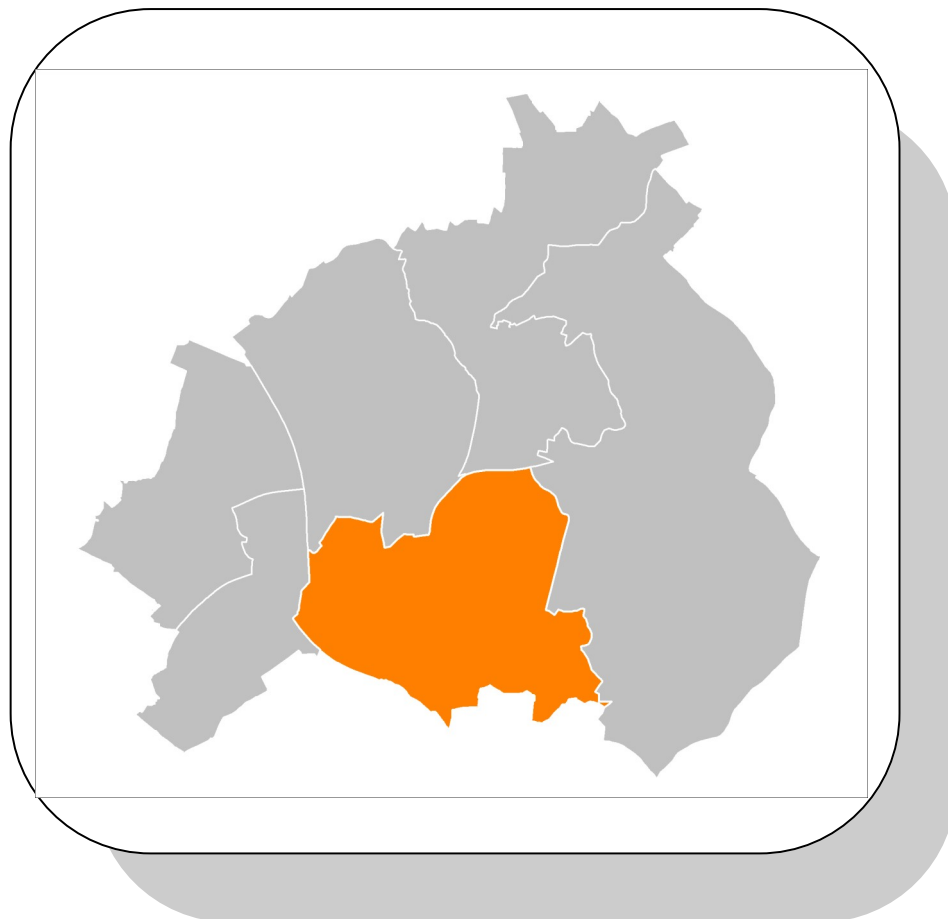


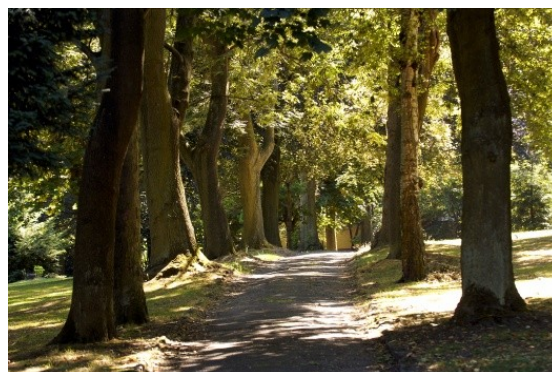


Public Health Area Profiles

December 2012



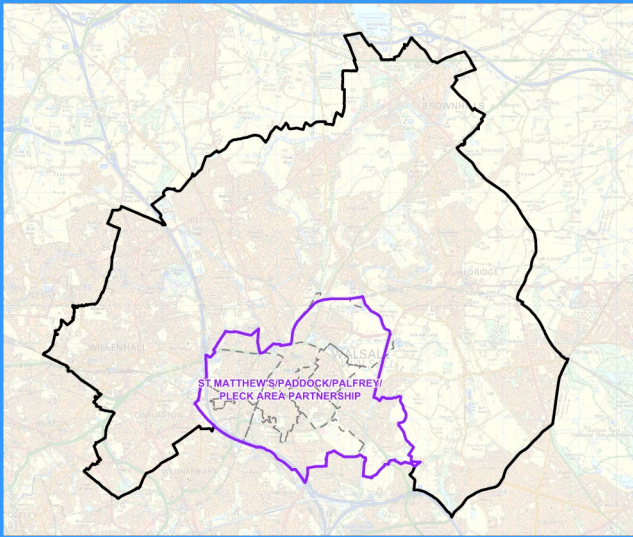
VERSION 2



Area 4: Walsall South
*St Matthews/Paddock/Palfrey
and Pleck*

NHS
Walsall

Executive Summary



The Area Partnership has 9 communities within its boundary (Approx 53,400 population):

Alumwell (6500), Caldmore (4900), Chuckery (4400), Delves (7500), Hatherton (4500), Palfrey (7700), Park Hall (8900), Pleck (4200) and Walsall Central (4700)

The population is on the whole younger than the Walsall average, with much higher %'s of young people and young families.

The area has a relatively high number of residents from BME communities—around 35% on average.

Compared to the majority of Walsall, residents in the Area Partnership are deprived. Most live in small areas in the most deprived half of the country. Park Hall is the exception to most of these demographics.

Geographically, the area partnership shares borders with Sandwell and Birmingham East and North PCT's. Residents are likely to access some primary and secondary care health services outside of Walsall in Wednesbury or Great Barr.

Health Priorities:

Generally, health outcomes are worse in communities in this Area Partnership than Walsall averages with indicators of child health being worse in the area with relatively high Perinatal Mortality rates and High levels of childhood obesity. Substantial numbers of residents live with one or more long-term conditions, most notably Diabetes, Depression, Learning Disabilities and Mental Health issues. Life expectancy, as defined by current average age at death is generally not as good as the rest of Walsall, predominantly for men. Usage of acute health services is quite high, yet usage of screening services is quite low.

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

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

Long-term conditions. Possibly linked to deprivation and high %'s of BME in the area, most of the communities have very high levels of some long-term conditions, particularly Diabetes, Mental Health and Learning Disabilities. Residents need to continue to engage in health lifestyle choices regarding smoking, diet, exercise and drinking to improve general well-being. Residents should be encouraged to visit their GP regularly for Health Checks and to engage with the PCT's Expert Patient Programme—particularly COPD patients who use a lot of acute services.

Lifestyles. People in the area generally have poor outcomes related to obesity, alcohol abuse, and lower than average success rates when they try to quit smoking. More signposting of services for addressing alcohol-related harm and more tailored support should be given to those wanting to stop smoking.

Smoking & COPD in Walsall Central. In Walsall central, smoking prevalence and COPD prevalence are high and residents have higher than average use of acute services for COPD. Residents, particularly the Bangladeshi community should be encouraged to access stop smoking services and to ask their GP about self-management of COPD symptoms.

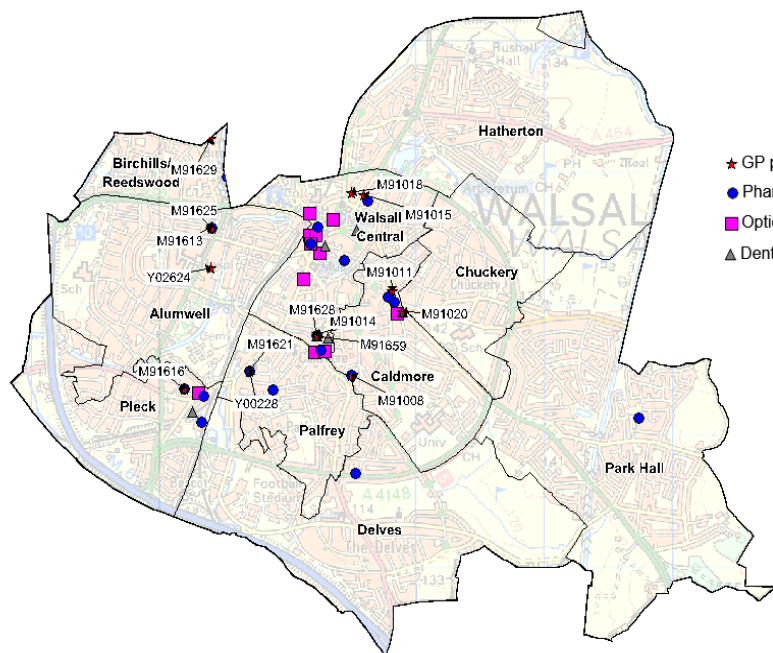
Infant Mortality in Caldmore, Palfrey and Chuckery. These communities have the highest levels of infant mortality in Walsall. Education and referral around maternal health—smoking in pregnancy, maternal weight management—and usage of community resources such as Children's Centres should be encouraged to ensure the best possible start to life for infants in these areas.

Health Checks. Uptake of health checks is very poor so far in the area. With a relatively young population and some high levels of long-term conditions it is vital that all people aged 40-74 are 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.

Walsall South

MAP OF COMMUNITIES



Summary of Area Partnership services:
6 Dentists, 15 GP's, 12 Opticians and 21 Pharmacies

No dentists in the following communities:

Chuckery, Delves, Hatherton, Palfrey, Park Hall

No GP in the following communities:
Chuckery, Hatherton & Park Hall

No opticians in the following communities:

Alumwell, Chuckery, Delves, Hatherton, Park Hall

No pharmacies in Chuckery, Hatherton

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+
Alumwell	8.8	8.1	7.8	7.4	8.1	8.4	21.4	14.6	4.3	5.7	3.6	1.1	0.6
Birchills/Reedwood	12.5	11.9	8.8	7.3	7.1	9.0	22.7	12.3	2.5	3.6	1.9	0.5	0.1
Caldmore	6.7	5.8	5.6	8.7	11.2	7.2	20.0	18.1	4.3	6.2	4.4	1.2	0.7
Chuckery	7.7	7.0	7.6	6.6	6.1	6.8	22.7	17.3	4.5	7.0	4.9	1.0	0.7
Delves	7.8	7.4	8.0	7.1	7.5	7.9	20.2	16.6	4.5	6.5	4.4	1.4	0.7
Hatherton	5.4	4.7	5.6	7.0	6.1	6.1	19.1	19.9	7.0	10.3	6.7	1.4	0.6
Palfrey	10.4	9.6	8.7	6.9	8.8	9.0	21.8	12.5	3.2	5.3	3.3	0.7	0.3
Park Hall	4.6	5.5	5.7	5.8	4.9	4.9	17.2	19.9	7.6	12.9	8.9	1.5	0.7
Pleck	8.7	7.6	6.1	5.9	8.2	8.6	19.8	16.1	4.9	7.3	4.6	1.5	0.7
Walsall Central	8.3	6.3	5.1	7.7	11.0	13.1	22.5	14.1	3.0	4.6	3.0	0.9	0.4
Area 4 Grand Total	7.8	7.2	6.9	7.0	7.9	8.0	20.4	16.3	4.7	7.2	4.8	1.1	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 Walsall South AP has a lower percentage of older people 65+ (13.8) than Walsall average (21.6).

Community	% Asian/Asian British	% Black/Africa/Caribbean/Black British	% Mixed/multiple ethnic groups	% Other ethnic groups	% White
Alumwell	41.1	4.8	5.6	1.6	46.9
Birchills/Reedwood	65.1	3.4	3.8	0.4	27.4
Caldmore	34.4	6.6	4.2	1.7	53.2
Chuckery	37.5	2.9	3.5	1.4	54.6
Delves	39.0	3.2	3.0	1.9	52.8
Hatherton	17.3	3.9	5.2	1.7	72.0
Palfrey	67.8	4.2	3.4	1.4	23.2
Park Hall	40.0	1.4	1.4	4.7	52.5
Pleck	44.0	5.4	6.0	1.3	43.2
Walsall Central	35.1	7.1	6.6	0.9	50.2
Area 4 Grand Total	41.9	4.2	4.1	1.9	47.9
Walsall Grand Total	15.4	2.4	2.7	0.8	78.7

Source: Census 2011

All community areas within South Walsall AP (52.1) have higher percentage of BME than Walsall average (21.3).

Contents Page

Give every child the best start in life

Low birth weights	06
Breastfeeding 6-8 weeks	06
Infant mortality rate	07
Perinatal mortality rate	07
Childhood immunisations	08
Emergency Hospital Admissions 0-5 year olds	08
Smoking at time of delivery	09
Childhood obesity reception	09

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

Childhood obesity year 4	10
Childhood obesity year 6	10
Childhood obesity year 10	11
Food dudes	11
Dental Health age 5	12
Proportion of births to teenage mothers 13-17 years	12
Chlamydia screening 15-24 year olds	13

Create and develop healthy and sustainable places and communities

Mental health (QoF)	14
Lifestyle survey: Mental well being	14

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

Life Expectancy	15
Smoking (QoF)	15
Smoking: accessing stop smoking service and quitting	16
Lifestyle survey: smoking	16
Lifestyle survey: exercise	17
Lifestyle survey: diet and nutrition	17
Alcohol specific hospital admissions	18
Lifestyle survey: Alcohol	18
Drug referrals to DAAT	19

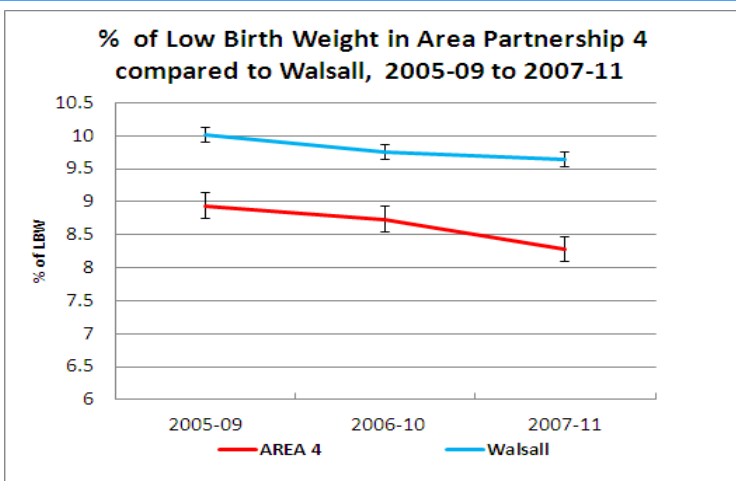
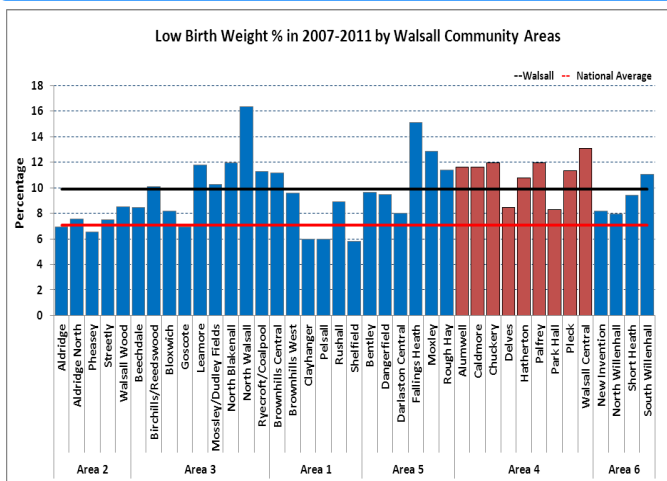
Contents Page Continued

Cervical screening	20
Bowel screening	20
Breast screening	21
NHS health checks	21
<i>Reducing the burden of preventable disease, disability and death by strengthening the role and impact of ill health prevention</i>	
Coronary heart disease (QoF)	22
Stroke (QoF)	22
COPD (QoF)	23
Diabetes (QoF)	23
Mosaic health analysis	24
All age all cause mortality	26
Cancer mortality	27
Circulatory mortality	27
Respiratory mortality	28
All other causes of mortality	28
<i>Healthy aging and independent living</i>	
Dementia (QoF)	29
Hospital activity for hip fractures and falls	30
Programme budgeting	31
Hospital activity	32
Useful contacts	33
Useful web links	34
Glossary	34

