored information and signposting
- Integrating NHS Health Checks into the Healthy Workplace Award scheme

Future opportunities

- Working with partner organisations including: Walsall Council, Area Partnerships, whg Community Health Champions and the Voluntary sector to help promote and reach out to people who do not use existing services

For more information:
www.nhs.uk/Planners/NHSHealthCheck/Pages/NHSHealthCheck.aspx



'Read all about it!'

Case Study N: Evolve and Weight Watchers at Work – My Story

I had been trying to lose weight for 10 years without success but when I saw the advert for Evolve and Weight Watchers at Work on the intranet I decided to 'have one last attempt'.

Although there are still 4 weeks of Weightwatchers to go I have already reduced my risk of developing diabetes.

As an employee I feel fortunate to work for an organisation that has given me this opportunity. Taking part has made me feel more motivated at work and has increased my commitment to my employer.

The Evolve Programme provided me with lots of really useful information about eating healthily. I now bring my own lunch to work, which means I am not only eating more healthily but also saving money. Because I am not having to go out at lunchtime to buy food I am now spending more time in the breakout area which has resulted in me getting to know colleagues I would not normally speak to. This has been beneficial not only socially but also work wise.

I did no exercise at all before Evolve and Weight Watchers but I have started walking with my sister-in-law a couple of times a week and with my partner at weekends. This has resulted in me not only feeling fitter and losing weight but also spending more time with my family.

The Evolve Programme gave me the motivation to make a real effort to lose weight so that when I joined Weight Watchers at Work shortly after Evolve ended I was in the right frame of mind. I really liked the convenience of attending the programmes at lunchtime and straight after work. Had they not been at these times, I would not have participated.

In addition to the convenient times, the fact that both programmes were free of charge motivated me to join and make the changes now.

Making Every Contact Count

Making Every Contact Count (MECC) is about encouraging and helping people to make healthier choices to change their long-term behaviour for good.

To do this, organisations have to build a culture and environment that supports continuous health improvement through the contacts it has with people.

Frontline staff are trained in how to deliver healthy lifestyle brief advice and provided with the tools to signpost people on to appropriate specialised services. These are the services that will enable them to make healthier choices in the future and be empowered to take responsibility for their own health and wellbeing. Further training is also available around motivating change. It is a programme that provides information and enables choice.

Doing this will improve health and wellbeing among service users, staff and the general public and reduce health inequalities.

There are a number of partners supporting this initiative – Walsall Council, Walsall Healthcare NHS Trust, Dudley and Walsall Mental Health Trust, the Citizen's Advice Bureau and West Midlands Fire Service.

Key measures

There are a number of measures at three levels:

- Organisational readiness and leadership.
- Staff readiness and training.
- Delivery of brief advice, signposting and referral to behaviour change services.

Key achievements

- Agreement with key NHS providers in Walsall as well as the Local Authority, Fire Service and CAB to implement MECC training.
- Development of a strategic group of implementation leads from NHS and partner organisations who are working together to support this programme and learn from each other.
- Development of performance metrics and tools to measure how effective the programme is and where remedial action is required.
- Development of support tools that ensure staff have the correct signposting information to pass to individuals.
- Use of a single point of contact – Lifestyle Link – where individuals are given choice about where, when and by whom specialist services are delivered.

Future opportunities

This programme can be rolled out across Walsall, into any organisation where staff have verbal contact with members of the public.

If individuals in Walsall began to make healthier choices, then health and wellbeing will be improved and health inequalities should be reduced.

For more information see the Joint Strategic Needs Assessment 2012:
Chapter 6, Section 6.7
Chapter 7, Section 7.8
Chapter 9

'Read all about it!'

Case Study O

Louise Fiddler works for Health and Safety Environmental Health within Walsall Council. She has already done the MECC training and is now delivering health lifestyle brief advice as she interacts with her clients and colleagues on a day to day basis.

This is what Louise feels about the programme:

"In my job, people tell me a lot of personal details about themselves that relate to health. Before the MECC training I did not pick up on them. Now however, I can react positively and add value to the service I deliver.

Since my training, I feel I have the confidence to engage with individuals about health issues and develop a discussion without being judgemental or patronising. If they are ready to do something about an issue, then I can give them the referral information and cards. If they don't want to do anything, then that's OK - and I don't feel embarrassed about having highlighted the choices they have.

I haven't had any negative reactions about this. The training has taught me when to introduce issues and when to back off. The impact on me has been at both a professional and personal level. It makes you assess your own behaviour and I've had more open conversations with colleagues about health issues.

This initiative is really important. As a council seeking to 'work smarter' and dealing with so many people on a daily basis, this is a golden opportunity to introduce this dimension to our work. My experience is that individuals are sometimes more receptive to talking to non-NHS professionals about health issues – they are more relaxed"

Screening Programmes

A screening test aims to detect a treatable disease or condition in the early stages, before it causes significant problems, and its benefits should far outweigh any possible risks.

