

Mental Health and Wellbeing in Walsall

The Director of Public Health
Annual Report 2016/17

Foreword from the Director of Public Health



Walsall Council Director of Public Health Dr Barbara Watt

“Mental health and Wellbeing is only recently beginning to receive the focus and recognition that it deserves”.

In 2011, the government launched it's national “No Health without Mental Health” strategy. This was closely followed by the Chief Medical Officer's Annual Report in 2013, which focussed on public mental health.

Accordingly, my 3rd annual report as Director of Public Health, focuses on the subject of the Mental Health and Wellbeing of people in Walsall.

Mental ill-health affects more people than heart disease or cancer nationally, and is costly, not just to the affected individual, but to society as a whole. The wider costs of poor mental health and wellbeing impact on the NHS, education, criminal justice, employers, social care, housing and the police.

In addition to the economic impact on services, poor mental health and wellbeing is also associated with a range of negative individual, family and community health and wellbeing outcomes.

To begin to address poor mental health and wellbeing locally, we must seek to understand the challenges faced by people in Walsall, and identify risk-factors. In this report we have summarised the risk factors for mental ill-health most pertinent to our local population and have formulated recommendations to address mental health inequalities, mitigate these risk factors and to also translate national policies and the best research evidence into local action and practice.

Please see our 2016 [Adult Mental Health Needs Assessment](#) for a more comprehensive look into this important public health issue.

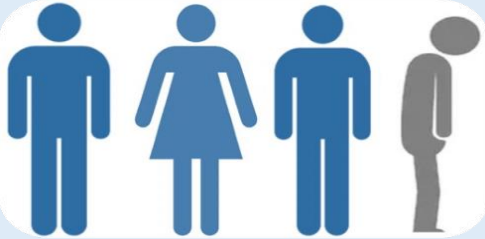
I hope you enjoy reading this report and find it useful and informative.

Best Wishes,

A handwritten signature in blue ink that reads "B Watt".

Introduction

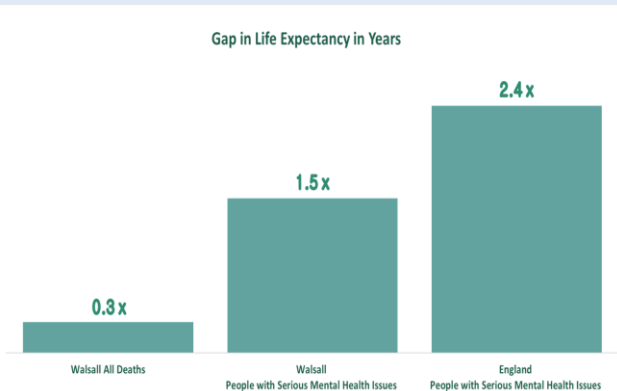
1 in 4



people in England will experience a mental health problem every year.

No other health condition matches mental illness in the combined extent of prevalence, persistence and breadth of impact. It is one of the major causes of the overall disease burden in England and worldwide. Mental illness has not only a healthcare and human cost, but also a social and economic one.

The wider costs in England amount to £105.2 billion a year which includes the costs of health and social care for people with mental health problems, lost output in the economy (sickness absence, unemployment etc.) and the human costs of reduced quality of life. There are substantial potential gains for improving mental health, including increased self-esteem, productivity, relationships, economic benefits and a reduction in the burden on health services.



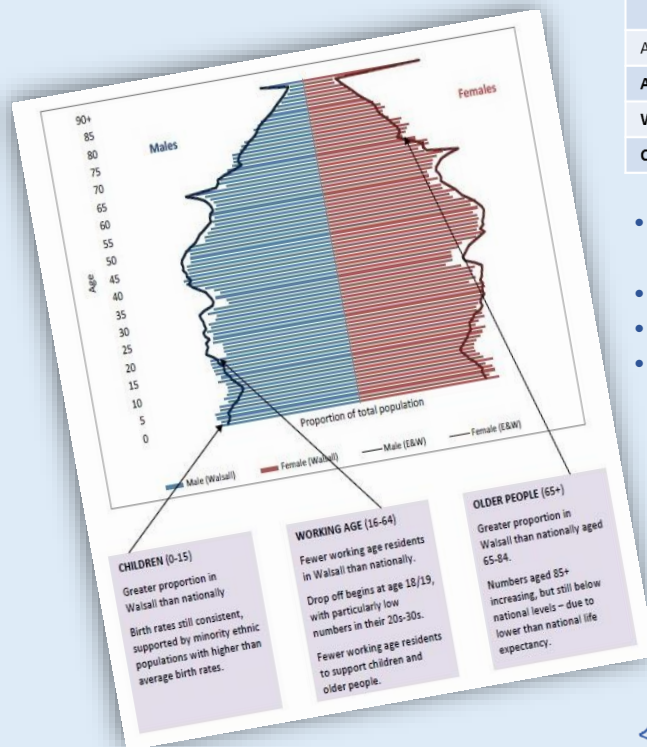
In England, people living with a serious mental health condition are more than twice as likely to die before the age of 75. In Walsall people with serious mental health conditions are 1.5 times more likely to die before age 75.

There is evidence to suggest that gap in life expectancy between mental health illness cohort compared with the general population can range from 10-20 years.

The World Health Organisation (WHO) defines mental health as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community. It emphasises mental health as not just the absence of illness, but requires an additional positive dimension to be present in an individual. The concept of an individual's mental health state is increasingly being dissociated from mental illness. If someone experiences low mental wellbeing over a long period of time, they are more likely to develop a mental health problem. If someone already has a mental health problem, they are more likely to experience periods of low mental wellbeing than someone who has not.

