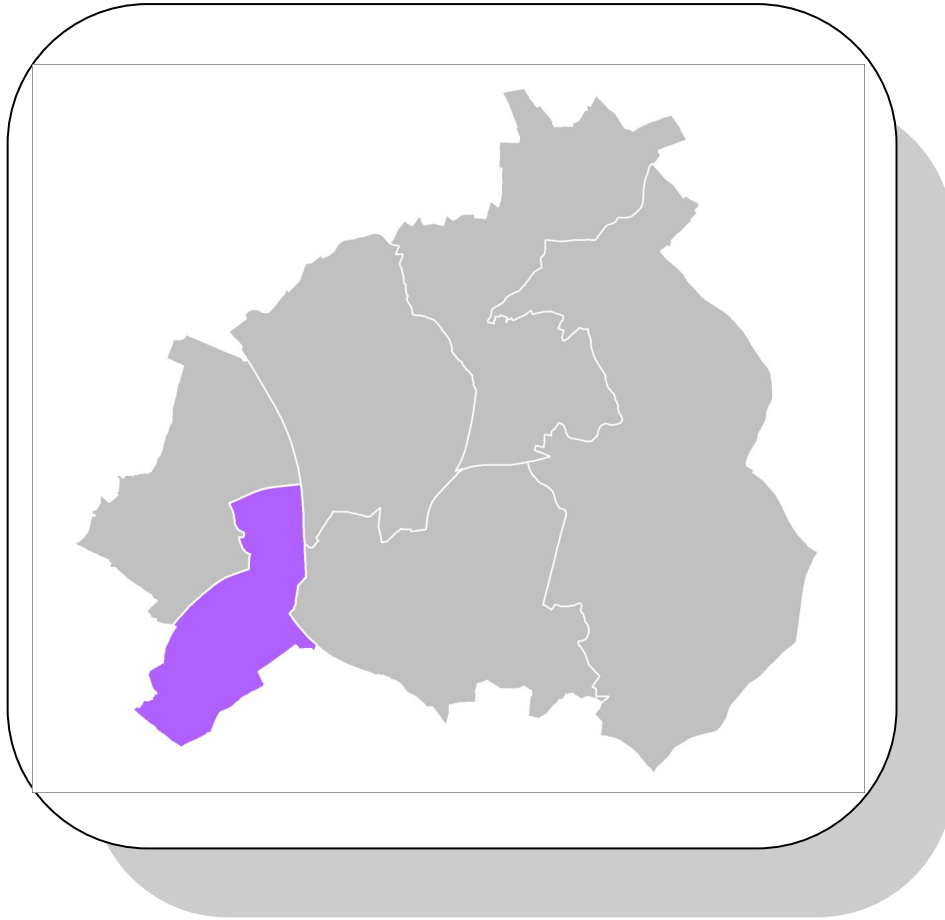




# Public Health Area Profiles

## December 2012



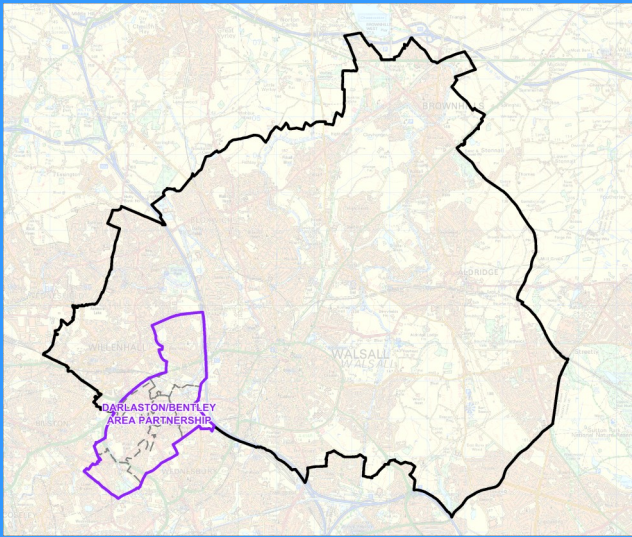
**VERSION 2**



**Area 5:**  
***Darlaston and Bentley***

**NHS**  
**Walsall**

## Executive Summary



The Area Partnership has 6 communities within it's boundary (Approx 26,000 population):

- Bentley (7,400)
- Dangerfield ( 4,300)
- Darlaston Central (6,400)
- Fallings Heath ( 1,700)
- Moxley (2,700)
- Rough Hays (3,200)

The population is on the whole younger than the Walsall average, with a higher % of both men and women aged under 35.

The area has relatively high numbers of residents from BME backgrounds—with Dangerfield (33%) and Falling heath (41%) having much higher BME % than Walsall averages.

The area is densely populated and residents experience high levels of multiple deprivation.

Geographically, the area partnership shares a border with Sandwell PCT. Although not in large numbers residents are

likely to access some primary and secondary care health services outside of Walsall, particularly in Wednesbury.

### Health Priorities:

Generally, health outcomes are worse in communities in this Area Partnership than Walsall averages. Indicators of child health are poor in the area with relatively high Infant Mortality rates, high proportion of babies with low birth weights and higher levels of childhood obesity. Sexual health is also poor in the area (high teenage pregnancies and Chlamydia infection levels). Life expectancy, as defined by current average age at death is a number of years lower than the rest of Walsall for both men and women. Usage of health services (screening and acute medicine) is relatively high suggesting late access to health services and/or poor self-management of ill health.

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

**General Health (Rough Hay).** Rough Hay has markedly worse Life Expectancy than the rest of the AP and Walsall. Additionally, the area has high infant mortality, low births weights and obesity in children. Families need to ensure a healthy start for their children using services at nearby Sure Start Children's Centres and leisure centre. 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 (Bentley).** Bentley has well above average prevalence of many long-term conditions and are being treated as such by their GP's. In terms of secondary prevention, adults in these areas need to change their lifestyle behaviours to ensure prolonged and better health in later life. Health trainers are best suited to deliver this type of intervention.

**Obesity.** Levels of obesity are high in most areas of the partnership for both adults and children. Older children and their families, particularly in Moxley, Dangerfield and Darlaston Central should be made aware of weight management services in the area. An active and health lifestyle for children should be encouraged by partners around diet and physical activity.

**Chlamydia Screening.** Young people in the area either have poor access to, or are not inclined to use Chlamydia screening services. Additionally some areas with low uptake also have high positivity rates suggesting more people may be carrying and transmitting the infection without knowing or being treated for it. 15-24 year olds should be encouraged to take the simple test at nearby youth venues offering it.

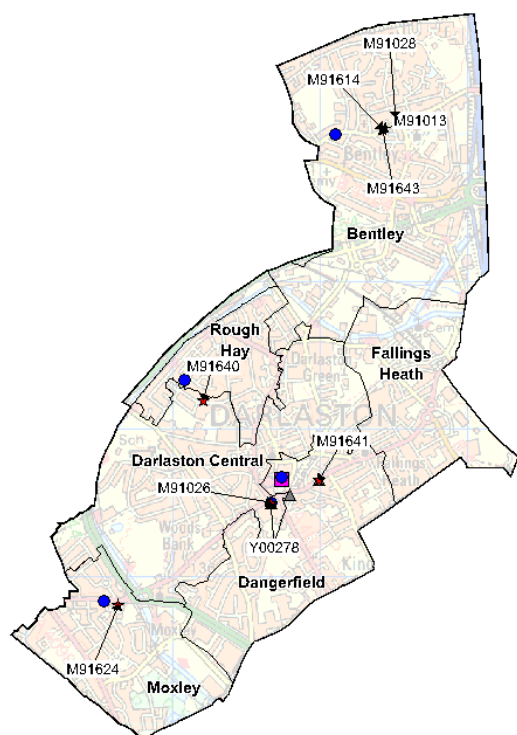
**Management of COPD.** Some of the communities in the area have high levels of smoking, prevalence of COPD and have acute episodes of COPD in hospital. Residents who smoke should be signposted to local stop smoking services, and more information needs to be provided in terms of recognising and managing the symptoms of COPD in existing patients.

**Infant mortality & Teenage pregnancies.** Levels of infant mortality are higher than average in most communities in the area. 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. This is particularly important for teenage and younger mothers, of which there are some very high rates in this area.

**Health Checks.** Uptake of health checks is poor so far in the area. With a relatively young population and 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.

