

Solihull Health and Wellbeing Strategy

2019-2022



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Foreword

Solihull is a good place to live - well connected with significant economic assets and transport infrastructure, an attractive environment and good local services. Many people say that they like living here, feel connected to others and are satisfied with life overall.

Our borough also faces challenges in the years ahead - particularly in how to ensure that good opportunities are available for everyone and in meeting the needs of an ageing population.

Solihull's Health and Wellbeing Board published its first strategy in 2012. Since then we have seen collaborative projects across the borough successfully delivering on the aims of the strategy.

Through this work we have developed shared principles and values that we believe should drive the next steps on our journey together. These include a stronger focus on building on the assets we have locally in our communities, working differently with our communities to co-develop solutions and finding ways to reprioritise resource so that we invest in prevention in order to reduce demand and keep people healthier for longer.

A great deal of energy and enthusiasm has been spent delivering initiatives and programmes to improve the health and wellbeing of Solihull. Integrated arrangements have also been implemented, with organisations working together to improve health and wellbeing of the population.

Locality working is of pivotal importance to our success. This was recognised in Solihull's recent Delayed Transfer of Care (DTC) Peer Review Report which acknowledged the development of the three localities in Solihull looking at ways to engage with local people and

communities, and now developing in partnership with the newly developing Primary Care Networks (PCNs).

There has also been substantial redesign of key local services, including our 0-19 healthy child programme which provides support and advice to all new mothers, in the early years and into primary and secondary school and also supports community peer mentors. Our new lifestyle services provide information, advice and support on smoking, healthy weight and mental health to help people live healthy lives.

In 2005 Solihull Council signed a 15 year Regeneration Agreement which created the North Solihull Partnership with the aim of bringing about the physical, social and economic regeneration of North Solihull. The regeneration of Chelmund's Cross village centre and Smith's Wood village centre have been successfully completed with the delivery of new homes, including specialist care homes, new primary schools, health centres, office and retail facilities as well as improved open space and play facilities. The redevelopment of Kingshurst village centre is currently in progress. We also want to take advantage of wider investment in the sub-region to grow local jobs and skills which is key to longer term health improvement.

Despite this innovative work, some significant issues remain in Solihull. These are highlighted in our joint strategic needs assessment and witnessed by people living and working in our borough. Life expectancy across the borough has increased by an average of 3 years since the start of this century. However, as is the case nationally, this is starting to level off and there is a difference in the number of years people live in poor health in the north of Solihull compared to the borough as whole.

Section 1 | Introduction

Increasing the number of years people live in good health through some of the wider factors that affect long-term life expectancy such as continued focus on education, skills, employment and regeneration as well as supporting people to take control of their own health and access good local services will continue to be important. Sustained work is underway to assess the impact of existing investment and interventions to improve life chances across the borough and this will continue to be a priority.

Solihull has many strengths to call on. We have a vibrant voluntary and community sector, growing community centred approaches and strong health and care organisations. There is a strong partnership ethos across the public sector and desire to make a difference. We will build on these strengths, making the most of the opportunities to further tackle the inequalities we see. Our focus will be to create conditions for communities to thrive where everyone has an equal chance to be healthier, happier, safer and prosperous through growth that creates opportunities for all.

Reflecting the life course approach taken by the Birmingham and Solihull Sustainability and Transformation Partnership (STP) in the Live Healthy, Live Happy Strategy, we have identified four priority areas where the biggest differences can be made.

This is a key step to improving our borough's health and wellbeing. We recognise that alongside this strategy, communities and professionals are already making a huge contribution to tackling health inequalities in their daily working lives.

There are no quick wins and it may take years to start seeing an impact on some of those long-standing problems but we can take action now.



Cllr Karen Grinsell

Chair, Solihull Health and Wellbeing Board and Cabinet Member for Adult Social Care & Health



Dr Peter Ingham

Vice Chair, Solihull Health and Wellbeing Board and Clinical Chair, NHS Birmingham and Solihull CCG

What is included in the strategy?

