

Public Health Annual Report 2016/17

Foreword



Dr. Stephen Munday
Director of Public Health

As Director of Public Health I am responsible for reporting on the health of Solihull and making recommendations about how it can be improved. As in previous reports, this year's report contains much that we can be proud of. People are living longer, healthier lives. Local people from the community and organisations are working together to improve health and wellbeing. As ever, there are also considerable challenges – not least ensuring that everyone in Solihull has an equal chance to be healthy. The health of some of our residents is significantly below an acceptable level – premature deaths, poor health and disability still disproportionately affect some parts of our community.

This year's report focuses on the priorities set by the Health and Wellbeing Board in its Health and Wellbeing Strategy:

- **People will live longer and have healthier lives:** focusing on mental health, wellbeing, sexual health and Behaviour Change
- **Give every child the best start in life:** focusing on the Healthy Child programme, parenting and obesity
- **Ageing well – healthy older life:** focusing on falls prevention, reducing social isolation and physical activity
- **Healthy and sustainable places and communities:** an overview of how we are tackling the underlying determinants of health.

The report includes a number of case studies, video clips and people's individual stories. These provide real examples of how health and wellbeing issues are being tackled in Solihull and the difference that is being made to people's lives.

Dr Stephen Munday
Director of Public Health

Contents

1. The Health of Solihull	p4
2. People will Live Longer and have Healthier Lives:	
• Mental Health and Suicide Prevention	p18
• The Wellbeing Offer	p22
• Alcohol Strategy	p27
• Sexual Health	p35
• Behaviour Change Strategy	p40
3. Healthy and Sustainable Places and Communities	p46
4. Giving Every Child the Best Start in Life	p52
5. Ageing Well	p59
6. References	p64
7. Acknowledgements	p65

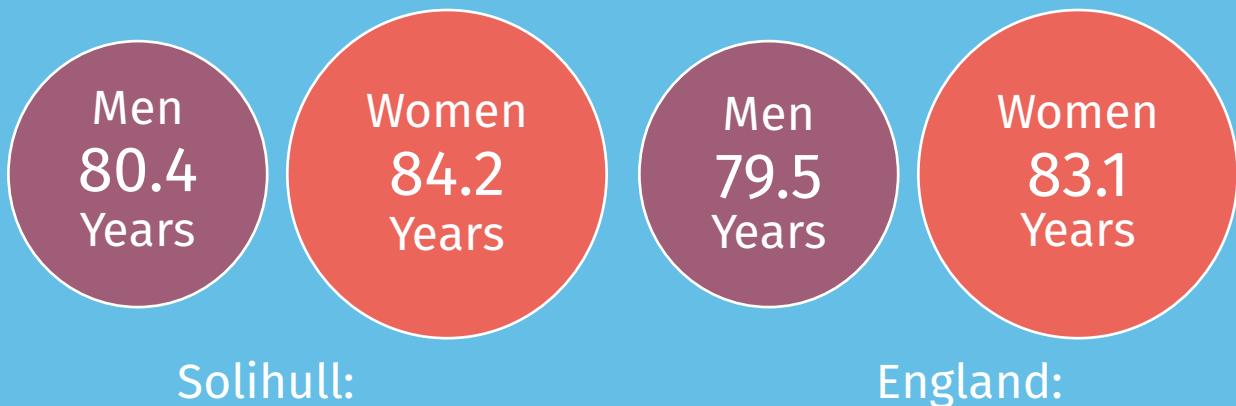
The Health of Solihull

Overall, the population of Solihull experiences a high quality of health.

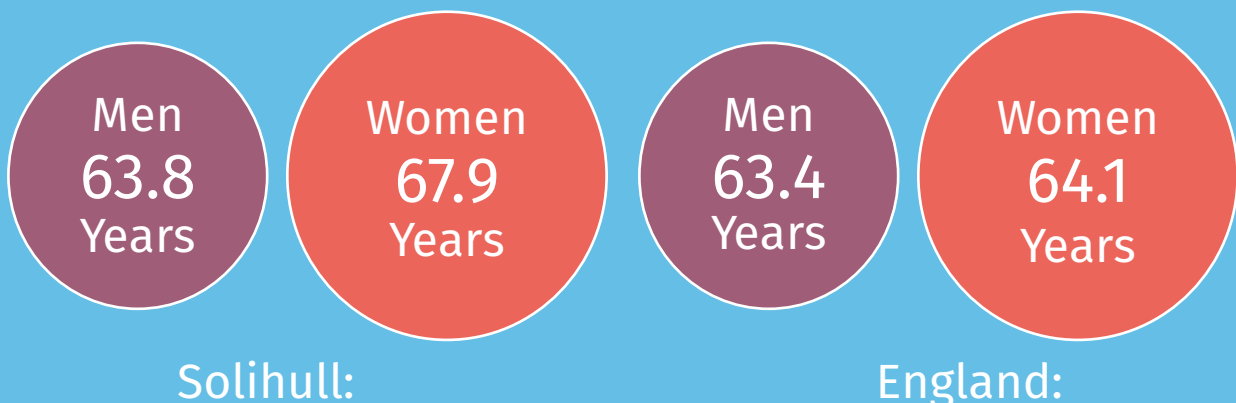
Around 4 in 5 people in Solihull would describe their health as being “good” or “very good”.



Life expectancy at birth



Quality of life is also important: Healthy life expectancy at birth



Compared to England overall, the residents of Solihull can expect to be generally **healthier** for **longer**.

Improvements have been made to the health and wellbeing of Solihull's population at all stages of life

In 2012/13 56% of children were achieving a good level of development at the end of reception. This increased to 71.8% in 2015/16.

Children are more likely to be 'school ready' at the end of reception.

There are more young people in education, employment or training.

In 2011 6.7% of 16–18 year olds were not in education, employment or training. This decreased to 4.2% in 2015.

In 2011/12 3% of the population in Solihull used outdoor space for exercise/health reasons. This increased to 24.7% in 2015/16.

The population of Solihull make more use of outdoor space.

Cancer is more likely to be diagnosed at an earlier stage.

Solihull is a top performing local authority (top 3%) for early diagnosis, one year survival and 62 day wait for treatment of cancer.

In 2001–03 the under 75 mortality rate from all cardiovascular diseases was 126.4 per 100,000. This decreased to 60.4 per 100,000 in 2013–15.

People aged under 75 are less likely to die from cardiovascular disease.

A number of health issues remain in Solihull and there is still important work to do.

The high level of health is not evenly distributed throughout the borough.



Differences in life expectancy between the most and least deprived groups

73.5
Years

Most deprived males

86.1
Years

Least deprived males

79.5
Years

Most deprived females

89.4
Years

Least deprived females

People in the **most deprived** areas of Solihull are also more likely to experience **disability** and **long-term health conditions** at a **younger** age compared to those in the **less deprived** areas.

This 'gap in life expectancy' between the least and most deprived groups is larger in Solihull compared to England overall.

Life expectancy differences can be due to:

Certain **diseases**, including heart disease, respiratory disease and cancer.

Lifestyle choices, most importantly smoking.

Other factors including housing and education also influence these health inequalities.

The population of Solihull is changing.

There is an ageing population.

Solihull has a **higher** proportion of its population aged **over 65** and **over 85** than England.

With increased age comes higher levels of **frailty, long term conditions** and **poor mental health**.

It is estimated that by 2036

1 in 20

will be aged 85+ in Solihull

Between 2015–2025 the number of people aged 65+ with dementia in Solihull will rise by an estimated 32%.

Half of those aged 65+ and over **two thirds** of those 75+ have **2+ long term health conditions**.

The number of people requiring care and hospital treatment will increase as a result of this ageing population. It is vital for health and social care to work together to ensure they are equipped to cope with this additional demand on services and support is available for people to remain **healthy** and **active** for longer.

Solihull is becoming more ethnically diverse and services should be targeted accordingly.

Ethnicity can influence an individual's risk of disease and different ethnic groups are more susceptible to specific diseases. For example, Asian ethnicity increases an individual's risk of diabetes.

Over **1 in 10 people** in Solihull now belong to black, Asian and Minority Ethnic (BAME) groups.

Mental Health

Mental health problems affect approximately **1 in 4** people per year in the UK.



Over **1 in 13** adults in Solihull have a diagnosis of **depression** and there are likely to be more people who are undiagnosed.

