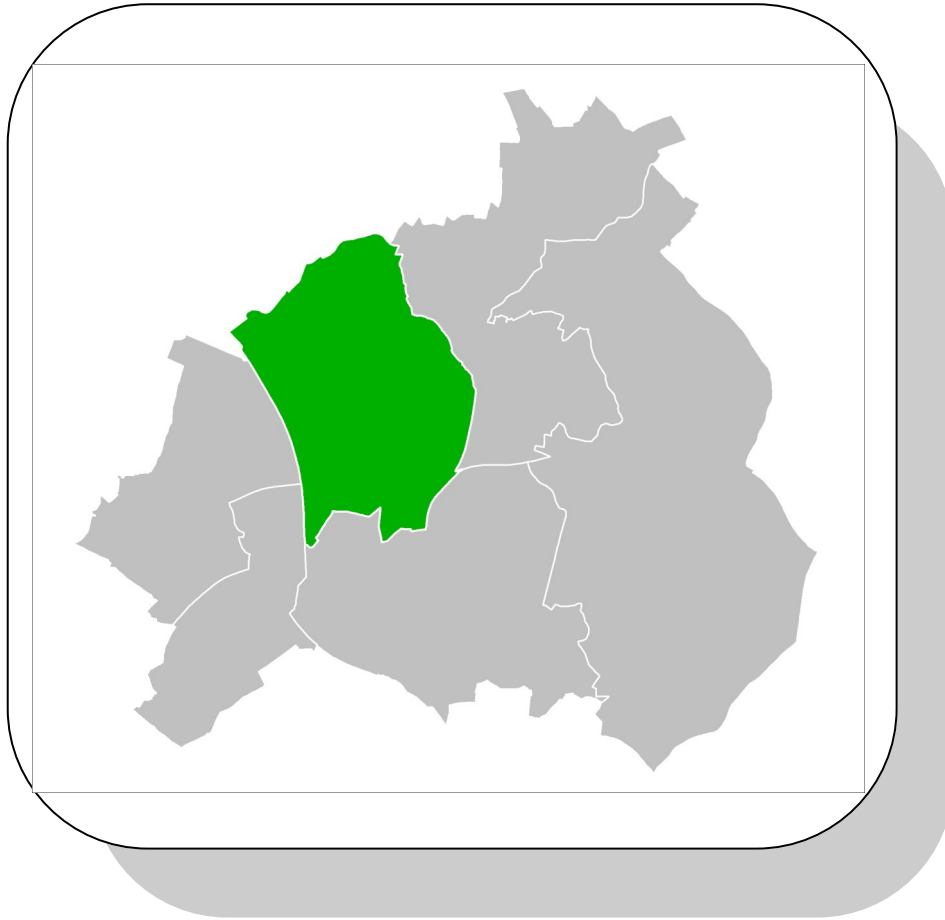




Public Health Area Profiles

December 2012



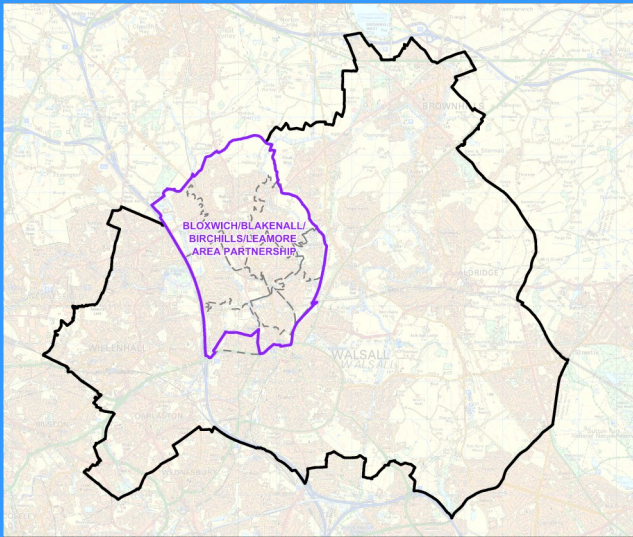
VERSION 2



Area 3:
*Bloxwich/Blakenall/
Birchills/Leamore*

NHS
Walsall

Executive Summary



The Area Partnership has 9 communities within its boundary (Approx 54,000 population):

- Beechdale (6,000)
- Birchills/Reedswood (6,300)
- Bloxwich (13,500)
- Goscote (1,100)
- Leamore (7,300)
- Mossley/Dudley Fields (5,900)
- North Blakenall (7,000)
- North Walsall (3,400)
- Ryecroft/Coalpool (3,200)

The population is on the whole younger than the Walsall average, with much higher percentages of both men and women aged 0-34 years.

The area has a relatively small number of residents from BME communities, however North Walsall has higher BME than Walsall. Similarly to the majority of Walsall, residents in the Area

Partnership are relatively Hard-pressed economically.

Geographically, the area partnership shares a border with South Staffordshire. Residents may access some primary and secondary care health services outside of Walsall at the very top of the Area Partnership, although provision is often better in Central Walsall than in the more rural South Staffordshire, Wolverhampton and Cannock areas.

Health Priorities:

Generally, health outcomes are worse in communities in this Area Partnership than Walsall averages. Some indicators of child health are poor in the area with very low levels of breastfeeding and high levels of childhood obesity. Sexual health is also quite poor in the area (high teenage pregnancies and low Chlamydia screening levels). Life expectancy, as defined by current average age at death is generally a few years lower than the rest of Walsall for both men and women. Usage of health services (screening and acute medicine) is relatively poor suggesting little interest in health until it has reached hospitalisation levels.

Although different communities have different combinations of health issues, the key issues relevant to the Area partnership are:

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. The majority of communities in the Area have well above average teenage pregnancy rates. 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 support pre and post-birth of their child.

Respiratory Health. Many residents in the area suffer with long-term respiratory conditions (COPD and Asthma), often ending up in hospital with a serious event related to these conditions. Smoking prevalence is also high in the area, however few communities have success at quitting despite showing willing to use these services. Signposting and support should be given to smokers in the area, particularly via the Health Trainer service.

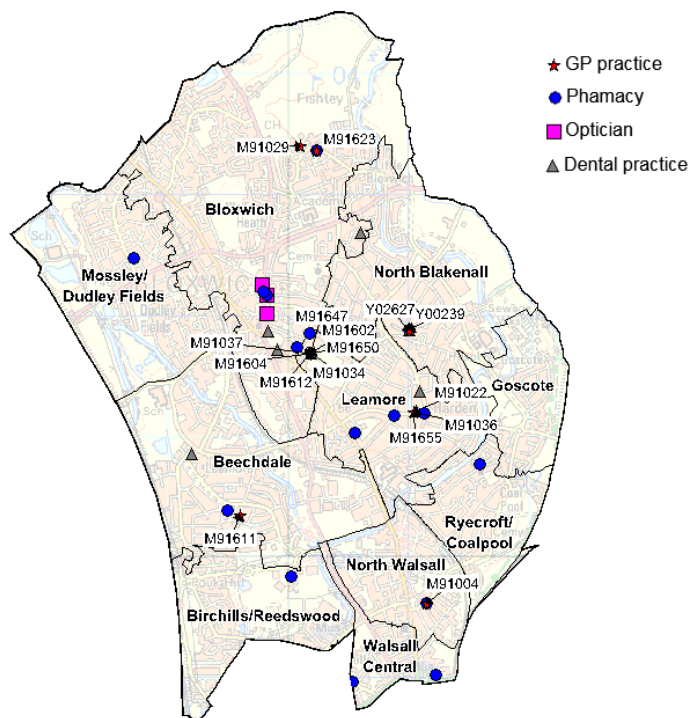
Alcohol and drug misuse. Many communities in the area have higher than average referrals to Drug and Alcohol treatment services (DAAT). Additionally, the Area Partnership has some of the highest admission to hospital rates directly related to alcohol. Young people in the area should be encouraged to drink sensibly, and partners should be trained to spot the signs of alcohol abuse and deliver brief interventions or signpost to relevant support services.

Screening and Health Checks. Uptake of both cervical screening and health checks is low across the Area. These should be advertised more widely and community outreach work undertaken at partnership events.

Obesity in Children. Levels of obesity are high in most areas of the partnership for both adults and children. Children and their families, particularly in Goscote & Leamore 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.

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 AP services:

7 Dentists, 17 GP's, 4 Opticians and 14 Pharmacies

No dentists in the following communities:

Birchills/Reedswood, Goscote, Mossley/Dudley Fields, North Walsall, Ryecroft/Coalpool

No GP in the following communities:

Goscote, Mossley/Dudley Fields, Ryecroft/Coalpool

No opticians in the following communities:

Beechdale, Birchills/Reedswood, Goscote, Leamore, Mossley/Dudley Fields, North Blakenall, North Walsall, Ryecroft/Coalpool

No pharmacies in the Goscote 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+
Beechdale	9.2	7.8	6.9	7.0	7.6	7.1	13.9	17.7	4.5	6.8	4.8	1.3	0.4
Birchills/Reedswood	9.1	7.7	6.7	5.6	6.5	8.5	22.9	15.8	4.5	7.4	4.1	0.9	0.2
Bloxwich	5.0	4.8	5.5	5.9	5.7	5.3	18.0	21.2	7.0	11.2	7.4	2.2	0.8
Leamore	8.8	7.6	7.2	6.9	7.4	8.5	19.0	18.1	4.5	6.9	4.1	0.7	0.4
Mossley/Dudley Fields	7.8	6.8	7.1	7.7	6.5	5.6	18.7	18.6	4.3	7.7	7.2	1.5	0.6
North Blakenall	7.5	7.1	7.7	6.9	6.3	6.1	18.9	17.4	5.7	8.4	5.4	1.7	0.9
North Walsall	10.8	9.6	8.5	8.0	8.1	8.5	22.2	13.7	3.0	3.9	2.4	0.7	0.4
Ryecroft/Coalpool	9.4	8.5	6.3	5.7	6.3	7.3	22.4	15.7	5.9	7.9	2.8	1.3	0.6
Area 3 Grand Total	7.7	6.9	6.8	6.7	6.7	6.8	19.5	18.2	5.2	8.2	5.4	1.5	0.6
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 Bloxwich AP has a higher percentage of Young people 0-19 (28.1) than Walsall average (26.0).

Community	% Asian/Asian British	% Black/Africa/Caribbean/Black British	% Mixed/multiple ethnic groups	% Other ethnic groups	% White
Beechdale	1.2	1.7	2.4	0.2	94.5
Birchills/Reedswood	33.4	4.2	2.8	1.2	58.5
Bloxwich	1.8	0.8	1.6	0.1	95.8
Leamore	2.8	1.4	2.5	0.6	92.7
Mossley/Dudley Fields	1.0	1.0	1.9	0.2	95.8
North Blakenall	1.3	0.9	2.3	0.2	95.4
North Walsall	38.5	9.6	4.1	0.9	46.9
Ryecroft/Coalpool	7.2	7.0	3.5	0.3	82.0
Area 3 Grand Total	8.2	2.3	2.3	0.4	86.9
Walsall Grand Total	15.4	2.4	2.7	0.8	78.7

Source: Census 2011

All community areas within Bloxwich AP have lower percentage of BME than Walsall average (21.3), with exception of Birchills/Reedswood (41.5) and North Walsall (53.1).

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

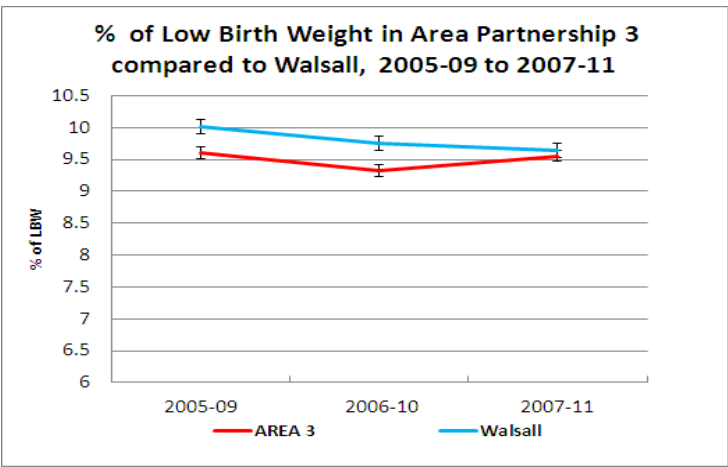
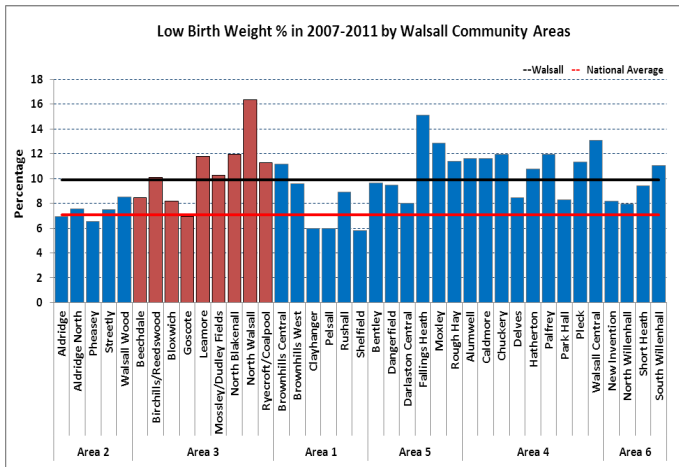
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Give every child the best start in life

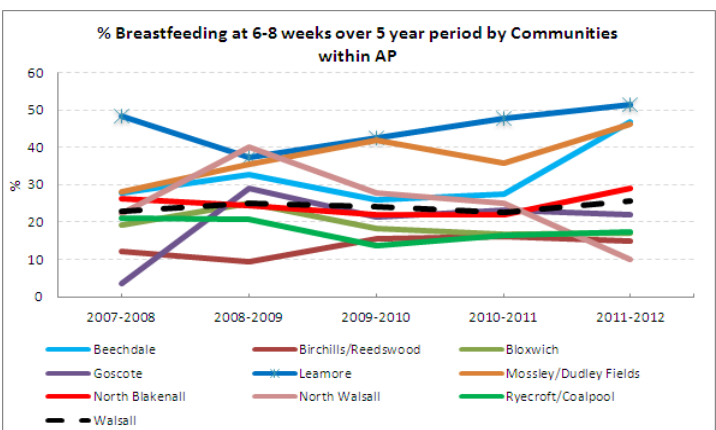
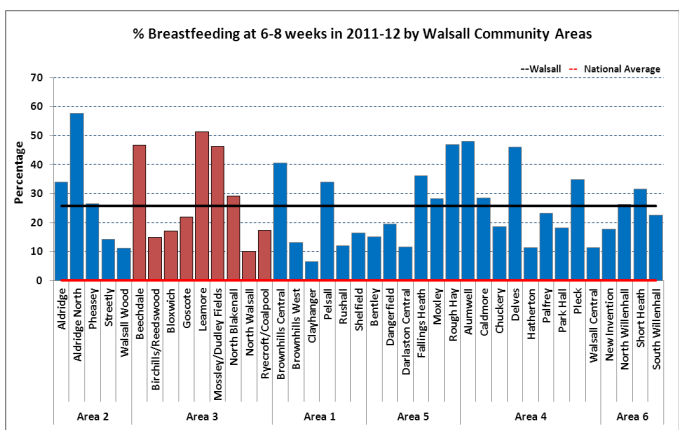
Low Birth Weights



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. The majority of community areas have higher percentage of LBW from 2007 to 2011 in comparison to the National Average (7%) and Walsall average (9.9%). With the exception of Beechdale, Bloxwich and Goscote.

