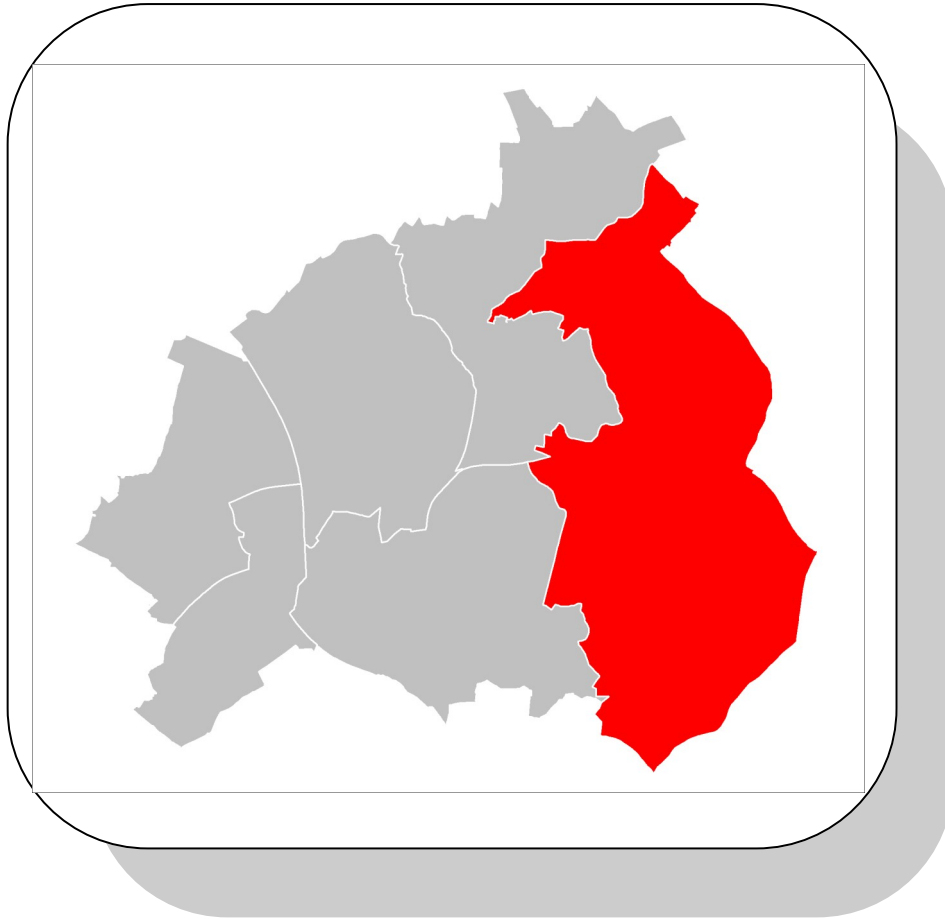




Public Health Area Profiles

December 2012



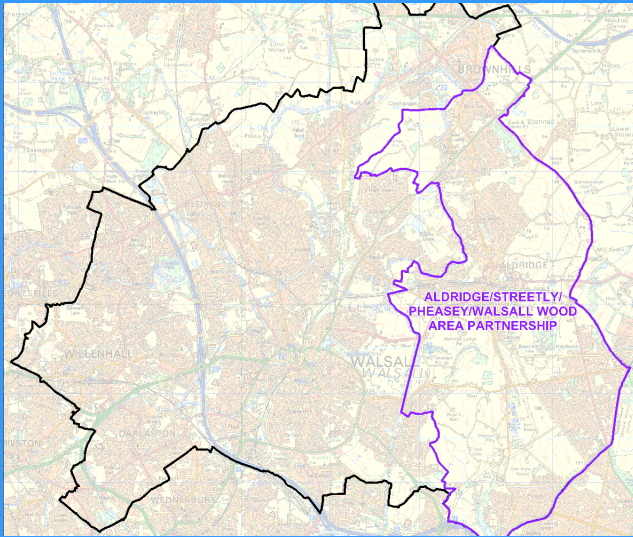
VERSION 2



Area 2:
*Aldridge/Pheasey/
Streetly/Walsall Wood*



Executive Summary



The Area Partnership has 5 communities within its boundary (Approx 48,000 population):

- Aldridge (12,700)
- Aldridge North (4,100)
- Pheasey (8,800)
- Streetly (13,500) &
- Walsall Wood (8,900)

The population is on the whole older than the Walsall average, with much higher %'s of both men and women aged 65 and over

The area has a relatively small number of residents from BME communities—around 3-4%

Compared to the majority of Walsall, residents in the Area Partnership are relatively well-off economically. Most live

in small areas in the least deprived half of the country.

Geographically, the area partnership shares borders with South Staffordshire and Birmingham East and North PCT's. Residents are likely to access some primary and secondary care health services outside of Walsall

Health Priorities:

Generally, health outcomes are better in communities in this Area Partnership than Walsall averages. Indicators of child health are good in the area with relatively low Infant Mortality rates and lower levels of childhood obesity. Sexual health is also generally good in the area (low teenage pregnancies and Chlamydia infection levels). Life expectancy, as defined by current average age at death is a number of 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.

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

Health in Walsall Wood. Walsall Wood has markedly worse outcomes than the rest of the AP for many indicators including Infant mortality, breastfeeding and obesity in Year 6 pupils. Families need to ensure a healthy start for their children using services at nearby Sure Start Children's Centres and Oak Park leisure centre. Adults in these community should be signposted when appropriate to the Health Trainer service and encouraged to visit their GP for a Health Check.

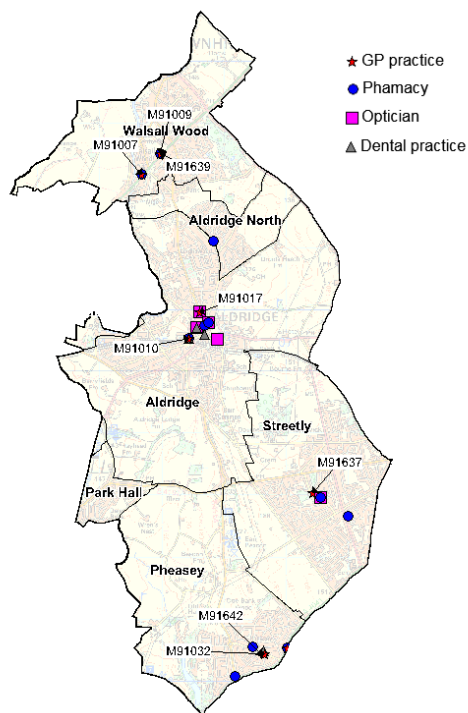
Long-term conditions. Linked to their older population, most of the communities have very high levels of some long-term conditions, particularly circulatory (heart) diseases such as CHD, Stroke and Hypertension. Residents do appear to be able to self-manage more effectively than most, however need to 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.

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.

Health Checks. Uptake of health checks is quite high and has improved over the years in the area. Communities in Pheasey and Walsall Wood in particular are slightly younger and experience some high levels of related long-term conditions so all people aged 40-74 in those areas should be encouraged to attend their GP for a simple health check.

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:
4 Dentists, 8 GP's, 5 Opticians and 11 Pharmacies

No dentists in the following communities:
Aldridge North, Park Hall, Streetly, Walsall Wood

No GP in the following communities:
Aldridge North, Park Hall

No opticians in the following communities:
Aldridge North, Park Hall, Pheasey, Walsall Wood

There are pharmacies in every community in this area partnership
except for Park Hall.

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+
Aldridge	5.1	5.1	6.2	5.9	4.8	4.8	17.4	19.4	6.5	12.3	9.3	2.3	1.1
Aldridge North	4.1	4.8	5.2	5.2	4.0	4.0	17.6	20.2	8.8	14.5	9.4	1.6	0.7
Park Hall	4.2	4.2	6.1	7.2	4.3	3.5	16.7	19.6	7.3	11.9	11.7	2.3	0.9
Pheasey	4.5	5.5	6.4	6.6	5.4	5.4	19.1	19.7	5.5	11.1	9.0	1.3	0.6
Streetly	4.5	4.7	5.8	6.3	5.0	4.3	17.6	21.5	6.6	13.3	8.1	1.7	0.8
Walsall Wood	5.6	5.9	6.3	6.2	5.3	5.6	19.5	20.9	6.7	10.2	5.6	1.4	0.7
Area 2 Grand Total	4.8	5.1	6.1	6.2	5.0	4.8	18.1	20.4	6.6	12.2	8.3	1.7	0.8
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 Aldridge AP has a higher percentage of Older people 65+ (23.0) than the walsall average (17.1).

Community	% Asian/Asian British	% Black/Africa/Caribbean/Black British	% Mixed/multiple ethnic groups	% Other ethnic groups	% White
Aldridge	3.7	0.9	1.4	0.3	93.8
Aldridge North	1.1	0.2	1.5	0.3	96.9
Park Hall	15.7	1.4	1.8	3.5	77.7
Pheasey	5.0	2.3	1.5	0.5	90.7
Streetly	9.1	1.0	1.6	0.5	87.8
Walsall Wood	2.6	1.0	1.8	0.3	94.3
Area 2 Grand Total	5.4	1.2	1.6	0.5	91.4
Walsall Grand Total	15.4	2.4	2.7	0.8	78.7

Source: Census 2011

All community areas within Aldridge AP have lower percentage of BME than Walsall average (21.3), with the exception of Park Hall (22.4).

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

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

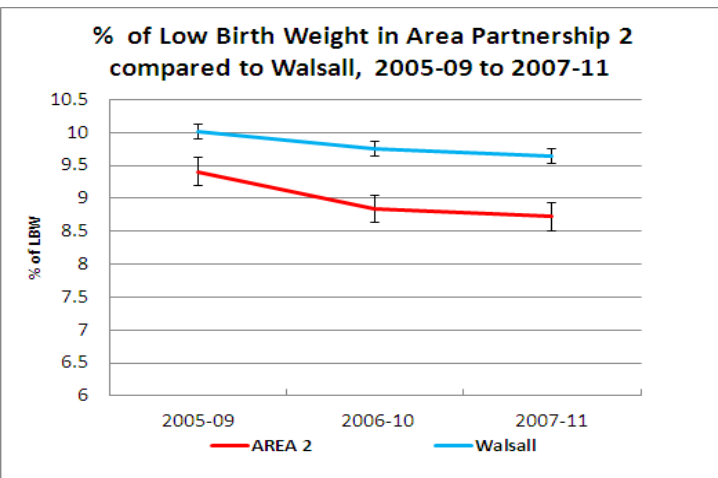
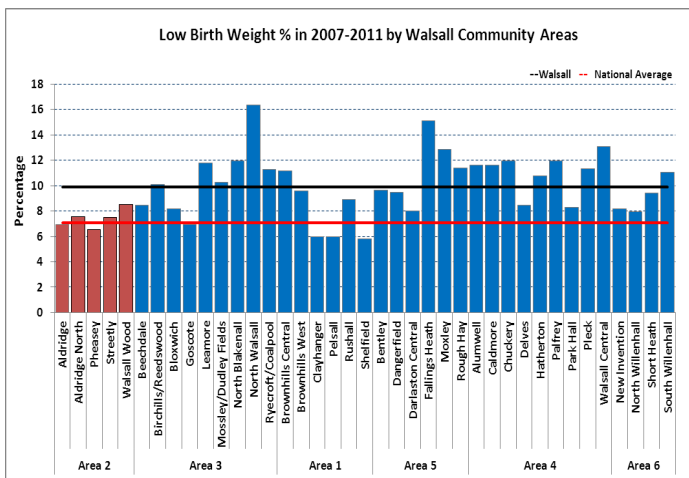
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Give every child the best start in life

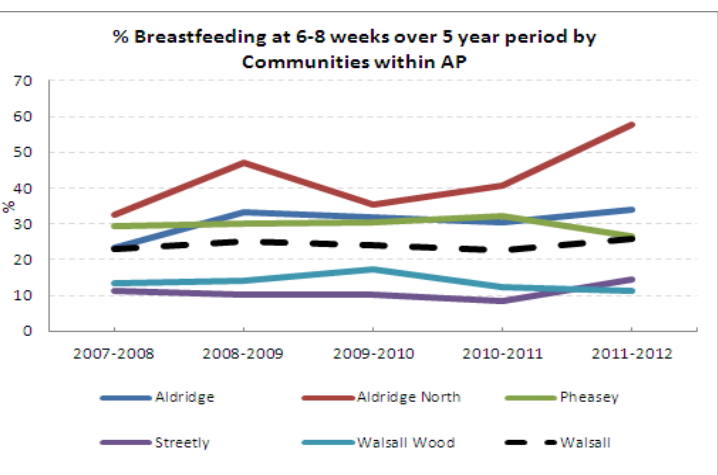
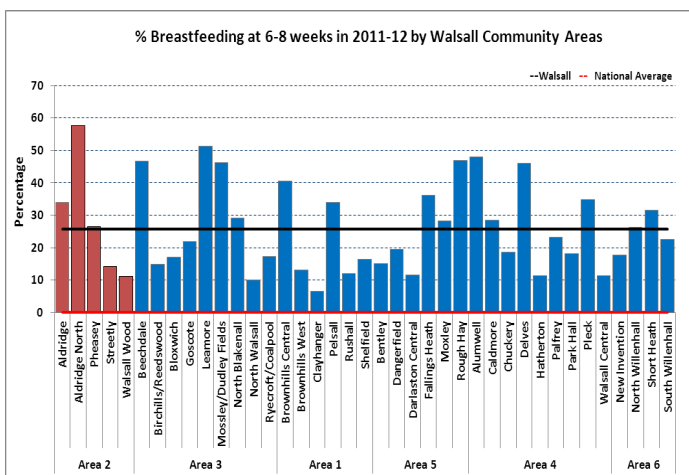
Low Birth Weights



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. Walsall Wood has higher percentage of LBW from 2007 to 2011 in comparison to the National Average (7%).

The proportion of babies having low birth weight within this AP has been lower than Walsall average and has been decreasing during this period.

