Keeping people well for longer

Sandwell
Metropolitan Borough Council

Contents

Acknowledgements

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

Rachel Allchurch
Ali Al-Osaimi
Ansaf Azhar
Gordon Andrews
Jyoti Atri
Mary Bailey
Sarah Farmer
Elizabeth Beard
Cindy James
Nick Laws
Neil Parkes
Suni Patel
Chitra Roberts
Paul Southon
Valerie Unsworth
Valerie DeSouza
Research Sandwell

Thank you to Martin Parr and Magnum for the use of several photographs from his Black Country Stories 2014.

Responsibility for the opinions expressed in this report rest with the Editor, Jyoti Atri, Director of Public Health.

Any errors or points of clarification that need to be further addressed should be forwarded to Jyoti Atri – Jyoti_Atri@sandwell.gov.uk

Foreword by: Ms Jyoti Atri – Director of Public Health

Who wants to live forever?

Given the choice between 80 years of life, of which the last 20 years would be spent in poor health, with disability, discomfort or depression, and 75 years in good health, most people would choose the latter. Unfortunately people in Sandwell do not have the opportunity to exercise this choice. Males in Sandwell can expect to have 18.5 of their years in less than good health and females 23.2 years. Based on current life expectancy, this equates to roughly a quarter of their lives.

Life expectancy has been increasing in Sandwell. Continuing to extend length of life without addressing quality of life will only serve to prolong the years that people spend in poor health. This is undesirable for a number of reasons. Firstly and foremost, it is not what most people would choose for themselves. Secondly, it is the years that people spend in poor health that impact on the need for health and social care services. Continuing to extend length of life without increasing quality of life will only serve to increase demand on these services. Clearly that is a strategy we can't afford in these times of austerity.

Whilst there are inequalities between Sandwell and England in life expectancy, they are even larger when we compare them to healthy life expectancy. Healthy life expectancy is a measure of the number of years people live in health that they themselves rate as good or very good. The life expectancy gap between Sandwell and England is 2.4 years for males and 1.7 years for females. The gap in healthy life expectancy is 5.1 years for males and 6 years for females. We can also see that females are more disadvantaged than males for healthy life expectancy whereas the reverse is true for life expectancy. So if we want to target inequalities, our focus should be healthy life expectancy.

Our priority is to keep people well for longer. It has also been chosen as a priority by the Health and Wellbeing Board. Keeping people alive for longer is no longer an aim that we are striving for. Of course much of our work will lead to increased life expectancy; many of the risk factors for poor health will also be the risk factors for early mortality. However our main aim is to keep well for longer and that will shift the emphasis of what we do. For example if we were to focus on keeping people alive for longer, we would prioritise cancers, as they are now the leading cause of deaths in Sandwell, but if we want to keep people well for longer, diabetes contributes more to unhealthy life expectancy, and leads to more ill health and for longer periods than cancer.

We are at an early stage of our understanding of the conditions or circumstances that make people rate their health as good or very good or conversely what makes them rate their health as bad or very bad. We are planning to develop our understanding of this much further over the coming years. There is growing national interest in the topic of healthy life expectancy and we will learn from this. Locally we are working on a needs assessment to develop our understanding; this will include asking people why they rate their health as good or bad. We believe this will provide us with insight into the positive factors that lead people to record their health as good and the causal factors that lead people to record their health as bad. In the meantime we have a working hypothesis. We believe that determinants such as employment, housing and income impact on emotional health and wellbeing, which in turn impact on people's lifestyle choices and risk-taking behaviour, which in turn impact on ill health and these factors together lead to the rating that people give their health. Our current strategy addresses each of these elements, but will evolve as our knowledge and understanding evolves.

Ms Jyoti Atri – Director of Public Health

Keeping people well for longer

People are living longer in Sandwell

People in Sandwell are now living longer than ever before. We have also made good progress on reducing the gap between Sandwell and England. On average female residents in Sandwell can now expect to live just over 81 years, which is just below 2 years off the England average. However, what proportion of this extended life is lived in good health?

People do not live well for long in Sandwell

In 2013 we were presented with data on healthy life expectancy for the first time, compiled by the Marmot team, with comparators. Healthy life expectancy (HLE) is a measure of the average number of years a person would expect to live in good physical, mental and emotional health based on contemporary mortality rates and prevalence of self-reported good health. The data is summarised in the table below.

Life Expectancy and Healthy Life Expectancy, Sandwell compared to England 2009-2011

	Sandwell Years	Gap between Sandwell & England Years
Life expectancy		
Males	**76.3**	2.6
Females	**81.4**	1.5
Healthy life expectancy		
Males	**57.7**	5.5
Females	**57.5**	6.7
Number of years in health rated less than good		
Males	**18.6**	–
Females	**23.9**	–

This told us an interesting story. The key points are:

- The inequalities gap for healthy life expectancy is wider than life expectancy (5.5 years vs 2.6 years for males, 6.7 years vs 1.5 years for females
- People are spending a large amount of time in health that is less than good
- As women live longer they are spending more years in poor health
- Increasing life expectancy without addressing healthy life expectancy will compound the problem
- It is the years spent in poor health that impact on the need for health and social care.

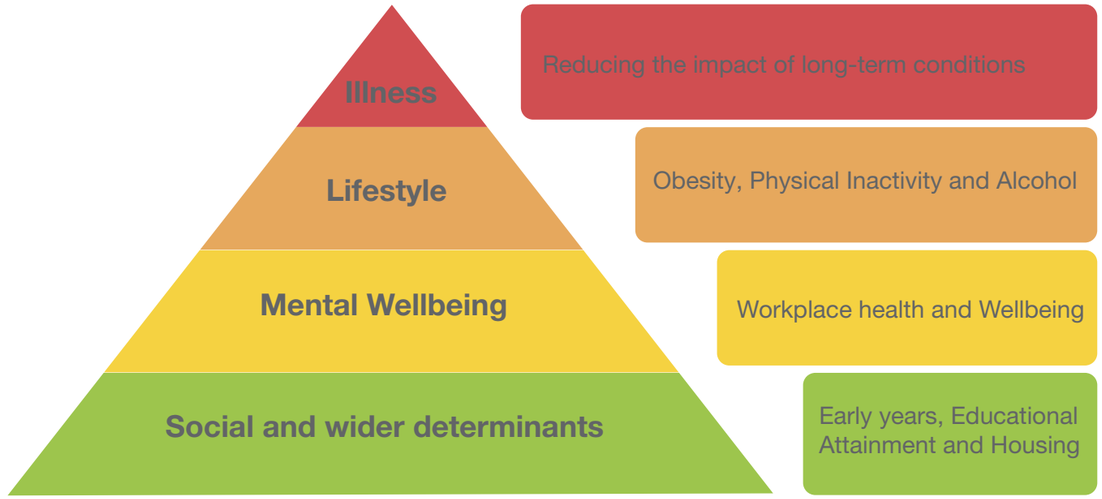
Shifting our focus

As a result of this information we decided to shift the focus of our work away from simply extending people's lives to increasing the number of years that people spend in good health.

In 2014, based on this data, Sandwell Health and Wellbeing Board adopted "We will help people stay healthier for longer" as one of their five priority areas. The aim of the programme is to:

Close the healthy life expectancy gap between Sandwell and England by 20% by 2020.

Our understanding of what makes people say their health is good or bad is at an early stage of development. In order to make a real impact it would be helpful to understand the underpinning factors that make people rate their health as poor or good. We plan to develop our understanding of this by asking people why they rate their health as good or bad. We will use the findings of this work to further develop our strategy. However in the meantime we have a working hypothesis. We believe that illness is a major factor in people rating their health as poor, lifestyles are a major driver of illness and underpinning lifestyle choices is mental wellbeing or the lack of it and it is the social determinants that impact on wellbeing. We have used the model below to present this visually.



Closing the gap quickly

We have set ourselves an ambitious target. In order to deliver against this, we will need some quick wins. Ensuring good management of chronic conditions, preventing illness and improving lifestyle behaviours should help us to achieve short-term goals. However, in the longer term, real and sustained improvements will be made by investing in the early years, mental wellbeing and social determinants. These are not quick wins or easy deliverables, but we believe they are the causes of unhealthy years and as such must be addressed if we are to deliver cost-effective and sustained solutions. Therefore our strategy delivers against all four themes: illness; lifestyles; mental wellbeing; social and wider determinants.

Recognising the HWB priority and the four key themes, we identified a number of priorities we believe will deliver against the overall target. This annual report describes what and how we will deliver against these priorities.


Writing area

Laying the foundations for a healthy life

The foundations for a long and healthy life are laid in the very early years. Investing in these early years may not give us an immediate return but will give us a sustained return over the life course. As such they are particularly cost-effective interventions. One of our main objectives over the coming year will be to ensure we have accurate measures of the things that harm and protect health in the early years, such as smoking during pregnancy, breastfeeding and school readiness.

Keeping well during pregnancy

Community midwives are responsible for looking after mums throughout pregnancy and after birth until their baby is two weeks old. As well as looking after medical needs during pregnancy, they advise mums-to-be about stopping smoking, managing their weight while pregnant and supporting breast-feeding. Public health commissions services to support healthy lifestyle choices (including those for pregnant women) and we work closely with the Clinical Commissioning Group (CCG) as the commissioners of the midwifery service and the midwives themselves to ensure easy access to these services.

Smoking during pregnancy can increase the risk of having a low birth weight or pre-term baby and increase the risk of miscarriage, still birth and sudden infant death syndrome. Potentially, this is something that could make a quick difference; as giving up smoking during pregnancy immediately reduces the likelihood of the adverse health outcomes listed above. Uptake of pregnancy stop-smoking services for the last 4 years has been very poor. The table below shows that we have only reached a small fraction of those people that might benefit. Based on records in maternity services, the percentage of pregnant women who smoke is now 9.7%. It is likely that this not an accurate rate of smoking within Sandwell, and we expect that this figure is likely to be much higher. Similar areas like Wolverhampton, have rates of around 18%. Over the coming year we will work in partnership with the CCG and the local provider of midwifery services to get an accurate picture of smoking during pregnancy, which we will use to set targets against, whilst working to increase referral numbers to our service.

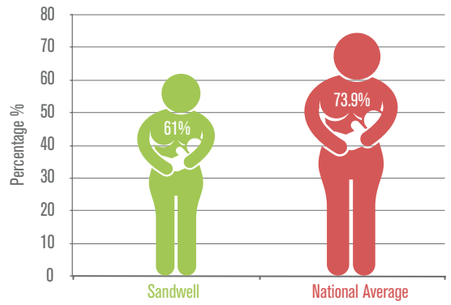
Pregnant smokers using Stop Smoking Service

Year	Conceptions (all ages)	No. (%) Smoking in Pregnancy	No. (%) that Set Quit Dates	No. that Successfully Quit at 4 Weeks
2011/12	6,512	983 (15.1)	125 (1.9)	35
2012/13	6,087	962 (15.8)	77 (1.2)	23
2013/14	5,847	865 (14.8)	38 (0.6)	21
2014/15	6,208	851 (13.7)	106 (1.7)	37

Breastfeeding is key for best start!

Babies who are breastfed are less likely to develop a number of illnesses both while they are babies and also into adulthood. These include infant diseases like gastroenteritis, respiratory, middle ear, and urinary tract infections. Developing these conditions as an infant can have serious implications for health into adulthood. Additionally breastfeeding can protect against developing diabetes later in life. It also has a positive impact on the mother's health, lowering her risk of breast cancer, ovarian cancer and post-natal depression.

Percentage of mums who start breastfeeding



The percentage of mums who start breastfeeding is 61% in Sandwell, which is lower than the national average of 73.9%. Mums from deprived backgrounds are less likely to breastfeed their babies. The longer a baby is breastfed the greater the health benefit, so it is important not only to measure the percentage starting to breastfeed, but also how many continue. In recent years we have not had an accurate measure of the percentage of mums who are still breastfeeding when their baby is aged 6-8 weeks old. We will ensure that we have an accurate measure of this over the coming year, which we will use to set improvement targets against.

A woman's good health (both physically and mentally) is essential to the good health of her baby. Women who eat well and exercise regularly, along with regular prenatal care, are less likely to have complications during pregnancy and are more likely to give birth successfully to a healthy baby.

We will be working closely with the maternity commissioner within the local CCG to improve the public health elements of the antenatal care pathway, focusing especially on areas such as maternal mental health and weight management.

The very early years

Public Health in the Local Authority have recently taken on responsibility for services for children aged 0-5 years; this includes the Health Visiting Service and Family Nurse Partnership. The Health Visiting Service is responsible for delivering the 0-5 Healthy Child Programme, including supporting parents before their baby is born. In Sandwell this is provided by Sandwell and West Birmingham Acute Trust and offers every family a programme of screening tests, immunisations, developmental reviews and information and guidance to parents. Family Nurse Partnership offers more intensive support to young, first-time mums.

Health Visitors within Sandwell hold both extremely high caseloads and a significant number of very complex, vulnerable cases. It is recommended that in a deprived area like Sandwell, a Health Visitor should be dealing with about 250 cases, much less than the average 400 cases a Health Visitor in Sandwell is responsible for. Our health visitors face a constant tension between ensuring that they provide a universal service whilst supporting those families with a higher level of need.

