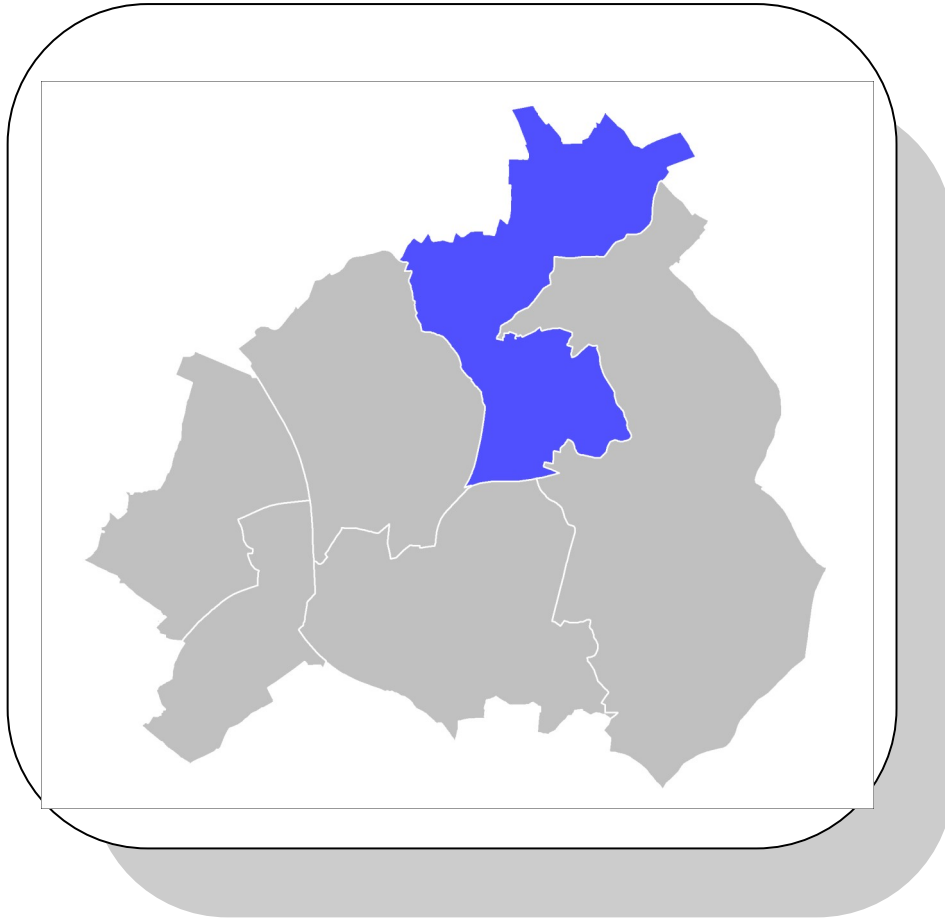




Public Health Area Profiles

December 2012



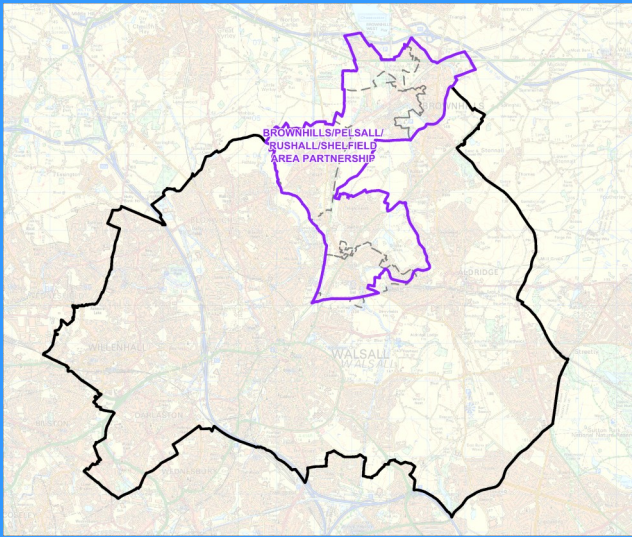
VERSION 2



Area 1:
Brownhills/Pelsall/Rushall/Shelfield



Executive Summary



The Area Partnership has 6 communities within its boundary (Approx 36,000 population):

- Brownhills Central (6,000)
- Brownhills West (3,000)
- Clayhanger (3,600)
- Pelsall (9,900)
- Rushall (4,400)
- Shelfield (8,700)

The population is on the whole older than the Walsall average, with higher percentages of both men and women aged 65 and over.

The area has a relatively small number of residents from BME communities—between 1-4%

Most of the residents in the Area Partnership are fairly deprived compared to England as a whole, although Clayhanger and Pelsall are also relatively well-off econom-

ically. Geographically, the area partnership shares a border with South Staffordshire PCT. Some residents are likely to access some primary and secondary care health services outside of Walsall, but not in great numbers.

Health Priorities:

Generally, health outcomes are about average in the Area Partnership compared to Walsall averages. Indicators of child health are good in the area with relatively low Infant Mortality rates and lower levels of childhood obesity. Life expectancy, as defined by current average age at death is generally 2-5 years higher than the rest of Walsall for both men and women. Usage of health services (screening and acute medicine) is relatively low indicating a strong ability to self-manage ill health in the area. Identification and management of long-term conditions is key in the area, particularly because of the older than average aged population.

Key issues identified in this profile for the communities within the Area partnership are:

Health in Rushall/Brownhills. Rushall and Brownhills Central has markedly worse outcomes than the rest of the AP for many indicators including COPD admissions, DAAT referrals, most long-term conditions and life expectancy in males. Adults in this community should be signposted when appropriate to the Health Trainer service and encouraged to visit their GP for a Health Check.

Chlamydia Screening Young people in the area either have poor access to or are not inclined to use Chlamydia screening services. The positivity rates for those who do screen however is still relatively high, therefore young person venues should be used to signpost or undertake outreach work for this simple screening test.

Long-term conditions (Rushall/Shelfield) Linked to their older population, most of the communities in particular Rushall/Shelfield have very high levels of some long-term conditions, particularly circulatory (heart) diseases such as CHD, Stroke and Hypertension. Residents do appear to be able to self-manage more effectively than most, however need to continue to engage in health lifestyle choices regarding smoking, diet, exercise and drinking. Residents should be encouraged to visit their GP regularly for Health Checks and to engage with the PCT's Expert Patient Programme.

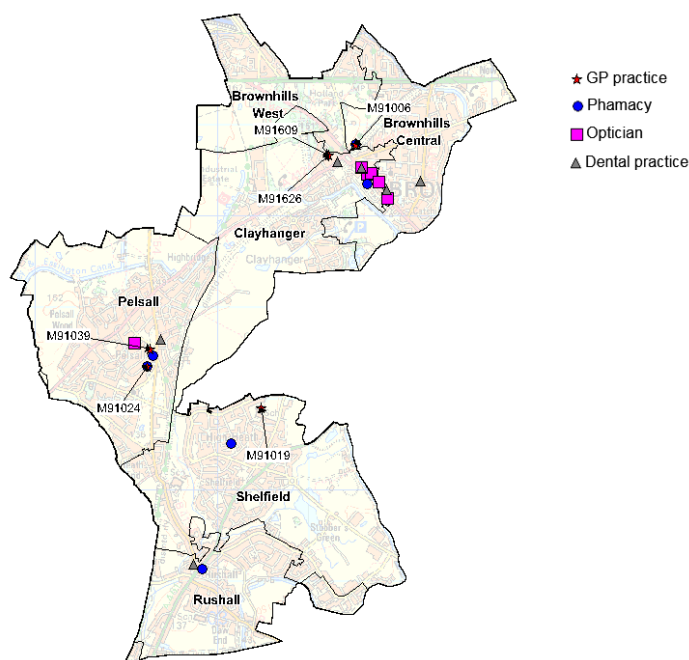
Obesity in years 6/10. Levels of obesity are high in most areas of the partnership for both adults and children. Children and their families, particularly in Brownhills Central should be made aware of weight management services in the area. An active and health lifestyle should be encouraged by partners around diet and physical activity.

Breastfeeding. The area partnership has some of the lowest breastfeeding rates across the borough. Breastfeeding can reduce infantile infections and help with child development. Mothers, particularly younger mothers should be encouraged to attend breastfeeding sessions at local Sure Start Children's Centres and peer support groups.

Teenage mothers. Brownhills communities have some of the highest teenage pregnancy rates in Walsall. Children born to teenage parents ultimately have a reduced chance of success in schools and work in later life. As well as encouraging positive sexual health (use of condoms) in partner venues and schools in the area, pregnant teenagers should be signposted to services that can provide them with health and educational support pre and post-birth of their child.

The following profile provides detailed information and summaries of a wide range of health outcome and service indicators. The profile is intended to stimulate discussion around Health priorities and actions for Area Partnerships.

MAP OF COMMUNITIES



Summary of Area Partnership services:
7 Dentists, 6 GP's, 6 Opticians and 6 Pharmacies

No dentists in the following communities:
Brownhills West, Shelfield

No GP in the following communities:
Brownhills West & Rushall

No opticians in the following communities:
Brownhills Central, Brownhills West, Rushall & Shelfield

No pharmacy in the Brownhills West area

Communities Demographics

Community	% Age 0-4	% Age 5-9	% Age 10-14	% Age 15-19	% Age 20-24	% Age 25-29	% Age 30-44	% Age 45-59	% Age 60-64	% Age 65-74	% Age 75-84	% Age 85-89	% Age 90+
Brownhills Central	5.8	5.4	5.8	6.8	5.6	5.1	19.0	18.9	6.9	11.9	6.7	1.6	0.6
Brownhills West	6.0	5.8	5.8	6.3	5.7	6.2	18.4	21.2	7.1	10.5	5.4	1.2	0.6
Clayhanger	6.3	6.8	7.4	6.0	5.5	6.2	25.9	19.2	4.8	7.4	3.2	0.8	0.5
Pelsall	4.9	5.4	6.2	5.6	4.6	4.5	18.8	20.4	7.0	12.5	7.6	1.7	0.8
Rushall	5.9	5.6	5.4	5.5	5.9	6.4	19.7	19.8	6.9	8.3	7.4	2.2	1.0
Shelfield	5.3	5.0	5.3	6.7	5.4	5.6	18.3	20.7	6.5	11.8	7.2	1.6	0.5
Area 1 Grand Total	5.5	5.5	5.9	6.1	5.3	5.4	19.5	20.1	6.6	11.0	6.7	1.6	0.7
Walsall Grand Total	6.8	6.3	6.4	6.6	6.5	6.6	19.5	18.7	5.7	9.2	5.9	1.4	0.6

Source: Census 2011

The Brownhill AP has a higher percentage of older people 65+ (19.9) than the Walsall average (17.1).

Community	% Asian/Asian British	% Black/Africa/Caribbean/Black British	% Mixed/multiple ethnic groups	% Other ethnic groups	% White
Brownhills Central	1.5	0.8	1.3	0.0	96.4
Brownhills West	1.2	0.5	1.2	0.2	96.9
Clayhanger	3.0	1.6	1.1	0.5	93.9
Pelsall	1.3	0.5	1.0	0.1	97.1
Rushall	4.5	1.3	2.8	0.2	91.1
Shelfield	5.1	1.7	2.0	0.4	90.9
Area 1 Grand Total	2.8	1.1	1.6	0.2	94.3
Walsall Grand Total	15.4	2.4	2.7	0.8	78.7

Source: Census 2011

All community areas within Brownhills AP (5.7) have lower percentage of BME than Walsall average (21.3).

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Improving health and wellbeing through healthy lifestyles—making healthier choices easier

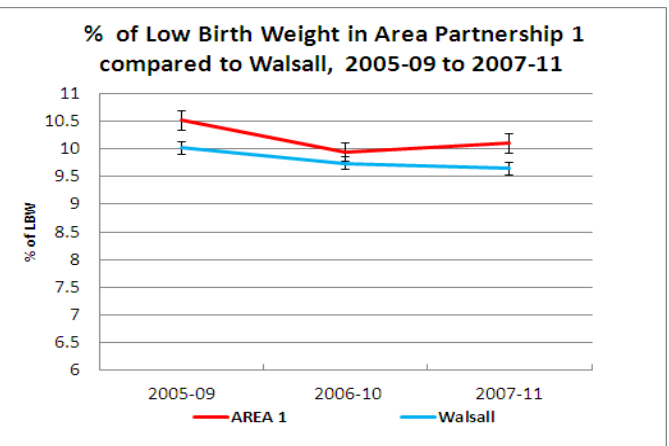
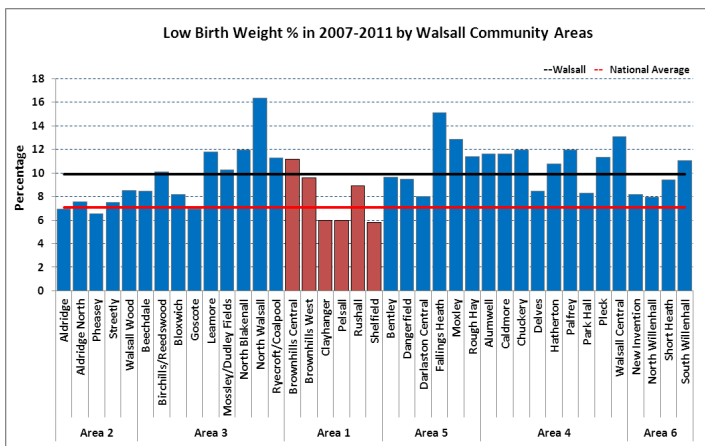
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Give every child the best start in life

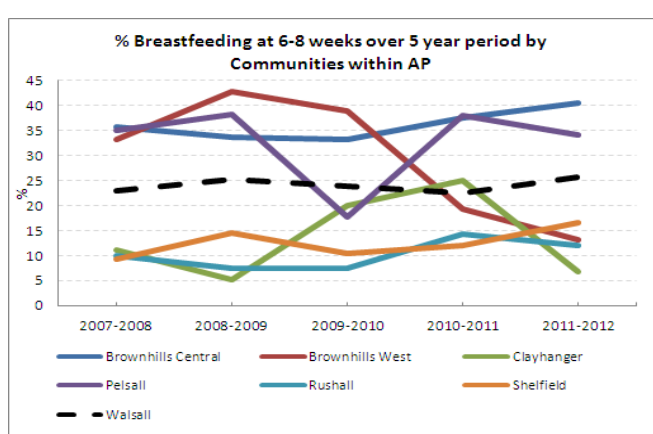
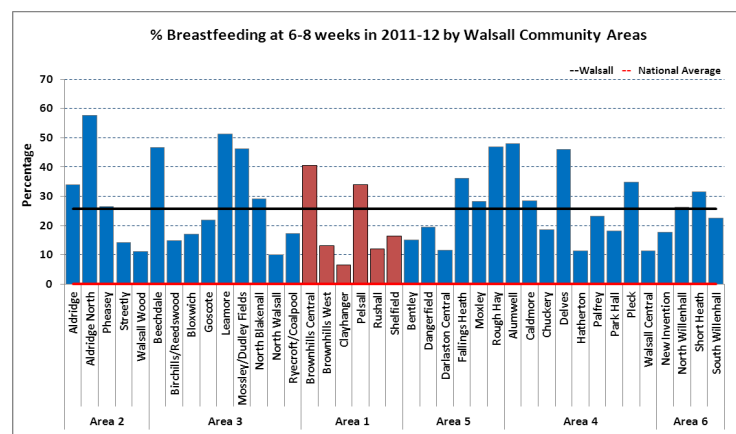
Low Birth Weights



The 'normal' weight for a baby varies. A baby born weighing less than 2500 grams (5lb 8oz) is of low birth weight (LBW). LBW is seen as a key risk factor for future ill health in infants. Brownhills Central has higher percentage of LBW from 2007 to 2011 in comparison to the National Average (7%) and Walsall average (9.9%). Brownhills West and Rushall are higher than the Walsall average.

The proportion of babies having low birth weight within this AP has been higher than the Walsall average.

Breastfeeding 6-8 weeks

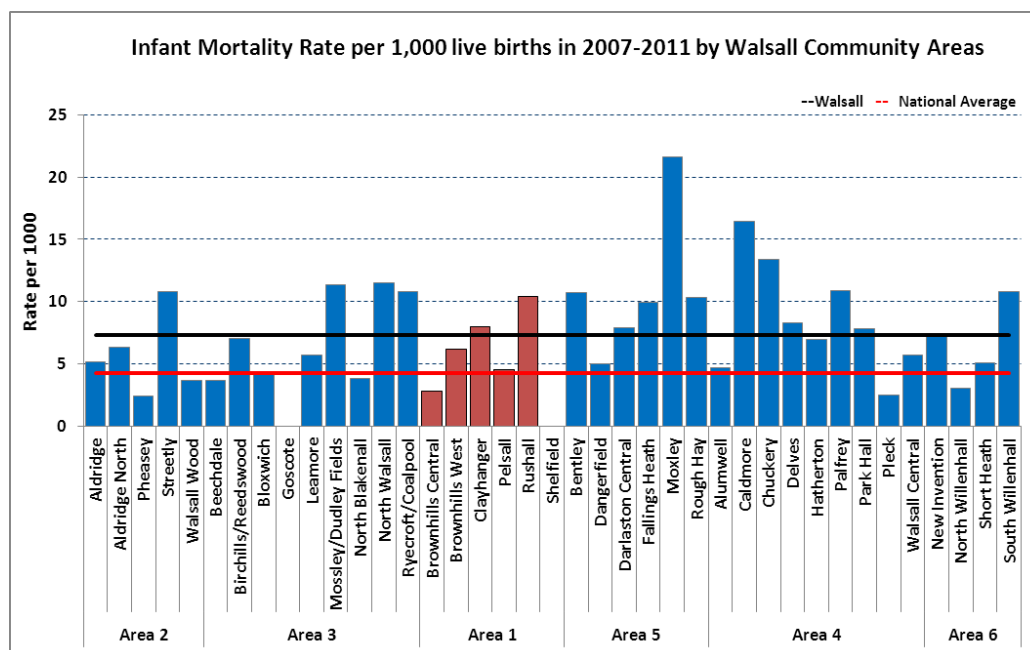


Prevalence of breastfeeding at 6 to 8 weeks is used as a key indicator of child health and wellbeing. There is clear evidence that breastfeeding has positive health benefits for both mother and baby in the short and long term. Breast milk is the best form of nutrition for infants and exclusive breastfeeding is recommended for the first 6 months (26 weeks) of a baby's life.