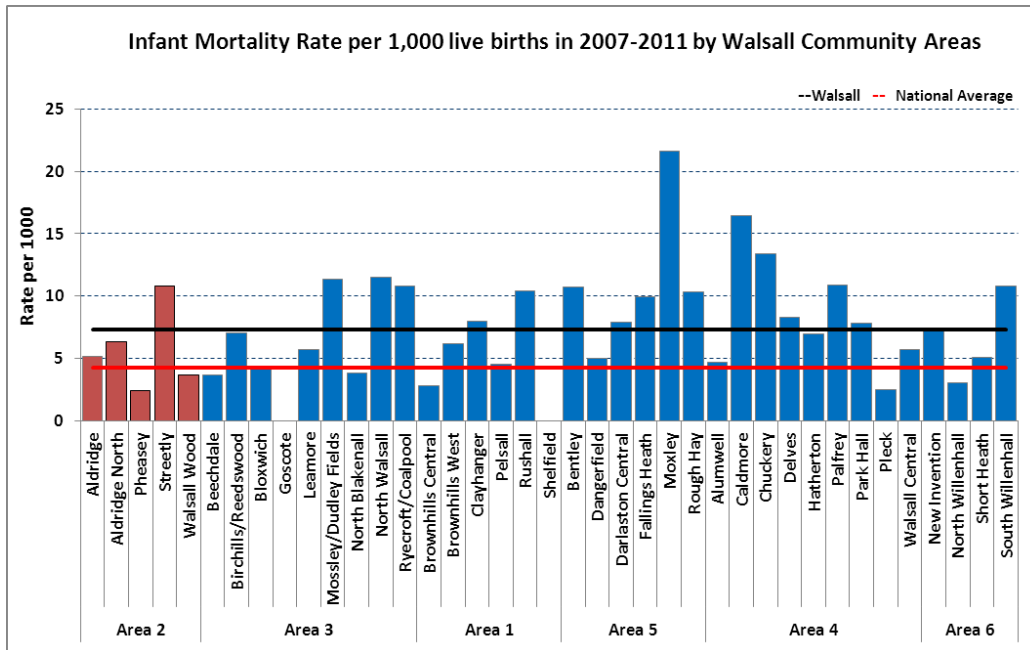
Breastfeeding 6-8 weeks



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 Aldridge AP have higher percentages of breastfeeding at 6-8 weeks in comparison to Walsall average (25.8%), with the exception of Walsall Wood and Streetly with very low uptake.

Streetly and Walsall Wood have consistently had low percentage of breastfeeding at 6-8 weeks than the Walsall average.

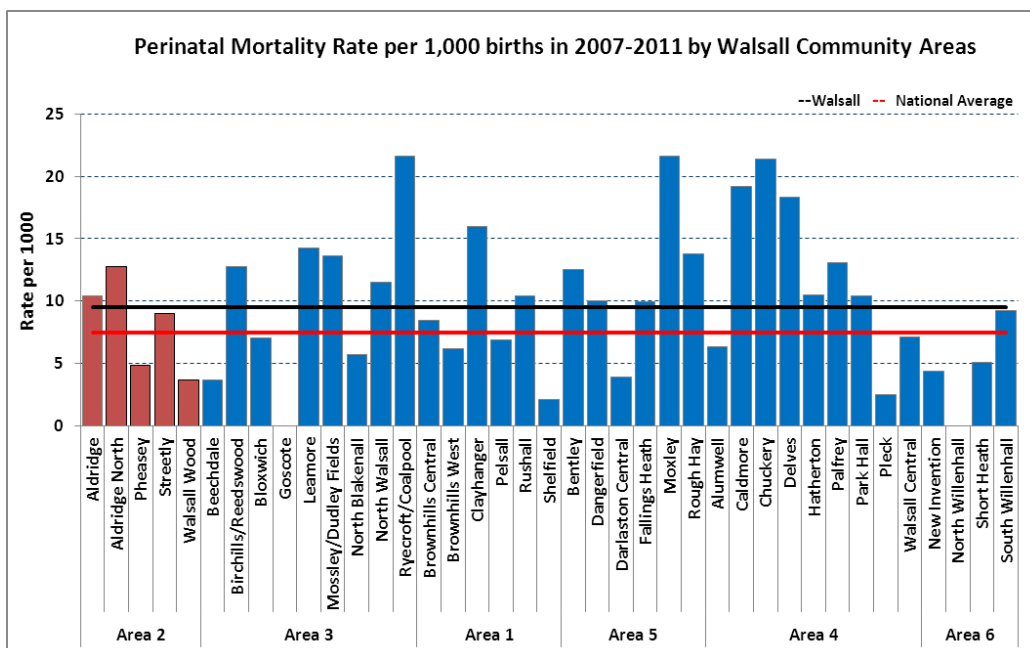
Infant Mortality Rate per 1,000



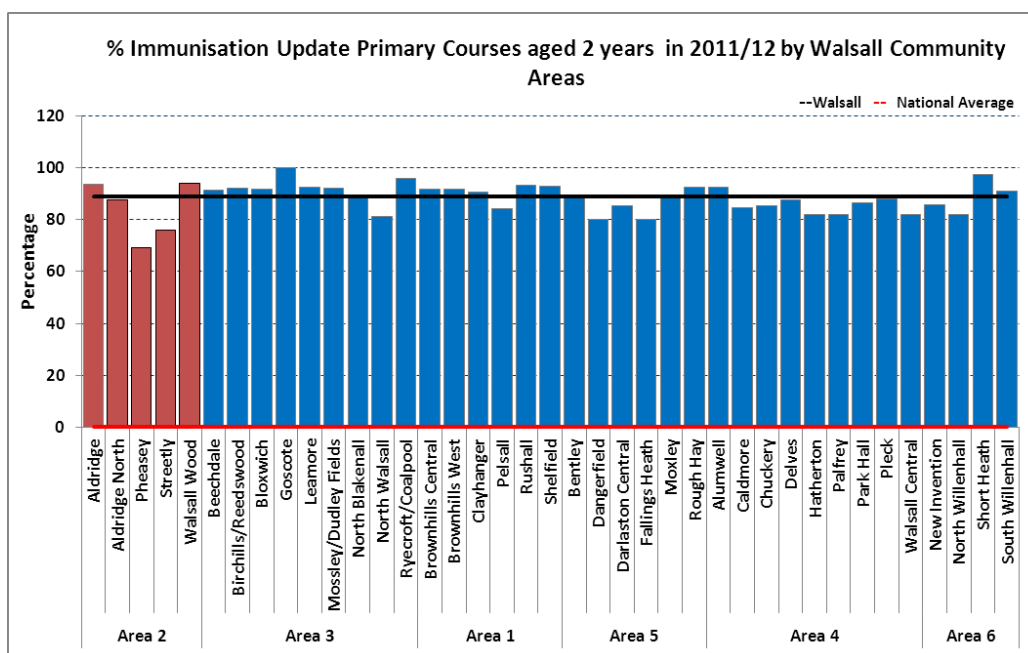
Infant mortality is a sensitive indicator of the overall health of a population, providing a measure of the well-being of infants, children and pregnant women. All community areas in Aldridge AP have higher percentages of infant mortality from 2007 to 2011 in comparison to the National average (4.3),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

Perinatal Mortality Rate per 1,000

Aldridge and Aldridge North have higher perinatal mortality rates (2007-11) (babies who are still born or die within 7 days of birth) than the Walsall average (9.48) and the National average (7.5).



Childhood Immunisations

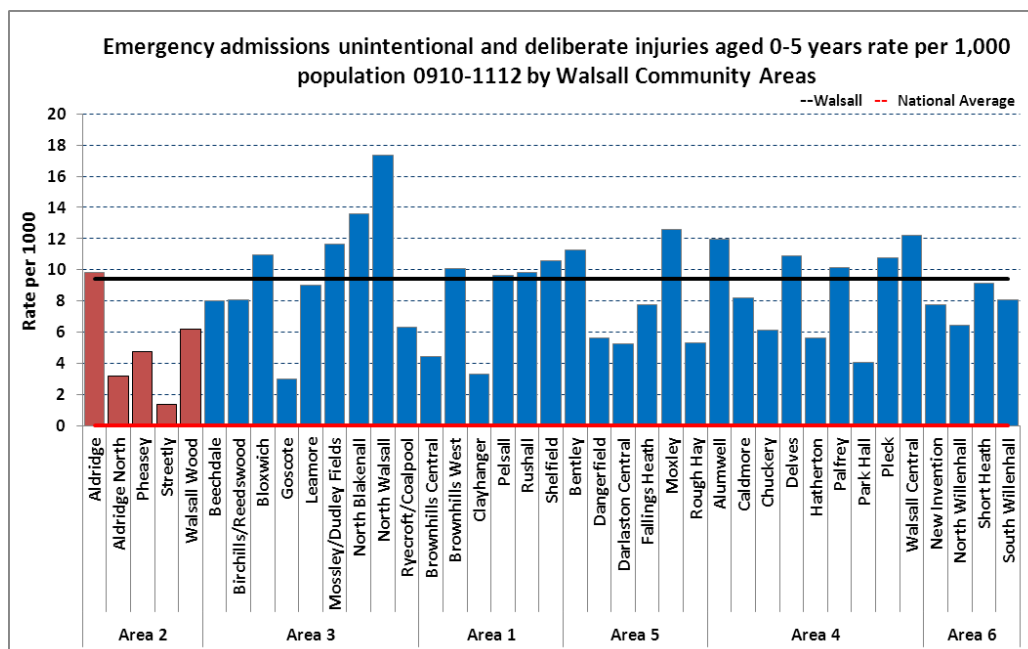


The proportion of immunisation uptake (including DIPHTHERIA, HIB, MENINGITIS C, PERTUSSIS, POLIO, TETANUS, MMR) is lower amongst the Area Partnership children compared to Walsall (88.8%), with the exception of Walsall Wood and Aldridge.

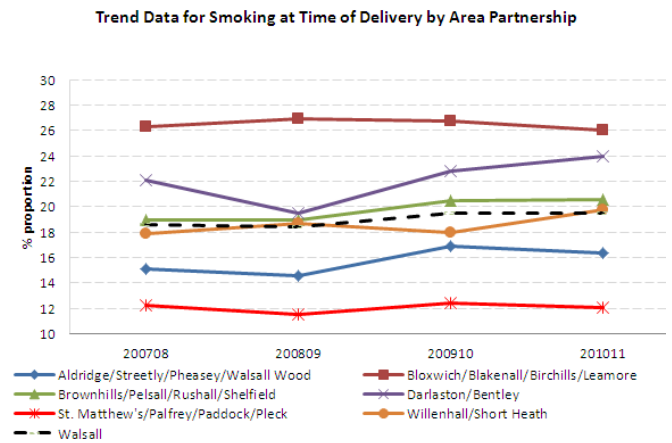
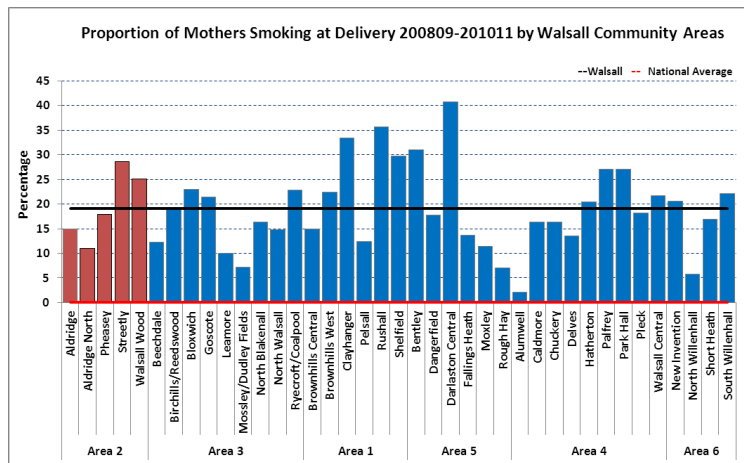
Emergency Hospital Admissions caused by Unintentional and Deliberate Injuries 0-5 years olds

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 the AP have lower emergency admissions than the Walsall average (9.4), apart from Aldridge Community.



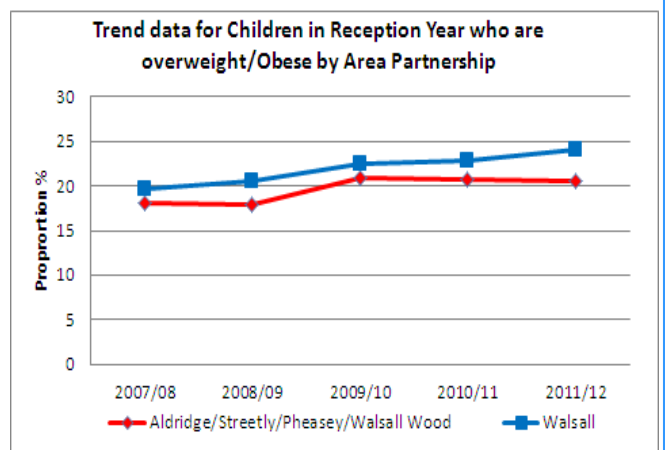
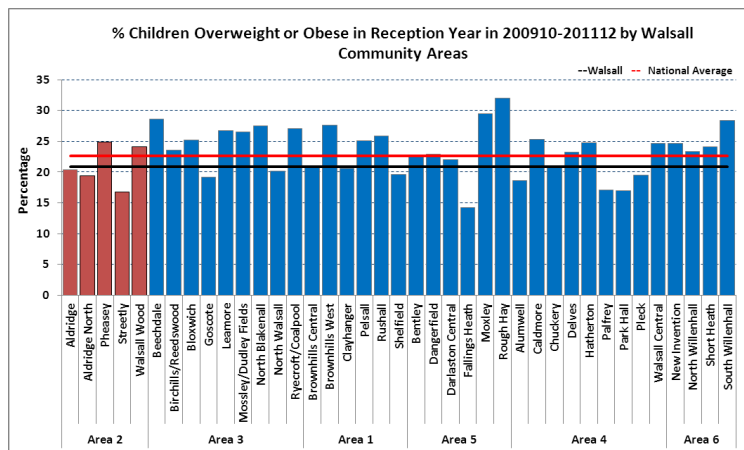
Smoking at Time of Delivery



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. The prevalence for Walsall is 19.12%. Two of the communities in the AP have higher prevalence than the borough.

The Aldridge AP trend for smoking at time of delivery shows lower proportion than Walsall average.