Walsall South

Give every child the best start in life

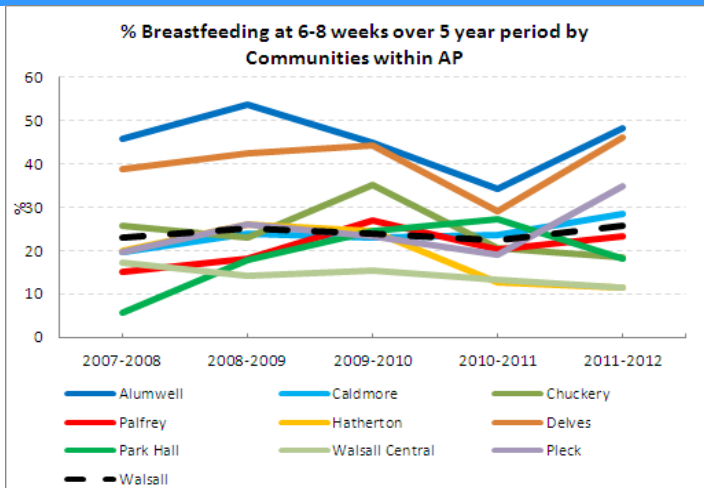
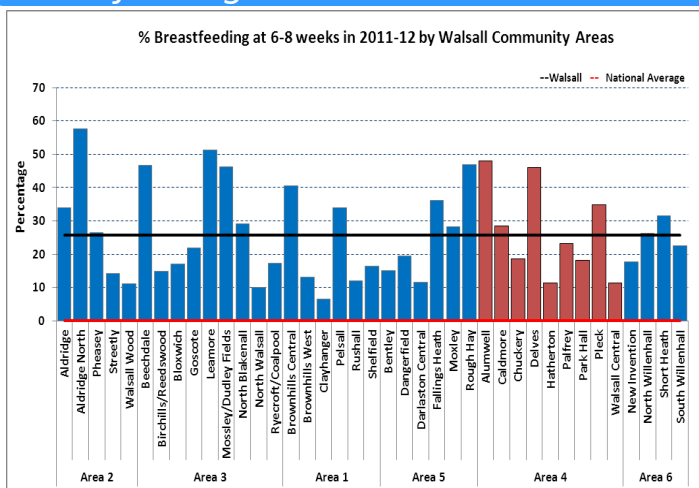
Low Birth Weights



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. Every community in the Walsall South area partnership has higher percentages of LBW from 2007 to 2011 in comparison to the National Average (7.5%) and all except Park Hall and Delves against the Walsall average (9.9%).

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

Breastfeeding 6-8 weeks

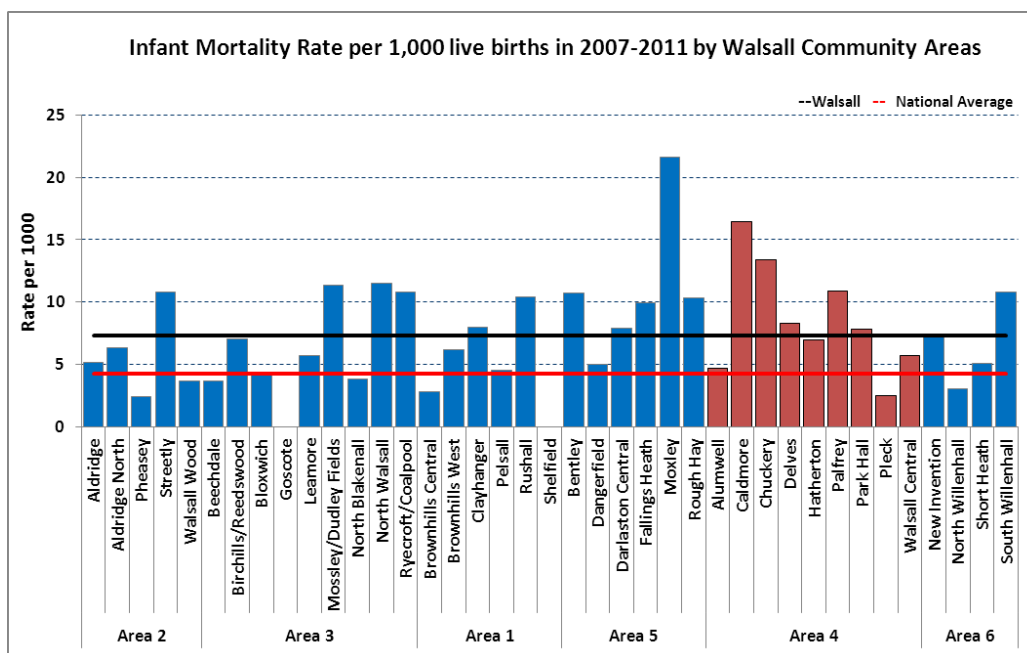


Prevalence of breastfeeding at 6 to 8 weeks is used as a key indicator of child health and wellbeing. There is clear evidence that breastfeeding has positive health benefits for both mother and baby in the short and long term. Breast milk is the best form of nutrition for infants and exclusive breastfeeding is recommended for the first 6 months (26 weeks) of a baby's life. Alumwell, Caldmore, Delves and Pleck have higher percentages of breastfeeding at 6-8 weeks in comparison to Walsall (25.8%).

Alumwell and Delves have consistently had higher percentage breastfeeding at 6-8 weeks than the Walsall average, and levels of Walsall Central have been significantly lower than Walsall average over the years.

Walsall South

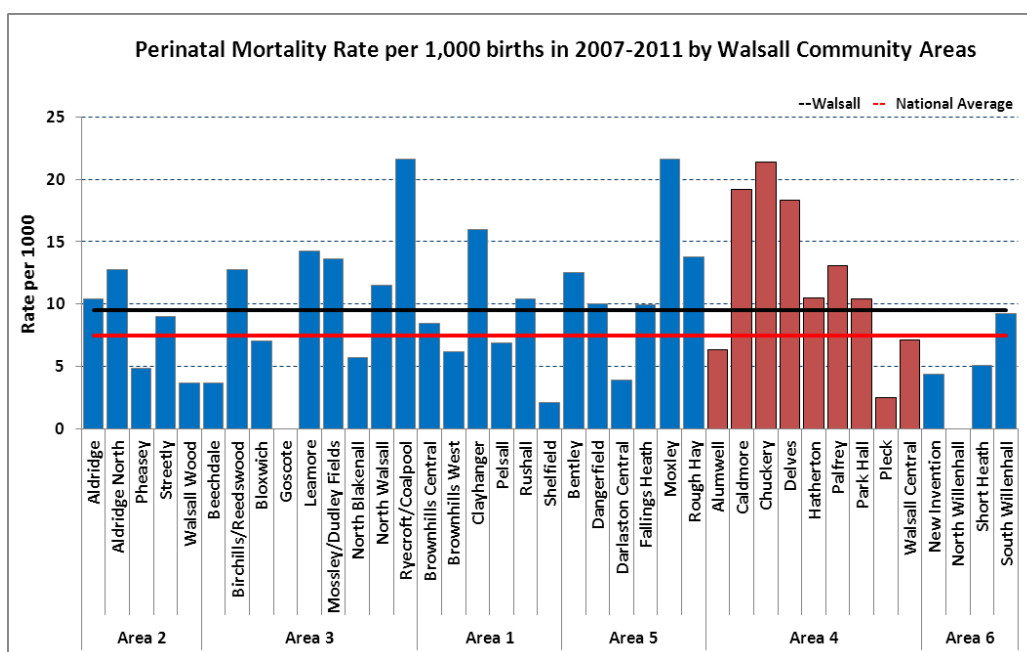
Infant Mortality Rate per 1,000



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. Every community in the Walsall South area partnership with the exception of Pleck have higher percentages of infant mortality from 2007 to 2011 in comparison to the National Average (4.8%). Caldmore, Chuckery, Delves, Palfrey and Park Hall have higher percentages of infant mortality in comparison to Walsall (7.3%).

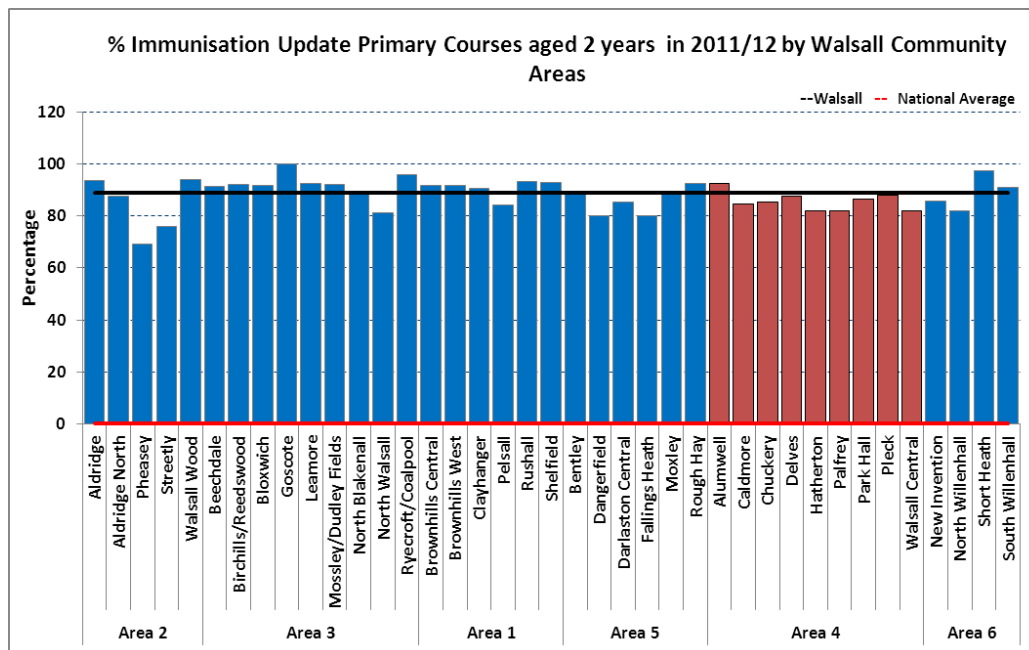
Perinatal Mortality Rate per 1,000

Most communities in the AP have similar or high Perinatal Mortality rates (2007-11) (still birth or day before 7 days old) than the Walsall average, although Caldmore, Delves and Chuckery have the 3 highest rates in all of Walsall. Almost 2 in every 100 births in those communities dies before they reach 7 days old.



Walsall South

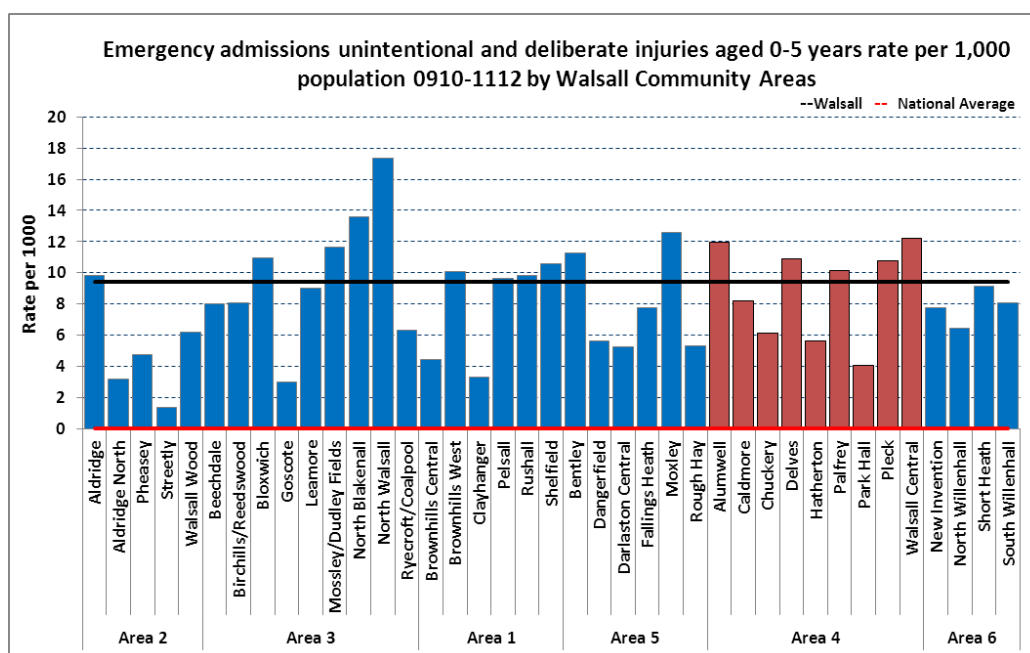
Childhood Immunisations



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 Alumwell.

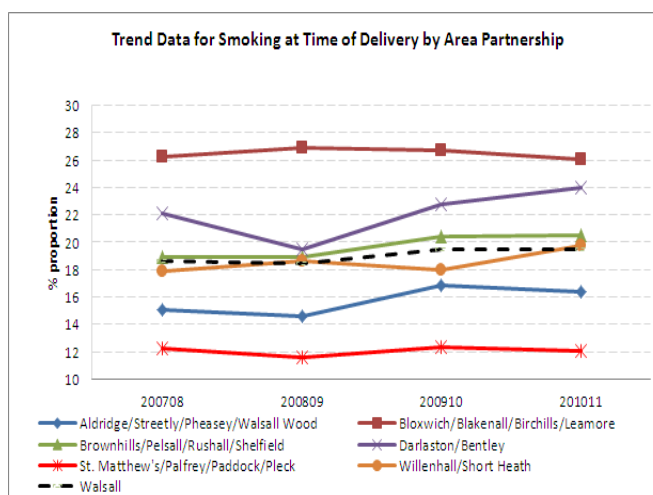
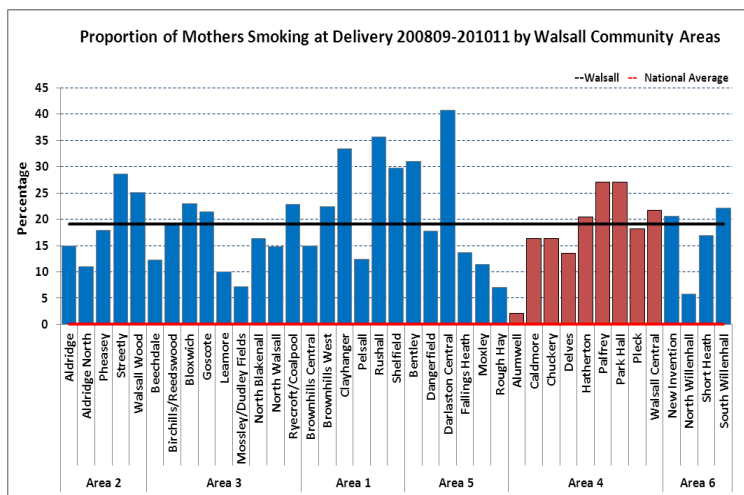
Emergency Hospital Admissions caused by Unintentional and Deliberate Injuries 0-5 years olds

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.