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

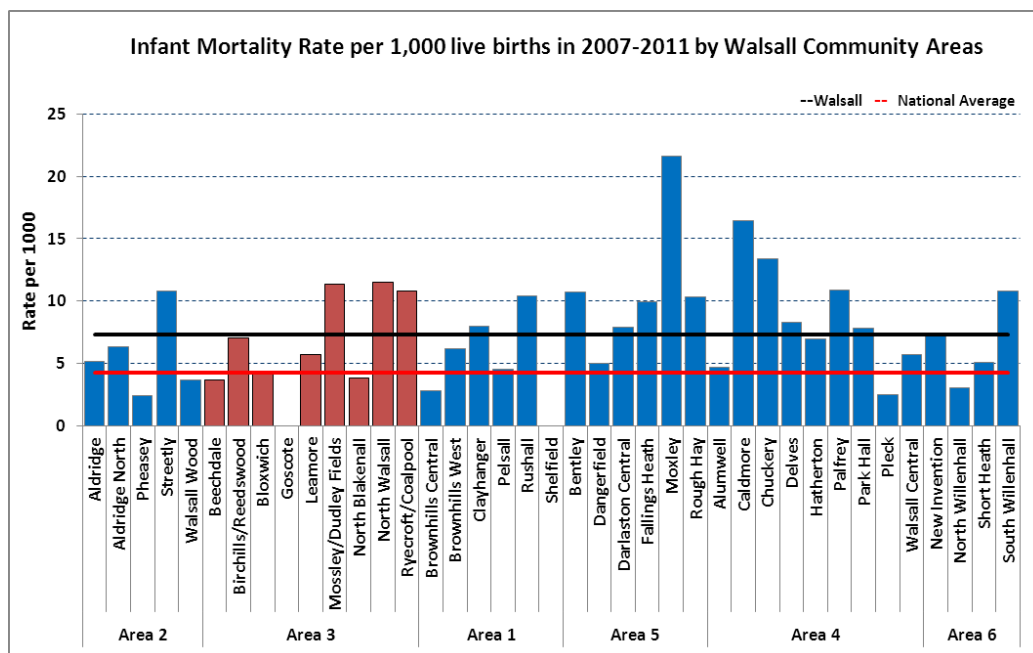
Breastfeeding 6-8 weeks



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 North Walsall AP have lower percentages of breastfeeding at 6-8 weeks in comparison to Walsall average (25.8%).

Birchills/Reedwood, Bloxwich and Ryecroft/Coalpool have consistently had low percentage of breastfeeding at 6-8 weeks than the Walsall average.

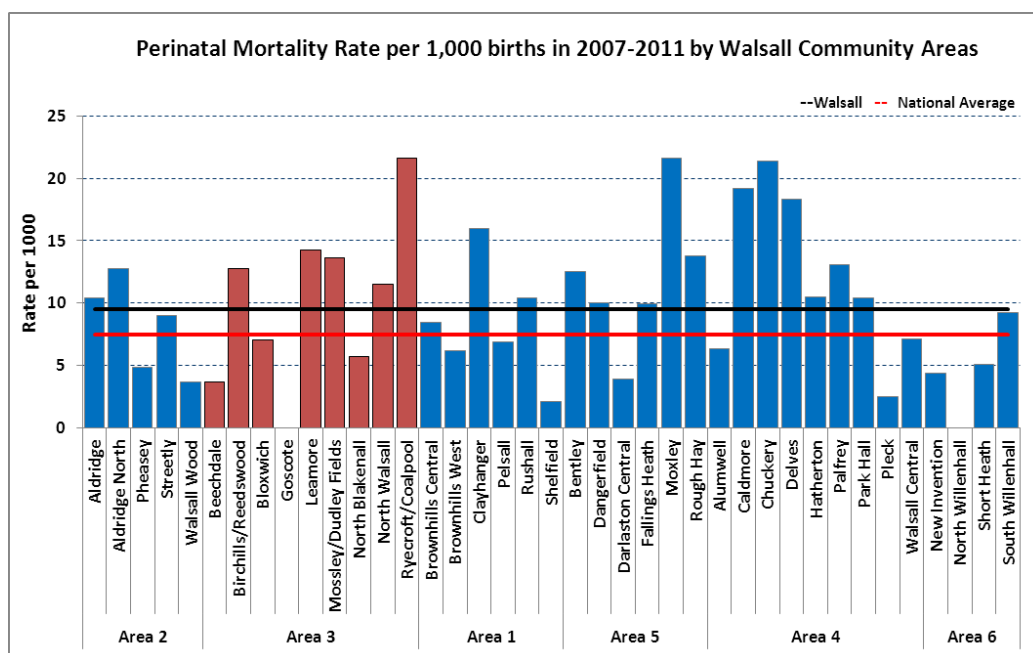
Infant Mortality Rate per 1,000



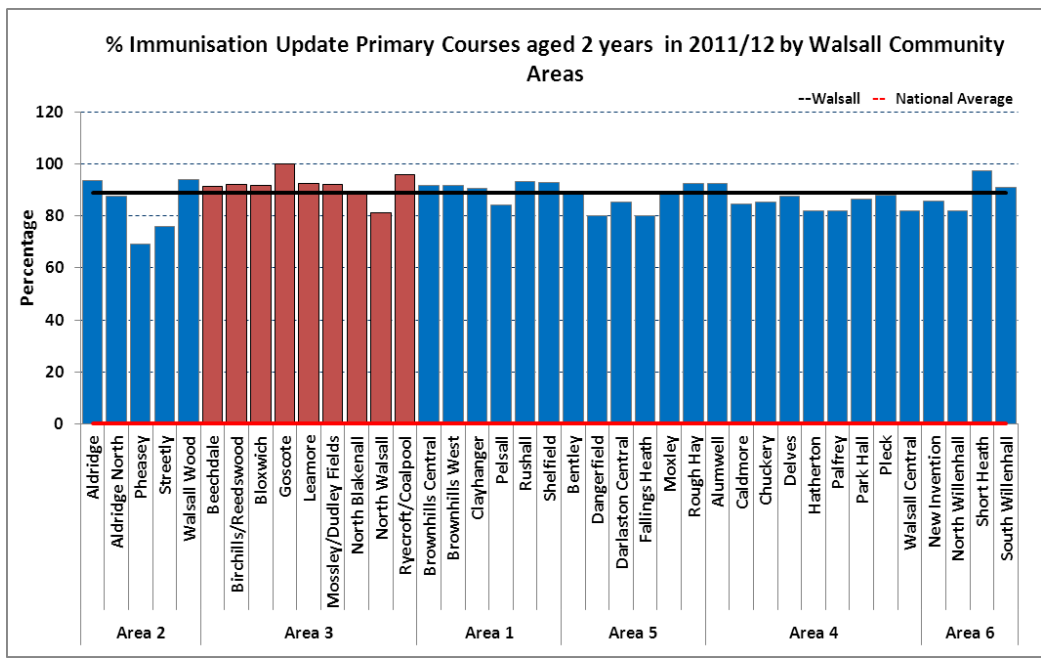
Infant mortality is a sensitive indicator of the overall health of a population, providing a measure of the well-being of infants, children and pregnant women. Most of the community areas have higher percentages of infant mortality from 2007 to 2011 in comparison to the National average (4.3). With the exception of Beechdale, Goscote and North Blakenall. Mossley/Dudley Fields, North Walsall and Ryecroft/Coalpool have higher percentages of infant mortality in comparison to Walsall average (7.3).

Perinatal Mortality Rate per 1,000

Birchills/Reedswood, Leamore, Mossley/Dudley Fields, North Walsall and Ryecroft/Coalpool 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).



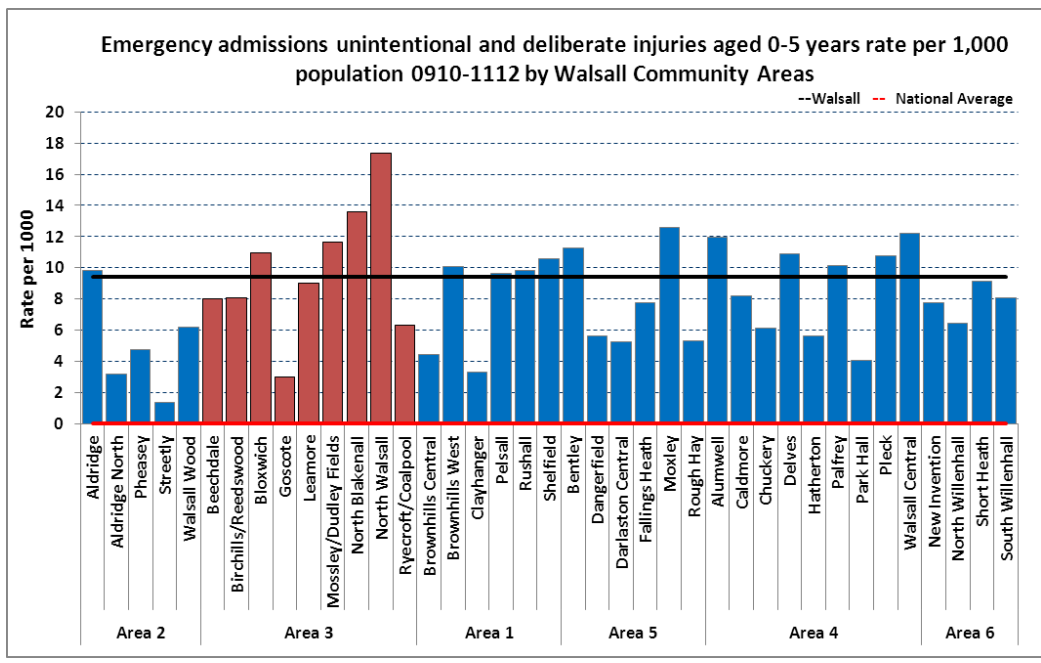
Childhood Immunisations



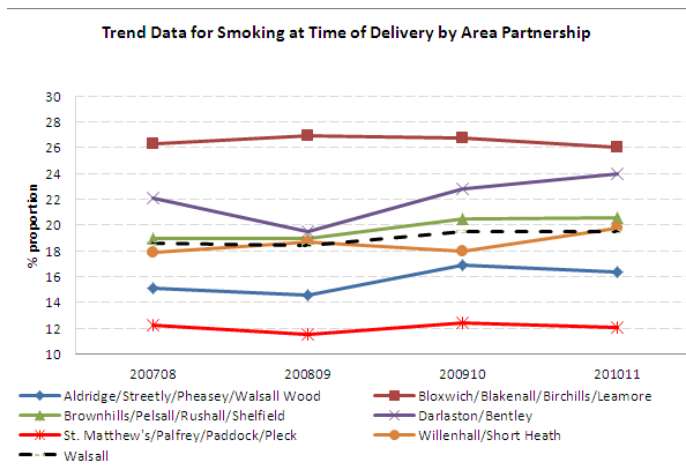
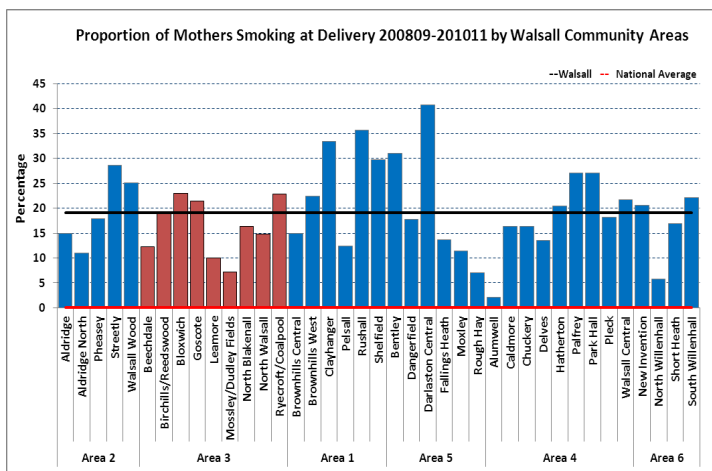
The proportion of immunisation uptake (including DIPHTHERIA, HIB, MENINGITIS C, PERTUSSIS, POLIO, TETANUS, MMR) is higher amongst the Area Partnership children compared to Walsall (88.8%), with the exception of North Walsall.

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. Bloxwich, Mossley/Dudley Fields, North Blakenall and North Walsall have higher emergency admissions than the Walsall average (9.4).



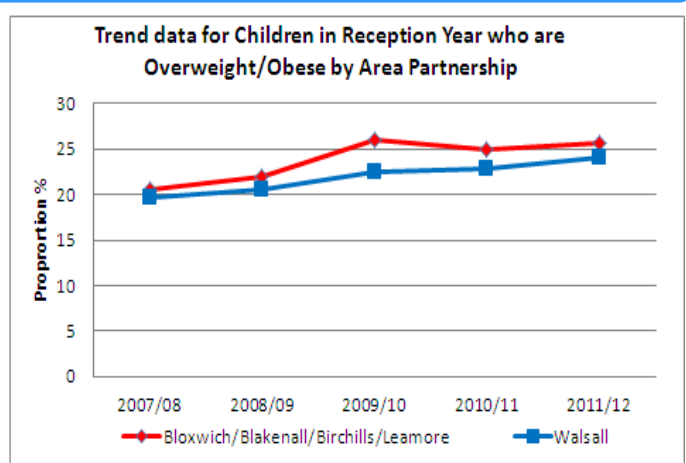
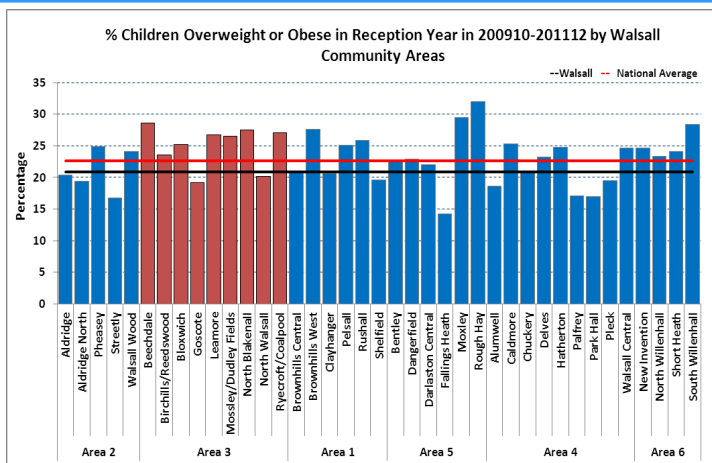
Smoking At Time of Delivery



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. Bloxwich, Goscote and Ryecroft/Coalpool have higher prevalence compared to the Walsall average of 19.12%.

The Bloxwich AP has highest proportion of smoking at time of delivery within Walsall.