Childhood Obesity Reception

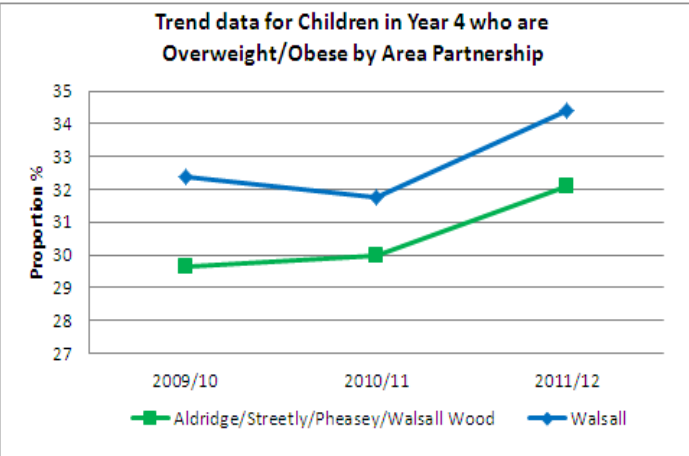
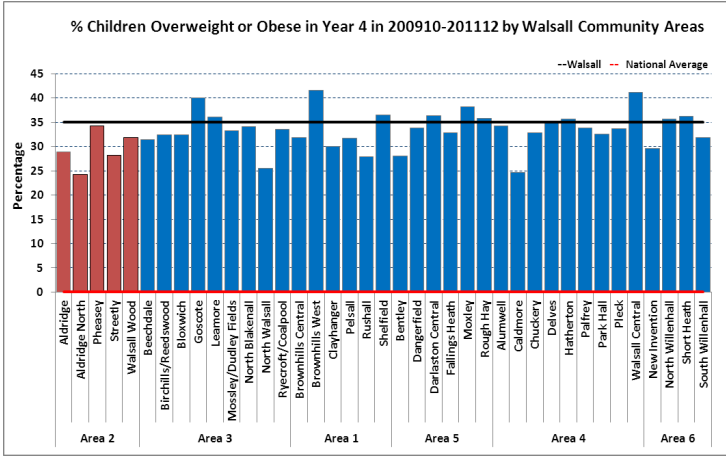


Childhood obesity is a particular concern and there is a link between childhood obesity and risk of disease and death in later life. Pheseay and Walsall Wood Children have higher percentages of obesity for reception children (aged 4-5) in comparison to Walsall average (20.8%).

The Aldridge AP trend for obese children in reception year (aged 4-5) lower than the Walsall average during the last 5 years.

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

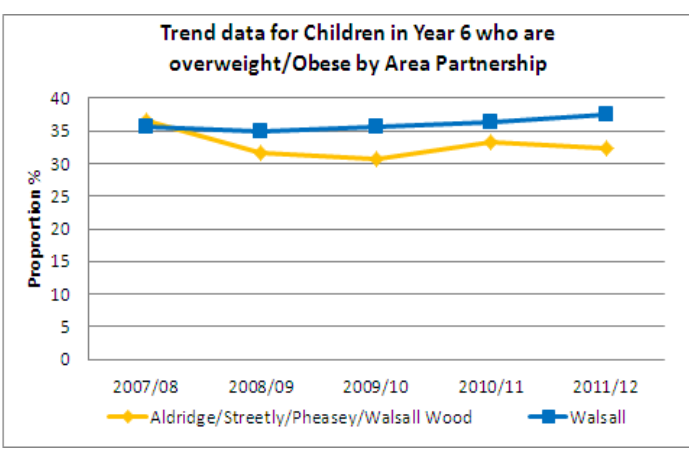
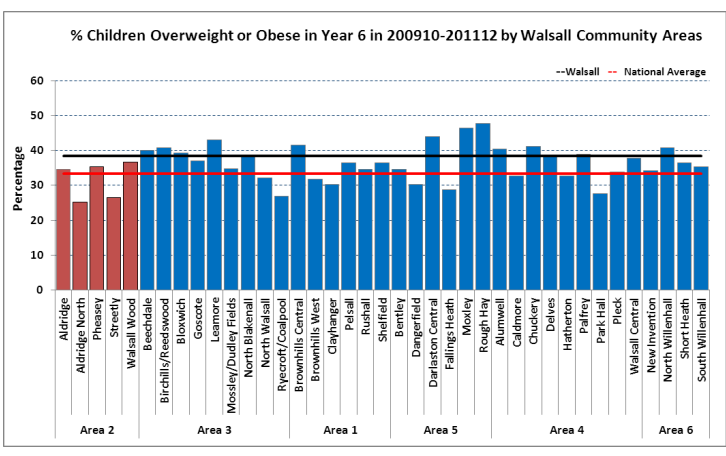
Childhood Obesity Year 4



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. The AP has lower percentages of obesity for year 4 children (aged 8-9) in comparison to Walsall average (35%).

The Aldridge AP trend for children obesity in year 4 (aged 8-9) shows lower proportion compared to the Walsall average.

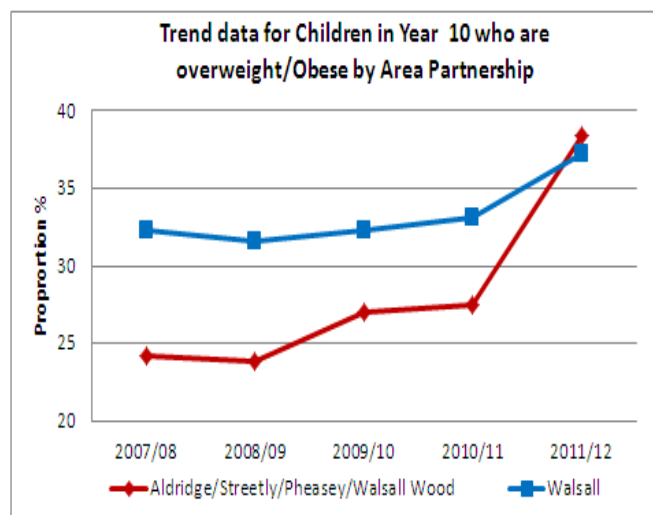
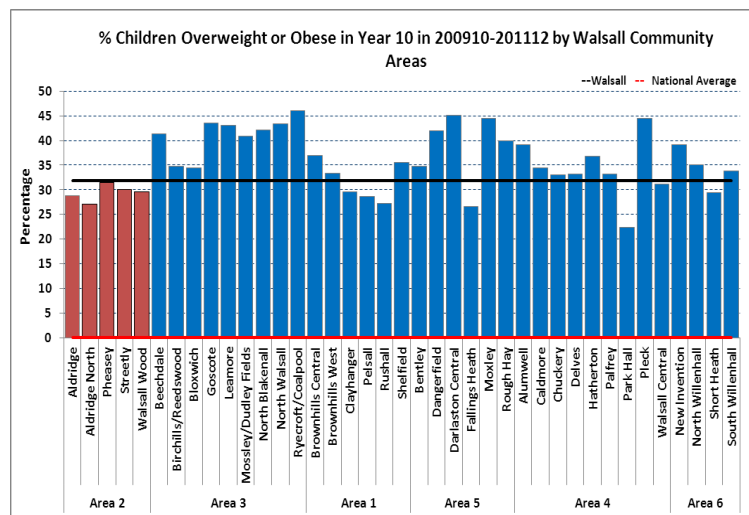
Childhood Obesity Year 6



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. The AP has a higher percentage of obesity for year 6 children (aged 10-11) in comparison to national average (38%).

The Aldridge AP trend for children obesity in year 6 (aged 10-11) shows decrease in proportion over the last 5 years compared to 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. One in three child who was measured in Pheseay is overweight or obese, this is similar to year 10 children (aged 14-15) in comparison to Walsall average (32%).

The Aldridge AP trend for children obesity in year 10 (aged 14-15) shows lower proportion than Walsall until 2011/12 when it increased above the Walsall average.

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.

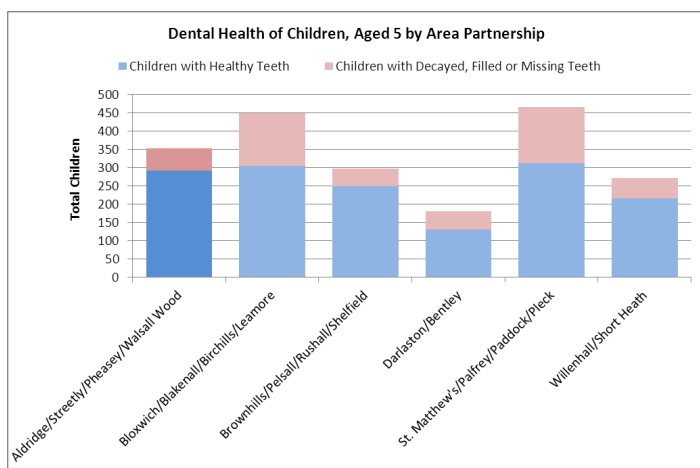
Food dudes programme was designed to tackle the growing problem of obesity and unhealthy diet in children. It is known that eating plenty of fruit and vegetables offers protection against many cancers, coronary heart disease, diabetes and asthma. It also helps to keep children’s skin, teeth and hair healthy. However, getting children to eat fruit and vegetables can be a major challenge

September 2012 Primary Schools starting Food Dudes:
Blackwood 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.

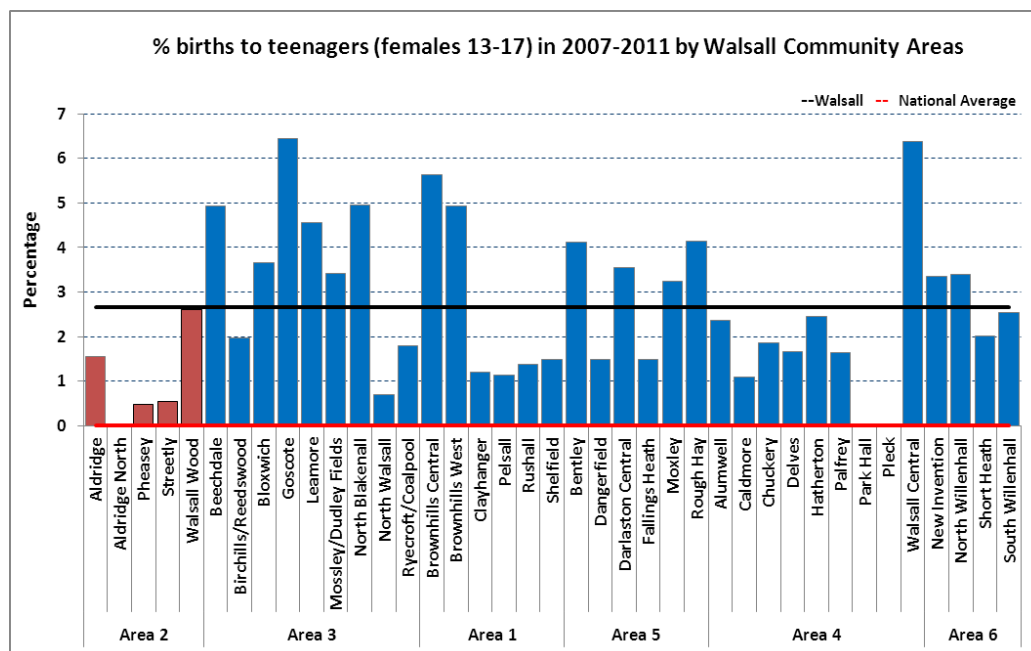
NB. The requirement for positive consent has introduced bias into these data which means that they cannot be used for backwards comparison. These results should be viewed and interpreted in conjunction with the "NHS Dental Epidemiology Programme for England; Oral Health Survey of five year old children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

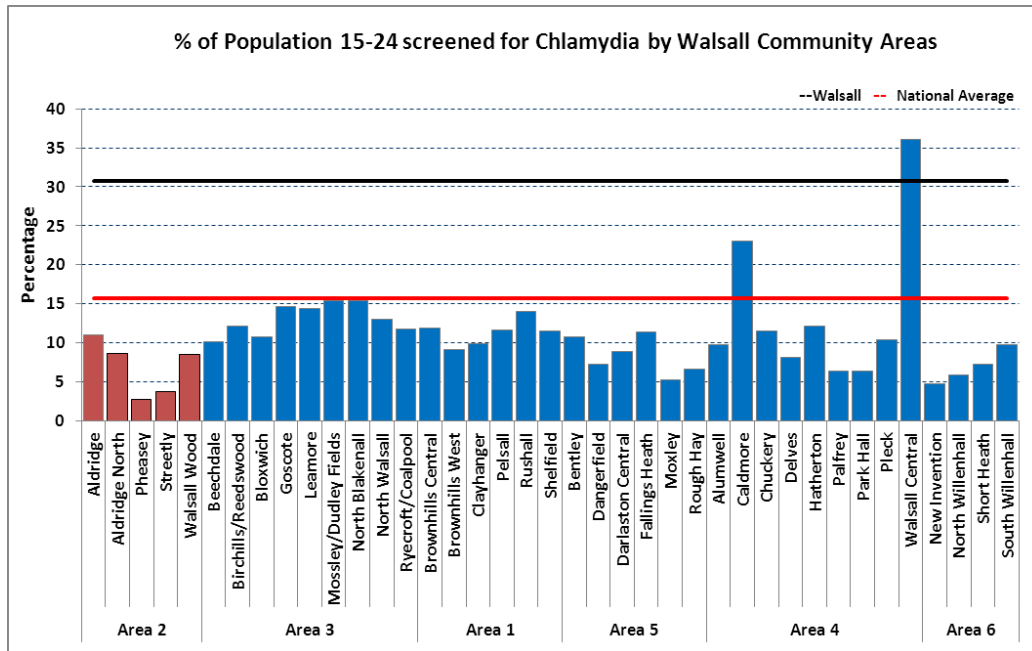
Proportion of births to Teenage Mothers 13-17 years



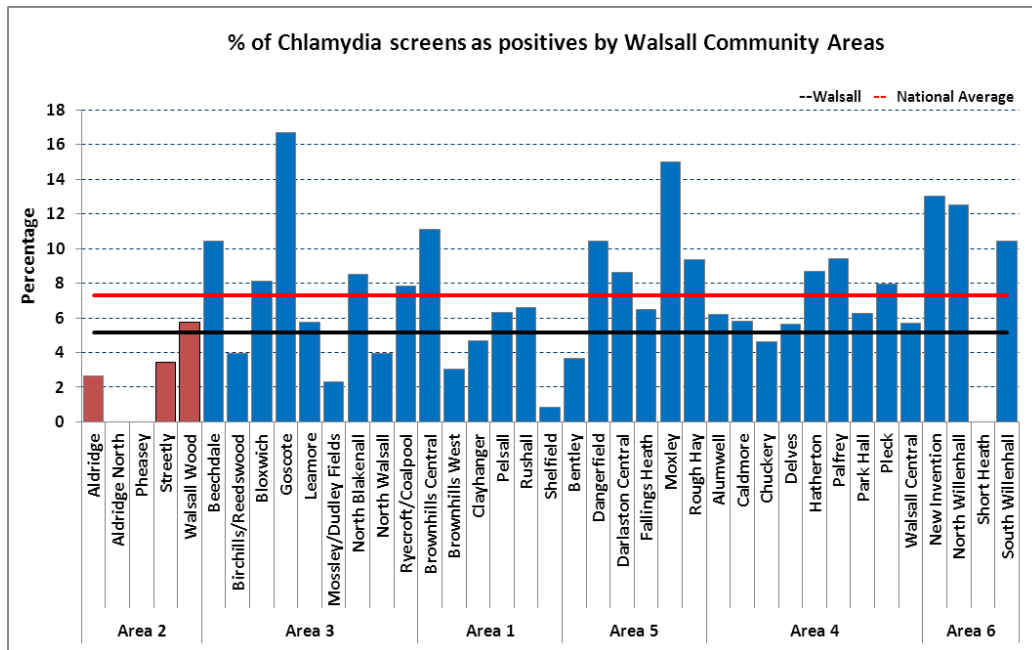
Young teenage parents are prone to poor antenatal health. Their babies often have lower than average birth weight and (nationally) infant mortality rates are also higher. Having children at a very young age can damage young women's health and well-being and affect their education and career prospects.