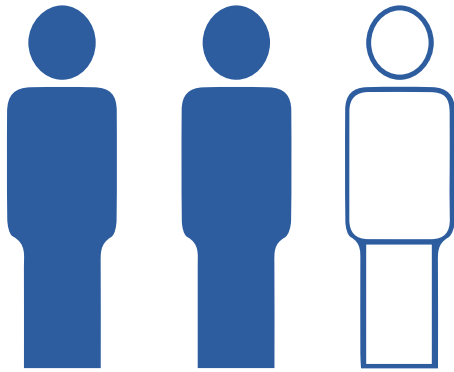
People with mental health conditions are at a higher risk of physical health problems and unemployment.

It is vital that the support and services provided effectively meet the needs of those affected by mental illness.

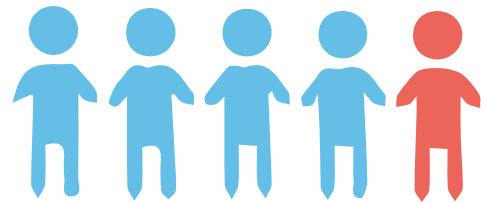
The levels of some long term conditions in Solihull are rising.

Obesity

Approximately



Two thirds of adults



1 in 5 reception children



1 in 3 year 6 children

are now either **overweight** or **very overweight** in Solihull.

There are a number of risks associated with being overweight, including **heart disease, type 2 diabetes** and certain types of **cancer**.

Levels of Diabetes in Solihull are **increasing** at a more **rapid rate** than in England overall.

Diabetes has a number of complications and can affect the **heart, eyes and kidneys**. **Earlier detection** of diabetes **reduces** the risk of these **complications**.

Diabetes can be type 1 or type 2. Although both result in higher than normal levels of sugar in the body, type 2 can be associated with a person's lifestyle, including having an unhealthy diet.

The incidence of certain cancers in Solihull is increasing.

Cancer is the cause of almost **half of premature deaths** and remains the **largest** overall cause of death in Solihull, this is followed by **heart disease and stroke**.

Incidence of **breast, non melanoma skin cancer** and **prostate cancer** in Solihull has **increased** since 1995 and is significantly **higher** than England.



However, mortality from cancer has **reduced**, meaning more people are **living with** and **beyond a cancer diagnosis**.

The **risk** of many common health conditions, including diabetes, obesity, cancer and heart disease can be **increased** by an **individual's lifestyle**. Lifestyle choices that increase the risk of certain conditions include smoking, eating an unhealthy diet, a lack of physical activity and drinking too much alcohol.

By making **simple lifestyle changes**, a person can dramatically **reduce** their risk of many common conditions.



Generally the people of Solihull lead healthy lifestyles, but there are some areas of concern.

Smoking

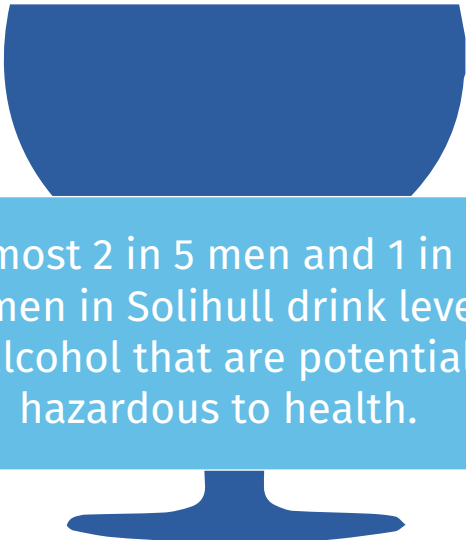
Smoking levels have reduced over time but smoking alone is still **responsible** for up to **15%** of the gap in **life expectancy** between the most and least deprived groups in Solihull.

Despite the associated health risks, **1 in 8** people in Solihull continue to smoke.

This rises to around **1 in 5** in the more **deprived** groups of Solihull.

Alcohol

Drinking alcohol above the recommended levels can cause liver disease and also increases an individual's risk of other conditions, including some forms of cancer.

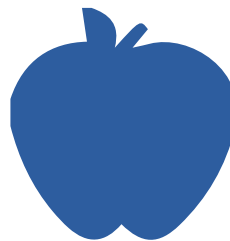


Almost 2 in 5 men and 1 in 6 women in Solihull drink levels of alcohol that are potentially hazardous to health.

Liver disease is increasing in some areas of Solihull

Healthy Eating

Almost half of the adult population of Solihull are not eating the recommended '5-a-day' of fruit and vegetables.



A diet low in fruit and vegetables has been linked to a number of health conditions, including bowel cancer and heart disease.

Physical Activity

Just over **half** of the adult population of Solihull are doing the recommended **150 minutes of physical activity** recommended for health per week.



The proportion of **children** doing the recommended levels of **physical activity** is **decreasing** within Solihull.

Regular physical activity brings a wide range of health benefits. It is important to ensure that physical activity is promoted within Solihull – this includes for example, ensuring the maintenance of green spaces and improving cycle lane provision.

Social, economic and environmental factors all have an important influence on people's lifestyle choices. Also known as 'the causes' of poor health, they include, for example, an individual's level of income, the environment, employment status or the quality of their housing.

Many of these factors may be beyond an individual's control and can often make it more difficult to make 'healthy' lifestyle choices. An acknowledgement of the role such factors play in leading a healthy life is important when working to improve the health of Solihull.

Wellbeing

The importance of overall wellbeing has been increasingly acknowledged. Wellbeing refers to a combination of feeling good, functioning effectively and being healthy. Factors contributing to wellbeing are very varied and include an individual's economic and social status and level of education – factors that also influence an individual's health.

Since 2011, attempts have been made nationally to record the wellbeing of the nation each year by asking the following questions to a sample of the country's population. The most recent results for Solihull compared to England in 2015/16 were:

Question	Solihull average score	England average score
Overall, how satisfied are you with your life nowadays?	7.73/10	7.65/10
Overall, to what extent do you feel the things you do in your life are worthwhile?	7.92/10	7.84/10
Overall, how happy did you feel yesterday?	7.60/10	7.48/10
Overall, how anxious did you feel yesterday?	2.88/10	2.87/10

What influences Wellbeing?

Level of Poverty

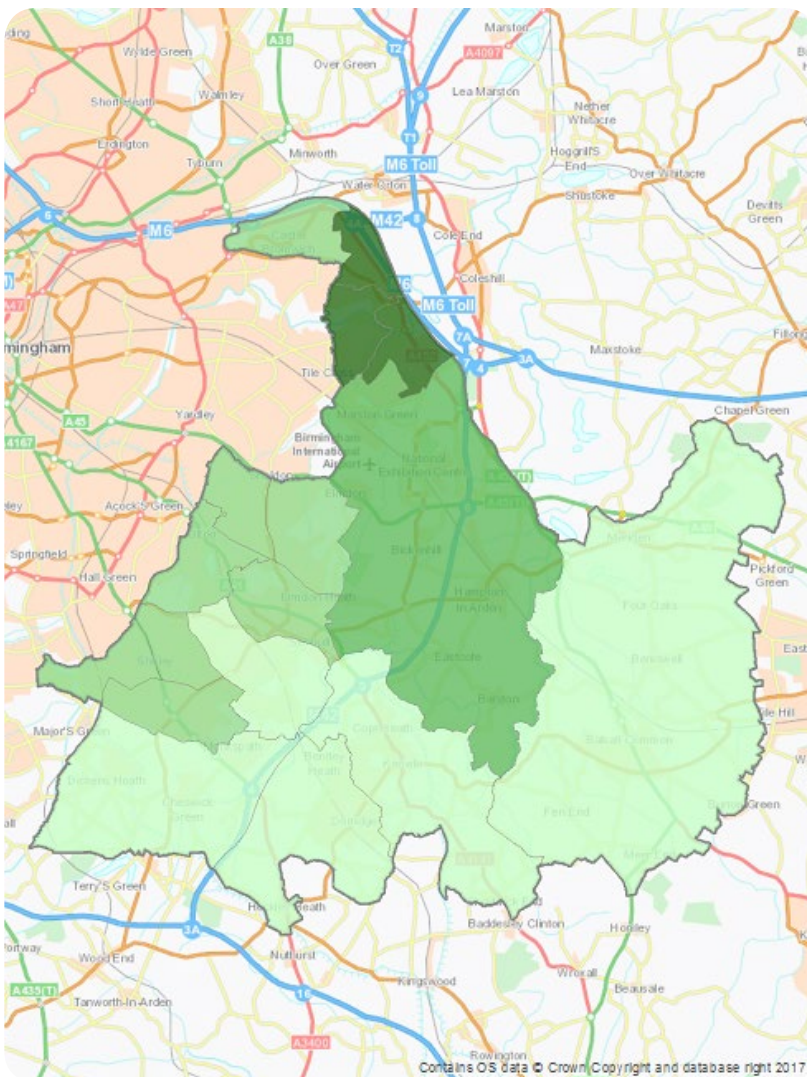
Overall, Solihull is a relatively affluent borough.