Walsall South

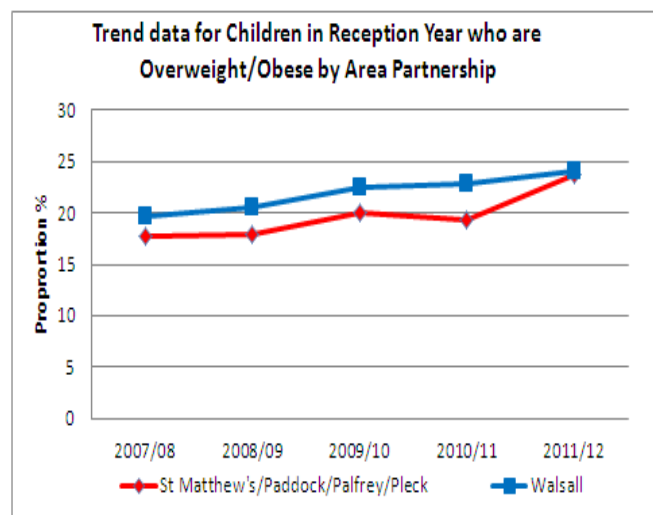
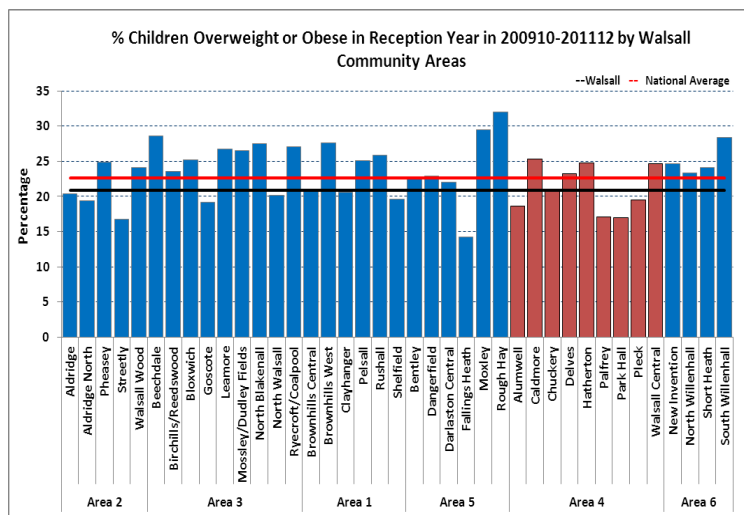
Smoking At Time Of Delivery



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. Hatherton, Palfrey, Park Hall and Walsall Central have higher prevalence compared to the Walsall average of 19.12%.

The Walsall South AP has lowest proportion of smoking at time of delivery within Walsall.

Childhood Obesity Reception



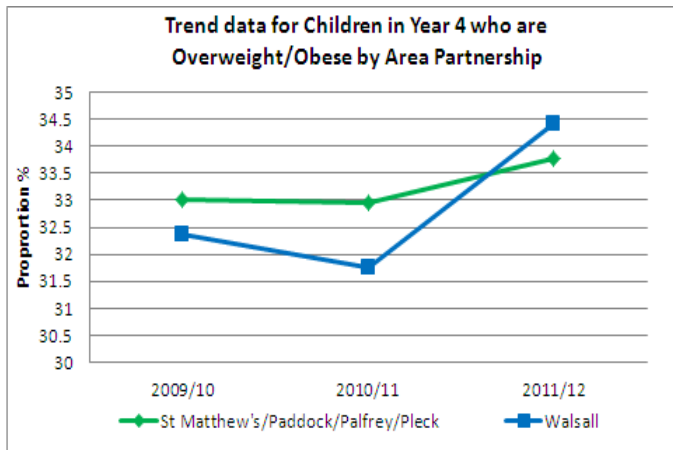
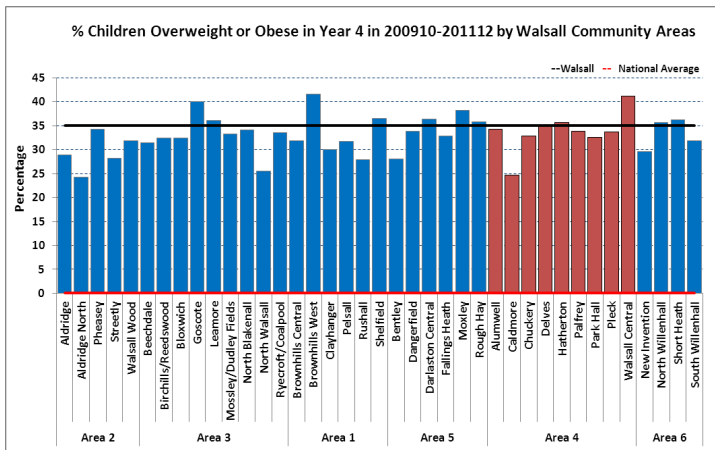
Childhood obesity is a particular concern and there is a link between childhood obesity and risk of disease and death in later life. Caldmore, Delves, Hatherton and Walsall Central have higher percentages of obesity for reception children (aged 4-5) in comparison to Walsall (20.8%) .

The Walsall South AP trend for obese children in reception year (aged 4-5) shows increase over the past 5 years, however it has been lower than the Walsall average during that period.

Walsall South

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

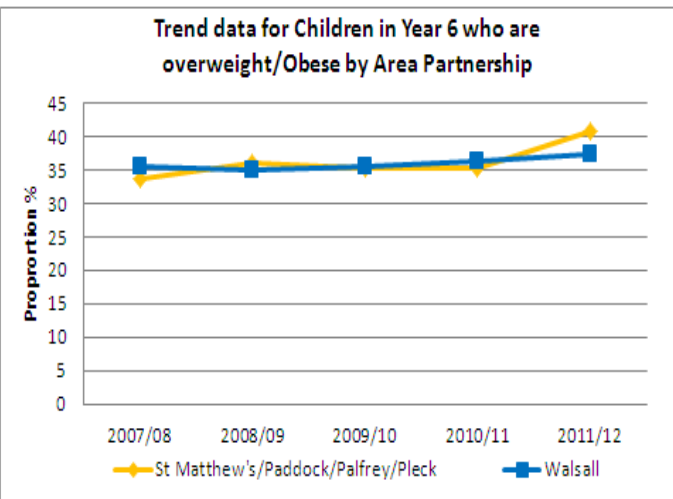
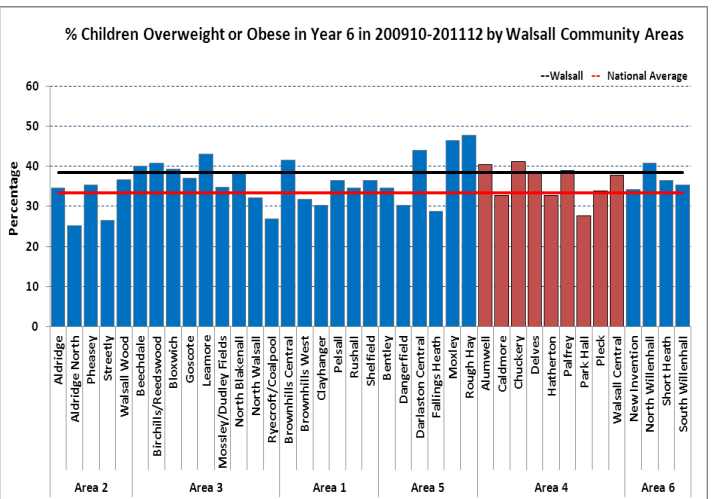
Childhood Obesity Year 4



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

The Walsall South AP trend for children obesity in year 4 (aged 8-9) shows higher proportion until 2011/12 where the Walsall average increased to above this AP.

Childhood Obesity Year 6

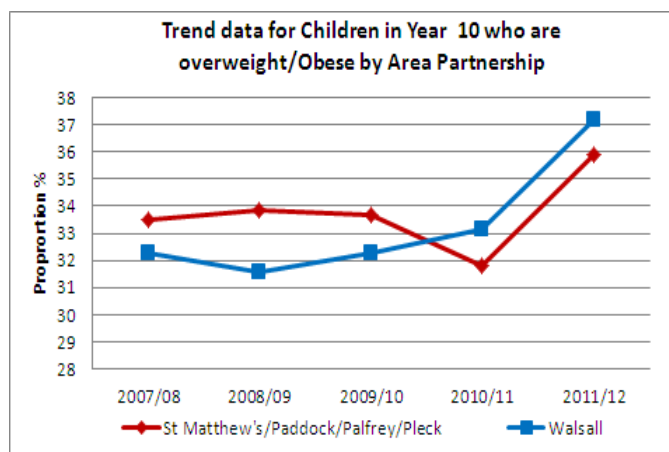
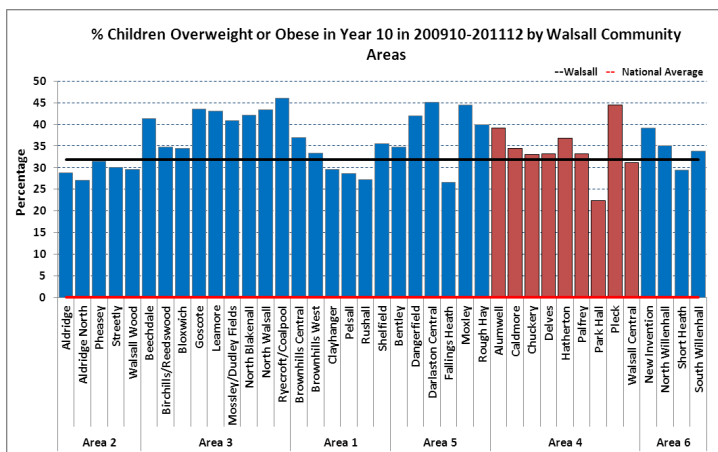


Obesity is associated with social and economic deprivation. Through Walsall's child measurement programme children identified as being overweight or obese will continue to be offered help and support through the weight management programmes. Hatherton and Walsall Central have higher percentages of obesity for year 6 children (aged 10-11) in comparison to Walsall (35%).

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

Walsall South

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 the community areas have higher percentage of obesity in year 10 children (aged 14-15) in comparison to Walsall average (32%), with exception of Park Hall (22%).

The Walsall South AP trend for children obesity in year 10 (aged 14-15) shows higher proportion than the Walsall average, with the exception of post 2010/11 when it become lower.

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:

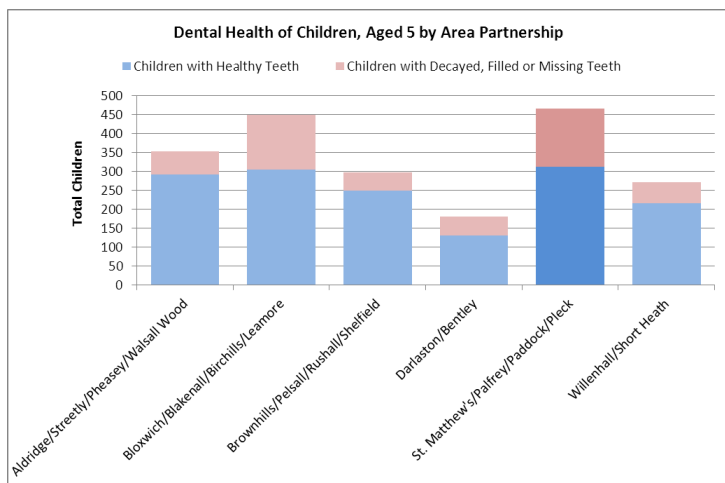
- Blue Coat Junior
- Blue Coats Infants
- Whitehall Nursery and Infants
- Delves Junior
- Alumwell Infants
- Alumwell Juniors
- Croft Community

Walsall South

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.

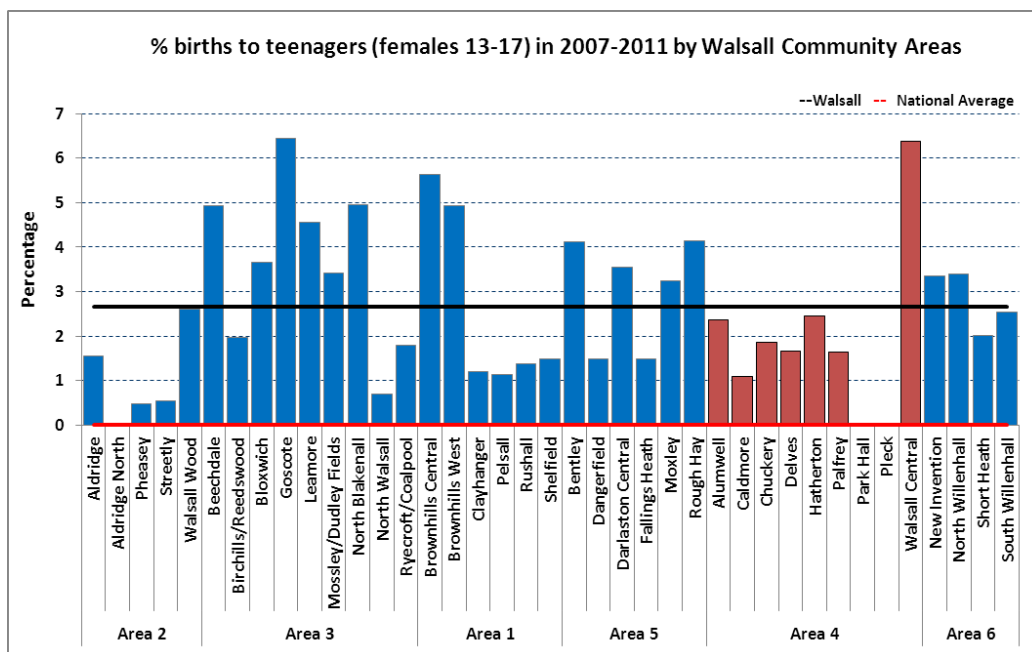
NB. The requirement for positive consent has introduced bias into these data which means that they cannot be used for backwards comparison. These results should be viewed and interpreted in conjunction with the "NHS Dental Epidemiology Programme for England; Oral Health Survey of five year old children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

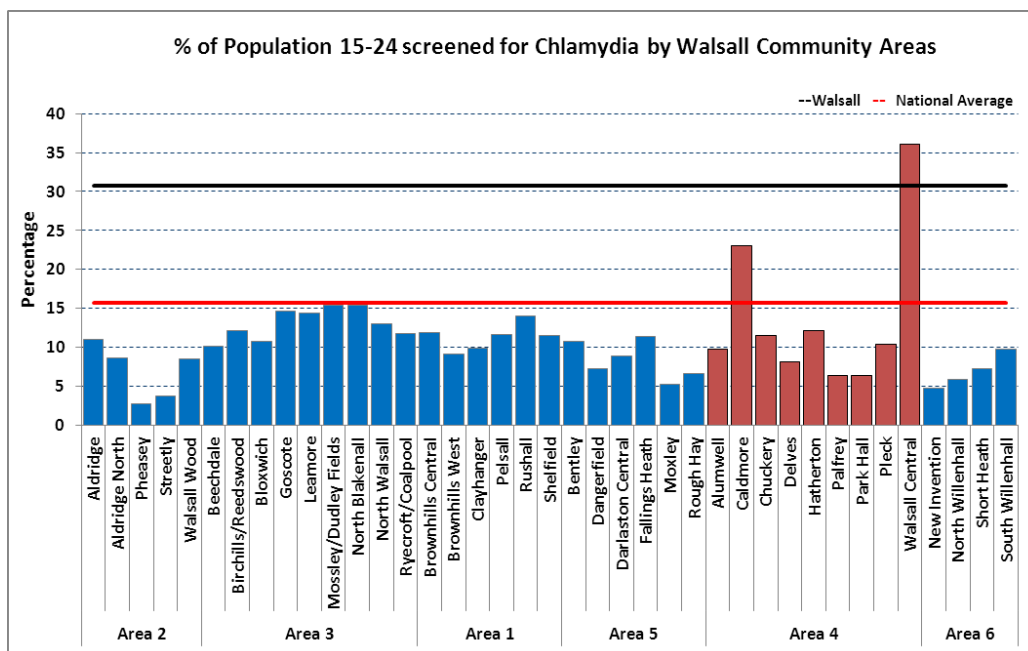
Proportion of births to Teenage Mothers 13-17 years



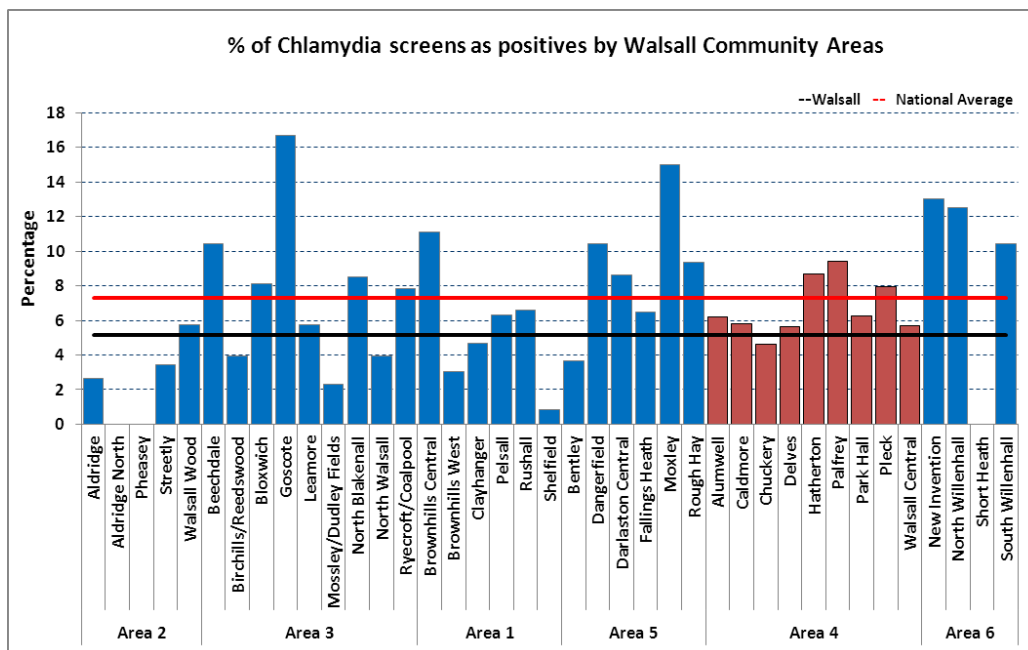
The proportion of births to teenage mothers (aged 13-17) is low in the majority of communities in the Area Partnership compared to the Walsall Average, although like many indicators demonstrate substantial variation from 0% in Pleck and Park Hall up to 6% in Walsall Central. This group of mothers should be encouraged by partners to make the most of existing community resources such as Surestart Children's Centres.