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 0% in Aldridge North up to 2.7% in Walsall Wood. 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. Pheseay and Streetly have below the Walsall average (31%) population screened. Aldridge AP have lower percentages of screening in comparison to Walsall average and National average.



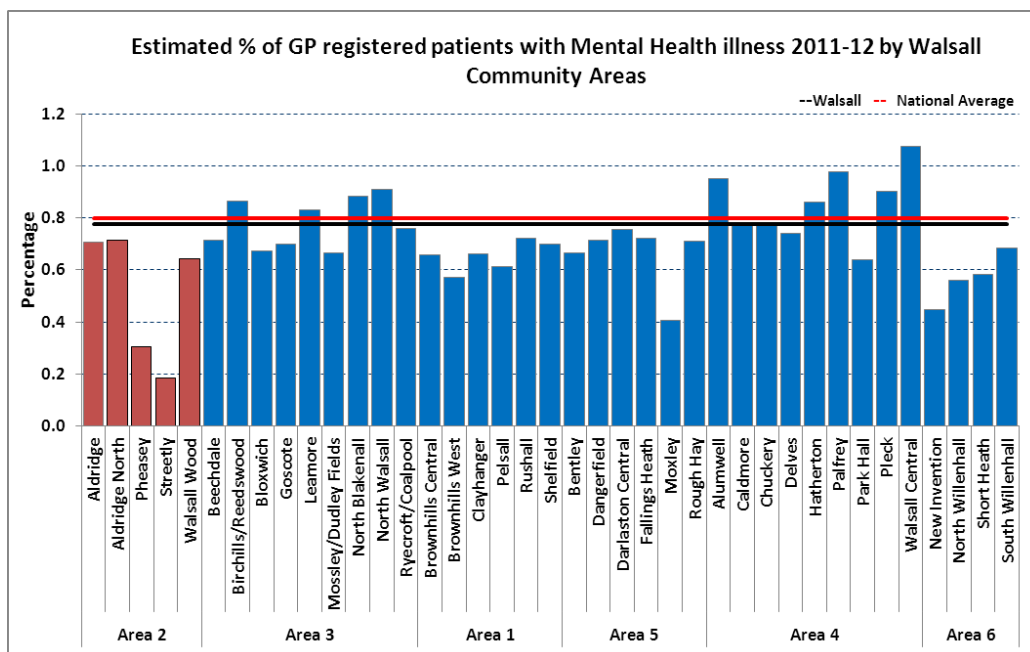
A key indicator of the sexual health of young people in Walsall is the chlamydia diagnostic rate for the 15-24 year old population. This provides a measure not just of background rates of infection, but also how young people are engaged in reducing risks associated with unsafe sex. It can be seen that Walsall Wood 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

Aldridge AP community areas have lower estimated prevalence for mental health than Walsall average (0.78%).



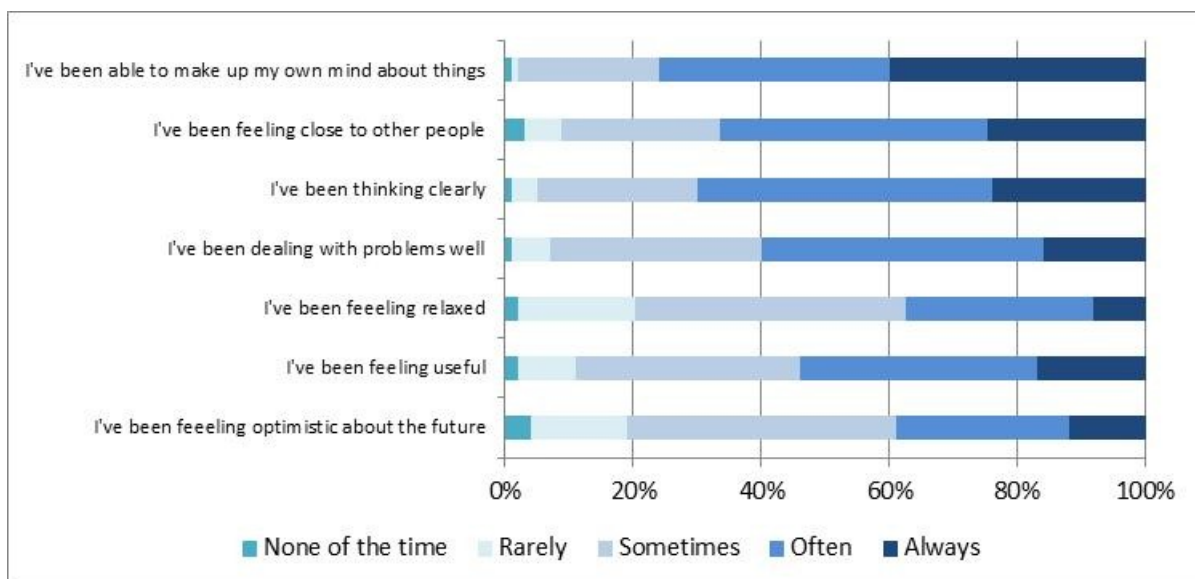
Lifestyle Survey: Mental Well being

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.

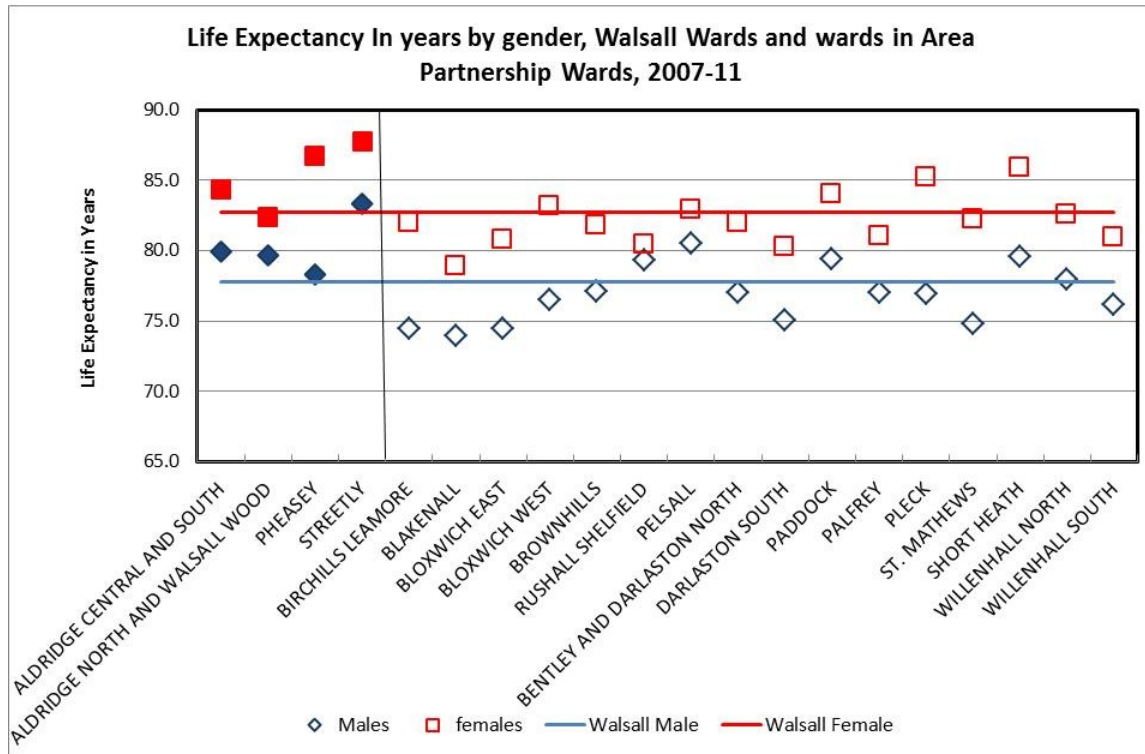
Most people have felt close to others, and feeling useful.

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



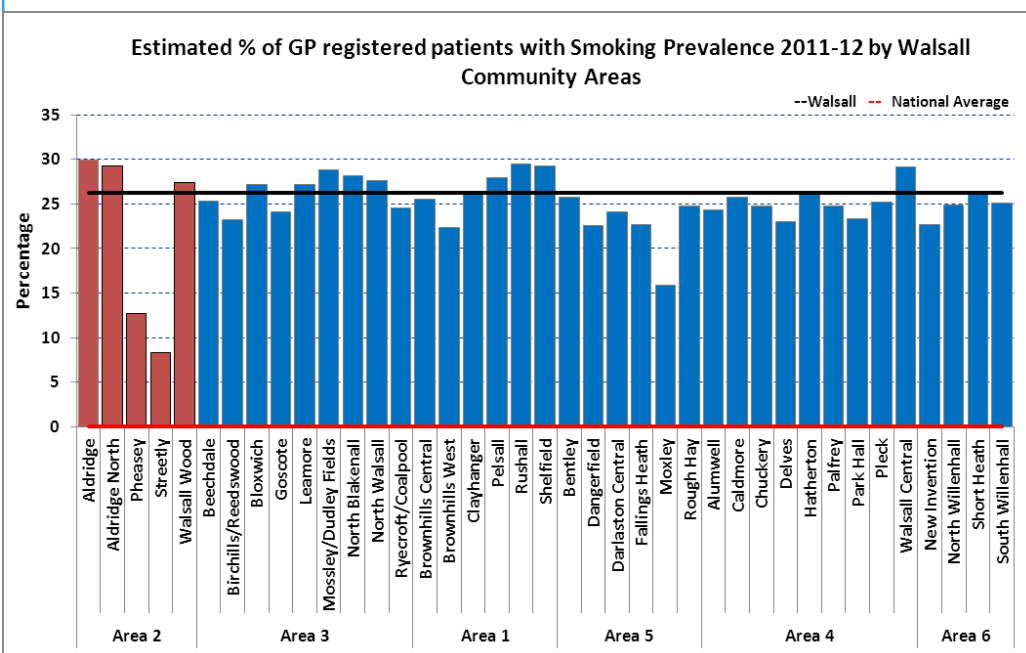
Improving health and wellbeing through healthy lifestyles – making healthier choices easier

Life Expectancy (ward level)



Male life expectancy is higher in the Area Partnership compared to the Walsall borough with Life expectancy for males in Walsall is 77.8. Female life expectancy is slightly lower in Aldridge north and Walsall wood and significantly higher in the other 3 wards. 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.

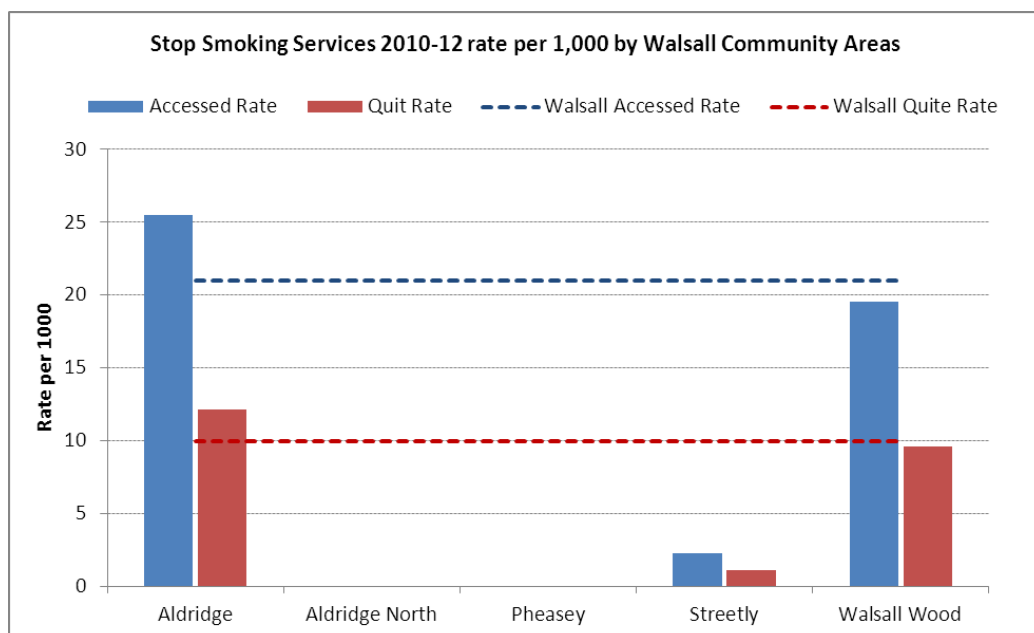
Smoking is the biggest modifiable risk factor for cancer and heart diseases.

Aldridge, Aldridge North and Walsall Wood 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.

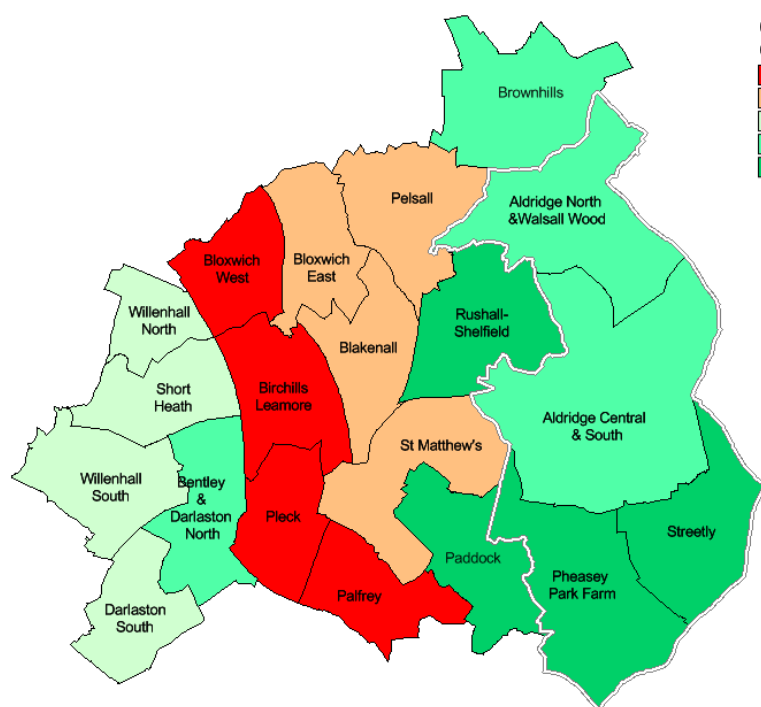


For Aldridge North and Pheasey, no data was available regarding the service.

Service access rate for Walsall Wood is slightly lower than the Walsall average; Aldridge was higher than average, while Streetly community was considerably lower.