Average full time gross weekly earnings are over **10% more** in **Solihull** compared to **nationally**.

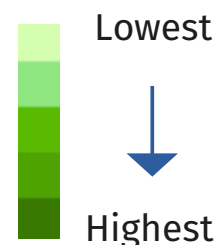
An indicator of “poverty” is the number of children living in households with a low income:

A **lower** proportion of **children** in Solihull are living in **poverty** compared to England overall.

But the poverty that exists is concentrated in particular areas of the borough, where up to **1 in 3 households with children** are living in poverty.



Key % children living in poverty



Employment

Solihull has the **fastest growing labour market outside of London** (2010–2015), with private sector employment **growing** by **26%** over this period.

However, almost **1 in 25** in the north of the borough are still without a job and certain groups are more likely to be unemployed, including those with a **long term health problem**.

It is important that there are **job opportunities** for **young people, lone parents, carers and people with mental and physical health problems**.

Education

Overall, there is a **high level of academic achievement** in Solihull schools.

In 2015/16 65% of pupils achieved 5+ A*–C GCSE's (including maths and English) in Solihull.

This is compared to 58% of pupils in England overall.

However, there is a variation in results across the borough, in some schools these results were achieved by less than half of pupils.

Housing



The level of home ownership in Solihull is high

The level of affordable housing in Solihull is low

In Solihull, the proportion of homeless households in priority need, that the Council accepts a full rehousing duty to, continues to follow a **long-term trend of exceeding** the national average.

Although promisingly, the number of households in Solihull accepted as homeless with a duty to offer permanent accommodation to decreased by 30% in 2015/16 compared to the 2014/15 figures.

Early intervention and prevention of homelessness is very important- the number of cases of homelessness that were prevented or relieved in Solihull was up 10% in 2015/16 compared to the previous year.

The Environment and Surroundings



Almost **8 out of 10** residents in Solihull report being satisfied with their local area.

Over **two thirds** of the land in Solihull is green belt.

Only **1 in 7** use **public transport** and less than **1 in 10** walk or cycle to work in Solihull.

Lowering the number of cars on our roads can bring a wide range of benefits for the environment and health, including reduced noise and air pollution.



Active transport, including walking or cycling is a great way of incorporating exercise into everyday life to meet the weekly recommendations for physical activity.

Although the population in Solihull report experiencing a slightly higher level of wellbeing than in England overall, there remain areas for potential improvement, particularly in specific parts of the borough and population groups.

By taking an increasingly **holistic approach** to health and focusing on factors that influence not only **health** but also general **wellbeing**, public health are continuing to **broaden the scope** of their work and extend the **range of organisations** and **departments** they work **alongside**.

By working **closely** with **other teams** within the council and external organisations, public health can **support, influence** and provide **guidance** to ensure the **health impacts** of any projects are considered and any potential **health gains** are **maximised**.

***People will live longer and
have healthier lives***

**Mental Health and
Suicide Prevention**

Why is it Important?

Mental health is recognised as being vitally important to growth, development, learning and resilience. Our mental health and wellbeing is affected by many things, such as our home life, our living standards, our work (or lack of it) and our childhood experiences.

One in six people in Solihull at any one time are estimated to be **living with** common mental health problems such as **anxiety and depression**.

Mental health is the cause of **40%** of **new disability benefit claims** each year in the UK.

70% of people with **severe mental health problems** are **economically inactive** and on disability benefit, compared with **30%** of the **general population**.

People with poor mental health tend to also have worse physical health outcomes due to higher levels of stress, smoking, drug and alcohol usage, social isolation and physical inactivity.

We know that mental health problems are unevenly distributed across the population and that some individuals, groups and communities have an increased likelihood of poorer mental health than others.

Public mental health focuses on wider prevention of mental illness and promotion of mental health across the life course; it also includes suicide prevention. Understanding risk factors for poor mental health can help with targeting resources to priority groups and settings for preventative work.

What has been done so far?

The impact of poor mental health on health inequalities; loss of productivity; and quality and quantity of life; is well-established and tackling these issues is a priority for Solihull. A strategy for the promotion of good mental health and the prevention of mental ill health is being developed. This strategy will be based on an assessment of mental health needs that identifies service gaps and what is needed from a public health perspective to improve mental health. The strategy will also be informed by key national recommendations of what is best and evidence based practice in improving public mental health.

Progress has been made in developing a programme of initiatives to improve the mental health and wellbeing of Solihull Council employees and promoting similar approaches in other large local employers.

The Mental Health Commission, established by the West Midlands Combined Authority, makes several recommendations for the improvement of mental health within the West Midlands which will also inform priorities within Solihull. For example, promoting the mental health of the work force, improving housing provision and helping people who have experienced poor mental health back into work.

Solihull Suicide Prevention Strategy

Acknowledging the devastating impact that suicide has on individuals, families, friends and communities as well as its contribution to local health inequalities and lost opportunity of productive life, the Department of Health has recommended that all local areas should have a comprehensive suicide prevention strategy in place for 2017.

In meeting this requirement, Solihull Council and Clinical Commissioning Group have been working together with our partners and communities within Solihull to develop our action plan to prevent suicide.

What Next?

Key priorities for Solihull will be to:

- ✓ Improve availability and access to psychological 'talking' therapies which are proven to enable recovery and keep people with mental health problems in work.
- ✓ Promoting the mental health of people in work, for example by implementing the Workplace Wellbeing Charter.
- ✓ Improving the physical health of people who have mental health problems, for example by improving access to health checks and lifestyle services.
- ✓ Support people who have been economically inactive for long periods due to mental health problems to get back into work.
- ✓ Work with our partners over the next four years to implement the Solihull Suicide Prevention Strategy and our public Mental Health Strategy.



The Wellbeing Offer

Why is it Important?

Wellbeing refers to a combination of feeling good, functioning effectively and being healthy. The concept of feeling good incorporates not only the positive emotions of happiness and contentment, but also interest, engagement, confidence and having a sense of purpose such as working towards valued goals. It also includes resilience to cope with physical or mental illness or social disadvantage and experiencing positive relationships. A wide range of factors may contribute towards an individual's wellbeing and the relative importance of these will be different for everyone.

There are many opportunities for the care and support services provided in Solihull to promote an individual's wellbeing, prevent poor outcomes and maximise people's contribution to society.

More importantly, there is also so much more that individuals and the community can do to improve health and wellbeing, particularly with the support of the statutory and community sectors to encourage healthy lifestyle choices and the self management of health conditions. These approaches have the additional benefit of reducing demand on statutory services.

What has been done so far?

Wellbeing is influenced by our health, relationships, the environment, what we do, personal finance and our education and skills. The 'five ways to wellbeing' are a set of evidenced based actions designed to provide ways for individuals to improve their own wellbeing.

The Five Ways to Wellbeing:



Although not exhaustive, this list provides a helpful guide to what may influence wellbeing and has been promoted throughout Solihull as an evidence based approach to improving wellbeing. In order to gain further insight, a range of organisations came together to discuss the topic of wellbeing, what are the potential influences, how it can be assessed and how it can be improved.

The discussions from this workshop were captured in a number of diagrams to help develop a picture of what wellbeing may mean to people in the borough.



An example of the diagrams created during the workshop

This work has led to the development of our **Wellbeing Offer**.

This will encourage healthy lifestyle choices and independence and will empower people to self-manage their health conditions, helping them to stay healthy and independent for longer and reduce demand on services.

The 4 themes we will focus on to deliver this are:

- Enabling the person to access the right help
- Communicating the Wellbeing Offer to and engaging with our communities
- 'Making every Contact Count' – developing the skills of our workforce to deliver the offer
- Joining up services when and where we need to

Improving the wellbeing of Solihull requires a 'whole system approach', which involves a wide range of organisations across the borough co-operating and working closely together towards common goals. This includes health care, social care, the community and voluntary sector; work has already begun to strengthen the links between these organisations.

There has already been a great deal achieved in improving wellbeing for example, by providing access to information, advice and services to support people to make healthy lifestyle choices such as healthy eating, sensible drinking, being physically active and not smoking.