Childhood Obesity Reception

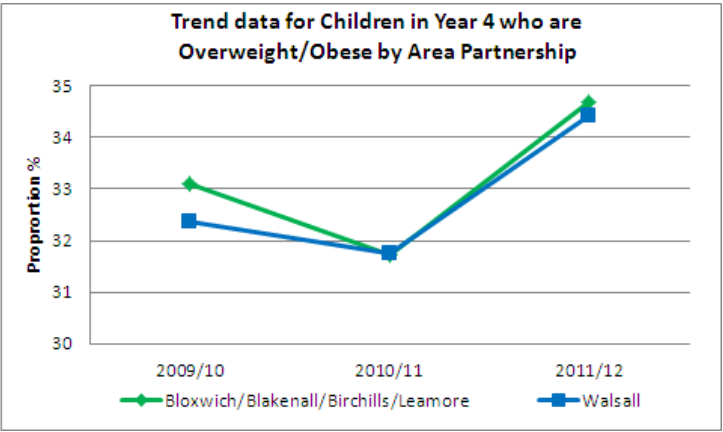
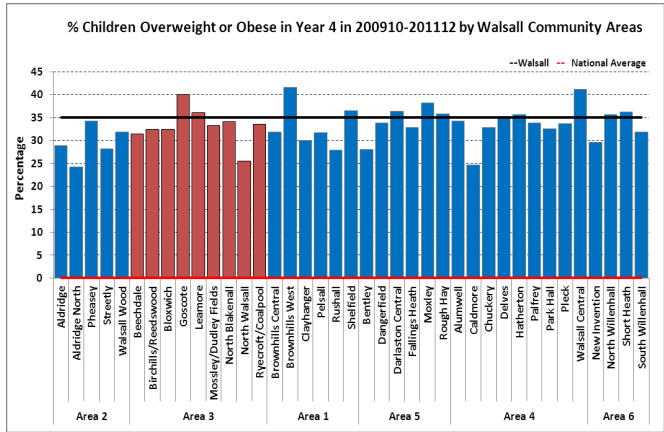


Childhood obesity is a particular concern and there is a link between childhood obesity and risk of disease and death in later life. Beechdale, Birchills/Reedwood, Bloxwich, Leamore, Mossley/Dudley Fields, North Blakenall and Ryecroft/Coalpool have higher percentages of obesity for reception children (aged 4-5) in comparison to Walsall average (20.8%).

The Bloxwich AP trend for obese children in reception year (aged 4-5) has been slightly higher and increasing over the years with comparison to the Walsall average.

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

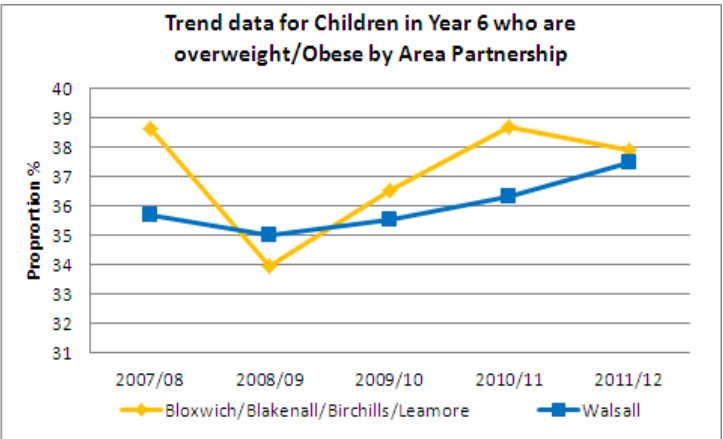
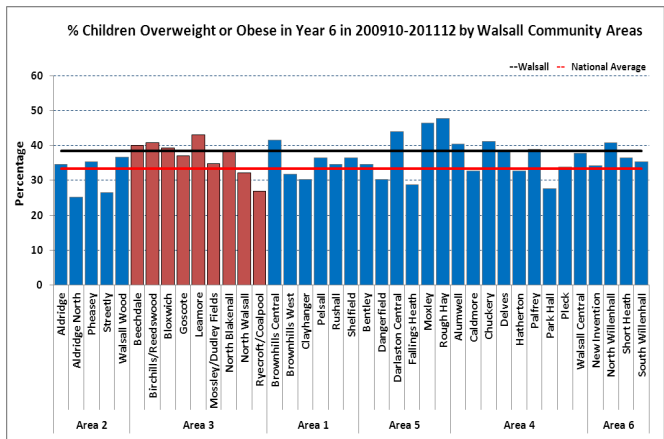
Childhood Obesity Year 4



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. Goscote and Leamore have higher percentages of obesity for year 4 children (aged 8-9) in comparison to Walsall average (35%).

The Bloxwich AP trend for children obesity in year 4 (aged 8-9) shows no significant difference with comparison to the Walsall average over the years.

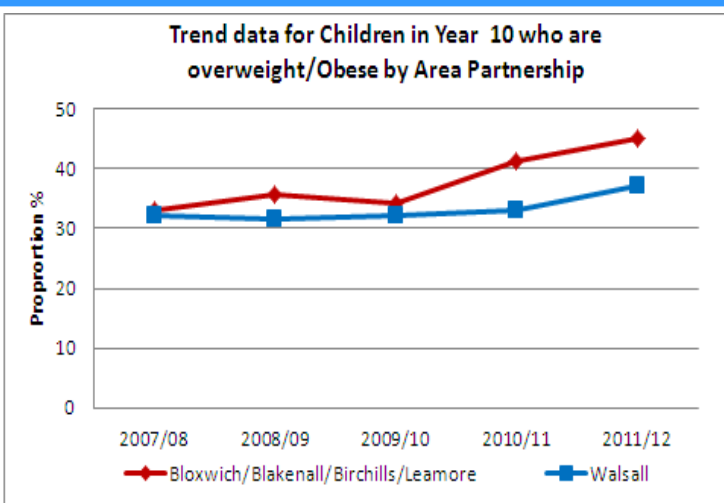
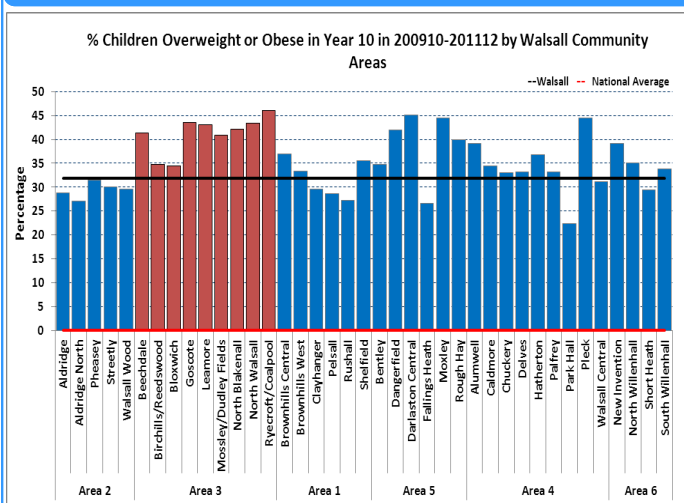
Childhood Obesity Year 6



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. Beechdale, Birchills/Reedwood, Bloxwich and Leamore have higher percentage of obesity for year 6 children (aged 10-11) in comparison to Walsall average (38%).

The Bloxwich AP trend for children obesity in year 6 (aged 10-11) shows higher proportion compared to Walsall average pre and post 2008/09.

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. All community areas have higher percentages of obesity for year 10 children (aged 14-15) in comparison to Walsall average (32%).

The Bloxwich AP trend for children obesity in year 10 (aged 14-15) shows higher proportion than 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.

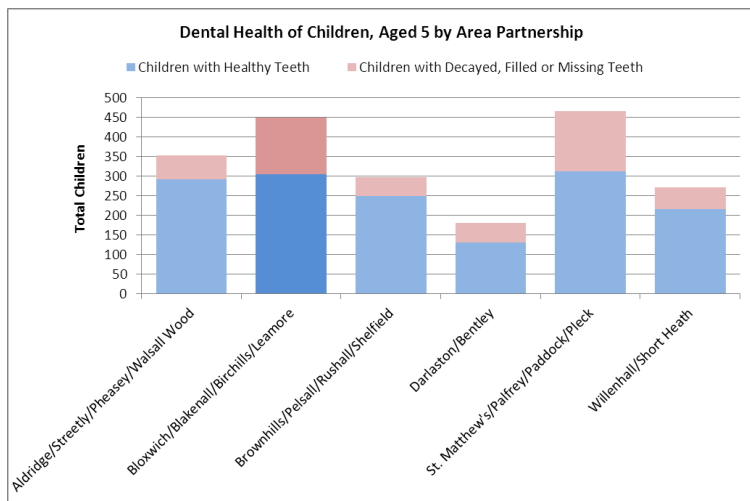
Food Dudes programme was designed to tackle the growing problem of obesity and unhealthy diet in children. It is known that eating plenty of fruit and vegetables offers protection against many cancers, coronary heart disease, diabetes and asthma. It also helps to keep children’s skin, teeth and hair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

September 2012 Primary Schools starting Food Dudes:
Phoenix Primary-Special School
Green Rock Primary
Busill Jones Primary
Leamore Primary
Blakenall Heath Junior

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.

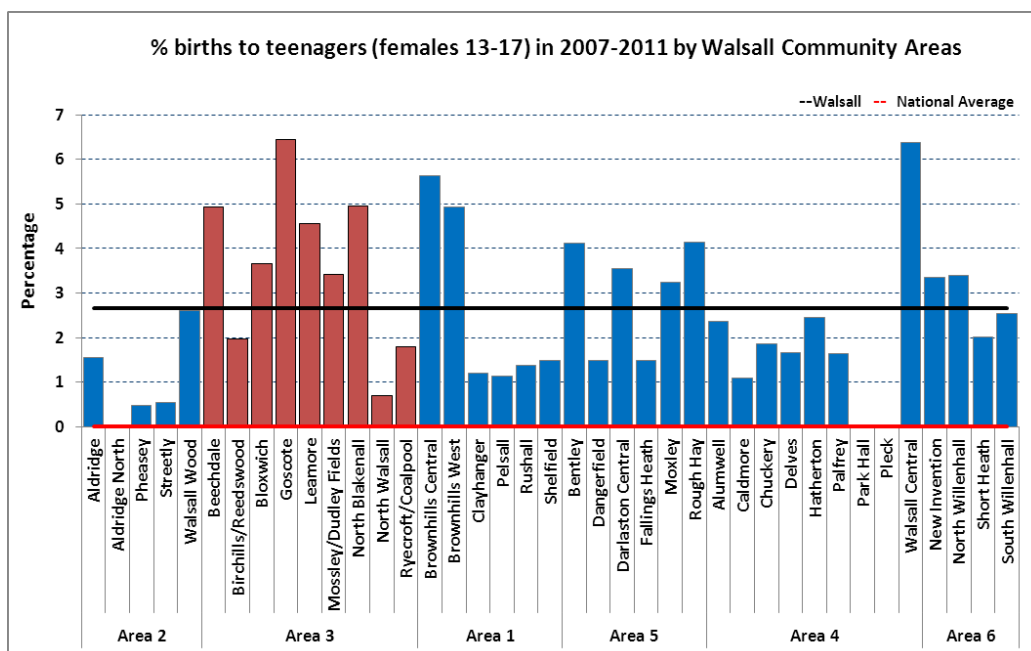
NB. The requirement for positive consent has introduced bias into these data which means that they cannot be used for backwards comparison. These results should be viewed and interpreted in conjunction with the "NHS Dental Epidemiology Programme for England; Oral Health Survey of five year old children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

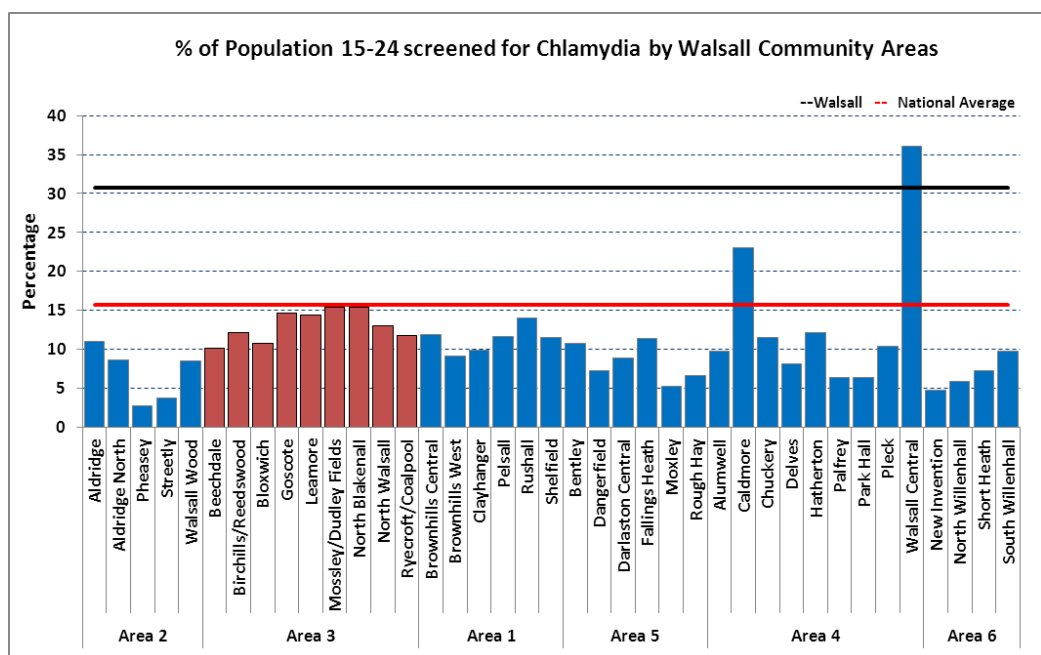
Proportion of births to Teenage Mothers 13-17 years



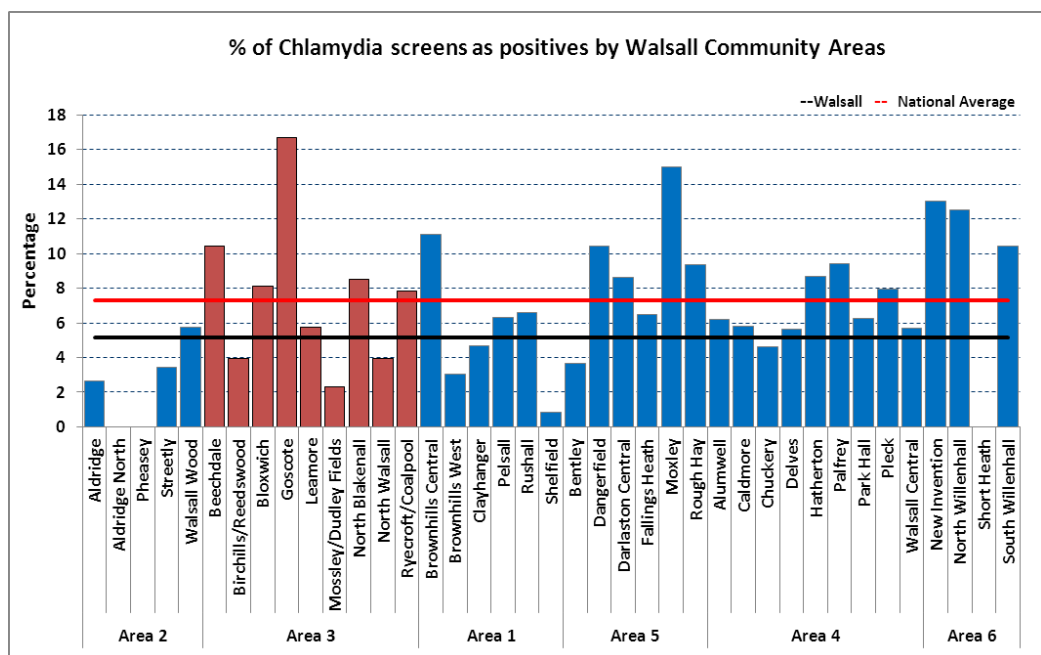
Young teenage parents are prone to poor antenatal health. Their babies often have lower than average birth weight and (nationally) infant mortality rates are also higher. Having children at a very young age can damage young women's health and well-being and affect their education and career prospects.