For Walsall Wood the quit rate matched the Walsall average; Aldridge is slightly higher than average, while the quit rate for Streetly was very low.

Lifestyle Survey: smoking



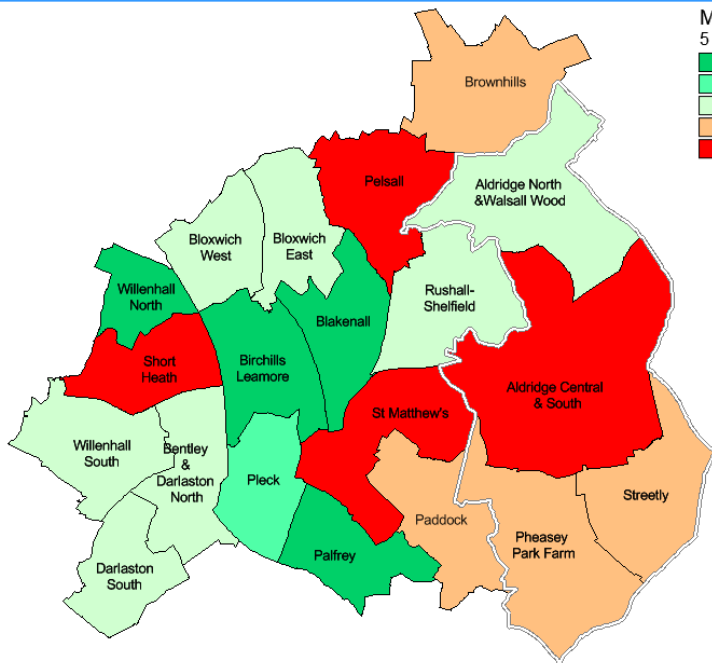
In Aldridge AP 28% of respondents from the survey currently use cigarettes/cigars. For Walsall this is 48%.

91% have tried to give up using tobacco, of which 51% managed to stop smoking for more than 6 months.

60% stop using tobacco without any help or support.

54% of tobacco users would like to stop using tobacco.

Lifestyle Survey: Exercise



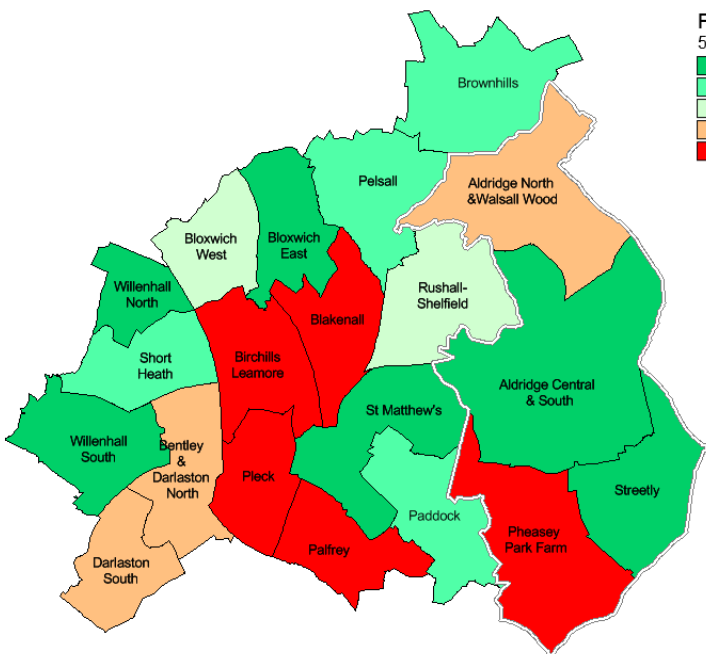
Moderate Activity
5 or more times a week (%)

- 22 to 29
- 20 to 21
- 16 to 19
- 13 to 15
- 6 to 12

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



Fresh Fruit and Vegetables
5 or more times a day (%)

- 14 to 21
- 12 to 13
- 11 to 12
- 9 to 10
- 4 to 8

85% of respondents from Aldridge 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, chickpeas) are consumed by 18% 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 (26%). Pies, pasties, pastries and sausage rolls are eaten more than once a week by a fifth (17%) of respondents

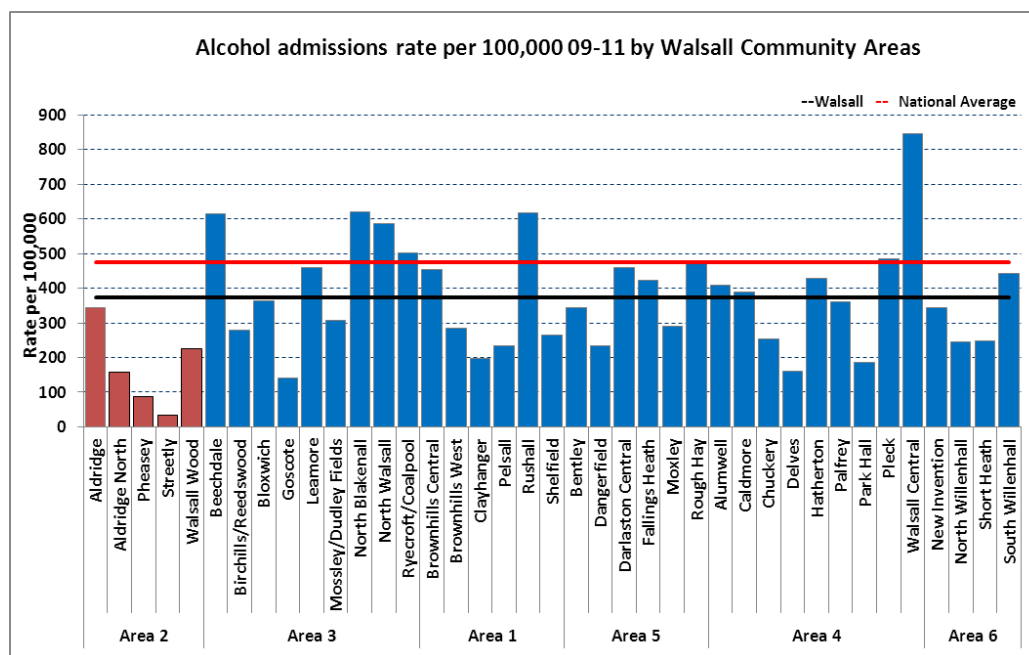
Take-away food is less widely consumed but is eaten more than once a week by one in ten residents (11%).

Alcohol-Specific Hospital Admissions

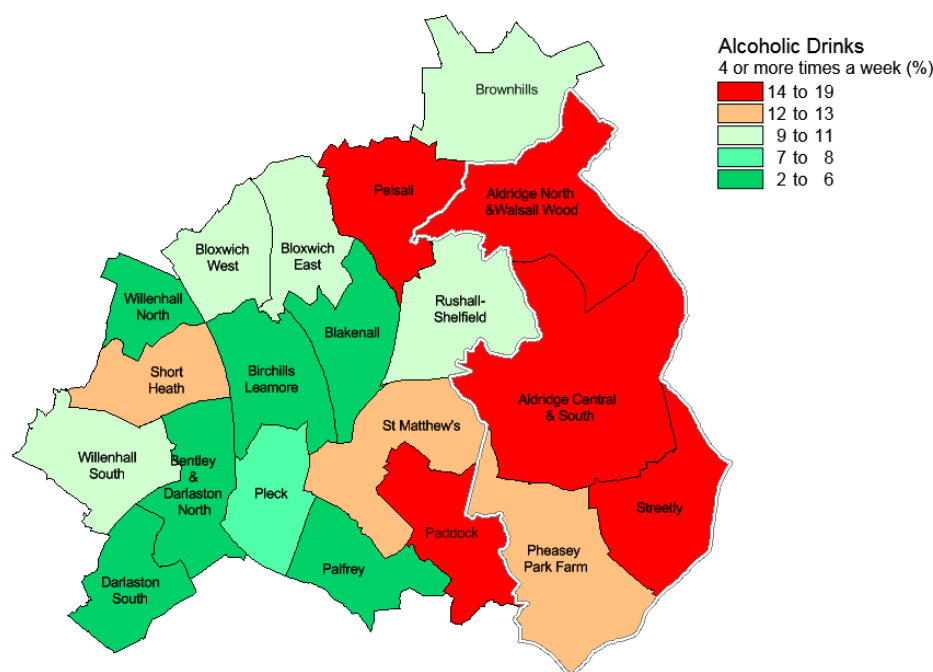
The priority health indicator by which alcohol related harm is currently measured is the number of alcohol related hospital admissions per 100,000 population.

Excessive alcohol consumption has consequences for both the health of the individual, such as chronic liver disease, cardiovascular disease, cancer, poor mental health and wellbeing and accidents, as well as impacting upon the wider societal determinants of health such as family breakdown, antisocial behaviour and crime.

Data is for 2009/10– 2011/12 it shows that Aldridge and Walsall wood have slightly higher admissions in comparison to the rest of the AP.



Lifestyle Survey: Alcohol



82% of Aldridge respondents say they drink alcohol. Most people say they drink once a week (38%), while almost one in four (28%) say they drink two or more times a week.

18% never drink which is lower than the figure for England (38%) taken from the 2010 Health Survey for England (HSE).

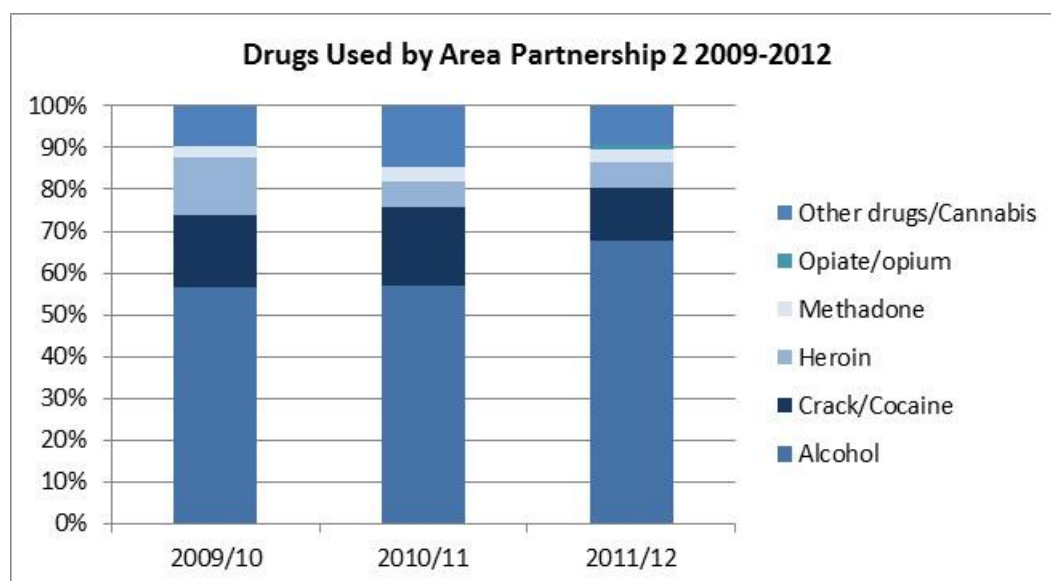
The survey shows that over half (61%) of those that drink alcohol say they most often obtain it from supermarkets which sell alcohol on offer at bargain prices.

One in five drinkers (18%) buy their drinks in pubs and bars.

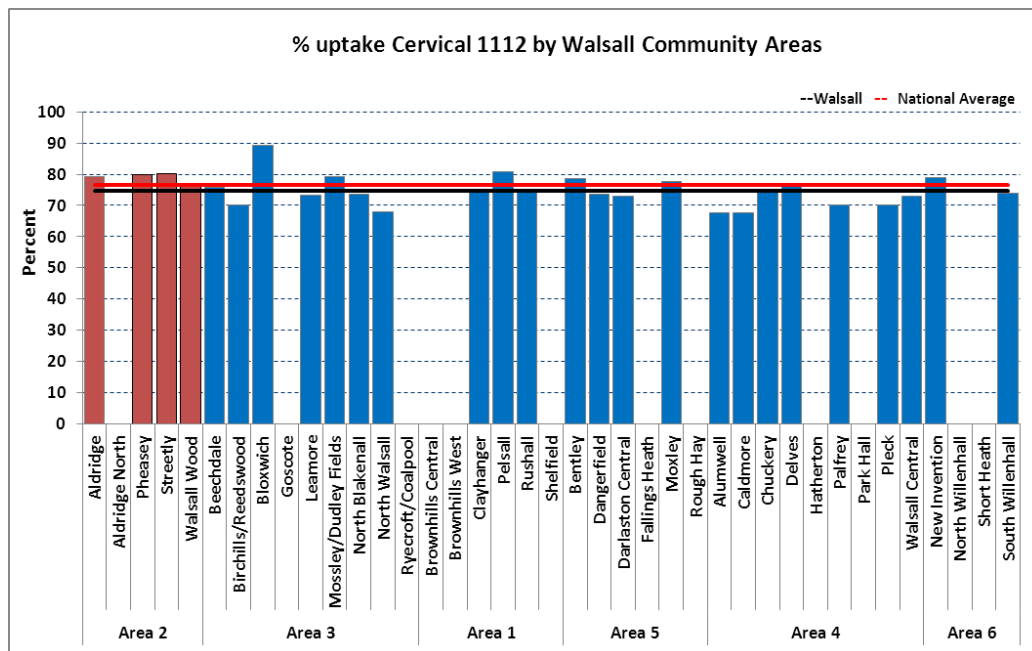
Drug Referrals to DAAT

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.