## Darlaston & Bentley

### MAP OF COMMUNITIES



- ★ GP practice
- Pharmacy
- Optician
- ▲ Dental practice

Summary of Area Partnership services:  
3 Dentists, 9 GP's, 1 Opticians and 6 Pharmacies

No dentists in the following communities:  
Bentley, Fallings Heath, Moxley, Rough Hay

No GP in the following communities:  
Fallings Heath & Rough Hay

No opticians in the following communities:  
Bentley, Darlaston Central, Fallings Heath, Moxley, Rough Hay

No pharmacies in Fallings Heath

### 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+
Bentley	7.7	6.5	6.6	6.8	6.9	6.8	19.2	18.3	5.6	7.4	5.9	1.8	0.6
Dangerfield	8.9	7.6	7.2	6.3	7.5	8.2	20.8	16.6	4.3	6.6	4.4	0.9	0.7
Darlaston Central	8.2	7.8	6.8	7.1	7.4	7.4	20.8	17.0	4.5	6.9	4.6	1.3	0.7
Fallings Heath	11.8	7.6	7.1	7.9	7.8	9.8	20.8	15.6	3.9	4.5	2.6	0.3	0.3
Moxley	7.3	5.0	5.5	7.8	7.8	6.1	18.8	18.2	6.2	9.6	5.6	1.5	0.6
Rough Hay	9.0	6.9	7.2	7.0	6.8	7.4	21.7	17.8	4.1	7.2	3.6	0.9	0.5
Area 5 Grand Total	8.4	7.0	6.7	7.0	7.3	7.4	20.1	17.4	4.9	7.2	4.8	1.3	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 Darlaston AP has a higher percentage of young people 0-19 (29.1) than walsall average (26.0).

Community	% Asian/Asian British	% Black/Africa/Caribbean/Black British	% Mixed/multiple ethnic groups	% Other ethnic groups	% White
Bentley	5.6	3.5	4.1	0.6	86.1
Dangerfield	33.8	2.6	3.0	0.3	60.3
Darlaston Central	13.8	2.6	4.2	0.3	79.1
Fallings Heath	45.3	3.8	3.8	0.5	46.7
Moxley	4.0	2.9	1.8	0.3	90.9
Rough Hay	10.1	3.3	2.3	0.6	83.8
Area 5 Grand Total	15.6	3.1	3.5	0.5	77.4
Walsall Grand Total	15.4	2.4	2.7	0.8	78.7

Source: Census 2011

All community areas within Darlaston AP have lower percentage of BME than Walsall average (21.3), with the exception of Dangerfield (39.7) and Fallings Heath (53.3).

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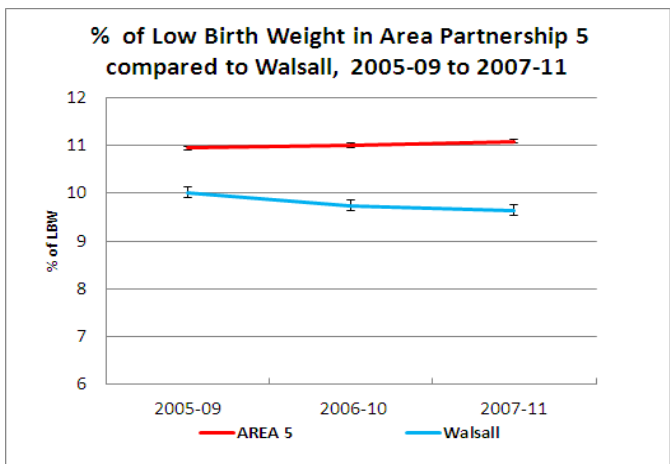
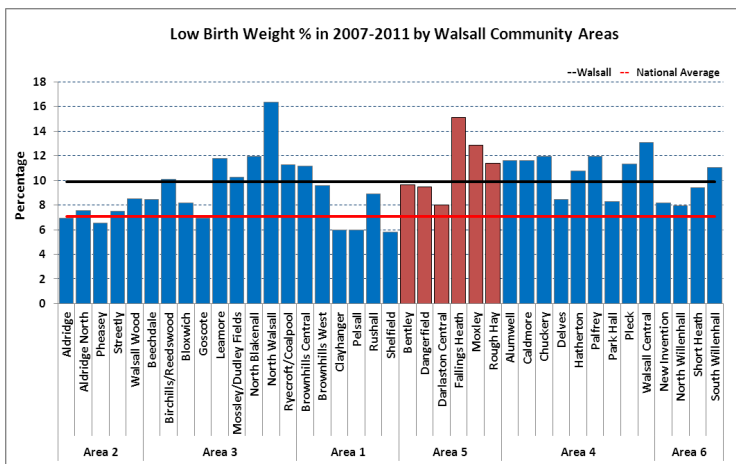
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# Darlaston & Bentley

## Give every child the best start in life

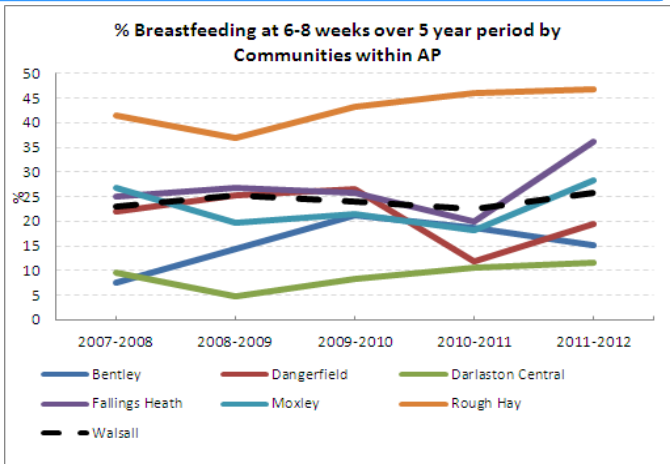
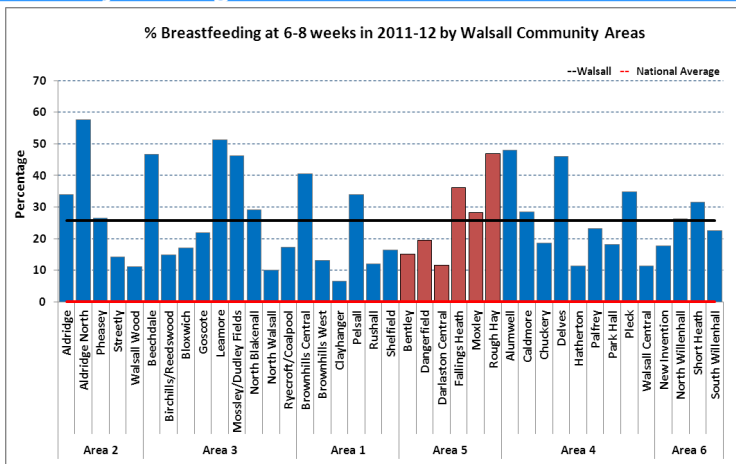
### Low Birth Weights



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. Fallings Heath, Moxley and Rough Hay has higher percentage of LBW from 2007 to 2011 in comparison to the National Average (7%) and Walsall average (9.9%).

The proportion of babies having low birth weight in Darlaston AP has been higher than Walsall average.

### Breastfeeding 6-8 weeks

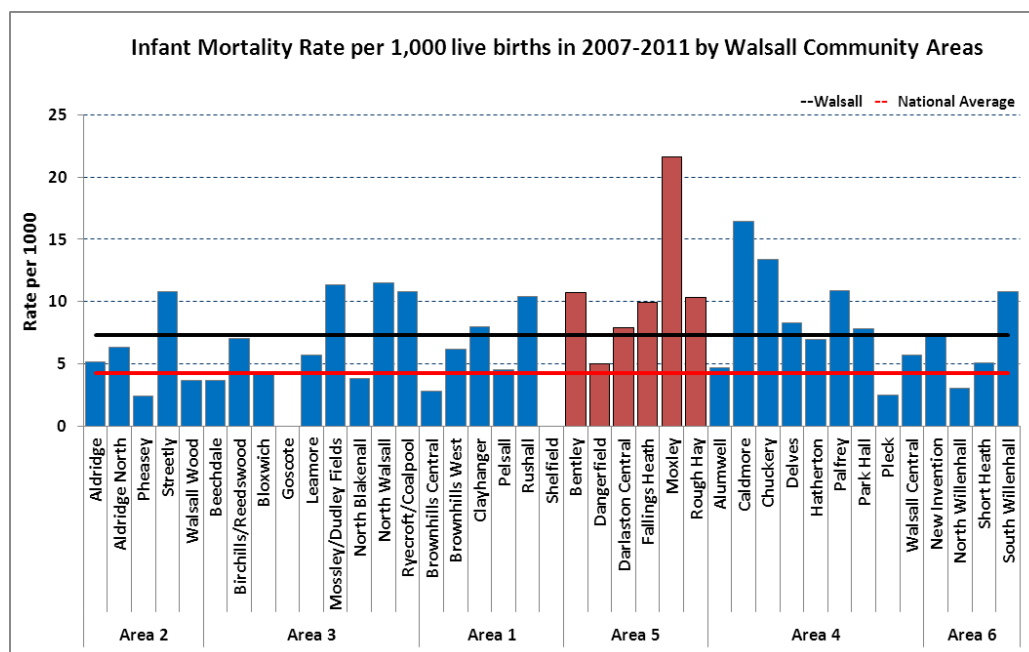


Prevalence of breastfeeding at 6 to 8 weeks is used as a key indicator of child health and wellbeing. There is clear evidence that breastfeeding has positive health benefits for both mother and baby in the short and long term. Breast milk is the best form of nutrition for infants and exclusive breastfeeding is recommended for the first 6 months (26 weeks) of a baby's life. Three of the communities areas in Darlaston/Bentley AP have lower percentages of breastfeeding at 6-8 weeks in comparison to Walsall average(25.8%).