Nationally, there are a large number of screening programmes aimed at different groups of the population. These include:

- Antenatal Screening – offered to all pregnant women to screen for particular conditions such as Down's syndrome.
- Newborn Screening – offered to all parents for their babies.
- Newborn Hearing Screening – offered to all parents for their babies, shortly after birth, to look for potential hearing problems.
- Diabetic Eye Screening – offered on a yearly basis to all people aged over 12 years with diabetes to check that their diabetes is not affecting their eyesight.
- Breast Screening – offered to eligible women every three years.
- Bowel Cancer Screening – offered to all men and women aged 60-75 every 2 years.
- Abdominal Aortic Aneurysm Screening – offered to men aged 65 to identify weakening of the main blood vessel in the body (the aorta).
- Chlamydia Screening – offered to men and women aged 15 – 24 years.
- Cervical Screening – offered to women aged 25-49 every 3 years, and women aged 50-65 every 5 years.

Key Measures

- The proportion of Walsall residents who participate in each screening programme.

Key Achievements

- Uptake of diabetic eye screening in Walsall is 75%, which is similar to neighbouring boroughs.
- Commencement of the Abdominal Aortic Aneurysm Screening Programme in Walsall in June 2012.
- Approximately 10,000 Chlamydia screening tests were reported in Walsall in 2011/12.
- NHS Walsall recently won recognition at the West Midlands Excellence in Public Health awards for a project aimed at increasing uptake of cervical screening in Walsall. This involved the commissioning of a cervical screening outreach nurse to run flexible clinics throughout Walsall. Although uptake for cervical screening in Walsall is still below the national average, the decline in uptake has halted.

Future opportunities

- Improve uptake of breast, cervical and bowel cancer screening, especially in areas of socio-economic deprivation in Walsall.

For more information see the Joint Strategic Needs Assessment 2012:
Chapter 2, Section 2.1
Chapter 3, Section 3.3
Chapter 7, Section 7.1 & 7.2


Charlotte and Sarah Ouns

'Read all about it!'

Case Study P: Cervical Screening

Sarah Ouns didn't have her first cervical smear test until she was 26 – and she vowed she'd never have another.

She explained: "The lady doing the test had a very regimental way about her, I didn't relax and back then a metal speculum was used which made the whole thing really distressing."

"I said I'd never have another."

"But one day I was walking round a fete and there was a cervical screening outreach nurse who talked to me about how important it is to get checked regularly."

"She was so nice and spoke to me more like a friend than someone who was a health worker and it's because of her that I went back."

"No-one enjoys the test but my nurse really puts me at ease and now plastic speculums are used which is much more comfortable."

Sarah, who lives in Bentley with husband Hesham and daughter Charlotte, aged 10, now encourages other women to get themselves checked out.

"I have had to have repeat tests but this hasn't fazed me. I know some women who have never had a single test and I've even offered to go with them for moral support!"

Health Protection

What does 'protecting health' mean?

This describes all activities to protect people's health and wellbeing and help them to stay resilient to harm.

It includes organised efforts to prevent harm from infectious diseases, from environmental hazards and from health emergencies such as natural disasters.

This includes a range of activities such as:

- Encouraging children and adults who are due for vaccines to have their jabs.
- Encouraging people who are due for screening tests to have them (see page 35 & Case Study P).
- Ensuring that individuals, communities and health and social care services take steps to control and treat infections (see Case Study Q).
- Investigate whether contaminated land is affecting health.
- Drawing up and testing plans for health emergencies (see Case Study R).

What does public health contribute to Emergency Preparedness, Response and Recovery (EPRR)?

Emergency Preparedness, Response and Recovery (EPRR) are the current arrangements Public Health takes for planning and responding to incidents or emergencies that have the potential to threaten the health of the public.

These arrangements are built on guidance and statutory requirements that involve the development of strong communication pathways to ensure that all the right partners (local and regional) are involved in developing rigorous yet flexible health protection plans, and in testing the arrangements.

A suite of programmes in training and exercising ensure all appropriate plans are fit for purpose with the involvement of key partners. Examples of these plans include the:

- Infectious diseases Outbreak Plan (see Case Study R)
- Pandemic Plan
- Major Incident Plan
- Mass Prophylaxis Plan
- Winter and Heat Wave Plan

Who are the key partners in delivering health protection services?

Health protection involves many different groups of professionals and the public working together. These include: GPs and practice nurses, hospitals, community health and social care services, health visitors, school nurses and district nurses, public health experts in the local authority, NHS infection control teams, Public Health England, environmental health teams and emergency planners in the NHS, Local Authority and Emergency Services.

Currently, the Director of Public Health at NHS Walsall plays a key role in planning for, and responding to, health protection incidents, with the support of the local Health Protection Unit. Below are a few examples of key measures and achievements obtained under the current setup.

Key measures

- A rise in the proportion of Walsall residents who are vaccinated against important infectious diseases.
- A fall in health care-associated infection rates.
- Outbreaks of disease being quickly identified and contained (see Case Study S).

Key achievements

- Health care associated infections such as C-diff have fallen sharply this year.
- Care homes have been given advice and support on infection control (see Case Study Q).
- Over 95% of the children in Walsall have had all their vaccines.

From April 2013 Walsall Council will have a series of new responsibilities to protect the health and wellbeing of the borough's population.

What role will Walsall Council play in health protection?

The Director of Public Health, acting on behalf of Walsall Council will have a vital role in protecting the borough's residents against threats to their health.

Local authorities will play a key role in ensuring the best plans are in place to protect their local communities. This duty will include supporting

and reviewing local plans for immunisation and screening, as well as supporting and reviewing plans that hospitals and others have in place for the prevention and control of infection, including those which are healthcare associated. They will also provide leadership and coordination for local Emergency Planning and Response.