Walsall South

Chlamydia Screening 15-24 year olds uptake and positivity



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



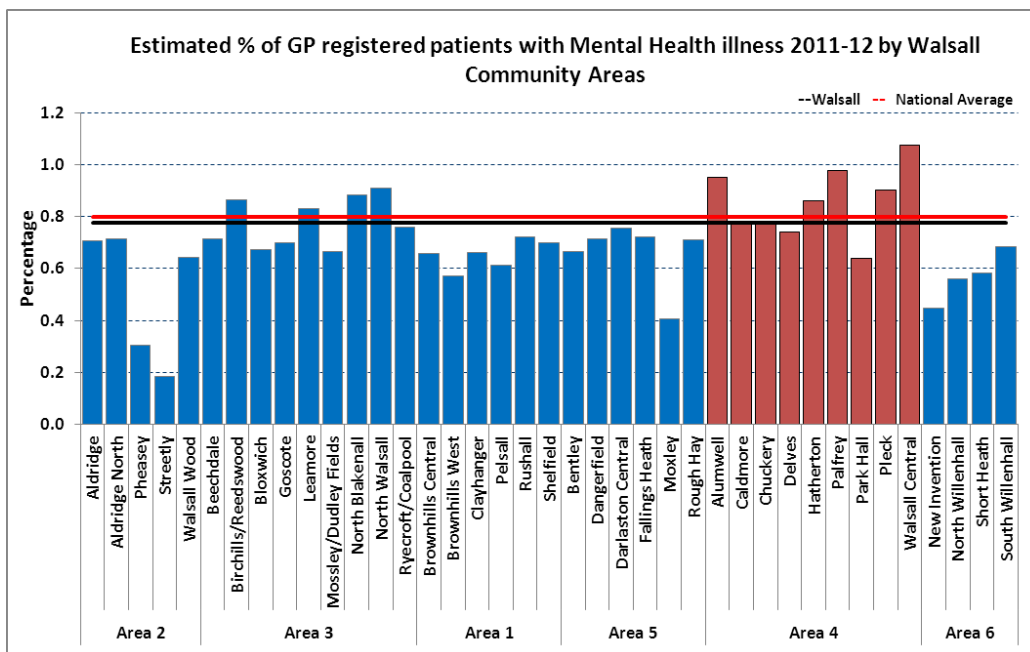
A key indicator of the sexual health of young people in Walsall is the chlamydia diagnostic rate for the 15-24 year old population. This provides a measure not just of background rates of infection, but also how young people are engaged in reducing risks associated with unsafe sex. It can be seen that all community areas within Walsall South have lower percentages of chlamydia screens as positives with the exception of Walsall Central.

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

Alumwell, Hatherton, Palfrey, Pleck and Walsall Central have higher estimated prevalence for mental health than Walsall.



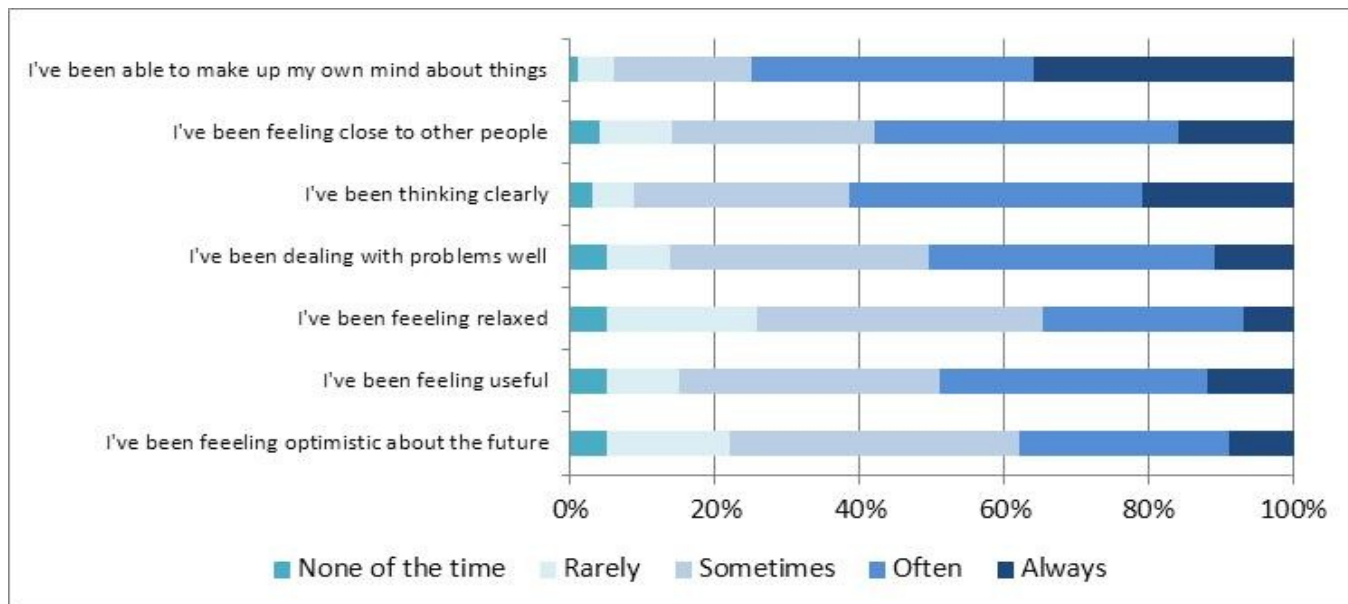
Lifestyle Survey: Mental Well-Being

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 can deal with problems well.

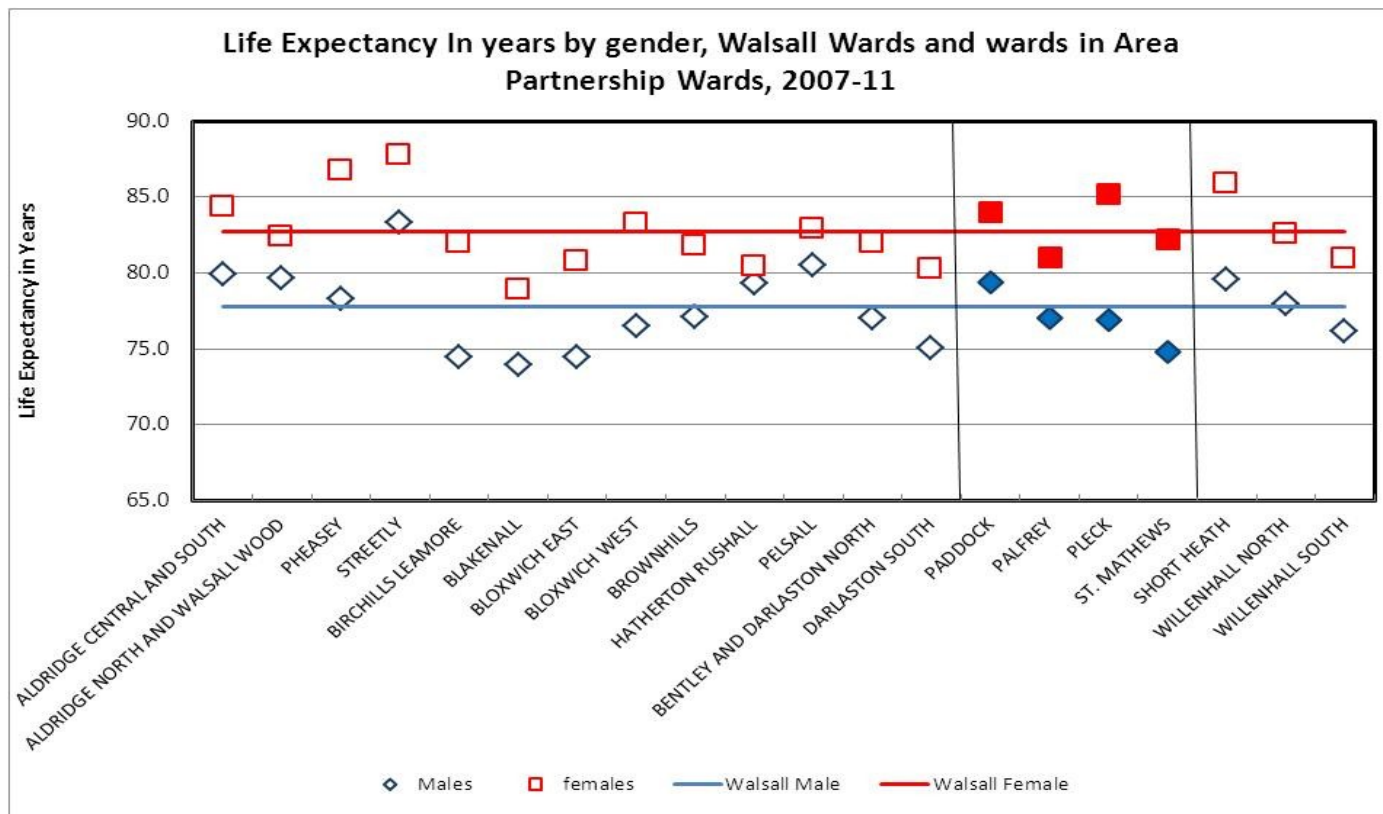
Fewer people feel optimistic about there future . Residents least often feel relaxed.



Walsall South

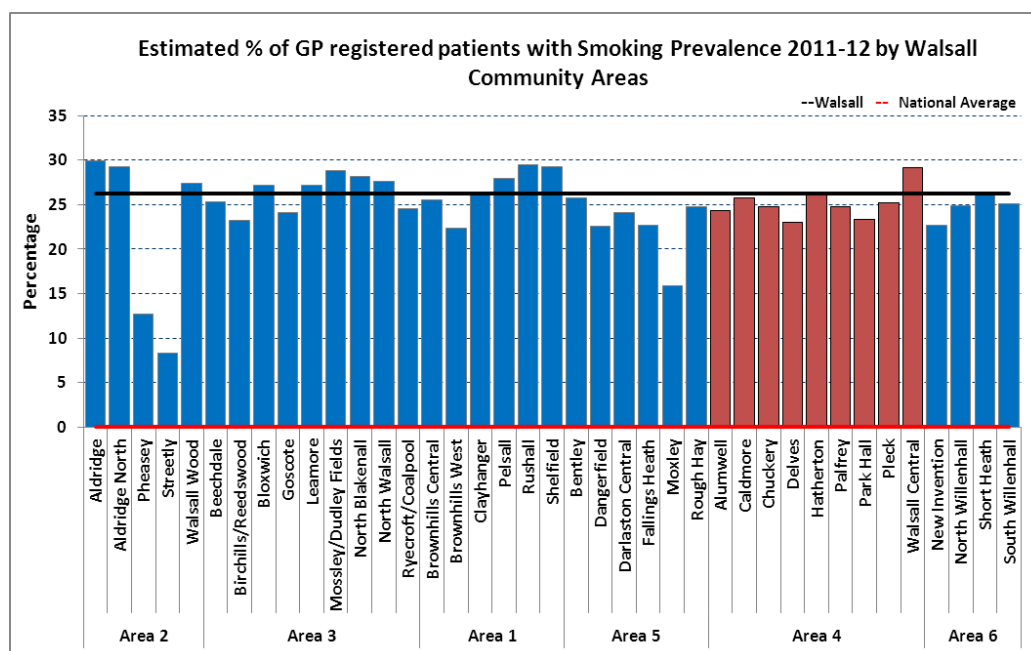
Improving health and wellbeing through healthy lifestyles – making healthier choices easier

Life Expectancy (ward level)



Male life expectancy is significantly lower in three of the wards in Walsall South. Life expectancy for males in Walsall is 77.8.
 Female life expectancy is significantly lower in two of the wards in Walsall South. 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.

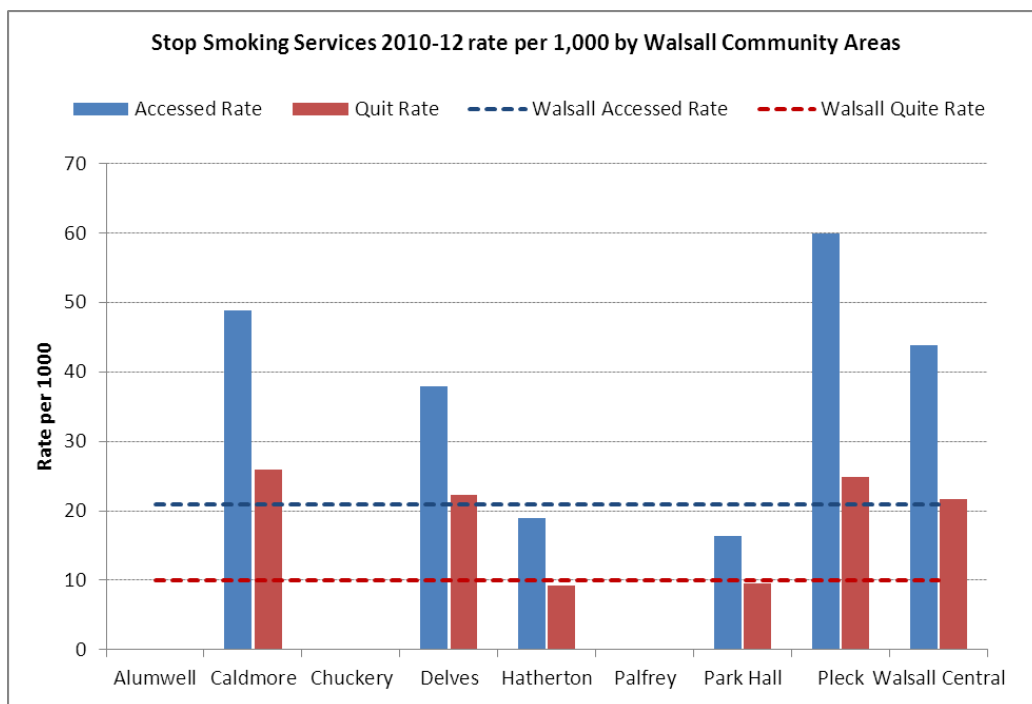
All community areas within Walsall South have lower estimated prevalence for smoking than Walsall, with the exception of Walsall Central.

Walsall South

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 Alumwell, Chuckery and Palfrey, no data was available regarding this service.

The service access rate for Hatherton and Park Hall was slightly lower than the Walsall average. The remaining areas were considerably higher.

Hatherton and Park Hall's quit rate was slightly lower than Walsall's average, while the remaining areas were all higher.

Lifestyle Survey: smoking

In Walsall South 53% of respondents from the survey currently use cigarettes/cigars.

75% have tried to give up using tobacco, of which 43% managed to stop smoking for more than 6 months.