Darlaston Central and Bentley have consistently had low percentage breastfeeding than the Walsall average. Levels of Moxley have significantly dropped over the years.

# Darlaston & Bentley

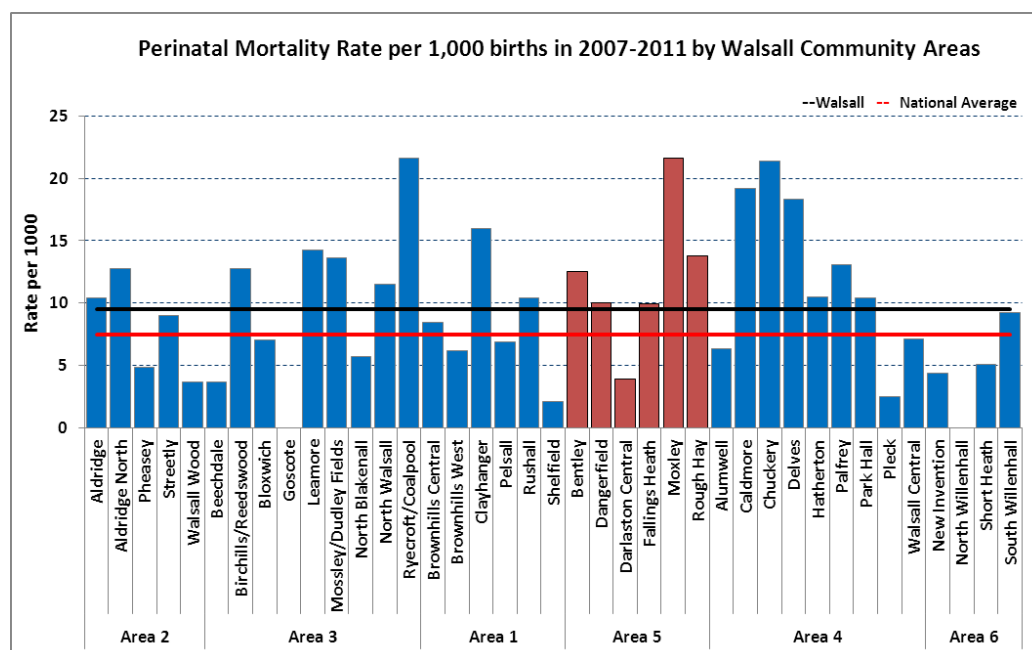
## Infant Mortality Rate per 1,000



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. Moxley have a significant higher rate of infant mortality from 2007 to 2011 in comparison to the National average (4.3) and Walsall average. Five out of the six communities areas in Darlaston AP have higher rates of infant mortality in comparison to Walsall average (7.3), with the exception of Dangerfield.

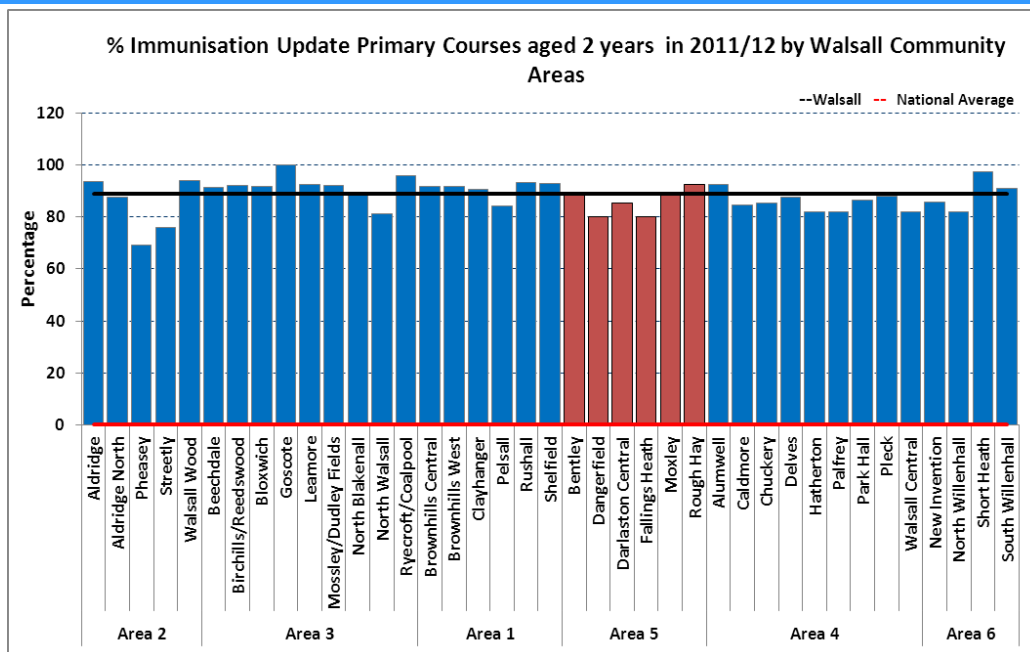
## Perinatal Mortality Rate per 1,000

Moxley, Bentley and Rough Hay have significant higher perinatal mortality rates (2007-11) (babies who are still born or die within 7 days of birth) than the Walsall average (9.48) and the National average (7.5).



# Darlaston & Bentley

## Childhood Immunisations

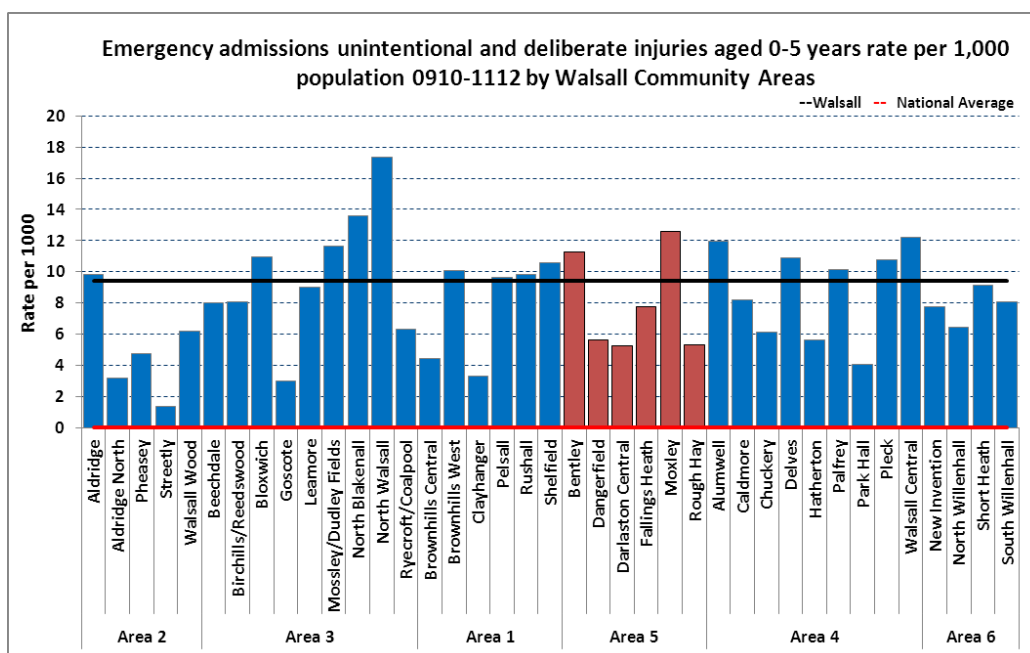


The proportion of immunisation uptake (including DIPHTHERIA, HIB, MENINGITIS C, PERTUSSIS, POLIO, TETANUS, MMR) is lower amongst the Area Partnership children compared to Walsall (88.8%), with the exception of Rough Hay.