This document begins by summarising the role of the Health and Wellbeing Board. It then moves on to outline the approach taken in producing this strategy before summarising the four main priority areas. For each priority area, a summary of the issue is outlined together with a brief description of some of the work already taking place, before providing a little more detail on the priority itself. The document lists some of the indicators that will be monitored to help us understand the impact of the changes we are making.

What is the role of the Health and Wellbeing Board?

The main purpose of the Health and Wellbeing Board is to provide a forum in which key leaders from the local health and care system work together to improve the health and wellbeing of their local population from pre-birth to end of life. The Board also fulfils the statutory requirement for a Children's Trust Board to improve outcomes for children and young people aged 0 – 19, and for some young people such as those with learning disabilities and care leavers up to the age of 25.

Health and wellbeing (and associated behavioural risk factors) are largely determined by living conditions and wider social, economic

and environmental factors. Many conditions such as obesity, heart disease, stress and mental health have been linked to the environments in which people live and work. The diagram on page 6 has been produced by the Health Foundation and highlights the factors which contribute to making us healthy. When using the term health this includes both physical and mental health.

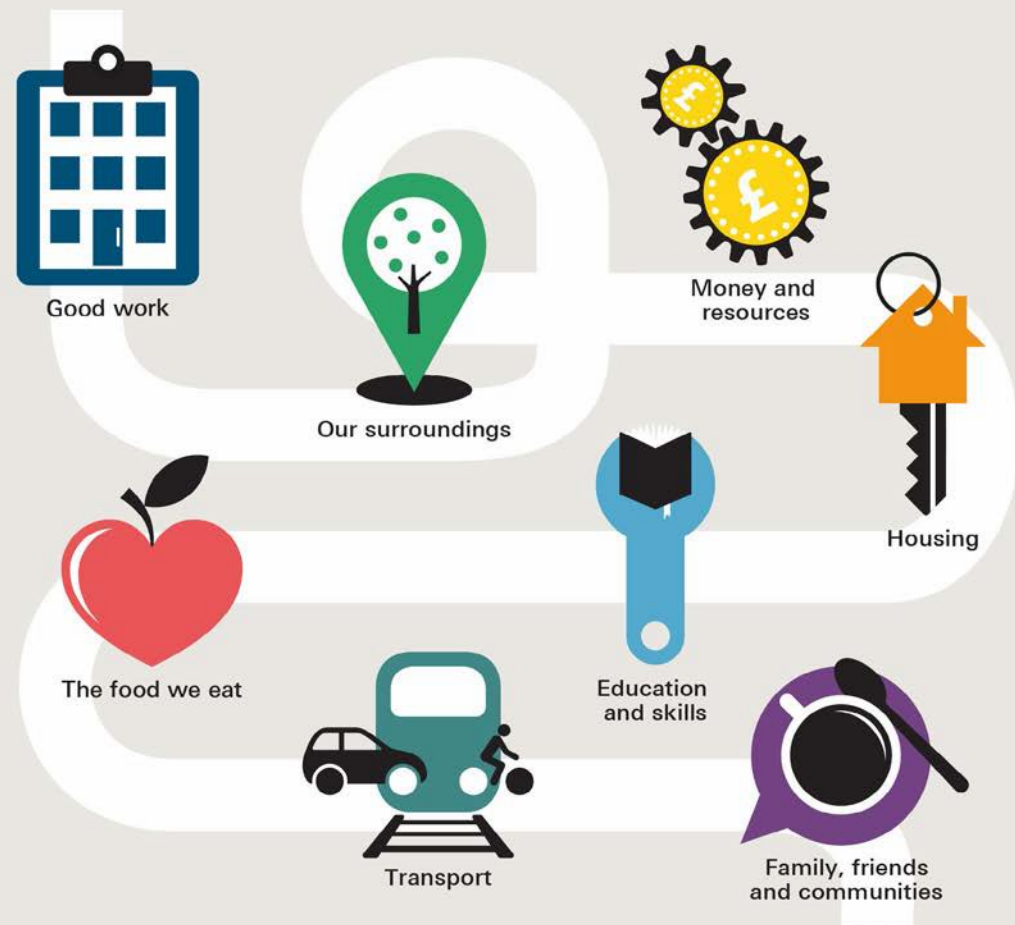
Our health is shaped not by one single issue, but by a complex mix of environmental and social factors which will differ from place to place. For this reason the Health and Wellbeing Board is ideally placed to lead interventions to improve the health of local people.