Reducing inequalities in school readiness

All children are entitled to 570 hours of free pre-school education; the uptake of this in Sandwell is 94.3% which is slightly less than the national average. In addition to the free pre-school education that all children are offered, children from less well-off families and those who are looked after by the Local Authority are entitled to free pre-school education from the age of two. Uptake of these places is less good, with about 60% of those entitled taking up their place, compared to a national average of about 70%. Significant proportions (up to a third of those entitled to a place for their child) of parents apply for free two-year-old education but do not subsequently take the place up once awarded. The education team within the local authority is now engaging with these parents to understand why and increase uptake of these places. The majority of primary schools in Sandwell provide pre-school education but only a small number offer places for children from the age of two.

Within Sandwell there are 104 registered Day Care settings and 160 Child Minders. Of the 104 Day Care settings, 80 (77%) have an Ofsted rating of Good or better. There is a lower percentage Good or better Child Minders but only Child Minders who have achieved a Good or Outstanding Ofsted rating are registered to deliver 2, 3 or 4-year-old funding. The education team are working with Child Minders who fail to reach this level to support them to improve their quality of care.

Children who are behind in their development on starting school are likely to underachieve academically. We are hearing growing accounts from teachers about children arriving at school in nappies and without the basics of speech. This will place them at a great disadvantage at the start of their school careers. A child starting school without key skills like the use of numbers, letters/words and ability to talk is likely to remain behind and never reach their full potential. The percentage of children 'school ready' (defined as having a good level of development at the end of reception) is 53.9% in Sandwell, worse than the regional rate of 58.4% and the national rate of 60.4%. Improving quality and uptake of pre-school education is key to addressing this.

With thanks to © Martin Parr/Magnum Photos

Housing and health

Why is this a priority?

Wider determinants play the most important role in determining how well we live. Education, poverty and employment play a much bigger role in how well we live than the quality of hospital treatment. Housing is no exception; public health as a profession has a long history of influencing the quality of housing and many of the improvements in health that have been seen in the 20th century, can be attributed to improvements in housing quality, particularly the reduction in infectious diseases. Yet housing continues to play an important role in how people rate the quality of their health and there is certainly further room for improvement. Housing is very amenable to change and can bring rapid health benefits as will be demonstrated here.

The quality of housing affects their wellbeing as well as their risk of some illnesses. It is estimated that the cost to the NHS of treating conditions caused by poor housing is approximately £2.0bn per year.[1] Those with long-term ill health, the very young and the elderly are at greatest risk from the impacts associated with poor housing because of the disproportionate time they spend in their home. Every year we see an increase in mortality and morbidity in the winter months; respiratory disease is now the main cause of this. Improvements in housing conditions, making homes warmer and less damp, should contribute to reducing the burden of respiratory disease as well as improving wellbeing and impacting on how people rate their overall health.

People on low incomes are also more likely to live in poor quality housing, especially in the private rented sector.[2] They are more likely to be affected by a range of housing-related issues that have a negative impact

on health and mental well-being such as fuel poverty, housing debt and overcrowding. The 2009 Stock Condition Survey estimated that around 21,000 (16%) homes in the private sector had a significant repair issue. As a council we have already invested heavily in improving the quality of council homes. There is more to do to prevent housing inequalities, particularly in the private sector.

Our key aims are to:

- **Decrease winter admissions by 1% each year for the next three years**
- **Assist in tackling poor housing and the causes of housing-related stress, reducing social isolation and supporting those in need**
- **Support people to sustain their tenancies and remain independent**
- **Improve our abilities to prevent the need for acute services and social care**

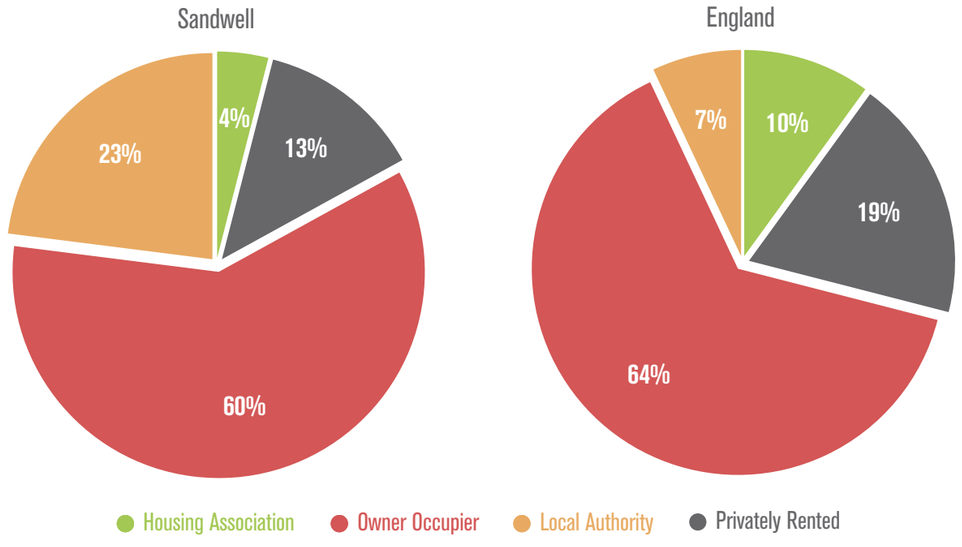
In order to achieve these aims we will:

- **Invest in initiatives to improve affordable warmth and energy efficiency**
- **Ensure investment in housing and the provision of housing-related services to maximise health outcomes**
- **Assist over 400 vulnerable people with housing issues that could have a detrimental effect upon their health and wellbeing through our Healthy Homes advocate programme**
- **Support a Borough-wide approach for mitigating the causes and effects of fuel poverty, specifically through energy advice and affordable warmth programmes**
- **Ascertain the average energy efficiency rating of Sandwell's Housing stock across all tenures and work with services to increase the thermal efficiency of housing across the Borough**
- **Support interventions that enable people to remain independent in their own homes**

We will advocate prevention, encouraging and supporting housing-related services to invest in initiatives that improve healthy life expectancy and reduce the need for hospital admissions and social care.

Housing in Sandwell

There are 129,000 housing units in Sandwell[3] of which 23% (29,600) are council-owned, 4% (5,200) owned by housing associations, 13% (17,000) are in the Private Rented Sector and 60% (77,200) privately owned.



We have improved health and wellbeing by creating decent and warm homes

Although Sandwell has an ageing stock profile, since the introduction of the council's decent homes investment programme, 96% of all local authority owned properties now meet the government's Decency Standard (as at Dec 2015). Over the last ten years Sandwell's investment programme has improved the quality and standards of over 28,000 homes across the Borough. The improvements and modernisation programme are associated with: a reduction in winter mortality; a decrease in admissions for coronary heart disease and stroke admissions and an improvement in people's feeling of wellbeing[4].

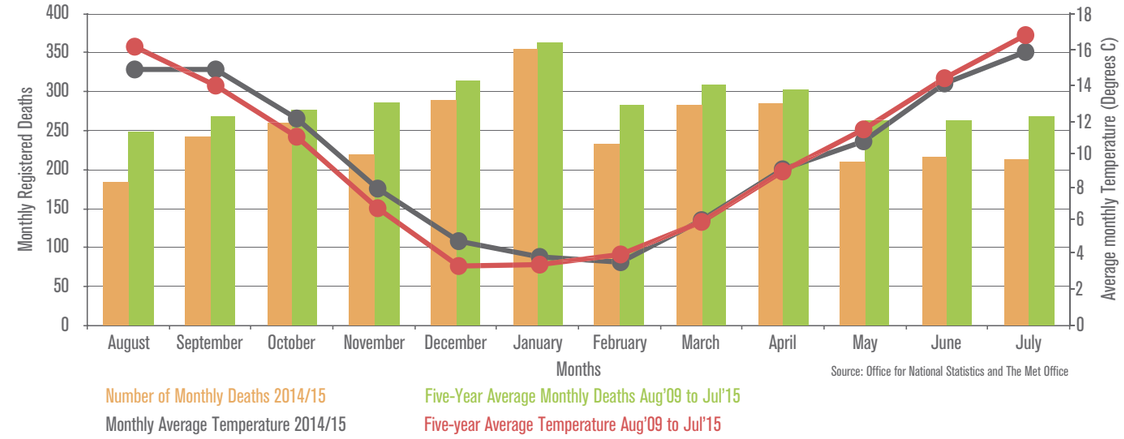
Proportion of Local Authority owned houses that meet the decent homes standard in Sandwell

Over the last two years the council's winter warmth initiative provided assistance, energy advice and practical preventative measures to over 7,000 vulnerable people across the Borough that were most at risk from the cold.

The following graph shows the number of Sandwell residents who died per month during the period where excess winter mortality is recorded. The chart also shows the monthly temperature for the months of 2014/15 and allows for comparisons to be made against 5 year averages.

The graph shows that the mean temperature for winter 2014/15 was near average, however monthly deaths in Sandwell were consistently below the five year average.

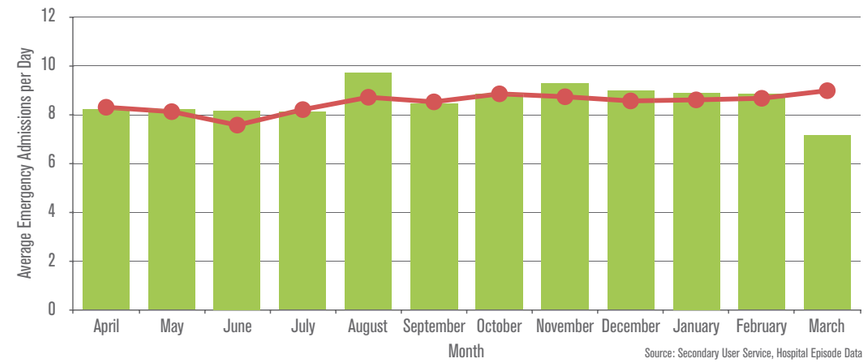
Monthly Deaths in Sandwell Compared to the Average Monthly Temperature in the Midlands (Aug 2009 to July 2015)



Source: Office for National Statistics and The Met Office

We can also see that the historical rise in winter admissions for circulatoy disease are no longer a problem.

Circulatory Average Emergency Admissions per Day



Source: Secondary User Service, Hospital Episode Data

But there is more to do

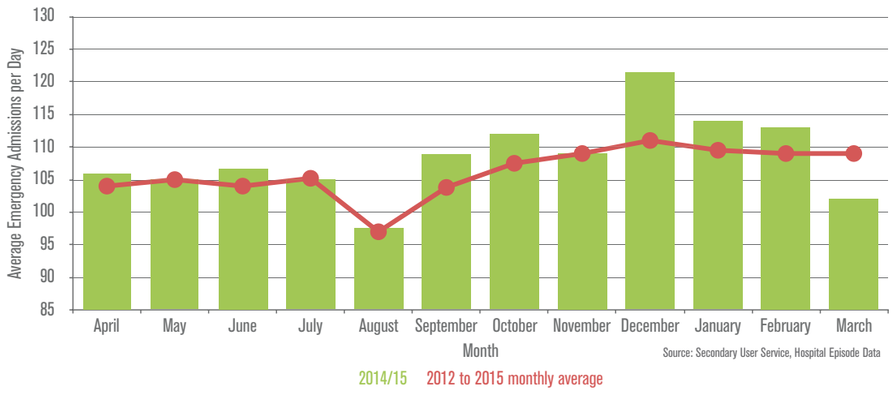
Winter admissions for respiratory disease remain stubbornly high. Fuel poverty is a growing issue for people in Sandwell and they are increasingly having to choose between food and warmth. Residents will soon be experiencing the impact of rent caps that will either exacerbate the problems of poverty or force them into poorer quality housing. We must work with private sector housing to ensure improvments in housing quality. We will also need to continue with our programme of bringing all council homes to a decent standard as well as ensuring the maintenance of those homes that are already decent. This will all be against a backdrop of drastically shrinking council resources.

Seasonal variations in emergency admissions

Data on emergency admissions is presented in the next series of graphs. Average admissions per day are presented to adjust for variations in the number of days in each month.

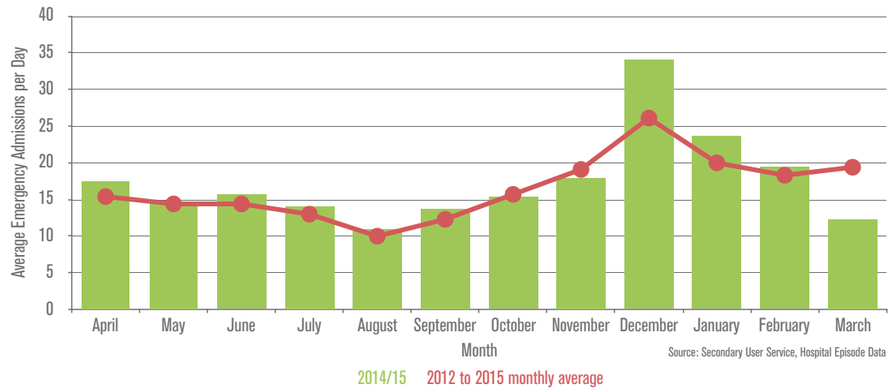
Monthly breakdowns of emergency admissions to hospital show an increase in admissions in all months, but a disproportionate increase is seen in December in 14/15 compared to the previous 5 years. This was despite the fact that temperatures in 14/15 were in line with the previous 5 years.