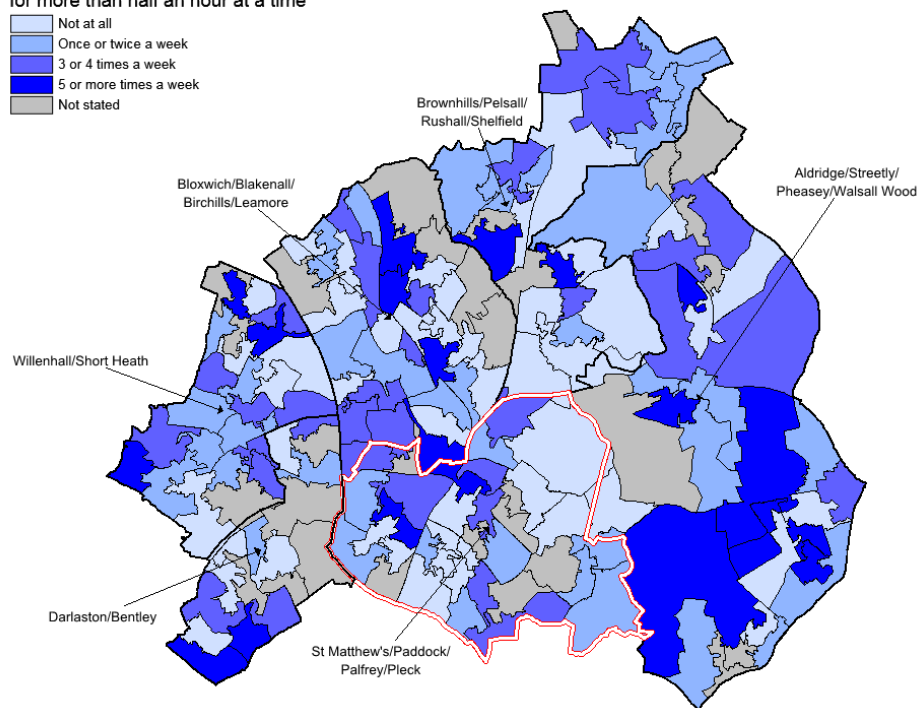
62% stop using tobacco without any help or support.
30% of tobacco users would like to stop using tobacco.

Enable all adults to maximise their capabilities and have control over their lives

Lifestyle Survey: Exercise

How often moderate exercise was done for more than half an hour at a time

- Not at all
- Once or twice a week
- 3 or 4 times a week
- 5 or more times a week
- Not stated



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

Walsall South 18% undertook moderate activity for more than half an hour at a time.

Encouragement to exercise would be:

- Affordable gym/leisure facilities
- Better sport and leisure facilities
- Having more time
- Something nearer to home

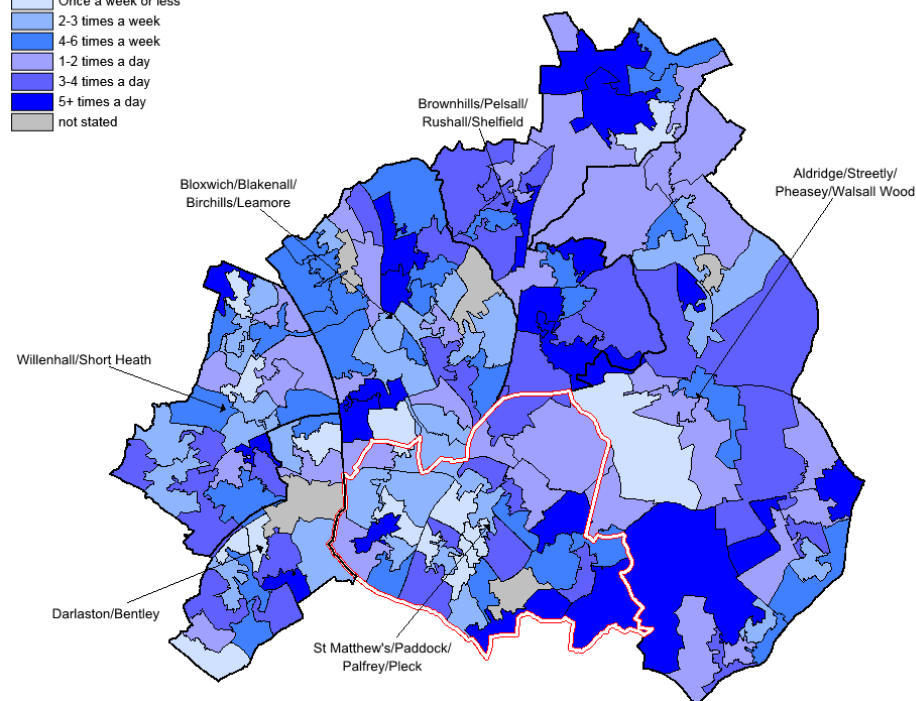
Type of exercise/activity interested in:

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

Lifestyle survey: Diet and Nutrition

How often fresh fruit and vegetables are eaten

- Once a week or less
- 2-3 times a week
- 4-6 times a week
- 1-2 times a day
- 3-4 times a day
- 5+ times a day
- not stated



91% of respondents from Walsall South do not eat the recommended 5 portions of fruit and vegetables a day.

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

Fried food (e.g. chips), is eaten more than once a week by a third of residents (33%) and pies, pasties, pastries and sausage rolls are eaten more than once a week by a quarter (23%).

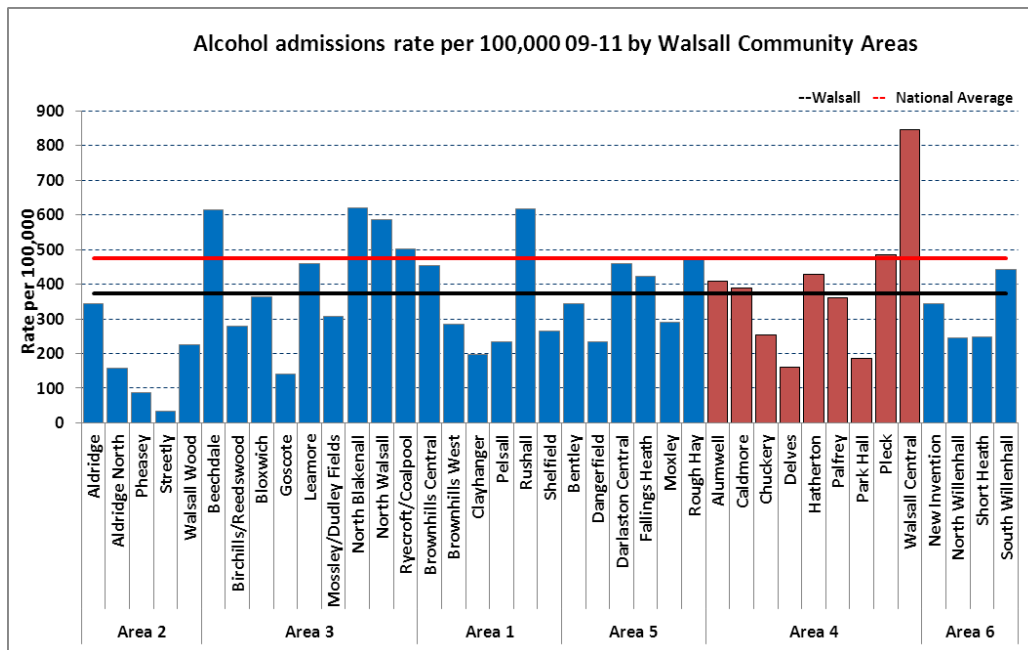
Take-away food is less widely consumed but is eaten more than once a week by one in eight residents (13%).

Walsall South

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.

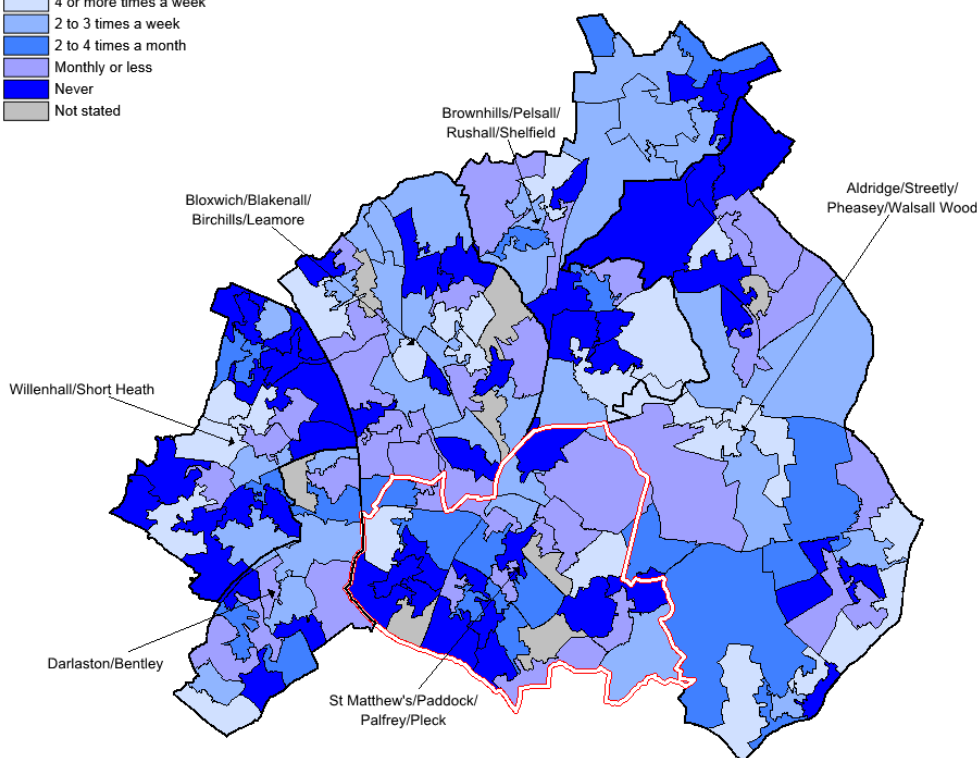
Data is for 2009/10– 2011/12 it shows that Alumwell, Caldmore, Hatherton, Pleck and Walsall Central have higher admissions in comparison to Walsall.



Lifestyle Survey: Alcohol

How often drink alcoholic drinks

- 4 or more times a week
- 2 to 3 times a week
- 2 to 4 times a month
- Monthly or less
- Never
- Not stated



60% of Walsall South residents say they drink alcohol. Most often people say they do so once a week at most (34%), while one in four (26%) say they drink alcohol two or more times a week.

40% never drink which is higher than the figure for England (38%) taken from the 2010 Health Survey for England (HSE).

The survey shows that over half (57%) of those that drink alcohol say they most often obtain it from supermarkets which often sell alcohol on offer at bargain prices.

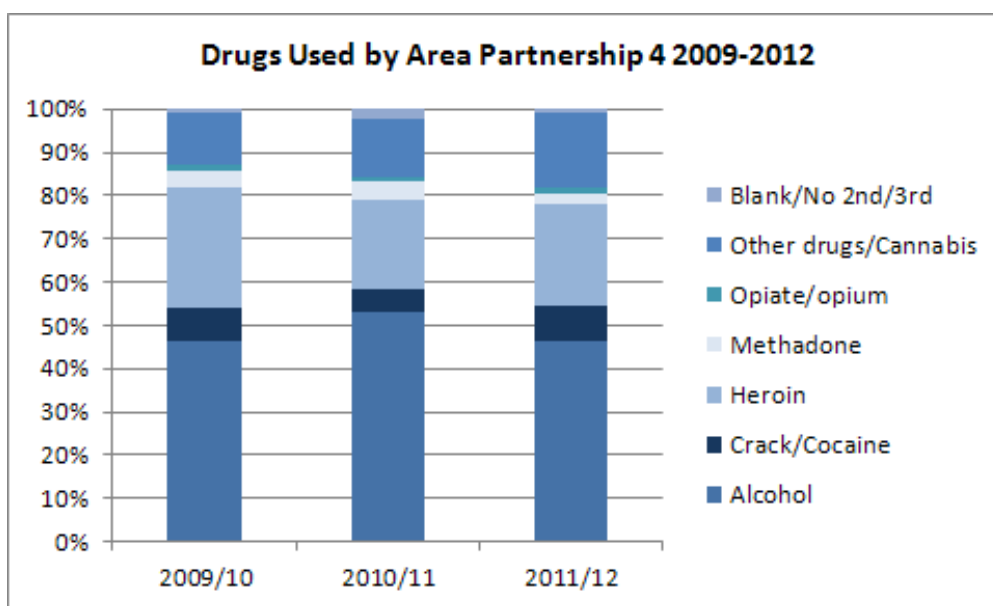
One in four drinkers (26%) mostly buys their drinks in pubs and bars.

Walsall South

Drug Referrals to DAAT

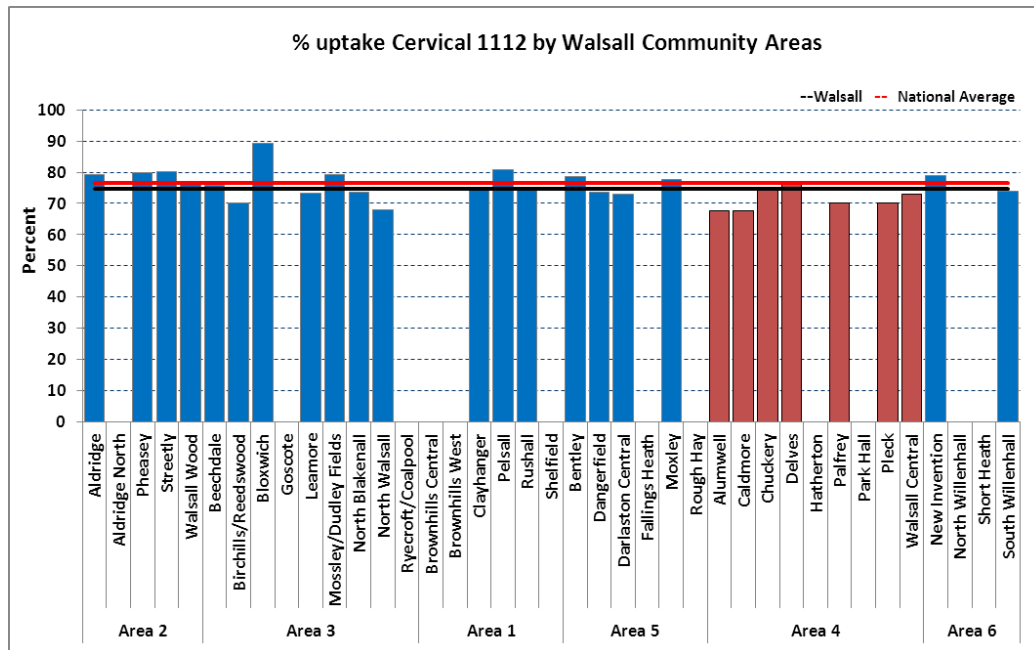
The purpose of the substance misuse programme is to support people to recover from addiction and reduce the harmful effects of illegal drugs and alcohol upon individuals, families and their communities. Partners who are key to the delivery of services include Walsall Council, West Midlands Police, Addaction,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

		Paddock	Palfrey	Pleck	St Matthews	Walsall South	Walsall
2009/10	In Treatment	25	62	102	101	290	1111
	Completed drug free/occasional use	8	23	38	44	113	438
	% Completed drug free/occasional use	32%	37%	37%	44%	39%	39%
2010/11	In Treatment	19	58	86	105	268	1068
	Completed drug free/occasional use	8	21	27	41	97	427
	% Completed drug free/occasional use	42%	36%	31%	39%	36%	40%
2011/12	In Treatment	28	70	111	131	340	1263
	Completed drug free/occasional use	9	21	37	41	108	451
	% Completed drug free/occasional use	32%	30%	33%	31%	32%	36%



Walsall South

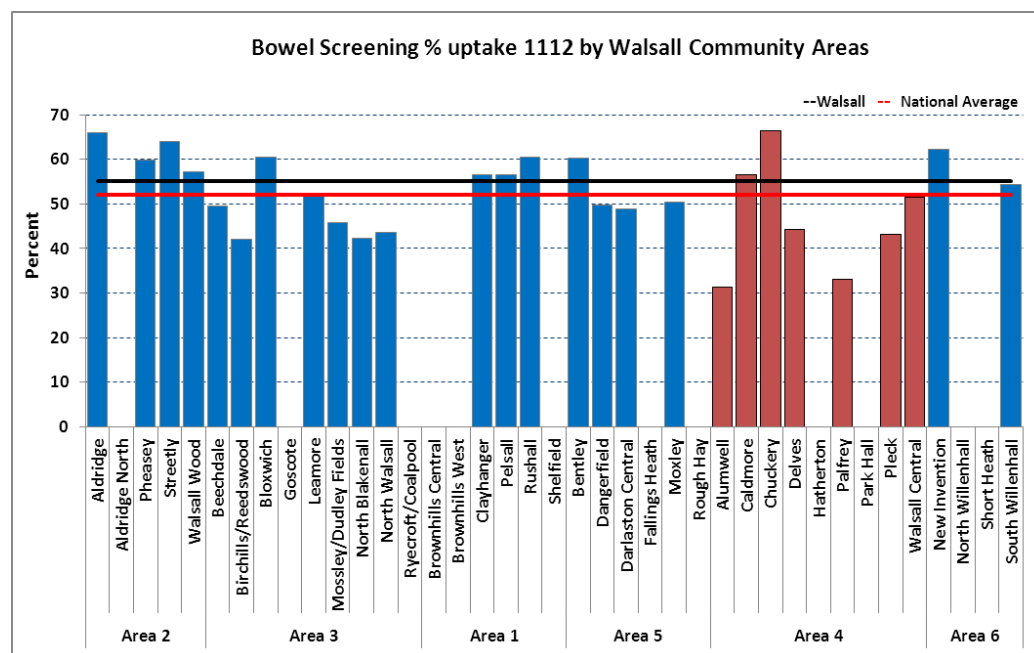
Cervical Screening



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 Chuckery show slightly higher rates and Palfrey show lower rates than the Walsall Average. There is currently no practice in Hatherton and Park Hall.