The majority of community areas in Brownhills AP have lower percentages of breastfeeding at 6-8 weeks in comparison to Walsall average(25.8%).

Rushall and Shelfield have consistently had low percentage of breastfeeding at 6-8 weeks than the Walsall average, and levels of Brownhills West have significantly dropped over the years.

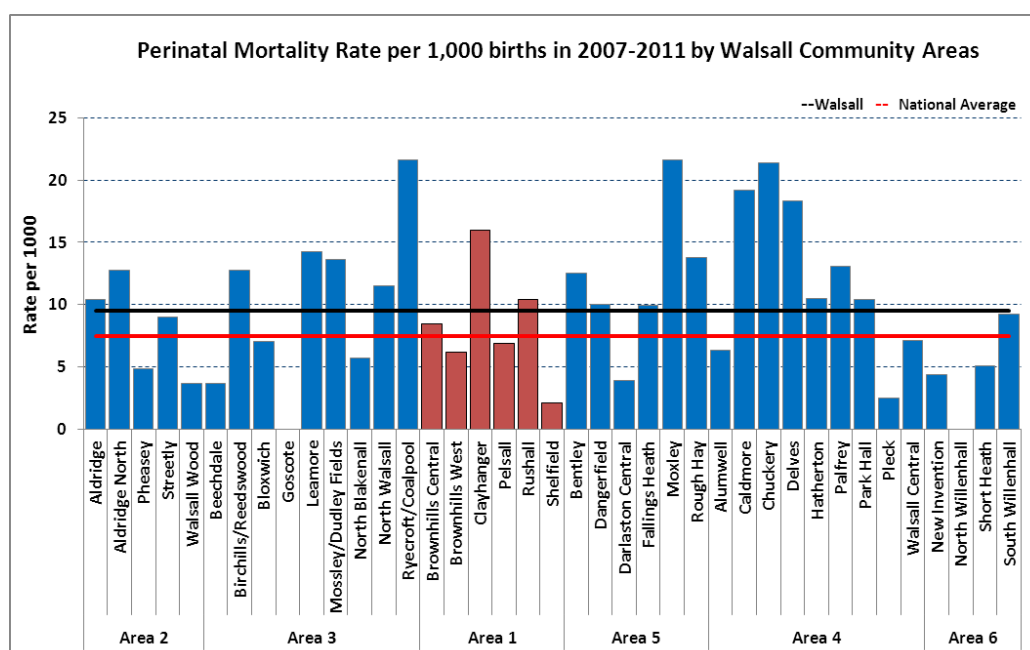
Infant Mortality Rate per 1,000



Infant mortality is a sensitive indicator of the overall health of a population, providing a measure of the well-being of infants, children and pregnant women. Clayhanger and Rushall have higher percentages of infant mortality from 2007 to 2011 in comparison to the National average (4.3). All community areas in Brownhills AP have higher percentages of infant mortality in comparison to Walsall average (7.3), with the exception of Brownhills Central and Shelfield.

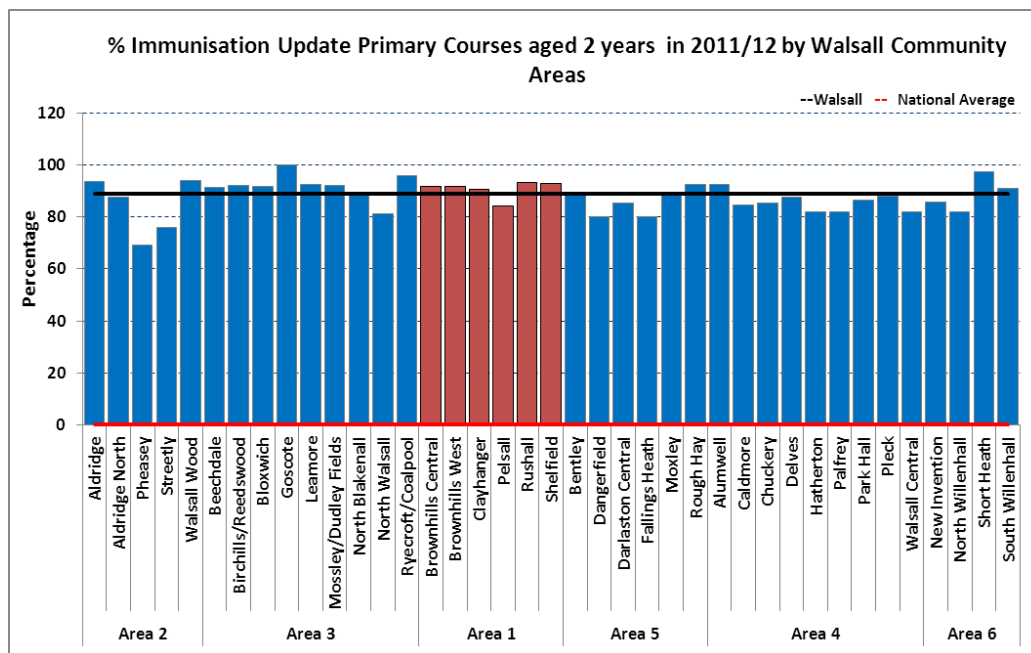
Perinatal Mortality Rate per 1,000

Clayhanger and Rushall have higher perinatal mortality rates (babies who are still born or die within 7 days of birth) than the Walsall average (9.48) and the National average (7.5).



Brownhills/Pelsall/Rushall/Shelfield

Childhood Immunisations

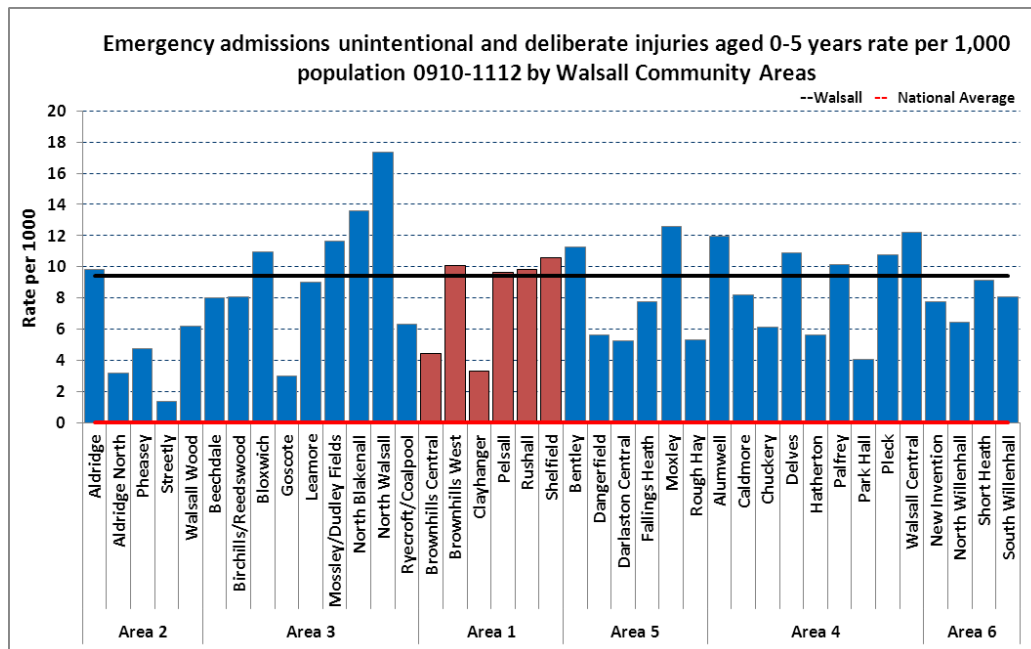


The proportion of immunisation uptake (including DIPHTHERIA, HIB, MENINGITIS C, PERTUSSIS, POLIO, TETANUS, MMR) is higher amongst the Area Partnership children compared to Walsall (88.8%), with the exception of Pelsall.

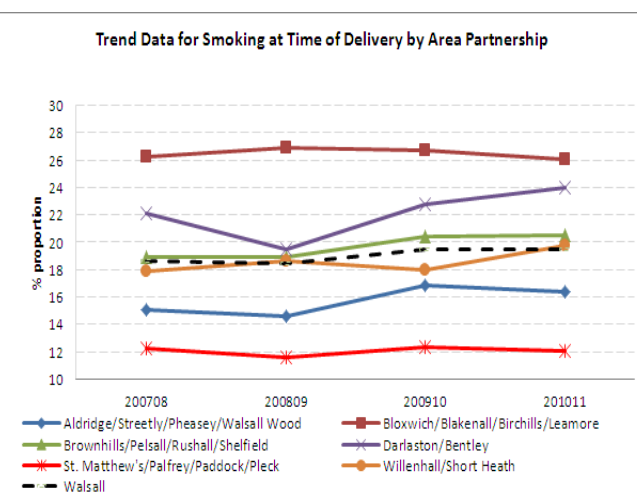
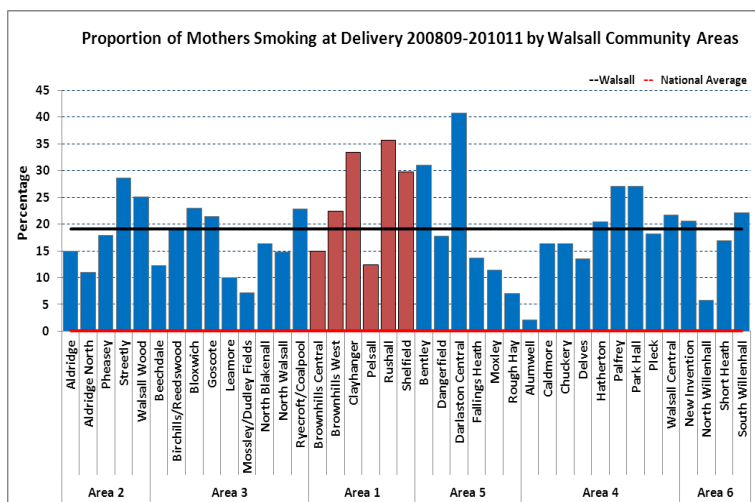
Emergency Hospital Admissions caused by Unintentional and Deliberate Injuries 0-5 years olds

Accidents are the leading cause of injury to children and disproportionately affect children from lower socio-economic groups. Unintentional injury is used here to mean accidental external causes of harm e.g. traffic accidents, falls, trips, accidental contact with tools/machinery, drowning, exposure, burns and scalds etc. Deliberate injury refers to the codes for assault—ranging from bodily force, sexual assault by bodily force, sharp/blunt objects etc.

The majority of community areas in Brownhills AP have higher emergency admissions than the Walsall average (9.4).



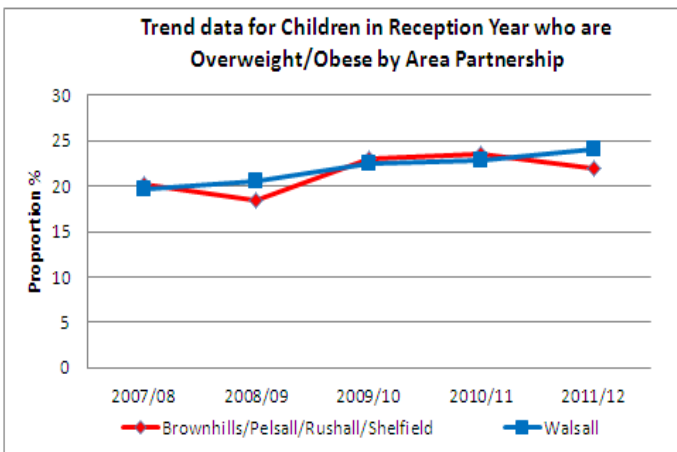
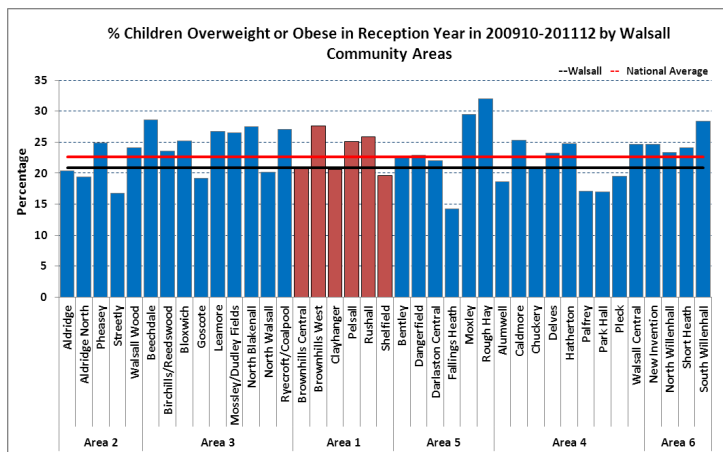
Smoking At Time Of Delivery



Smoking remains one of the few modifiable risk factors in pregnancy, and it can cause a range of serious health problems, including lower birth weight, pre-term birth and infant mortality. Brownhills West, Clayhanger, Rushall and Shelfield have higher prevalence for Walsall (19.12%).

The Brownhills AP trend for smoking at time of delivery shows no significant difference compared to Walsall average, however AP has been slightly higher over the years.

Childhood Obesity Reception

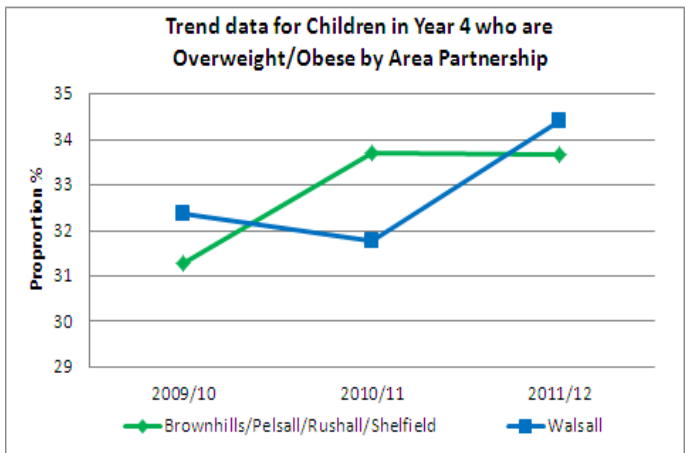
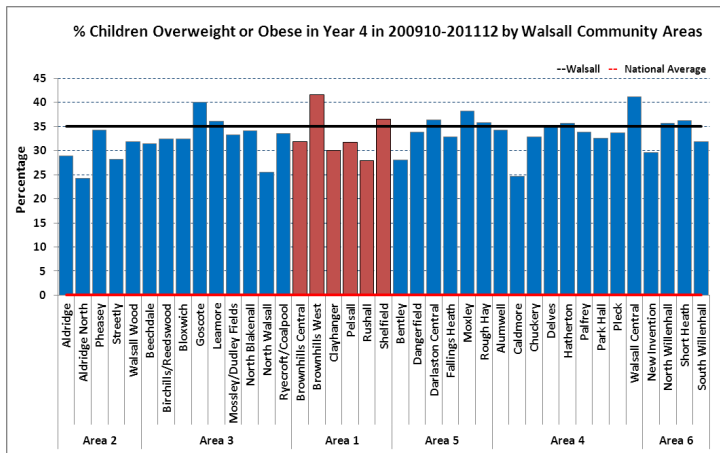


Childhood obesity is a particular concern and there is a link between childhood obesity and risk of disease and death in later life. Brownhills West, Pelsall and Rushall have higher percentages of obesity for reception children (aged 4-5) in comparison to Walsall average (20.8%).

The Brownhills AP trend for obese children in reception (aged 4-5) shows no significant difference compared to Walsall average, however during 2011/12 the proportion was lower than Walsall average.