The proportion of births to teenage mothers (aged 13-17) is high in most of the community areas in the Area Partnership compared to the Walsall average. 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. North Walsall AP have lower percentages of screening in comparison to the Walsall average and the National average.



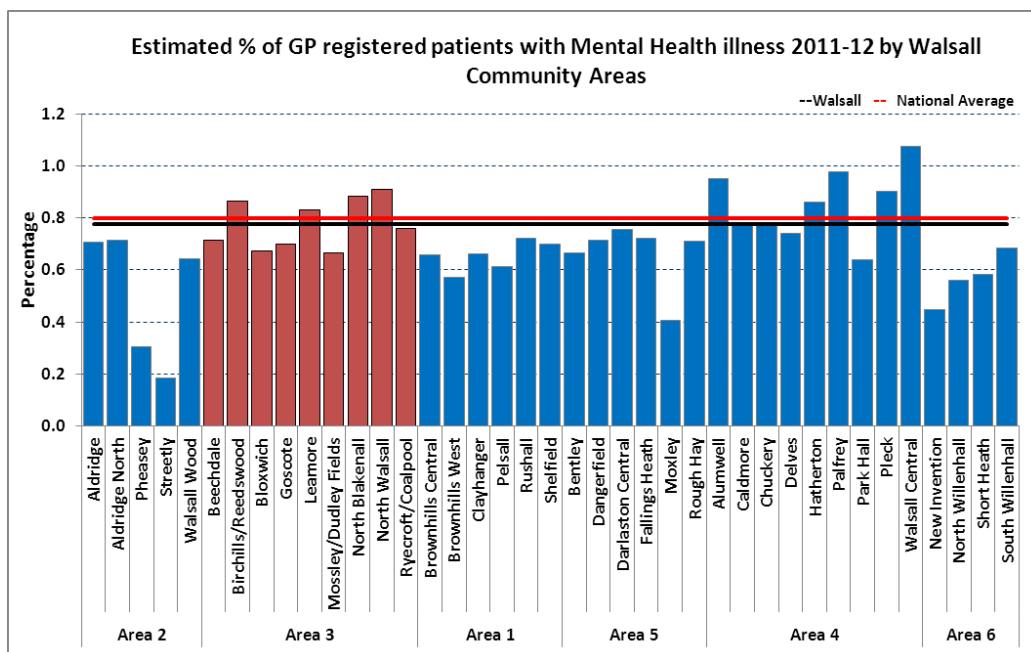
A key indicator for the sexual health of young people in Walsall is the chlamydia diagnostic rate for the 15-24 year old population. This provides a measure not just of background rates of infection, but also how young people are engaged in reducing risks associated with unsafe sex. It can be seen that Beechdale, Bloxwich, Goscote, Leamore, North Blakenall and Ryecroft/Coalpool have higher percentages of chlamydia screens as positives compared to the 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.

Birchills/Reedwood, Leamore, North Blakenall and North Walsall have higher estimated prevalence for mental health than Walsall average (0.78%).



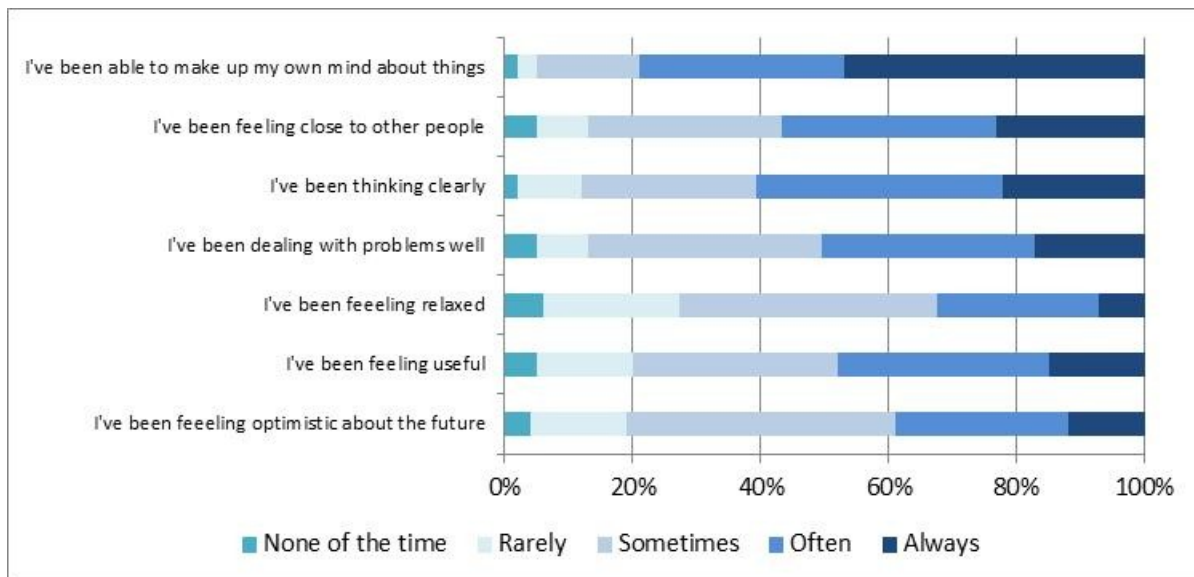
Lifestyle Survey: Mental Well-Being

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.

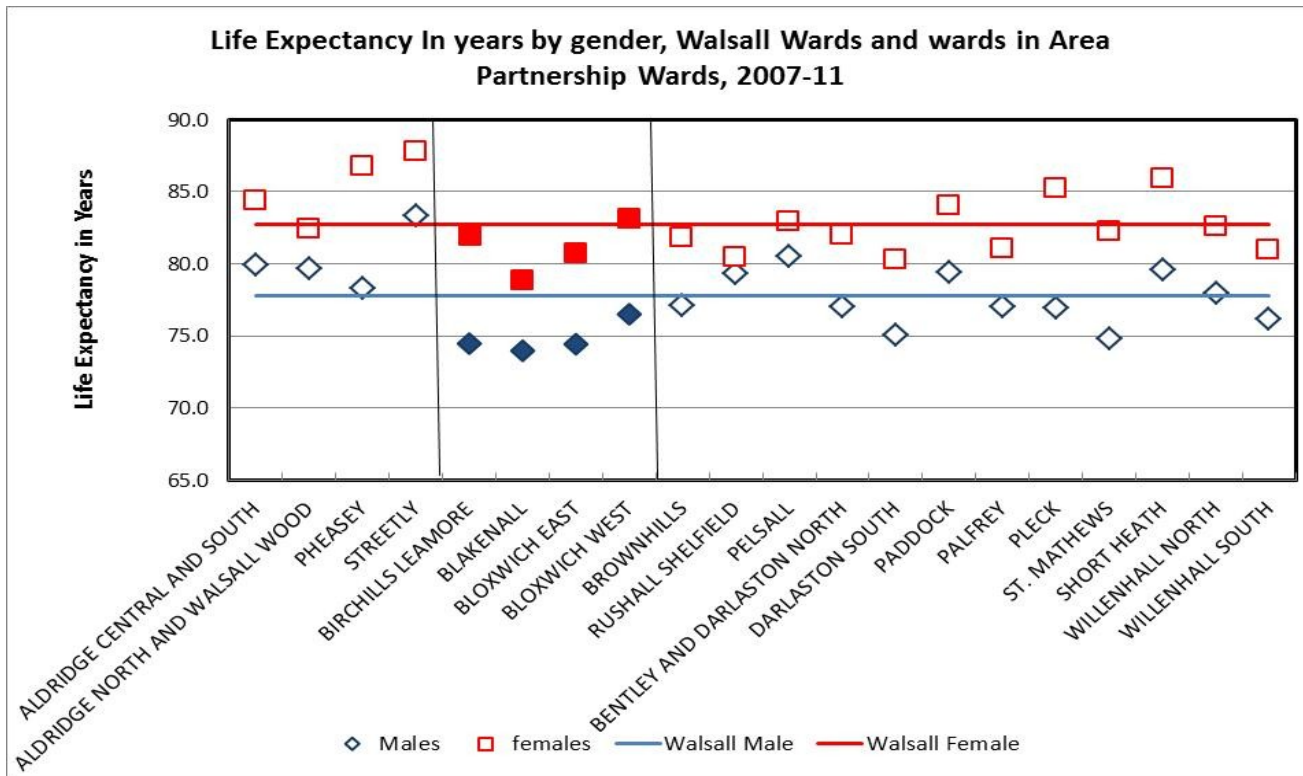
Most people have felt close to others, and dealing with problems.

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



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

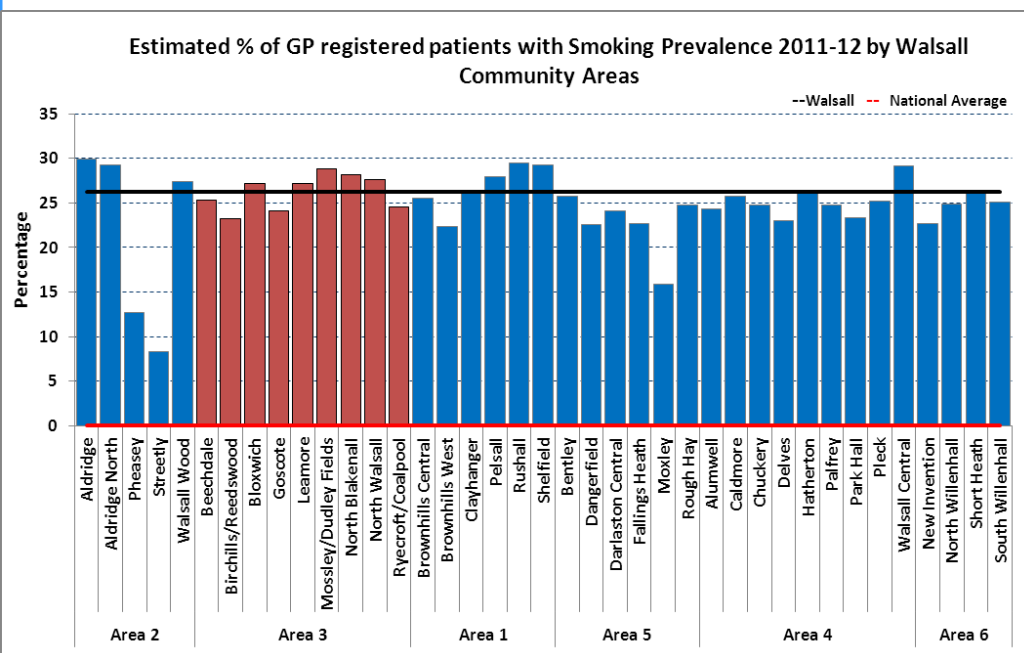
Life Expectancy (ward level)



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 all 4 wards for Bloxwich AP. Life expectancy for males in Walsall is 77.8.

Female life expectancy is significantly lower in Blakenall and Bloxwich East. 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.

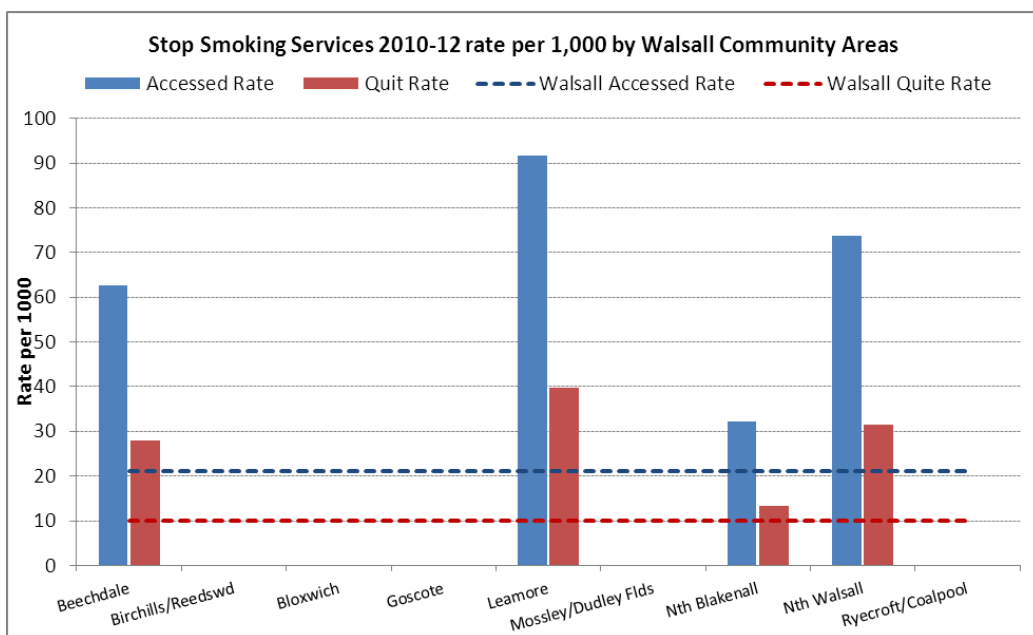
Smoking is the biggest modifiable risk factor for cancer and heart diseases.

Bloxwich, Leamore, Mossley/Dudley Fields, North Blakenall and North Walsall 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.

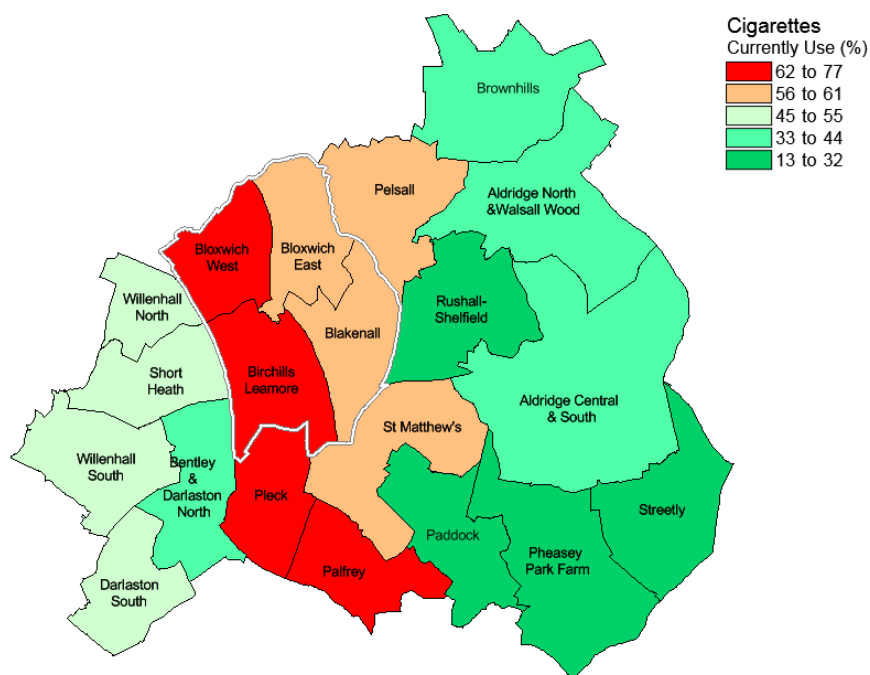


For some communities, no data was available regarding this service.