Bowel Screening

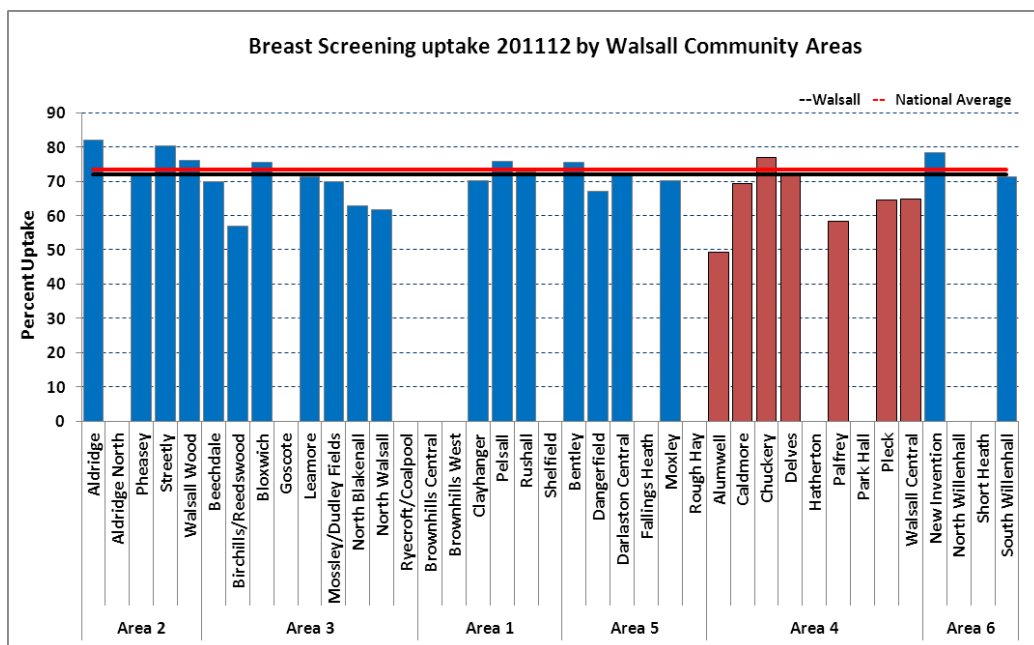


NB. This indicator is based on Walsall GP aggregated data, there are several communities for which there will be no data. Neighbouring communities should be used as a guide to the levels of uptake in those “empty” communities.

Again, as a GP-based screening programme, not all communities will show coverage although residents will be registered at other nearby practices. Caldmore and Chuckery practices show higher rates than the Walsall average (55%). There is currently no practice in Hatherton and Park Hall.

Walsall South

Breast Screening



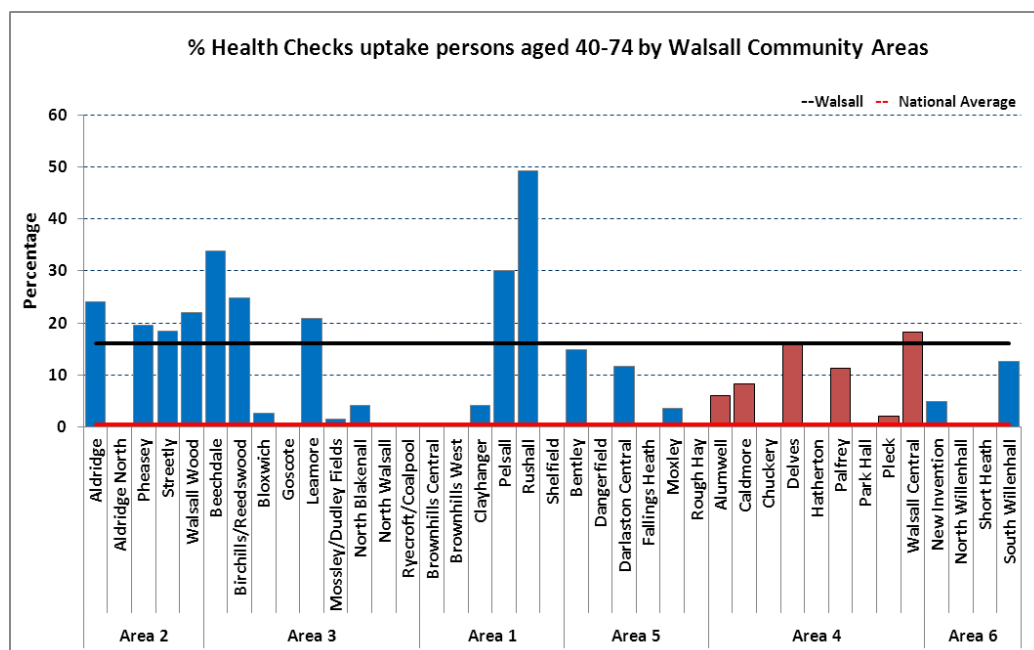
NB. This indicator is based on Walsall GP aggregated data, there are several communities for which there will be no data. Neighbouring communities should be used as a guide to the levels of uptake in those "empty" communities.

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

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 Walsall South that undertake NHS health checks are all below the Walsall Average (16%) with the exception of Walsall Central.



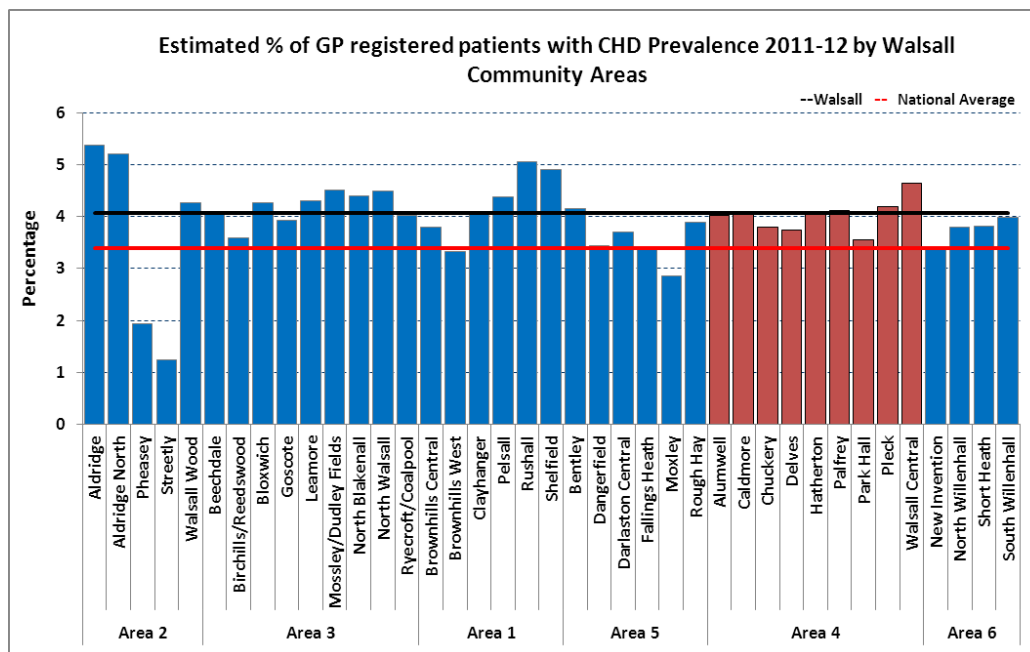
NB. This indicator is based on Walsall GP aggregated data, there are several communities for which there will be no data. Neighbouring communities should be used as a guide to the levels of uptake in those "empty" communities.

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

Coronary Heart Disease (QoF)

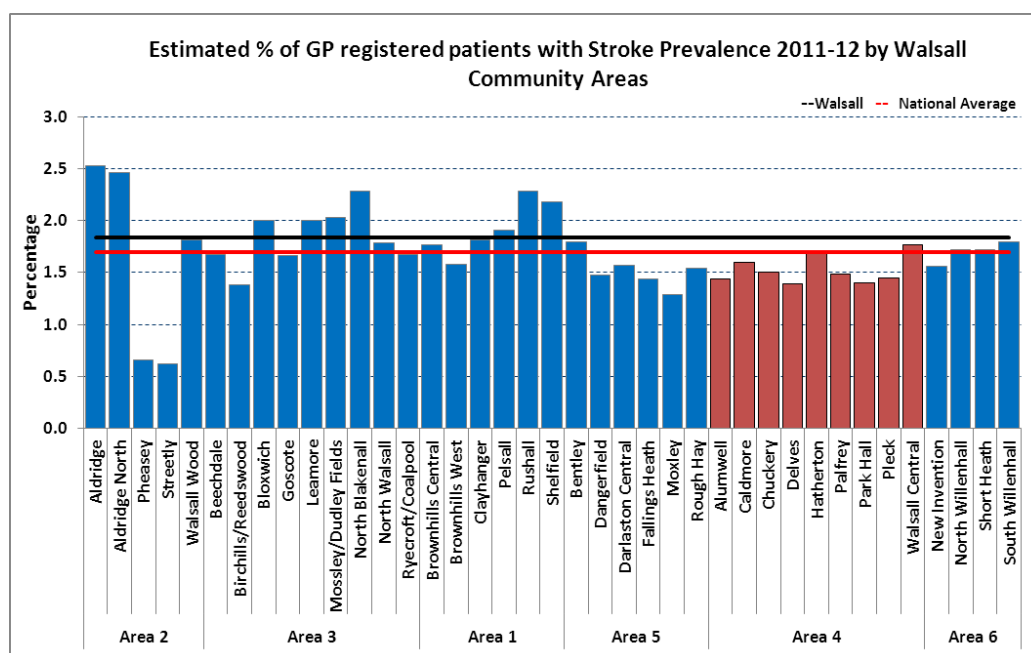
Coronary Heart Disease (CHD) is common but is a condition for which there is very strong evidence based interventions for prevention and for treatment.

All community areas within Walsall South have lower estimated prevalence for CHD than Walsall, with the exception of Palfrey, Pleck and Walsall Central.



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. All community areas within Walsall South have lower estimated prevalence for stroke than Walsall.

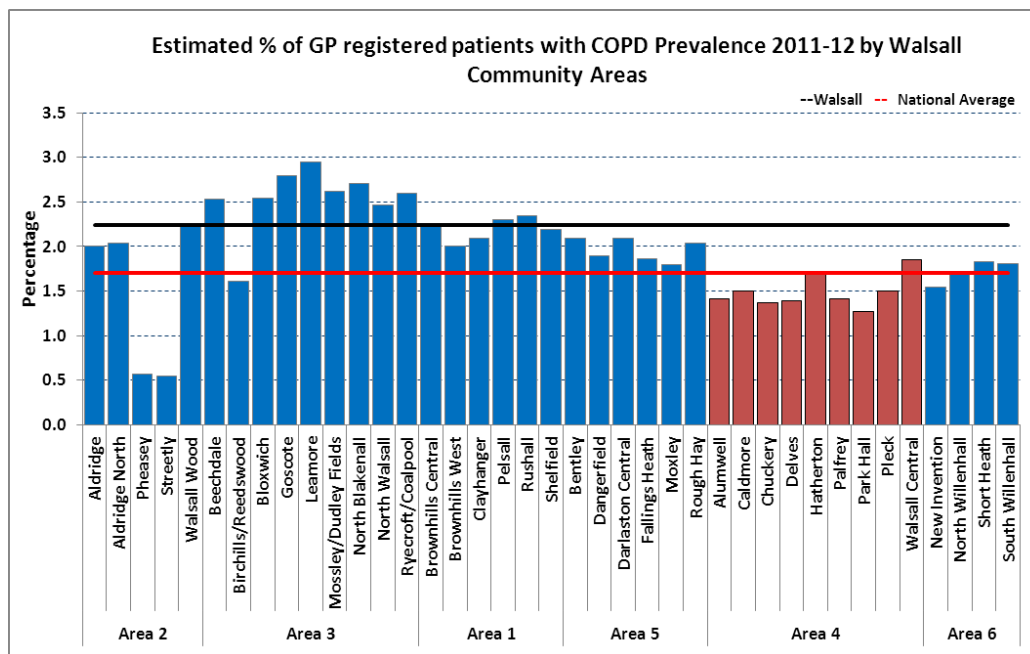


Walsall South

COPD (QoF)

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

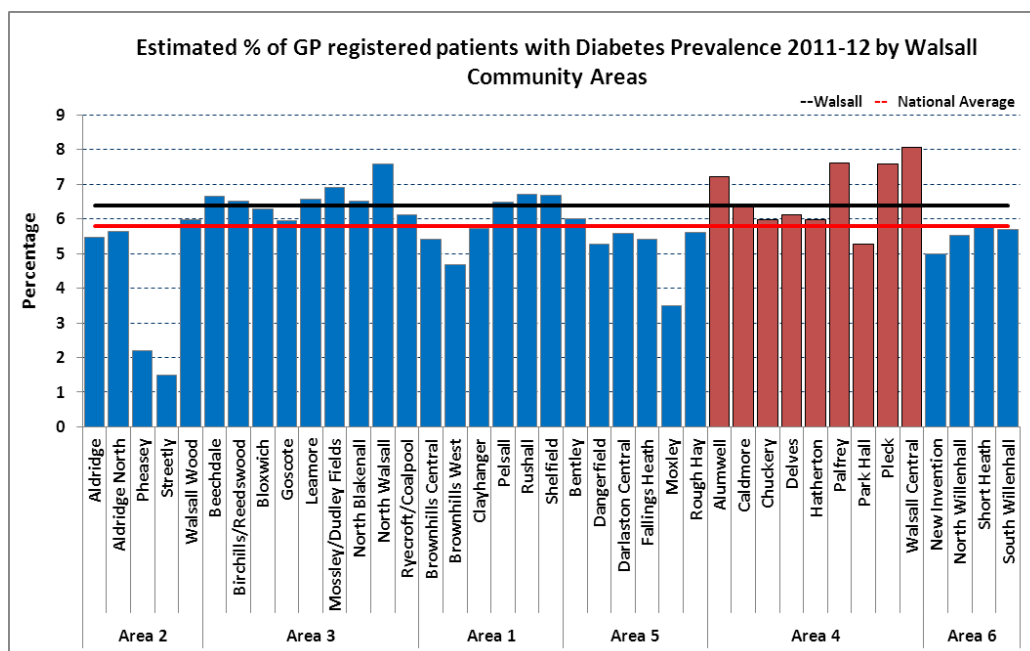
All community areas within South Walsall have lower estimated prevalence for stroke than Walsall.