Sandwell – Average Emergency Admissions per Day



Examination of emergency admissions due to respiratory conditions demonstrates that much of the excess admissions in December can be attributed to respiratory causes.

Respiratory Emergency Admissions per Day



Reducing damp and mould

A report from the World Health Organisation[5] revealed that those living in homes that are damp and mouldy have a higher risk of experiencing health problems such as respiratory infections and allergies. Whereas people living in well-insulated and adequately ventilated homes are less likely to visit their doctor or be admitted to hospital.

Over the next year we will work with the CCG and housing providers across the Borough to develop initiatives to tackle the physical and behavioural issues that can lead to damp and mould growth in homes across the Borough, assisting 200 of the most vulnerable households.

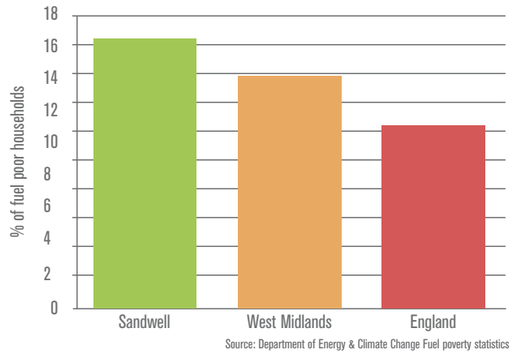
Reducing the impact of cold homes and fuel poverty

Elderly people, those with health conditions, low incomes, babies and children under five are just some of the people who are considered as vulnerable during the winter months. The health impacts associated with cold homes are experienced during 'normal' winter temperatures, not just during extremely cold weather. Cold homes are a clear contributory factor to respiratory diseases, falls and mental health problems.

Fuel poverty could also be a contributor to the numbers of those dying or falling ill during winter. A fuel-poor home is the result of a combination of the household income being below the poverty line, and a property having higher than typical energy costs. Poor heating systems and the expense of keeping warm is further compounded when the home is poorly insulated; the UK's housing stock is among the least energy-efficient in Europe. Fuel poverty does not just affect those people who are out of work; a study[6] last winter found that of the 2.3m households living in fuel poverty in the UK, half had someone in work.

Sandwell has a higher proportion of homes in fuel poverty than England and the West Midlands.

Fuel poverty: Sandwell, West Midlands & England comparison 2013



With reductions in government funding for insulation and heating measures the ability for councils to tackle fuel poverty in the private sector has been significantly reduced. However this year we will continue to support over 1,000 people through Public Health funded initiatives which provide energy and financial advice, and support to people who are financially vulnerable.

Improving private rented accommodation

The housing quality team is responsible for improving the quality of housing in the private rented sector in partnership with landlords. They are responsible for checking conditions in private rented accommodation and if necessary taking enforcement action against private landlords if they are not compliant with the relevant housing legislations and standards.

Using the Housing Health and Safety Rating System (HHSRS) the team use a risk-based approach to assess housing conditions, identifying defects in dwellings and evaluating the potential effect of any defects on the health and safety of occupants.

Last year the team dealt with 204 properties that had category one hazards (see below) it is anticipated that the number of properties with a category one hazard will increase in line with the continued rise of private rented properties. This work will continue over the coming years.

	2010/11	2011/12	2012/13	2013/14	2014/15
The number of Private Sector Dwellings freed from Category 1 Housing Health and Safety Rating System hazards as a direct result of action by the Local Authority	**224**	**223**	**223**	**279**	**204**

Independent living

Although people are living longer we know that these additional years are not necessarily healthy years.[7] This results in an increased demand for services to support people with specific needs and health issues.

Where older people are supported to be independent, the benefits from being able to exercise choice and control over the services that they receive can have a significant positive impact on their general health and wellbeing.

Over the next year we will develop and implement the Council's Accommodation and Support Strategy which provides a new choice of accommodation options with the right care and support to enable people to remain within their own communities. In addition to this we shall also support the development of the Council's Prevention Strategy and other initiatives which enable independent living.

Homelessness

The 2015 update report for England produced by CRISIS[8] estimated a 37% increase between 2010 and 2013 in the numbers of rough sleepers and a continual rise in the numbers of 'hidden homeless'. These are people who may be living in bed and breakfast accommodation or sleeping on friends' sofas.

Last year in Sandwell 717 households were accepted as homeless, 77 as non-priority, 555 as a priority and 85 as intentional. Fig 8 shows that the number of homeless people in Sandwell per 1,000 households is higher than the English average per 1,000 households. During the year 710 households were prevented from homelessness through positive interventions such as family mediation, negotiation with private landlords, debt/money advice and negotiation with mortgage lenders.

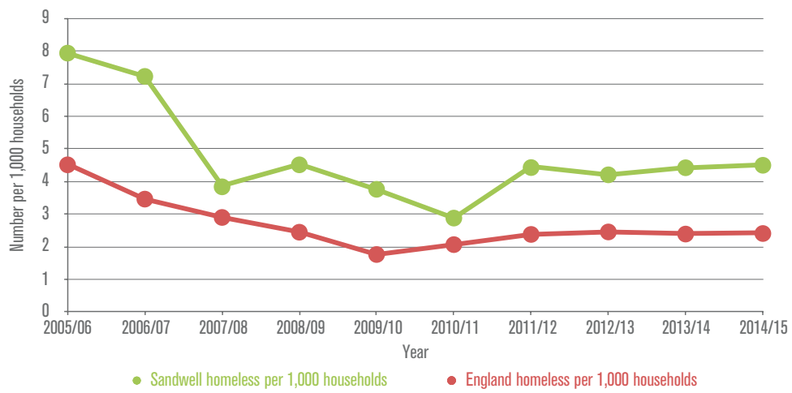
During 2014/15 the three most common causes of homelessness were:-

- Loss of assured shorthold tenancy (Private Sector)
- Relationship breakdown/domestic abuse
- Family no longer willing to accommodate.

Quite often, those experiencing street homelessness are more likely to take drugs, abuse alcohol and become involved in criminality. There is also a greater prevalence of diagnosed mental health conditions like depression and increased visits to Accident and Emergency departments.[9] They continue to be one of the most problematic groups to engage with and as a consequence have significant difficulty in accessing essential services.

Throughout the year we will continue to work with colleagues from Neighbourhood Services, and Adult and Children's services to ensure that we work better together to ensure that an individual's health needs are identified and addressed as quickly as possible.

Number of homeless people per 1,000 households: Sandwell vs England



Welfare Reform & Housing Debt

The Government's Welfare Reform policy was introduced to reduce the overall benefits bill and make working pay. However the introduction of the Act has had a significant impact on the local social housing market and people's ability to afford their homes.

The number of families in Sandwell experiencing housing stress is likely to increase throughout the current economic climate. The impact of welfare reforms and Universal Credit will almost certainly increase the number of people who are financially vulnerable and as a result many more will find themselves in housing debt. Research[10] suggests that housing payment problems, insecurity and debt are all significant health stressors and that those in the private rented sector will be particularly hardest hit.

Rent Arrears – Sandwell Council Housing Stock

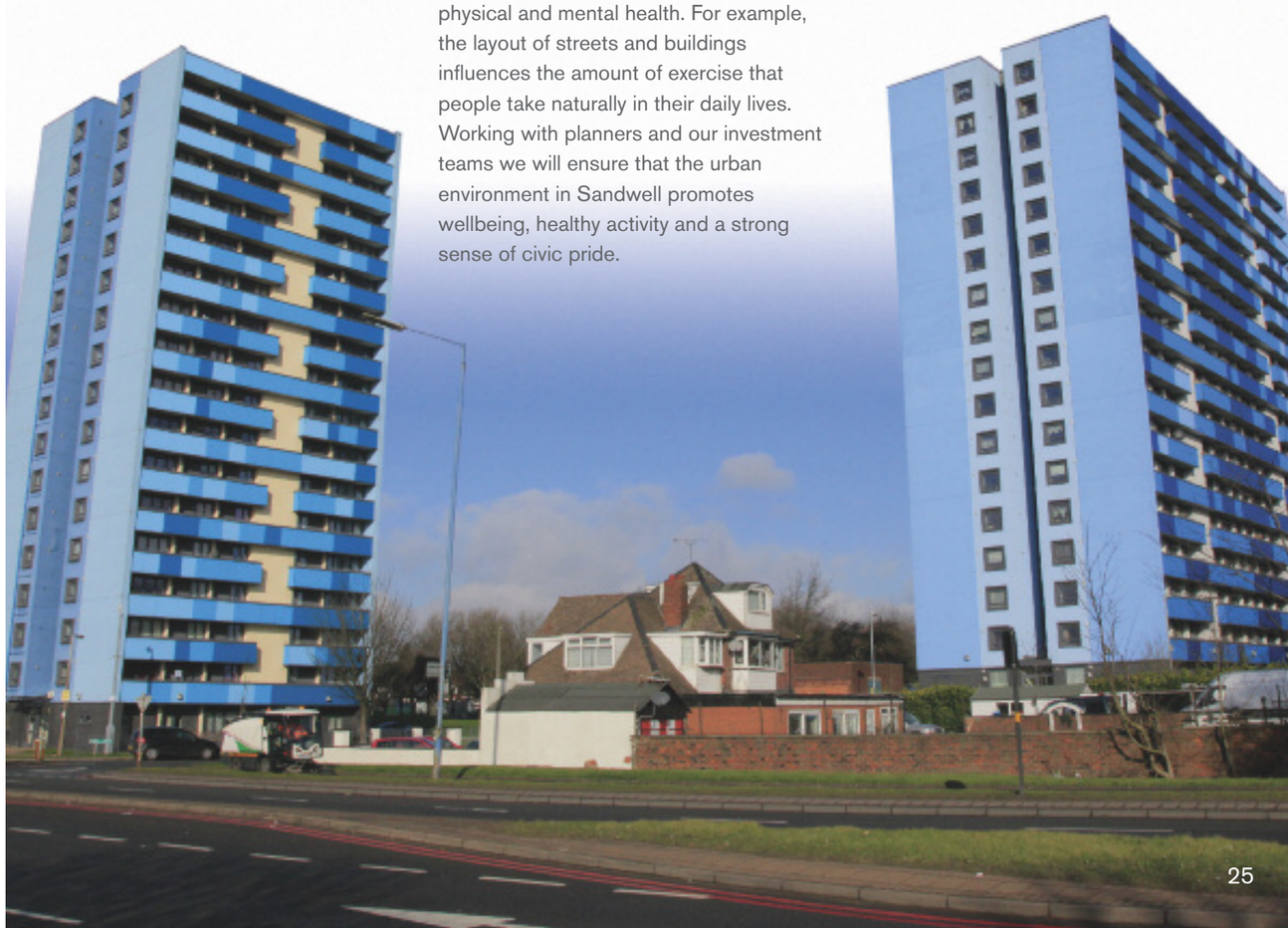
	2012/13	2013/14	2014/15	2015/16
In Arrears	7911	9623	10,597	10,582
Proportion of Rent Accounts in Arrears	27.6%	34%	37.6%	37.7%

Source: Performance Management, Neighbourhoods

The consequences of debt can be devastating for individuals and families as well as for the wider economy and public services. As an active member of the Financial Wellbeing Group we will continue to support initiatives that assist those in financial crisis and prevent the onset of health and wellbeing problems that are associated with financial stress, debt and poverty.

Planning & Design

Poorly planned and designed communities, buildings and urban spaces can deter healthy lifestyles and exacerbate poor physical and mental health. For example, the layout of streets and buildings influences the amount of exercise that people take naturally in their daily lives. Working with planners and our investment teams we will ensure that the urban environment in Sandwell promotes wellbeing, healthy activity and a strong sense of civic pride.