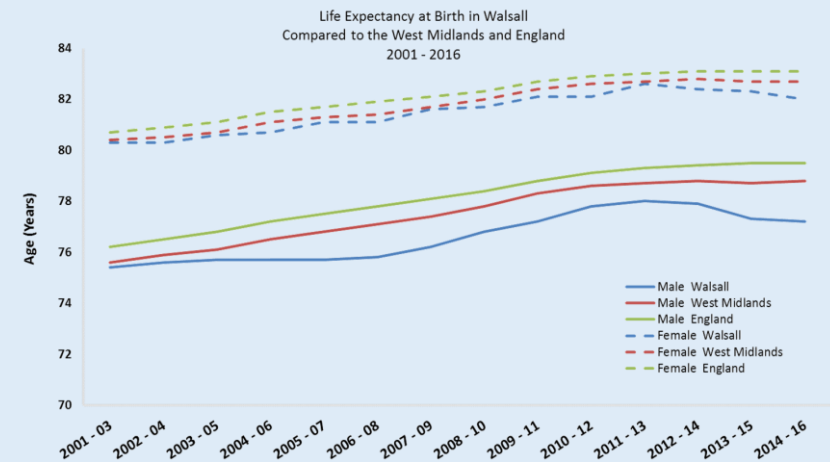
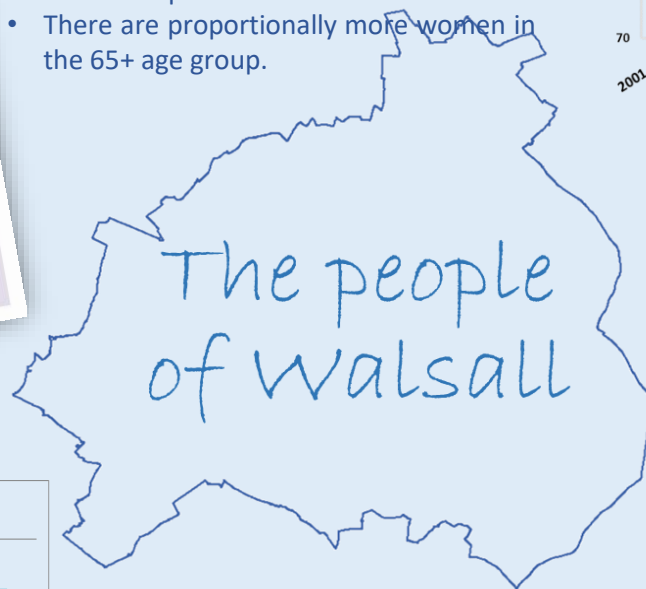
Mental health is affected by a broad range of determinants including gender, age, ethnicity, family, social and environmental determinants such as deprivation, housing, employment, drugs and alcohol, and crime. Men, particularly the young and unemployed, are at a greater risk of suicide, and psychotic disorders, such as schizophrenia or bipolar disorder. Women are more likely to experience common mental problems such as depression and anxiety and are at higher risk of self-harm.

People with disabilities or long-term conditions, such as diabetes or heart disease, are at greater risk of depression and other mental health problems, which can lead to poorer health outcomes and reduced quality of life. Those with mental ill health are also likely to suffer poorer physical health and increased mortality from some diseases. This may result from unhealthier lifestyles, for example poor diet, less exercise and higher levels of smoking, misdiagnosis of physical ailments and reluctance or inability to access health services.



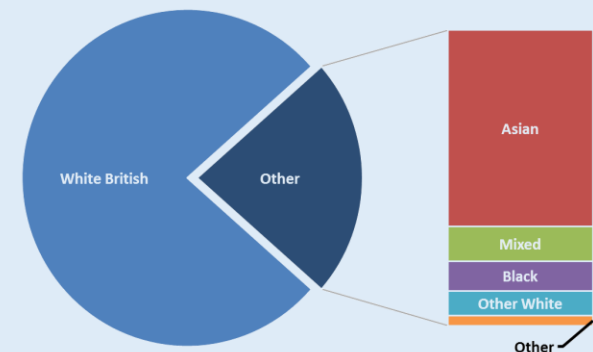
Age Group	Proportion of Population		Total Population
	Male	Female	
Adult Population (18+)	48%	52%	209,594
Working Age (16-64)	50%	50%	160,841
Older People (65+)	45%	55%	48,753

- The current population of Walsall is 274,173.
- Of these, 209,594 are adults (18+).
- Around a quarter of adults are over 65+
- There are proportionally more women in the 65+ age group.



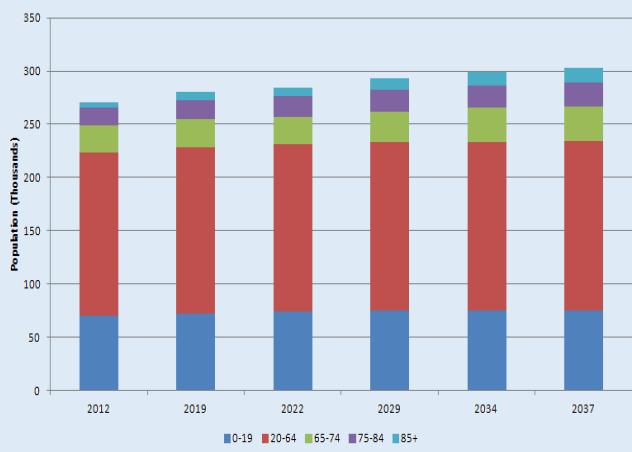
- Life expectancy at birth provides an estimate how long someone is expected to live based on current mortality rates in that area.
- Life expectancy is higher in women than men. However, the average life expectancy people in Walsall is lower than regional and national averages

Ethnicity of Walsall People



- Ethnic diversity has significantly increased in Walsall over the last decade, with now around 1 in 4 residents from a Black and Asian Minority Ethnic community, which is higher than the regional and national average.
- People from Indian, Pakistani and Bangladeshi backgrounds from the largest proportion of the BAME population of Walsall.
- In addition, the number of non-UK born residents of Walsall has increased by 3.7% (or 9,859 people between 2001 and 2011 censuses).
- White British is the single largest ethnic group, composing 47.9% of the population.

Population Projection in Walsall, 2012-2037



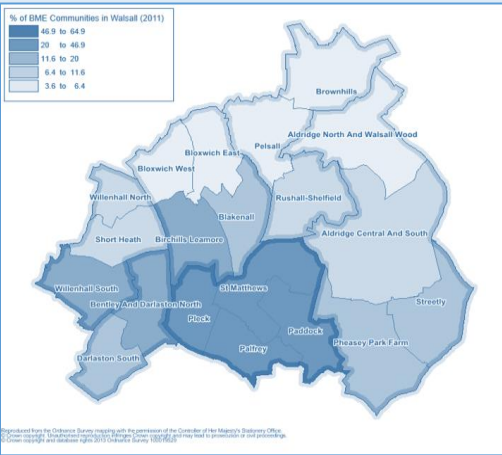
- In Walsall the working age group (20-64) is projected to increase by 3.4% by 2022, in line with the national rate.
- The population of older people (65+) is forecast to increase by 14% over the ten year period of (2012-2022)
- Additionally, the 85+ age group is projected to have the highest percentage increase (51.8%, ~ extra 3,000 people) followed by 75-84 group (18.5% ~ 3,000 people) over the same period.