In doing so, they will be securing services from the NHS and drawing upon the expertise of Public Health England and the NHS Commissioning Board.

What role will other organisations play in health protection?

A new executive agency, Public Health England (PHE), will take the lead for health protection at a national level.

PHE will be responsible for national strategic health protection functions such as leading the response to flu outbreaks, as well as outbreak management and advice on immunisation and infection control programmes.

PHE will play a key role in health protection planning and in day-to-day health protection activities including providing independent scientific and technical advice at all levels, by working closely with Directors of Public Health in local authorities.

The NHS Commissioning Board will be accountable for the commissioning of key health protection services such as the national screening and immunisation programmes.

In the new system, Directors of Public Health will work with PHE, the NHS Commissioning Board, the Clinical Commissioning Group and environmental health departments within local authorities to ensure delivery of health protection at the local level.

Future opportunities

- The public health responsibility of the Council in the future provides an opportunity to integrate with existing health protection functions, such as emergency planning and regulatory services, including environmental health and trading standards, so that it can contribute more comprehensively to protecting and improving the health and wellbeing of the local population.
- There are small pockets of low uptake of childhood vaccines from particular communities in Walsall which we are working to address.
- The uptake of flu vaccination, especially in at-risk groups aged under 65, and pregnant women remains a challenge.
- Emergency planning arrangements will need to be updated and organisations need to remain resilient, especially during the transition and until new arrangements are fully operational. This will in turn ensure that future emergencies requiring a health protection response from Public Health are maintained appropriately. There is a need to ensure that all EPRR process are amalgamated into the Local Authority emergency planning arrangements to ensure intelligence gathering and sharing of information is clearly understood.

This photo was taken from the staff training DVD

'Read all about it!'

Case Study Q: Infection Prevention and Control

Background

Those who live and work in residential care come into contact with many people in their day to day routines and are therefore regularly exposed to bacteria and viruses.

While hand washing and keeping a clean environment will reduce the risk of infection, these measures have focused predominantly on hospital and healthcare services.

A structured approach to infection prevention in Walsall's care homes had not been developed, yet was necessary to ensure a reduction in cases.

What did we do about it?

Last year, a new service was commissioned which aims to make care staff in residential homes knowledgeable about infection prevention, feel confident to ask for more information to help care for a service user, and be able to promptly identify an outbreak.

What was the outcome?

All borough care homes have now been visited by the infection prevention and control team.

Standards of infection prevention within each home have been assessed with staff receiving feedback. Staff are working through action plans to make improvements where identified.

The infection prevention team has worked closed with Walsall Council's newly established Quality Assurance Team to support care homes to raise standards where required.

Why was it successful?

The care homes have welcomed this new service and see it as an opportunity to improve their knowledge of infection prevention for the benefit of service users and staff alike.

What are the next steps?

Each care home has been asked to identify a member of staff to act as a link person to work more closely with the infection prevention team. This link person will be given more in depth training so that they can then train colleagues in their care home.

A DVD has also been produced and will be available online to further aid staff training.

'Read all about it!'

Case Study R: Emergency Preparedness, Response and Recovery (EPRR), Outbreak Plan, Science and Technical Advice Cell (STAC) Training

Outbreak Plan

To ensure that EPRR can deal with future risks, plans are developed outlining how the response would work if certain incidents occurred.

One current plan developed is the Outbreak Plan. The Local Authority, Manor Hospital and Public Health developed this plan jointly to ensure any potential outbreak will be dealt with in a coordinated response. This would strengthen the preparedness against such risks through multi-agency working and ensure any epidemic within Walsall is dealt with quickly and efficiently.

Science and Technical Advice Cell (STAC) Training

As part of EPRR, training is a major factor in ensuring health emergency responses are in place, and well rehearsed. Recent training carried out to senior managers within public health was on the Science and Technical Advice Cell (STAC) group.

A STAC is an important part of the health and environmental protection response to serious or major incidents. It provides a collective route for the generation of authoritative advice on the health and environmental consequences of an incident, to multi-agency structures. It also guides policy making as well as providing advice on the response.

The training was based on educating the public health participants on what a STAC is, tying in the roles and responsibilities of the membership in the group. Each delegate went through a short exercise to test their knowledge and competence of running a STAC.

These types of training programmes ensure all staff members within Public Health have the necessary knowledge and competency to act and respond to different types of incidents.

'Read all about it!'

Case Study S: E-Coli 0157 outbreak

Background

E. coli is a bacterium commonly found in the intestines of humans and animals, and is present in faeces. There are many types of *E. coli*, some types live in the intestine harmlessly and others can cause a variety of diseases.

E. coli infection in the gut occurs through consuming contaminated food or water. This leads to symptoms such as diarrhoea, stomach pains, nausea and vomiting.

Infection can be prevented by maintaining good hygiene practices and by ensuring that meat is cooked thoroughly before it is consumed.

What happened?

In July 2012, 3 confirmed cases of *E. coli* in Walsall were reported to the Environmental Health (EH) team by HPA. The cases were part of a family and two were children under 5 who fall under a high risk group.

Environmental Health immediately visited the family to gather information, and it became apparent that the family had recently visited Sutton Park. At the time of their visit much of the ground was flooded, and the areas that weren't flooded contained a large number of cow pats.

Although the children had not knowingly swallowed any water or ingested cow faeces, there was a strong potential for infection through poor hygiene practices.