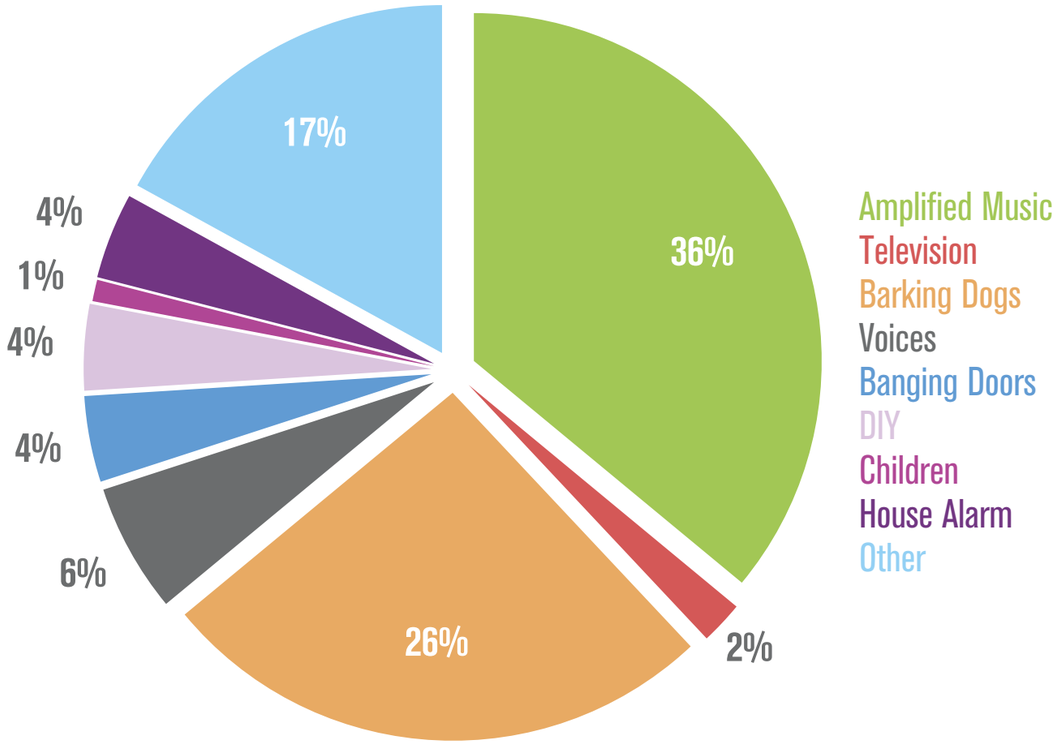


Noise

Last year our Environmental Health Team responded to 879 reports of domestic noise nuisance. The Non-auditory effects of undesired noise on the quality of life, health and wellbeing of individuals can be severe and enduring,[11] and the most commonly associated risks of intrusive noise are:

- altered behaviour (such as aggression or feelings of helplessness)
- sleep disturbance
- cardiovascular effects
- reduced academic and professional performance.

Fig 9. Main causes of noise in the home Sandwell 2014/15



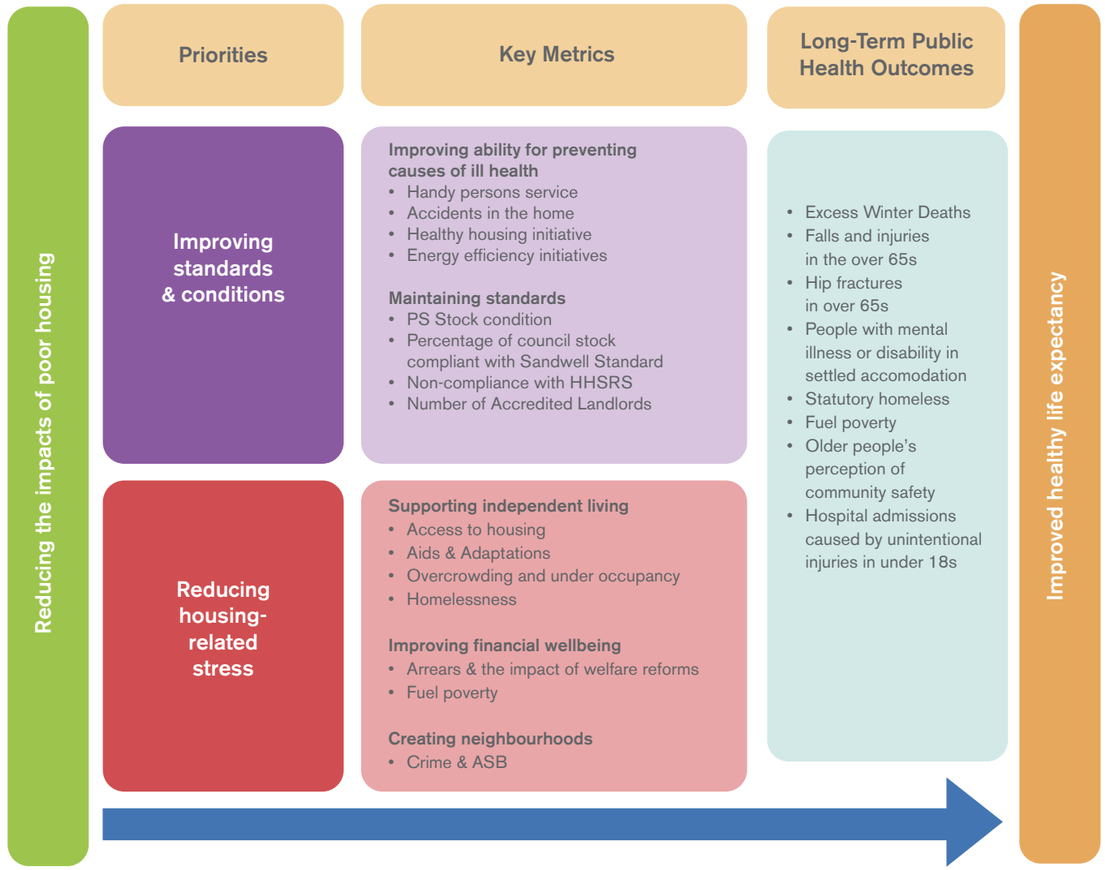
Over the coming year we will continue to analyse the pattern of noise complaints and use this information to develop preventative measures to reduce the impact of unwanted noise.

Where do we need to get to?

Housing is a key social determinant of health and as such can have a significant impact upon an individual's healthy life expectancy. There is clear evidence emerging that tackling poor housing can deliver a broad range of social and economic benefits.

By working with colleagues from across the council and partners we need to do as much as is possible to improve the standards and conditions of Sandwell's housing stock and reduce housing-related stress by coordinating activity in the most efficient way to reduce housing-related inequalities and improve healthy life expectancy.

The framework on the following page summarises a suite of housing and health metrics from which we will assess how we are progressing in improving the health-related impacts of housing.



How will we get there?

We recommend that the council looks at how greater proportions of the Housing Revenue Account (HRA) can be applied to housing initiatives which prevent ill health and housing-related stress.

The council should encourage housing associations and private house builders to make major investment in highly energy efficient houses and affordable warmth.

Innovative approaches should be explored to support more homeowners to improve their properties and stay independent – or ways to transfer older people out of their own homes into acceptable, appropriate independent accommodation.

Public Health will support affordable warmth and home safety whilst the council continues to invest in housing and health research.

We encourage the council to support and assist vulnerable households to maximise their household incomes.

We recommend the council work in partnership to apply the principles of healthy urban planning and development to improve health and reduce health inequalities.

1 Nicol S, Roys M, Garret H. The cost of poor Housing to the NHS. BRE
2 English House Condition Survey Annual Report, Update, DCLG, 2015
3 Changing The Internal Landscape. Feb 2015. Sandwell Metropolitan Borough Council
4 Rudge and Stocking, Housing improvement and unplanned hospital admission during the decent homes initiative in Sandwell Metropolitan Borough: a large scale, longitudinal observational study, Sandwell Metropolitan Borough Council and University of Birmingham, unpublished research. 2015 (Unpublished)
5 Damp and Mould. Health risks, prevention and remedial actions. World Health Organisation. 2009
6 Howard R. Improving fuel poverty and energy efficiency policy in the UK. Policy Exchange, 2015
7 OECD (2012), Health at a Glance: Europe 2012, OECD Publishing
8 Fitzpatrick S. The Homelessness Monitor. England 2015. CRISIS
9 Support for single homeless people in England, Annual Review. Homeless Link. 2015
10 Housing and Poverty. Joseph Rowntree Foundation. 2015
11 Night Noise Guidelines for Europe. World Health Organisation. 2009


DUVET

Too big too soon

At population level, the causality of obesity is multifaceted and complex – societal, community, family and individual components each play a part in contributing to the high levels of obesity prevalence in the Borough. Locally we have witnessed the weight gain trajectory within children at Primary School, the inter-generational effects and patterns of excess weight within families, and the impact of peer influence upon healthy lifestyle behaviours. We recognise the need to intervene and support positive behaviour change among individuals and families, many of whom are currently accessing cheap, low-quality, high-calorific food.

Our model highlights the fact that illnesses are influenced by behaviours, which in turn are largely governed by wider determinants. The cause of obesity, like alcohol misuse, is implicated across these overarching themes. Therefore tackling obesity requires a multifaceted approach that includes behaviour change and addressing the socioeconomic settings that promote such behaviours.

Obesity is one of the biggest preventable causes of ill health. It is both a symptom and cause of poor mental wellbeing and is linked with a number of conditions that have a major impact on quality of life:

- diabetes
- chronic heart disease
- stroke
- high blood pressure
- osteoarthritis

Of course obesity is associated with what we eat and how active we are and we will be addressing both of these factors. However physical activity has health benefits that are independent of obesity. An obese person who is physically active will have a better quality of life than one who is a healthy weight but takes no exercise. Becoming regularly physically active can:

- reduce the risk of diabetes
- reduce blood pressure
- halt and reverse plaque formation in blood vessels
- promote mental health & well-being.

Undertaking 150 (5 x 30) minutes of moderate intensity physical activity per week is the Chief Medical Officer's recommended level in order for adults to develop and maintain cardio-respiratory & muscular fitness and maximise health benefits. Children of school age should be engaged in at least 60 minutes daily.

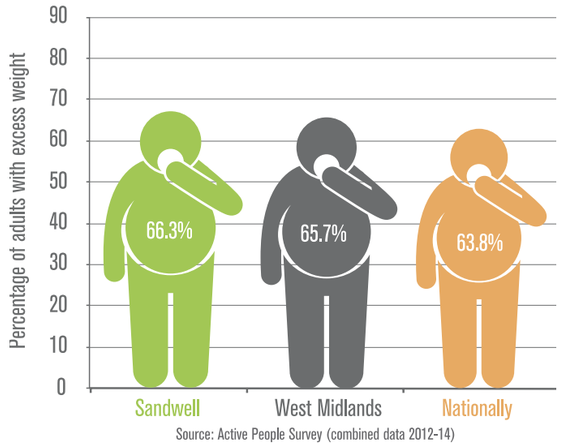
Levels of physical inactivity in Sandwell are high, that is people participating in less than 30 minutes of physical activity per week. Therefore we have set ourselves targets for both obesity and physical inactivity reduction.

We will reduce obesity and physical inactivity in Sandwell by 2020

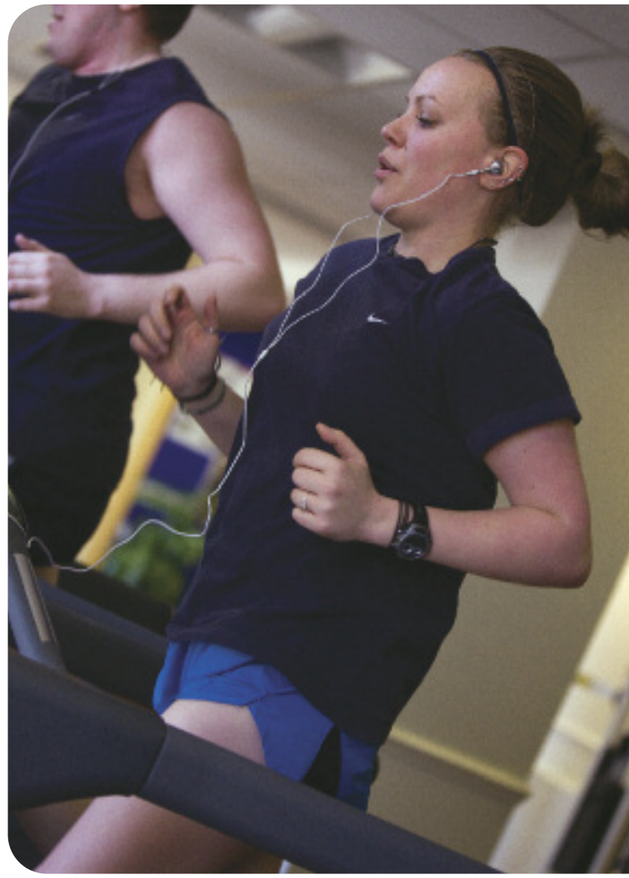
Locally, we are targeted with reducing obesity and physical inactivity levels in Sandwell by 5% by 2020.

According to the Active People Survey (combined data 2012-14) levels of excess weight in adults were: Sandwell 66.3%, West Midlands 65.7% and 63.8% nationally. This equates to two thirds, approximately 160,000 adults in Sandwell, being overweight or obese (BMI 25+).