Each local area will have different causes of health inequalities; have different assets available and a range of different potential solutions. The solutions to improving health are not solely found in health and social care services. Rather they are found by partners, which includes local communities, working together to provide place-based action, with system leadership provided by the Health and Wellbeing Board to address the wider determinants of health.

What makes us healthy?

Good health matters, to individuals and to society. But we don't all have the same opportunities to live healthy lives.

To understand why, we need to look at the bigger picture:



The healthy life expectancy gap between the most and least deprived areas in England is over **18** YEARS

Find out more: [health.org.uk/what-makes-us-healthy](https://www.health.org.uk/what-makes-us-healthy)

What is the role of Solihull Together?

The Health and Wellbeing Board has mandated the Solihull Together Board to take forward the improvement and development work associated with delivering the multi-agency elements of the Health and Wellbeing Strategy and similarly the Solihull-related elements of the STP (where it has been agreed for delivery to be at a local 'Solihull' level). So Solihull Together has had, and will continue to have, an important role acting as both a Partnership Board and also a Programme Delivery Board for the work-streams mutually agreed as reporting to it.



This strategy has been developed using findings from the joint strategic needs assessment, local intelligence and engagement with key stakeholders interested in health and wellbeing. It very much builds on the wealth of experience accumulated over the years across Solihull as well as considering successes from elsewhere.

As part of the strategy development, members of the Board and key stakeholders were brought together to consider the various sources of information. Consensus was reached by this group that greater impact could be made if the Board focus on a smaller number of priorities. The group recommended that these areas should be centred around those issues which truly require a multiagency response and that the Health and Wellbeing Board needs to remain strategic considering the 'big conversations'.

It also agreed that the Health and Wellbeing Strategy should be used to underpin the 'place based' approach across Solihull and feed into the wider Birmingham and Solihull Sustainability and Transformation Partnership (STP).

Locality working will be pivotal to the delivery of this strategy. Locality working is not a priority on its own, rather its implementation supports action throughout the priority areas and will have a positive impact on wider inequalities. By their nature the three localities bring together local communities and professionals. Each of the locality plans will evolve drawing on both formal and informal feedback. As they develop they will build a richer picture of need, assets and the positive change that can be taken to address some of the determinants of health. Importantly the work is practical and action based empowering those involved.

The Health and Wellbeing Board will champion locality working as a fundamental mechanism to achieve its aspirations across Solihull, ensuring, for example, that the strong link between health and housing is addressed, maximising the potential of this integrated, place-based approach.

Housing is a key determinant of health and workstreams focused on healthy places will be tracked as part of this strategy approach.

Utilising a life course approach

This strategy is consistent with the approach taken across Birmingham and Solihull STP to use a life course approach. This means that priorities are focused around the stage people are at in their life rather than around organisations, sectors or disease areas. The different stages start with conception and move through childhood, adulthood, older age through to end of life. Taking this approach will help to bring together different agencies and also allow consideration of the wider determinants which affect people's health.

The three identified stages are:

1. Maternity, Childhood and Adolescence
2. Adulthood and Work
3. Ageing and Later Life

There will be a single priority against each of these three stages that form the basis of work for the Health and Wellbeing Board, together with a fourth priority that cuts across all ages. The definition of health includes mental as well as physical health, with wellbeing, emotional

health and mental health being woven into all priority areas. In addition, given the local and national drive around mental health there are a range of work programmes being driven forward by the partners which are included in their 'business as usual' activities.