Enable all children ,young people and adults to maximise their capabilities and have control over their lives

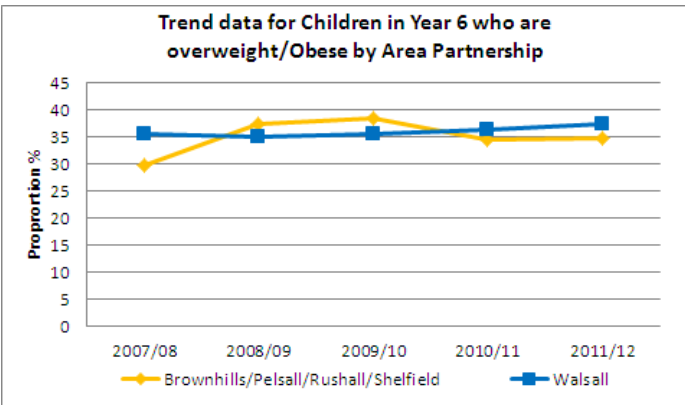
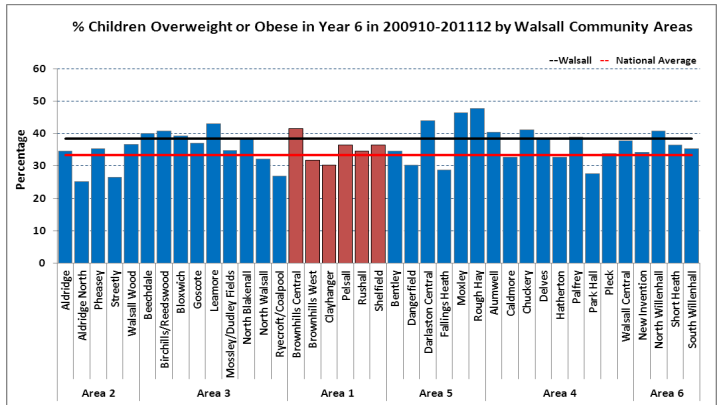
Childhood Obesity Year 4



Obesity is associated with social and economic deprivation. Through Walsall’s child measurement programme children identified as being overweight or obese will continue to be offered help and support through the weight management programmes. Brownhills West and Shelfield have higher percentages of obesity for year 4 children (aged 8-9) in comparison to Walsall average (35%).

The Brownhills AP trend for children obesity in year 4 (aged 8-9) shows a proportion increase over the years and was higher than Walsall average until 2011/12 where Walsall average increased above this AP.

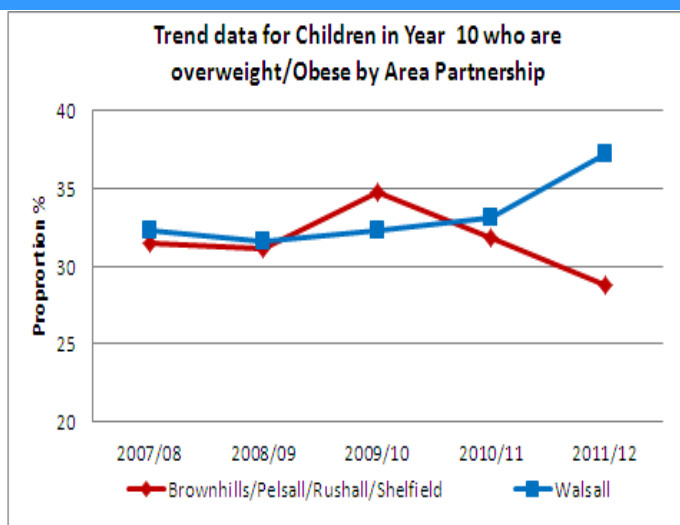
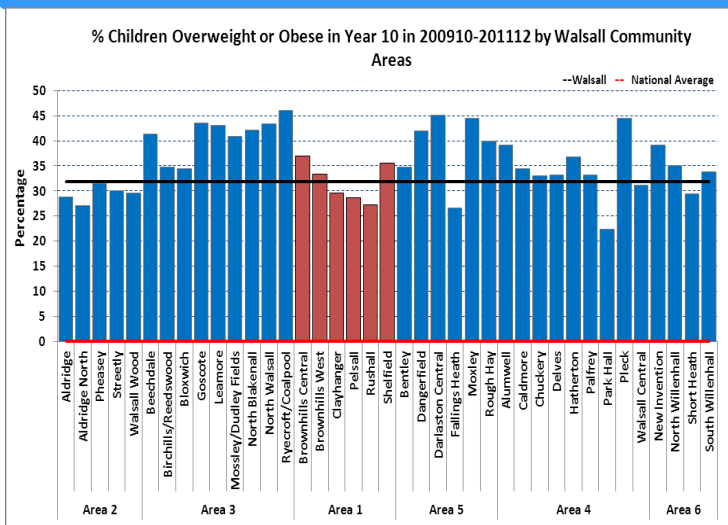
Childhood Obesity Year 6



Obesity is associated with social and economic deprivation. Through Walsall’s child measurement programme children identified as being overweight or obese will continue to be offered help and support through the weight management programmes. Brownhills Central has a higher percentage of obesity for year 6 children (aged 10-11) in comparison to Walsall average (38%).

The Brownhills AP trend for children obesity in year 6 (aged 10-11) shows no significant difference compared to Walsall average, however during 2011/12 the proportion was lower than Walsall average.

Childhood Obesity Year 10



Obesity is associated with social and economic deprivation. Through Walsall’s child measurement programme children identified as being overweight or obese will continue to be offered help and support through the weight management programmes. Brownhills Central, Brownhills West and Shelfield have higher percentages of obesity for year 10 children (aged 14-15) in comparison to Walsall average (32%).

The Brownhills AP trend for children obesity in year 10 (aged 14-15) shows a decreasing proportion after 2009/10 and has been lower than Walsall average since 2010/11.

Food Dudes

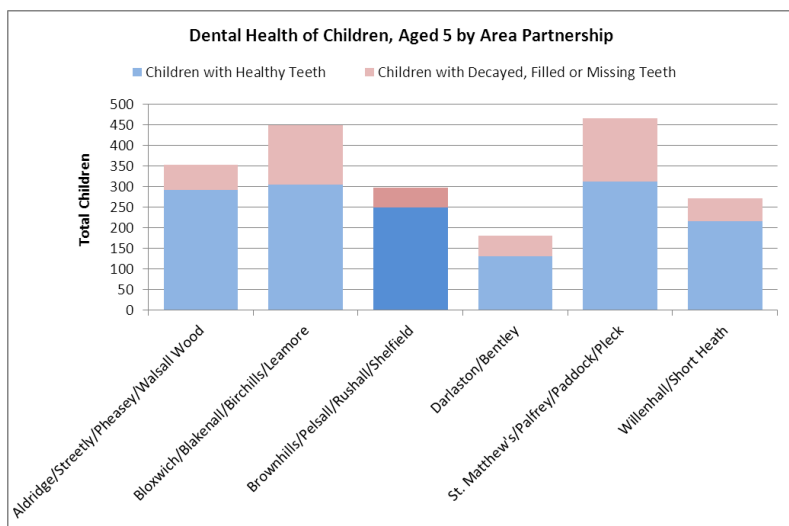
It is recognised that behaviours formed and set in early years become the norm throughout the rest of their lives. Schemes such as Food Dudes being jointly delivered into Walsall’s Primary Schools by NHS Walsall Public Health and School Catering are recognised as successful methods to assist behavioural change. Food Dudes programme was designed to tackle the growing problem of obesity and unhealthy diet in children. It is known that eating plenty of fruit and vegetables offers protection against many cancers, coronary heart disease, diabetes and asthma. It also helps to keep children’s skin, teeth and hair healthy. However, getting children to eat fruit and vegetables can be a major challenge

- September 2012 Primary Schools starting Food Dudes:
- The Radleys Primary
 - Millfield Primary School
 - St Francis Catholic Primary
 - Castlefort JMI
 - Brownhills West Primary School

Dental Health Age 5

The mean number of teeth which are either actively decayed and require treatment or which have been treated for decay by filling or extraction only in those children who have some experience of dental decay, *i.e.* the total dental decay experience (current and past) in children who have had some dental decay experience.

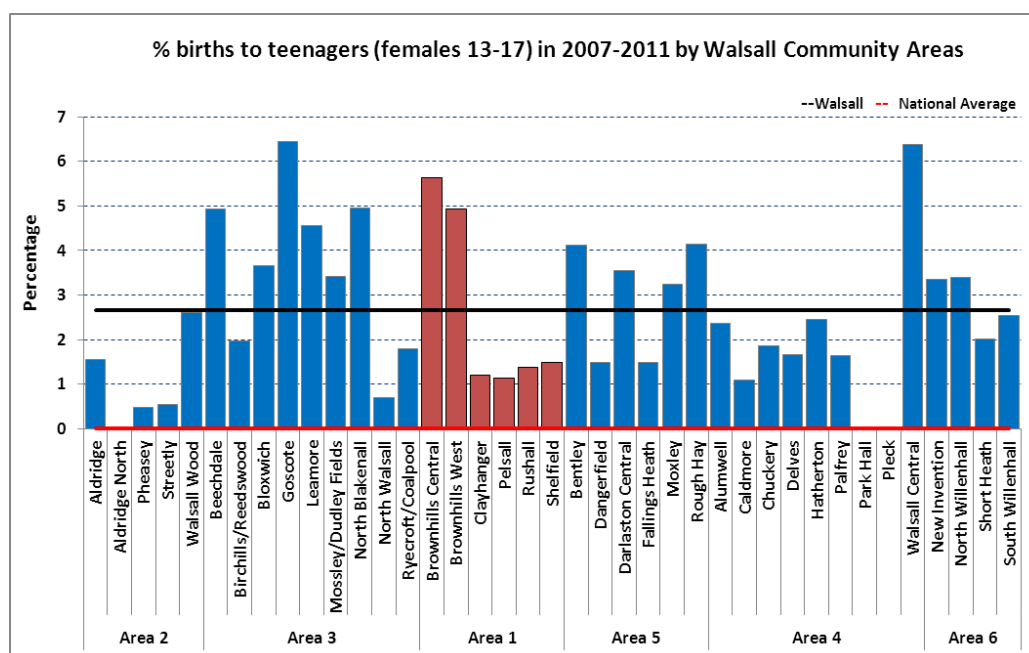
NB. The requirement for positive consent has introduced bias into these data which means that they cannot be used for backwards comparison. These results should be viewed and interpreted in conjunction with the "NHS Dental Epidemiology Programme for England; Oral Health Survey of five year old children 2007 / 2008" report and the "Explanation of caveats for 2007/08 five-year-olds survey data" document.



The chart represents children, aged 5 for the academic year 2007/8. Each bar shows the proportion of children who had healthy teeth compared with those who have decayed, filled or missing teeth.

Compared to other area partnerships, children in this AP have relatively healthy teeth.

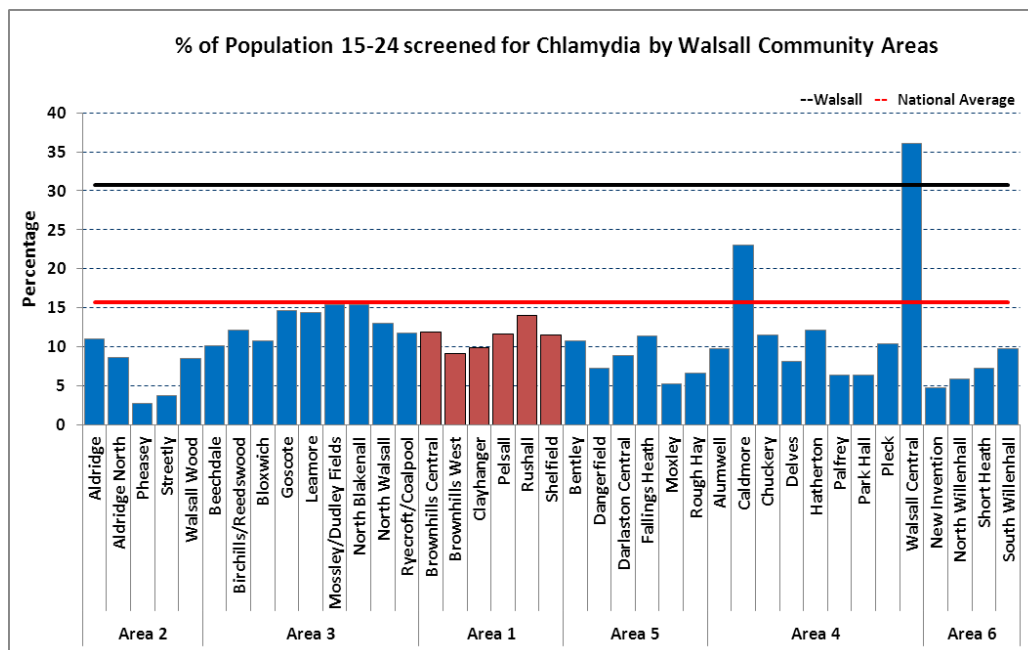
Proportion of births to Teenage Mothers 13-17 years



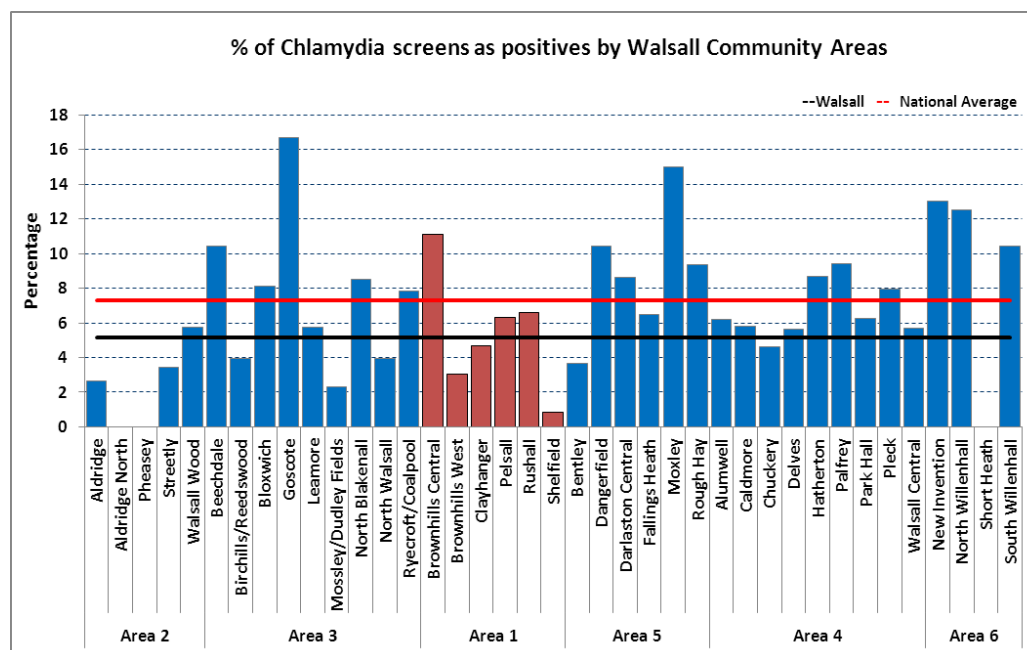
Young teenage parents are prone to poor antenatal health. Their babies often have lower than average birth weight and (nationally) infant mortality rates are also higher. Having children at a very young age can damage young women's health and well-being and affect their education and career prospects.

The proportion of births to teenage mothers (aged 13-17) is low in the majority of communities in the Area Partnership compared to the Walsall average, although like many indicators demonstrate substantial variation from 1.1% in Pelsall up to 5.6% in Brownhills Central. This group of mothers should be encouraged by partners to make the most of existing community resources such as Sure Start Children's Centres.

Chlamydia Screening 15-24 year olds uptake and positivity



Chlamydia is the most commonly diagnosed sexually transmitted infection. Most people who have it will have no symptoms and will be at higher risk of being infected with other STI's. There is an established chlamydia screening programme in Walsall that aims to detect and treat infection in 15-24 year olds. Opportunistic chlamydia screening provides key opportunities to engage with young people through a holistic approach to improving knowledge and access to services including education, contraception, STI testing and condom distribution. Park Hall and Walsall Central have below the Walsall average (31%) population screened. Brownhills AP have lower percentages of screening in comparison to Walsall average and National average.

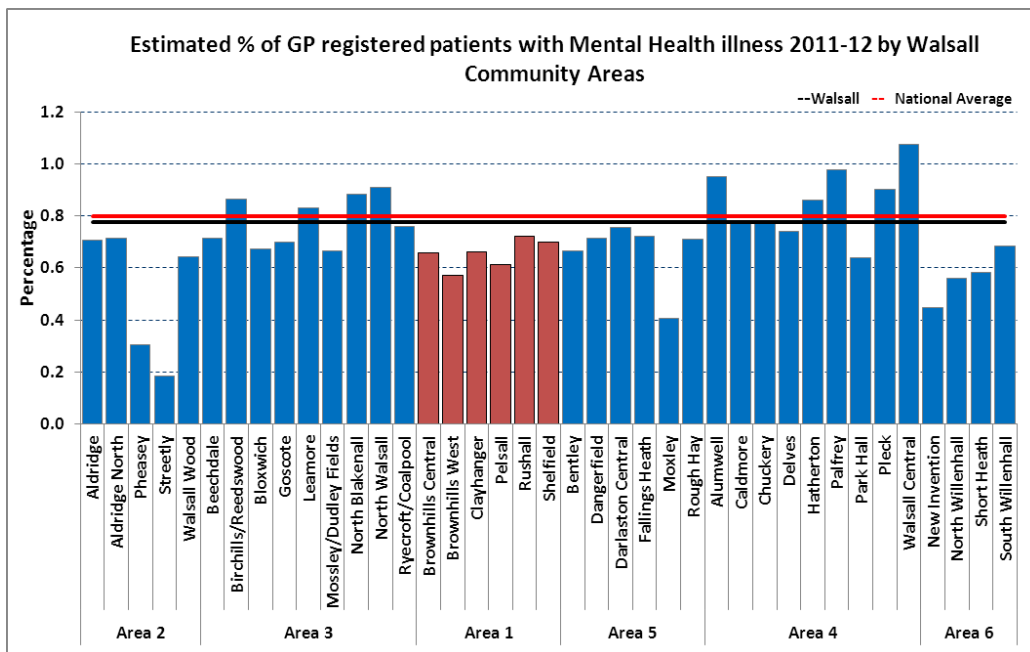


A key indicator for the sexual health of young people in Walsall is the chlamydia diagnostic rate for the 15-24 year old population. This provides a measure not just of background rates of infection, but also how young people are engaged in reducing risks associated with unsafe sex. It can be seen that Brownhills Central, Pelsall and Rushall have higher percentages of chlamydia screens as positives compared to Walsall average (5.2%).