Levels of excess weight in adults 2012-14



Source: Active People Survey (combined data 2012-14)

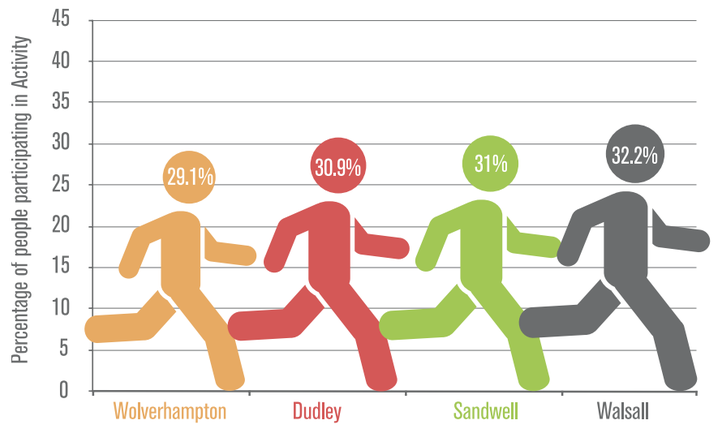


Our local target for physical activity is to achieve the national ambition (UK Active Report 2014) to reduce inactivity by 1% per year over the next 5 years, reducing the proportion of inactive people (0-1 x 30 minutes per week) and increasing the proportion who are active (5 x 30 minutes per week) for the optimum benefits as recommended by the Chief Medical Officer.

Active People figures for Sandwell show that current participation in at least 1 x 30 minutes of physical activity per week is 31.0%. This figure represents an increase by 1.8% over the past 12 months and Sandwell has made some progress in moving from the bottom of the national 'league table'. The comparison with other Black Country boroughs is as follows:

- Walsall: 32.2%
- Sandwell: 31.0%
- Dudley: 30.9%
- Wolverhampton: 29.1%

Percentage of people participating in at least 1 x 30 minutes of physical activity per week in The Black Country



Supporting people at every step

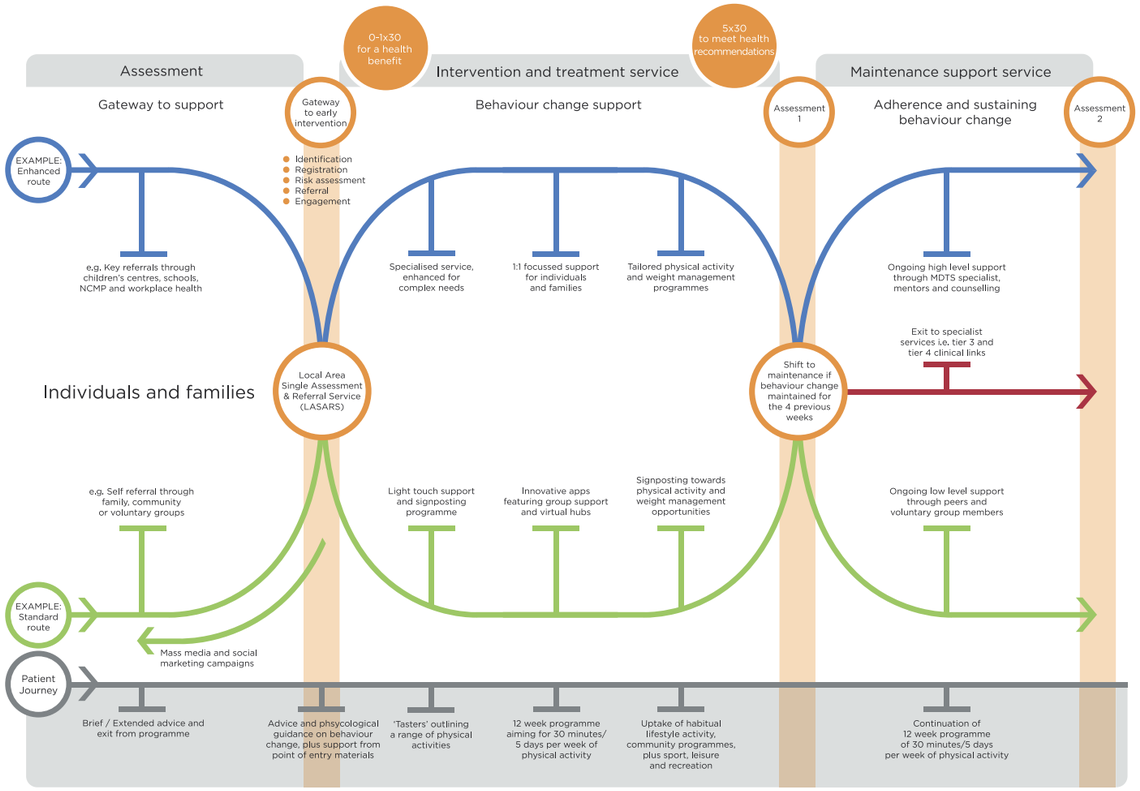
To attain this, community and targeted interventions are required for families and adults. To underpin this approach, officers in Sport & Leisure and Public Health have been working together to devise a new Vision. We have developed a Community Activity Network (CAN) delivery model for Sandwell which will achieve health outcomes by reducing physical inactivity and reducing excess weight in children and adults.

The delivery philosophy is to:

- Increase service reach and engagement
- Enhance the range of interventions and opportunities available
- Maintain sustained behaviour change through collaborative efforts.

As shown in the figure below individuals and families will be supported through the newly commissioned Lifestyle Service offering support to people to keep physically active, eat healthily and lose weight.

Sandwell lifestyles behaviour change pathway



This innovative behaviour change pathway will take individuals and families through a 3-stage process, where they would go through assessment to intervention and finally onto the maintenance phase. The model will allow flexibility in the choice of interventions depending on the level of need. This will involve simple light touch approaches for those who are confident and empowered, whilst providing a more "hand holding" approach to those with complex needs.

Cheap chicken nuggets and chips

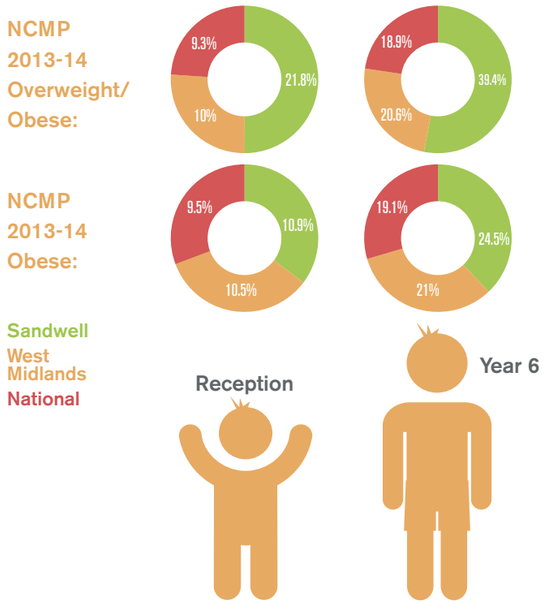
In the context of our model, behaviour change is only part of the solution and it is necessary to tackle the determinants of such behaviours. Changing the environment from one that has a saturation of chicken nuggets and chips outlets all competing on price, to one that makes it easy to walk and cycle and harder to access poor-quality fast food, must be part of our strategy. Without this, positive behaviour changes are unlikely to be translated into cultural norms and maintained over a long period of time.

Our model will:

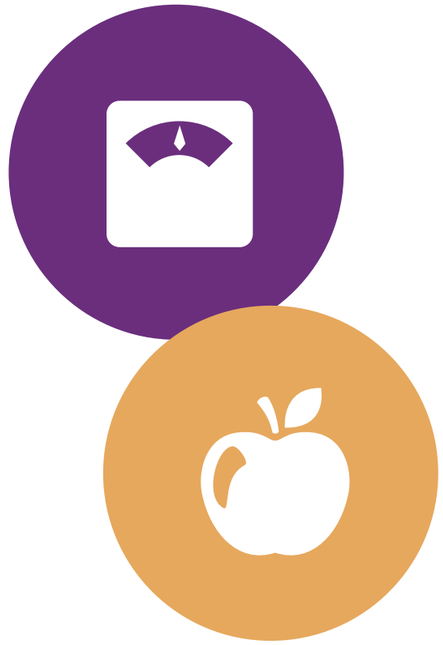
- Provide fun local opportunities to participate in physical activity and enjoy healthy food
- Provide an alternative option to poor-quality fast food in the Borough
- Change the environment – Planning in mid-term to ensure the living environment encourages people to be active and enjoy healthier food options
- Focus – Case Management of Individuals & Families ('People' focus rather than 'Programme' focus), Integrating 'Packages' of Services for people to access locally.

In Sandwell obesity starts early

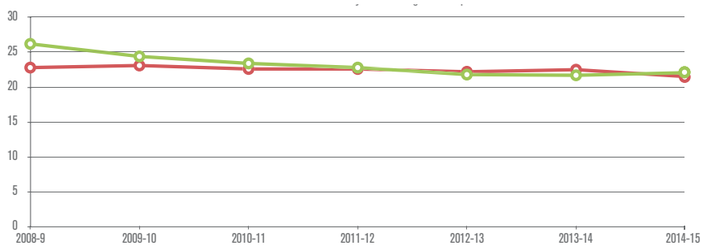
Nearly a quarter of children starting school in Sandwell are obese or overweight and by age eleven this figure nearly doubles with a quarter of children leaving school classified as obese and 4 out of 10 overweight. This increases their risk of both short and long term disability and disease.



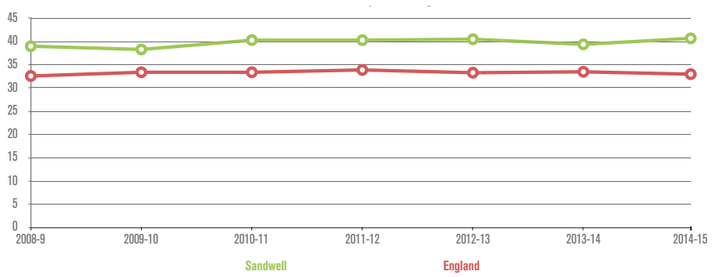
One of the major challenges going forward is to halt the trend of childhood obesity among year 6 pupils. It is clear from the above figures that the prevalence of obesity at reception has been slowly declining and has caught up with the national average. However, by year 6 the prevalence of childhood obesity in Sandwell is well above the national average. This indicates, in addition to family and community based approaches, schools have a key role to play in averting this trend. Addressing childhood obesity is absolutely vital as it has causative links with a multitude of other factors such as low self-esteem and poor emotional resilience which may directly impact on performance at school and therefore future life chances. Furthermore we also know that childhood obesity is a strong future predictor for obesity in adulthood. Therefore it is clear that addressing childhood obesity can not only have a big positive impact in improving healthy life expectancy but also the effects are likely to be prolonged over a long period of time.



Prevalence of childhood obesity and overweight at Reception



Prevalence of Childhood obesity and overweight at Year 6



We have developed and introduced a schools/education package to promote healthy lifestyles which is administered through the 7 Sandwell Learning Communities and incorporates:

- Fit for Sport – Physical Activity monitoring and programme development
- PH fund for schools – Promoting School Food Projects
- Working with food providers to improve nutrition standards.

In addition, we are promoting good practice and working to integrate schools alongside other key settings, i.e. community groups and clubs, across local provider networks.

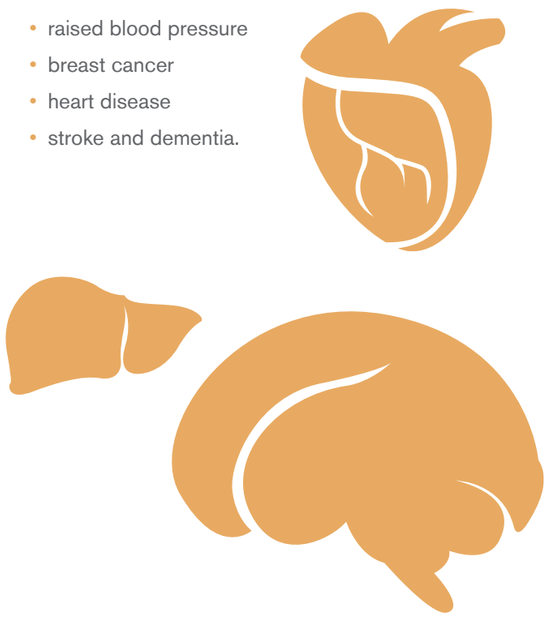
With thanks to © Martin Parr/Magnum Photos

Losing money and time to alcohol

Alcohol forms a key part of many social interactions in Sandwell and as such it could be argued that drinking in moderation has a positive impact on wellbeing and therefore on keeping healthy. However, this needs to be balanced against the potential harm that alcohol can cause. Excessive drinking of alcohol can also be a symptom of poor wellbeing. Recent research has revealed that even small quantities of alcohol consumption are not risk free.[1] It causes and contributes to a wide range of health and social problems. The World Health Organisation has identified alcohol as the third largest risk factor to health in the developed world.[2]

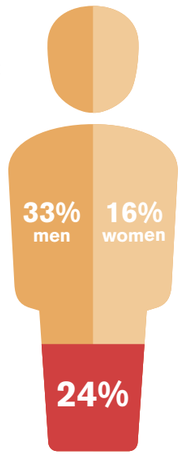
Evidence show that alcohol is linked to more than 60 different chronic conditions, which include:

- liver disease
- cancer
- osteoporosis
- stomach ulcers
- raised blood pressure
- breast cancer
- heart disease
- stroke and dementia.



The current increase in mortality from alcohol-related diseases mirrors the rise in alcohol consumption in the UK over the past 30 years, with over 24% of the population (33% of men, 16% of women) now consuming alcohol in a way that is potentially or actually harmful.[3] Chronic liver disease and cirrhosis, and alcoholic liver disease are now the third largest cause-groups of deaths for adult men and women (aged 35-64).