Following further investigation, a total of 11 cases were identified, of which 8 were confirmed cases.

Investigation by the Environmental Health team revealed that there was no suspected food source and no concerns concerning food hygiene standards at on-site restaurants.

What did we do about it?

The Outbreak Control Plan was implemented involving Environmental Health, the Parks team and the Health Protection Agency.

Because Sutton Park covers a vast area, closing the park was not an option. It was therefore decided that the best course of action was to limit interaction between people (particularly children), and cattle.

The cattle were moved away from areas where families tended to visit, and hand-washing stations were set up in the picnic areas and near to the visitor centre. A recommendation was made that children under the age of 10 should not visit the park.

What was the outcome?

There were no further cases for the 6 weeks following the initial outbreak, so children aged under 10 were again able to visit the park.

What are the next steps?

A further period of monitoring will be carried out before the outbreak is declared over.

Healthcare Public Health

What is healthcare public health?

This describes all activities involved with designing and supporting the best quality health services and ensuring that they effectively contribute to improving the health and wellbeing of the local population.

Public Health duties of the National Health Service include:

- The prevention of illness, e.g. cancer screening programmes, immunisation, and maintaining appropriate environments for treatments
- Using safe and effective treatments
- Ensuring services are delivered fairly according to the needs of the population
- Maximising health improvement
- Prevention of healthcare associated infections

What is the current setup for healthcare public health services?

Currently, the Public Health Directorate within the Primary Care Trust (NHS Walsall) contributes to the strategic planning and commissioning of the NHS services used by the people of Walsall.

The unique contribution public health makes includes: using reliable data and evidence to identify the specific needs of the local people, interpreting health data, planning prevention and treatment services fairly, and monitoring how well health services are working. This is conducted in partnership with patients, the public, professionals and clinicians.

If done well, this should result in:

- Provision of the best possible health and social care services
- Delivery of the best possible health and wellbeing outcomes, for example, fewer people with strokes, or better recovery from strokes.
- The maximisation of every opportunity to promote good health and wellbeing for individuals and staff, such as smoke-free environments, healthy menu options, advice on lifestyles, and flu jabs. Making Every Contact Count (MECC) is a systematic programme designed to achieve this, by enabling front line staff to offer healthy lifestyle advice (see page 33 for more information).
- Budgeting within available resources.
- A responsive service that is able to deal with major emergencies and outbreaks.

What will the new setup be for healthcare public health services?

From April 2013, the responsibilities of strategic planning and commissioning of NHS services will transfer from PCTs to Clinical Commissioning Groups, and the NHS Commissioning Board.

Clinical Commissioning Groups will be responsible for ensuring that they commission the best quality NHS services according to the needs of the local people. They will also be responsible for ensuring that:

- The services are delivered within budget
- The services are accessible to all
- They continuously improve the effectiveness, safety and quality of these services.

For these functions to be carried out successfully, public health skills, advice and support will need to continue, particularly in the areas of:

- Public health information and analysis – e.g. using and interpreting reliable data to identify the specific needs of the local population.
- Clinical effectiveness and quality improvement of health services – e.g. critical appraisal of research to support the development of evidence-based care pathways, and providing input into the development of quality indicators. This includes supporting root cause analysis and ensuring that lessons are learnt and changes implemented and sustained
- Prioritisation and resource allocation – e.g. applying a health economics and population approach to the setting of priorities.
- Engagement with public and partners – e.g. providing impartiality that is necessary when communicating and defending difficult decisions to the public.
- Objective independence – e.g. acting as an independent advocate for the population so that funding decisions are based on need and equity.

Public Health input into the commissioning of healthcare services by the CCG in Walsall will continue to be provided covered by an agreement between the Council and the CCG.

'Read all about it!'

Case Study T: Walsall Paediatric Asthma Pathway

Childhood asthma has been increasing for a number of years. Effective management requires actions across families, schools, children, the young people themselves and public services.

In 2011, following the death of a child with asthma, the Public Health department developed a detailed service specification so that hospitals looking after children with asthma were given clear guidance on the work they should be doing to prevent and treat asthma in Walsall.

As a result, the hospital and community paediatrics team has developed the Paediatric Asthma Pathway.

The Walsall Paediatric Asthma Pathway is a new, more integrated way of offering the best of prevention, diagnosis and treatment of asthma locally.

The system is led by the paediatric team working with patients and families but involves a range of partners across the borough including schools, businesses, charities, GPs and hospitals.

The pathway is reducing variation in the care of asthmatic children locally.

So far, a broad range of professionals have been trained in the management of asthma using national best practice guidelines. This is being done through discussion of real cases in small learning groups.

Information technology is being used to provide up-to-date information for professionals to use when dealing with patients and their families directly and to share key information between different organisations.

In addition, the use of telehealth technology has enabled home monitoring of children's symptoms and measurements and has begun preventing unnecessary admissions to hospital.

The team is making links between health and education in Walsall through the development of the Asthma Friendly Schools programme.

Through providing teacher training and support, this programme is changing the culture in schools towards asthmatic children.

This has increased pupils' confidence and their likelihood of taking preventative treatments, thereby reducing their dependence on health services.

'Read all about it!'

Case Study U: Black Country Vascular Services Redesign and Abdominal Aortic Aneurysm Screening

A ruptured abdominal aortic aneurysm is a preventable cause of sudden death. It can be detected by an ultrasound scan.