Factors Impacting on Mental Health

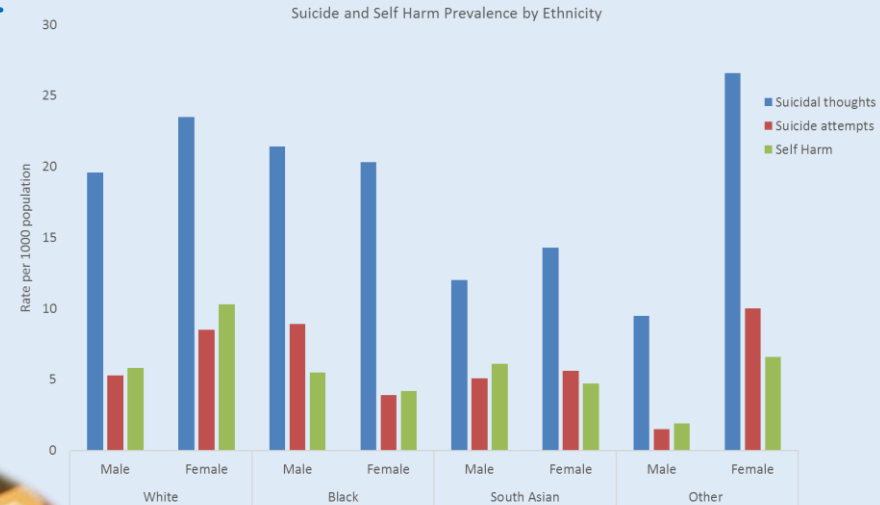
Ethnicity and Mental Health

Mental health inequalities exist between different socioeconomic and ethnic groups, and the prevalence of different mental health problems varies between ethnic groups.



There has been a significant increase in the level of ethnic diversity in Walsall over the past decade.

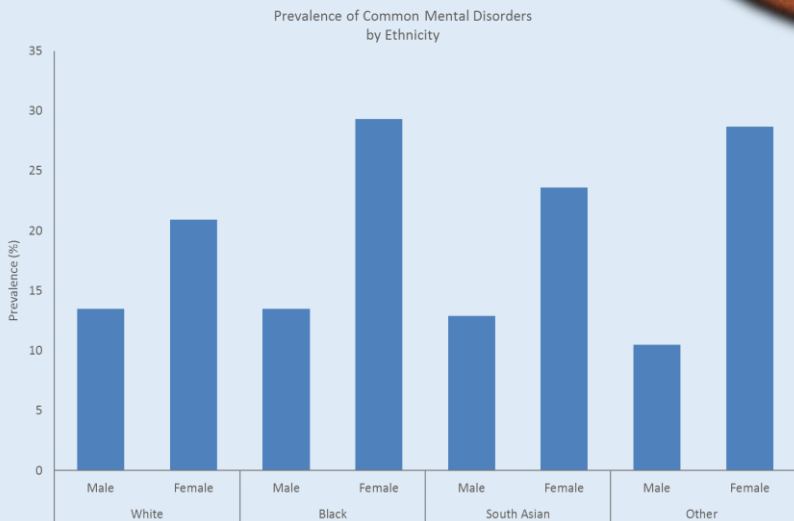
In Walsall, the proportion of people from a Black and Minority Ethnic (BAME) community is higher than the regional and national average. People of Indian, Pakistani and Bangladeshi background, form the largest proportion of BAME in Walsall.



BAME communities are highly concentrated in the centre and South East parts of the borough. These areas often also experience high levels of deprivation and other inequalities.



Data suggests that the Black ethnic group, especially males, experiences highest rates of PTSD, suicide attempt, psychotic disorder, any drug use and drug dependence while the White population experiences highest rates of suicidal thoughts, self harm and alcohol dependence. Women from the south Asian group experience highest rates for any common mental disorders (CMDs).



Common Mental Disorders, cause marked emotional distress and interfere with daily function, although they do not usually affect insight or cognition. CMDs comprise different types of depression and anxiety. Symptoms of depressive episodes include low mood and a loss of interest and enjoyment in ordinary things and experiences. They impair emotional and physical wellbeing and behaviour. Anxiety disorders include generalised anxiety disorder, panic disorder, phobias, and obsessive compulsive disorder (OCD). Symptoms of depression and anxiety frequently co-exist, with the result that many people meet criteria for more than one CMD.

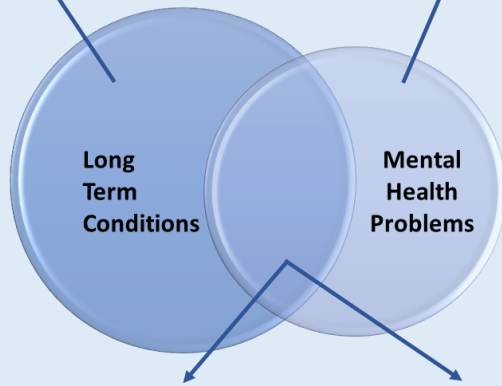
Although fear of stigmatisation makes the general population reluctant to access help, people from some BME groups tend to be even more cautious and more distrusting of conventional mental health services. The view is that traditional services tend not to be “accessible, welcoming, relevant, culturally appropriate or well integrated” within BME communities.

Physical and Mental Health

Good mental health and well being is both a determinant and a consequence of physical health. However, this interdependence of physical and mental health has only recently been recognised, with an integrated healthcare approach now being advocated.

30% of population of England (approx. 15.4 million people) have long term physical conditions

20% of population of England (approx. 10.2 million people) have mental health problems



30% of people with a long term physical condition have a mental health problem (approx. 4.6 million people).

46% of people with a mental health problem have a long term condition, (approx. 4.6 million people).



1 in 3 people with long term physical health problems also have a mental health problem

Depression is 2-3 times more common in people who have a chronic physical health problem, such as cancer, heart disease, diabetes or a musculoskeletal, respiratory or neurological disorder.

Depression increases the risk of mortality in cancer by 50% and has been associated with a 4-fold increase in the risk of heart disease.

Co-morbid mental health problems have a significant impact on the costs related to the management of long-term conditions. For example, the total cost to the health service of each person with diabetes and co-morbid depression is 4.5 times greater than the cost for a person with diabetes alone

Physical and Mental Health Problem

People that experience mental illness are less likely to access physical healthcare services and are statistically less likely to receive routine checks, which may identify some of the physical conditions and therefore have much higher level of potentially avoidable mortality. On average those diagnosed with a serious mental health illness die 20 years earlier than the general population. These early deaths are mainly as a result of poorer physical health linked to a number of conditions including; heart disease and stroke.



People with a chronic medical condition are

2.6x

more likely to also suffer mental ill-health

Physical Health Problem



Deprivation and Mental Health

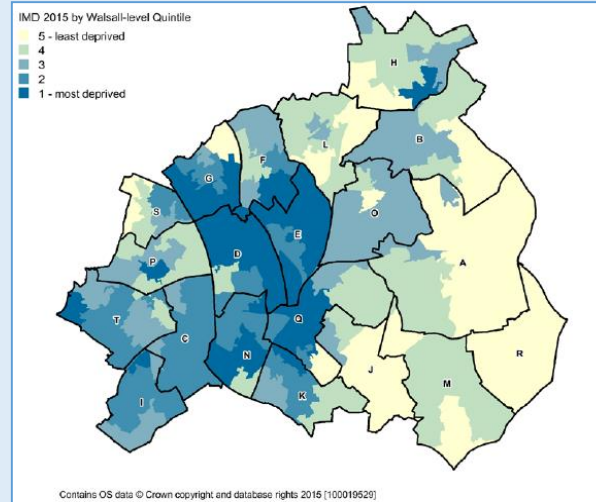
Unemployment, debt, poor housing and low productivity are a major cause of poor mental health and can also themselves be caused by poor mental health.