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.

Alumwell, Palfrey, Pleck and Walsall Central within Walsall South have higher estimated prevalence for diabetes than Walsall.



Walsall South

Mosaic Analysis

Walsall South is predominantly classified as group “I”, which is defined as:

“Lower income workers in urban terraces in often diverse areas”

Group I contains people with poor qualifications who work in relatively menial, routine occupations and live close to the centres of towns in streets of small terraced houses built in the years prior to the first world war.

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	27.29%	South Asian communities experiencing social deprivation
2	9.04%	Older families in low value housing in traditional industrial areas
3	7.39%	Older people living in large houses in mature suburbs
4	4.51%	Older town centre terraces with transient, single populations
5	3.95%	Upwardly mobile South Asian families living in inter war suburbs

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 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.

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

Mosaic Analysis Continued

Sector Rank 2 (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 3 (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.

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.

Residents tend to make little use of formal recreational services but attach value to the preservation of the built environment and can become vigorous defenders of the state of repair of local open spaces.

Most residents find it easy to access public and commercial services

Sector Rank 4 (public sector type i43)

Older town centre terraces with transient, single populations

This Type contains many young, transient single people who live on low incomes in small terraced houses close to town centres.

Many residents are young people who, for one reason or another, rent the cheapest and poorest quality accommodation on the market. A significant proportion of these young people are disadvantaged by alcohol dependency, drug addiction, or a criminal record. The social needs that they and their children have place heavy demands on social services departments. The historic legacy of drinking houses in many of these neighbourhoods also contributes to a high level of noise and other forms of anti-social behaviour.

Because of the young age profile of the population the overall demand on the health service is moderate. However, many young people have poor health. Mental illness and various forms of self harm are serious issues in these neighbourhoods which experience particularly high levels of suicide. These neighbourhoods are an important target for many health promotion campaigns, particularly regarding substance abuse, smoking and sexual health.

Residents tend to make little use of leisure services. There is often a serious shortage of suitable areas for children's play. Residents benefit from good physical access to commercial and public services.

Walsall South

Mosaic Analysis Continued

Sector Rank 5 (public sector type e20)

Upwardly mobile South Asian families living in inter war suburbs

This Type contains an increasingly large population of recent immigrants from South Asia and East Africa who have worked hard to establish a successful financial position in their new country.

Residents have very strong social networks within the local community and can expect support from family and friends in times of need. In general, there is little demand for adult social services.

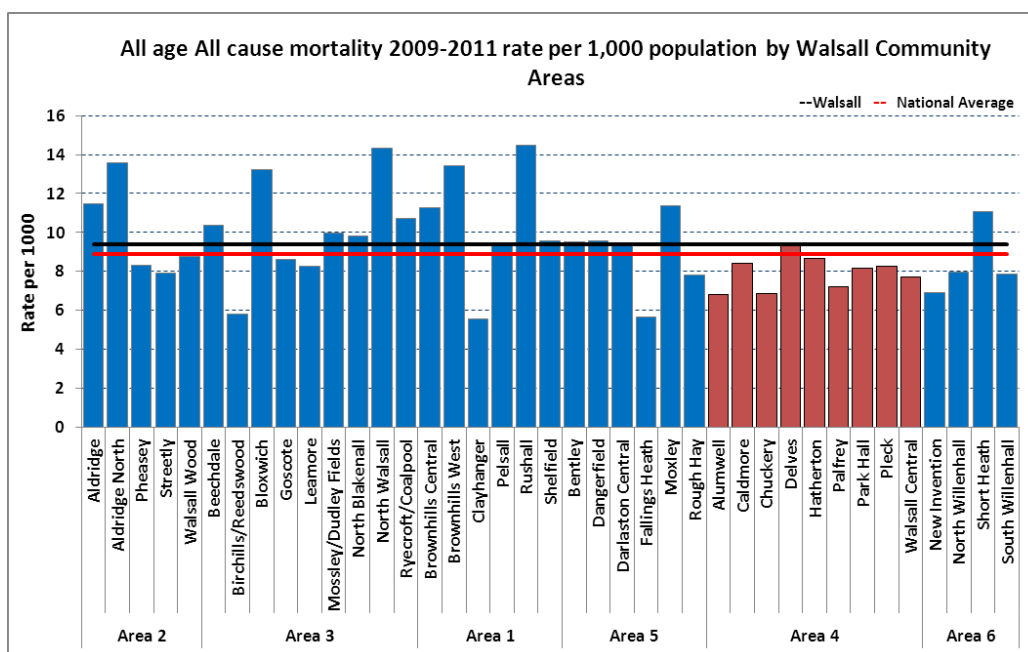
Health levels are average. There are some complaints, such as diabetes, which are especially concentrated in these neighbourhoods due to a combination of genetic inheritance and diet. Public health campaigns need to recognise that many residents are uncomfortable sharing information about health problems with other family members. Involvement in sports is low and among older members of the population it may be difficult to change unhealthy dietary habits. It is important to appreciate that girls are encouraged to marry early and high teenage pregnancy rates are not necessarily an indication of deprivation.

Residents have good access to public and commercial services both by car and by public transport.

All Age All Cause Mortality

All age all cause mortality

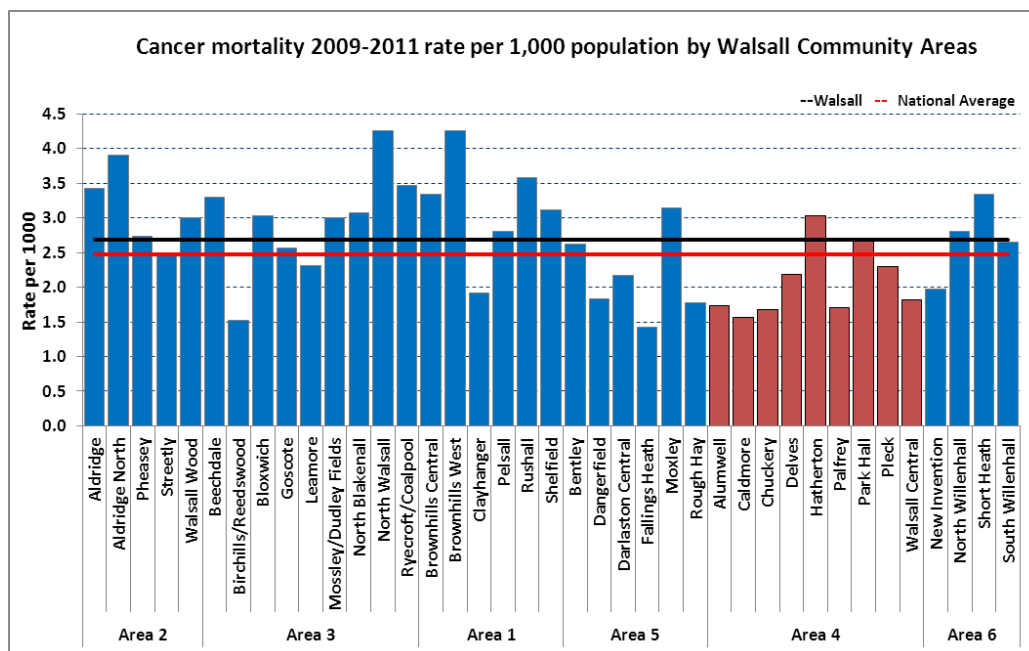
All community areas within Walsall South have lower mortality rates than the Walsall average 28.7 per 1,000



Walsall South

Cancer Mortality

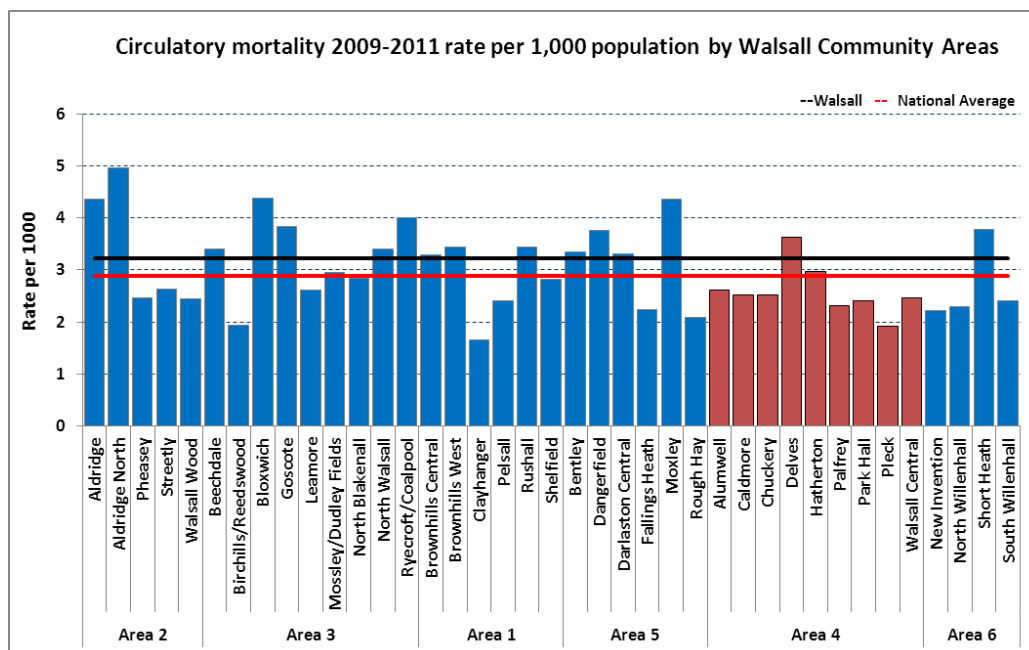
The community area within Walsall South that has a higher mortality rate than the Walsall average 2.69 per 1,000 is Hatherton.



Circulatory Mortality

Circulatory mortality

The community area within Walsall South that has a higher mortality rate than the Walsall average 3.22 per 1,000 is Delves.

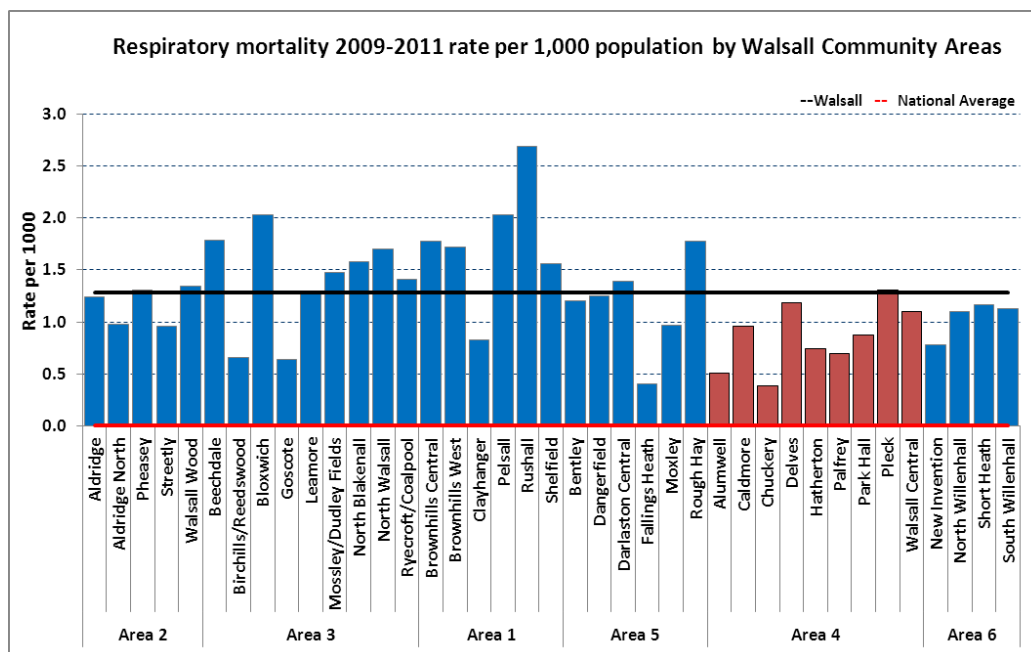


Walsall South

Respiratory Mortality

Respiratory mortality

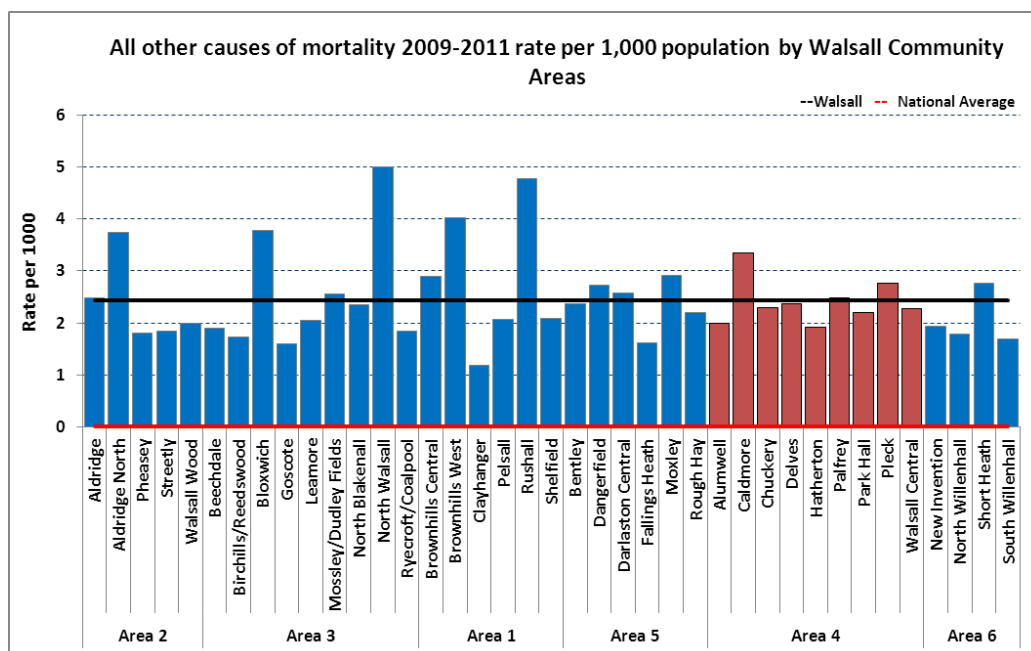
Pleck is the only community areas within Walsall South that has a higher mortality rate than the Walsall average 1.17 per 1,000



All Other Causes of Mortality

All other causes of mortality (excluding cancer, circulatory and respiratory)

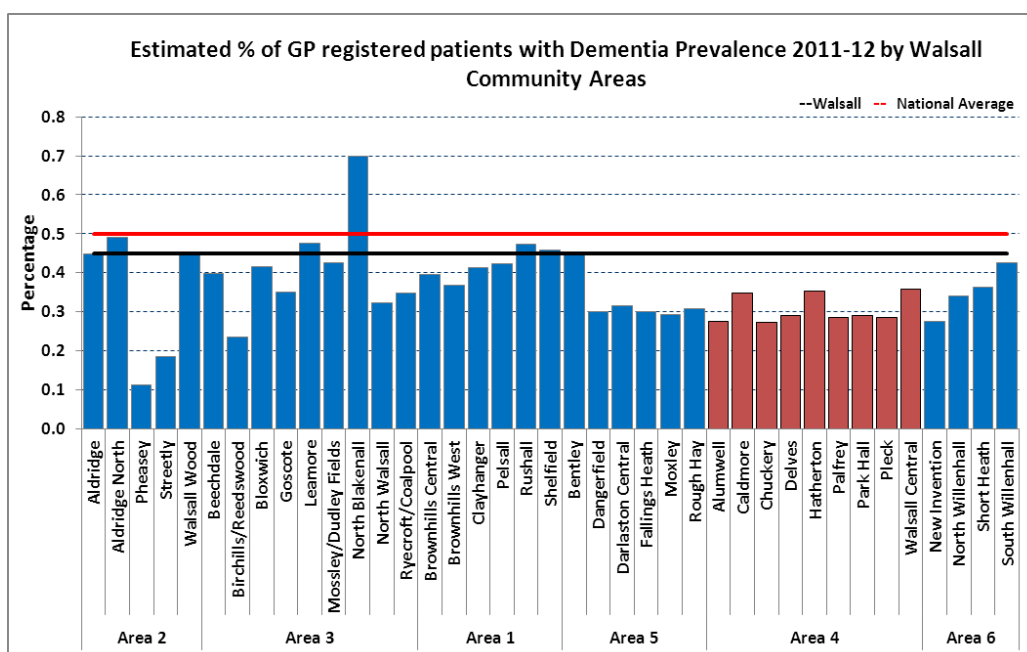
The community areas within Walsall South that have a higher mortality rate than the Walsall average 2.43 per 1,000 are Caldmore, Palfrey and Pleck.