A number of additional enablers will help to address the causes of health inequalities and promote integration. This includes ways of working such as integrated commissioning, supporting the development of the third sector and exploring newer ideas such as population health management. Where relevant these will be outlined in associated action plans.

Organising our work to support change: 'Do, sponsor, watch'

The Board will be taking a 'Do, sponsor, watch' approach. This approach will help the Board focus on the big issues and also support a wider of set activities that will help contribute to the reduction in inequalities and the promotion of integration. The approach is outlined below:

'Do': The Health and Wellbeing Strategy outlines four key priorities for action which the Board will help to ensure are delivered. For each area, a Senior Responsible Officer will be assigned, a simple set of metrics developed and regular reporting/discussion at the quarterly Health and Wellbeing Board. Sufficient time will be given to these agenda items at the Board throughout their development and delivery. Each constituent organisation will be clear about their role in driving each priority forward

'Sponsor': These additional areas are key work streams that contribute to the reduction of health inequalities and/or promote integration. There is work underway for each of them and the focus will be renewed, supported by a sponsor from the Health and Wellbeing Board who will be accountable for delivery. These areas will not be routinely discussed by board unless the sponsor highlights the need for this to happen. For each area the theme, aspiration, measure and sponsor will be outlined. Areas include smoking in pregnancy, childhood obesity, alcohol use, falls, air quality, domestic abuse and housing amongst others, demonstrating the breadth of the wider determinants of health.

'Watch' areas: These areas are also important in addressing inequalities but may be more relevant to a single organisation (rather than multiagency), already feature as 'business and usual' or already have an established infrastructure to support delivery. Therefore, they are acknowledged but will not be brought to the direct attention of the Board unless further action is requested at Board level. Areas include special educational needs and disabilities, physical activity, fear of crime, support for carers and dementia. The 'Sponsor-watch' document will be available in summer 2020.



Priority One



Maternity, childhood and adolescence:
A healthy start in life

There are 41,500 children and young people aged 0-15 years living in Solihull (2017). This equates to 19% of the population which is in-line with the England average. The North Solihull locality has a larger overall population aged 0-15 (21%), with a notably larger 0-5 population (9%).

We know that about 10% of mothers suffer from mental health problems in the first years after giving birth and about one in ten children have a mental health problem. The impact of a difficult start in life can be very harmful to children's chances in life. Overall Solihull compares well to the national picture for childhood health and wellbeing, poverty and obesity. However, there are some unacceptably poor health outcomes, particularly in the north of the borough and the rate of children in care is higher than the national average.

There has, and continues to be, a huge amount of work to try and address the causes and problems associated with these issues. The work forms an important component of the Council's plan, service improvements across health and the focus of joint working across agencies. Examples include investment in educational facilities and development of the Solar service to support children and young people with mental health problems.

To make a marked improvement for the population now and in years to come, priority one is to implement the changes recommended in a '**critical 1001 days**'. 1001 Critical days emerged after compelling evidence demonstrated the impact of brain development from pregnancy, birth and through the first 24 months of life. The best chance to address some of the long standing causes of inequality is to improve this period of life. The progress across the country is being tracked and some fantastic examples of good practice

Section 3 | Priority areas

have been shared. This priority will systematically consider the recommendations in 1001 days and take action to implement the changes over the next three years.

Intent: Support parents, families and communities to make sure that all babies have the best possible start in life

Impact: Improved brain development, attachment, parental wellbeing and consequently opportunities through life

Implement: Consider each area within the vision for '1001 critical days', produce and implement a three year action plan across all agencies. This plan will incorporate the following:

- A system wide approach to having a healthy pregnancy and healthy brain development for 0-2 year olds
- Support for parents experiencing mental health problems
- An integrated service offer with practitioners from different agencies working together
- Training for infant mental health and attachment for practitioners in health and early years
- Approach to improving breastfeeding initiation in hospital and the community
- Launch of the 'Five to Thrive' approach across the Early Years system (Talk; Play; Relax; Cuddle; Respond) for consistent messages to families on early child development.
- Working with outreach and volunteer services to reach the most vulnerable and isolated families.