Measure	England Percentile (i.e. within the most deprived ...% of local authorities)				England Rank* 2015/2010 rank out of 326 2007/2004 rank out of 354			
	2015	2010	2007	2004	2015	2010	2007	2004
Average of LSOA scores	11%	10%	13%	15%	33	30	45	61

*Where 1 is most deprived

In 2015, Walsall ranked as the 33rd most deprived local authority, of 326 nationally. This puts it just outside the most deprived 10% in the country.

Within Walsall, there is considerable variation in the levels of deprivation experienced in neighbourhoods across the borough.



Domain	England Rank (out of 326)*		
	Average LSOA Score	% of LSOAs in the most deprived 10%	% of population experiencing deprivation
Index of Multiple Deprivation (IMD)	33	39	-
Income deprivation	18	11	21.9%
- affecting children (IDACI)	27	23	28.4%
- affecting older people (IDAOPI)	34	21	23.7%
Employment deprivation	30	42	16.9%
Education, skills and training deprivation	12	18	-
Health deprivation and disability	68	92	-
Crime	85	108	-
Barriers to housing & services	218	264*	-
Living environment deprivation	118	231	-

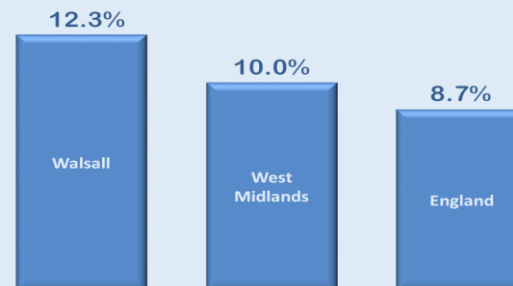
* All local authorities with no LSOAs in the most deprived 10% share a rank of 264

The Indices of Deprivation 2015 provide a relative measure of deprivation in small areas across Walsall, and are based on seven different aspects of deprivation. In the domains of Employment deprivation and Education, skills and training deprivation, Walsall ranks as the 30th and 12th most deprived local authority respectively.

The relationship between high levels of deprivation and high rates of mental ill-health is well established. Studies have found an association between mental health and socio-economic status, showing higher rates of psychiatric admissions and suicides in areas of high deprivation and unemployment.



Unemployment is consistently related with higher rates of depression, anxiety and suicide, particularly in young men.



In November 2015, 20660 people aged 16-64 in Walsall were claiming out of work benefit. This is higher than the regional and national rate.

Observations from previous economic downturns in the country suggest that the current recession may result in an increase in mental health problems such as depression, more suicides and suicidal behaviours, increased domestic violence, an increase in drug and alcohol dependency and possible lower levels of wellbeing



The impact of poor housing on physical health has long been understood, and now, the strong association between poor housing and mental health problems is now well established

Poor-quality housing, such as dwellings that are damp, have high levels of noise and lack security, is particularly associated with depression.

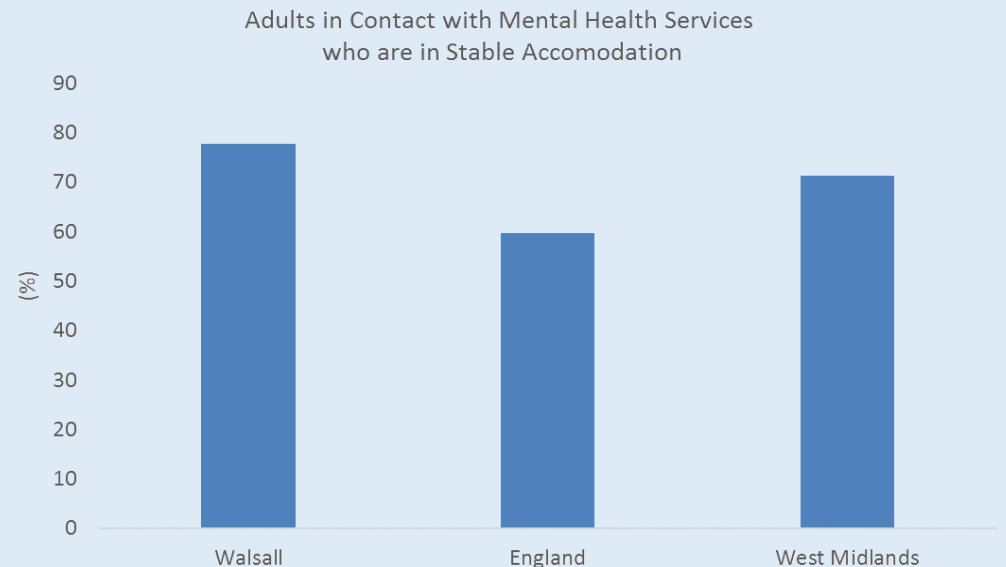
Decreased affordability, coupled with a decrease in social housing can lead to overcrowding which can have negative effects on family relationships, as well as affecting the emotional development of children within those households.



	Owned Outright	Owned Mortgage	Socially Rented	Privately Rented	Living Rent Free
Walsall	31.1%	32.0%	24.1%	11.7%	1.3%
England and Wales	31.0%	33.5%	17.6%	16.7%	1.4%

Those living in social and private housing tend to have poorer mental health than those in owner occupied accommodation. Around a quarter of residents in Walsall live in socially rented accommodation which is higher than national average

Having a mental health need does not mean that the individual will require Housing services. Some individuals can carry on functioning well, while for some there may be a huge detrimental effect on employment and finances with a potential loss of housing.



In Walsall, 77.8% of Walsall patients who were in contact were in stable accommodation which was higher than the regional (71.2%) and national averages (59.7%).

Lifestyle and Mental Health

Positive lifestyle choices including physical activity, avoidance/cessation of smoking and healthy eating facilitate positive mental health, fitness for work, fitness for learning and social interaction both between individuals and between an individual and their community



Mental wellbeing

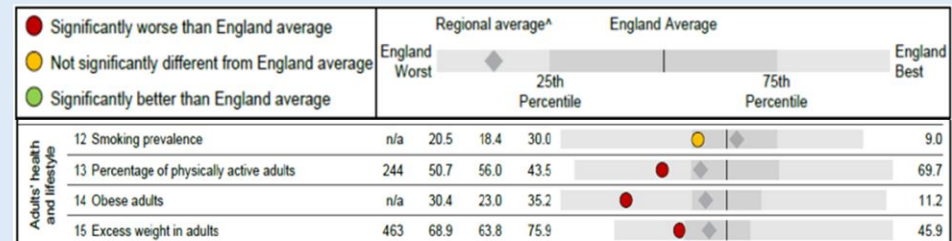
Smoking rates amongst people with a mental health disorder are significantly higher than in the general population. Up to 70% inpatients in mental health units are likely to be smokers, with 50% smoking heavily



The various positive effects of physical activity on mental health are well documented. Physical activity is known to contribute to preventing mental health problems, lower levels of anxiety, better sleep and improved concentration. Physical activity can also improve the quality of life of those experiencing mental illness.