## 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.

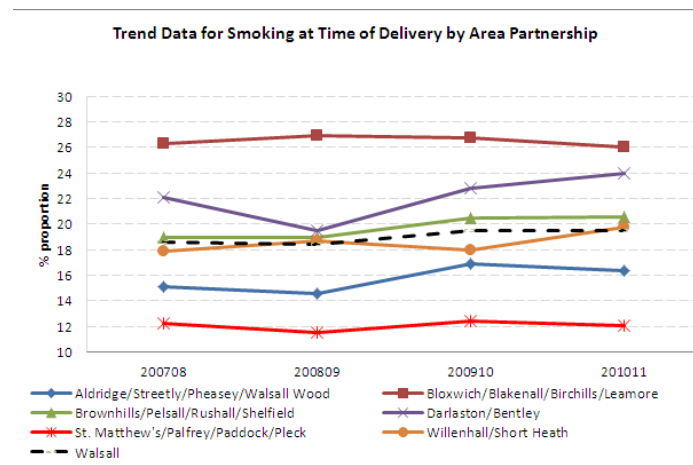
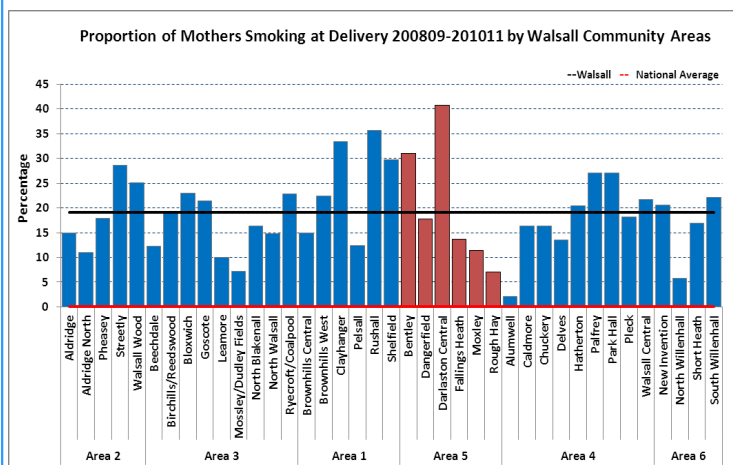
Moxley and Bentley community areas in the AP have higher emergency admissions than the Walsall average (9.4).





# Darlaston & Bentley

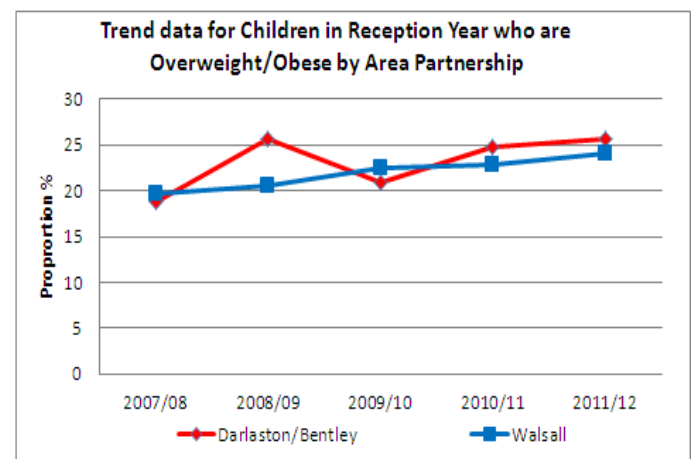
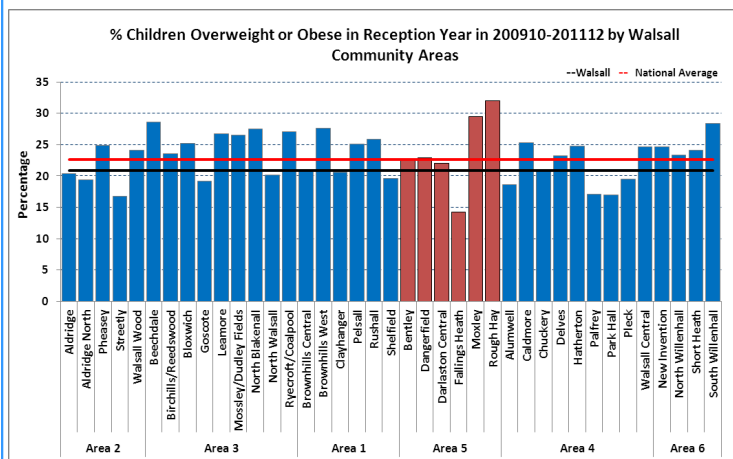
## Smoking at Time Of Delivery



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. Bentley and Darlaston Central have higher prevalence for Walsall (19.12%).

The Darlaston AP has higher proportion of smoking at time of delivery compared with the Walsall average.

## Childhood Obesity Reception



Childhood obesity is a particular concern and there is a link between childhood obesity and risk of disease and death in later life. Five of the communities have higher percentages of obesity for reception children (aged 4-5) in comparison to Walsall average (20.8%) with Rough Hay and Moxley having significant high levels of obesity.

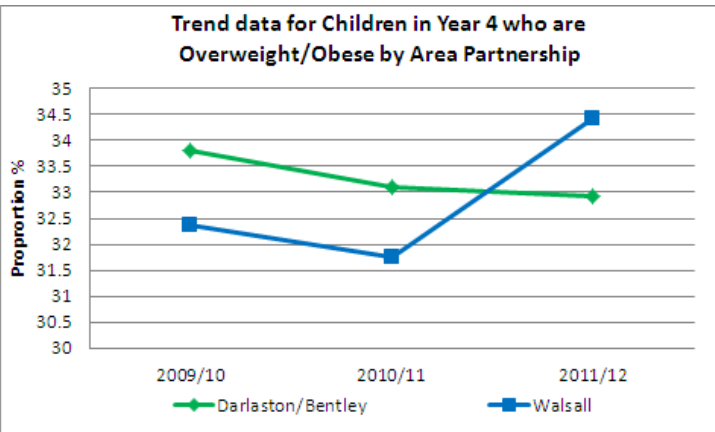
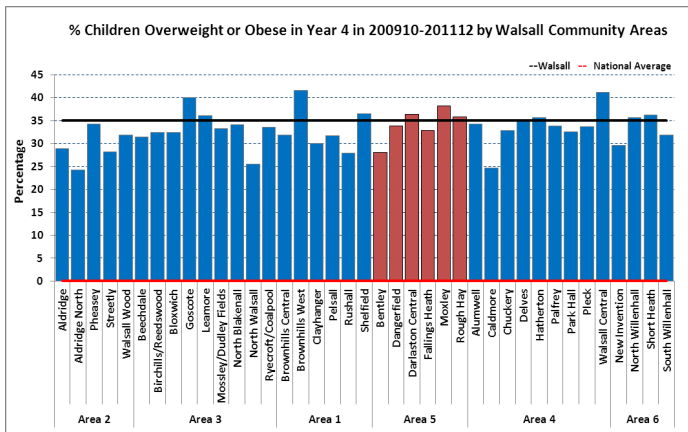
The Darlaston AP trend for obese children in reception year (aged 4-5) shows slightly higher proportion compared with the Walsall average pre and post 2009/10.

At local schools, healthy eating and exercise should be encouraged and any children or families that may benefit should be referred to NHS Walsall weight management schemes.

# Darlaston & Bentley

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

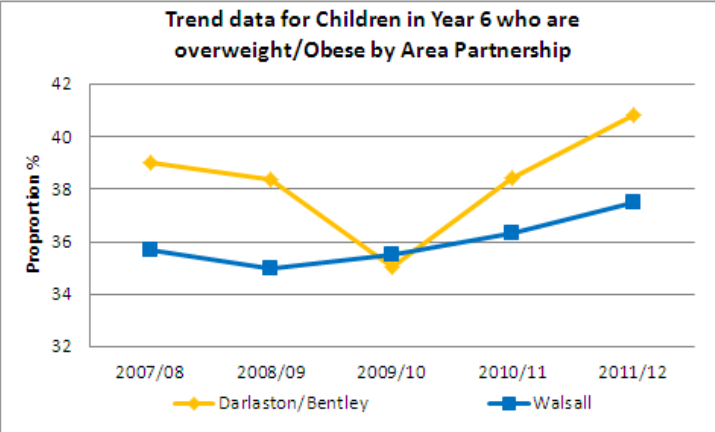
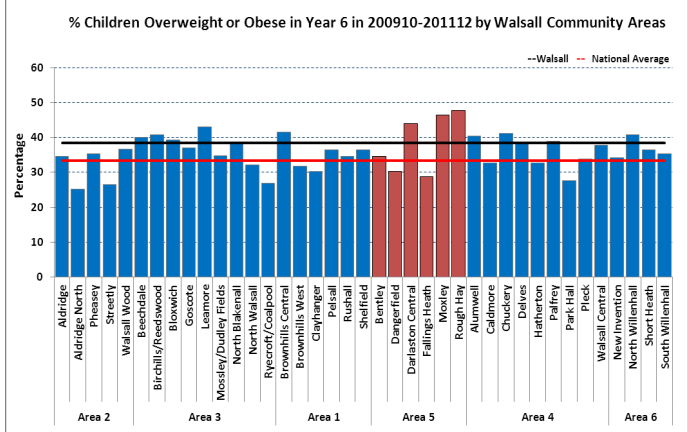
**Childhood Obesity Year 4**