In the first years of life, more than 1 million new connections are formed every second in a baby's growing brain.

The way babies' brains develop is shaped by their interactions with others.



Source: Parent Infant Foundation (2019)

A range of research shows that **the way parents interact** with their babies **predicts children's later development.**



Children's development in the early years sets them on a positive trajectory, although what happens next also matters. Children's development at just 22 months has been shown to predict their qualifications at 26 years.



Source: Parent Infant Foundation (2019)

As young people develop, their early emotional experiences literally become embedded in the architecture of their brains

*Center on the developing child
Harvard University*

Priority Two



Adulthood and Work:

Promoting health and wellbeing

In our introduction, we highlighted a number of aspects that influence people's health including work, money and housing. There are also many risk factors which contribute to an increase in onset of chronic disease, such as cardiovascular disease, cancer and dementia. These include social isolation, smoking, excess alcohol consumption, high calorie diets and low exercise. There are close correlations between these risk factors and socio-economic status, with the least advantaged being at most risk. There is also a difference between people's physical and mental health and people with a severe mental illness have a life expectancy 20 years below the average. These types of inequalities are present in Solihull.

There are some well-established programmes of work to encourage activity and improve lifestyle choices across Solihull. Over the next few years, these specific areas of work will have a renewed focus including support to stop smoking. Smoking remains the single largest cause of preventable deaths and one of the largest causes of health inequalities in England. Increasing physical activity at all ages is also a key local priority, through the establishment of Solihull On the Move, a borough-wide campaign to get more people active. We also know that housing and in particular homelessness is a growing concern so one of the established pieces of work is to tackle the causes and support people better through periods of homelessness.

Priority two is focused on developing inclusive growth across the borough. Already a council priority, this recognises that the long-term routes to improving healthy life expectancy are through refocusing what we mean by a successful economy so that well-being and the factors that influence this such as the environment, jobs and skills and access to services are a key part of successful growth. A wider inclusive growth strategy is in development and within this strategy there is a specific focus on employment and mental health.

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The link between employment and health and wellbeing is well documented and by beginning to address these issues with this cohort of the population, together we can really start to make a difference.

Intent: Improve primary, secondary and tertiary prevention to better support a range of people from those at risk of developing mental health issues to those who have left the workforce due to mental health reasons.

Impact: Improved support offer and awareness will prevent people falling out of employment due to mental health issues and increase those people in stable employment who have an identified mental health problem.

Implement: A detailed baseline study of the existing support in employment, awareness, barriers to employment and opportunities available for those with mental health issues. An action plan will be developed based on the findings and include:

- Clear programme of preventative activities aimed at a school aged demographic
- Improved consideration of the impact of mental health in employment and clear signposting to support
- Increase in the uptake of mental health first aid training, increase in provision of in-work mental health support
- An assessment of infrastructure developments and how improvements can be made (e.g. access to open green space)
- Participation in regional pilots on mental health and employment to understand best practice/share learning (e.g. Thrive into Work)
- Building in mental health support as part of the wider support offered to people accessing skills support in the borough