		Aldridge North & Walsall Wood	Aldridge Central and South	Streetly	Pheasey & Park Farm	Aldridge & Beacon	Walsall
2009/10	In Treatment	42	39	7	9	97	1111
	Completed drug free/occasional use	14	17	4	3	38	438
	% Completed drug free/occasional use	33%	44%	57%	33%	39%	39%
2010/11	In Treatment	38	35	13	13	99	1068
	Completed drug free/occasional use	18	21	9	6	54	427
	% Completed drug free/occasional use	47%	60%	69%	46%	55%	40%
2011/12	In Treatment	41	28	14	13	98	1263
	Completed drug free/occasional use	14	11	4	2	31	451
	% Completed drug free/occasional use	34%	39%	29%	15%	32%	36%



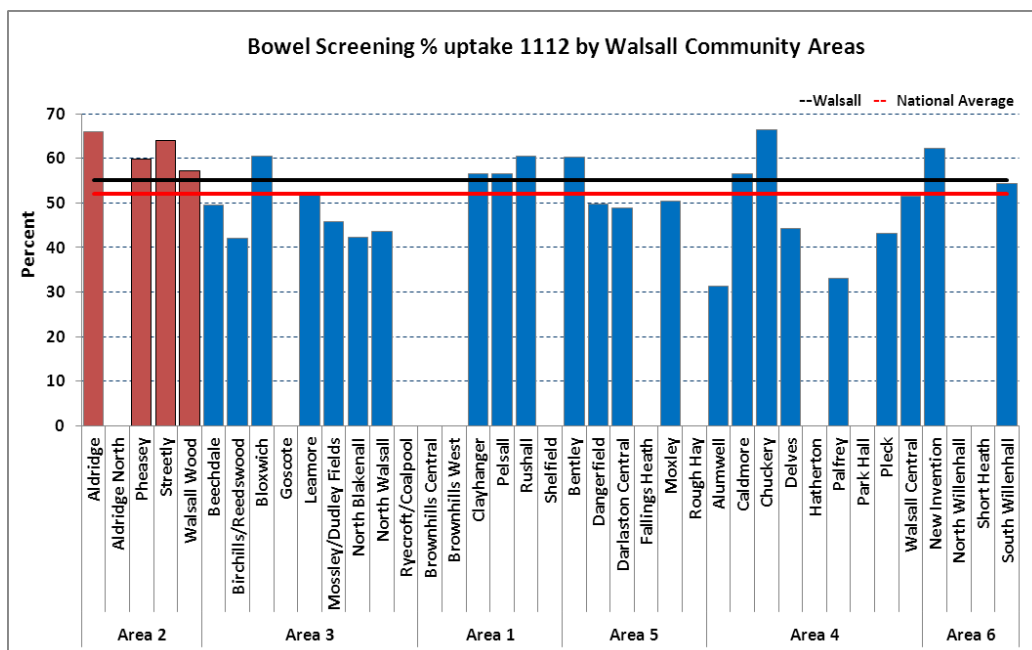
Cervical Screening



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 the AP show slightly higher rates than the Walsall average (74.6%). There are currently no practices in Aldridge North.

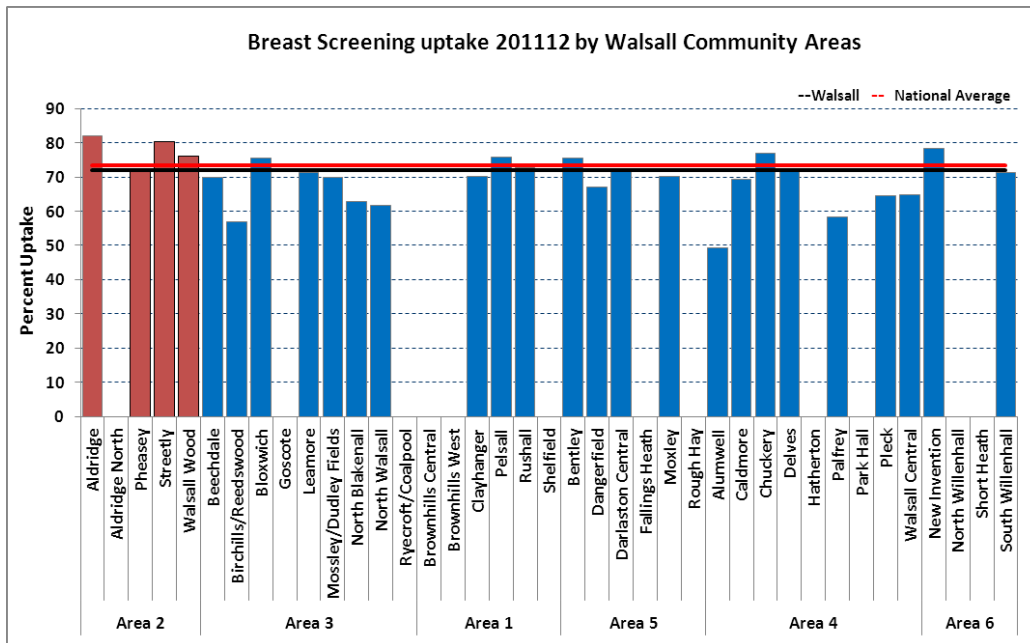
Bowel Screening



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. Practices in the Area Partnership show higher rates than the Walsall average (55%). This also means the rates are higher than the national average of 52%. There are currently no practices in Aldridge North.

Breast Screening



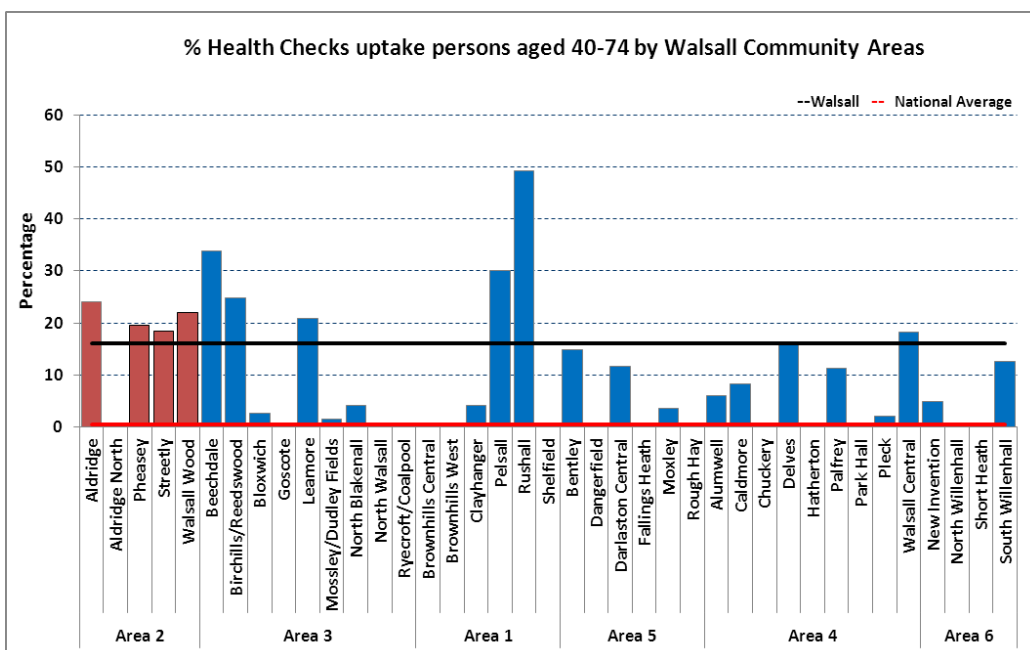
NB. This indicator is based on Walsall GP aggregated data, there are several communities for which there will be no data. Neighbouring communities should be used as a guide to the levels of uptake in those “empty” communities.

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. Practices in the Area Partnership show either equal or higher rates than the Walsall average (72%). There are currently no practices in Aldridge North.

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 Aldridge AP that undertake NHS health checks are above the Walsall average (16%).



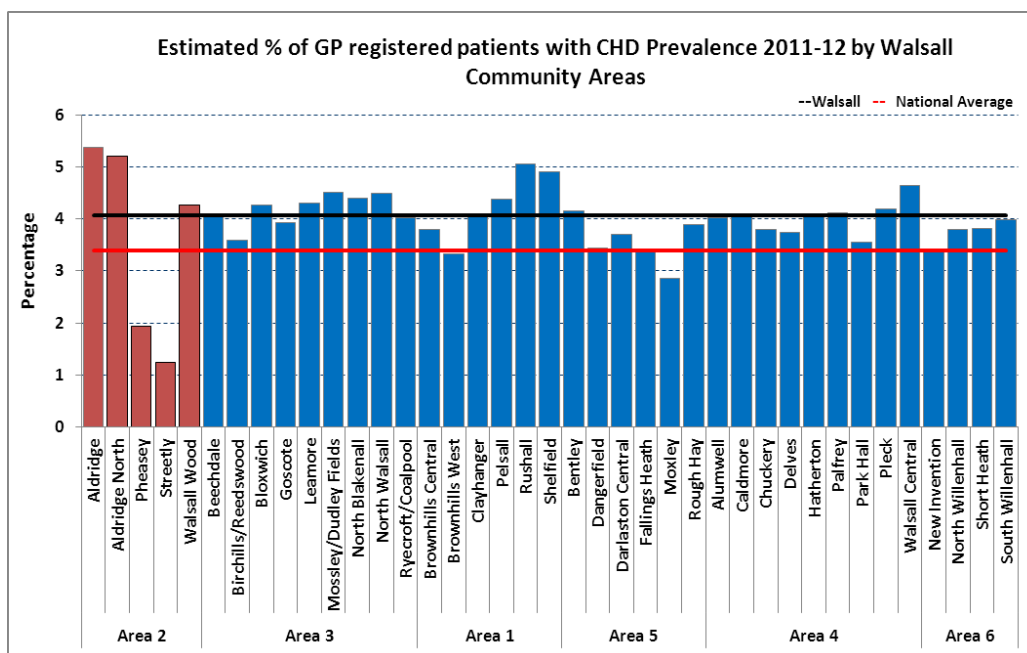
NB. This indicator is based on Walsall GP aggregated data, there are several communities for which there will be no data. Neighbouring communities should be used as a guide to the levels of uptake in those “empty” communities.

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.

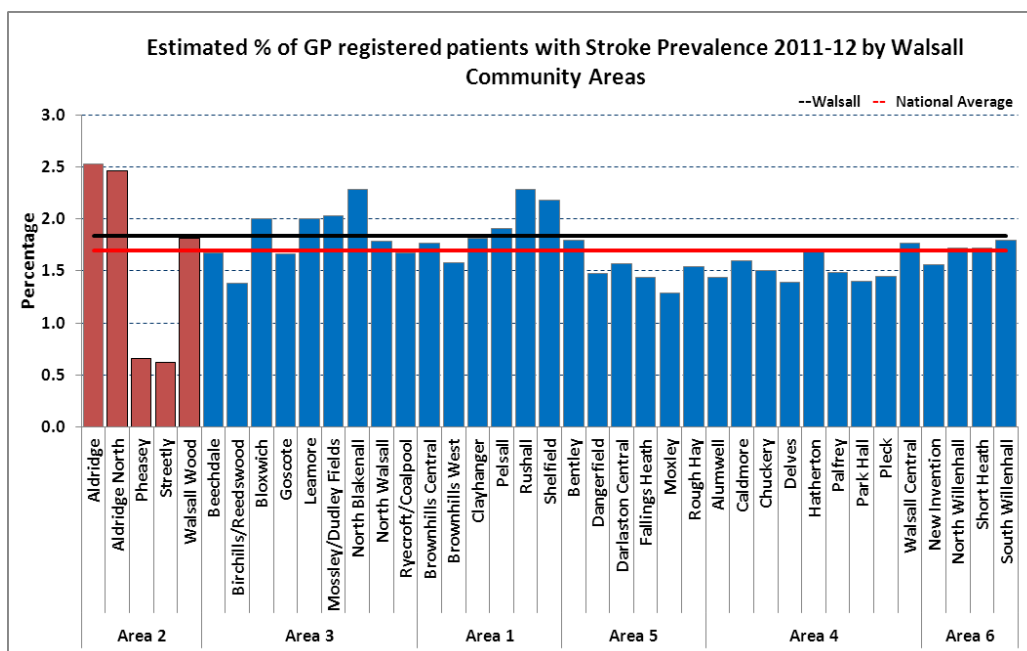
Most community areas within Aldridge AP have high estimated prevalence for CHD than Walsall average (4.1), with the exception of Pheasey and Streeley .



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.

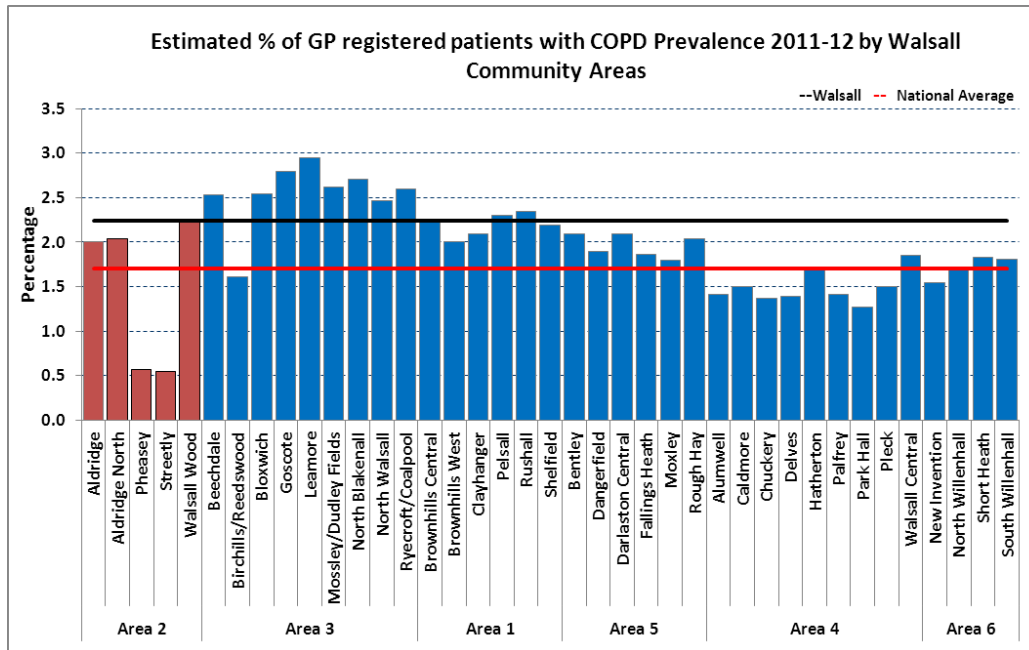
Majority of the community areas in Aldridge AP have high estimated prevalence for stroke compared to Walsall average (1.83), with the exception of Pheasey and Streeley .



CPD (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 within the mining and pottery industries.

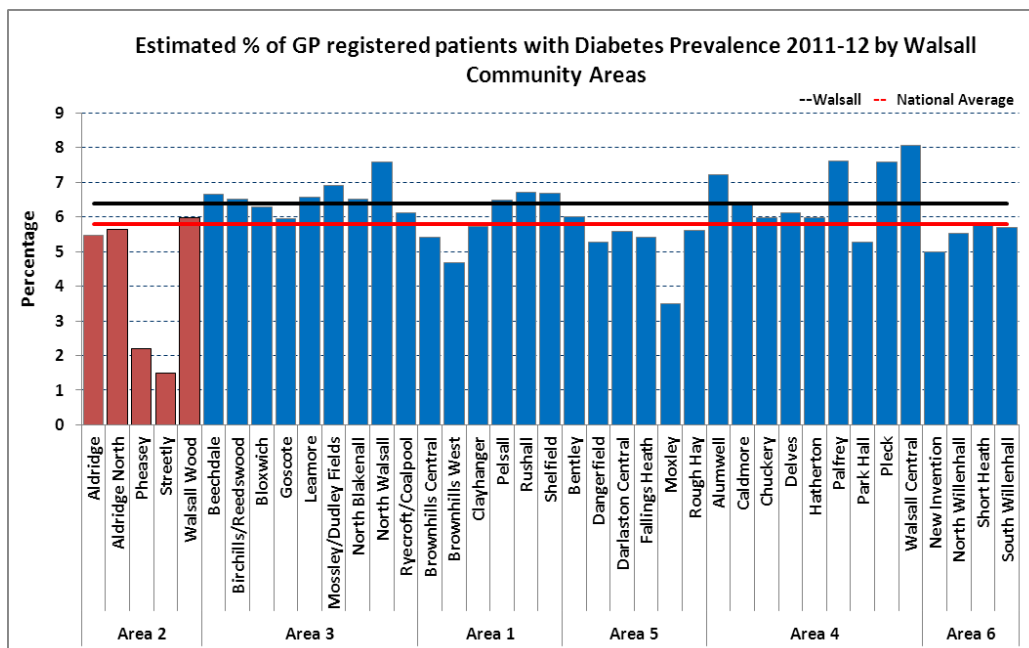
Walsall Wood prevalence for COPD is similar to the borough, however all the other communities have lower estimated prevalence for stroke than Walsall average (2.24).