There is approximately a 20% to 30% lower risk for depression and dementia, for adults participating in daily physical activity.

In contrast, poor lifestyle choices can lead to low self esteem, sickness absence and a wide range of negative health outcomes including heart disease, cancer and stroke.



Walsall has a statistically significantly lower proportion of physically active adults as well as higher proportion of adults classified as excess weight and obese indicating an increased prevalence of these two risk factors in the population.



Comfort eating is used by a quarter of people to cope with feelings of anxiety, and women and young people are more likely to use this as a way of coping. Unhealthy eating and diseases such as obesity have many negative effects on health

An increasing Body Mass Index (BMI) is an independent risk factor for dementia and those with severe obesity are over four times more likely to suffer from depression.

	Smoking prevalence (%)
Schizophrenia, schizotypal and delusional disorders	44.6
Bipolar affective disorder	36.7
Depression	31.4
Neurotic, stress-related and somatoform disorders	28.9
Eating disorders	23.1
Specific personality disorders	47.1
Hyperkinetic disorders, including ADHD	27.2

The most recent prevalence estimates indicates that around 39,194 - 49,296 adults living in Walsall are smokers. Medical records allow for estimation of smoking prevalence in people with mental health disorders, and show that smoking prevalence increases with increasing severity of conditions.

Substance Misuse and Dual Diagnosis

In the context of mental health, the term dual diagnosis is mostly used to refer to an individual who experiences a severe mental illness and a substance misuse problem, including alcohol, legal and illicit drugs.

Substance dependence is a complex disorder with biological mechanisms affecting the brain and its capacity to control substance use. It is not only determined by biological and genetic factors, but psychological, social, cultural and environmental factors as well.

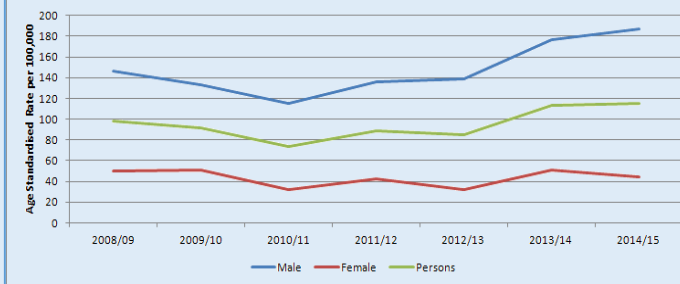
An estimated
10,772
people in Walsall are
dependent on alcohol.




- Most recreational drugs interfere with the chemicals in the brain. Psychoactive substances e.g. cannabis, ecstasy and heroin, have the ability to affect mood and can arouse certain emotions or dampen down others.
- Recreational drug abuse can also lead to long-term mental health problems, such as depression and schizophrenia.

People who experience anxiety or depression are twice as likely to be heavy or problem drinkers. Whilst some individuals will use alcohol to self-medicate to relieve pre-existing symptoms of anxiety or depression, for others drinking may be the root cause of their anxieties

Admission episodes for mental and behavioural disorders due to use of Alcohol condition in Walsall by Gender, 2008/09

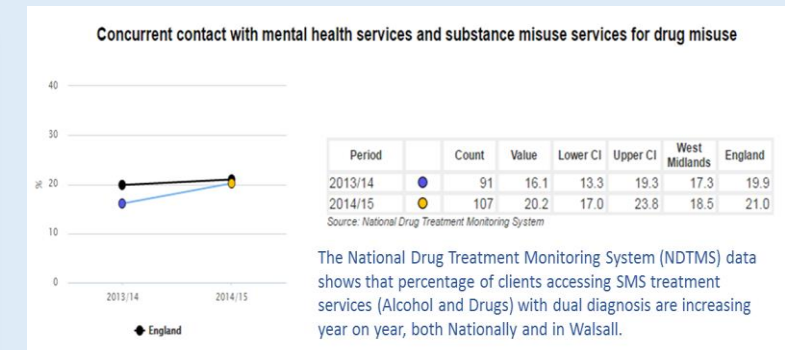


Hospital admissions related to mental and behavioural disorders due to alcohol in Walsall (115 per 100,000) is significantly above regional (85) and national rates (84). The gap between males and females has been widening with a higher rate in men (187 per 100,000) compared to women (45).



Treatment Period	Number of dual diagnosis clients in treatment	Total number of new clients in treatment	% clients diagnosed as dual diagnosis
2013/14	157	780	20.1%
2014/15	158	743	21.3%
2015/16	190	579	32.8%

Substance misuse among individuals with mental health disorders is associated with significantly poorer outcomes than for individuals with a single disorder. These outcomes include worsening psychiatric symptoms, poorer physical health, increased use of institutional services, poor medication adherence, homelessness, increased risk of HIV infection, greater dropout from services and higher treatment costs. Social outcomes are also significantly worse, including greater homelessness, a higher impact on families and carers, and increased contact with the criminal justice system



Data from local substance misuse services show that 32.8% of new clients have a dual diagnosis, whilst the total number of new clients in treatment is decreasing. This higher proportion of dual diagnosis clients could be due to a real increase in the number of patients with a dual diagnosis and/or improvements in identification and diagnosis of mental illness.

Loneliness and Isolation

When it comes to wellbeing, other people matter. Good relationships with family, friends and the wider community are important for mental wellbeing and positive friendships a crucial element in protecting our mental health.



Social support, in particular emotional support from close relationships is an important protective factor against mental health problems. Often, but not always, this close relationship is with a spouse/partner or parent. People lacking such a close supportive relationship are at greater risk of anxiety and depression.