For the remaining areas the service access rate is higher than the Walsall average; Beechdale, Leamore and North Walsall access rates are considerably higher.

For North Blakenall the quit rate is slightly higher than the Walsall average. Beechdale, Leamore and North Walsall have a higher quit rate than the Walsall average.

Lifestyle Survey: smoking



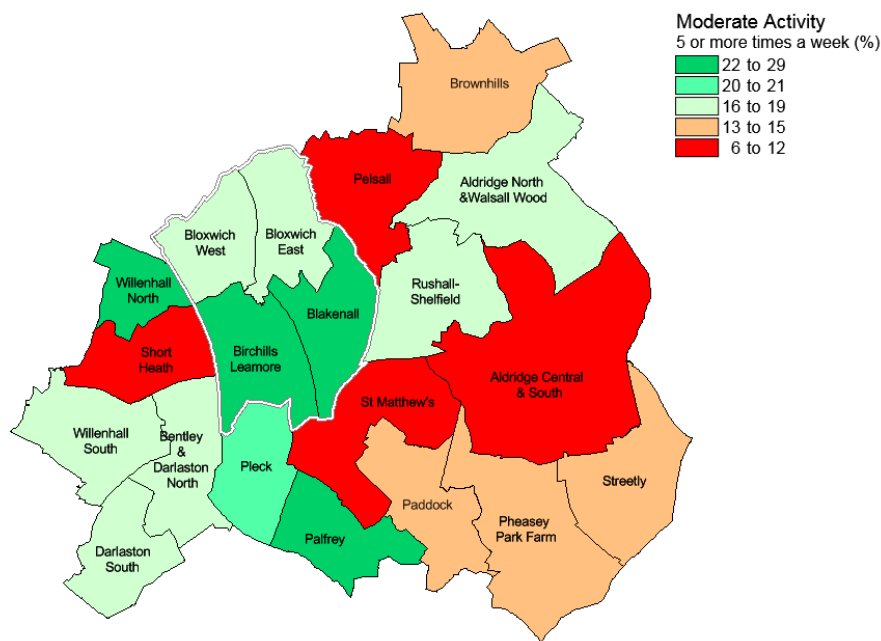
In North Walsall AP 64% of respondents from the survey currently use cigarettes/cigars. The average for Walsall is 48%.

75% have tried to give up using tobacco, of which 36% managed to stop smoking for more than 6 months.

50% stop using tobacco without any help or support.

35% of tobacco users would like to stop using tobacco.

Lifestyle Survey: Exercise



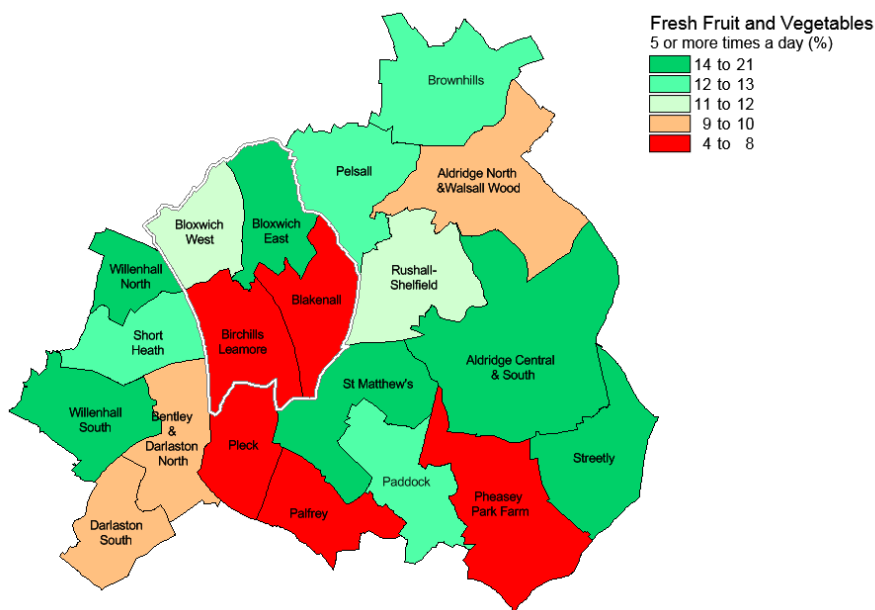
Moderate activity takes medium physical effort and makes you breathe a little harder than usual. E.g. fast walking, tennis, easy cycling, dancing and easy swimming

For North Walsall AP 21% 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



90% of respondents from North Walsall AP do not eat the recommended 5 portions of fruit and vegetables a day. The average for Walsall is 88%.

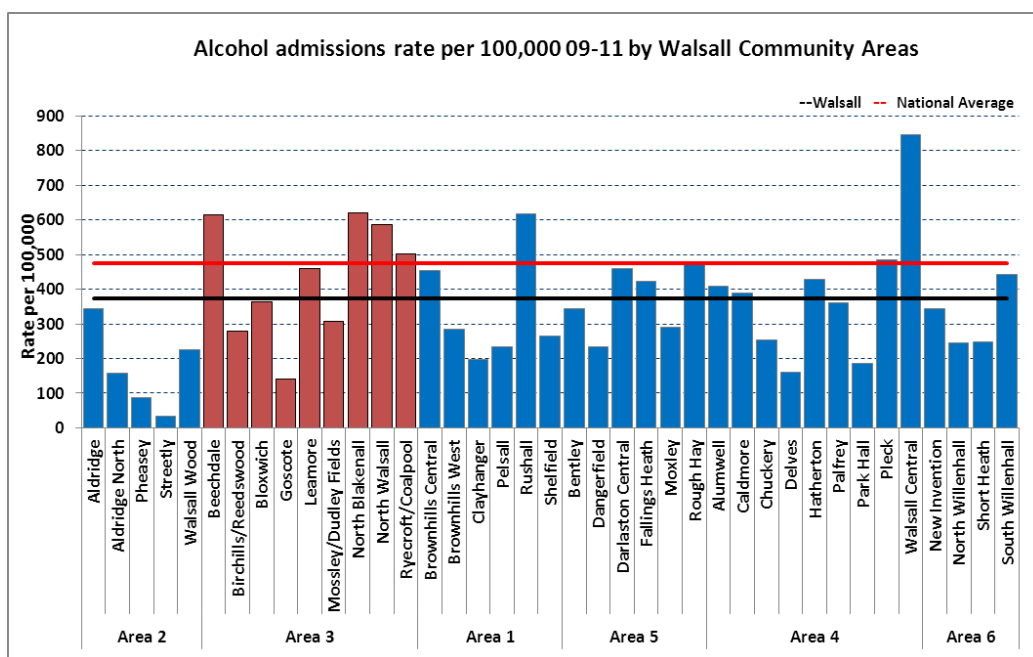
Pulses (e.g. lentils, barley, chickpeas) are consumed by 18% more than once a week but less than daily.

Fried food (e.g. chips), is eaten more than once a week by almost a third of residents (34%). Pies, pasties, pastries and sausage rolls are eaten more than once a week by a fifth (21%) of respondents.

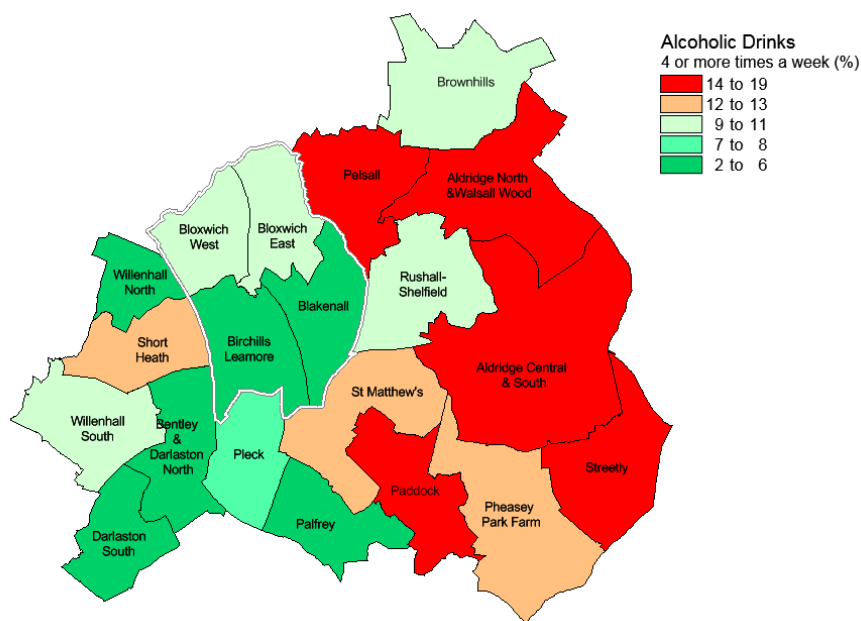
Take-away food is less widely consumed but is eaten more than once a week by one in ten residents (10%).

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 Beechdale, Leamore, North Blakenall, North Walsall and Ryecroft/Coalpool have higher alcohol admissions in comparison to Walsall average (372.13).



Lifestyle Survey: Alcohol



72% of North Walsall AP respondents say they drink alcohol. Most people say they drink once a week at most (42%), while one in five (20%) say they drink two or more times a week.

30% never drink which is lower than the figure for England (38%) taken from the 2010 Health Survey for England (HSE).

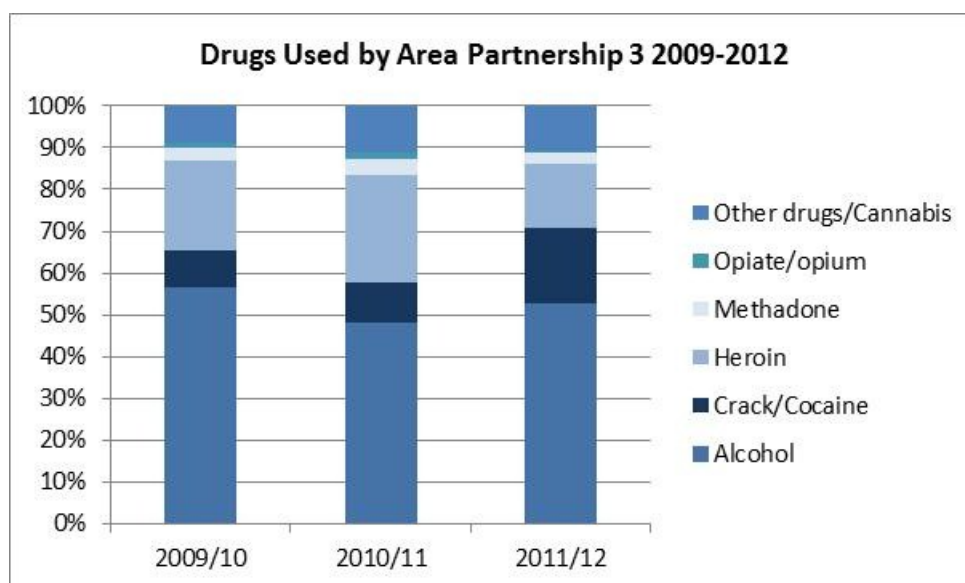
The survey shows that over half (51%) of those that drink alcohol say they most often obtain it from supermarkets which sell alcohol on offer at bargain prices.

One in four drinkers (27%) buy their drinks in pubs and bars.

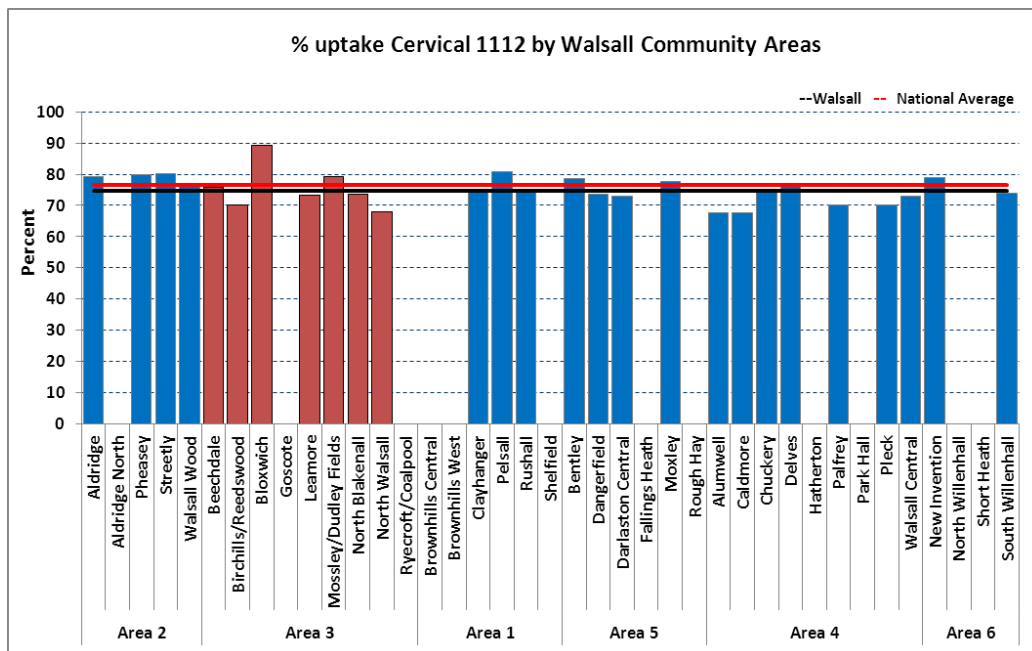
Drug Referrals to DAAT

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.