Healthy aging and independent living

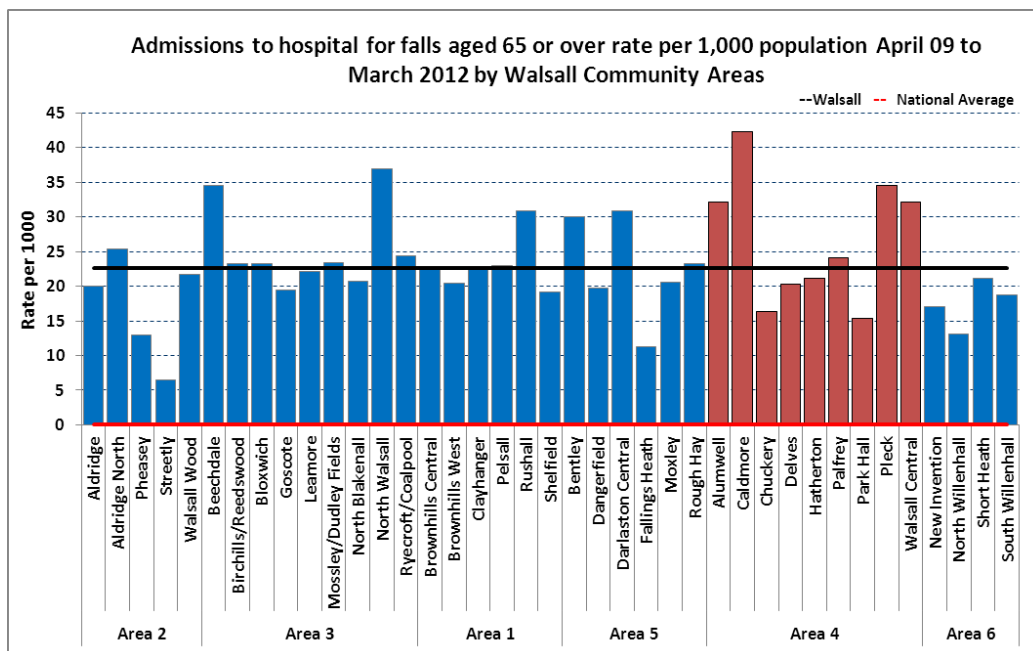
Dementia (QoF)

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 Walsall South have lower estimated prevalence for dementia than Walsall.



Walsall South

Hospital Admissions for Hip Fractures and for Falls



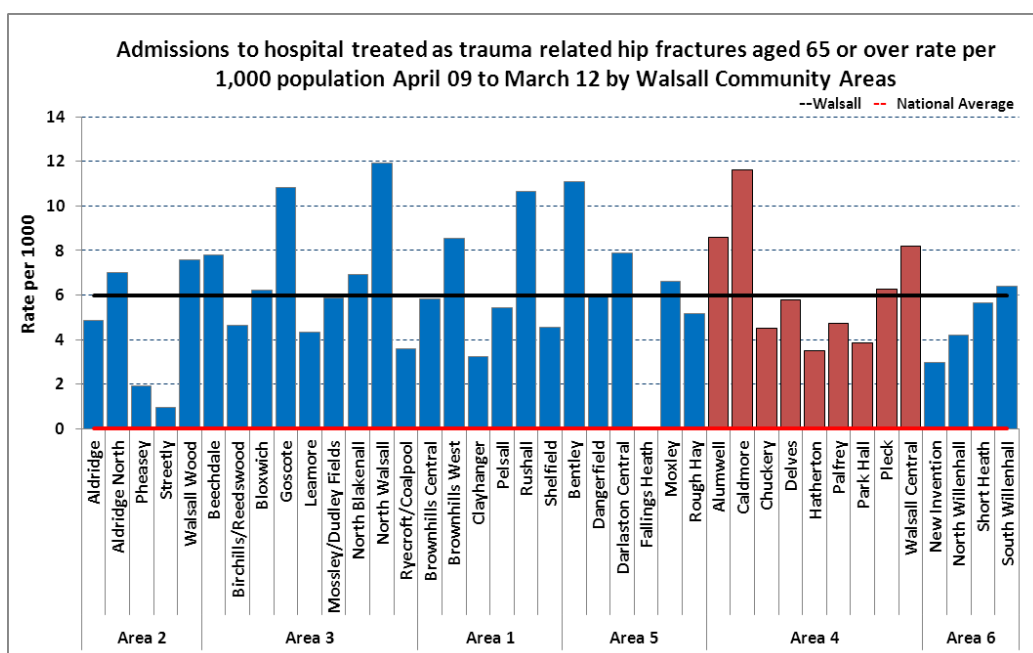
Whilst a number of agencies are working to reduce the number of people who fall and who suffer injury from falling, there remains a need for a more systematic approach to the prevention of fractures.

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.

For admissions to hospital treated as trauma related to hip fractures in people aged 65 and over, the community areas with higher rate than Walsall are Alumwell, Caldmore and Walsall Central.

For admissions to hospital for falls in people aged 65 and over, the community areas with higher rate than Walsall are Alumwell, Caldmore, Pleck and Walsall Central.



Walsall South

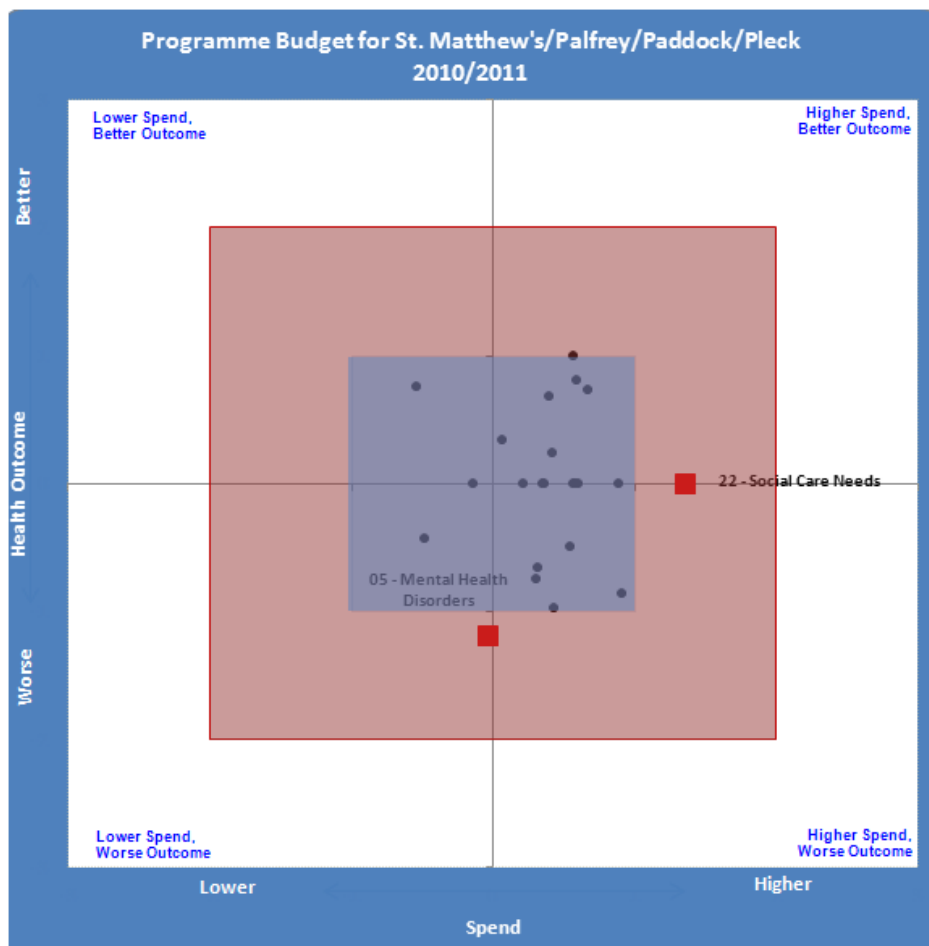
Programme Budgeting and Activity

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 mental health had lower spend and worse outcome measures. Mental Health disorders used the following health indicators: % of patients on enhanced CPA receiving follow up (face to face or telephone) within 7 days of discharge
Mortality from suicide and injury undetermined all ages, directly standardised rates (DSR) per 100,000

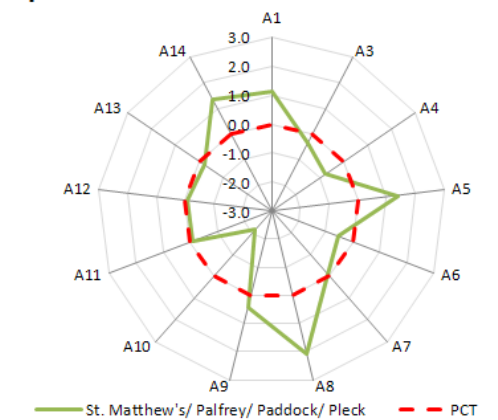
There is no outcome measure for social care needs and it has higher spend.

Source: Spend and Outcome Tool, DH

Walsall South

Hospital Activity

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



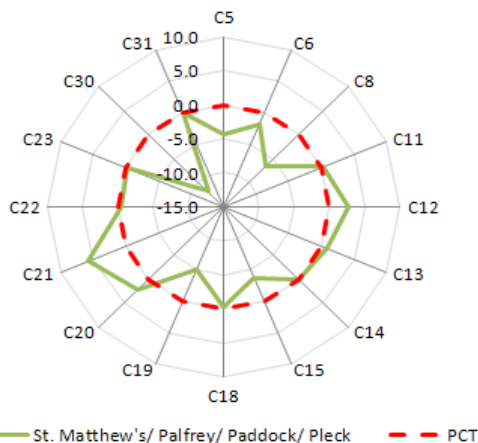
Walsall South has higher activity than Walsall for:

- A1: Avoidable emergency admissions for chronic conditions (including diabetes, COPD, angina, asthma, congestive heart failure, hypertension and nutritional deficiencies)
- A5: Para-suicide and self harm related admissions (intentional self-harm/poisoning)
- A8: Termination of pregnancy
- A14: Spend treating low birth weight babies (<2500g)

Walsall South has lower activity than Walsall for:

- A4: Admissions of patients aged over 65 for injuries resulting from a fall
- A6: Admissions of patients for illness resulting from use of medication
- A10: Admissions for conditions related to smoking

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



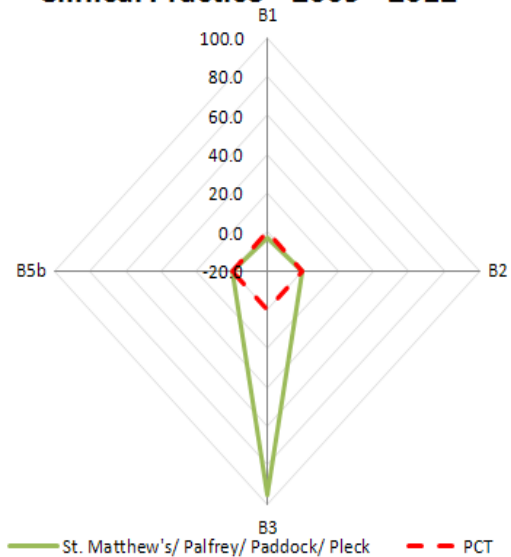
Walsall South has higher activity than Walsall for:

- C12: Zero day length of stay emergency admissions via A&E
- C20: Emergency admissions to hospital discharged home the same day without intervention
- C21: Emergency paediatric admissions to hospital (patients aged under 18 years)

Walsall South 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)
- C15: Pre-op length of stay emergency admissions (cost of bed days prior to procedure for emergency admissions)
- C19: Emergency admissions to hospital of patients aged 75 years and over with no intervention during the spell
- C30: Length of stay in PCT community hospitals (occupied bed days divided by the number of spells)

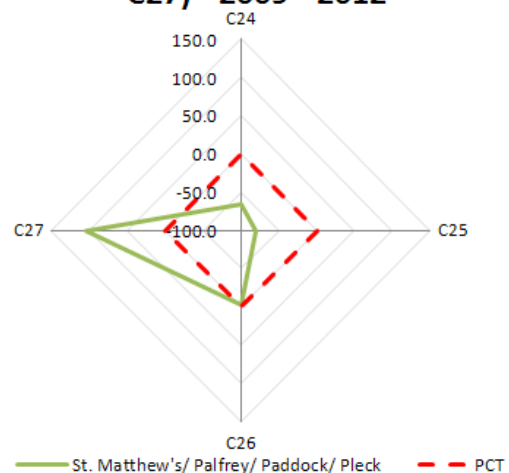
Activity Resulting from Poor/Sub-Optimal Clinical Practice - 2009 - 2012



Walsall South has higher activity than Walsall for:

- B3: GP referrals to outpatients

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



Walsall South has higher activity than Walsall for:

- C27: Rescheduled outpatient attendances

Walsall South has lower activity than Walsall for:

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

Useful Contacts for Health Priorities

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

Acknowledgements

NHS Walsall

Mandeep Clair, Kulvinder Kaur, Sarbjit Uppal, David Hughes,
 Barbara Watt, Lesley Dews, Nina Chauhan-Lall, Jo Hudson, Julie Hewitt, Kelvin Edge

NHS Walsall Community Health

Daniel Clarke

Walsall Joint Commissioning Unit

Dave Neale

West Midlands Cancer Registry / Intelligence Unit / Breast Screening Unit

Rita Khan

Useful Web Links

- Adult Social Care Outcomes Framework 2012/13 http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_133335.pdf
- Director of Public Health Annual Report 2011 http://cms.walsall.gov.uk/index/social_care_and_health.htm
- Indices of Multiple Deprivation 2010 <https://www.gov.uk/government/publications/english-indices-of-deprivation-2010>
- Local Area Profiles, Association of Public Health Observatories http://www.apho.org.uk/default.aspx?QN=P_HEALTH_PROFILES
- Neighbourhood statistics, Office for National Statistics <http://neighbourhood.statistics.gov.uk>
- NHS Information Centre <http://www.ic.nhs.uk/>
- NHS Information Centre Indicator Portal <https://indicators.ic.nhs.uk/webview/>
- NHS Outcomes Framework 2012/13 http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_131723.pdf
- NHS Walsall "Health Atlas" <http://www.walsall.nhs.uk/PublicHealth/atlas.asp>
- Office for National Statistics Population Projections <http://www.ons.gov.uk/ons/taxonomy/index.html?nscl=Population+Projections>
- Previous Director of Public Health Annual Reports (Minority Communities, Social Exclusion, Alcohol Strategy, Mental Health, Older People, Children...) <http://www.walsall.nhs.uk/PublicHealth/publichealthreports.asp>
- Public Health Outcomes Framework 2013-16 http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_132559.pdf
- Quality and Outcomes Framework (Qof) <http://www.qof.ic.nhs.uk/>
- Reducing Perinatal and Infant mortality in Walsall, Walsall Health Inequalities Strategy 2008-12 <http://www.walsall.nhs.uk/Library/PublicHealth/HIS08-12.pdf>
- Walsall Children's Area Partnership profiles http://www.walsallobservatory.org.uk/observatoryindex/wpo-profiles/wpo-cap_profile.htm
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- 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:
 Sarbjit Uppal (Public Health Intelligence Analyst) Tel: 01922 618345 Email: Sarbjit.Uppal@Walsall.nhs.uk
 David Hughes (Public Health Intelligence Analyst) Tel: 01922 619924 Email: David.Hughes@Walsall.nhs.uk
 NHS Walsall, Jubilee House, Bloxwich Lane, Walsall.

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