The essential features of this 'system' needs to be:

- People are supported and enabled to manage their own health and wellbeing
- Easy access to trusted information and advice
- Continued focus on prevention and early intervention
- Communities are enabled to make the most of the services and assets that are available.

Services provided include:

- **Health Checks Programme**
- **Health Trainers**
- **Information and Advice Hubs**
- **Health and Wellbeing in Schools**
- **Healthy Pharmacy**
- **Alcohol Identification and brief advice**

What next?

Key priorities for Solihull will be to:

- ✓ Co-ordinate and influence the provision of 'wellness services' for the community to ensure they focus on prevention and early intervention and to ensure they work together as an integrated, simplified 'whole system'.
- ✓ Focus on the four main themes identified to ensure we deliver the wellbeing offer to the population of Solihull.

Focus on the four main themes

- Access to the right help
- Communication and engagement
- Making every contact count
- Joining up services when appropriate

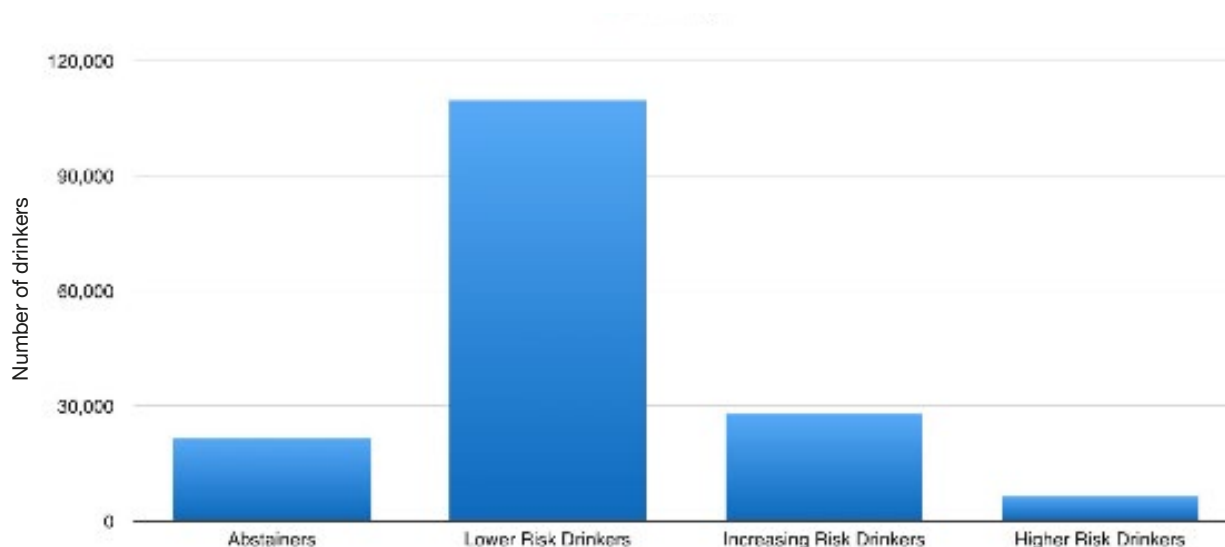
Alcohol Strategy

Why is it important?

Used in **moderation**, alcohol can form an enjoyable part of our society and lives.

However, alcohol can **be harmful to health** and may severely damage the lives of those who become dependent. Alcohol misuse can have a harmful impact on individuals, families and communities in our borough. There needs to be a **balance** between the **positive and negative influences** of alcohol and **services** in place to tackle the harms that drinking can cause.

National and local surveys provide estimates of the extent of drinking and the nature of the problem in Solihull:



The vast majority of people who drink alcohol in Solihull do so responsibly. However, a significant number of the borough’s population drink more than national guidance (14 units per week) and are putting themselves at risk.

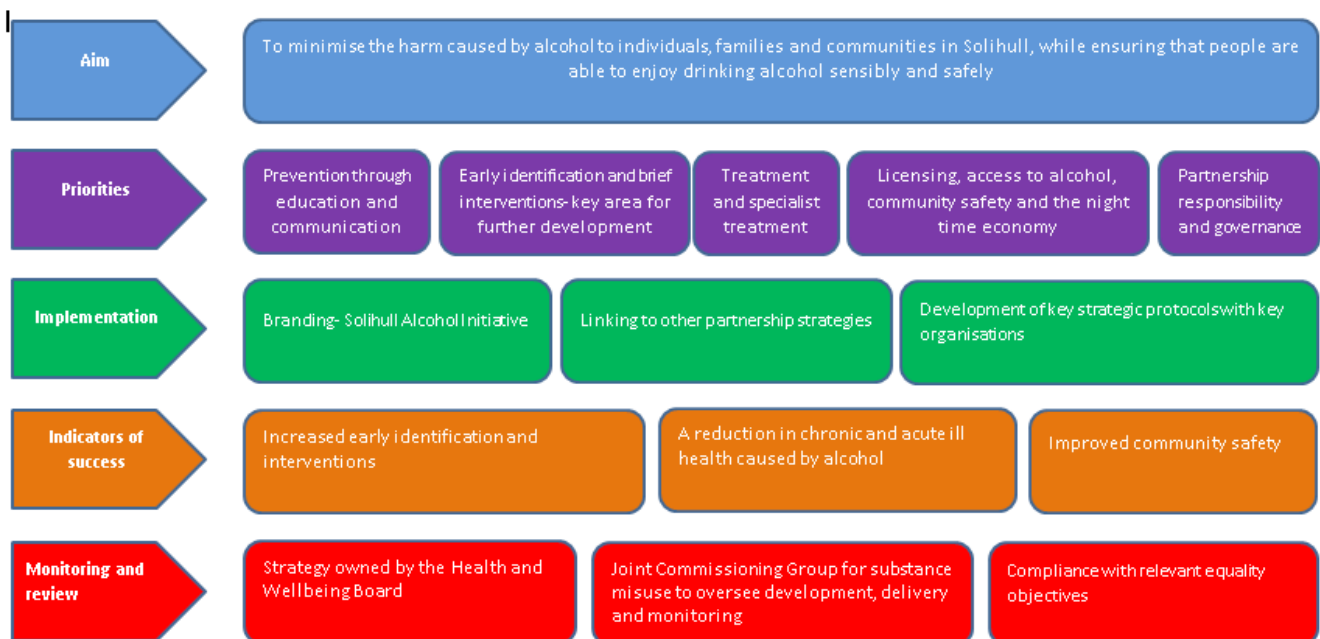
It is of concern that **over 20%** of the population are **drinking** at levels that are **risking their health and welfare**, some very seriously.

What has been done so far?

An Alcohol Harm Reduction Strategy has been developed that sets out the priorities for action and how they should be tackled.

Alcohol Harm Reduction Strategy for Solihull “Solihull Alcohol Initiative”

Strategy on a Page



Prevention through Education and Communication

85% of Solihull Schools are Solihull Healthy Schools and they will have a current drug and alcohol education policy.

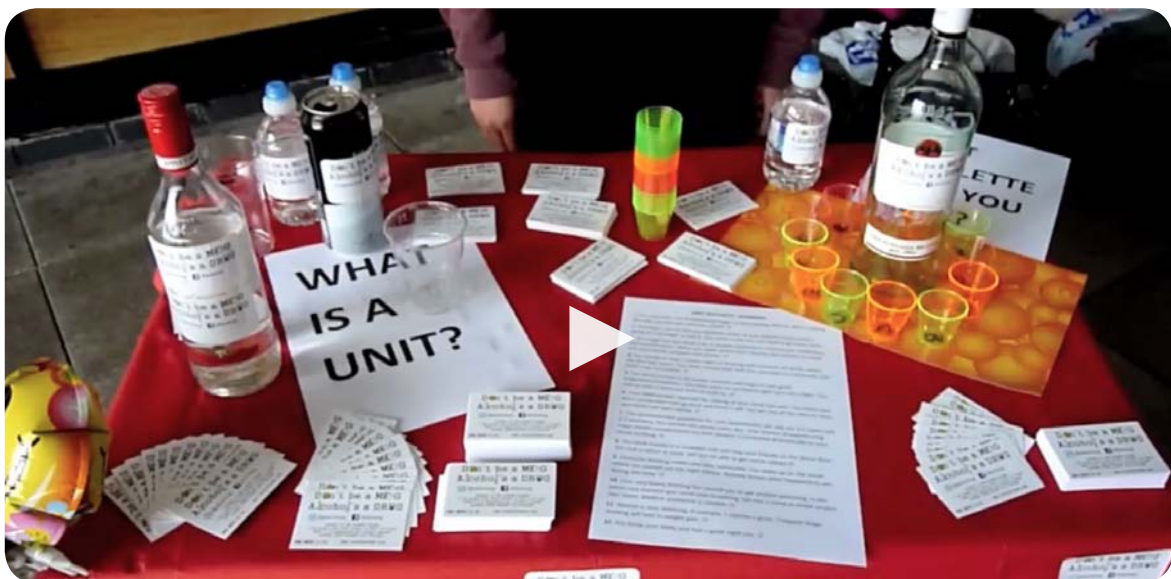
Solihull Education Improvement Service delivers 'Exploratory Behaviours' work which involves Substance/Alcohol Misuse Education (SAME) in schools and colleges.