Create and develop healthy and sustainable places and communities

Mental Health (QoF)

Mental health affects us all. How we think and feel about ourselves. It affects our ability to make the most of the opportunities that come our way. Some people call mental health ‘emotional health’ or ‘well-being’ and its just as important as good physical health. Brownhills AP community areas have lower estimated prevalence for mental health than Walsall average (0.78%).



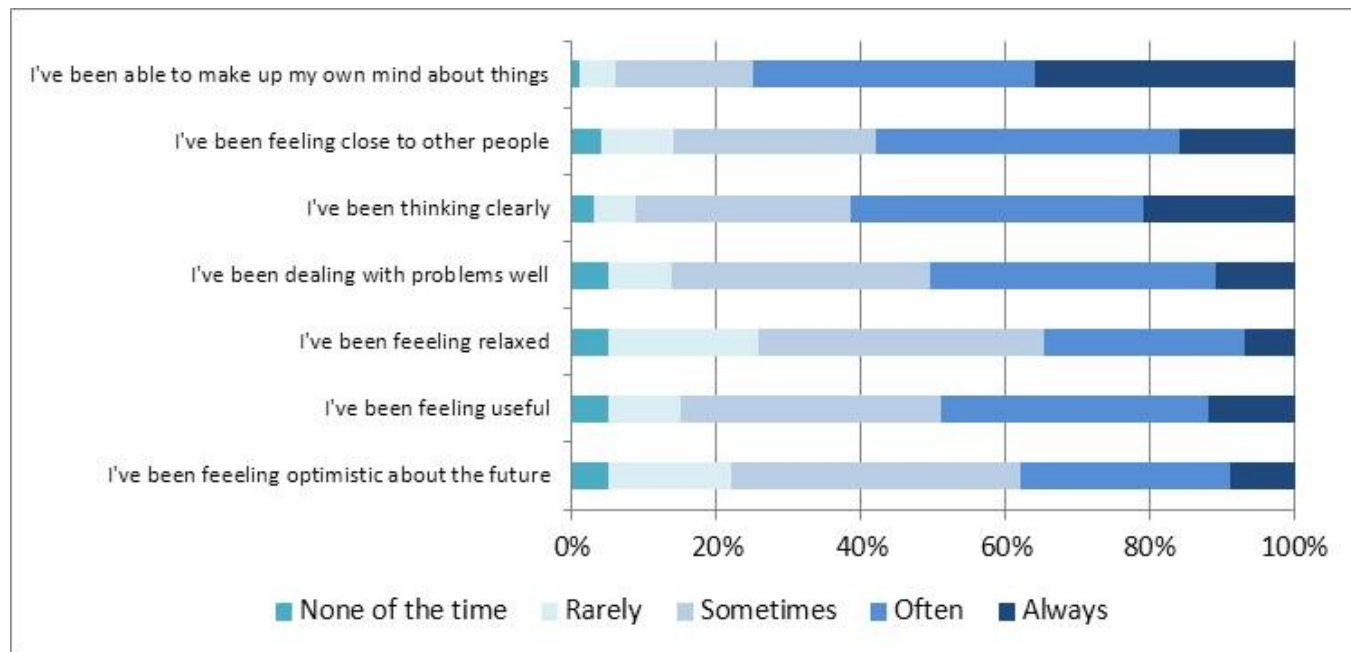
Lifestyle Survey: Mental Well-Being

The Warwick Edinburgh Mental Well-Being Short Scale (WEMWBS) consisting of seven statements (shown in the chart below) to measure well-being.

People most often feel positive about their ability to make up their minds and thinking clearly.

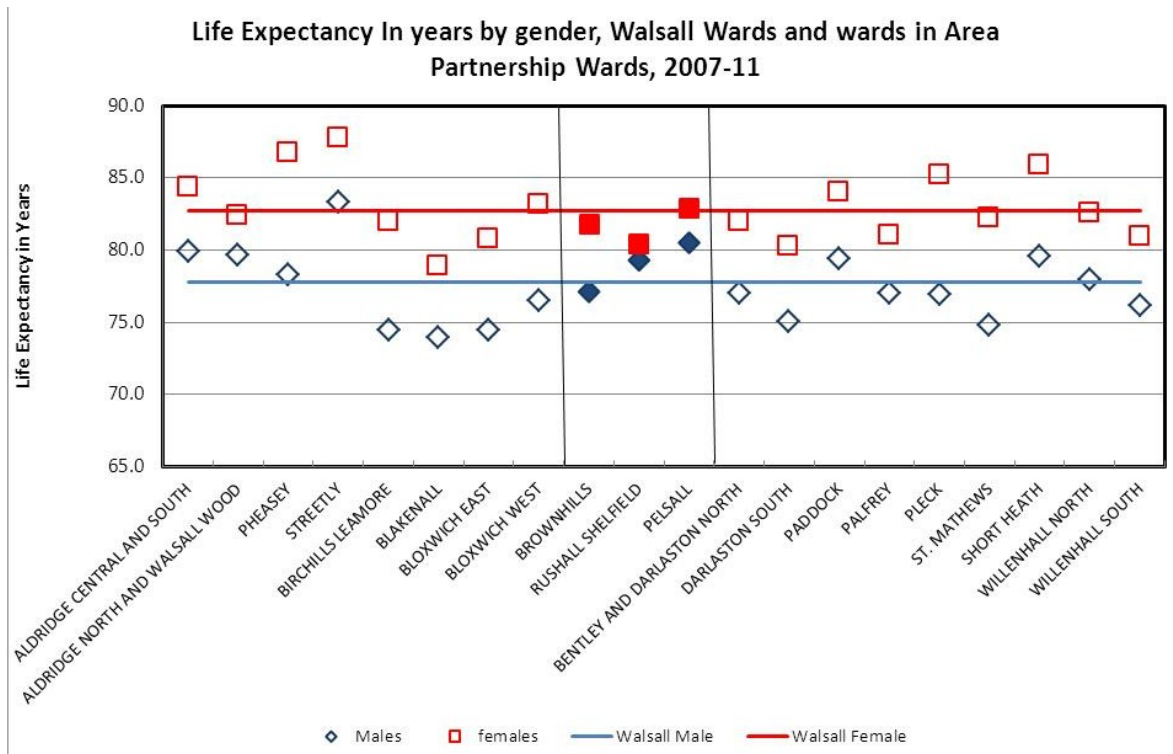
Most people have felt close to others, and feeling useful.

Fewer people feel optimistic about there future. Residents least often feel relaxed.



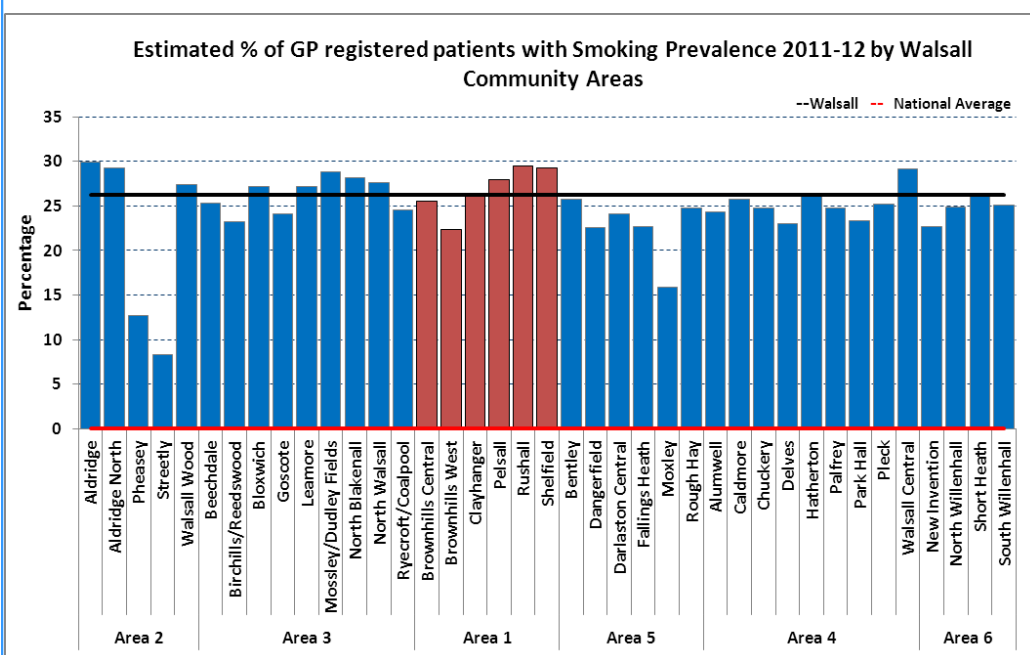
Improving health and wellbeing through healthy lifestyles – making healthier choices easier

Life Expectancy (ward level)



Life expectancy at birth is a way of expressing the all cause mortality for an area. It gives an estimate of how long someone is expected to live based on current mortality rates. Male life expectancy is lower in Brownhills. Life expectancy for males in Walsall is 77.8. Female life expectancy is significantly lower in Rushall-Shelfield. Life expectancy for females in Walsall is 82.7.

Smoking (QoF)



Smoking is still the single greatest cause of illness and premature death in England, killing one in two smokers prematurely.

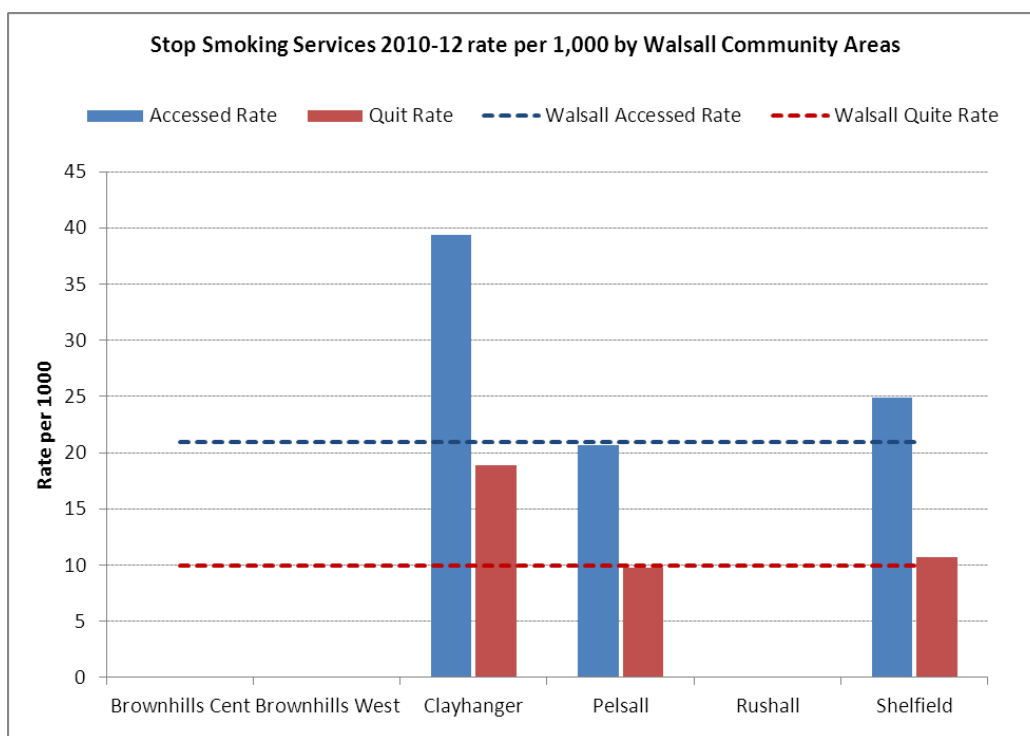
Smoking is the biggest modifiable risk factor for cancer and heart diseases.

Pelsall, Rushall and Shelfield have higher estimated prevalence for smoking than Walsall average (26.2%).

Smoking-Accessing Stop Smoking Service and Quitting

Stop Smoking Services provide behavioural and pharmacological (i.e. nicotine replacement therapy (NRT)) to smokers who want to stop. Support is provided up to 12 weeks and can be either one to one or as part of a group. Services are offered from a range of venue – health centres, pharmacies, community centres, libraries and shopping centres and from a range of providers.

Not all community areas have the facilities to provide this service. In these cases, a mobile unit can be provided, but the local interest isn't generally high. This knowledge shows where additional attention is needed in the future.

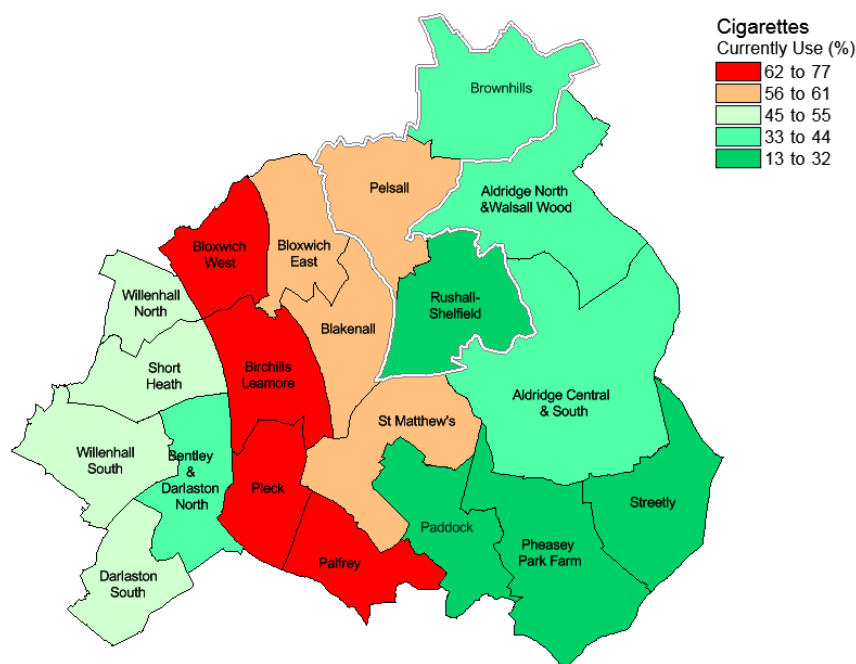


For Brownhills and Rushall, no data was available regarding the service.

Service access rate for Pelsall and Sheffield roughly match the Walsall average, with the Clayhanger community being considerable higher.

For Pelsall and Sheffield, the quit rate has matched the Walsall average, with Clayhanger having a higher than average quit rate.

Lifestyle Survey: smoking



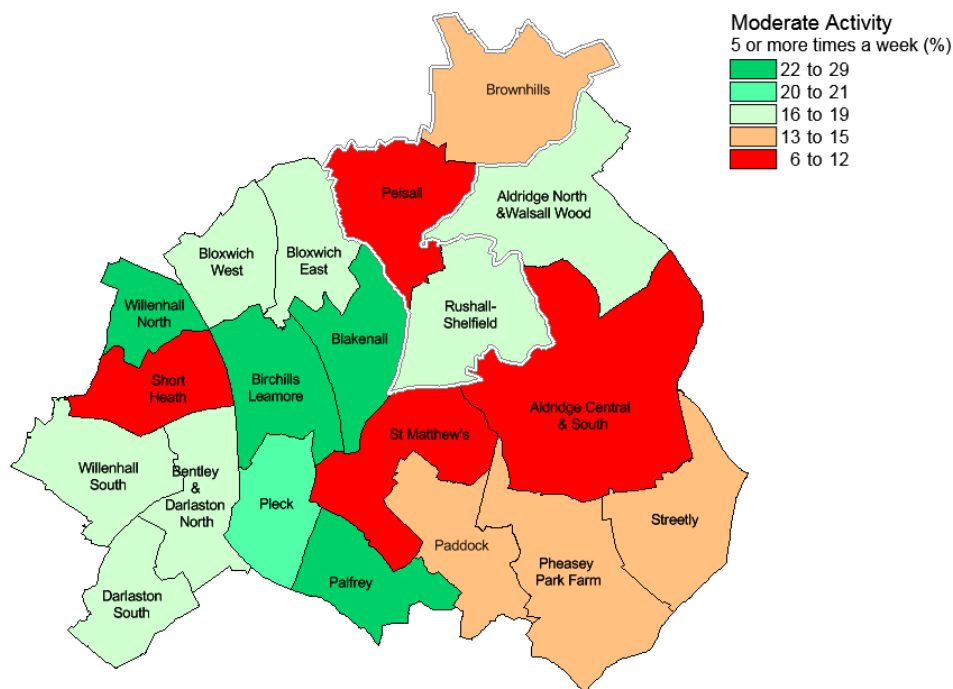
In Brownhills AP 45% of respondents from the survey currently use cigarettes/cigars. The average for Walsall is 48%.

81% have tried to give up using tobacco, of which 51% managed to stop smoking for more than 6 months.

58% stop using tobacco without any help or support.

38% of tobacco users would like to stop using tobacco.

Lifestyle Survey: Exercise



Moderate activity takes medium physical effort and makes you breathe a little harder than usual. E.g. fast walking, tennis, easy cycling, dancing and easy swimming.