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.

The Communities have lower estimated prevalence for diabetes than Walsall average (6.39).



Mosaic Analysis

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

“Middle income families living in moderate suburban semis”

The area contains a population of mostly married people of middle age, living together with their children in owner-occupied family houses built between the 1930s and the 1960s.

Most of these residents are comfortably off, though few are in either the highest or lowest income brackets.

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	14.55%	Self reliant older families in suburban semis in industrial towns
2	11.78%	Better off empty nesters in low density estates on town fringes
3	9.84%	Comfortably off industrial workers owning their own homes
4	7.37%	Older people living in large houses in mature suburbs
5	7.20%	Low income communities reliant on low skill industrial jobs

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 e19)

Self reliant older families in suburban semis in industrial towns

This Type contains many people approaching retirement who have lived for a large number of years in their semi-detached, often inter-war, homes. Typically these neighbourhoods are found in the established but more pleasant suburbs of large industrial conurbations.

Levels of health are not particularly good, due in part to lack of exercise and to quite high levels of smoking and drinking. The messages of public health campaigns are likely to register with most residents but might have more impact if supported by local social influences.

A pleasant day out for the family is likely to involve a drive to the country or the seaside rather than to local sports centres or swimming pools.

Residents tend to have to use cars or buses to access private or public services but this journey seldom takes a long time. People are comfortable using the Internet to access information and to undertake transactions. They are usually good targets for campaigns.

Mosaic Analysis Continued

Sector Rank 2 (public sector type b5)

Better off empty nesters in low density estates on town fringes

This Type is characterised by modern style houses surrounded by large plots where retired people enjoy a comfortable lifestyle on the outskirts of market towns and medium size commercial centres.

Demand for personal social services is low.

After taking account of the elderly age, profile health standards are good. Gardening and walking keep many residents physically active. Mobility is a problem for a number but most can afford to adapt their home if necessary. Most residents are well aware of the messages communicated via public health campaigns.

Residents generally have good access to local services.

Sector Rank 3 (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 4 (public sector type d14)

Older people living in large houses in mature suburbs

This Type consists mostly of older professionals and managers who live in attractive and spacious houses in well established suburbs of large provincial cities.

In general, there is a low level of demand for personal social services except for the care of the very elderly.

Taking into account the age distribution of the population, health levels are good and older people make an effort to keep physically fit and mentally alert. They like to be personally known by the doctor who treats them at the surgery and not to be rushed.

Most residents find it easy to access public and commercial services.

Mosaic Analysis Continued

Sector Rank 5 (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.

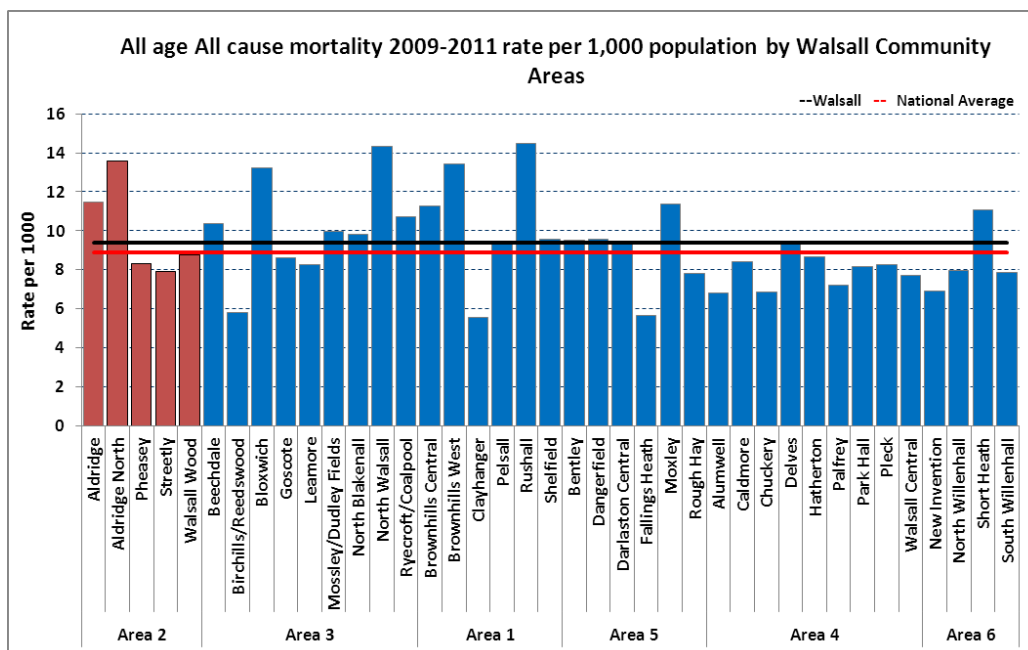
Levels of health are typically below the national average with significant numbers suffering from disabilities suffered whilst at work. Diet is not as varied as it ought to be, partly as a result of a poor range of foods often stocked in the local grocery stores on which these residents have tended to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

All Age All Cause Mortality

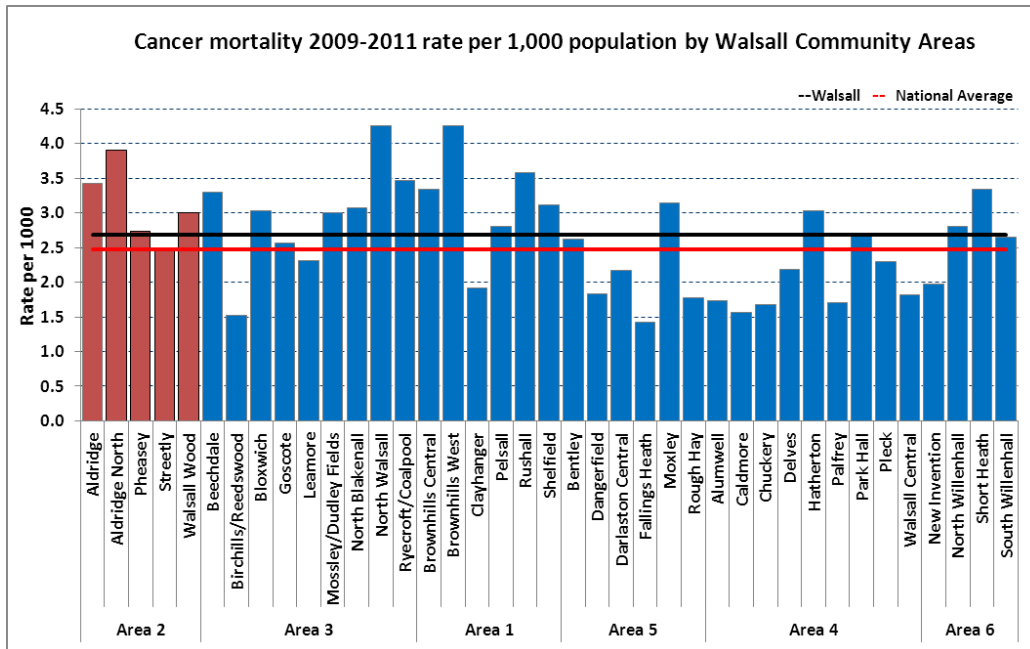
All age all cause mortality

The Aldridge and Aldridge North Community areas within the AP have higher mortality rates than the Walsall average 9.6 per 1,000, whereas three of the communities are lower.



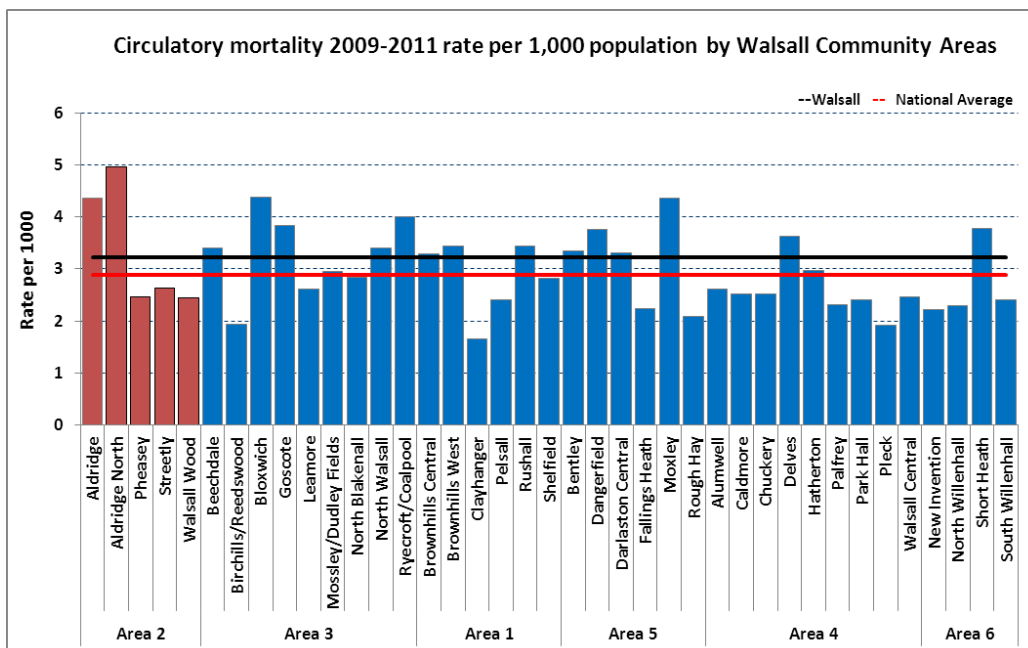
Cancer Mortality

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



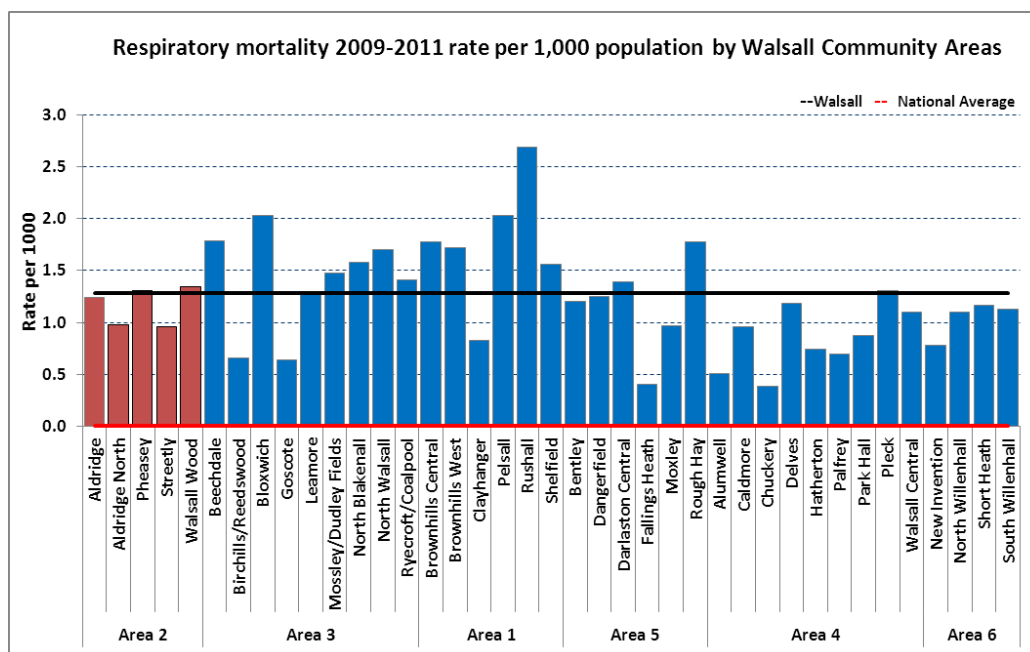
Circulatory Mortality

Circulatory mortality known as cardiovascular disease (CVD) refers to disease of the heart or blood vessels. It is thought that most deaths due to CVD are premature and could be prevented by lifestyle changes, such as weight reduction, physical activity recommendation, stopping smoking and moderate alcohol consumption. Aldridge and Aldridge north have higher circulatory mortality rates than Walsall average 3.22 per 1,000.



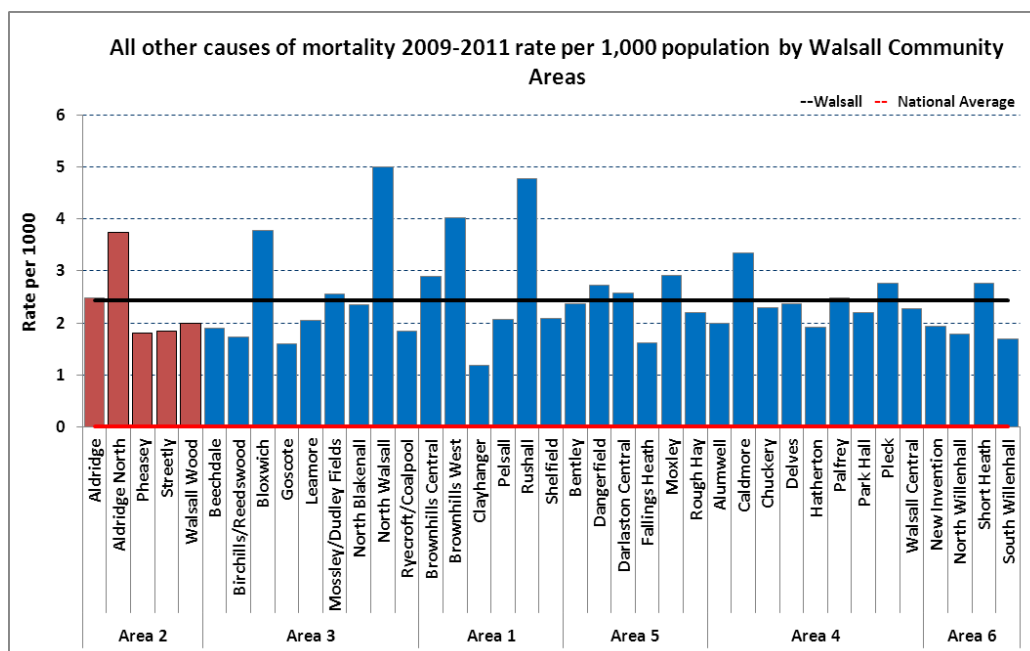
Respiratory Mortality

Respiratory disease is a major cause of death. Some of the causes of death from respiratory disease include pneumonia, bronchitis and emphysema. Two out of the five communities have higher respiratory mortality than Walsall average (1.28 per 1,000).