'Chillax' events, delivered by a group of people who were previously in treatment with SIAS and are now in recovery, aim to provide harm reduction advice and information to individuals on a night out within Solihull.

SIAS (Solihull Integrated Addiction Services) delivers Alcohol Awareness training to the public and professionals to give basic information and to discuss referrals to the service.

Urban Heard is a peer-peer led behavioural change young people's engagement programme that provides effective solutions to modify young people's risky behaviours.

URBAN HEARD YOUTH ENGAGEMENT SPECIALIST



See Urban Heard in action in the following video:
<https://youtu.be/P62tEMbjczw>

Our local police are taking action to help reduce alcohol related harms, for example using breathalyser's as a method to engage and educate people as they leave the licensed premises.

A number of national alcohol specific campaigns are supported locally (e.g. Dry January).

COULD YOU USE SOME TIME OFF THE BOOZE?

Take a few days off with our new app. It shows you how you could be better off and helps you stay the course.

BECAUSE THERE'S ONLY **ONE YOU**

Early Interventions and Brief Interventions

Alcohol screening and brief interventions are currently provided through a number of different routes including GPs, Hospitals and Health Trainers.

Brief interventions include the provision of brief advice or longer more in depth sessions delivered in a structured manner to provide information and guidance on safe alcohol levels and methods of cutting down. Evidence shows that this approach can **readily be fitted** in to **many normal assessments** and can make a significant difference in our population.

SIAS deliver training within Solihull hospitals to encourage staff to use the single alcohol question to identify people that may have a problem with alcohol. They have also been working to support GP's in identifying harmful drinking.

Treatment and Specialist Treatment

Effective services and interventions to help people overcome alcohol dependency are provided by SIAS through a single point of entry.



SIAS has developed a **Frequent Attenders and Solihull Treatment Resistant (FAST)** drinker programme. Treatment resistant drinkers can be at high risk in terms of accidents, overdose, injuries and self-harm. The project aims to reduce alcohol-related ambulance call outs and hospital admissions and increase contacts with treatment services. A 12 month pilot of the programme indicates some promising results, including a reduction in 999 call-outs and A&E attendances for patients involved in the intervention.

In Action

Sam aged 58 had served 22 years in the Royal Marines. He was disabled after a car accident and had developed a dependency on alcohol. Over a period of two years Sam's situation deteriorated - he became homeless and increasingly suffered seizures brought on by drinking. Frequently, the ambulance had to be called and Sam was in hospital 31 times over the first 6 months of 2016.

Unfortunately, it took a number of months for Sam's needs to be responded to. Part of the problem was, as a proud ex-military man, he found it difficult to be honest about his situation and admit that he needed help.

It was only when the SIAS worker put all the information together and approached Sam with respect and an offer of help that Sam's real situation emerged. From then on, things were not easy – support services are difficult to co-ordinate sometimes. There were some setbacks along the way, but now, many weeks later, Sam is securely settled in accommodation, in receipt of regular benefits, pays his rent on time, has registered with a GP and has the clothes and basic goods he needs.

Sam now accepts the help of a regular support worker to keep up his progress and it's been three months now since he last needed to call an ambulance or go to hospital.

Patient, persistent, caring work such as this takes time, effort and commitment – but for people like Sam there are no real alternatives if he is to be helped to overcome his problems and find a settled and secure life.

Licensing and the Night Time Economy

The Director of Public Health provides health advice whenever alcohol licenses are granted or renewed.

Implementation of tighter licensing laws has led to reductions in underage sales of alcohol in Solihull.

SIAS are piloting staff going into pubs/clubs to engage individuals at increased risk and vulnerability due to intoxication.



What Next?

Key priorities for Solihull will be to implement the Alcohol Strategy initially focusing on:

Prevention through Education and Communication

- ✓ Challenge unacceptable behaviour linked to alcohol and encourage people to take responsibility for the impact of their drinking on their own health and the wellbeing of others.
- ✓ Raise awareness of the health risks of alcohol through consistent messages and social marketing campaigns that are relevant to the intended audience and are delivered in the most appropriate way.

Early Interventions and Brief Interventions

- ✓ Implement a consistent approach to Early Identification and Brief Intervention, in order to increase the referral rate of those people who could benefit from treatment but are not aware that they have a problem or do not know that treatment is available.
- ✓ Extend brief intervention to additional settings, for example: pharmacists, drug workers, mental health services, midwives, sexual health services and ensure more people who are drinking at harmful levels are identified and have access to treatment services.

Licensing and the Night Time Economy

- ✓ Ensure effective implementation of existing licensing legislation in relation to licensing hours, prohibition of sales to individuals who are drunk or those who are underage and where alcohol can be sold.
- ✓ Support the alcohol industry and night time economy to promote good practice and responsible behaviour.

Sexual Health

Why is it important?

Promoting good sexual health and preventing unwanted pregnancies and sexually transmitted infections (STIs) is important to individuals and to our community. It is therefore vital to have the right support and services that promote good sexual health.

Sexual health needs vary according to factors such as **age, gender, sexuality** and **ethnicity**; some groups are particularly at **risk of poor sexual health**.



Although **under 18 conceptions** in Solihull remain **relatively low**, and **below** the national average, there is **a strong association** with **poverty**, poor **educational** attainment and other elements of **deprivation**. This is seen in Solihull where teenage pregnancy rates in some of the **more deprived areas** are **twice as high** as the Solihull average.

Unplanned pregnancy can adversely affect the lives of **individuals** and their **families**. It is important that people have **children** when they are able to **care** for them – helping to give every child the **best start in life**.

Solihull has **relatively low rates** of most STIs, with 557.4 STI's diagnosed per 100,00 residents in 2015 – a reduction of 8% compared with the previous year. However, the majority of cases are in **young people** aged between 15 and 24 years who made up 56% of diagnoses of new STIs in 2015 (compared with 45% in England as a whole). Chlamydia is the most common sexually transmitted infection and screening uptake could be improved.

STIs are also strongly associated with socio-economic deprivation and there are higher rates in the more deprived areas of the borough. Black and mixed ethnicity people and men who have sex with men have a disproportionate burden of STIs.

Individuals should be able to live their lives free from discrimination, be able to make **informed** and **responsible choices** about relationships and sex, and look after their sexual health, free of the burden of **unplanned or unwanted pregnancy** and of **STIs**.

The Council has the responsibility to ensure that there are effective local sexual health services, so that people:

- have access to the full range of contraception choices and can obtain their chosen method quickly and easily
- can control and plan the number of and spacing between their children
- get free, confidential testing and rapid treatment for STIs
- get support to build personal resilience, self-esteem and promote healthy choices
- are protected from the risks of sexual exploitation, abuse or violence

What has been done so far?

Local sexual health services have been fundamentally **re-designed** to create a more **up to date, accessible and effective** service for local people. It was also a priority that they deal **more responsively** with emerging issues around **sexual exploitation** and **modern slavery**, especially of children and young people who are particularly at risk.

In August 2015 the new sexual health service called 'Umbrella' opened, provided by University Hospitals NHS Foundation Trust (UHB) in partnership with a number of other organisations, who work with specific communities or provide specialist services. The organisations include:



Link to Umbrella website <https://umbrellahealth.co.uk>

Specific improvements to the quality of the service include:

Specialist STI testing and treatment services are provided **locally** within Solihull by Umbrella Health. Previously people had to travel to Birmingham for STI testing and care. Clinics are **open more days** and for **longer hours** than previously.

All **Umbrella** clinics have a '**one-stop shop**' approach providing a full range of contraception options, **testing and treatment** for STIs (including HIV testing) in **one place**, making the process more convenient and efficient.

People can find **information** about sexual health as well as **make appointments** in clinics online. Services are promoted through **social media campaigns**.