The new national screening programme for Abdominal Aortic Aneurysm (AAA), set standards for the treatment and outcomes for screen-detected aneurysms to be met before the screening programme could be introduced.

In 2011, NHS Walsall led a project across Walsall, Wolverhampton and Dudley to reconfigure Vascular Services to meet the national standard of a specialist centre serving a population of 800,000. The review involved managers and clinicians from all the major hospitals, as well as General Practitioners, patients, Local Authority Scrutiny Panels, and national experts.

The aim was to improve the quality of these services and widen access to specialist teams as well as to secure a new service for screening for AAA.

Following a robust tendering process, Russell's Hall Hospital in Dudley was agreed as the specialist unit. All outpatient visits, investigations and minor vascular procedures and follow-up will take place at the patient's local hospital.

The new specialist centre and the screening programme are now fully operational.

For AAA screening, men aged 65 are invited to attend a local clinic for a simple scan which measures the width of their abdominal aorta. The majority of men (98 per cent) will have a normal result with no aneurysm. A small aneurysm means the aorta is between 3cm and 5.4cm wide. A large aneurysm is anything above 5.5cm and, if one is detected, the patient will be referred to a consultant.

So far the service has screened 821 men across the Black Country since the programme started in June this year. Of the men screened across the Black Country, two large aneurysms have been detected so far and treated successfully.

Looking Forward: Developing a Health and Wellbeing Strategy for Walsall

Developing a Health and Wellbeing Strategy for Walsall

Walsall Council has already adopted the objectives set out in the Marmot Review as policy objectives for the Council.

This and the Joint Strategic Needs Assessment 2012 which sets out the local health and wellbeing challenges in Walsall are good starting points for the development of the Borough's Health and Wellbeing Strategy by March 2013.

The Health and Wellbeing Board acknowledge the challenges in doing this in particular the engagement with a wide range of stakeholders in a new way. There are a number of challenges to be addressed in the development of a Health and Wellbeing Strategy. These are summarised below.

Challenge 1: A shared understanding of health and wellbeing

Although the term health and wellbeing is widely used, our understanding and experience of wellbeing is very different. As part of the work to develop a shared vision of public health we need to develop a shared understanding of the term. We propose that health and wellbeing encompasses:

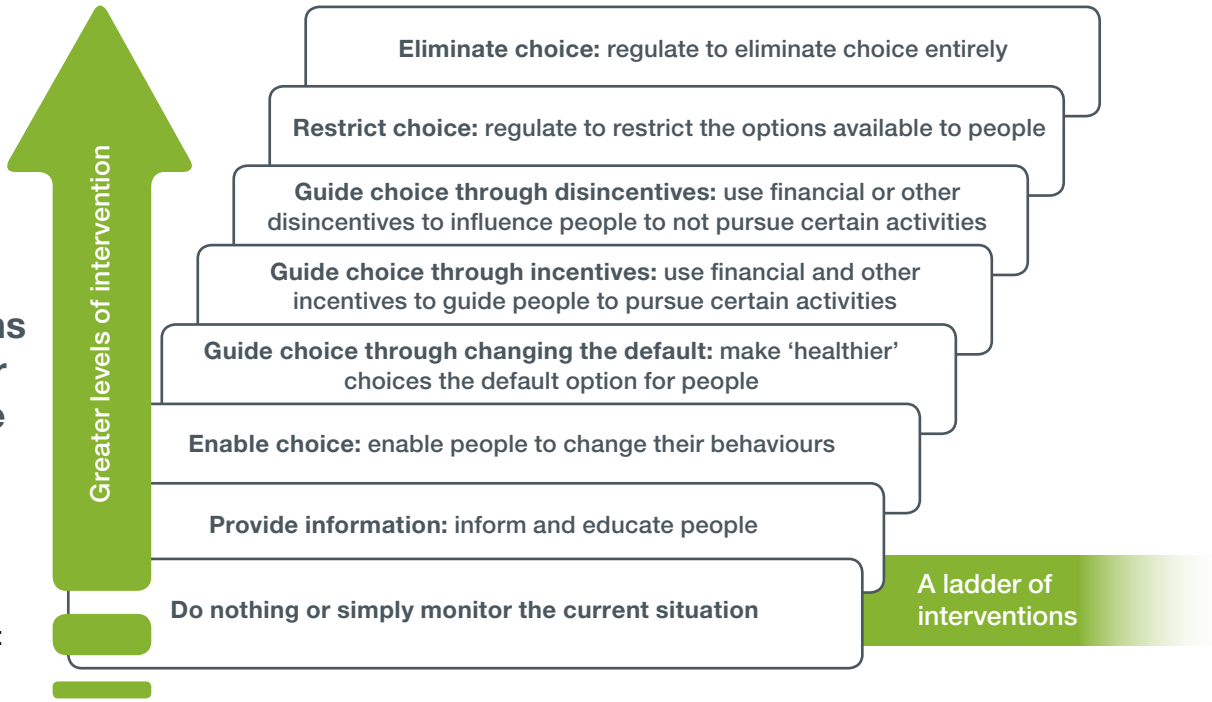
- A healthy body
- A healthy mind – emotions, reason, imagination, positive self-esteem, emotional resilience, problem solving skills, freedom from fear
- A safe and secure place to live – home safety, freedom from violence or fear of it
- Enough money to live on
- Nurturing relationships – family, friends, community, a sense of belonging
- Purposeful activity and valued achievements – learning, working, volunteering, relaxing

Challenge 2: What outcomes do we want to improve?