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

The Darlaston 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**

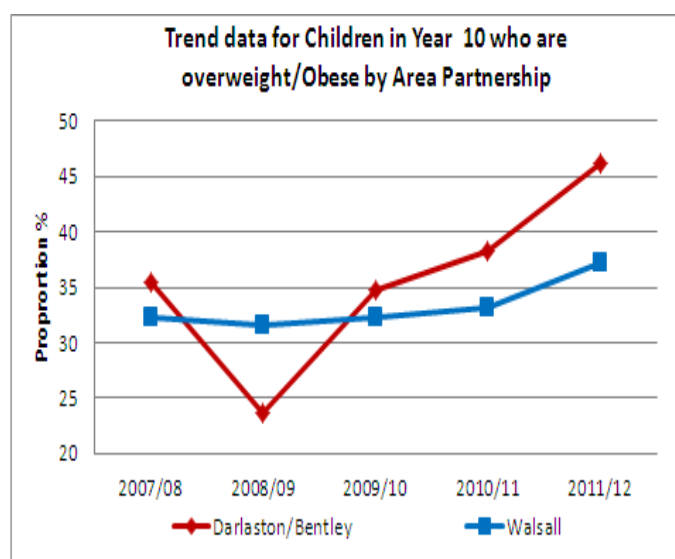
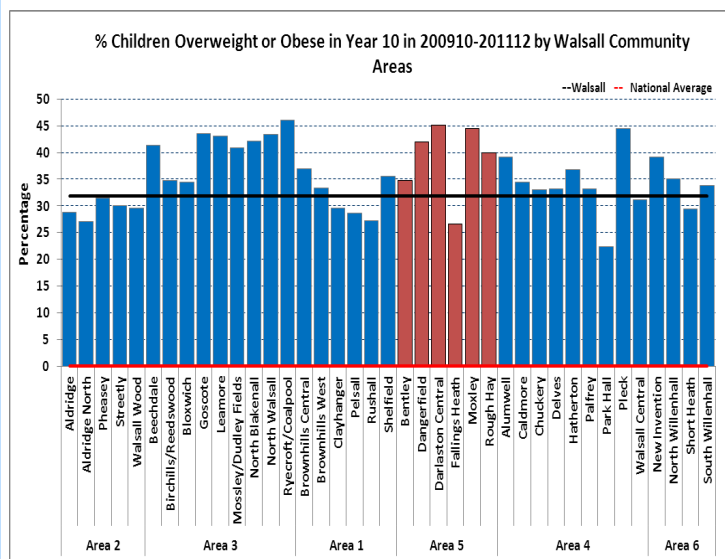


Obesity is associated with social and economic deprivation. Through Walsall’s child measurement programme children identified as being overweight or obese will continue to be offered help and support through the weight management programmes. Approximately one in four child in Walsall is overweight or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

The Darlaston AP trend for children obesity in year 6 (aged 8-9) shows higher proportion with comparison to Walsall average with exception during 2009/10.

# Darlaston & Bentley

## 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. This could lead to obesity related health problems later on in life. Five of the six communities have higher percentages of obesity for year 10 children (aged 14-15) in comparison to Walsall average (32%).

The Darlaston AP trend for children obesity in year 10 (aged 14-15) shows higher proportion with comparison to the Walsall average after 2008/09.

## 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

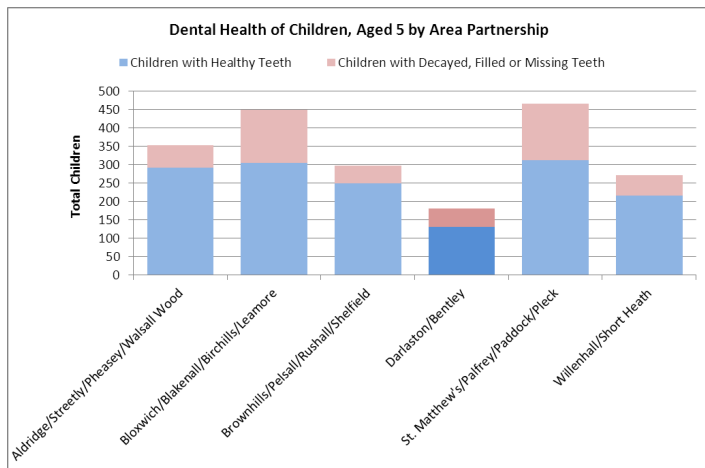
September 2012 Primary Schools starting Food Dudes:  
Old Hall Special School

# Darlaston & Bentley

## Dental Health Age 5

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

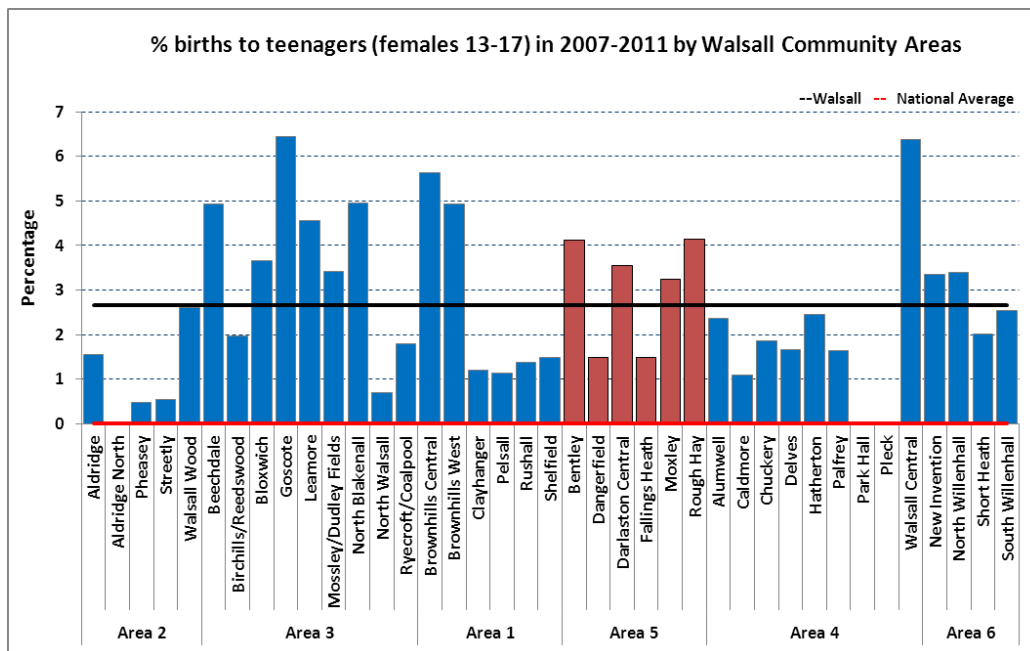
**NB. The requirement for positive consent has introduced bias into these data which means that they cannot be used for backwards comparison. These results should be viewed and interpreted in conjunction with the "NHS Dental Epidemiology Programme for England; Oral Health Survey of five year old children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



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

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

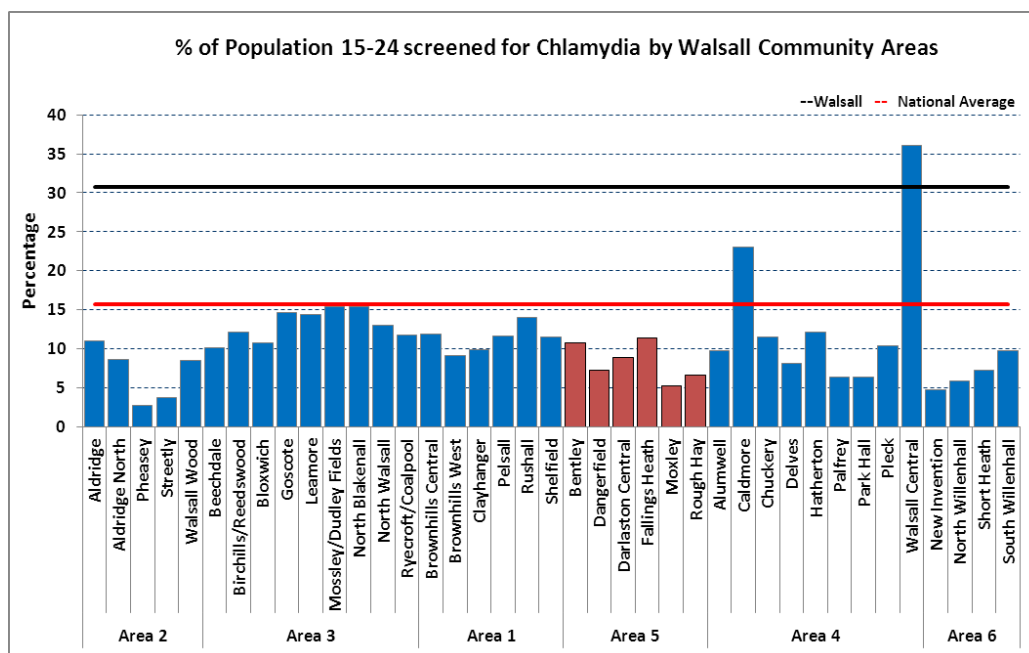
## Proportion of births to Teenage Mothers 13-17 years