For Brownhills AP 13% undertook moderate activity for more than half an hour at a time, 5 or more times a week. The average for Walsall is 16%.

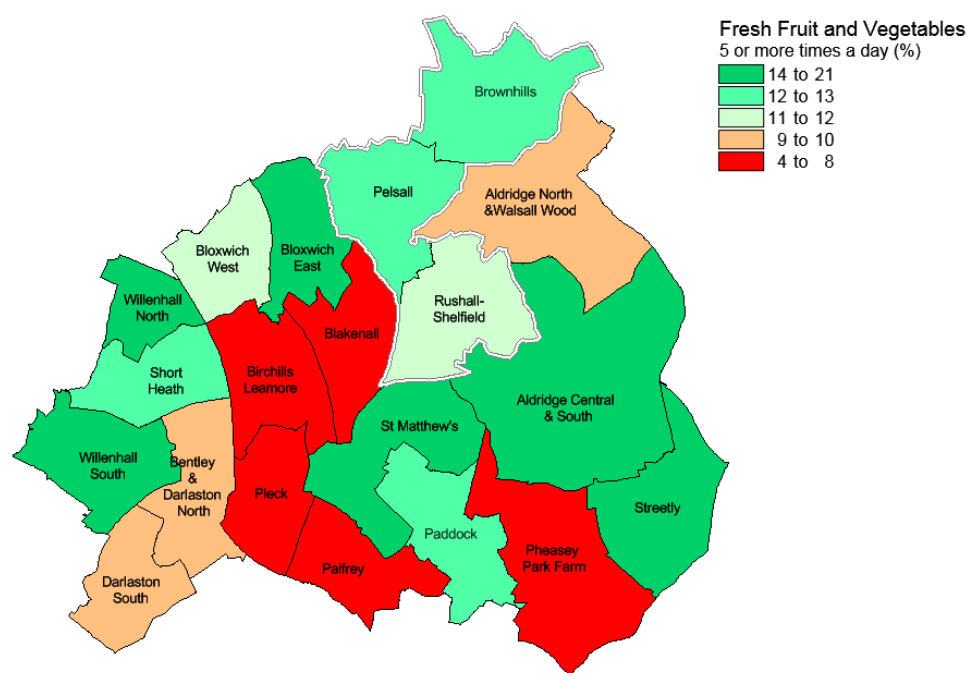
Encouragement to exercise would be:

- Affordable gym/leisure facilities
- Someone to go with
- Having more time

Type of exercise/activity interested in:

- Swimming
- Gym (e.g. exercise machines, weights, treadmill).

Lifestyle survey: Diet and Nutrition



89% of respondents from Brownhills AP do not eat the recommended 5 portions of fruit and vegetables a day. The average for Walsall is 88%.

Pulses (e.g. lentils, barley, chick-peas) are consumed by 36% more than once a week but less than daily.

Fried food (e.g. chips), is eaten more than once a week by almost a third of residents (30%). Pies, pasties, pastries and sausage rolls are eaten more than once a week by a fifth (20%) of respondents.

Take-away food is less widely consumed but is eaten more than once a week by one in ten residents (10%).

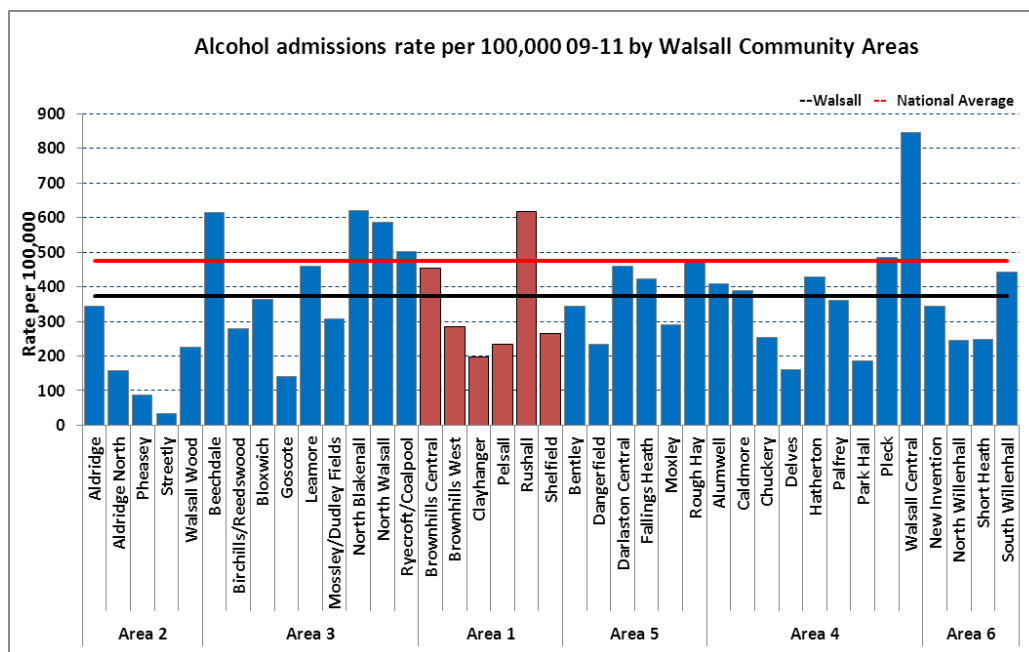
Brownhills/Pelsall/Rushall/Shelfield

Alcohol-Specific Hospital Admissions

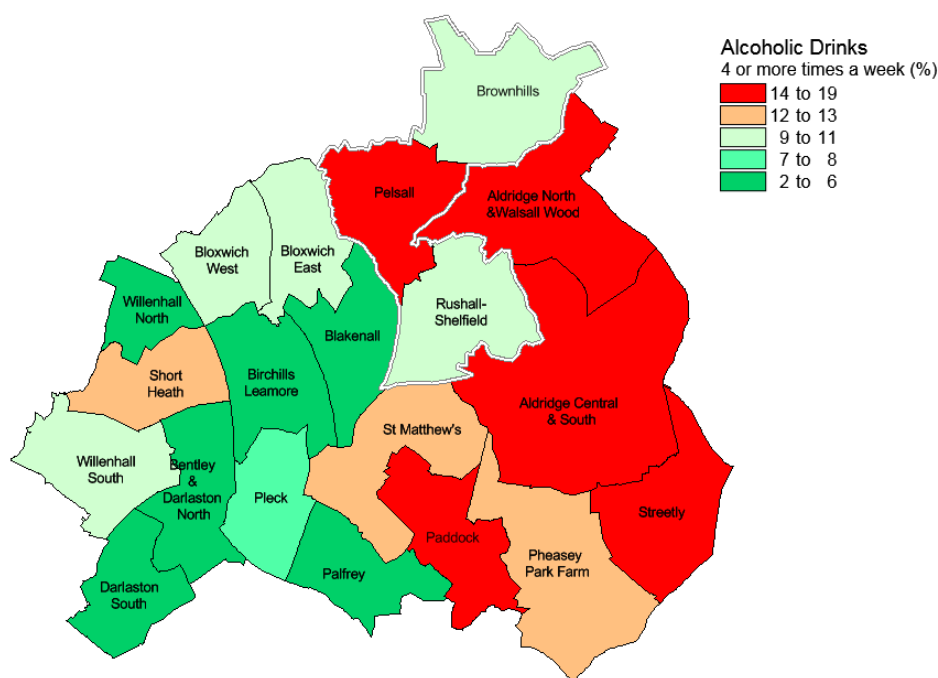
The priority health indicator by which alcohol related harm is currently measured is the number of alcohol related hospital admissions per 100,000 population.

Excessive alcohol consumption can impact on both the health of the individual, with chronic liver disease, cardiovascular disease, cancer, poor mental health and wellbeing and accidents; as well as the wider social determinants of health such as family breakdown, antisocial behaviour and crime.

Data from 2009/10– 2011/12 shows that Brownhills Central and Rushall have higher alcohol admissions in comparison to Walsall average (372.13).



Lifestyle Survey: Alcohol



79% of Brownhills respondents say they drink alcohol. Most people say they drink once a week (47%), while almost one in four (22%) say they drink two or more times a week.

21% never drink which is lower than the figure for England (38%) taken from the 2010 Health Survey for England (HSE).

The survey shows that over half (56%) of those that drink alcohol say they most often obtain it from supermarkets which sell alcohol on offer at bargain prices.

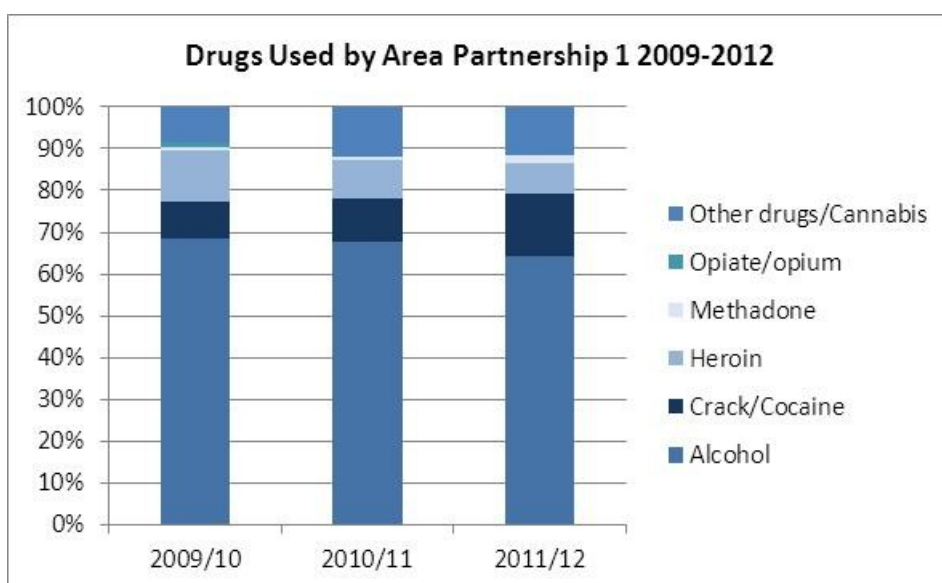
One in four drinkers (25%) buy their drinks in pubs and bars.

Brownhills/Pelsall/Rushall/Shelfield

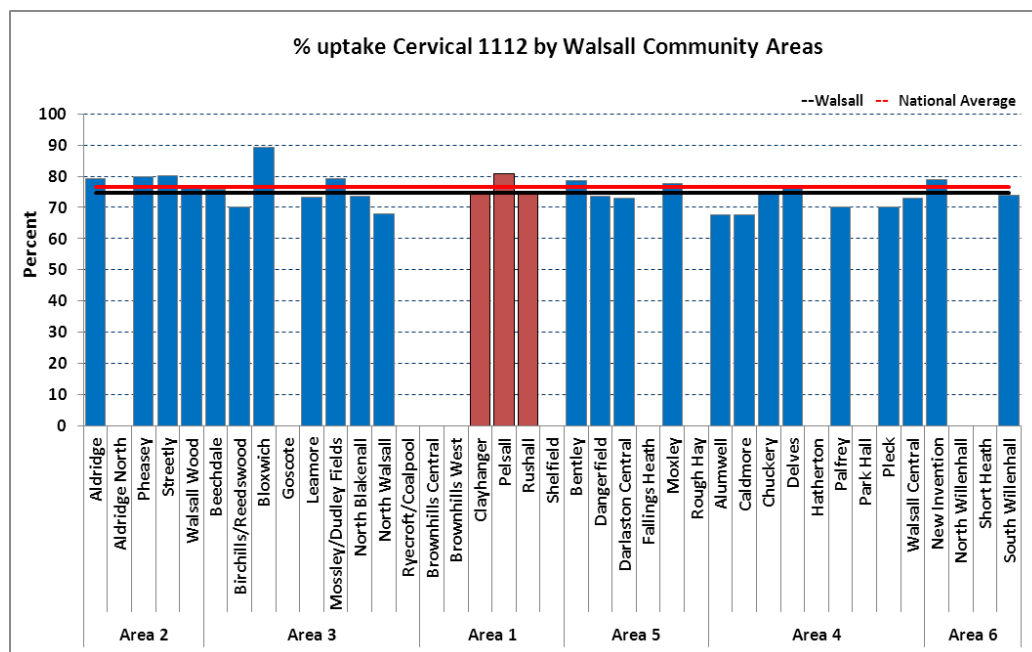
Drug Referrals to DAAT

The purpose of the substance misuse programme is to support people to recover from addiction and reduce the harmful effects of illegal drugs and alcohol upon individuals, families and their communities. Partners who are key to the delivery of services include Walsall Council, West Midlands Police, Addaction, Dudley and Walsall Mental Health Trust (Lantern House), Staffordshire & West Midlands Probation Trust and CRI/T3.

		Brownhills	Pelsall	Rushall/ Shelfield	Brownhills, Pelsall, Rushall & Shelfield	Walsall
2009/10	In Treatment	39	38	47	124	1111
	Completed drug free/occasional use	12	18	18	48	438
	% Completed drug free/occasional use	31%	47%	38%	39%	39%
2010/11	In Treatment	42	44	43	129	1068
	Completed drug free/occasional use	20	17	18	55	427
	% Completed drug free/occasional use	48%	39%	42%	43%	40%
2011/12	In Treatment	55	32	63	150	1263
	Completed drug free/occasional use	21	12	22	55	451
	% Completed drug free/occasional use	38%	38%	35%	37%	36%



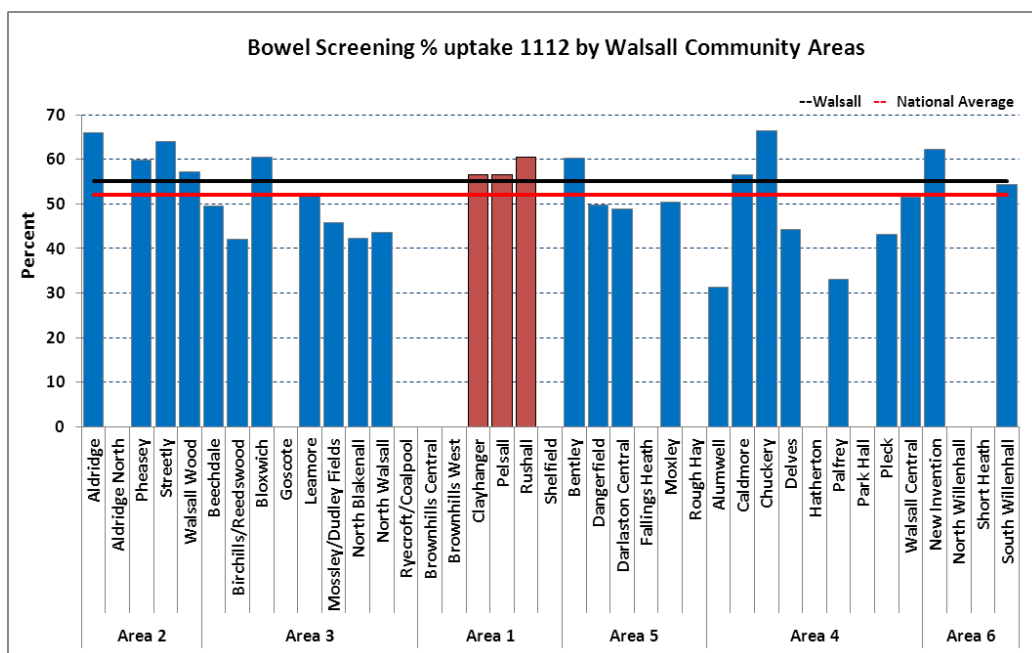
Cervical Screening



NB. This indicator is based on Walsall GP aggregated data, there are several communities for which there will be no data. Neighbouring communities should be used as a guide to the levels of uptake in those “empty” communities.

The target for cervical screening coverage of women aged 25-64 is 80%+. Again, as a GP-based screening programme, not all communities will show coverage although residents will be registered at other nearby practices. Practices in Clayhanger, Pelsall and Rushall show slightly higher rates than the Walsall average (74.6%). There are currently no practices in Brownhills Central, Brownhills West and Shelfield.

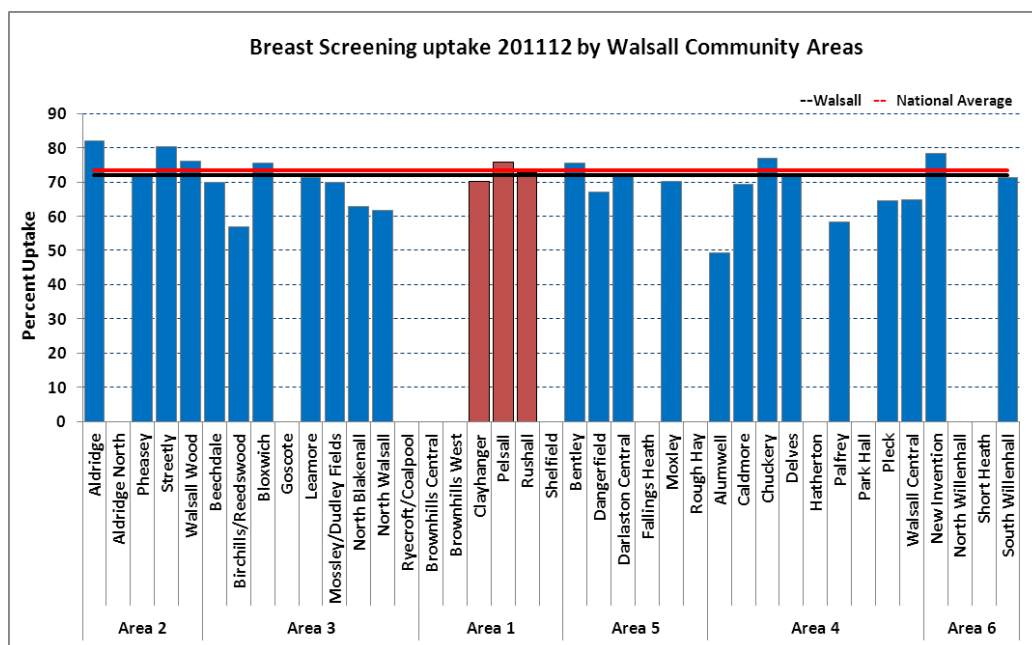
Bowel Screening



NB. This indicator is based on Walsall GP aggregated data, there are several communities for which there will be no data. Neighbouring communities should be used as a guide to the levels of uptake in those “empty” communities.