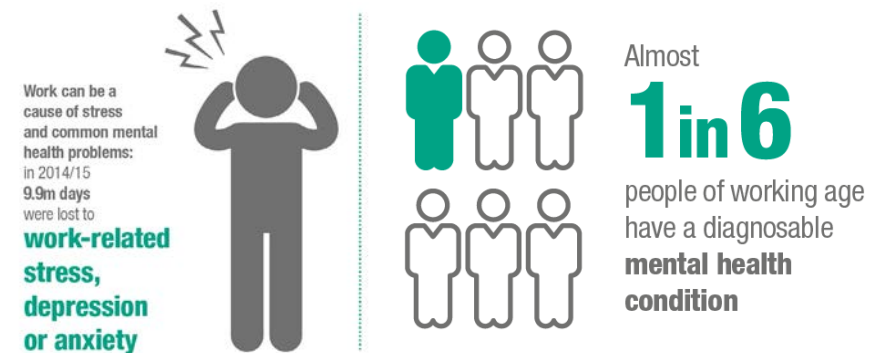


Good work

“Having a job is good for our health, but the quality of our jobs makes the difference. Ensuring people have a safe, encouraging and supportive working environment will help keep them well and in work for longer. This is something that all employers can and should take steps to achieve.”

Duncan Selbie
Chief executive
Public Health England

Source: The Health Foundation (2018)



Source: Public Health England (2016)

Priority Three



Ageing and Later Life:

Ageing well and improving health and care services for older people

Better healthcare and living standards mean more people are living longer. In 2017 there were 44,800 older people aged 65 and over living in Solihull which equates to 21% of the population and is above the England average (18%). The East Solihull locality has a larger overall population aged 65+ (25%) and North Solihull the smallest (18%). The Solihull 65+ population is projected to increase by over 6,200 people (14%) in the 10 years 2017 to 2027. This includes projected increases in the population aged 74-85 (34%) and among those aged 85+ (21%).

Associated with an aging population, there is also an increase in the number of people having to provide informal care. The Carers Survey 2018/19 reported that 30% of Solihull carers said that they had developed a health condition over the last 12 months that was due to their caring role compared to 24% for England.

There is a significant amount of work already taking place to better support older people across the NHS, adult social care, voluntary and by (and for) carers themselves. There has been some excellent joint working for example through the establishment of the OPAL service and improved processes/services to support people home following an emergency admission to hospital. This work will continue through the further refinement of pathways of care, implementing innovative models of care and addressing some of the issues currently facing the care sector.

Through priority 3 the Health and Wellbeing Board aim to promote independence in later life. They will support the journey from 'good to great' in this sphere of work, building on the well-established work to strengthen the early intervention offer, supporting people to live at home safely and independently and where possible remain at home through periods of illness.

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Intent: Develop the 'early intervention' approach across Solihull with older people

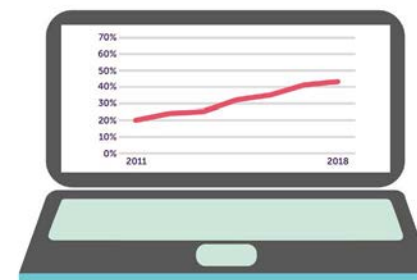
Impact: People will feel they are supported to live independently. Changes will reduce the number of people who need to leave their homes because of ill health and help to address some of the 'symptoms' of ill health such as falls, admissions to hospitals, calls to the ambulance service

Implement: Unite partners to deliver a robust service model (based on local evidence and best practice) which promotes independence

- Carry out a comprehensive assessment of the demand needed to support an early intervention approach
- Consider current capability and capacity which will include a mapping exercise of current provision (for example reablement and intermediate care provision), skills assessment and case review to inform the development of alternative approaches
- Following the demand and capacity work design the service and associated processes to support early intervention
- Bring together a cohesive approach building on community assets, establishing the links to social connectedness (see priority 4) and locality working
- All partners to deliver the actions within the carers strategy
- Improve the use of assistive technology and the digital offer

Internet use by people in later life has increased by more than half since 2011

CENTRE FOR
**AGEING
BETTER**



Recent internet use by those aged 75 and over has increased from 20% in 2011 to 44% in 2018*

*Source: ONS, Internet Users in the UK 2018

Source: Centre for Ageing Better (2018)

Priority Four



All Age:
Social Connectedness

It is well known that community networks have an impact on health and wellbeing. More recently, the full impact of loneliness is becoming better understood, documented and publicised. For example it is now suggested that loneliness, living alone and poor connections can be as bad as smoking 15 cigarettes a day. People who are lonely are more likely to suffer from dementia, heart disease and depression and it can even lead to an earlier death. Loneliness and isolation also leads to higher use of public services such as visits to a GP, hospital admissions and entry into local authority funded residential care.