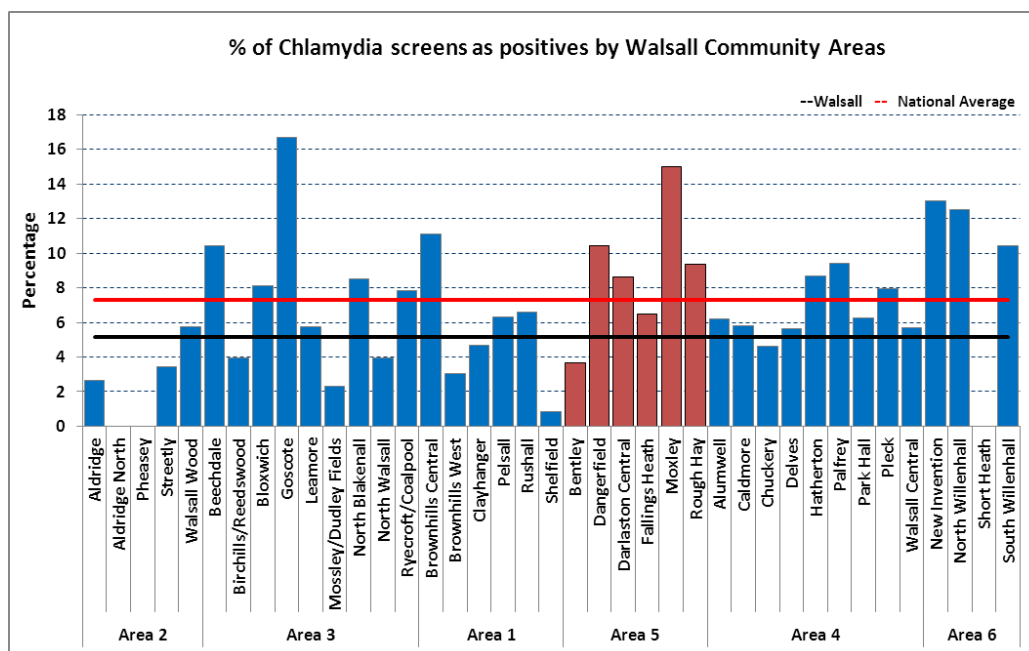
Young teenage parents are prone to poor antenatal health. Their babies often have lower than average birth weight and (nationally) infant mortality rates are also higher. Having children at a very young age can damage young women's health and well-being and affect their education and career prospects.

The proportion of births to teenage mothers (aged 13-17) is high in the majority of communities in the Area Partnership compared to the Walsall average, although like many indicators demonstrate substantial variation from 1.4% in Dangerfield and Falling Heath up to 4.0% in Bentley and Rough Hay. 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. The proportion of 15-24 in the AP have below the Walsall average (31%) population screened. Darlaston AP have lower percentages of screening in comparison to Walsall average and National average.

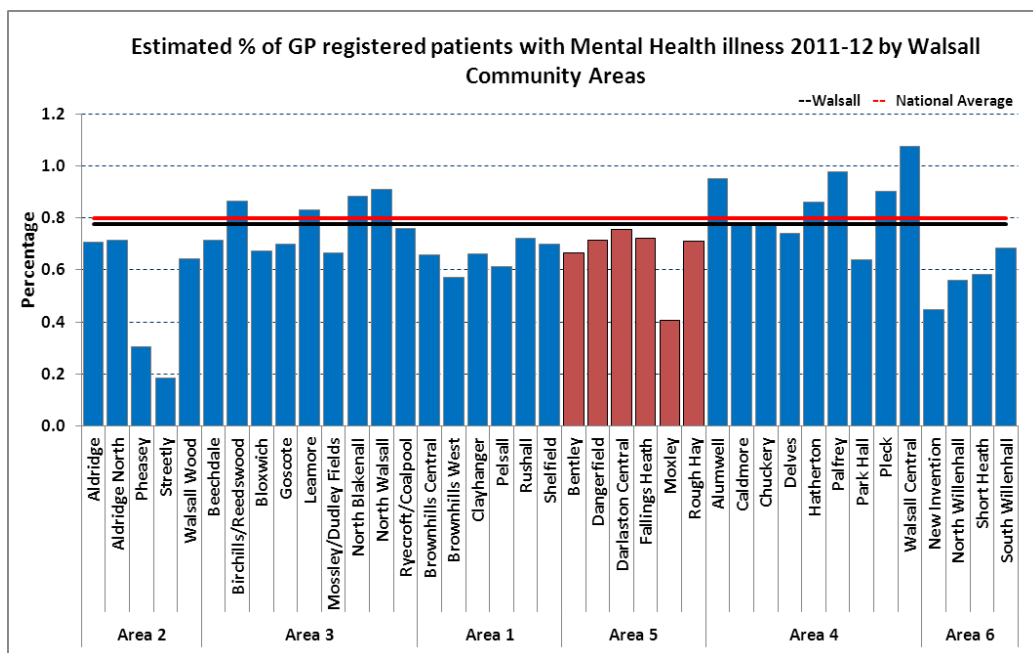


A key indicator of the sexual health of young people in Walsall is the chlamydia diagnostic rate for the 15-24 year old population. This provides a measure not just of background rates of infection, but also how young people are engaged in reducing risks associated with unsafe sex. It can be seen that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