Self-sampling STI test kits are accessible through the website for over 16s, which may avoid the need to even go to the clinic. The kits can be ordered online and sent out in the post or collected from designated sites and returned by post. This approach is more convenient for patients, popular and cost effective (10% of STI tests for Solihull residents are now self-sampling kits). See how this works in the video opposite.



<http://ssk.umbrellahealth.co.uk/returning-samples>

Sexual Health services have to be alert to the dangers of sexual exploitation, abuse and violence. The scale and extent of sexual violence perpetrated in this country is increasingly being recognised.

One of the settings in which the first disclosure of rape or sexual assault occurs, is often an NHS Sexual Health Clinic. Umbrella now routinely enquire about experiences of rape and sexual violence to aid with disclosure and so support can be offered. They have also introduced routine screening questions for all people under 18, designed to identify risk of child sexual exploitation.

Umbrella works in partnership with Independent Sexual Violence Advisors (ISVAs) to support patients and provide Abuse Survivor Clinics. They also train all staff to work sensitively with patients who disclose abuse and violence.

What next?

Key priorities for Solihull will be to:

- ✓ Improve the awareness of young people about sexual health and related services, so that they can protect themselves from STIs, unwanted pregnancy and abortion.
- ✓ Ensure services are 'young people friendly' and readily accessible.
- ✓ Ensure that young people who are sexually active understand how to look after their sexual health by making sure they have the appropriate information, advice and support.
- ✓ Ensure that effective contraception options such as Long Acting Reversible Contraceptives (LARC's) are widely and easily accessible to all in Solihull.
- ✓ Improve the uptake of Chlamydia screening and testing for other STIs.
- ✓ Support schools to provide relationships and sex education including information for young people about where and how to get advice and contraception.

Behaviour Change Strategy

Why is it important?

Achieving behaviour change lies at the heart of all public health interventions to improve health and wellbeing; and many other Council and NHS activities.

Influencing people's behaviour is nothing new to Government: tools such as legislation, regulation or taxation have often been used to achieve desired outcomes.

However, many of the biggest challenges we are now facing, such as the increase in people with long term health conditions, will only be resolved with a sophisticated approach to behaviour change.

There is growing body of evidence of what works to improve health related behaviour. The National Institute for Health and Clinical Excellence (**NICE**) has recommended that **local policy makers** and **commissioners** of behaviour change services develop a Local Behaviour Change Policy and Strategy in order to ensure that interventions are **cost effective** and **maximum benefits** are achieved.

A key priority this year therefore has been to develop the Council's Behaviour Change Strategy.

What has been done so far?

The Behaviour Change Strategy has drawn on a number of key theories and models relating to behaviour change, including:

Changing Behaviour by Changing the Environment (Choice Architecture)

Interventions that rely solely on providing people with information often aren't effective in terms of changing people's behaviour.

In reality, individuals often do not make considered decisions about how to behave in a given situation, but rather simply respond to their environment automatically, for example, using vending machines because they are there.

There is increasing evidence that future population behaviour change efforts need to focus on changing environments. Approaching behaviour change in this way is often termed 'choice architecture' or 'nudging' people to change their behaviour.

In action

Since portion sizes have crept up over the past few decades, it has been demonstrated that simply utilising a portion control plate can reduce calorific intake by around 16% in the average adult. [Marteau et al]

Changing Beliefs to Change Behaviour

There is general consensus that a person's beliefs influence their behaviour. For example, two commonly held beliefs many smokers hold, which often justify them continuing to smoke are, "*If smoking was that bad for me then cigarettes would be illegal*" and "*I'm very stressed – smoking helps me relax.*"

When these beliefs are successfully challenged, sustained behaviour change (smoking cessation in this instance), then becomes more likely. Changing beliefs underpins many Behaviour Change models.

In Action

One of the most innovative behavioural insight interventions by West Midlands Police and the Behavioural Insights Team is a message written on cell walls in police custody suites.

The messages were written with the help of an ex-offender who wanted to help others to turn their lives around. They aim to reduce reoffending by prompting detainees to identify the triggers and obstacles that might make them more likely to reoffend in the future and encouraging them to consider steps they could take to avoid those triggers.

Behaviour Change in Communities

The basic premise is that **people and communities** should be put at the **heart of behaviour change interventions** - focusing on **what's important** to people, what **skills and attributes** they have and the **role** of their **family, friends and communities**. Once this is established, it is then possible to gain an insight into what they need to enable them to live as well and as healthy as possible.

Strengthening Communities

Strengthening communities is a key priority for Solihull Council and its partners. Community engagement and participation (the behaviour we would want to achieve) is an essential part of achieving this aim.

In addition, there is good evidence that community engagement improves health and wellbeing and is cost effective. It does not necessarily require additional funding, but rather a re-organisation of how services are designed, delivered and supported.

Central to community engagement and participation is the need to see communities as not passive recipients of care but as active participants in their own health and wellbeing.

In Solihull, there has been some progress with utilising this approach, and there are a number of local examples, most notably the Gro-Organic Victory Garden.



Social Marketing

Social marketing is used to change or maintain people's behaviour for the benefit of individuals and society as a whole. It is based on an understanding of what motivates people to change or what prevents them from doing so. Solihull Council and partners have used Social Marketing with some of its campaigns to tackle issues such as breastfeeding uptake and more recently Domestic Abuse.

In Action

Every year it is thought that 7000 people in Solihull (women and men) will experience domestic abuse.

There are many myths surrounding domestic abuse, including:

“If it was that bad they'd leave”

“It's not really abuse. They've never been hit”

“It's between them. It's nobody else's business”

A social marketing approach was used to raise the profile of domestic abuse and communicate messages to the community that would challenge perceptions of what domestic abuse is and encourage a change in attitudes.



What Next?

Key priorities for Solihull will be to:

- ✓ Implement the Behaviour Change Strategy and Action Plan to enable the application of a systematic and evidence based approach to behaviour change interventions.
- ✓ Ensure training is provided to the relevant workforce in the design, implementation, delivery and evaluation of behaviour change interventions.
- ✓ Embed behavioural science within Council quality improvement approaches to improve the design, development and implementation of interventions where behaviour change is the main outcome.
- ✓ Ensure that services where behaviour change is a core component are commissioned in line with a set of principles. Such as: demonstrates evidence of effectiveness, accurately follows the specification and evaluation is integral to service delivery.

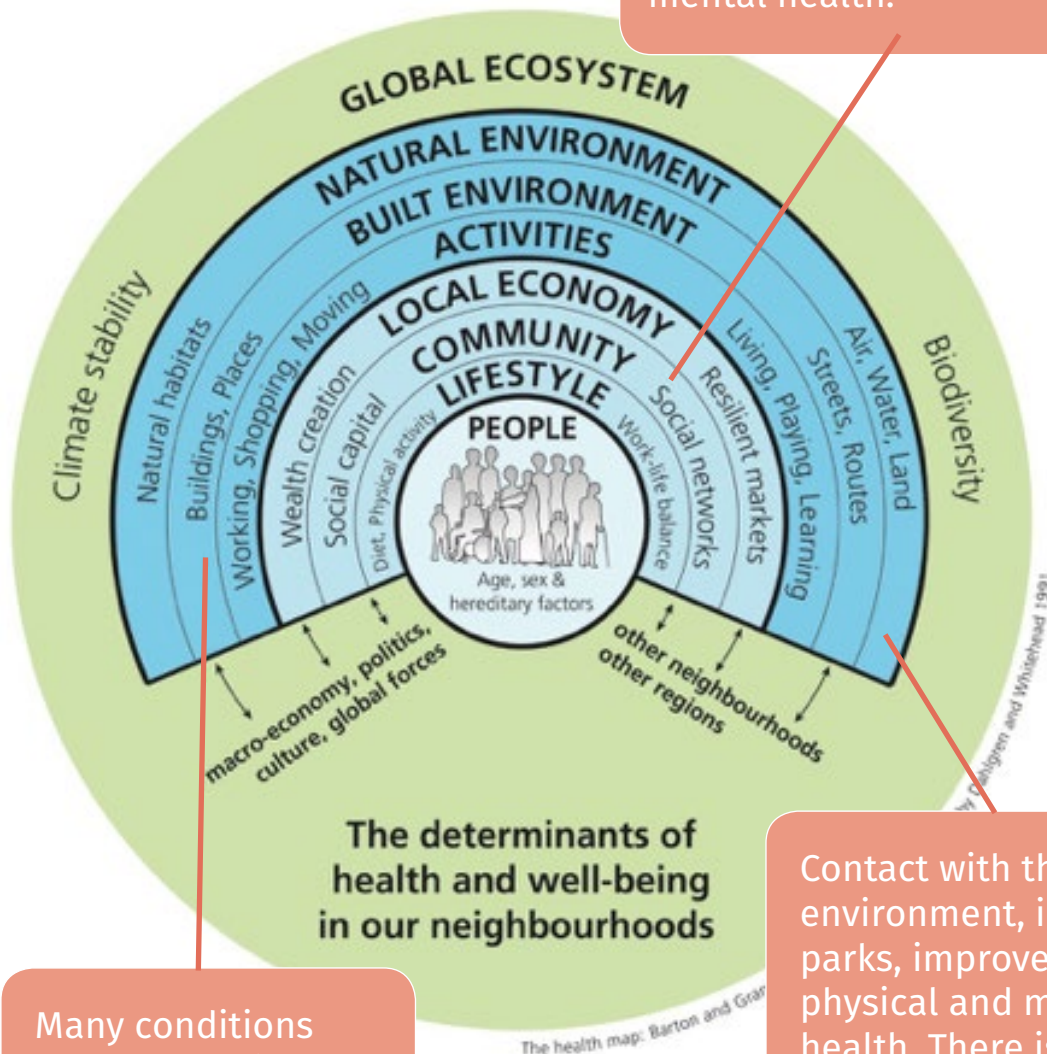
Healthy and Sustainable Places and Communities