Again, as a GP-based screening programme, not all communities will show coverage although residents will be registered at other nearby practices. All practices in the Area Partnership show higher rates than the Walsall average (55%). There are currently no practices in Brownhills Central, Brownhills West and Shelfield.

Breast Screening



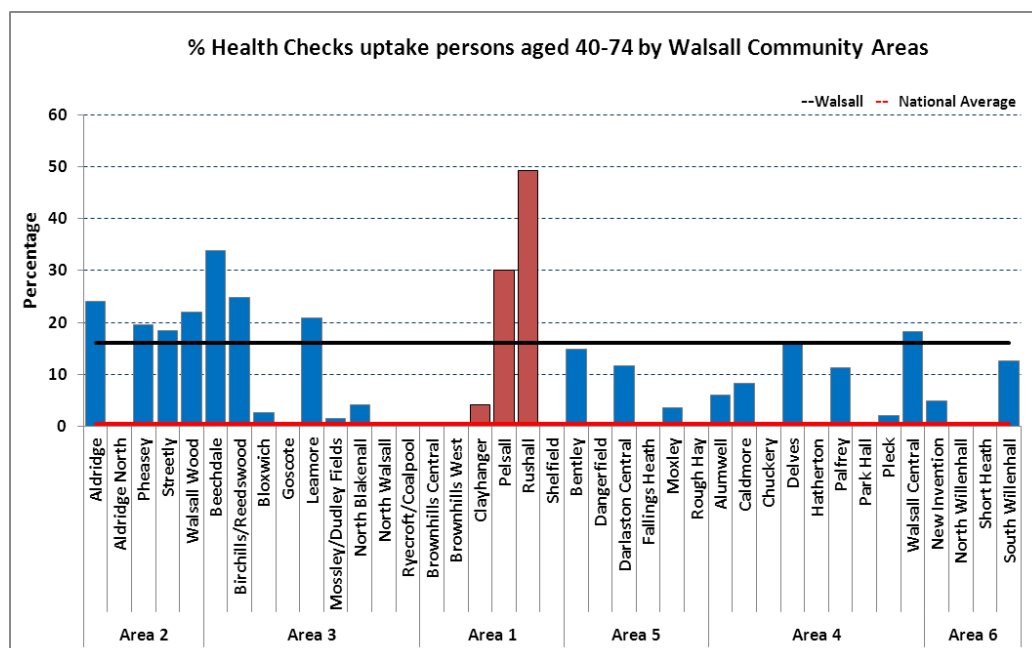
NB. This indicator is based on Walsall GP aggregated data, there are several communities for which there will be no data. Neighbouring communities should be used as a guide to the levels of uptake in those “empty” communities.

The target for breast screening coverage of women aged 60-74 is 60%+. Again, as a GP-based screening programme, not all communities will show coverage although residents will be registered at other nearby practices. Only the Pelsall practice shows as being a higher rate than the Walsall average (72%). There are currently no practices in Brownhills Central, Brownhills West and Shelfield.

NHS Health Checks

An NHS health check aims to help people aged 40 to 74 lower the risk of four common but preventable diseases: heart disease, stroke, diabetes and kidney disease. It is offered to people who have not already been diagnosed with any of the four conditions.

The 2 year uptake is for 2010/11 and 2011/12 activity. The community areas within Brownhills AP that undertake NHS health checks are above the Walsall average (16%) with the exception of Clayhanger.



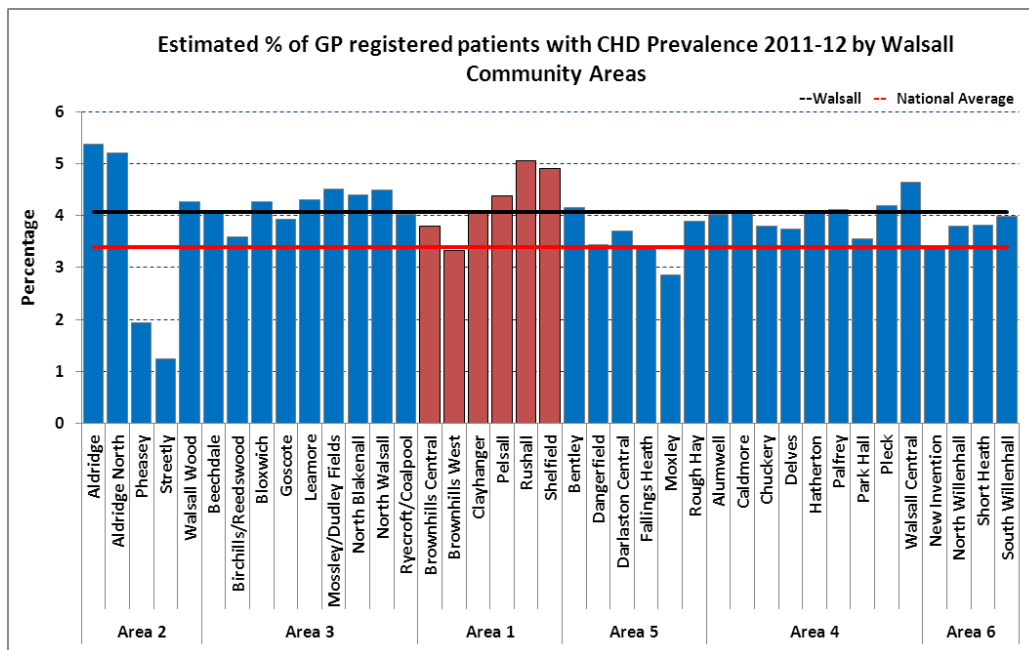
NB. This indicator is based on Walsall GP aggregated data, there are several communities for which there will be no data. Neighbouring communities should be used as a guide to the levels of uptake in those “empty” communities.

Reducing the burden of preventable disease, disability and death by strengthening the role and impact of ill health prevention

Coronary Heart Disease (QoF)

Coronary Heart Disease (CHD) is common but is a condition which has very strong evidence based interventions for prevention and treatment.

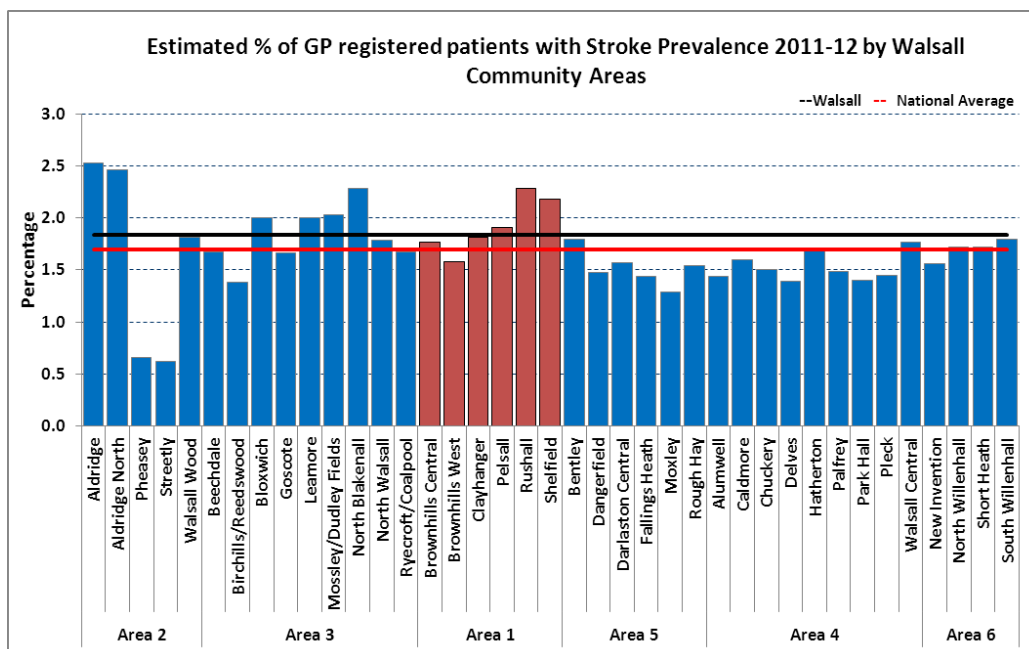
Most community areas within Brownhills AP have high estimated prevalence for CHD than Walsall average (4.1), with the exception of Brownhills Central and Brownhills West.



Stroke (QoF)

Stroke is the largest cause of disability in the UK, and the third commonest cause of death (after heart disease and cancer). Most cases occur in people aged over 65 but, a stroke can occur at any age, even in babies.

Majority of the community areas in Brownhills AP have high estimated prevalence for stroke compared to Walsall average (1.83), with the exception of Brownhills Central and Brownhills West.

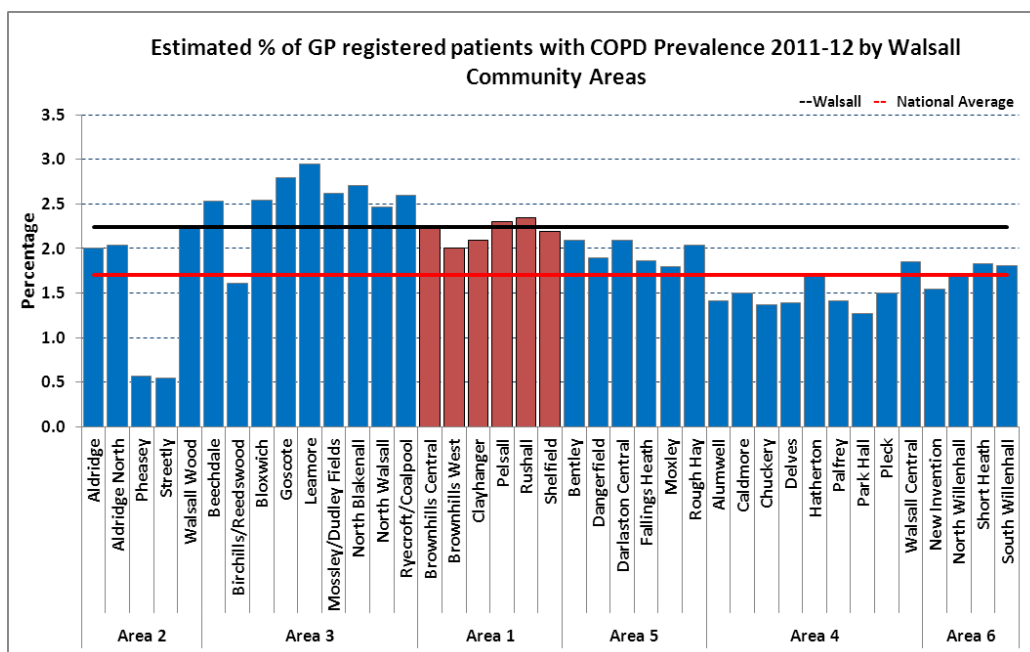


Brownhills/Pelsall/Rushall/Shelfield

COPD (QoF)

Chronic Obstructive Pulmonary Disease (COPD) is a common group of disorders which include chronic bronchitis and emphysema. The main cause of COPD is tobacco smoking, but other relevant causes include exposure with in the mining and pottery industries.

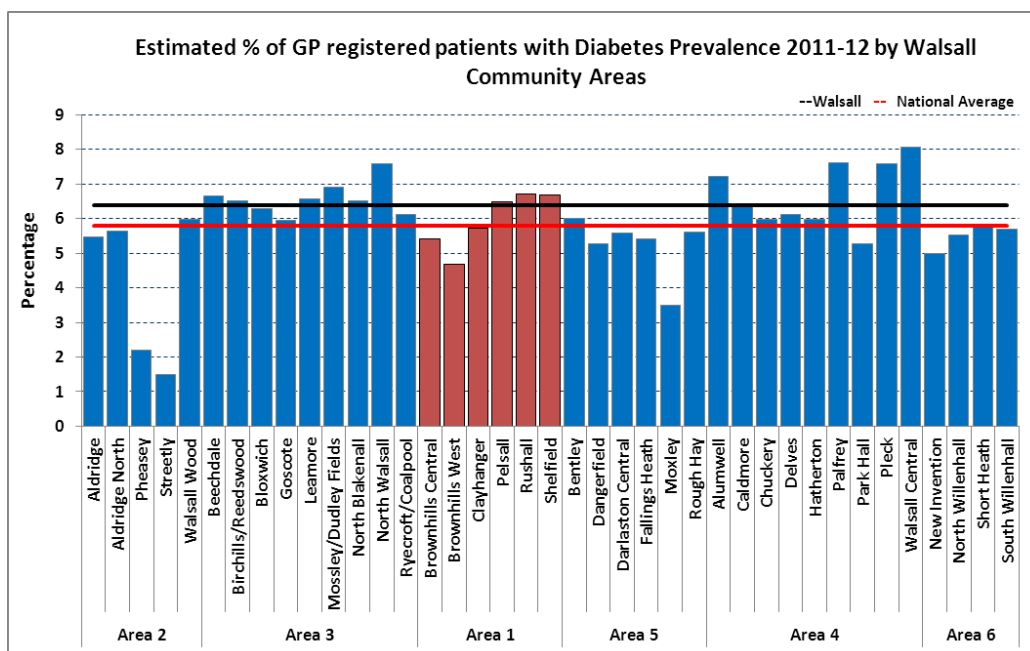
Pelsall and Rushall have higher estimated prevalence for stroke than Walsall average (2.24).



Diabetes (QoF)

Diabetes mellitus (diabetes) is a common endocrine disease affecting all age groups. The long term consequences of poor control are coronary heart disease, blindness, kidney disease, small nerve damage and peripheral vascular disease leading to limb amputations.

Pelsall, Rushall and Shelfield have higher estimated prevalence for diabetes than Walsall average (6.39).



Mosaic Analysis

This Area Partnership is predominantly classified as group “K”, which is defined as

“Residents with sufficient incomes in right-to-buy social housing”

Many of Group K live on former council estates, ones which were comparatively well built and pleasantly laid out and where a large proportion of properties have been purchased under right-to-buy legislation.

Sector Types

This group can also be subdivided into public sector types, which helps describe the population in more detail. The top 5 in this list are as follows:

Ranking	Population %	Description of Sector Type
1	14.37%	Older families in low value housing in traditional industrial areas
2	13.83%	Comfortably off industrial workers owning their own homes
3	11.69%	Low income communities reliant on low skill industrial jobs
4	7.42%	Early middle aged parents likely to be involved in their children's education
5	6.92%	Low income older couples long established in former council estates

Sector Types – Detail

For each of the 5 sector types above, we can briefly describe the health characteristics of the population.

Sector Rank 1 (public sector type k50)

Older families in low value housing in traditional industrial areas

This Type contains many older people living on moderate incomes in better council estates or in areas of better quality, privately owned older terraced housing. Most homes are of an adequate standard. Neighbourhood facilities could often benefit from new investment.

The health of older adults is often impaired by previous employment in hazardous industries and a significant proportion of the working age population rely on long term sickness benefit. Traditionally these communities have been by-passed by fashions for more varied and healthy diets and are now an effective target for public health campaigns. Residents tend to rely on processed foods to a greater extent than is good for them.

Traditionally residents in these communities have relied on pubs, clubs and institutes rather than on local government for the provision of leisure services. Today there are particular needs for leisure services for young people, still living with their parents, and for the large numbers of less mobile older people.

Residents often have to share access to a single car across all members of the household. Most people live within walking distance of a neighbourhood centre but are reliant on buses to reach a wider range of commercial and public services.

Mosaic Analysis Continued

Sector Rank 2 (public sector type j47)

Comfortably off industrial workers owning their own homes

This Type contains large numbers of married people in their 50s and 60s whose main breadwinners have enjoyed good wages from skilled manual jobs in manufacturing or mining. They tend to live in comfortably sized semi-detached houses in suburban locations developed some 30 to 50 years ago.

Health issues are ones which are common in regions dependent on heavy industry such as cancer, breathing problems, asbestosis and injuries to backs and limbs. Residents have not been among the first to adopt healthy eating habits but are concerned about their health and are responsive to health promotion campaigns.

Sector Rank 3 (public sector type j45)

Low income communities reliant on low skill industrial jobs

This Type consists of areas of older housing, mostly owner-occupied, with many residents working in poorly paid blue collar jobs in local manufacturing industry.

Levels of health are typically below the national average with significant numbers suffering from disabilities suffered whilst at work. Diet is not as varied as it ought to be, partly as a result of a poor range of foods often stocked in the local grocery stores on which these residents have tended to rely. These are areas where children marry early and where teenage pregnancy is a commonplace occurrence.

Common leisure interests include gardening, tending allotments, walking the dog and fishing. Local pubs, clubs and institutes provide valuable social stimulation.