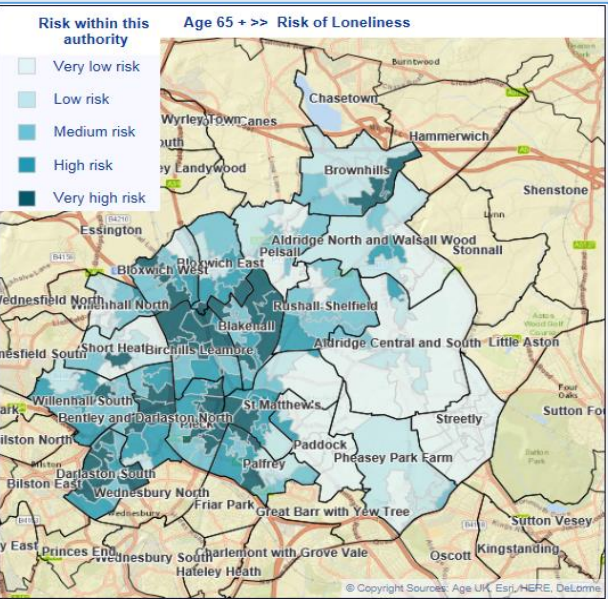


The emotional support provided by social ties enhances psychological well-being, which, in turn, may reduce the risk of unhealthy behaviours and poor physical health.

Social isolation is defined as an absence of contacts whereas loneliness is “an individual’s subjective evaluation of his or her social participation or social isolation. Loneliness can affect people of all ages, but older people, those experiencing mental ill health and carers are particularly vulnerable.



There can be many reasons why people become isolated. In later years isolation may be as a result of loss of family and friends, poor health, decreased mobility and income.



The English Longitudinal Study of Ageing (ELSA) found that factors associated with being lonely were being in poor health and people who were widowed. Factors such as deprivation, poverty and living in a rural area, proved not to be significant.

The predicted risk of loneliness for Walsall shows that the central and west of the borough is likely to have 65s and over with the greatest risk of loneliness. This roughly corresponds to the distribution of care homes in the area.

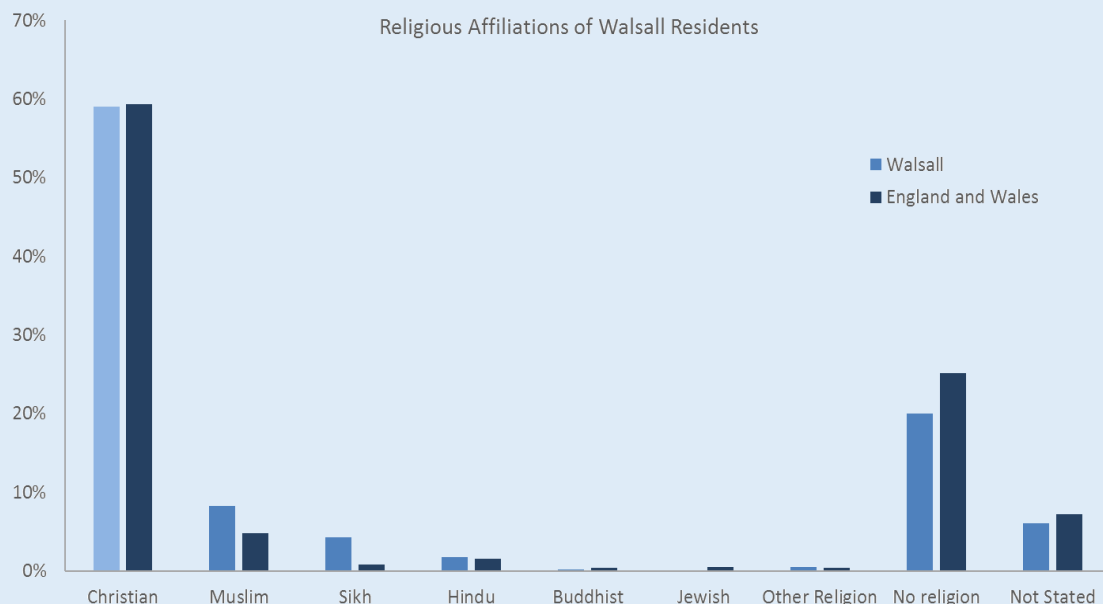
The negative effects of loneliness on health include poor sleep, hypertension, more adverse reactions to stress and a compromised immune system. Loneliness and isolation have also been linked to depression in middle aged and older age and dementia in older age. The cumulative effect means that being lonely can be as bad for your health as being a smoker.

	Total Households	Family: Couple*	Family: Lone parent	One person: Below 65	One person: Over 65	Other household types
Brownhills/Pelsall/Rushall/Sheffield	15,037	46.40%	10.50%	13.20%	13.60%	16.20%
Aldridge & Beacon	21,732	45.50%	8.80%	11.70%	15.20%	18.70%
North Walsall	21,871	41.3%	14.6%	17.2%	13.1%	13.7%
Walsall South	22,040	39.4%	11.1%	19.7%	11.3%	18.5%
Darlaston & Bentley	10,824	43.0%	15.7%	15.7%	12.1%	13.6%
Willenhall & Short Heath	16,318	46.1%	12.7%	15.9%	11.1%	14.2%
Walsall	107,822	43.40%	12%	15.70%	12.80%	16.10%
England & Wales	23,366,000	43%	10.60%	17.80%	12.40%	16.10%

Walsall has higher proportion of older people living in single occupancy household compared to national averages and some areas have higher proportions of single occupancy compared to overall borough averages.



Religion, Spirituality and Mental wellbeing



The people of Walsall have greater level of religious affiliation than in England and Wales overall, with 74% identifying with a religion compared to 68% nationally. The majority of Walsall people identify as Christian (59%) which is similar to national average (59.3%). However, the proportion of Walsall people who identify as Muslim (8.2%) and Sikh (4.3%) are significantly higher than the national averages.

- The evidence linking spirituality and religious expression with different aspects of mental health is mixed.
- Expressions of spirituality that encourage personal empowerment, and promote the importance of emotions such as hope, forgiveness and purpose are helpful.
- Other aspects of spirituality seem to have no effect on mental health or, in some cases, can lead to feelings of guilt, shame or powerlessness, which can be damaging or harmful to a person's mental health.
- People with certain religious beliefs may be less motivated to see help and engage in mental health services which in turn may lead to higher levels of mental health issues.
- However, other cultural or social factors that are associated with these religions may compensate for this.

Dementia

Dementia is progressive and largely irreversible condition that involves widespread damage to mental functioning. NICE describe Dementia as “a disorder that affects how the brain works”. It is an umbrella term used to describe the symptoms that occur when the brain is affected by certain diseases or conditions.