		Birchills Leamore	Blakenhall	Bloxwich East	Bloxwich West	North Walsall	Walsall
2009/10	In Treatment	98	108	70	46	322	1111
	Completed drug free/occasional use	43	40	24	20	127	438
	% Completed drug free/occasional use	44%	37%	34%	43%	39%	39%
2010/11	In Treatment	101	80	61	43	285	1068
	Completed drug free/occasional use	37	26	34	16	113	427
	% Completed drug free/occasional use	37%	33%	56%	37%	40%	40%
2011/12	In Treatment	119	93	76	78	366	1263
	Completed drug free/occasional use	41	45	28	23	137	451
	% Completed drug free/occasional use	34%	48%	37%	29%	37%	36%



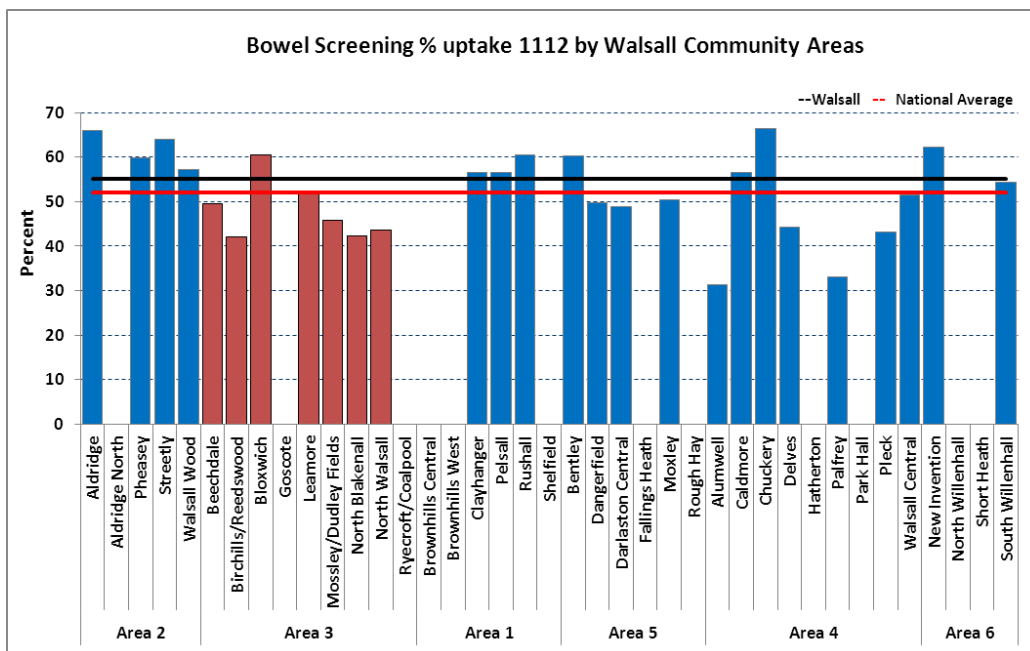
Cervical Screening



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 Beechdale, Bloxwich and Mossley/Dudley Fields show higher rates than the Walsall average (74.6%). There are currently no practices in Goscote and Ryecroft/Coalpool.

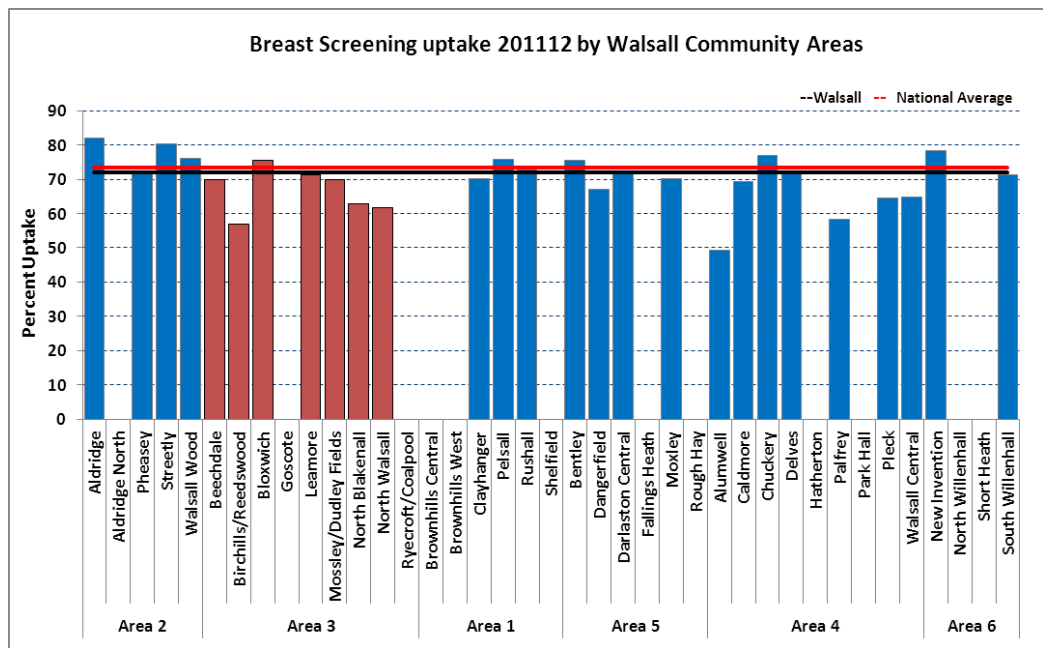
Bowel Screening



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 except Bloxwich show lower rates than the Walsall average (55%). There are currently no practices in Goscote and Ryecroft/Coalpool.

Breast Screening



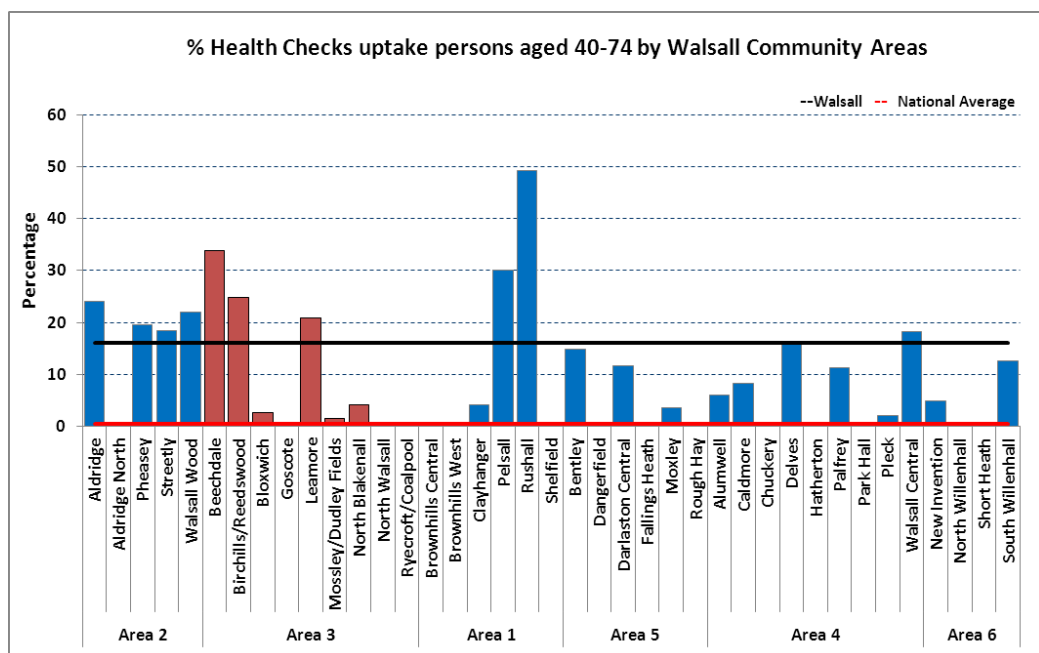
NB. This indicator is based on Walsall GP aggregated data, there are several communities for which there will be no data. Neighbouring communities should be used as a guide to the levels of uptake in those “empty” communities.

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. All practices in the Area Partnership except Bloxwich show lower rates than the Walsall average (72%). There are currently no practices in Goscote and Ryecroft/Coalpool.

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 North Walsall AP that undertake NHS health checks are above the Walsall average (16%) with the exception of Bloxwich, Mossley/Dudley Fields and North Blakenall.



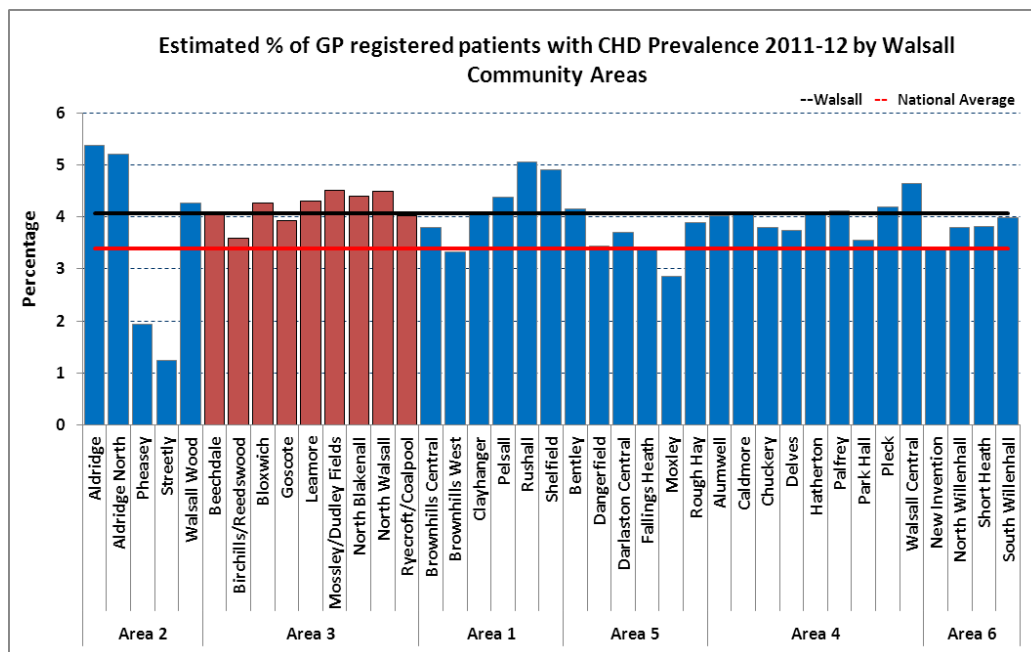
NB. This indicator is based on Walsall GP aggregated data, there are several communities for which there will be no data. Neighbouring communities should be used as a guide to the levels of uptake in those “empty” communities.

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.

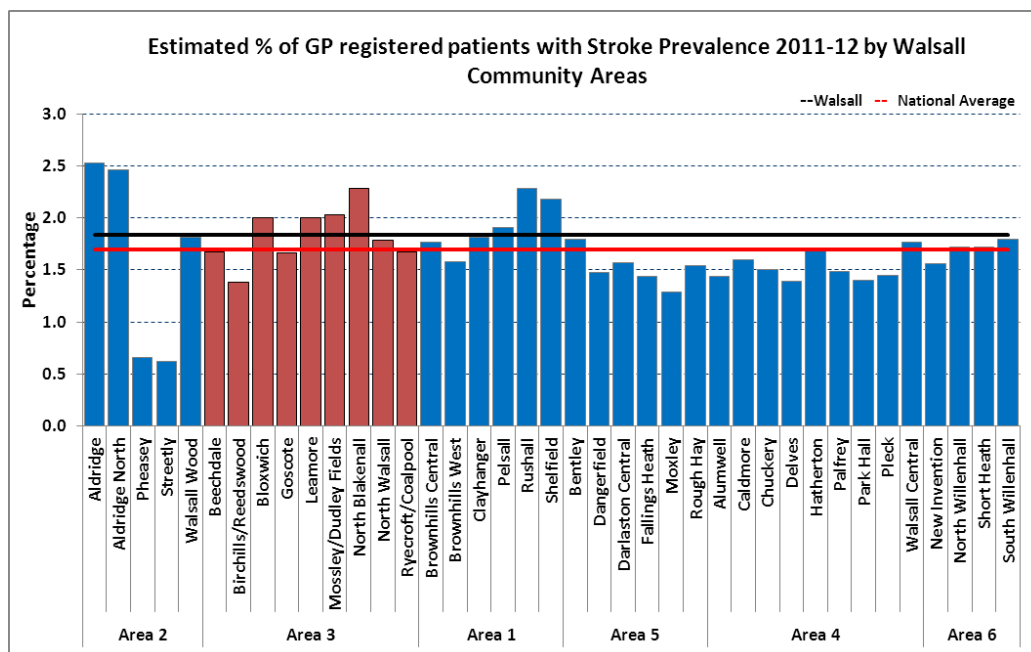
Most community areas within North Walsall AP have high estimated prevalence for CHD than Walsall average (4.1), with the exception of Birchills/Reedswood and Goscote.



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.

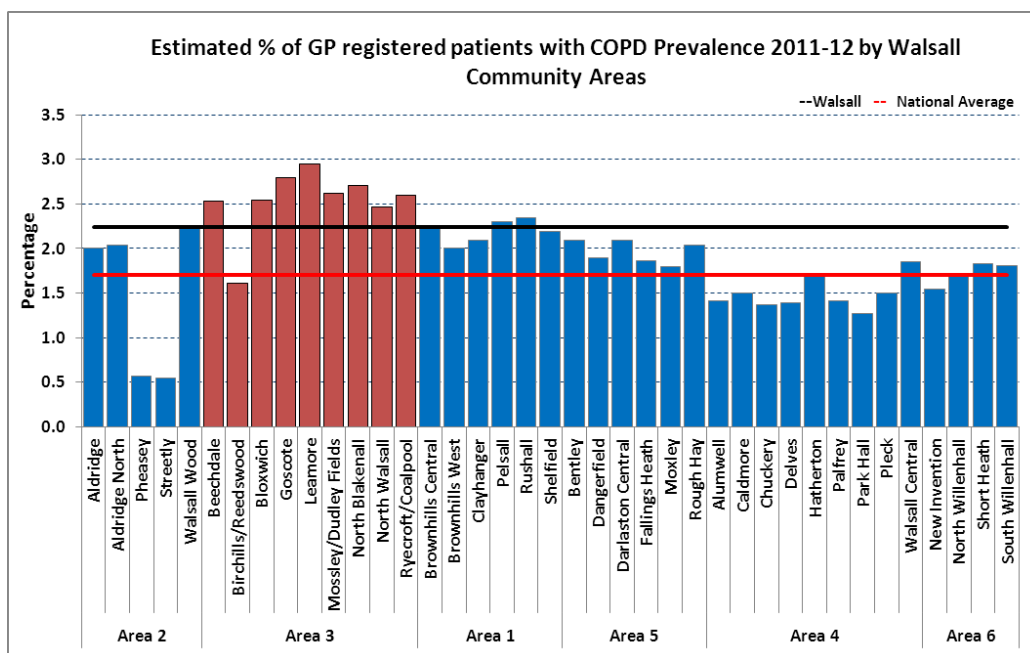
Bloxwich, Leamore, Mossley/Dudley Fields and North Blakenall have high estimated prevalence for stroke compared to Walsall average (1.83).



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 within the mining and pottery industries.

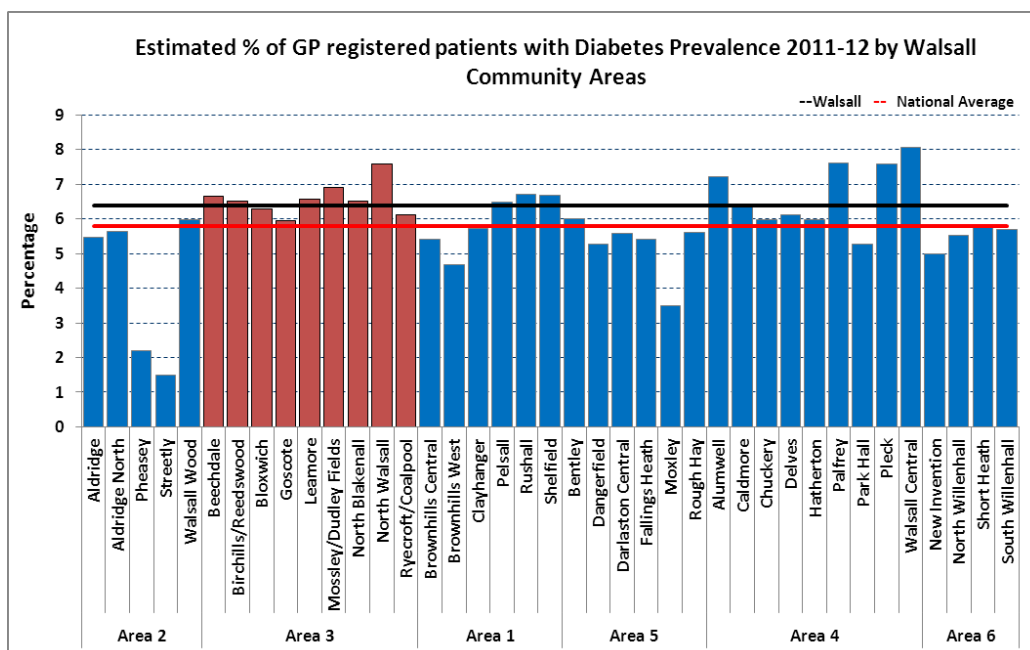
The majority of community areas have higher estimated prevalence for stroke than Walsall average (2.24), with the exception of Birchills/Reedwood.