This is an issue that could potentially affect anyone at any age and is impacting on people's lives every day across Solihull. Those at greater risk include people living alone, residents in poor health and families/individuals experiencing homelessness. There may be particular points in people's lives where they are more susceptible such as moving home, changing jobs, leaving care, experience of a relationship breakdown or becoming a parent.

However, there is a lot that we can all do across Solihull as individuals, across neighbourhoods, as employees and as leaders within larger statutory organisations. There are roles at various levels such as supporting availability of community spaces, commissioning of truly holistic services and ensuring there are safe places for people to spend time. Formal and informal volunteering levels remain below the England average (apart from in the East locality) but the percentage of adults giving informal help in their community is increasing across the board.

There is already a rich picture of third sector organisations and an abundance of enthusiasm from individuals, families and groups across Solihull who want to contribute to their community. By working alongside the voluntary and community sector we can ensure there are more opportunities to create 'things to do, places to go, with people to listen'. In many respects this priority could be better described as a movement, one which the Health and Wellbeing are actively promoting.

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Intent: Enable people to increase their social wellbeing and improve social connectedness

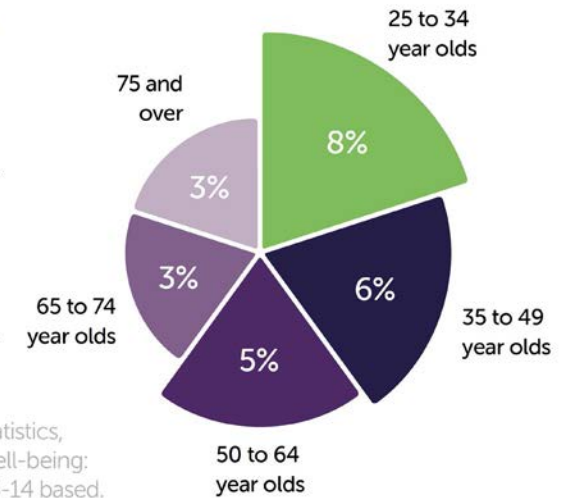
Impact: Reduction in number of people identifying themselves as socially isolated and lonely

Implement: Implement: Create a comprehensive approach to promote social connectedness including structural enablers, gateway services and direct interventions. This will include:

- Awareness raising of loneliness and social isolation and a reduction in stigma
- Workplace wellbeing initiatives, starting with embedding good practice at the Council
- Intelligence and data gathering: Use of research validated tools to assess loneliness and social isolation in individuals and promote the use of simple evaluation measures for organisations to use with individuals
- Locality working (e.g. work with the three localities to define their priority populations and support their local projects to improve social connections)
- Volunteering with its special role serving both the volunteer and the community or individual benefitting from the activity
- Embed 'social prescribing' across Solihull
- Incorporating 'Solihull on the Move' into the approach to social connectedness
- Use of appropriate digital initiatives to improve connectedness
- Proactively consider social connectedness as larger scale pieces of work e.g. regeneration projects and major commissioned services

Loneliness affects people of all ages

Percentage of people who feel lonely often or all of the time



Source: Office of National Statistics, (2018), Measuring national well-being: domains and measures, 2013-14 based.

Source: Centre for Ageing Better (2019)



Family, friends and community

1 IN 10 people aged 18-24 often or always feel lonely – twice as many as for the population as a whole.

Family, friends and communities build the foundations for good health through:

Positive relationships and networks



Good relationships allow people to feel supported, develop skills and face new situations

Community cohesion and connection



Ties within and across communities enable people to feel included and valued

Opportunities for social participation



Engaging in activities and groups offers people a sense of purpose and shared identity

Shared ownership and empowerment



A sense of control and collective voice can enable people to influence positive change

'People with stronger networks are healthier and happier' Fair Society, Healthy Lives – The Marmot Review

Health and Wellbeing Strategy 2019-2022 Scorecard

Each of the priority areas will have their own action plan, defined measures and anticipated outcomes. These will be designed, developed and monitored with the Health and Wellbeing Board.