All Other Causes of Mortality

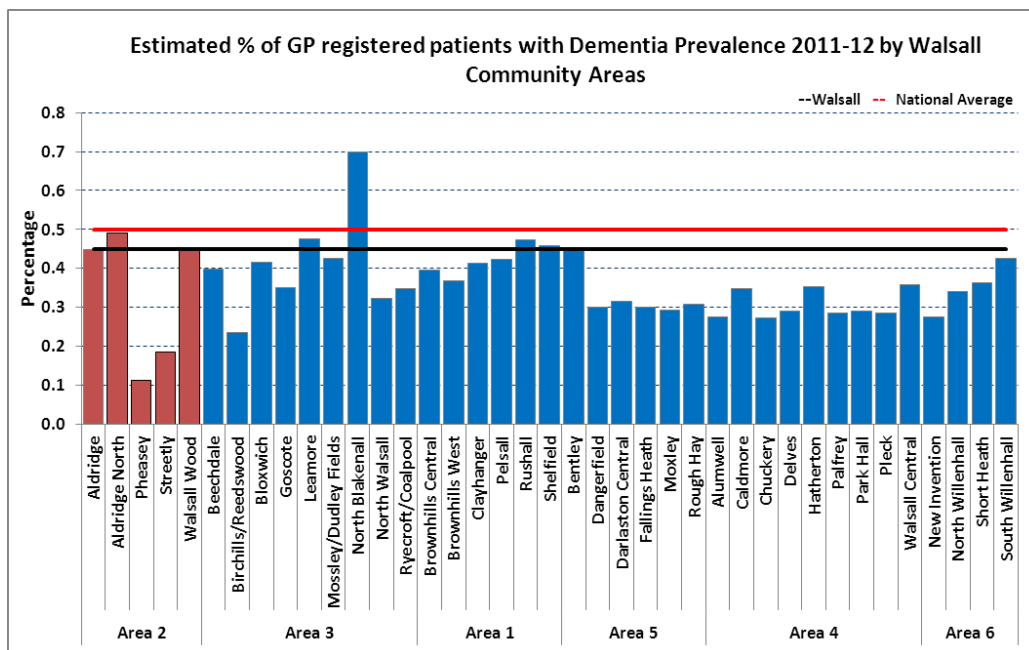
All other causes of mortality (excluding cancer, circulatory and respiratory). Aldridge North have a higher mortality rate than the Walsall average 2.43 per 1,000.



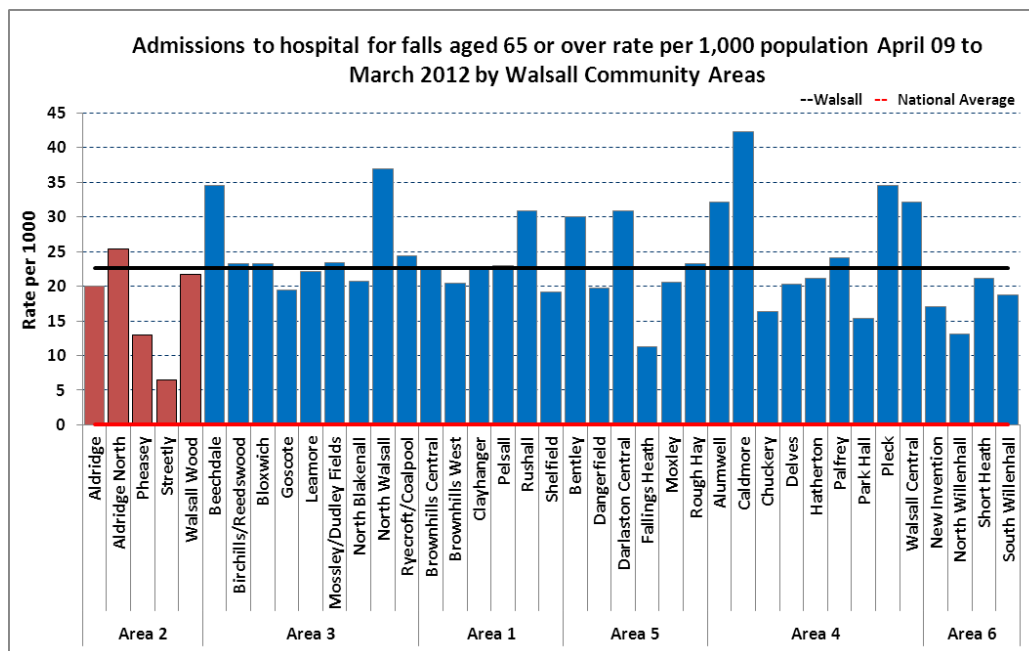
Healthy aging and independent living

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 Aldridge AP have higher estimated prevalence for dementia than Walsall average (0.45), with the exception of Pheasey and Streetly communities.



Hospital Admissions for Hip Fractures and for Falls



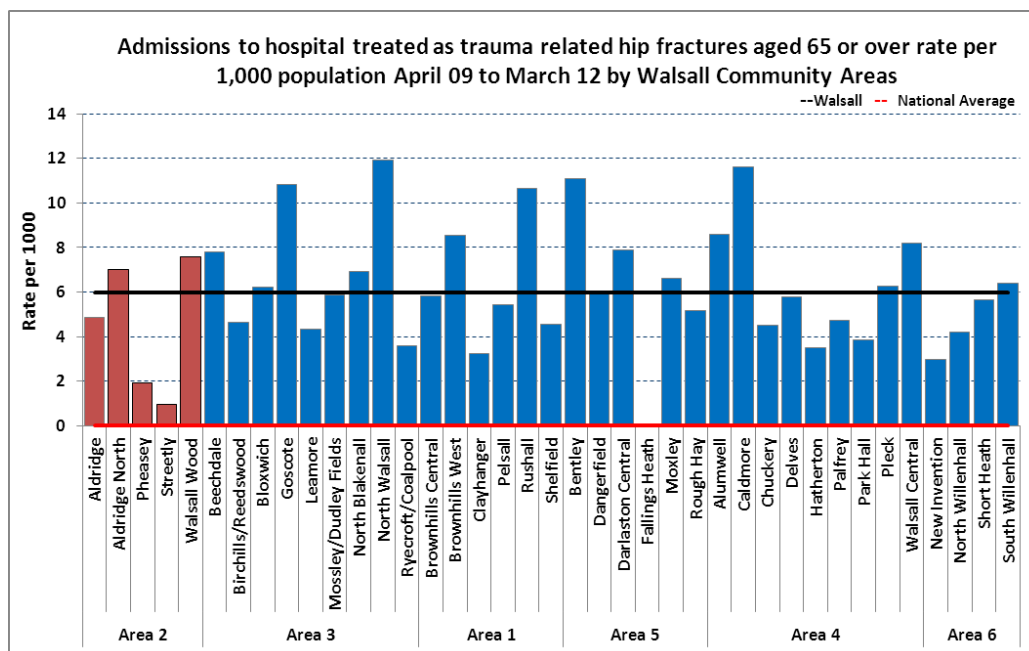
Whilst a number of agencies are working to reduce the number of people who fall and who suffer injury from falling, there remains a need for a more systematic approach to the prevention of fractures.

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 rate of trauma admissions to hospital related to hip fractures in people aged 65 and over in Aldridge North, Aldridge and Walsall wood.

Hospital admissions for falls in people aged 65 and over, the community area with the highest rate is Walsall Wood and Aldridge north.



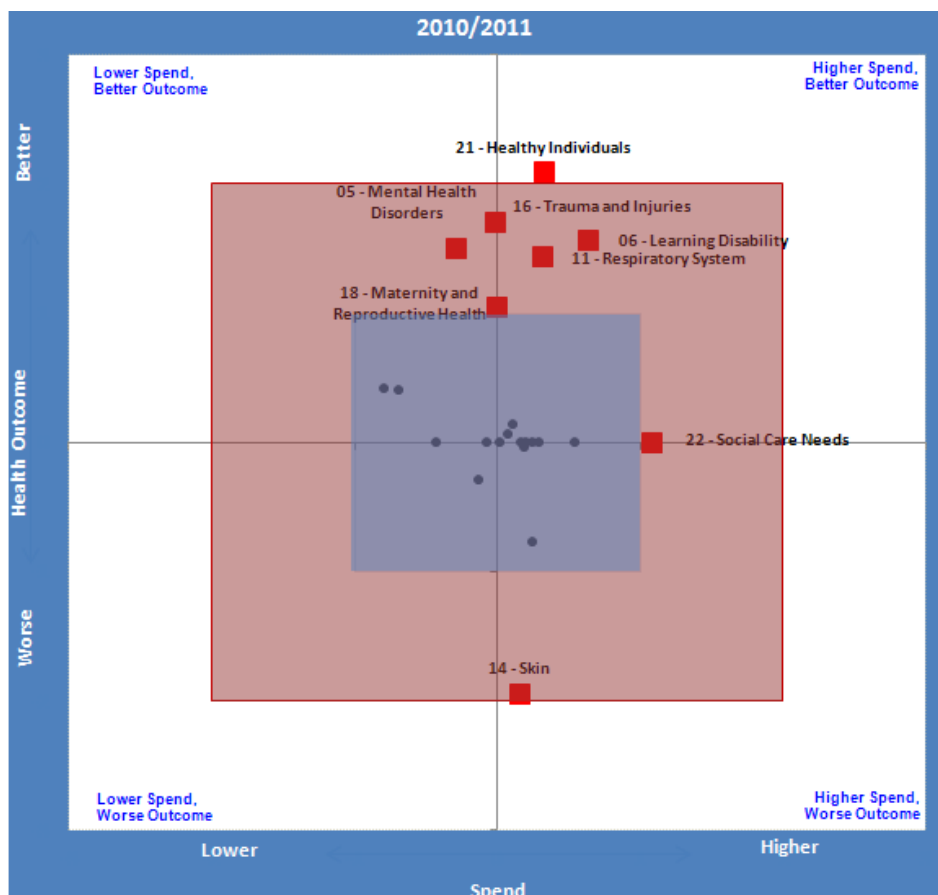
Programme Budgeting and Activity

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 condition, 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.



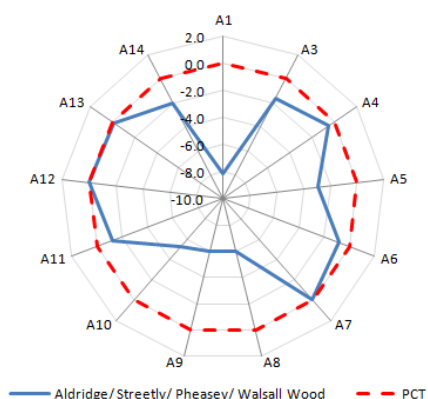
The chart shows that skin and social care needs had higher spend and worse outcome measures.

There is no outcome measure for social care needs and it has higher spend. There are no health outcome indicators for skin.

The areas with higher spend and better outcomes are healthy individuals, trauma and injuries, learning disability and respiratory system.

Hospital Activity

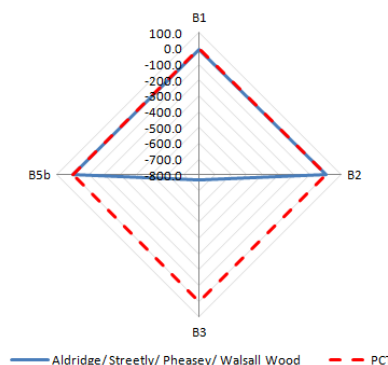
Activity Resulting from Poor_Sub-Optimal Availability of Upstream Interventions - 2009 - 2012



Aldridge and Beacon 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: Admissions for vaccine preventable conditions
- A4: Admissions of patients aged over 65 for injuries resulting from a fall
- 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
- A10: Admissions for conditions related to smoking
- A11: Admissions for conditions related to obesity
- A14: Spend treating low birth weight babies (<2500g)

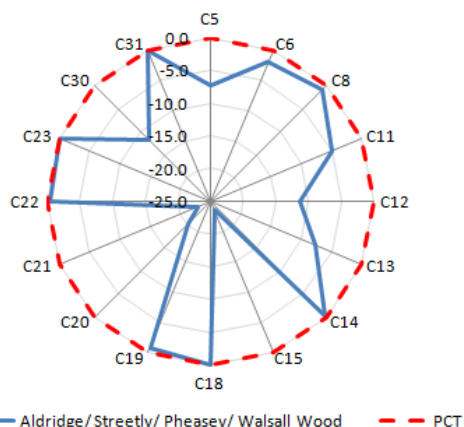
Activity Resulting from Poor/Sub-Optimal Clinical Practice - 2009 - 2012



Aldridge and Beacon has lower activity than Walsall for:

- B3: GP referrals to outpatients

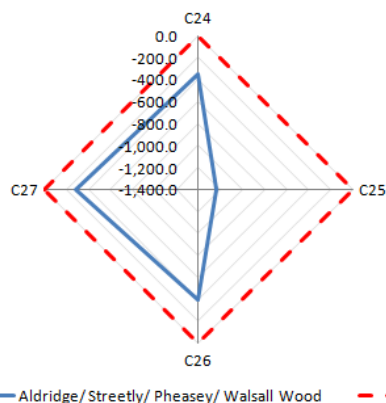
Activity Resulting from Poor_Sub-Optimal Organisation of Healthcare Services (C5 - C23, C30 - C31) - 2009 - 2012



Aldridge and Beacon has lower activity than Walsall for:

- C5: Admissions with length of stay over 14 days (bed days)
- C6: Admissions with length of stay over 30 days (bed days)
- 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
- C15: Pre-op length of stay emergency admissions (cost of bed days prior to procedure for emergency admissions)
- 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 days divided by the number of spells)

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



Aldridge and Beacon 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
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David Hughes Public Health Intelligence Technical Officer	David.Hughes@walsall.nhs.uk
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Kelvin Edge Planning Manager Programme Budgeting Data (CCG)	Kelvin.Edge@walsall.nhs.uk
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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?nsl=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	

Data provided by the Public Health Intelligence Team. For further information please contact:
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NHS Walsall, Jubilee House, Bloxwich Lane, Walsall.

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