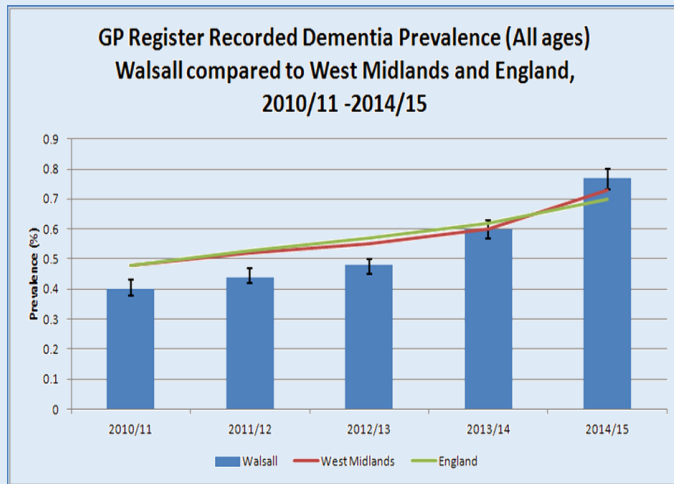
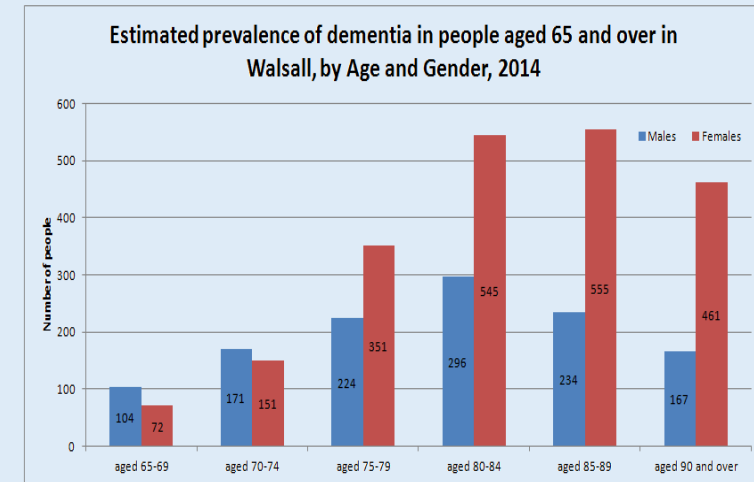
1 in 14

people aged 65 years or over have dementia, which equates to approximately

3,439

people in Walsall

Age is the most significant known risk factor for dementia with prevalence rates increasing with age, though it is possible to develop dementia in earlier in life. Dementia is uncommon before the age of 65, but does affect 1 in 1,000 younger people. With onset of age the cases of dementia increase within the 80-84 and 85-89 age group, and this group has the highest number of people with dementia in Walsall. Overall, women have higher rates of dementia, and in particular Alzheimer's disease and in older age groups. This could be related to higher life expectancy in women compared to men.



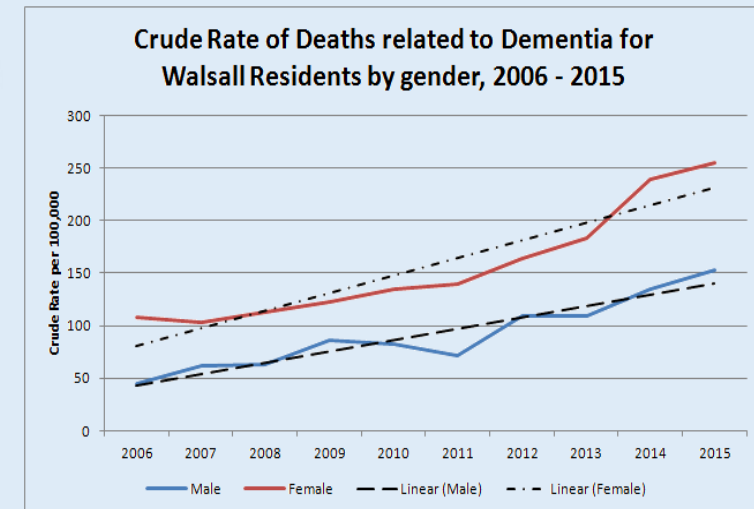
The prevalence of dementia within Walsall increased by 0.34% between 2010/11 and 2014/15, to a rate of 0.77%, which is above the regional (0.73%) and national average (0.74%).



1 in 3

people over the age of 65 die with dementia

The latest data suggests that for the first time dementia or Alzheimer's is now the biggest single cause of death amongst women in England and Wales, having surpassed different forms of cancer for the first time



There were 2,601 deaths related to dementia between 2006 and 2015, with a higher rate for women than men in Walsall. Both sexes have seen upward trend in rate over this period.

Tackling Mental Ill- Health and Promoting Emotional Wellbeing

The following recommendations are made to address some of the risk factors and inequalities discussed in this report.



Screening for mental health and emotional wellbeing with appropriate signposting to be built into all health, social care and community frontline services.



Ensure equity of access to mental health services and support by undertaking an annual equity audit.



Promote the pillars of the brain-healthy lifestyle: regular exercise, healthy diet, mental stimulation, quality sleep, stress management and an active social life.



Improve local mental health literacy using an assets based approach, particularly targeting men and BAME groups, ensuring that our communications and engagement is culturally appropriate to meet the needs of the population.



Undertake an audit of the needs of the homeless population, to establish their health and social care needs



Develop a clear strategy to tackle the isolation and the needs of older people



Ensure the physical health needs of those with mental health needs are appropriately addressed - primary and secondary prevention through screening and NHS Health Checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.



Undertake an audit of the housing support available for vulnerable people with mental health needs.



All employers should be sensitive to the potential mental health issues underlying sickness absence. Healthy workplaces should be actively promoted and employers supported to protect and improve wellbeing of their workforce.



Incorporate screening for Mental Health and emotional wellbeing and appropriate signposting for all those on Employment Support Allowance



Strategise to increase physical activity levels in the borough, including measures such as good quality and adequate access to green spaces

Progress on Last Years Recommendations

We Said...

Frontline workers across a full range of services should be trained to improve their knowledge on mental health issues.

Implement healthy ageing initiatives alongside the health checks and social prescribing initiatives.

Reducing isolation to increase community resilience and keep people out of hospital.

Health service provision and the voluntary sectors should be connected to enable people to remain well in their local community for longer

We Did...

Health Chats

Making Connections Walsall
Get Connected, Stay Connected

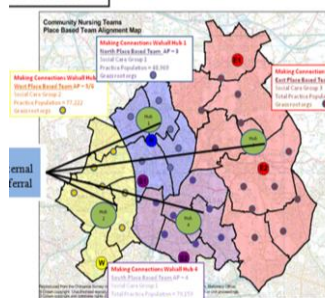


A friendly service for older people in Walsall that aims to address loneliness and social isolation.

0121 380 6690

Walsall Council

MAKING CONNECTIONS
FOR OLDS



Hub Structure Making Connections Walsall

Health Chats are a “train the trainer” face to face training programme that have been developed for delivery to people who provide a diverse range of services to people in Walsall. This training includes mental health and wellbeing awareness and education on the ‘5 Ways to Wellbeing’.

The Healthy Resilient Communities programme, which includes “Making Connections Walsall” (MCW) has been developed to enable people to stay well in their own homes for longer. The MCW social prescribing initiative offers Health & Social Care professionals, as well as community and voluntary sector agencies with a single route of referral to address loneliness and social isolation, particularly in older people.