Priority 1 - Maternity, Childhood and Adolescence: A healthy start in life		Aim to:	Priority 2 - Adulthood and Work : Promoting health and wellbeing		Aim to:
1.1	Breastfeeding Initiation: Proportion (%) of all mothers who breastfeed their babies in the first 48 hrs after delivery	↑	2.1	Percentage of businesses moving 'up' a level on Thrive at work (from bronze to silver to gold)	↑
1.2	New Baby Visits: Proportion (%) of face to face New Birth Visits (NBV) undertaken between 10-14 days by a Health Visitor	↑	2.2	Numbers of unemployed/inactive residents citing health (incl. Mental Health, Disability and Wellbeing) as a barrier to employment	↓
1.3	Child Development at 2 years: Proportion (%) of children who are on track with their development (as measured with the ASQ tool) at 2 years	↑	2.3	Number of unemployed/inactive residents accessing childcare support or living in single household with dependent children	↓
1.4	Communication Development: Proportion (%) of children who are on track with their communication development (as measured with the ASQ tool) at 2 years	↑	2.4	Year 12 and 13 - number of young people disclosing mental health as a barrier into employment, education or training	↓
1.5	Good Level of Development: Proportion (%) of children achieving a good level of development at the end of Reception (age 5 years) – Early Years Foundation Stage Profile (EYFSP)	↑	2.5	Businesses registering an interest in becoming disability confident	↑
			2.6	Businesses offering new opportunities through Social Value for vulnerable residents	↑
			2.7	Inclusive Growth Social Value – development of Community Interest Companies and Social Enterprises	↑

Priority 3 - Ageing and Later Life : Ageing well and improving health and care services for older people		Aim to:
3.1	Non-elective average length of hospital stay for patients aged 65 and over	↓
3.2	Patients who have an emergency readmission within 30 days of discharge aged 65 and over	↓
3.3	Number of emergency hospital admissions due to falls in people aged 65 and over	↓
3.4	Number of hip fractures in people aged 65 and over	↓
3.5	2 hours rapid response: enabling older people to have urgent access to community services to reduce the risk of them being admitted to hospital	↑
3.6	Enabling older adults to access intermediate care services within 2 days of referral	↑
3.7	Enabling older adults to access re-ablement services within two days of referral	↑
3.8	Percentage of the eligible population aged 40-74 who received an NHS Health Check	↑
3.9	Proportion of carers using social care who receive a direct payment either through a personal budget or other means – target 100%	↑
3.10	Long term support needs of older people (aged 65 and over) met by an admission to residential and nursing care per 100,000 population	↓
3.11	The number of older adults who move into residential care who move again due to the provision not meeting their needs	↓

Priority 4 - All age - Social Connectedness		Aim to:
4.1	Formal Volunteering – Proportion (%) of respondents to Solihull Place Survey who have volunteered or given unpaid help to any formal group, club or organisation	↑
4.2	Informal Volunteering – Proportion (%) of respondents to Solihull Place Survey who have given informal unpaid help as an individual to people who are not their relatives	↑
4.3	Social Isolation – Proportion (%) of respondents to Solihull Place Survey who felt they lacked companionship, left out or isolated from others	↓
4.4	Proportion (%) of people who use social care services who reported that they had as much social contact as they would like	↑
4.5	Proportion (%) of respondents to the Annual Population Survey (APS) with a 'low' life satisfaction rating	↓
4.6	Proportion (%) of respondents to the Annual Population Survey (APS) with a 'low' happiness rating	↓
4.7	Proportion (%) of respondents to the Annual Population Survey (APS) with a 'high' anxiety rating	↓