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.

Most community areas have higher estimated prevalence for diabetes than Walsall average (6.39), with the exception of Goscote and Ryecroft/Coalpool.



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	28.94%	Older families in low value housing in traditional industrial areas
2	15.40%	Vulnerable young parents needing substantial state support
3	9.39%	Older tenants on low rise social housing estates where jobs are scarce
4	7.40%	Low income older couples long established in former council estates
5	5.99%	South Asian communities experiencing social deprivation

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.

Sector Rank 2 (public sector type o69)

Vulnerable young parents needing substantial state support

This Type has a high concentration of young parents with pre-school age children who have been given priority for social housing and live in some of the least desirable council estates. Many of the country’s most vulnerable young children live in these neighbourhoods.

Though not all residents experience social deprivation, so many do that what is considered normal is often very different to that considered normal by the population of the wider community.

Young parents are often in need of advice on health and diet. They may not have the ability to foresee risks to their children, whether playing in the house or accompanying them on the road. Children are particularly vulnerable to pedestrian traffic accidents not least as a result of low levels of car ownership, and to injury in house fires. Diet is often poor, with young parents lacking the knowledge about what is good for them and their children, and often being ignorant of the skills involved in preparing healthy meals.

Few families make much use of local authority leisure services other than parks and playgrounds.

Residents often don't own cars which, if they have young children, can impose a serious restriction on their mobility. Most rely on public transport other than to reach the limited range of commercial and public services provided in their nearest neighbourhood centre.

Sector Rank 3 (public sector type o67)

Older tenants on low rise social housing estates where jobs are scarce

This Type is characterised by people of older working age in low rise municipal housing, and mostly living on benefits or incomes little higher than the minimum wage. Most of the population is white.

Personal safety is a particular issue, with many residents being afraid of the walk from their home to local bus stops or community facilities. Gangs of youths are a particular source of anxiety.

It is in these neighbourhoods that people have among the lowest life expectancy in the country. Contributing factors are the hazardous nature of the jobs in which men have traditionally been employed, the stress involved in life on really difficult estates, and the low level of income and education which contributes to unhealthy diet and lifestyles. Although it may be easy to communicate health promotion messages, there are many obstacles people face in any attempt to improve their lifestyles. One of the most endemic features is the high level of smoking, especially among women.

Residents are among the least likely to have access to a car. Car ownership is exceptionally low among families with children. The cost of maintaining a car is often beyond the financial means of a family.

Sector Rank 4 (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.

Residents usually live within walking distance of local shops and seldom have to travel far to reach public services

Mosaic Analysis Continued

Sector Rank 5 (public sector type i42) South Asian communities experiencing social deprivation

This Type contains the highest concentration of recent migrants from South Asia, and in particular those living in the most overcrowded conditions in the poorest quality older terraced housing.

Many of these residents have difficulty in their use of the English language, as a result of which it is often difficult for them to obtain employment other than in menial tasks which do not require them to interact to a significant degree with the host population.

The minority groups who live in these neighbourhoods often have distinctive health profiles, diabetes being a condition which is particularly common both on account of genetic disposition and diet. Although these minorities consume a large amount of vegetables and relatively little meat and dairy products, they are also high consumers of salt and sugar. Smoking and drinking are less of a cause of poor health than in other types of low income neighbourhood.

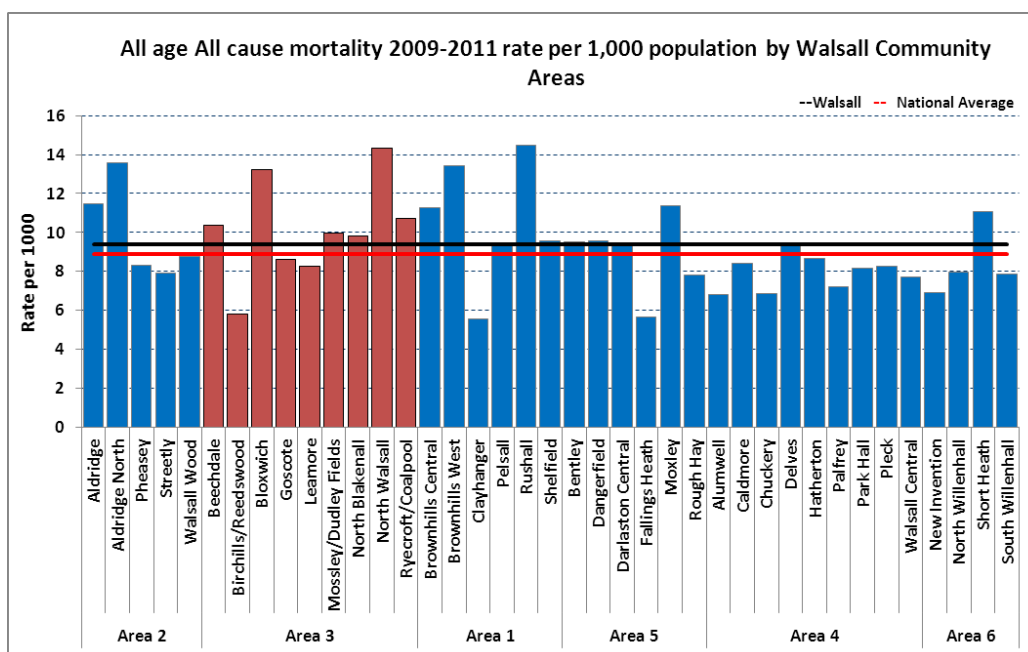
An important health promotion issue are campaigns to reduce the level of teenage pregnancy, a practice along with early marriage which the residents' culture often assumes to be a mark of social success rather than a stigma. Cultural adaptation that is needed when providing services in these areas is professional rather than informal appearance, and recognition that many women expect not to visit doctors and hospitals alone.

As a rule residents do not make extensive use of swimming baths and sports facilities but do value the opportunity to use a library. Very few people can be persuaded to make use of national parks. On the other hand, picnics in local parks are a common recreational activity. Many social activities are undertaken within the community itself.

All Age All Cause Mortality

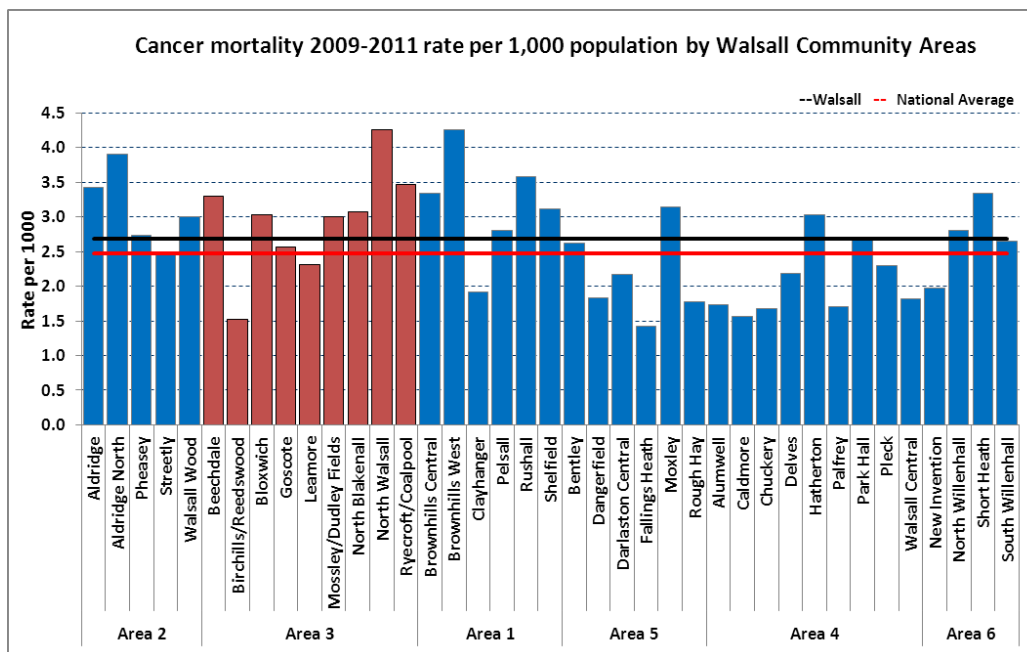
All age all cause mortality (AAACM) rates are also used as a proxy measure for life expectancy. When AAACM rates improve, life expectancy can be expected to improve.

Most community areas within North Walsall AP have higher mortality rates than the Walsall average 9.6 per 1,000, with the exception of Birchills/Reedswood, Goscote and Leamore.



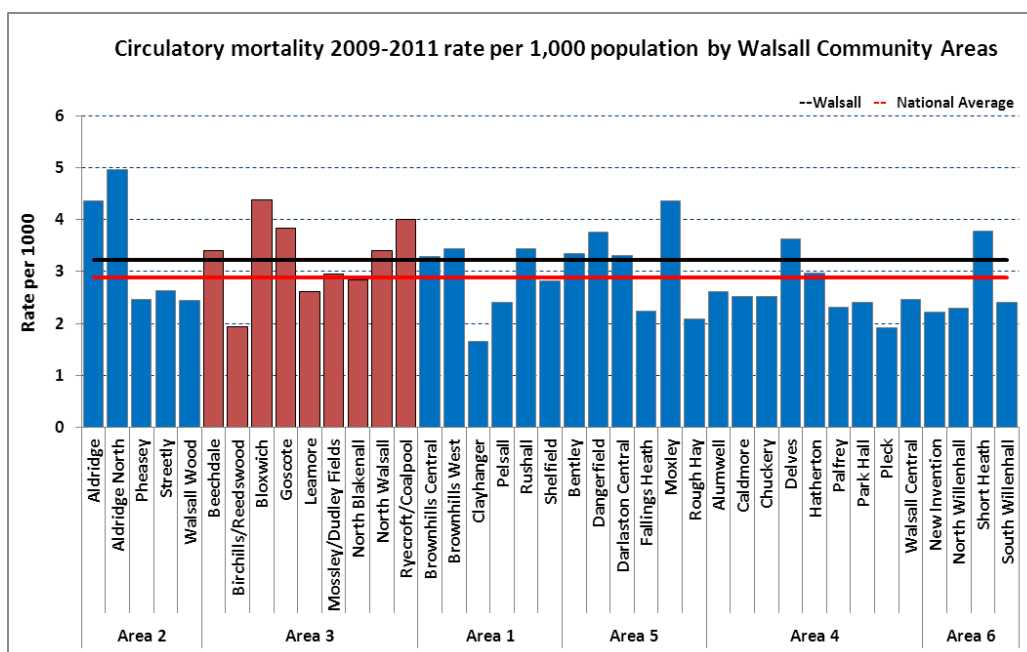
Cancer Mortality

The cancer mortality rate is significantly higher in most community areas within North Walsall AP than the Walsall average (2.69 per 1,000), with the exception of Birchills/Reedwood, Goscote and Leamore. It is vital that we ensure good uptake of screening for breast cancer, cervical cancer and colorectal cancer.



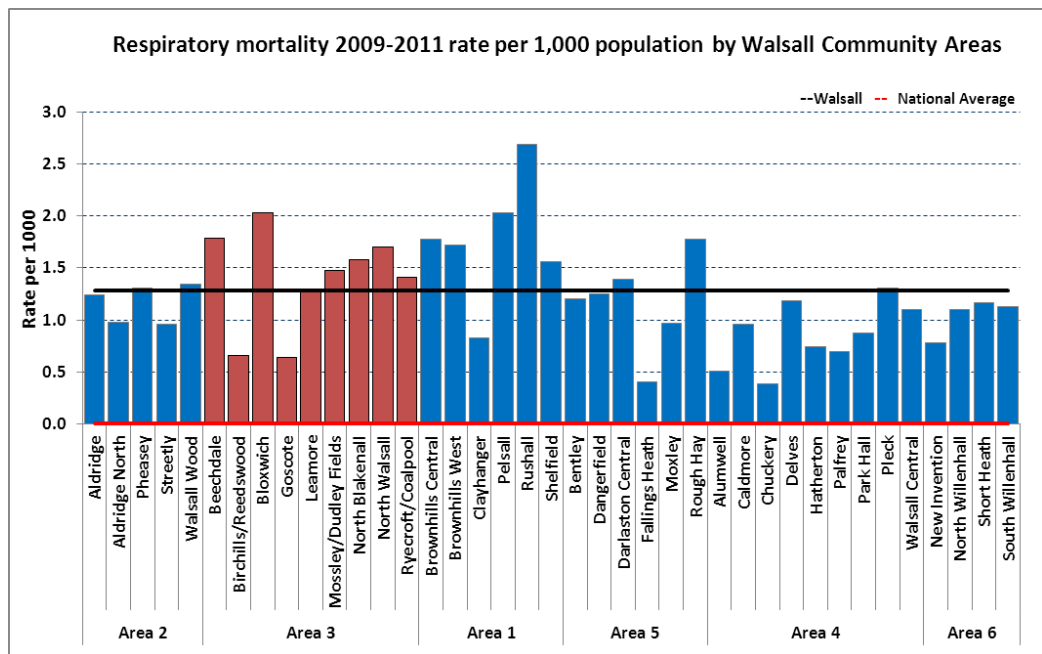
Circulatory Mortality

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. Beechdale, Bloxwich, Goscote, North Walsall and Ryecroft/Coalpool have higher circulatory mortality rates than Walsall average 3.22 per 1,000.



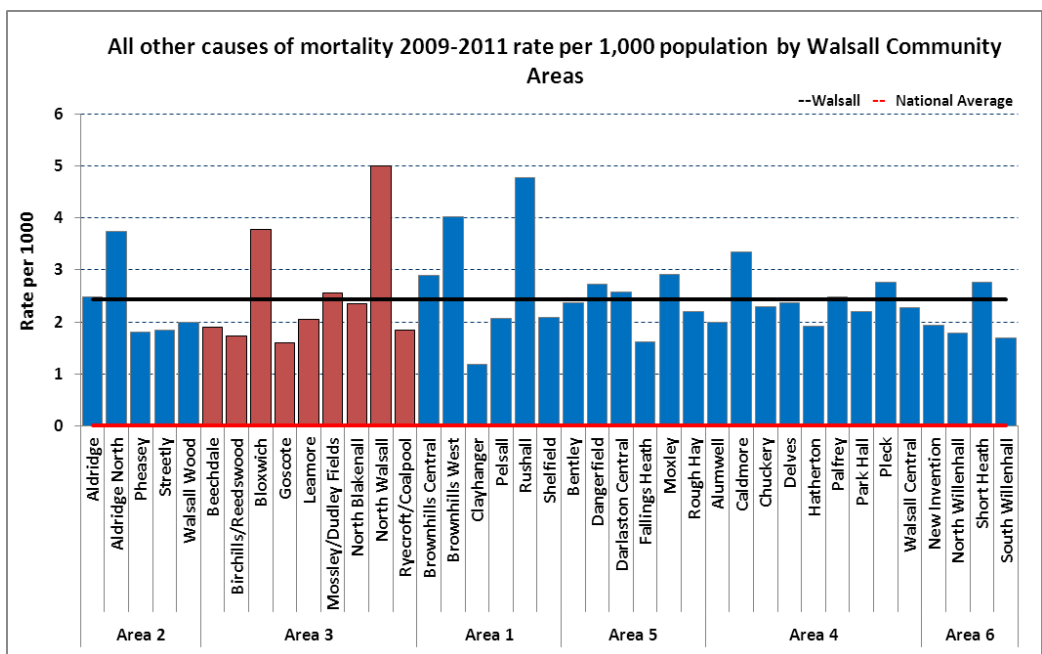
Respiratory Mortality

Respiratory disease is a major cause of death. Some of the causes of death from respiratory disease include pneumonia, bronchitis and emphysema. Most community areas within North Walsall AP have higher respiratory mortality than Walsall average (1.28 per 1,000), with the exception of Birchills/Reedwood and Goscote.