During the ongoing development of the programme, community projects, assets and groups are mapped to deliver a range of healthy ageing activities.

Individualised ‘Wellbeing Plans’ are developed to help older people find a solution to social isolation, following referral into the programme.

Several engagement events have been undertaken across Walsall to further connect and develop the voluntary and community sector.

Walsall enjoyed the presence of BBC West Midlands awareness raising of tackling loneliness and social isolation and was endorsed by Public Health England.



My Wellbeing Plan

This Wellbeing Plan will help you and others understand what is important to keep you healthy, well and independent now and in the future.



The sections in this plan are based on the NHS Five Ways to Wellbeing: connect, be active, take notice, keep learning and give. These are shown to improve the health and wellbeing of everyone.

Progress on Last Years Recommendations Continued...

We Said...

Partnership working to ensure that women have a healthy pregnancy with access to high quality evidence based services.

Strategic priorities are:

Supporting Maternal Mental Health

Pre-conception & supporting healthy pregnancy

Identifying & addressing risk factors in pregnancy

Ensuring a safe, caring environment in first year

Supporting vulnerable mothers

Maintain easy access to drug and alcohol services by:

- Maintaining efficient care pathways with key health, social care and criminal justice partners
- Supporting the continued development of mutual aid and peer led recovery in Walsall

We Did...

The strategic priorities are the key aims the Walsall Infant Mortality Strategy 2016-20 and all partners report on their respective action relating to each aim.

Supporting maternal mental health – Walsall has developed a multiagency perinatal mental health pathway led by the Health Visiting service to enable all services to identify what support is available to parents at different points in pregnancy and post birth.

Supporting a healthy pregnancy – the 0-5 years Health Visiting service visits women at 28-32 weeks in pregnancy to support women during pregnancy and ensure a seamless handover from the midwifery service post birth.

Identifying and Addressing Risk Factors in Pregnancy – Walsall Healthcare Trust have set pathways in place to identify babies at risk, including increased monitoring of foetal growth and to further support a woman to quit smoking and understand the importance of monitoring foetal movement.

Ensuring a Safe and caring Environment – training has been offered to health visitors around reducing SUDI and safe sleep is talked about at all of the mandatory visits at 28 -32 weeks and in the early months.

Supporting Vulnerable Mothers – Walsall has a teenage pregnancy support team who support pregnant teens in pregnancy and post birth. The midwifery information system identifies vulnerable mothers and looks to ensure that appropriate support is offered to meet their needs.

- Despite budgetary pressures, we maintained the existing care pathways by more effective utilisation of the budget and by obtaining additional financial support from the West Midlands Police and Crime Commission.
- The drug and alcohol treatment service have supported the development of SMART recovery and other fellowship groups.
- We ran a pilot for one month severe winter weather provision, with an open access night-shelter in partnership with the Glebe Centre.

Progress on Last Years Recommendations Continued...

We Said...

Flu vaccination is available each year on the NHS to help protect those at risk of flu and its complications. Those eligible are invited every year for their flu vaccine. Target groups are:

- anyone aged 65 and over
- pregnant women
- all children from age 2 to academic year 3 at school
- children and adults with an underlying health condition or weakened immune systems.

Encourage access to local targeted physical activity as people age.

We Did...

Area	Population vaccination coverage - Flu (aged 65+)	Population vaccination coverage - Flu (at risk individuals)	Population vaccination coverage - Flu (2-4 years old)
Walsall	69.9	52.1	32.2
Dudley	69.8	51.8	39.7
Sandwell	66.0	47.0	39.5
Wolverhampton	67.5	47.4	32.5
West Midlands	70.1	49.5	38.2
England	70.3	48.7	37.5

For people aged 65+, Walsall's flu vaccination rate (69.9%) was very close to the West Midlands and England averages. For those people in at-risk (e.g. sufferers of long term illnesses) the Walsall rate was the best in the Black Country and above the West Midlands and national rate.

For children aged 2-4 years the Walsall flu vaccination rate was poor. This has been consistently lower than the England rate in recent years. However the 2016/17 rate of 32.2% is a 1.7% increase on Walsall's 2015/16 rate.

- The number of residents accessing commissioned physical activity services through Sport and Leisure Development services have continued to increase with over half of the 3,747 participants being over 50 years of age.
- Over 1 in 4 participants have accessed either led walks or community hydrotherapy – a water based physical activity programme for individuals with bone and joint issues such as arthritis.
- Other commissioned programmes targeting older people include community stroke and cardiac rehabilitation and Time 2 Change exercise advice and support which have engaged just under 1000 participants.
- Public Health also provide funding to parks in Walsall and are currently working with service leads to increase the usage of parks for physical activity and other health related reasons.

Progress on Last Years Recommendations Continued...

Smoking

We must continue to support smokers in Walsall to quit smoking and further develop our co-ordinated approach to tobacco control including:

- A refresh of the Tobacco Control Plan for Walsall
- Seek sign up to the Local Government Declaration on Tobacco Control
- Roll out of the Comprehensive Tobacco Control Campaign
- Engagement with key partners

- The Tobacco Control Plan for Walsall was refreshed and endorsed by Cabinet in October 2016. The Safer Walsall Partnership Board committed to oversee implementation of this plan and have received regular updates on delivery
- Cabinet, also at their meeting October 2016, signed up to the Local Government Declaration on Tobacco Control
- A local Comprehensive Tobacco Control Campaign, Tough on Tobacco, has been developed and rolled out across Walsall. This campaign, unique to Walsall, is ongoing and to date has included: development and roll out of a comprehensive engagement plan with promotion across the Council and to key partners - for example, information has been added to the letter that is sent out by regulatory services to new businesses; an advert has been placed in the online Walsall Football Club magazine; promotion by our stop smoking providers at a range of events and venues; promotion of campaign in conjunction with the illicit tobacco trailer organised by Trading Standards - development of a range of resources; a dedicated web page; work with one of the Walsall College media courses to develop some Tough on Tobacco media clips; commissioning of some Tough on Tobacco Training designed to be delivered to key influencers and decision makers across the borough.
- Partners have been asked to sign up to a Statement of Support for Tobacco Control

Regulatory Services should continue to develop their use of all available intelligence, enforcement powers and their relationship with partners to identify and drive forward both health protection and health improvement opportunities.



Over the past year, Regulatory Services and Public Health have enjoyed a closer integration of service areas, which has allowed a combination of enforcement powers and local intelligence to tackle issues such as fly-tipping in the borough, as well as develop programmes such as the Health Switch awards to protect and improve public health in Walsall.

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Feedback

If you have any comments or feedback on the contents of this report then please either contact Walsall Public Health, Civic Centre, Walsall, WS1 1TP or email your views to PublicHealth@walsall.gov.uk OR intelligence@walsall.gov.uk



Walsall Council