

Strengthen the Role and Impact of Ill Health Prevention – Living Well

Why is This a Priority in Solihull?

- Life expectancy has increased for all communities however has increased at a faster rate in the most affluent sections of the community; recently the gap in life expectancy has reduced in men but not in women.
- Heart disease, stroke, and cancer are the major causes of premature death.
- Cancer is responsible for the largest proportion of premature deaths.
- Incidence and mortality from breast cancer and skin cancers are higher than national and regional averages; malignant melanoma has trebled since 1985 (although the numbers of deaths are small, representing less than 2% of all cancer deaths).
- Smoking is the single most preventable cause of ill health and yet one in five people continue to smoke.
- Obesity levels are predicted to increase in the future; 10% of Reception children and 18% of Year 6 children are obese.
- Drinking alcohol hazardous to health is common (37% men; 16% women; equivalent to 33,000 Solihull residents); causing health, mortality, hospital admission, economic and social disorder problems.
- 550 adults are currently in treatment for illegal drug addiction (estimated need = 1008); the most common illegal drug is heroin (80%); cannabis and alcohol are the most common in young people.
- Long-term conditions are common particularly in older people; they are more prevalent in deprived communities, e.g. heart disease, stroke, diabetes, lung disease.
- Unhealthy behaviours (e.g. smoking, drinking alcohol, unhealthy diets, lack of physical activity) are established in young people.
- Mental ill health is relatively common affecting one in five adults; emotional and behavioural problems are also common in young people.
- Communicable diseases are still responsible for a considerable amount of preventable morbidity particularly in vulnerable groups and are a source of health inequality.

What Do We Need to Do in Solihull?

- Develop prevention and treatment services to reduce premature mortality from heart disease, stroke, and cancer; progressively targeted in relation to need.

- Integrate, expand and improve access to comprehensive lifestyle management services, supported by other behavioural change and engagement programmes (e.g. social marketing approaches).
- Develop and implement awareness and early intervention programme for cancer, targeted on those cancers and communities where premature mortality is high.
- Development of services for the prevention and treatment of alcohol misuse.
- Improve the care of people with long-term conditions.
- Implement the children and young people's Emotional Wellbeing and Mental Health Strategy.
- Develop and implement a multi-agency Health Protection Strategy; improve uptake of immunisations, particularly for seasonal flu, whooping cough and MMR.
- Develop a more integrated Lifestyles Management service, with a single point of contact, involving all lifestyle services, which supports self regulation and management of lifestyle behaviours.
- To expand the Public Health Workforce by developing the role of 'Health Champions' within workplaces and the community and through the Making Every Contact Count initiative.
- To support workplaces and other organisations through vehicles such as The Responsibility Deal and Making Every Contact Count Implementation Guidance to create a culture of supporting the attainment of Healthy Lifestyles amongst their employees and customers.