The impact of alcohol is not only health related. Alcohol misuse also has a detrimental effect on families and society as well, accounting for over 40% of violent crimes locally. The combination of these factors will have a considerable adverse impact on health and wellbeing measures.



24% of the population now consuming alcohol in a way that is potentially or actually harmful

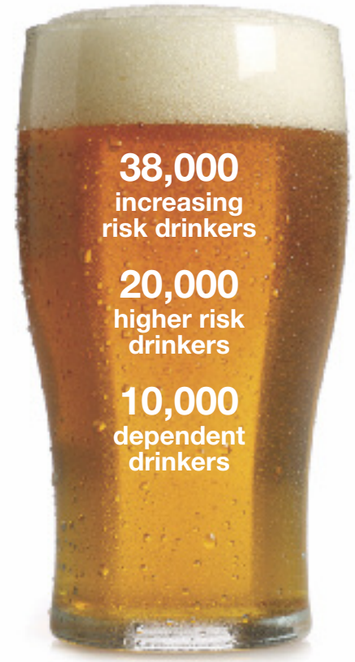
In Sandwell...

Nationally a large majority of the adult population (over 90%) consumes alcohol. We have used the Department of Health's Alcohol Ready Reckoner to estimate risky drinking in Sandwell and found that there are approximately 38,000 increasing risk drinkers in Sandwell. Among those 20,000 are higher risk drinkers drinking at a harmful level and an estimated half of those considered to be dependent drinkers.

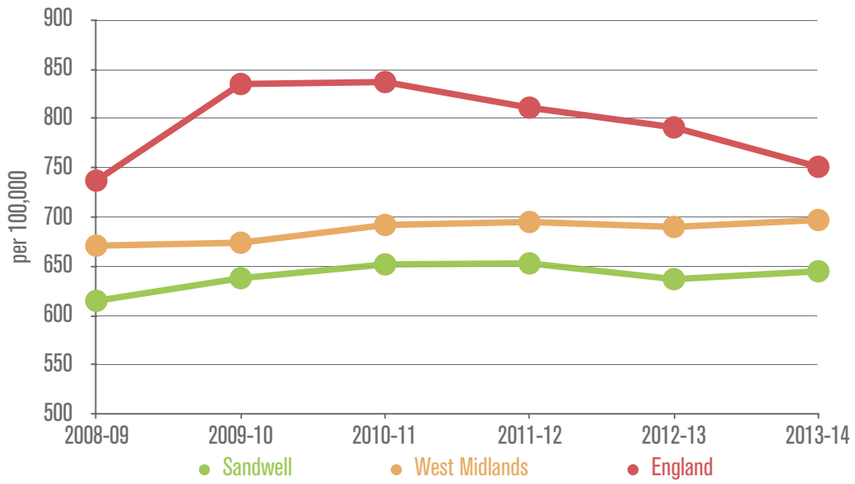
However, this is likely to be an underestimate for Sandwell as the Local Alcohol Profile England (LAPE) shows that Sandwell is considerably worse than the national average across a range of alcohol-related harms including:

- **7,651** alcohol-related in-patient admissions during 2012/13 – of which **2,258** were for health problems wholly attributable to alcohol
- **161** alcohol-related deaths during 2012
- **43.1** alcohol specific hospital stays with under 18s, compared to the national average of **40.1** per 100,000.

The rate of alcohol-related hospital admissions in Sandwell is above the regional and national rate.



Alcohol-related admissions to hospital 2008/09 to 2013/14: All Persons

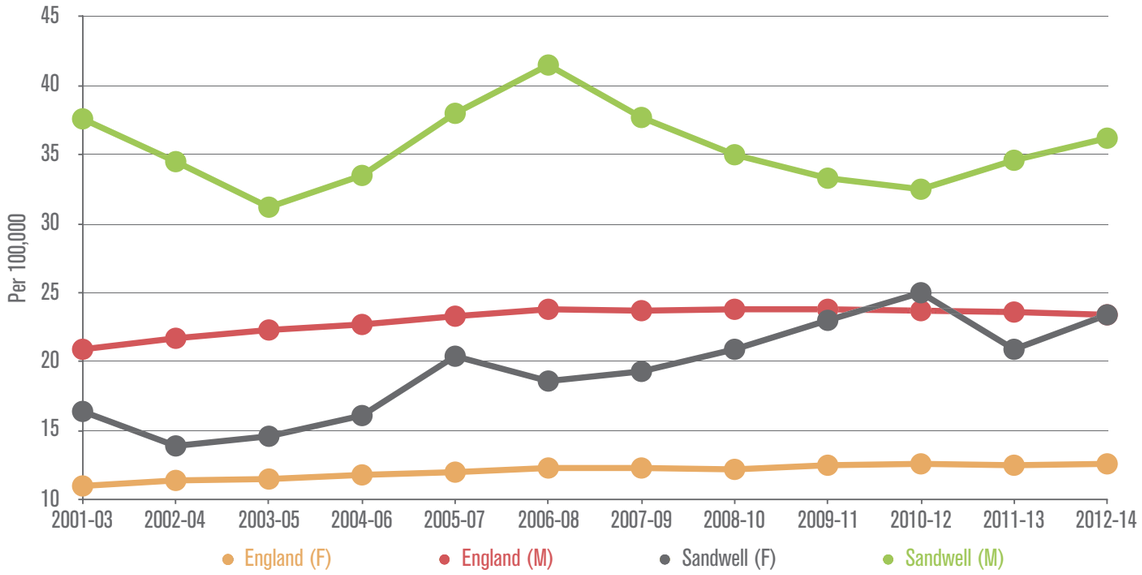


Alcohol-related healthcare costs for Sandwell (A&E attendances, inpatient admissions and outpatient attendances) are estimated to cost £18.1m per annum. This equates to a cost of £74 per adult in Sandwell – higher than the regional average cost of £63 per adult.

We have seen a reduction in alcohol-related admissions since 2010/2011 and rates have continued to decrease in subsequent years. We believe broadly the expanding provision of early screening and identification in the community has a key part to play. Furthermore the presence of an alcohol key workers in the hospital, who could make prompt identification, referral and follow-up with patients, would have also contributed to the long-term reduction of alcohol-related hospital admissions.

However, on the other hand alcohol-related harm in women in Sandwell is becoming a growing problem.

Deaths from Liver Disease (Under 75)



As shown in the figure above, premature deaths from liver disease in women in Sandwell are rising fast and have now caught up with the England average for males. In contrast, deaths from liver disease in men in Sandwell are starting to stabilise. This therefore shows the need to look into the patterns of alcohol consumption in women in Sandwell.

What are we doing about it...

Tackling alcohol-related harm will play a vital part in closing the gap of healthy life expectancy between England and Sandwell in the next 5 years. We want to reduce the levels of risky drinking in Sandwell and we will measure our progress by measuring alcohol-related admissions in Sandwell.

We would want to close the gap between the Sandwell and West Midlands average by 2020.

To achieve this we need a strategy that not only helps people to choose to drink less but also reduces the availability of cheap alcohol across the Borough and provides increasing opportunities for socialising that do not involve alcohol.

Changing Behaviour

When it comes to changing behaviour, this has to be tackled across the spectrum of drinking behaviour. The Sandwell alcohol treatment service has a key role in reducing harm among high risk dependent drinkers. Improving uptake of services and improving treatment penetration of high risk drinkers will play a vital role in this. We hope to increase community treatment penetration levels to 15% of high risk drinkers in line with the Department of Health's 2005 Alcohol Needs Assessment Research Project guidance.[4]

Whether it's tackling low risk drinkers through a comprehensive IBA (Identification and Brief Advice) provision or reducing harms of dependent drinkers through detoxification programmes, partnership working is key for successful behaviour change. Only by working in partnership with other local organisations and services can we maximise the reach and impact of local commissioned services to effectively address and reduce alcohol-related harm. Key work areas which will impact on our targets are as follows:

- Maximising delivery of IBA across a range of partner agencies to increase Borough-wide workforce capacity and skills in identifying alcohol-related problems and appropriate referrals into community support services
- Working in partnership with our local NHS trust, Sandwell and West Birmingham NHS Trust, to maintain and enhance the hospital alcohol liaison function – this supports acute to community referral pathways in addition to Making Every Contact Count developments
- Working collaboratively with partners to deliver Sandwell's Blue Light project, which is a local approach to engage with our treatment-resistant drinkers, and multi-disciplinary management of a small number of drinkers who place the biggest burden on local services (e.g. repeat attenders)
- Ensuring effective education and engagement with children and young people via DECCA as well as clear and mutually agreed transitional arrangements.

Targeting Women

As described earlier, there has been an increase in alcohol-related harm amongst women and in particular young women. In order to understand this further, we conducted insight research to understand drinking behaviour amongst 18-25-year-olds.

The study was commissioned to directly inform the future design of behaviour change interventions to be commissioned this year.

The insight resulted in various recommendations for our social marketing campaign. The key insights included:

- The notion of units does not resonate with this group
- Young people do not take notice of government-led recommended drinking levels
- They base their own drinking behaviours on their perceived drinking limits, which are based on previous experiences
- When thinking of alcohol our audience think about fun, enjoyment and confidence
- The groups did cite the "day after" a night out as a reason not to drink too much on a night out
- They also were concerned about the money they spent, but due to the availability of cheap drink in Sandwell, this was less of a motivation.

Based on this we will respond by:

- Creating an understanding of units in a way that means something to the audience
- Focusing on messaging on redefining perceived drinking limits
- Reinforcing the positive outcomes of not drinking too much – fewer hangovers/more money/fewer regrets
- Showing that activities without alcohol can give the group the same enjoyment, fun and confidence
- Targeting messaging at key times and key places to engage and influence our audience.

Our aims for the campaign will be to increase the number of alcohol-free days our audience takes, and decrease the total amount of units drunk over the course of a month. The campaign is currently being co-created by young women from across Sandwell.

Reducing availability and increasing alternatives

In addition to behaviour change it is important that we change the cultural norm around alcohol consumption. To change this default behaviour we need to put in place measures that reduce the availability of alcohol and provide alternative options for socialisation for Sandwell residents.

These measures can take many forms:

- Reducing affordability of alcohol

  Making alcohol less affordable is the most effective way of reducing alcohol harm. The evidence suggests that the most cost-effective policy intervention is to reduce demand for alcohol through minimum pricing; a 50p minimum price would result in an estimated 12.4% fewer hospital admissions each year.[5]

  However, implementing this locally can be a challenge given the lack of national policy around the minimum unit pricing. Nevertheless, there are opportunities to take voluntary measures in Sandwell to make alcohol less affordable and we should look to explore these opportunities.

- Promoting responsible regulation of alcohol

  There is evidence to suggest that licensing restrictions (e.g. reducing the density of alcohol outlets and reducing licensing hours, reduced access to retail outlets and a comprehensive ban on advertising) would reduce alcohol-related harm.[6]

  In addition to this in Sandwell, the licensing team play a key part in managing the prevention of underage sales and sales of illegal/illicit alcohol. The regulatory services in Sandwell are now integrated with the public health directorate, allowing for more collaborative working through sharing intelligence around alcohol-related harm. For example, public health data sharing regarding alcohol-related A+E attendances and ambulance call-outs is now informing licensing discussions. We hope to build on this partnership working approach across the wider council.

- Providing alternative options for Sandwell residents

  As a whole we need to consider the night-time economy of Sandwell. It is important that we provide healthy alternative options to Sandwell residents rather than relying on the night-time economy mainly dependent on alcohol. Considerable progress has been made in Sandwell by investing in leisure centre development across the Borough which, along with our physical activity programme, will help decrease inactivity levels across Sandwell. The recent regeneration of the West Bromwich centre has created many alternative leisure options for residents of Sandwell which include a wide array of restaurants and a cinema. However, this needs to expand further, for example introducing bowling alleys and concert venues especially attracting the younger demographics. It is also important that they are accessible to the residents across the six towns in Sandwell.

Broadening this further we need to build resilience among our young people, making them less vulnerable to peer pressure and therefore reducing the take-up of alcohol consumption and risky behaviours as a whole. The Community Alcohol Project (CAP) in Tipton has a provision of diversionary activities for young people to prevent or stop the pattern of alcohol misuse. These activities (such as theatre workshops) broadly include contributing in a positive manner to the community in a way that is highly rewarding and entertaining. Furthermore the programme equips parents with skills and knowledge to talk to their children about alcohol and uses peer mentors to educate young people about the harms and risks associated with alcohol consumption.

As a whole in Sandwell we have focused on behaviour change measures through alcohol treatment services tackling those who are exhibiting harmful behaviours. This has been fairly successful and has contributed to reducing alcohol-related admissions. However, this is just the tip of the iceberg. We need to engage with the wider community across the gradient of alcohol misuse, addressing those who are consuming alcohol but not necessarily presenting with or aware of the harm. This will require not only behaviour change measures but a place-based strategy that addresses the availability of alcohol and providing alternative options for Sandwell residents. We will develop this further in the coming years through a partnership approach, which will contribute to significant reduction of alcohol-related admissions and ultimately improving the healthy life expectancy of Sandwell residents.