**Create and develop healthy and sustainable places and communities**

*Mental Health (QoF)*

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



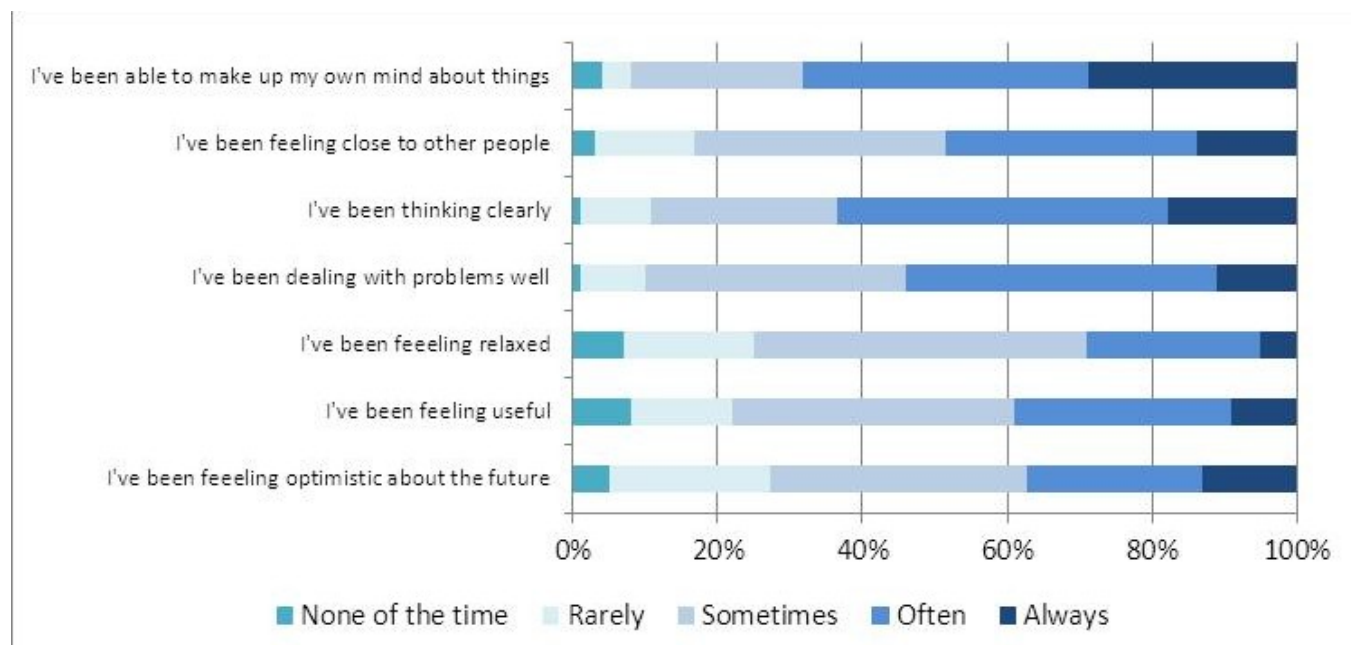
*Lifestyle Survey: Mental Well being*

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

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

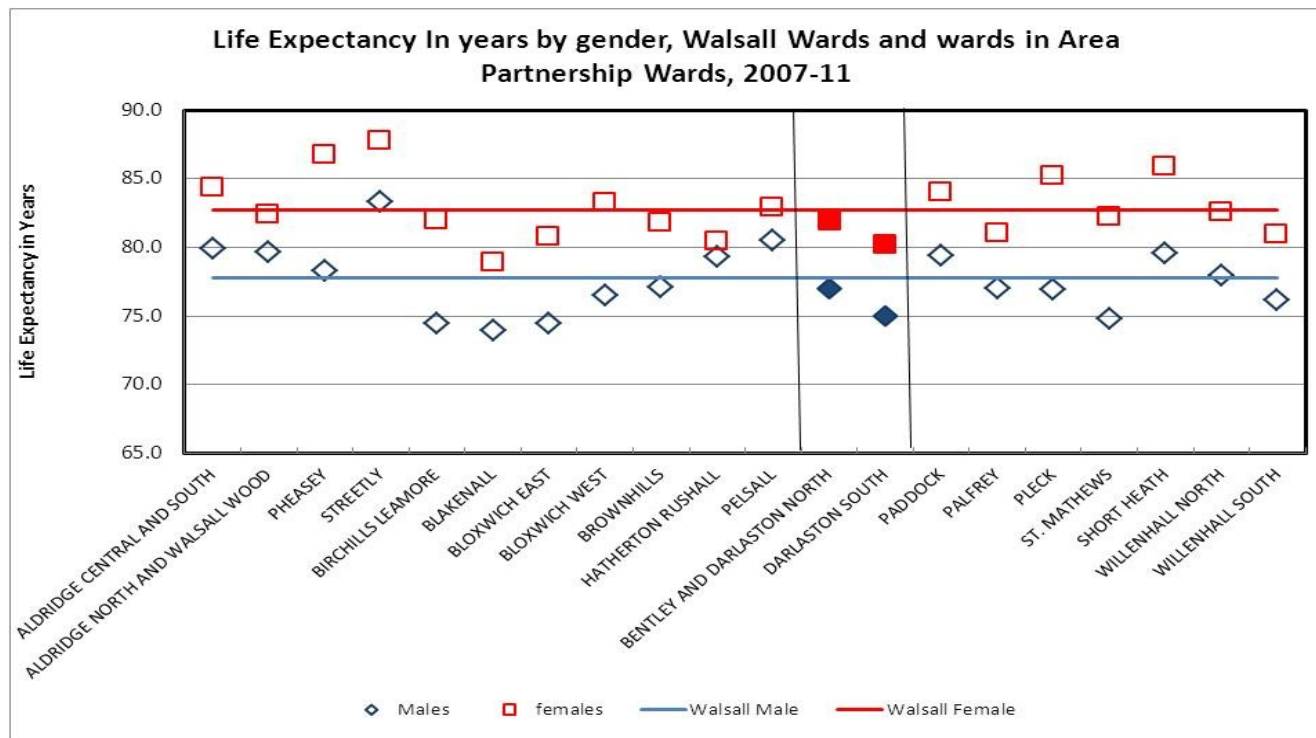
Most people have felt close to others, and feeling useful.

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



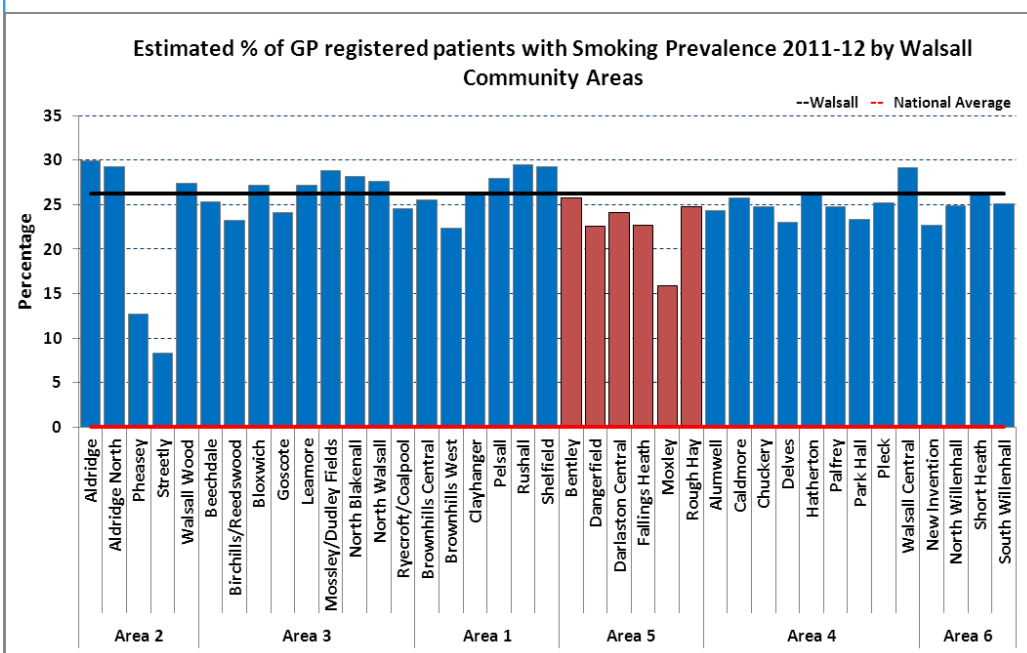
**Improving health and wellbeing through healthy lifestyles – making healthier choices easier**

*Life Expectancy (ward level)*



Life expectancy at birth is a way of expressing the all cause mortality for an area. It gives an estimate of how long someone is expected to live based on current mortality rates. Both Male and Female is lower in both of the wards in the AP compared to Life expectancy for males in Walsall is 77.8 and 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.

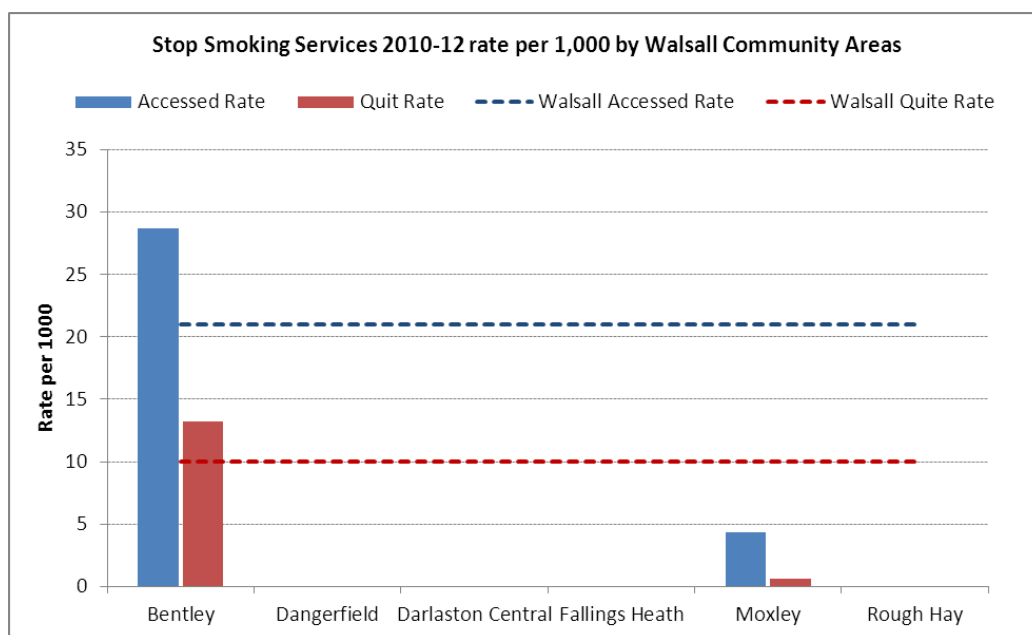
The AP has lower estimated prevalence for smoking than Walsall average (26.2%).

# Darlaston & Bentley

## 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.

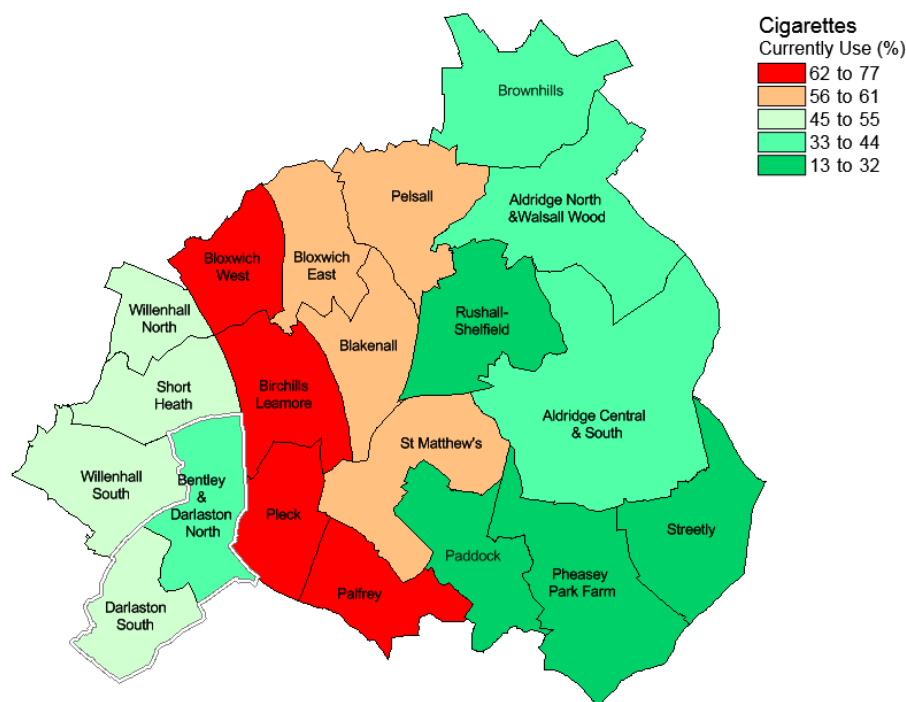


For this area partnership, only Bentley and Moxley have data available for this service.