Healthy and Sustainable Places and Communities

Why is it important?

Health, wellbeing, health inequalities and associated lifestyle choices are largely determined by living conditions and wider social, economic and environmental factors, including where people live, level of poverty and support in the community.

A healthy community is one which supports healthy behaviours and enhances people's physical and mental health.



Many conditions such as obesity, heart disease and mental health conditions have been linked to the environments in which people live and work.

Contact with the natural environment, including parks, improves both physical and mental health. There is also growing appreciation of how the impacts of climate change and extreme weather events will disproportionately affect the most vulnerable members of society.

What has been done so far?

The Council is tackling these wider social and economic determinants of health by promoting collaboration across Council teams, with partners and with the community (i.e. adopting a 'whole system approach').

Planning

The **Local Plan** has been reviewed and will play an important role in ensuring new development proposals in Solihull promote, support and enhance physical and mental health and wellbeing. A specific policy has been developed within the Local Plan which sets out how this will be achieved.



Environment

Having clean air to breathe helps to keep everyone healthy. The Council is currently testing the **air quality** at 24 sites across the borough to assess levels of pollutants in the area and whether they could potentially be harmful to health. This information will guide future work to reduce air pollution in the borough.

The Council is taking a co-ordinated approach with partners to improve the quality of the environment.

In order to support health-promoting environments, an integrated work programme is being developed with designers and developers, which will look at the impact on health at every stage of the development process.

The Council recognises that such a coherent and integrated approach focused on places and people is the most sustainable way forward.

Housing and Income

During the winter months, mortality rises by an average of 19%. Women aged over 75 years, with a pre-existing health condition, are most at risk. People living in poorly heated or cold homes are also in greater danger.

In 2016, Age UK created a database of those most at risk of the effects of cold weather and therefore most likely to require health or social care services. With their consent, they received information, tips on keeping warm and educational messages prior to and during the cold weather as part of the Winter Warmth Campaign.



Winter Warmth

The Solihull Winter Warmth Campaign is an excellent example of partnership working. It has brought together both statutory and voluntary organisations and the private sector and is delivered by Solihull Age UK. It focuses on:

- Providing timely support and assistance to vulnerable residents to prevent crisis occurring.
- Providing emergency equipment and assistance when heating breakdown occurs.
- Providing referral pathways for appropriate support for both the public and professionals.
- Providing awareness training for frontline professionals across Solihull
- Providing a proactive approach to targeting those most at risk during the coldest periods.

In 2016, the **Solihull Healthy Homes Project** funded by the British Gas Energy Trust, has been complementary to the Solihull Winter Warmth Campaign. The Healthy Homes Survey is being used alongside the existing Cold Homes and Energy Survey, and has identified and resolved additional issues affecting the person or the household.

National Energy Action in their recently published research 'Get Warm Soon', recognised Solihull as an excellent example of good practice demonstrating how the Solihull Health and Wellbeing Board and Council are tackling the health inequalities of living in cold homes, prioritising both fuel poverty and excess winter deaths.

In Action

Mrs D, aged 77, with health problems and in receipt of Pension Credit, rang the Winter Warmth Helpline due to concerns regarding a boiler that worked intermittently meaning there was often no heat or hot water in the house. Mrs D had various engineers out to repair the boiler but the problem persisted and Mrs D was told she would need a new boiler.

The Winter Warmth Campaign provided Mrs D with 2 temporary oil-filled radiators and an electric

blanket and then liaised with Warm Zone on the best course of action to take. Mrs D was referred for a new boiler through Health through Warmth. The application for a new boiler was unfortunately rejected.

Staff at the Winter Warmth Helpline then researched a local plumber who had expertise in the make of boiler. The boiler was successfully repaired. Mrs D rang the Winter Warmth helpline to compliment the scheme.

Transport

Solihull Connected Transport Strategy helps us create the conditions which encourage people to choose sustainable forms of transport (walking, cycling and public transport).

It contributes to the Council's priorities to support people's everyday lives and improve health and wellbeing through the promotion of smarter choices programmes linked to major and local infrastructure investment.



In Action

Solihull Wheels for All

Solihull 'Wheels for All' is a cycling session for all abilities, with traditional and adapted bikes available. The sessions enable people with a disability or restricted mobility to experience the fun of cycling. The sessions are suitable for anyone, from complete beginners to those who need support to increase balance and confidence.



What Next?

Key priorities for Solihull will be to:

- ✓ Ensure that the future development of Solihull and its environment maximises the opportunities to improve health and wellbeing and is informed by an assessment of the potential impacts on health, ideally at an early stage in the planning process.
- ✓ Utilise the results from the 24 air quality sampling sites to create a Council plan for reducing air pollution in the borough.
- ✓ Utilise opportunities through Solihull Connected (Solihull's Transport Strategy) to increase the number of people walking and cycling for everyday journeys and subsequently reduce air pollution.
- ✓ Support the Youth Employment Initiative to help young people (15–29) with health conditions get into Education, Employment or Training.
- ✓ Support the joint work between the Combined Authority and Department for Work and Pensions to help people who have a disability, the long term unemployed and disadvantaged groups to find sustained work.
- ✓ Identify and train public health champions in the Council to ensure public health thinking is embedded across all aspects of policy relating to the wider determinants of health.
- ✓ The Council and its partners should develop a whole system approach to meeting both the priorities for economic growth within Solihull and the longer term needs of a healthy population.
- ✓ Improve access to and the use of high quality open green spaces for everyone in Solihull, in order to improve both physical and mental health.
- ✓ Work with the Chamber of Commerce to promote the health and wellbeing of employees.

Giving Every Child the Best Start in Life

Why is it important?

The first few months of life, through to childhood and the teenage years, have a substantial influence on an individual's future health and wellbeing.

Key outcomes for children and young people to achieve a 'best start in life' include:

- ready to learn at 2 years of age
- ready for school at 5 years of age
- have good emotional wellbeing and mental health
- be a healthy weight

In order to achieve these outcomes services and interventions will need to be **child and family focused**, be provided **prenatally**, throughout **pregnancy** and into **early years**.



What has been done so far?

There are three main areas of progress:

Healthy Child Programme 0 – 19 years

Infant Feeding Support

The re-accreditation of the Infant Feeding Support Service as **UNICEF Baby Friendly** with full Level 3 accreditation is an immense achievement.



This recognises that the support provided by the health visiting services and the specialist Infant Feeding Support Service are of **high quality** and **promote secure attachment** of parents and infants alongside **expert infant nutritional advice**.

There are a number of **short** and **long term health benefits** of breast feeding for both **mum** and **baby**.

- Benefits for babies include a lowered risk of infections and sudden infant death syndrome (SIDS) and a reduced risk of obesity and heart disease in the future.
- For mothers who breast feed, benefits include a lowered risk of breast cancer, obesity and heart disease.

Support is particularly focused in north Solihull where the rates of breastfeeding are lower than the south, directly tackling health inequalities.

It is recommended that babies are **exclusively breast fed** for the **first six months of life**. However, **any length** of breast feeding can be **beneficial**.