1 Alcohol Guidelines Review – Report from the guidelines development group to the UK Chief Medical Officers, Department of Health, January 2016.

2 World Health Organisation (2004) *Global status report on alcohol 2004*, Geneva, WHO.

3 Social Inequalities in the Leading Causes of Early Death: A Life Course Approach UCL Institute of Health Equity pg 42.

4 Alcohol Needs Assessment Research Project (ANARP), Department of Health, November 2005.

5 Prevention Programmes Cost-Effectiveness Review: Alcohol, Liverpool Public Health Observatory, December 2010.

6 Alcohol-use disorders: preventing harmful drinking. NICE (2010) Public Health Guidance 24 http://www.nice.org.uk/nicemedia/live/13001/48984/48984.pdf

The workplace – a great venue to keep healthy people healthy

On average, we spend about 35 years of our life working and this is set to increase. The actions we take during this time will have a significant impact on how we feel and the number of years that we live free of disease. Yet these are the years that we have the most to cope with, getting and keeping a job and the stresses of working life. It is during these years that people have families. These are the years that we have the least time to dedicate to keeping healthy. Of course being out of work is worse for health and we will work with others to support people to get into work. However we can have a large impact by supporting those in work to live more healthily. Through the workplace we have an easily accessibly audience and one that we can follow.

Employers have a role to play in keeping their workforce well. It is in their interests to do so. A healthy workforce with good mental wellbeing is less likely to take sick leave and more likely to be productive. An independent review of sickness absence reported employers pay £9 billion a year in sick pay[1]. Any reduction in staff absence will have a positive impact on an organisation's efficiency and productivity.

Keeping people healthy for longer becomes even more important as the age of retirement increases. As the working population ages, the impact of lifestyle-related conditions such as diabetes and alcohol-related diseases also increases. The number of people living and working with chronic conditions is therefore likely to rise steadily.

The workplace provides a great venue to support people to make healthier lifestyle choices. It provides access to people who may not yet have contemplated changing their behaviour and a place that is convenient to them and if their employer agrees, it can also provide a convenient time. The workplace provides an opportunity to 'preach to those who are not yet converted'. We know that men are less likely to access some of our services, particularly NHS Health Checks, so the workplace is a great place to reach working-age men. If they can't come to us, then we will go to them.

Testing our approach in Sandwell Council

We have been trialling our approach to improving workplace health through our own organisation, Sandwell Metropolitan Borough Council, a major local employer.

We have offered health assessments to all of our staff, with the aim of identifying unhealthy lifestyles, providing brief advice and making referrals to our services. We have also offered the NHS Health Check to those who are eligible. The offer is open to all of our staff regardless of whether they reside in Sandwell. As we move forward with the Public Health workplace offer we aim to engage all staff in future Health Checks/ Health Assessment with the view to encourage staff to access lifestyle services and improve their health. In the coming few months we will be offering these sessions on a regular basis so staff can have more opportunities to access these free services.

There is an ongoing programme of health and wellbeing 'Taking Control' events offered to Council staff. These are generally well-attended. From January 2015 this has incorporated 'Spring into Activity', a new initiative developed by Public Health in conjunction with occupational health and corporate communications; informed by employee consultations concerning physical activity, sport and the barriers to participation.

An annual format was agreed commencing with a two-month campaign focused upon engagement of employees in discussions, taster sessions and then attendance of structured physical activity or sports sessions and groups.

'Spring into Activity' generated in excess of 220 Walkwell Health Assessments and a menu of activities was developed for the first month of the initiative which was intended to be functional and familiar, i.e. activities that employees may have tried before or which are routinely accessible through our lifestyle services and leisure provision. These included: Health Walks, Group exercise, Boxercise, Cycle training (for leisure or active travel), Running and Swimming. During May new activities were added, intended to be slightly more challenging, enabling employees to 'move up a tier' regarding intensity of physical activity. Employees also had the opportunity to try sporting activities, all initially targeting entry-level participants but with the option for those employees wanting to get back into sports training. These activities included: Back to Netball, Back to Football, Running Club and Indoor Rowing to music. Phase one culminated in a mass participation event called the Charity STOMP, a 1 lap circuit around the Council house to raise money for the mayor's charity.

The second phase of this initiative, 'Fall into Activity', is a programme of indoor activities to reduce the barriers to being physically active during the autumn/winter months. In addition to switching existing activities to indoor settings, the following activities have been added to the timetable: Table Tennis, Badminton, Indoor Climbing and Yoga.

From August to November 2015 we also piloted a physical activity monitoring initiative called the 'Myzone Belt' with final evaluation reporting from Sheffield Hallam University due at the end of February 2016. Currently offered to 40 employees, the intervention provides timely access to a co-ordinated package for members of the council workforce who are identified as 'inactive' (i.e. 0 x 30 minutes of moderate intensity physical activity per week) incorporating: assessment of need, the development of a tailored physical activity programme using novel technology, with monitoring of progress, support and follow-up.

Evaluation of the impact of the Myzone programme will address: staff engagement, increase in confidence, initial increase in physical activity from baseline and change in perception relating to physical activity, supported by the physical measures data (weight loss, decrease in blood pressure and resting heart rates).

Success in the longer term will be measured by project officers from Public Health and occupational health who will follow up employees' self-reported levels of physical activity. 50% of those employees (re-assessed from the original pilot) achieving 1 x 30mins of physical activity a week would be a solid achievement for the project.

Pending the outcome of the programme evaluation, the Myzone initiative is likely to be incorporated into the menu of 'Spring into Activity' interventions moving forward.

Sandwell council badminton tournament

Judging our success

The aim of the current service provisions delivered against this priority is to contribute to a reduction in the working days lost due to sickness absence. We believe this would be a suitable and timely indicator that will capture the effectiveness of all workplace health interventions in addressing chronic conditions.

A total of 121 staff have had a health check. Of those, 120 had CVD risk <10% which is considered safe but one person had CVD risk >20% which required direct referral to their GP for further investigation. 31 staff were identified as having abnormal blood pressure/ Pulse and had their results explained to them with lifestyle advice and referrals to their GP and Public Health Lifestyle services. 6 people were identified as smokers and were given advice and support to access stop smoking services. Through the Health Check 65 individuals were also identified to have low activity scores and were given advice about healthy levels of physical activities and how to access local lifestyle services. Those who were identified as obese were given the option to access a weight management programme. The Health Check also identified 28 people with a high Audit C score for alcohol consumption which indicates that their consumption of alcohol might be placing their health at higher risk of harm. Staff who were identified with high scores were advised on healthy alcohol limits. Staff with risky rinking/dependent drinking levels were encouraged to discuss their drinking with their GP and were offered referrals to local alcohol services.

Indeed further follow-up, conducted by Public Health, of 201 staff who undertook the programme, confirmed that 14 referrals were made to public health commissioned services during the initial assessment with one person accessing a weight management programme and 13 accessing Walkwell activities. Further referrals were made during the follow-up calls with 3 more staff being referred to weight management and 2 staff for stop smoking services.

With throughput figures of 611 during phase one, the 'Spring into Activity' element of the broader council programme generated in excess of 220 Walkwell Health Assessments and 120 Health Checks. All activity sessions recorded attendance and levels of physical activity at the point of entry. Excluding Health Checks and Walkwell numbers, of those attending programmed physical activity and sports sessions, over 75% of employees were inactive (less than 1 x 30mins per week). Of those sessions that were launched and implemented during 'Spring into Activity', the following are still running: Health Walks, Running club, Netball, Football and Boxercise, with good attendance.

NB The data for phase two, 'Fall into Activity', will be made available following its completion and will incorporate the additional range of activities identified within the programme – Table Tennis, Badminton, Indoor Climbing and Yoga.

Developing our workplace offer

We want to build on what we have achieved in the council. We want to develop our internal offer further. We will consolidate what we have achieved, continuing with our programme of awareness events and physical activity. We aim to offer a health screen or NHS Health Check to all eligible council staff over the next three years.

We believe there is some need for focused work on harmful alcohol consumption The International Labour Organisation estimate that globally 3-5% of the workforce is alcohol dependent and up to 25% drink regularly enough to be at risk of dependence.[2]

It is inevitable that large employers such as Sandwell Metropolitan Borough Council will have staff that are regularly drinking above the UK's Chief Medical Officer's recommended guidelines.

In extreme cases regular consumption of alcohol can lead to dependence and a range of chronic illnesses. Binge or episodic drinking can lead to absenteeism, lack of productivity, mental health problems and disruption within working teams and it is acknowledged that those employees with alcohol-related problems have increased rates of sickness absence.

A survey conducted for Norwich Union Healthcare found a third of employees admitted to having been to work with a hangover. In some departments within the council or in sub-contracted services there may well be serious health and safety concerns if someone is incapacitated due to alcohol or substance misuse.

Sandwell Metropolitan Borough Council has a range of policies to deal with the issues of both alcohol and substance misuse:

- Alcohol and Drug Related Problems in Employees: Policy for the Prevention and Treatment
- Substance Misuse Guidance for Managers
- Substance Misuse Agreement between SMBC and the employee.

Sandwell Council's Public Health department is in a good position to offer support to Human Resources with alcohol and substance misuse policy development and reviews. Commissioned alcohol service providers could provide alcohol and substance misuse awareness training to managers and officers.

Programmes could be created that could be delivered across the council as well as to other organisations, e.g. Sandwell and West Birmingham Hospitals Trust, Black Country Mental Health Foundation Trust, WM Fire, Police as well as medium-to-large private organisations.

We will seek to evaluate our local development and progress in workplace wellbeing against national standards; incorporating the Workplace Well Being Charter (or equivalent scheme).

Our plan is to develop this approach with other large employers in the Borough. Mytime Active, our provider of Health Checks and lifestyle services, is beginning to work with local employers to offer Health Checks. In addition to working with our council workforce, examples of their current activity include: screening for Hospital staff, contacting Small to Medium enterprises in conjunction with West Bromwich Albion, working with Sandwell Leisure Trust and also the local Police and Fire Service.

We want the workplace and the work we do in Sandwell to have a positive effect on the health and wellbeing of Sandwell staff and residents. We want to reduce the number of people working with chronic conditions and in doing so we aim to reduce sickness absence by 1% annually across the Sandwell working population. We believe this would lead to increased productivity in the workplace and play a key role in ensuring a happy and healthy Sandwell population.

For the purpose of benchmarking, planning developmental initiatives and evaluating progress in workplace wellbeing the next step will be to incorporate the national Workplace Well Being Charter (or equivalent local scheme) within Sandwell. A holistic approach, led by public health with integration of mental and physical wellbeing programme elements, will maintain the focus upon 'working well and feeling good' which has been initiated through the earlier phases of the 'Taking Control' programme.

The chief aims of the Workplace Well Being Charter are summarised as follows:

- ***To provide clear, accessible wellbeing standards***
- ***To improve wellbeing and reduce absenteeism***
- ***To provide tools to measure and evaluate progress***
- ***To identify and share good practice (via a case study approach)***
- ***To provide evidence to demonstrate that workplace health is a worthwhile investment***

Commencing with our own workforce initiative within Sandwell Metropolitan Borough Council, incorporation and promotion of such a charter, with clear standards and entry levels, will then enable small, medium and large-scale organisations within the Borough to voluntarily sign up to the scheme. We believe in addition to the current service provision, this charter will add to the enhancement of our workplace offer and the positive impact on wellbeing.

1 Dame Carol Black – DWP, 2011. 2 IAS 2009.

With thanks to © Martin Parr/Magnum Photos

NHS Health Check, reducing the impact of long-term conditions

In April 2013 the NHS Health Check became a mandated public health service in England. Local authorities are responsible for making provision to offer an NHS Health Check to eligible individuals aged 40-74 years once every five years. The NHS Health Check programme is a national systematic vascular risk assessment and management programme that aims to prevent heart disease, stroke, diabetes and kidney disease, and raise awareness of dementia both across the population and within high risk and vulnerable groups. Some of these conditions are associated with premature mortality but they are all associated with poorer quality of life. We have a high prevalence of these conditions in Sandwell and modelled data suggests that much of this is undiagnosed. Detecting these conditions early will allow people to benefit from preventative measures and treatments.