In recent years, the NHS and Local Authorities have been required to meet many "top down targets". The Council and its partners now have greater choice on the outcomes and actions to achieve improved health and wellbeing for the people of Walsall. A selection of indicators reported previously are updated and reported in appendix B. Consultation on whether these remain the priority outcomes for the future will form part of the development and consultation on the Health and Wellbeing Strategy.

Challenge 3: Deciding what actions we could or should take

The Nuffield Council describe a ladder of intervention regarding public health measures:



When reviewing plans and priorities it is recommended that communities, organisations and leaders review:

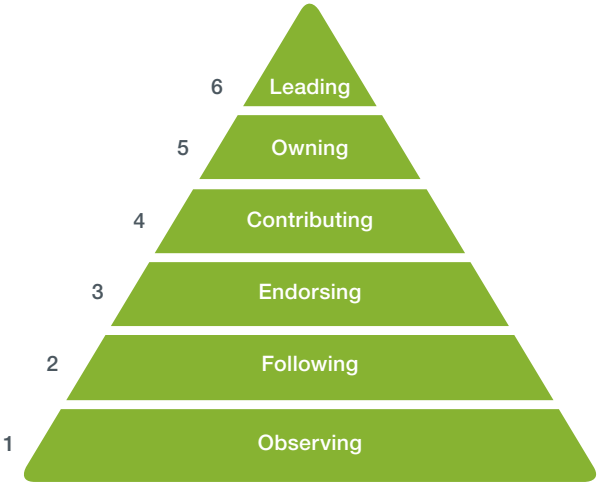
- What level of intervention is appropriate and effective
- The scientific evidence available to support that choice
- What indicators have been selected to measure the progress made

Challenge 4: Finding and applying the best available scientific evidence

Nationally, the National Institute for Health and Clinical Excellence (NICE) has the responsibility for evaluating evidence and subsequently making recommendations on actions required at a local level. They provide reports on many public health interventions that can be used to assess whether interventions are evidence based.

Challenge 5: Engagement: harnessing the assets of individuals and communities

In an article on engaging people in social change, Gideon Rosenblatt describes six levels of engagement, shown in the pyramid below:



The process of developing the Health and Wellbeing Strategy needs to ensure that engagement and decision making occur in a co-ordinated way. It is also important to recognise those actions which lie outside of local decision-making.

Challenge 6: How do we deliver more with less?

At the highest level 'delivering more with less' means that we need to help more people to live healthier, illness-free lives for longer. Therefore, these people will need less input from health, social care and other services until later in life.

To achieve this, action needs to be taken to meet the needs of the most disadvantaged individuals and groups at every stage of life. Meeting these needs early on can prevent higher costs and poorer outcomes later.

The Joint Strategic Needs Assessment 2012 makes proposals about how the collective efforts of individuals, communities, organisations and leaders in Walsall can be organised more effectively to improve the health and wellbeing of those that need it most.

Recent engagement events, under the banner of Health is Everybody's Business have got this process off to a very good start and will continue through the Autumn and Winter with more local Area Partnership events, as well as discussions with partners not represented on Health and Wellbeing Board through the Borough Management Team.

We would live to know what you think of this annual report. If you have any comments or questions please contact us at: publichealth@walsall.nhs.uk or Public Health, NHS Walsall, Jubilee House, Walsall WS2 7JL

Appendices

Appendix A – Social determinant indicators to measure progress towards narrowing the inequalities gap

Income and Employment

- A reduction in the proportion of children in poverty.
- An increase in the proportion of businesses continuing trade after 1 year and after 3 years.
- An increase in the proportion of working age adults in employment and a reduction in unemployment.
- A reduction in sickness absence rates.

Education, Skills and Qualifications

- An increase in the proportion of children attaining foundation stage and Key Stage 1.
- An increase in the number of pupils achieving 5 or more A*-C grades, including Maths and English.
- A reduction in the proportion of young people (16-18) who are 'Not in Education, Employment or Training' (NEET).
- A reduction in the proportion of adults with no qualifications.

Housing

- A reduction in the number of homes classed as 'non-decent'.
- A reduction in the proportion of households experiencing fuel poverty.

Social Community and Networks

- An increase in the number of people who are satisfied with their local area.
- A reduction in the number of injuries and deaths as a result of road traffic accidents.
- A reduction in re-offending rates.

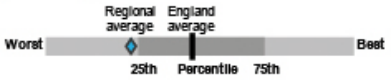
Leisure and Recreation

- An increase in the use of physical transport, such as walking and cycling.
- An increase in the proportion of the population who participate in sport.