All Other Causes of Mortality

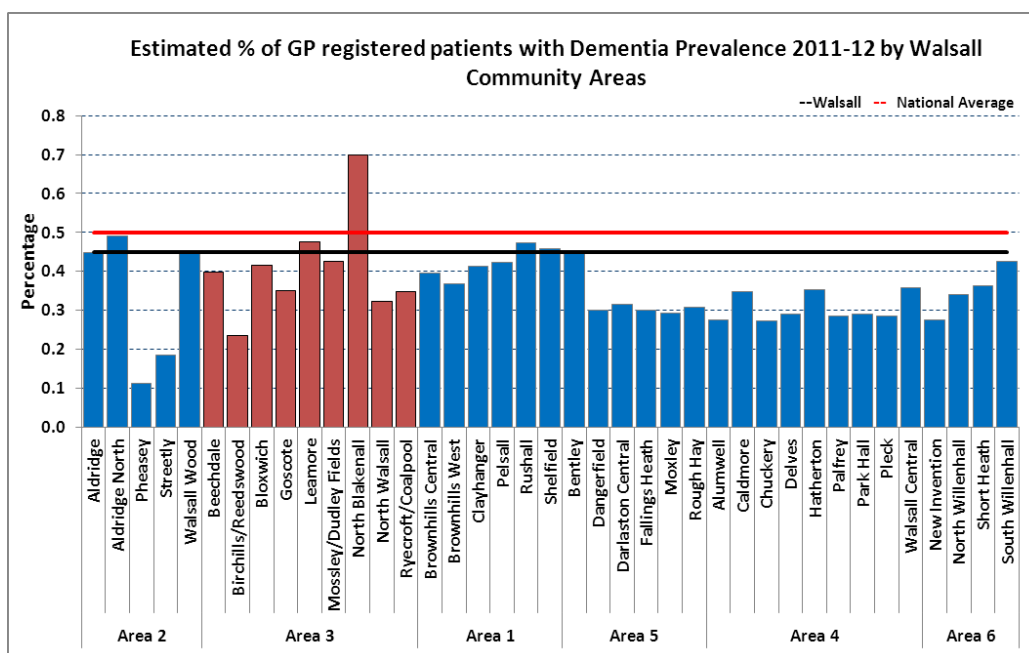
All other causes of mortality (excluding cancer, circulatory and respiratory) Bloxwich, Mossley/Dudley Fields and North Walsall have a higher mortality rate than the Walsall average 2.43 per 1,000.



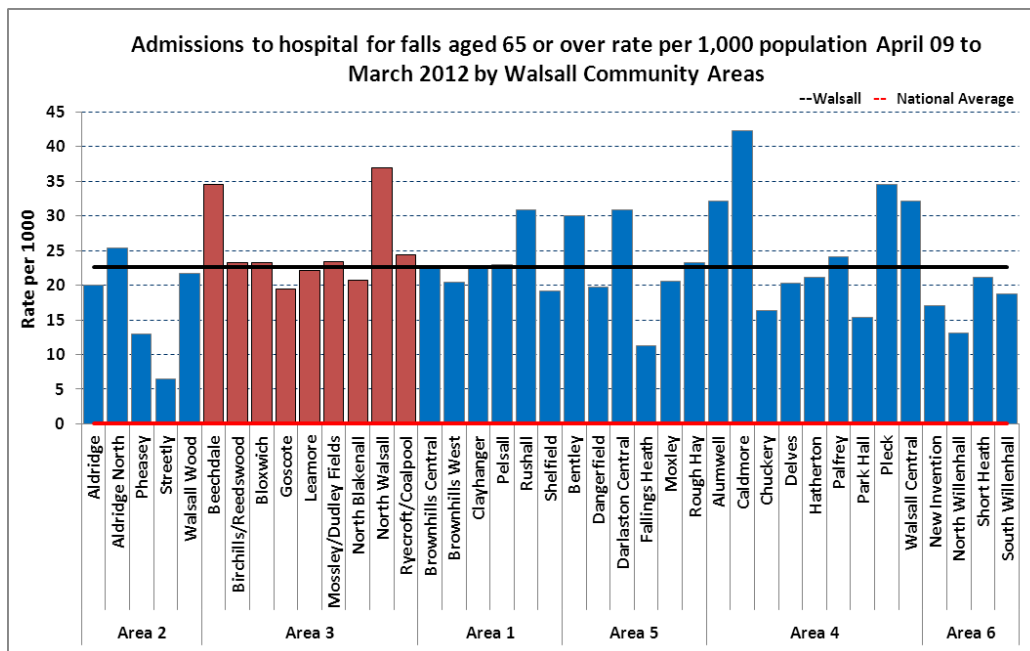
Healthy aging and independent living

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. Most community areas within North Walsall AP have lower estimated prevalence for dementia than Walsall average (0.45), with the exception of Leamore and North Blakenall.



Hospital Admissions for Hip Fractures and for Falls



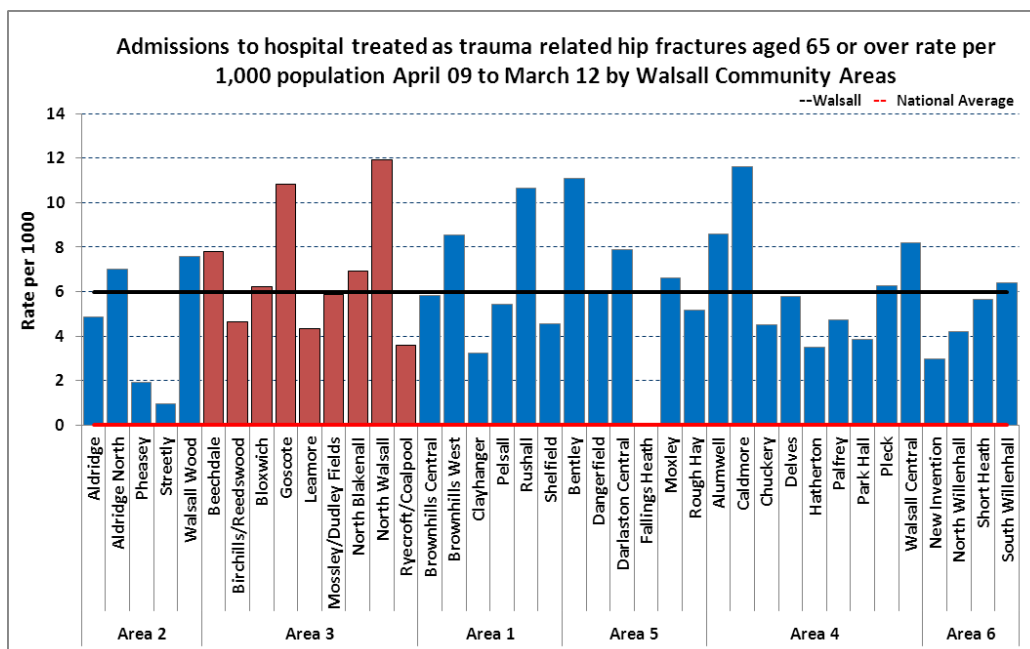
Whilst a number of agencies are working to reduce the number of people who fall and who suffer injury from falling, there remains a need for a more systematic approach to the prevention of fractures.

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 falls in people aged 65 and over in most of the community areas within North Walsall AP, with the exception of Goscote, Leamore and North Blakenall.

Beechdale, Bloxwich, Goscote, Mossley/Dudley Fields, North Blakenall and North Walsall have the highest rate of admissions to hospital for trauma related hip fractures in people aged 65 and over.



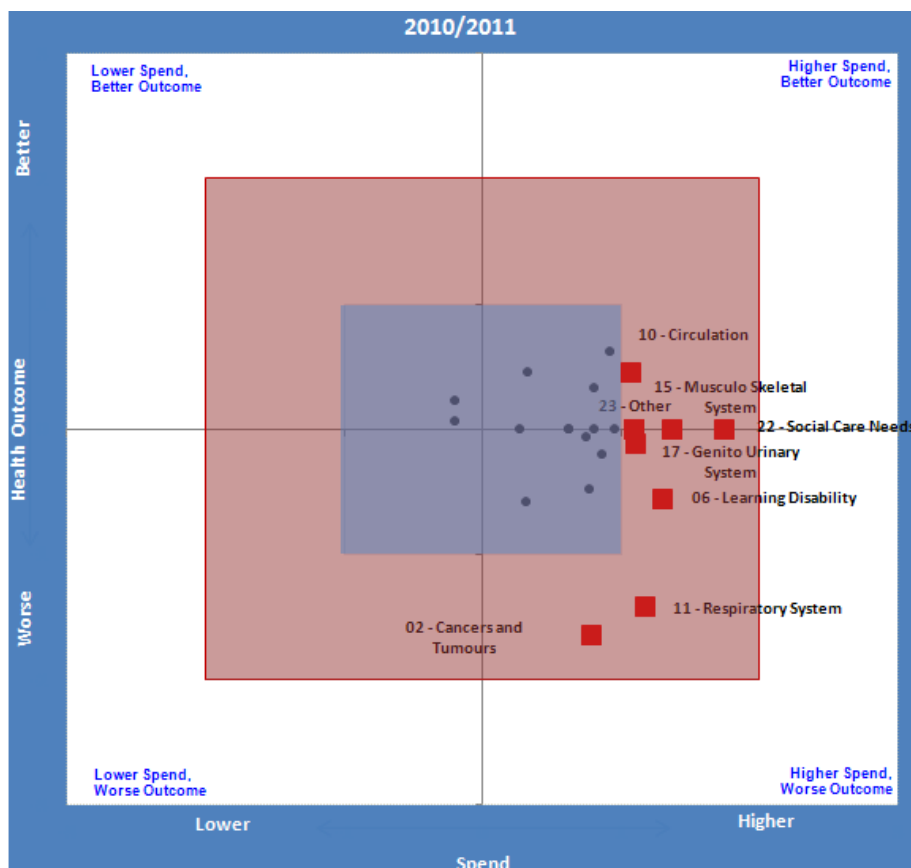
Programme Budgeting and Activity

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

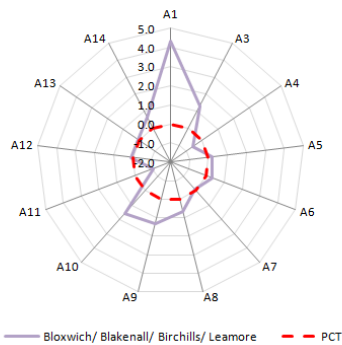
The chart shows that the following programmes have the worst outcomes even though the expenditure was high:

- (a) Learning Disability. There isn't a health outcome indicator for this programme budget.
- (b) Respiratory System. The health indicators for this are: Mortality from bronchitis, emphysema, COPD and asthma.
- (c) Cancers and Tumours. The health indicators for this are: Mortality from various cancers; Percentage receiving first definitive treatment within two months of urgent referral from GP; Smoking quite rates; Women aged 53-70 screened for breast cancer.
- (d) Genito Urinary System. This has a relatively low outcome even though expenditure is quite high.

There is no outcome measure for 'social care needs' and it has higher spend.

Hospital Activity

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



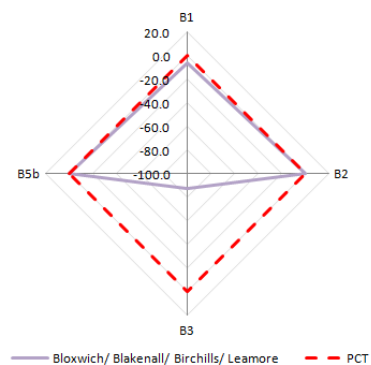
North Walsall has higher activity than Walsall for:

- A1: Avoidable emergency admissions for chronic conditions (including diabetes, COPD, angina, congestive heart failure, hypertension and nutritional deficiencies)
- A3: Admissions for vaccine preventable conditions
- 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
- A14: Spend treating low birth weight babies (<2500g)

North Walsall has lower activity than Walsall for:

- A4: Admissions of patients aged over 65 for injuries resulting from a fall
- A11: Admissions for conditions related to obesity

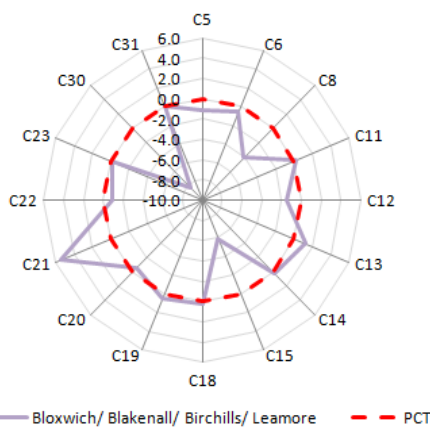
Activity Resulting from Poor/Sub-Optimal Clinical Practice - 2009 - 2012



North Walsall has lower activity than Walsall for:

- B1: Procedures of limited clinical value
- B3: GP referrals to outpatients

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



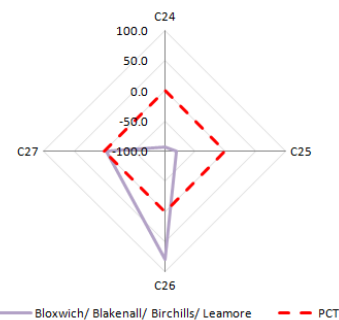
North Walsall has lower activity than Walsall for:

- 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)
- C12: Zero day length of stay emergency admissions via A&E
- C15: Pre-op length of stay emergency admissions (cost of bed days prior to procedure for emergency admissions)
- C22: Rate of minor A&E attendances
- C30: Length of stay in PCT community hospitals (occupied bed days divided by the number of spells)

North Walsall has higher activity than Walsall for:

- C13: Zero day length of stay emergency admissions via GP per 1,000 weighted population
- C21: Emergency paediatric admissions to hospital (patients aged under 18 years)

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



North Walsall has lower activity than Walsall for:

- C24: Consultant to consultant out-patient referrals
- C25: Follow-up outpatient attendances

North Walsall has higher activity than Walsall for:

- C26: Follow-up medical 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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NHS Walsall

Mandeep Clair, Kulvinder Kaur, Sarbjit Uppal, David Hughes,
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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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