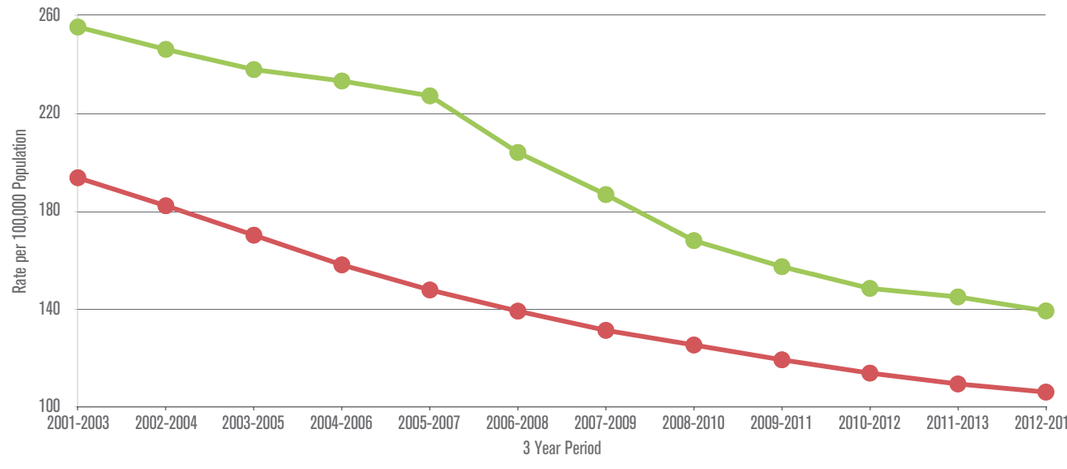
There are persistent inequalities in early deaths from cardiovascular causes and the underlying risk factors contribute significantly in reducing healthy life expectancy. They are most common in people from the poorest communities, those with mental health problems and minority groups compared to people living in more wealthy areas. The NHS Health Check programme offers an opportunity to address such health inequalities in healthy life expectancy and operates the illness prevention scheme to address lifestyle behaviour change. However uptake must be maximised in order to reduce inequalities otherwise there is a danger that they could be widened, with those least in need being most likely to take up the offer.

Modelling work undertaken by the Department of Health has found that offering the NHS Health Check to all people between the ages of 40 and 74 in England, and recalling them every five years, would be a cost-effective and clinically beneficial programme. Based on this, NHS Health Checks have the potential to prevent 1,600 heart attacks and strokes and save up to 650 lives each year. They could prevent over 4,000 people a year from developing diabetes and detect at least 20,000 cases of diabetes or kidney disease earlier.

Targeting those at highest risk

Before the introduction of NHS Health Check in 2009, Sandwell pioneered a programme during 2007/8 that identified and treated individuals at high risk of developing cardiovascular disease. This specifically targeted those who had greater than 20% risk of developing heart disease or stroke over a 10 year period. We strongly believe this was directly responsible for the reduction of CVD deaths in Sandwell. The graph below shows the considerable reduction in deaths from cardiovascular disease compared to England. The graph shows a step change in the reduction of deaths in the 2005-2007 period, which coincides with the introduction of the programme. We believe, in addition to national improvements in health care and medical technologies, this played a key part in improving life expectancy of Sandwell residents and narrowing the gap with England.

Sandwell and England, CVD Mortality Rates, Males under 75, 2001-03 to 2012-14



The targeted programme ran for almost 5 years and it identified a large proportion of high risk CVD patients. To continue to make an impact on CVD and in particular improve HLE, we need to extend this programme to lower risk individuals. We believe the launch of the NHS Health Check programme gave us the platform to do just this.

We need to reach more people

As mentioned earlier the NHS Health Check is offered to all people aged between 40 and 74, and it is considered to be highly cost-effective. However, its effectiveness is highly dependent on the uptake into the programme, which seems to be the biggest barrier to achieving positive outcomes through health check.

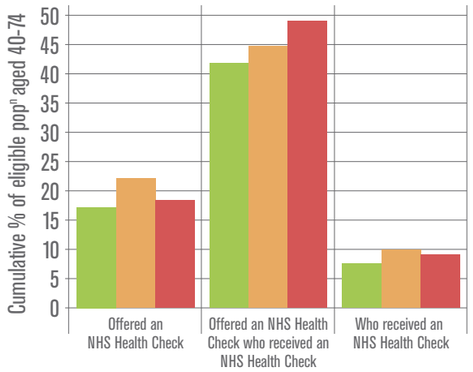
The NHS Health Check programme contributes to a number of Public Health outcomes indicators. The programme uses 3 key performance indicators, required to be reported back to Public Health England on a quarterly basis; these are:

- Cumulative % of eligible population aged 40-74 offered the NHS Health Check
- Cumulative % of eligible population aged 40-74 who received the NHS Health Check
- Cumulative % of eligible population aged 40-74 offered the NHS Health Check who received the NHS Health Check.

The national target is to offer NHS Health Checks to at least 20% of the eligible population each year and achieve an uptake rate of at least 50% of those offered actually receiving a health check.

In 2013/14 (Sandwell's baseline year), the NHS Health Check programme continued to be delivered by Mytime Active who were initially commissioned by Sandwell Primary Care Trust as part of a wider lifestyle contract to deliver both lifestyle and health checks.

NHS Health Checks 2013/14

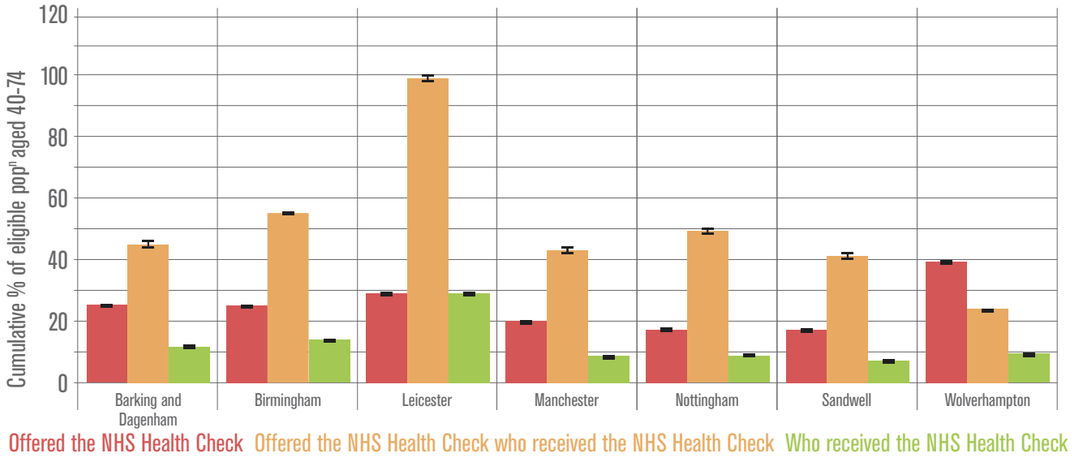


Public Health England PHOF Indicator 2.22iii - 2.22v

During this year, 14,074 eligible individuals in Sandwell were offered the NHS Health Check, which was just over 17% of the eligible population and fell below the 20% national target. Of those who were offered it, 5891 individuals in Sandwell received an NHS Health Check, which was just over 41%. Again the uptake rate in Sandwell fell below the 50% national target.

As a whole, as seen from the graph above, the offer and uptake of the NHS Health Checks in Sandwell was well below the national and regional average, which was a real concern. Also when compared to statistical neighbours (as seen from the graph below) the performance of NHS Health Check in Sandwell was well below the rest. This indicated the need to remodel the NHS Health Check provision in Sandwell.

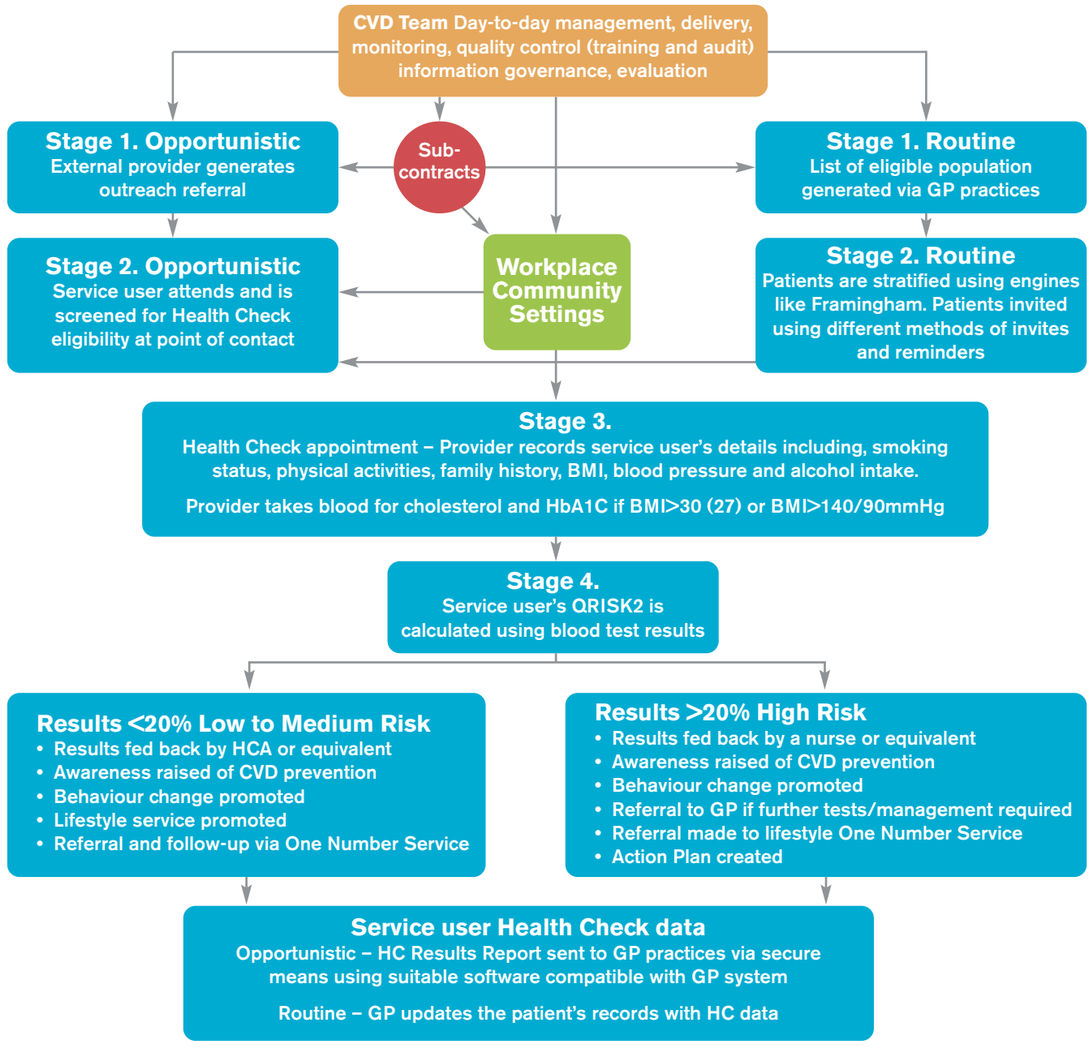
NHS Health Checks 2013/14 – Statistical Neighbours



Improving our offer?

It was clear from our model that our focus of invitations for the NHS Health Check was reliant solely on routine local GP lists. Whilst this was suitable for screening high risk individuals as part of a targeted screening programme, they did not capture the lower risk individuals and those who are not engaged with their GPs. Furthermore, the lower risk individuals present with no signs of illnesses and are therefore often not engaged with their GPs. We therefore felt it is highly important that we develop an opportunistic outreach arm where the NHS Health Checks are undertaken in the community.

On 1st August 2015 we commissioned a new model of NHS Health Check provision for Sandwell. The diagram below displays the model that we have recently commissioned. The model now has a dedicated opportunistic arm (left side) along with the routine arm which systematically invites patients from the GP lists. The opportunistic individuals can come from health settings like pharmacies and non-health settings like businesses, workplace, places of worship and community groups. This opportunistic delivery of health checks is delivered both directly by the provider reaching out to these groups or trained subcontractors who have suitable reach with the relevant group.



Increasing uptake?

Over the last year there have been a number of initiatives to address the low performance of the NHS Health Check programme which have included:

1. Improvement to the invitation and recall process in line with national best practice guidance.
2. A new DNA protocol (for people who do not attend their invites) was developed and agreed with the provider.
3. Sandwell Council was an early implementer site for the Public Health England's Self-Assessment Toolkit. The Self-Assessment Toolkit was modelled on the best performing programmes across the country in terms of uptake and quality of Health Checks. Sandwell Health Check programme was among only 15 early implementer sites nationally to improve uptake and quality of health checks.
4. A new model and service specification was developed based on national standards and best practice guidance for the delivery of the NHS Health Check programme.
5. The NHS Health Check programme was recommissioned separately from the wider lifestyle service contract with clear targets for offers and uptake in line with the national requirements. A new payment mechanism was also developed with a clear payment by results mechanism and incentives for opportunistic outreach delivery in the community and for achieving the overall targets.
6. A new communication and marketing plan has been developed and agreed, which is to be implemented as part of the new contract from 1st August 2015.
7. As part of the self-assessment process a number of areas were identified which will inform our future improvement plan: Equity Impact Assessment, formation of the NHS Health Check Strategic Stakeholder Group and a social marketing project which will be delivered as part of the overall improvement plan.
8. An event programme was introduced to increase uptake amongst high risk groups such as BME and manual workers, working closely with third sector organisations and businesses.

We believe the redesigned model and the above mentioned initiatives will make a real difference to the uptake of NHS Health Checks within Sandwell. It will not only help us reach the overall target but will also reach out to some of the most hard to reach groups within Sandwell. We believe this will promote positive behaviour change, reduce the number of CVD events and ultimately will keep Sandwell residents healthier for longer.