For more information see a local infant feeding cafe video
<https://youtu.be/vlBlALPls3I>

Healthy Child Programme

The Healthy Child Programme (0–19 years) has been re-designed and **brings together a number of services** into one seamless service (including Health Visiting, Intensive Home Visiting for Vulnerable Families, Infant Feeding Support and School Nursing).



Services are delivered at 4 levels:

- community
- services for every family (Universal)
- specialist advice for families (Universal Plus)
- long-term complex support (Universal Partnership Plus).

The service will deliver **8 health checks** across the life course from 0–19 years of age.

It supports families with:

- **parenting**
- **mental health**
- **breastfeeding**
- **vitamin supply**
- **managing minor illnesses**
- **healthy eating**
- **accident prevention**
- **managing risky behaviour**
- **physical activity**
- **health support to schools**

The service works in **partnership** with organisations across the **Early Help system** to ensure that children and families are supported effectively at the **earliest opportunity** before problems escalate, ensuring that families experiencing the **worse** problems have **proportionately greater support**.

Parenting

“Parenting is the biggest single factor affecting children’s wellbeing and development” Public Health England and the Local Government Association, 2016

A new **multi-agency Parenting Strategy** for Solihull has been developed which aims to **offer age-appropriate, evidence-based support and parenting education** to parents/carers.

The strategy was developed following **extensive research**, work with an expert in infant mental health and **consultation** culminating in 494 responses (93% being parents and carers themselves).



The Parenting Strategy and the Healthy Child Programme have been based on the principle of secure parent and child attachment. A secure attachment can help to protect a child from adverse experiences in childhood.

The strategy details the offer to families across the life course from 0-19 years and includes:

Solihull Approach Antenatal Parenting Course

Solihull Approach ‘Understanding Your Child’s Behaviour’ Course

Solihull Approach Postnatal Parenting Course

Key to the parenting offer is enabling parents/carers to support one another (peer support).

eat well, move more

Childhood Obesity

'Eat Well Move More' family weight management and healthy lifestyles programme is provided to **families** with children **aged 4-16 years** who have **concerns** over their **child's health** and would like **support** and **guidance** to make **healthy lifestyle changes**.

The **programme** includes:

- healthy eating and nutritional advice
- tips and ideas for being more active
- fun activities and games
- interactive resources for the whole family to get involved.



The service is kept under close review by an advisory group which includes independent experts.

Children and young people who are overweight or obese are encouraged to access the free service. Over the last year, 'Eat Well Move More' has begun to offer services in primary schools where needs are greatest as identified by the National Child Measurement Programme (NCMP) data.

Obesity has a wide range of inter-connected causes and in recognition of this an **obesity strategy** has been developed. The development and implementation of the strategy is being supported by Leeds Beckett University who have been commissioned by Public Health England to develop a 'whole system approach' to tackling obesity. The ambition is to determine how the council, working with its partners and our communities, can establish an effective, sustainable, system-wide approach to tackling obesity and physical inactivity, including disrupting the effects of the obesogenic environment.

The term 'obesogenic environment' refers to the role environmental factors may play in determining the availability and consumption of different types of food, as well as the levels of physical activity people engage in.

What Next?

Key priorities for Solihull will be to:

- ✓ Implement the new Healthy Child Programme Service (0-19 years) ensuring that the quality improvements and greater levels of service integration are achieved.
- ✓ Implement the Parenting Strategy, in collaboration with the Healthy Child Programme Service, ensuring good uptake of the Parenting Offer by all families.
- ✓ Implement the obesity strategy ensuring it focuses on Solihull priorities, engages communities and adopts a system-wide approach to reducing obesity and physical inactivity.
- ✓ Develop the 'Eat Well Move More' service so that it increases its contribution to reducing obesity and physical inactivity in collaboration with schools and the Healthy Schools team.

Ageing Well

Why is it important?

Solihull has a higher proportion of its population aged over 65 and over 85 years than England overall, and is predicted to age further over the next twenty years. In ten years time, half of the population in Solihull will be older adults or pensioners.

Long term conditions (such as heart disease, chest disease, cancer, mental health, dementia) are more common in older age and an ageing population will increase the demand on health and care services. 58% of those aged over 60 years report having one of these conditions; 25% have two or more.

It is therefore important for there not only to be a **co-ordinated approach** to ensure adequate provision of health and social care to meet this **increasing demand**, but also to promote activities that enable the adults to 'age well' and remain healthy and independent for as long as possible into retirement years.

What has been done so far?

A review of current programmes that support people to age well has been undertaken, in line with the West Midlands Healthy Ageing ten priorities, to identify where improvements could be made. This review has built on the Solihull Together programme to support older adults that was established in 2015. Work so far towards a number of these priorities has included:

Falls prevention and fragility

A falls needs assessment and service review has been undertaken in conjunction with Solihull Clinical Commissioning Group to inform the development of an integrated falls service for Solihull.

An example of a service provided within the borough are the Postural Stability Classes delivered by Age UK. Designed for those age 65+ with a history of falls, the classes have a number of potential benefits, for example helping to maintain independence.

Physical Activity for Older People

Maintaining a physically active lifestyle in older age brings a wide range of benefits for both physical and mental wellbeing. It can also be beneficial in other areas, including the prevention of falls and in reducing social isolation. A number of programmes have been developed in order to support this.

In action

'Step into Solihull' is a physical activity programme targeting over 45's to improve their health. The programme includes 15 local walks and a range of gentle exercise classes at community venues. The walks have 366 individual participants, generating 4326 attendances on walks.



The programme recruits, trains and supports over 20 volunteer walk leaders and is accredited as part of the Walking for Health scheme.



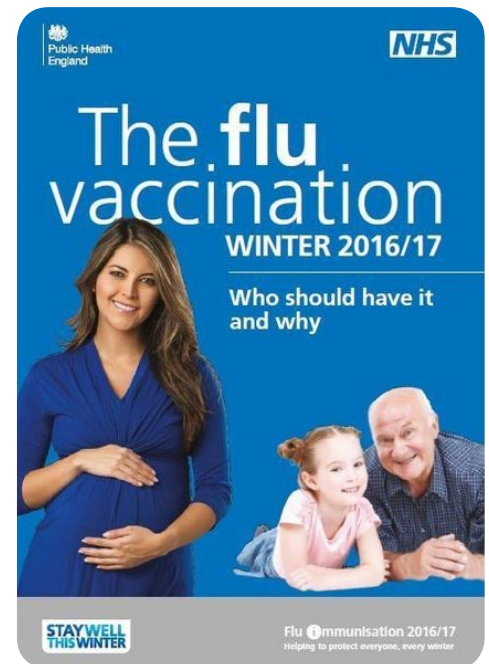
The gentle exercise sessions including tai chi, yoga, walking football and dance, take place at a range of venues across Solihull. The community exercise classes had 324 participants and 3748 attendances.

A range of physical activity based rehabilitation programmes for people with long term conditions such as heart conditions, chest disease, cancer, multiple sclerosis and Parkinson's have also been established.

Flu vaccine with a focus on those with Long Term Conditions

Having an annual flu vaccine is the best protection we have against an unpredictable virus that can cause severe illness and a number of deaths each year. The seasonal flu vaccination programme is delivered through GP practices and pharmacies supported by Public Health England and Solihull Council Public Health colleagues. Local agencies work together to support the increased uptake of immunisation.

In 2015/16, 67.7% of over 65s in Solihull took the opportunity to have their annual flu immunisation.



Social isolation and loneliness

Social isolation and loneliness has been identified as a key priority for healthy ageing along with the development of stronger and supportive communities. Social isolation and loneliness increases the risk of poor mental and physical health, including dementia and decreases life expectancy. Preventing and alleviating loneliness is vital to enable older people to remain independent for as long as possible.

The tool kit developed by Age UK and the Campaign to End Loneliness is being used to inform the development of a programme to reduce social isolation within Solihull.

What Next?

Key priorities for Solihull will be to:

- ✓ Implement a programme to reduce social isolation and loneliness with the help of local communities and volunteers.
- ✓ Support the development of environments that enable healthy ageing and independent living.
- ✓ Develop and expand physical activity opportunities for older people.
- ✓ Tackle the wider determinants of health of older people such as healthy standard of living, meaningful activity, housing and fuel poverty.
- ✓ Support the development of integrated health and social care services that promote self care, independence and improved health and wellbeing.
- ✓ Develop and implement a comprehensive falls prevention programme and integrated falls service.

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