Sector Rank 4 (public sector type f23)

Early middle aged parents likely to be involved in their children's education

This Type consists of large numbers of relatively well paid workers, many in middle management roles in successful companies or working in managerial functions in local authorities, typically living in modern housing.

Residents tend to be particularly health conscious. Parents are likely to devote considerable attention to ensuring the healthiness of their children's diet and to be well informed about health and environmental hazards.

The focus on leisure activity is the family. Open space, swimming pools and sports centres are intensively used as are summer courses for children.

Mosaic Analysis Continued

Sector Rank 5 (public sector type k49)

Low income older couples long established in former council estates

This Type contains people who live in unpretentious but reasonably good quality homes on what originally were council estates. Many are in middle or later middle age with older or grown up children.

Life expectancy is somewhat lower than the national average. When younger, many of the older people would have been brought up in families where diet was poor. Today many people would probably benefit from a more varied diet and lower levels of consumption of processed foods.

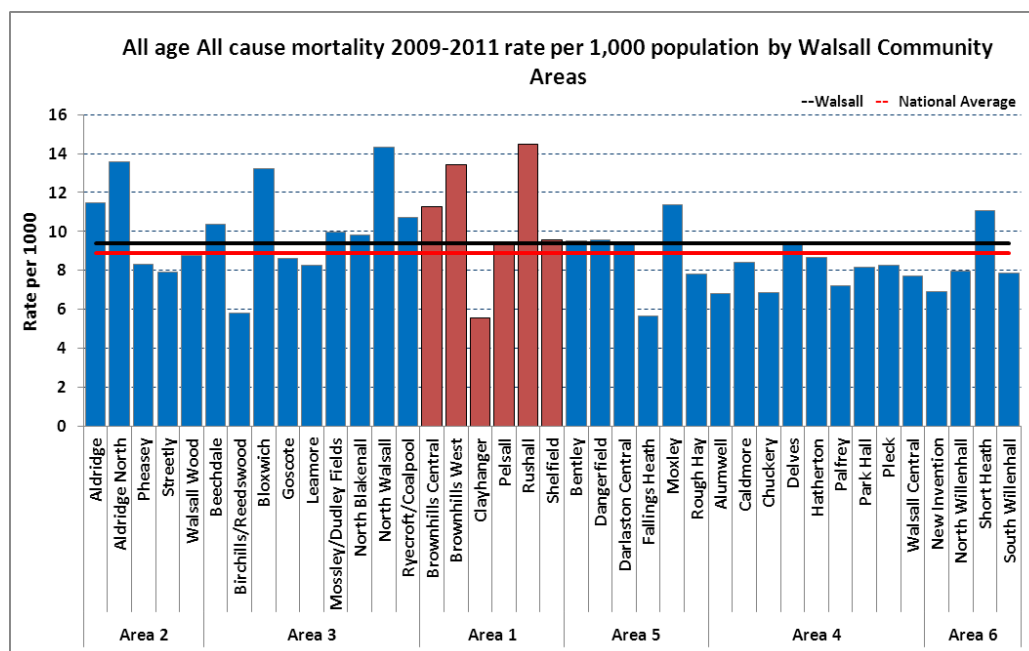
There is demand from teenagers and young people living at home for leisure services for young people and sports centres – football pitches in particular – are likely to be well-used. There is less interest in tennis or squash.

Residents often live in households which have access to a single car. Most are not within walking distance of commercial and public services and are dependent on local buses to access them.

All Age All Cause Mortality

All age all cause mortality (AAACM) rates are also used as a proxy measure for life expectancy. When AAACM rates improve, life expectancy can be expected to improve.

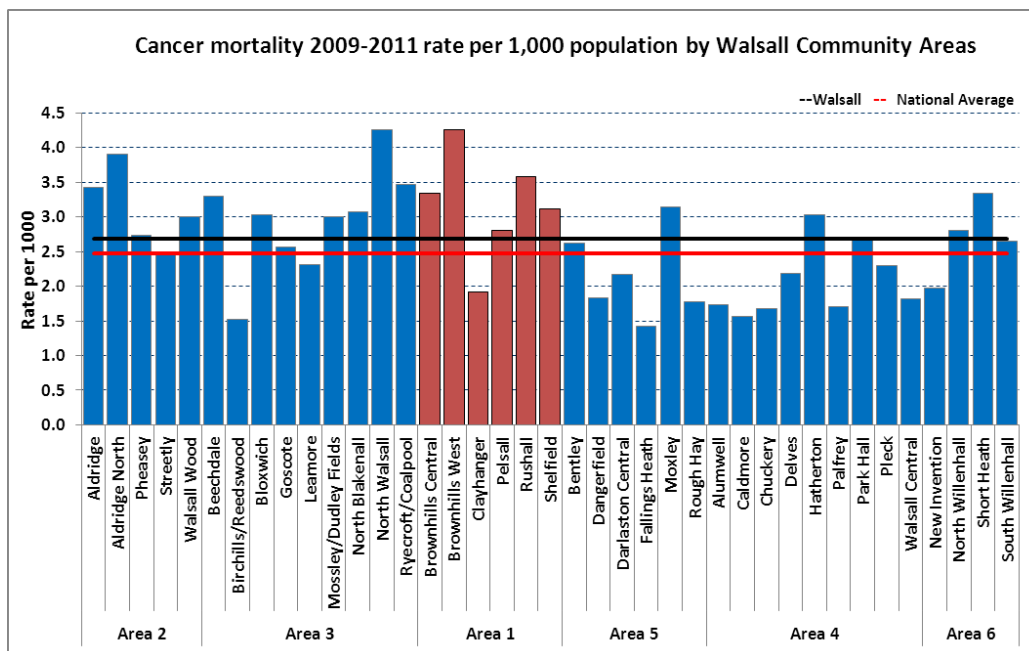
All community areas within Brownhills AP have higher mortality rates than the Walsall average 9.6 per 1,000, with the exception of Clayhanger.



Brownhills/Pelsall/Rushall/Shelfield

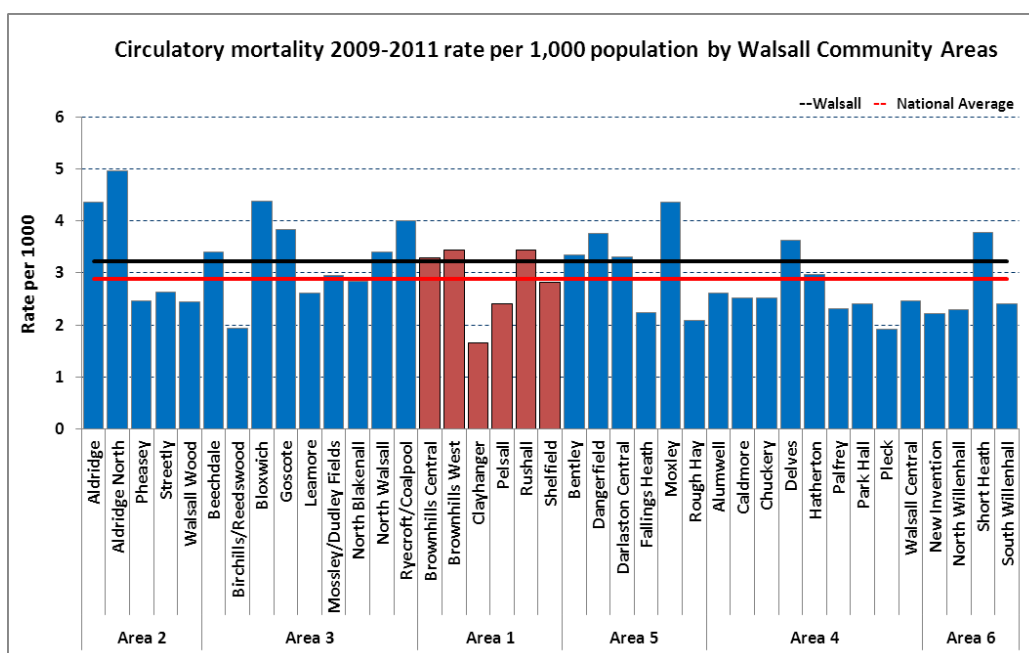
Cancer Mortality

The cancer mortality rate is significantly higher in Brownhills AP than the Walsall average (2.69 per 1,000) for the majority of community areas. It is vital that we ensure good uptake of screening for breast cancer, cervical cancer and colorectal cancer.



Circulatory Mortality

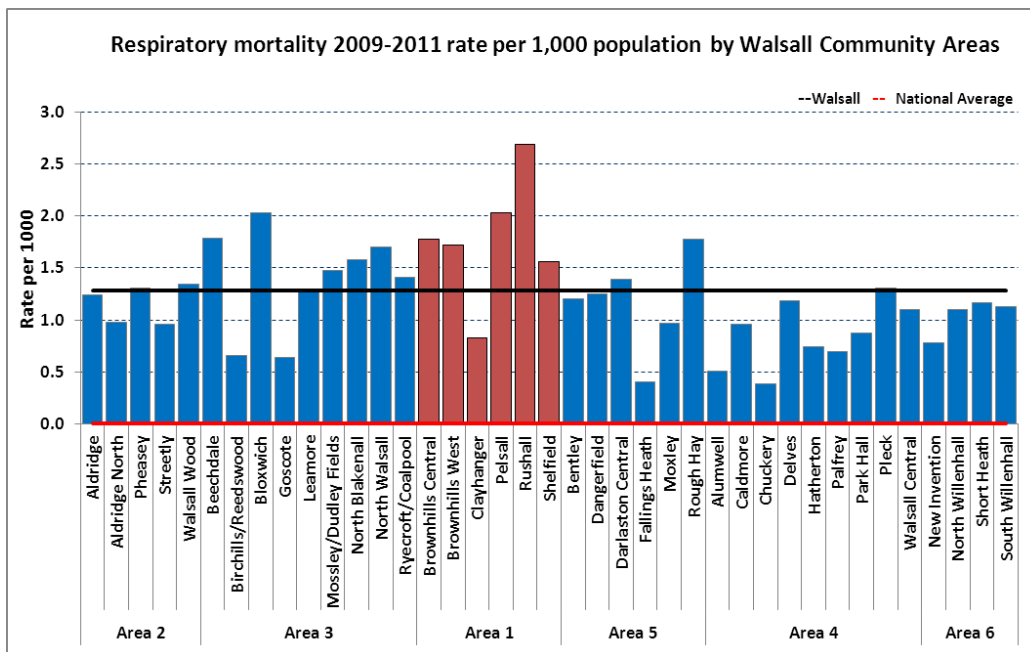
Circulatory mortality (known as cardiovascular mortality) refers to disease of the heart or blood vessels. In Walsall most deaths due to CVD are premature and could be prevented by lifestyle changes, such as weight reduction, physical activity, stopping smoking and moderating alcohol consumption. Brownhills Central, Brownhills West and Rushall have higher circulatory mortality rates than Walsall average 3.22 per 1,000.



Brownhills/Pelsall/Rushall/Shelfield

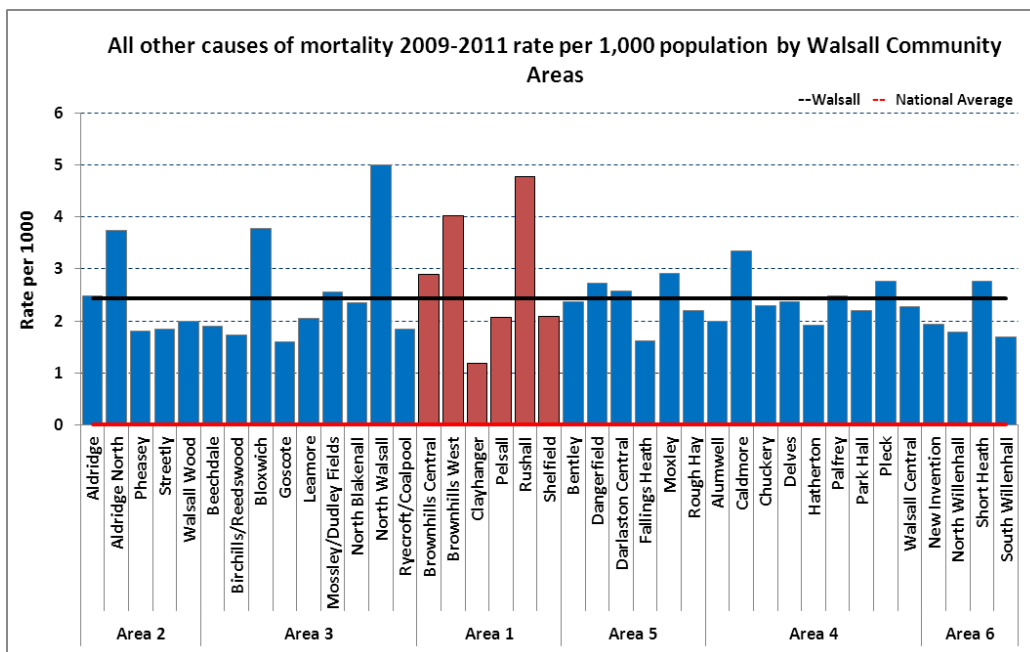
Respiratory Mortality

Respiratory disease is a major cause of death. Some of the causes of death from respiratory disease include pneumonia, bronchitis and emphysema. Brownhills Central, Brownhills West, Pelsall, Rushall and Shelfield have higher respiratory mortality than Walsall average (1.28 per 1,000).



All Other Causes of Mortality

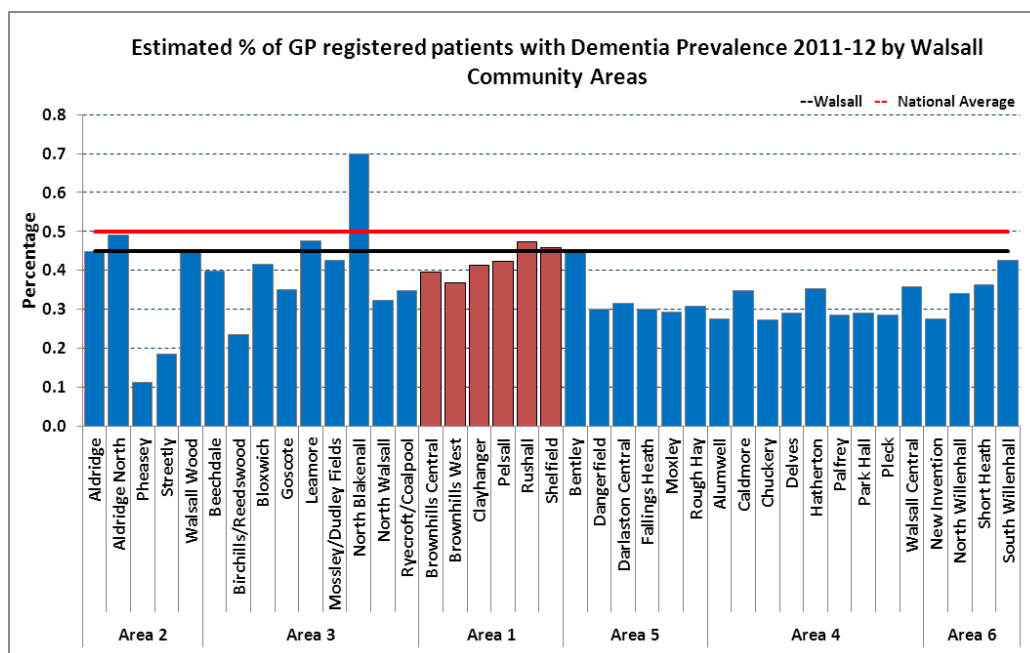
All other causes of mortality (excluding cancer, circulatory and respiratory) Brownhills Central, Brownhills West and Rushall have a higher mortality rate than the Walsall average 2.43 per 1,000.



Healthy aging and independent living

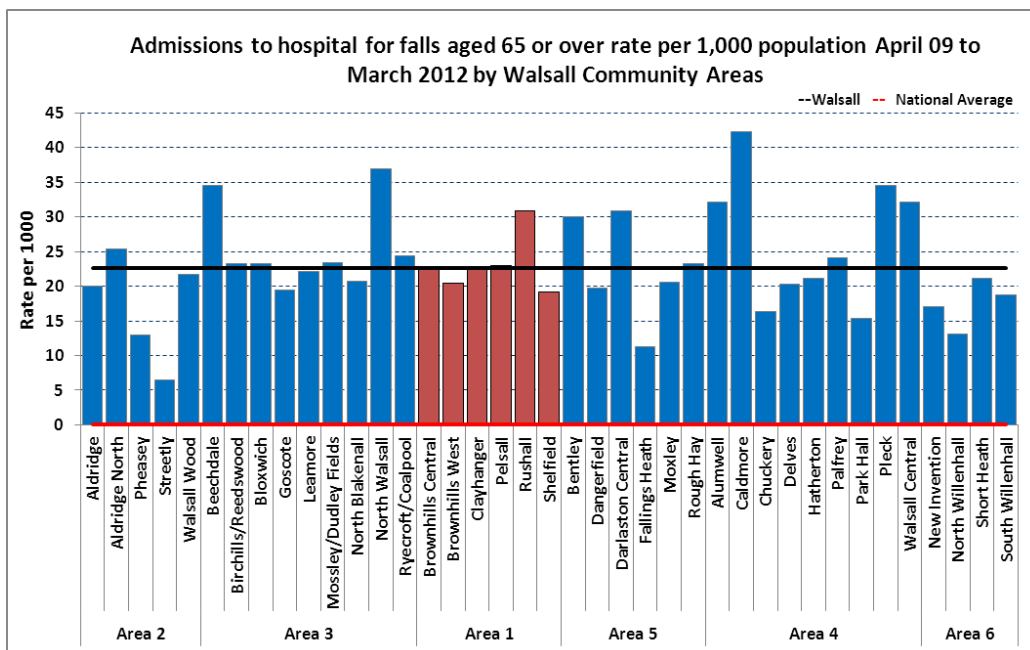
Dementia (QoF)

Dementia is a term used to describe a collection of symptoms, including a decline in memory, reasoning and communication skills, and a gradual loss of skills needed to carry out daily activities. These symptoms are caused by structural and chemical changes in the brain as a result of physical diseases such as Alzheimer’s disease. Dementia can affect people of any age, but is most common in older people. All community areas within Brownhills AP have lower estimated prevalence for dementia than Walsall average (0.45), with the exception of Rushall and Shelfield.