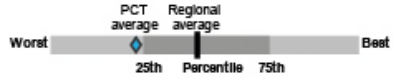
Appendix B

	Indicator	Local Number	Local Value	Eng Avg	Eng Worst	England Range	Eng Best
1	U16s in families with less than 60% of the median national income (2010) percent	16675	30.6	21.9	50.9		3.2
2	Infant mortality rate per 1,000 live births (2007-2009)	92	8.5	4.7	14.7		0.7
3	Perinatal mortality rate per 1,000 live births (2008-10)	29	7.8	7.4	14.3		2.2
4	% children achieving a good level of development at foundation stage (2011)	n/a	51.0	59.0	48.0		87.0
5	% pupils achieving KS2, level 4+ in English and Maths (2011)	n/a	75.0	74.8	62.0		93.0
6	% children obese in reception year (2009/10)	345	10.6	9.8	14.7		5.0
7	% pupils achieving 5 or more A* to C at GCSE including English and Maths (2010/11)	n/a	56.3	58.2	40.8		74.7
8	A/AS level average point score per candidate (2010/11)	n/a	622.6	717.6	540.3		878.1
9	A/AS level average point score per entry (2010/11)	n/a	203.4	212.2	194.8		238.8
10	Absence from primary schools - authorised and unauthorised (2010)	n/a	5.8	5.2	6.4		4.3
11	Absence from secondary schools - authorised and unauthorised (2010)	n/a	7.3	6.8	9.3		5.3
12	% children obese in year 6 (2009/10)	663	21.6	18.7	28.6		10.7
13	Chlamydia diagnostic rate for 15-24 year olds (2010/11) rate per 100,000	n/a	2521.7	1963.7	916.3		5400.1
14	U18 conception rates per 1,000 females aged 15-17 (2010)	n/a	51.4	35.4	64.7		6.2
15	LAC per 10,000 aged under 18 (2011)	n/a	85.0	59.0	142.0		0.0
16	NEET (2009)	n/a	8.1	6.8	11.8		0.6
17	NI145 adults with learning disabilities in settled accommodation (2009)	n/a	58.0	61.0	27.1		100.0
18	NI146 adults with learning disabilities in employment (2009)	n/a	0.9	6.4	0.0		36.4
19	NI149 adults in contact with with secondary mental health services in settled accommodation (2009)	n/a	50.1	50.1	4.8		86.3
20	NI150 adults in contact with with secondary mental health services in employment (2009)	n/a	7.6	6.7	0.0		22.7
21	IMD 2010 (Rank)	35	35.0	19.2	4.5		43.5
22	Number of households accepted as homeless (2010/11)	116	1.1	2.0	10.4		0.0
23	Road traffic accidents - KSI per million people (2010)	n/a	288.0	407.0	3511.0		0.0
24	Life expectancy at birth (2008-10) -Male	n/a	76.9	78.6	73.6		85.1
25	Life expectancy at birth (2008-10) -Female	n/a	81.9	82.6	79.1		89.8
26	All age all cause mortality - males (2008-10 pooled) DSR per 100,000	3717	737.8	656.0	932.3		463.0
27	All age all cause mortality - females (2008-10 pooled) DSR per 100,000	3713	493.3	467.1	632.7		283.5
28	All age all cause mortality - persons (2008-10 pooled) DSR per 100,000	7530	605.0	553.3	769.9		344.7
29	Mortality from all cancers (ICD10 C00-C97) Under 75s (2008-10 pooled): Persons	1050	122.0	110.1	159.1		30.1
30	Mortality from all cancers (ICD10 C00-C97) Under 75s (2008-10 pooled): Male	584	139.5	99.3	186.1		34.0
31	Mortality from all cancers (ICD10 C00-C97) Under 75s (2008-10 pooled): Female	466	105.7	105.7	139.3		27.4
32	CHD mortality: Males (2011)	335	81.7	58.1	105.7		0.0
33	CHD mortality: Females (2011)	97	20.9	17.5	37.9		0.0
34	CHD mortality: Persons (2011)	432	50.5	37.2	69.9		16.5
35	Mortality from stroke Males (2008-10)	267	49.8	43.8	63.7		19.9
36	Mortality from stroke Females (2008-10)	358	40.8	41.1	57.9		11.2
37	Mortality from stroke Persons (2008-10)	625	45.1	42.7	59.7		18.5
38	Mortality from stroke Males U75 (2008-10)	77	18.7	14.2	29.0		0.0
39	Mortality from stroke Females U75 (2008-10)	53	11.7	10.3	21.4		0.0
40	Mortality from stroke Persons U75 (2008-10)	130	15.1	12.2	24.0		0.0
41	Mortality from COPD (2008-10)	382	28.7	25.8	61.9		10.3
42	Diabetes prevalence (Age 17+) (2010/11)	16318	7.8	5.5	9.0		3.4
43	Adult Obesity Age 16+ (2006-08)	n/a	28.8	24.2	32.9		13.2
44	Number of alcohol related hospital admissions per 100,000 population (2009/10)	2121	2121.2	1742.8	3114.3		849.5
45	Dementia prevalence (2009/10)	997	0.4	0.5	0.7		0.2
46	Excess Winter Deaths (2010/11)	139	17.5	18.1	32.1		5.4
47	Children's tooth decay (at age 12)	n/a	0.6	0.7	1.6		0.2

England Key:



Regional Key:



Key:

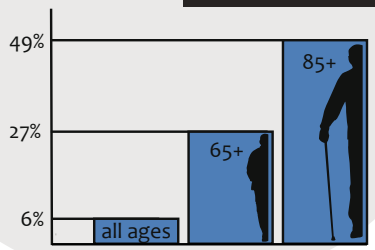
- Significantly better than England average
- Not significantly different from England average
- Significantly worse than England average
- No significance can be calculated

Indicator notes:

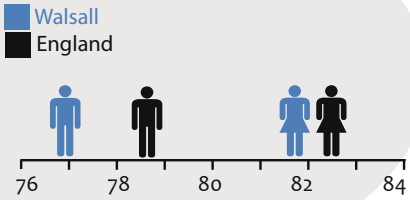
1. Percentage of under 16s in families with less than 60% of the median national income (2010). 2. Infant mortality rate per 1,000 live births (2007-09) 3. Perinatal mortality rate per 1,000 live births (2008-10) 4. Percentage of children achieving a good level of development at foundation stage (2011) 5. Percentage of pupils achieving KS2, level 4+ in English and Maths (2011) 6. Percent of children classified obese in reception year (2009-10) 7. Percentage of pupils achieving 5 or more A* to C at GCSE including English and Maths 8. A/AS level average point score per candidate 9. A/AS level average point score per entry 10. Absence from primary schools – authorised and unauthorised 11. Absence from secondary schools – authorised and unauthorised 12. Percentage children obese in year 6 (2009/10) 13. Chlamydia diagnostic rate for 15-24 year olds 14. Conception rates per 1,000 females aged 15-17 years 15. Looked after children aged under 18 years per 10,000 16. Percentage of 16-24 year olds Not in Employment, Education or Training (NEET) (2011) 17. Percentage of adults with learning disabilities in settled accommodation (2009) 18. Percentage of adults with learning disabilities in employment (2009) 19. Percentage of adults in contact with secondary mental health services in settled accommodation (2009) 20. Percentage of adults in contact with secondary mental health services in employment (2009) 21. Indices of Multiple Deprivation 2010. Rank of average rank (1 is most deprived 326 is least) 22. Number of households accepted as homeless 23. Number killed or seriously injured in road traffic accidents per million people 24. Life expectancy at birth in years – Male (2008-10) 25. Life expectancy at birth in years – Female (2008-10) 26. All age all cause mortality – Males (2008-10 pooled data) Directly age-standardised rates per 100,000 European standard population 27. All age all cause mortality – Females (2008-10 pooled data) Directly age-standardised rates per 100,000 European standard population 28. All age all cause mortality – Persons (2008-10 pooled data) Directly age-standardised rates per 100,000 European standard population 29. Mortality from all cancers – Persons under 75 years (2008-10 pooled) Directly age-standardised rates per 100,000 European standard population 30. Mortality from all cancers – Males under 75 years (2008-10 pooled) Directly age-standardised rates per 100,000 European standard population 31. Mortality from all cancers – Females under 75 years (2008-10 pooled) Directly age-standardised rates per 100,000 European standard population 32. Mortality from coronary heart disease (2011) – Males. Directly age-standardised rates per 100,000 European standard population 33. Mortality from coronary heart disease (2011) – Females. Directly age-standardised rates per 100,000 European standard population 34. Mortality from coronary heart disease (2011) – Persons. Directly age-standardised rates per 100,000 European standard population 35. Mortality from stroke – Males. (2008-10) Directly age-standardised rates per 100,000 European standard population. 36. Mortality from stroke – Females (2008-10). Directly age-standardised rates per 100,000 European standard population. 37. Mortality from stroke – Persons (2008-10). Directly age-standardised rates per 100,000 European standard population. 38. Mortality from stroke – Males under 75 years. Directly age-standardised rates per 100,000 European standard population. 39. Mortality from stroke – Females under 75 years. Directly age-standardised rates per 100,000 European standard population. 40. Mortality from stroke – Persons under 75 years. Directly age-standardised rates per 100,000 European standard population. 41. Mortality from bronchitis, emphysema and other COPD (2008-10) – Persons directly age-standardised rate per 100,000 European standard population. 42. Prevalence diabetes mellitus (2010-11) Percent of persons aged 17 years and over. 43. Adult obesity persons aged 16+ percent.44.Number of alcohol related hospital admissions per 100,000 population (2009/10) - Persons directly age-standardised rate per 100,000 European standard population. 45. Dementia Prevalence (2009/10) - QOF 2009-10. 46. Excess Winter Deaths (2010/11) - NCHOD. 47 Weighted mean number of decayed, missing or filled teeth in 12-year-olds, 2008/09

Health and Wellbeing in Walsall at a glance

Population % increase (2008 - 2028)



Life Expectancy (at birth)



Health

29% drink alcohol
Hazardous 13%
Binge 12%
Harmful 4%

24.5% estimated smokers

1% misuse heroin or crack cocaine

26% of adults are obese

55% do no recreational physical activity

27% of all deaths in the borough are due to cancer

Potentially **45%** of the 670 cancers diagnosed in Walsall each year could be avoided through lifestyle changes

Illness

Around **55** Walsall deaths per year have mental health related problems as the underlying cause

480 people have a stroke each year in Walsall

An estimated **3,350** people with dementia in Walsall

432 deaths in 2011 were due to Coronary Heart Disease

5,548 people suffer from Chronic Obstructive Pulmonary Disease

16,318 estimated people aged 17+ have diabetes in Walsall

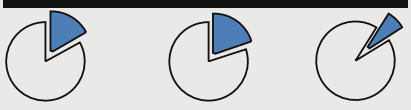
62% of Walsall deaths occur in hospital

Deprivation

Walsall is the **28th** Most deprived of the 149 councils

30.6% of children under 16 are growing up in poverty

Education/Employment



18% working age residents are not working & claiming out-of-work benefits

20% of adults have no formal qualifications

7.3% of 16-18 yr olds are not in education, employment or training (NEET)

Data Source: Joint Strategic Needs Assessment for Walsall 2012

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