Brownhills/Pelsall/Rushall/Shelfield

Hospital Admissions for Hip Fractures and for Falls



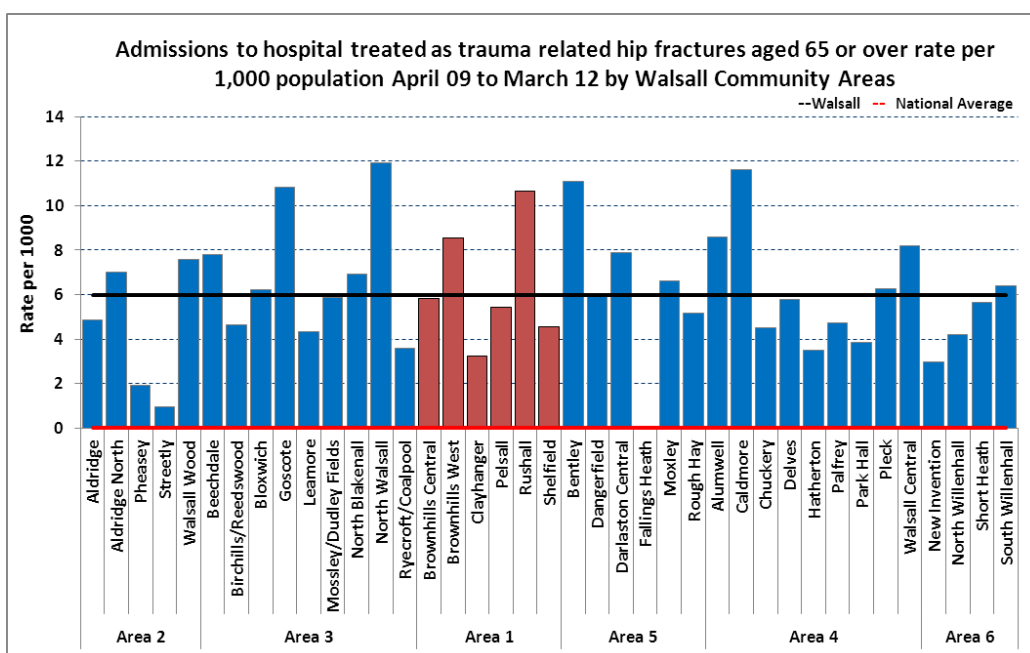
Whilst a number of agencies are working to reduce the number of people who fall and who suffer injury from falling, there remains a need for a more systematic approach to the prevention of fractures.

There are clear preventative actions which will improve bone density and strength, leading to reduced risk of fracture in older age. For example, ensuring weight bearing exercise in childhood or identifying adults at risk of osteoporosis and providing appropriate interventions.

Opportunities for older people to maintain bone strength are often limited by access to transport, lack of provision, fear of going out or social isolation.

There are high rates of admission to hospital for trauma related hip fractures in people aged 65 and over in Brownhills West and Rushall.

Rushall has the highest rate of admissions to hospital for falls in people aged 65 and over.



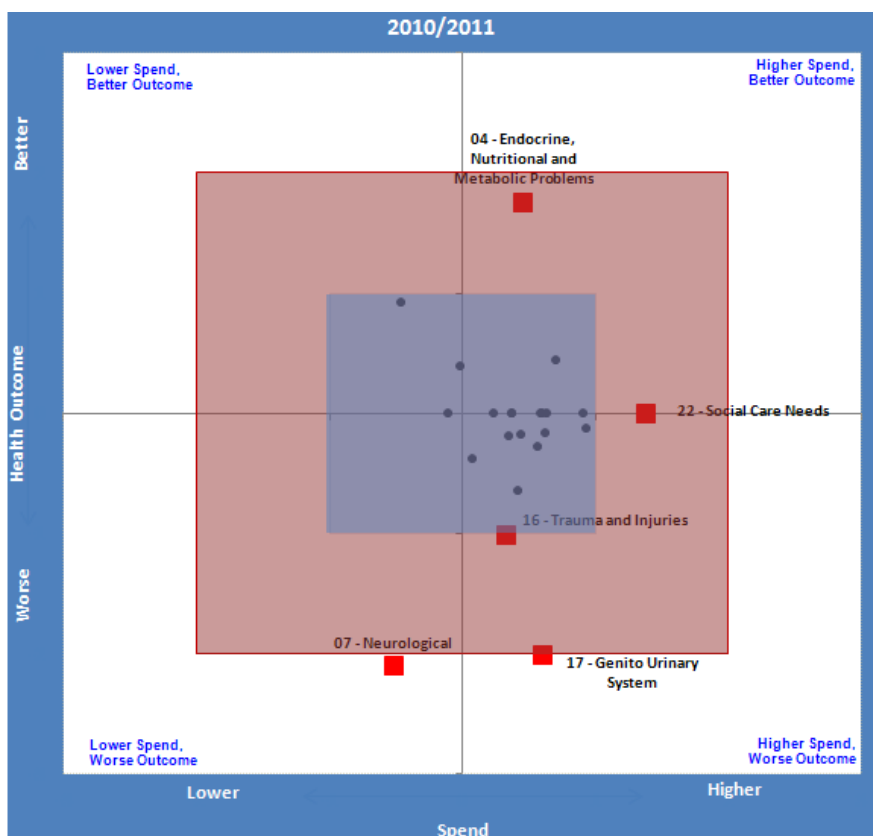
Programme Budgeting and Activity

The Department initiated the national programme budget project in 2002 to develop a source of information, which shows ‘where the money is going’ and ‘what we are getting for the money we invest in the NHS’.

Programme budgeting data has been collected since 2003-04. The annual programme budgeting data collection requires Primary Care Trusts to analyse their expenditure by specific healthcare conditions, such as cancer and mental health. There are currently 23 programme budgeting categories, which are based on the World Health Organisation (WHO) International Classification of Disease (ICD10). A focus on medical conditions, in this way, forges a close link between expenditure and patient care, helping healthcare commissioners to examine the health gain obtainable through investment; and inform the understanding around equity; and how patterns of expenditure map to the epidemiology of the local population.

Interpreting the chart:

Each dot represents a programme budget category. The dots in the blue square are not relevant. The outcome measures on the chart have been chosen because they are reasonably representative of the programme as a whole. This means that for some programmes no outcome data is available. The source data for the outcome measures shown on the chart can be found in the Spend and Outcome Tool. A programme lying outside the pink box, may indicate the need to investigate further. If the programme lies to the left or right of the box, the spend may need reviewing, and if it lies outside the top or bottom of the box, the outcome may need reviewing. Programmes outside the box at the corners may need a review of both spend and outcome. Programmes lying outside the blue box may also warrant further exploration. The ideal area to be in is the top left hand corner where we will be achieving better outcomes with less expenditure.



Source: Spend and Outcome Tool, DH

The chart shows that the genitor-urinary system and trauma and injuries had higher spend and worse outcome measures.

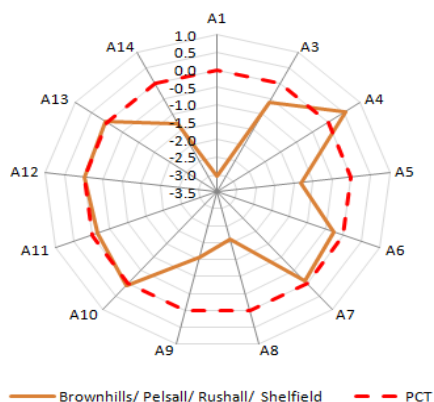
- The genitor-urinary system used the following health indicators:
- Deaths within 30 days admissions, all genitor-urinary admissions excluding day-cases
 - Percentage of patients on ACE/ARB therapy for chronic renal failure and hypertension
 - Emergency readmission to hospital within 28 days discharge all genitor-urinary admissions excluding day-cases
 - Percentage of patients on CKD register.

- Trauma and injuries used the following health indicators:
- Mortality from accidents, accidental falls, fractured femur, skull fracture and intercranial injury and land transport accidents.

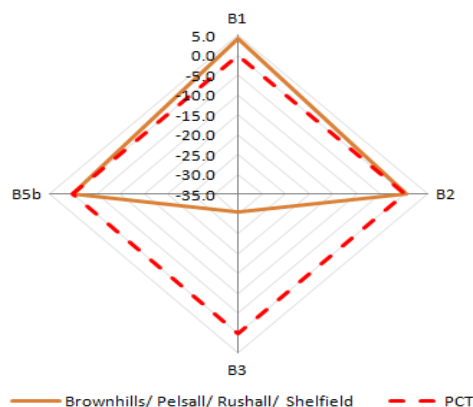
There are no outcome measures for social care needs although it has higher spend.

Hospital Activity

Activity Resulting from Poor_Sub-Optimal Availability of Upstream Interventions - 2009 - 2012



Activity Resulting from Poor/Sub-Optimal Clinical Practice - 2009 - 2012



Brownhills, Pelsall, Rushall & Shelfield has higher activity than Walsall for:

-A4:Admissions of patients aged over 65 for injuries resulting from a fall

Brownhills, Pelsall, Rushall & Shelfield has lower activity than Walsall for:

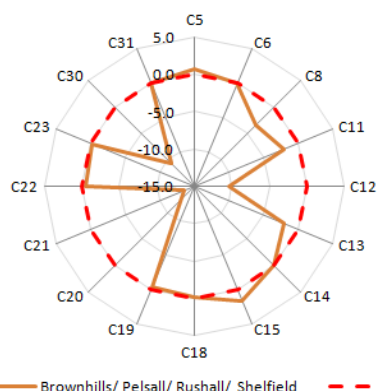
- A1:Avoidable emergency admissions for chronic conditions (including diabetes, COPD, angina, congestive heart failure, hypertension and nutritional deficiencies)
- A3:Admission for vaccine preventable conditions
- A5:Para-suicide and self harm related admissions (intentional self harm/poisoning)
- A6:Admission of patients for illness resulting from use of medication
- A8:Termination of pregnancy
- A9:Alcohol related admissions
- A11:Admissions for conditions related to obesity
- A14:Spend treating low birth weight babies (<2500g)

Brownhills, Pelsall, Rushall & Shelfield has higher activity than Walsall for:

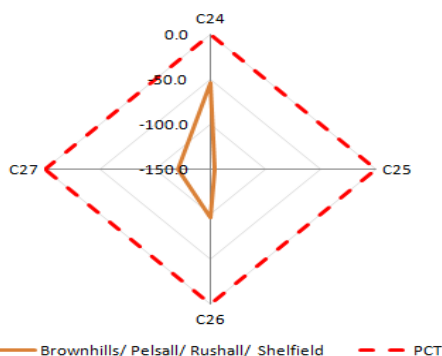
-B1:Procedures of limited clinical value

Brownhills, Pelsall, Rushall & Shelfield has lower activity than Walsall for:

Activity Resulting from Poor_Sub-Optimal Organisation of Healthcare Services (C5 - C23, C30 - C31) - 2009 - 2012



Activity Resulting from Poor_Sub-Optimal Organisation of Healthcare Services (C24 - C27) - 2009 - 2012



Brownhills, Pelsall, Rushall & Shelfield has higher activity than Walsall for:

- C5:Admissions with length of stay over 14 days (bed days)
- C15:Pre-op length of stay emergency admissions (cost of bed days prior to procedure for emergency admissions)

Brownhills, Pelsall, Rushall & Shelfield has lower activity than Walsall for:

- C8:Pre-op length of stay elective admissions (cost of bed days prior to procedure for elective admissions)
- C11:Avoidable emergency admissions for patients with acute conditions
- C12:Zero day length of stay emergency admissions via A&E
- C13:Zero day length of stay emergency admissions via GP per 1,000 weighted population
- C20:Emergency admissions to hospital discharged home the same day without intervention
- C21:Emergency paediatric admissions to hospital (patients aged under 18 years)
- C30:Length of stay in PCT community hospitals (occupied bed

Brownhills, Pelsall, Rushall & Shelfield has lower activity than Walsall for:

- C24:Consultant to consultant out-patient referrals
- C25:Follow-up outpatient attendances
- C26:Follow-up medical outpatient attendances
- C27:Rescheduled outpatient attendances

Useful Contacts for Health Priorities

Person and Service Area	Email Address
Kulvinder Kaur Public Health Intelligence Manager	Kulvinder.Kaur@walsall.nhs.uk
Mandeep Clair Senior Public Health Intelligence Analyst	Mandeep.Clair@walsall.nhs.uk
Sarbjit Uppal Public Health Intelligence Technical Officer	Sarbjit.Uppal@walsall.nhs.uk
David Hughes Public Health Intelligence Technical Officer	David.Hughes@walsall.nhs.uk
Julie Hewitt Information Intelligence Manager (CCG)	Julie.Hewitt@walsall.nhs.uk
Kelvin Edge Planning Manager Programme Budgeting Data (CCG)	Kelvin.Edge@walsall.nhs.uk
Susie Gill Healthy Weight Children's Lead Manager	Susan.Gill@walsall.nhs.uk
Nina Chauhan-Lall Health Checks Co-Ordinator	Nina.Chauhan-Lall@walsall.nhs.uk
Joanne Wood Screening Manager	Joanne.M.Wood@walsall.nhs.uk
Fran Fahy Senior Commissioning Manager for Prevention (smoking)	Fran.Fahy@walsall.nhs.uk
David Neale Substance Misuse Commissioner Manager	David.Neale@walsall.nhs.uk
Sue Caulfield Health Trainer Manager	Sue.Caulfield@walsall.nhs.uk

Acknowledgements

NHS Walsall

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NHS Walsall Community Health

Daniel Clarke

Walsall Joint Commissioning Unit

Dave Neale

West Midlands Cancer Registry / Intelligence Unit / Breast Screening Unit

Rita Khan

Useful Web Links

Adult Social Care Outcomes Framework 2012/13 http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_133335.pdf

Director of Public Health Annual Report 2011 http://cms.walsall.gov.uk/index/social_care_and_health.htm

Indices of Multiple Deprivation 2010 <https://www.gov.uk/government/publications/english-indices-of-deprivation-2010>

Local Area Profiles, Association of Public Health Observatories http://www.apho.org.uk/default.aspx?QN=P_HEALTH_PROFILES

Neighbourhood statistics, Office for National Statistics <http://neighbourhood.statistics.gov.uk>

NHS Information Centre <http://www.ic.nhs.uk/>

NHS Information Centre Indicator Portal <https://indicators.ic.nhs.uk/webview/>

NHS Outcomes Framework 2012/13 http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_131723.pdf

NHS Walsall "Health Atlas" <http://www.walsall.nhs.uk/PublicHealth/atlas.asp>

Office for National Statistics Population Projections <http://www.ons.gov.uk/ons/taxonomy/index.html?nscl=Population+Projections>

Previous Director of Public Health Annual Reports (Minority Communities, Social Exclusion, Alcohol Strategy, Mental Health, Older People, Children...) <http://www.walsall.nhs.uk/PublicHealth/publichealthreports.asp>

Public Health Outcomes Framework 2013-16 http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_132559.pdf

Quality and Outcomes Framework (Qof) <http://www.qof.ic.nhs.uk/>

Reducing Perinatal and Infant mortality in Walsall, Walsall Health Inequalities Strategy 2008-12 <http://www.walsall.nhs.uk/Library/PublicHealth/HIS08-12.pdf>

Walsall Children's Area Partnership profiles http://www.walsallobservatory.org.uk/observatoryindex/wpo-profiles/wpo-cap_profile.htm

Walsall Children's Area Partnership profiles http://www.childrenspartnership.walsall.org.uk/wct-index/area_partnership_profiles.htm

Walsall Core Area Partnership profiles http://www.walsallobservatory.org.uk/observatoryindex/wpo-profiles/area_profiles.htm

Walsall Council social care and health http://cms.walsall.gov.uk/index/social_care_and_health.htm

Walsall Housing Group <http://www.whg.uk.com/main.cfm>

Walsall JSNA 2012 <http://www.blackcountry.nhs.uk/walsall/walsall-subpage/>

Walsall Local Policing <http://www.west-midlands.police.uk/np/walsall/>

Walsall partnership observatory <http://www.walsallobservatory.org.uk/>

Walsall Partnerships <http://www.walsallpartnership.org.uk/>

West Midlands Cancer Intelligence Unit <http://www.wmciu.nhs.uk/>

Glossary

AP -Area Partnership	A& E - Accident and Emergency
CKD - Chronic kidney disease	COPD - Chronic obstructive pulmonary disease
CHD -Coronary Heart Disease	DAAT - Drug and Alcohol Action Team
GP - General Practitioner	

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