Moxley's service access rate is considerably lower than the Walsall average, while Bentley is higher than average.

The quit rate for Moxley is very low, with Bentley being higher than the Walsall average.

## Lifestyle Survey: smoking



In Darlaston AP 50% of respondents from the survey currently use cigarettes/cigars. The average for Walsall is 48%.

76% have tried to give up using tobacco, of which 51% managed to stop smoking for more than 6 months.

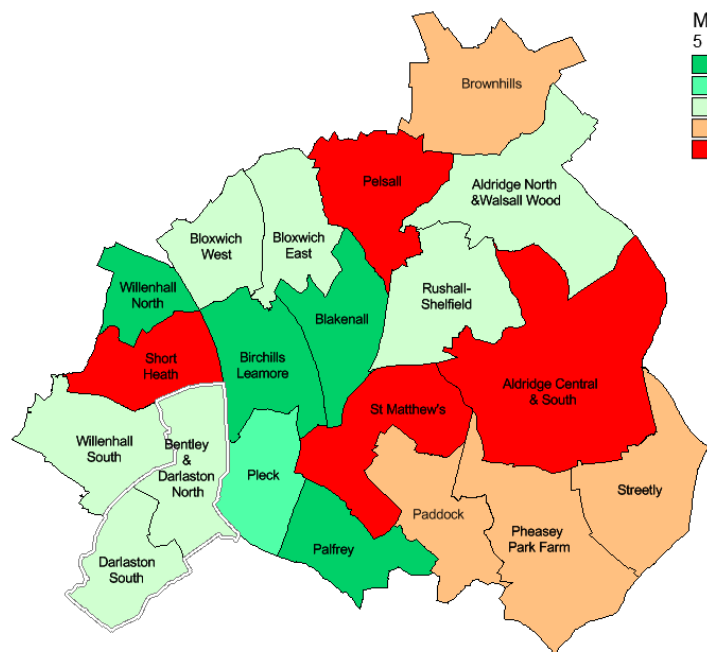
56% stop using tobacco without any help or support.

40% of tobacco users would like to stop using tobacco.



# Darlaston & Bentley

## Lifestyle Survey: Exercise



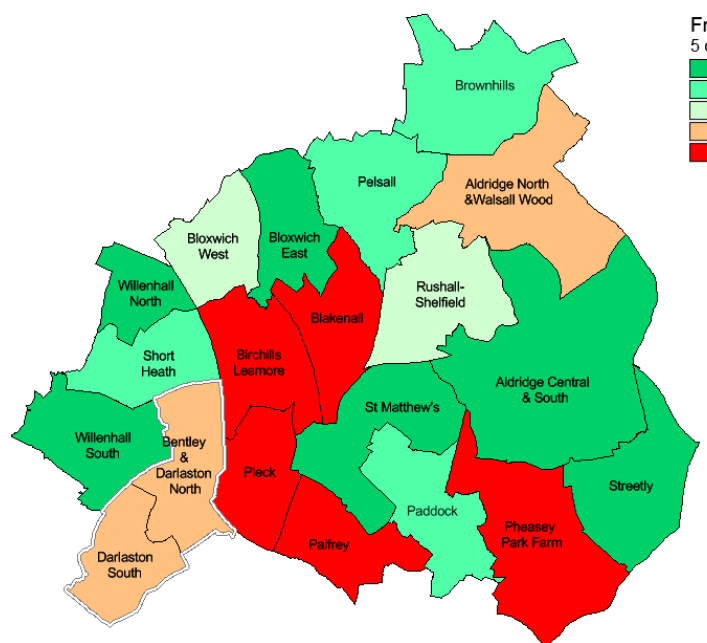
Moderate activity takes medium physical effort and makes you breathe a little harder than usual. E.g. fast walking, tennis, easy cycling, dancing and easy swimming.

For Darlaston AP 17% 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



91% of respondents from Darlaston 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 24% 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 (36%). Pies, pasties, pastries and sausage rolls are eaten more than once a week by a fifth (24%) of respondents.

Take-away food is less widely consumed but is eaten more than once a week by one in ten residents (8%).

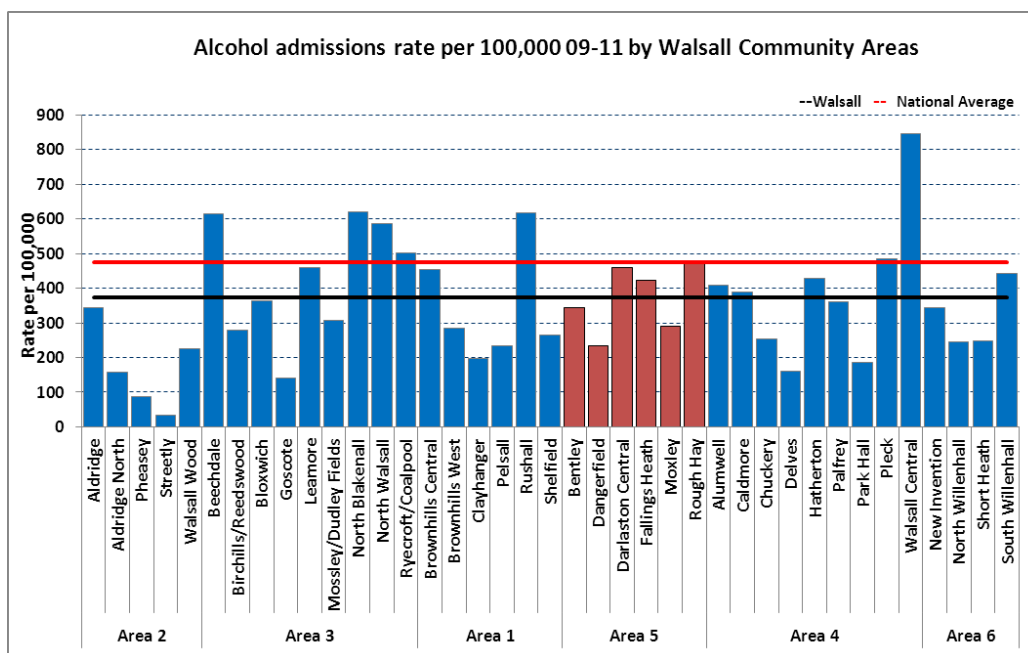
# Darlaston & Bentley

## 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 Rough Hay, Fallings Heath and Darlaston Central have higher alcohol admissions in comparison to Walsall average (372.13).



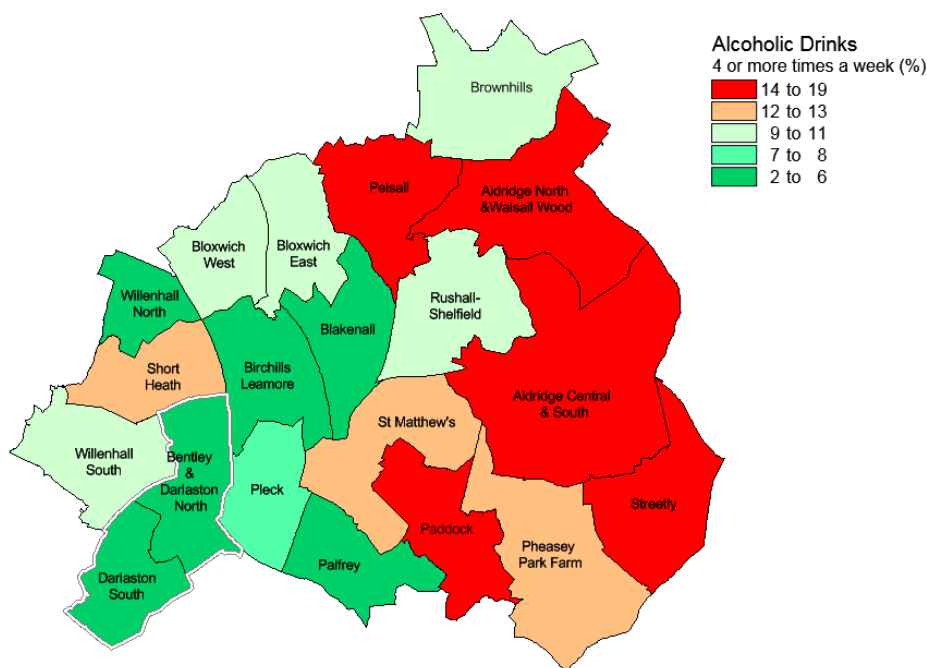
## Lifestyle Survey: Alcohol

64% of Darlaston respondents say they drink alcohol. Most people say they drink once a week (45%), while almost one in four (26%) say they drink two or more times a week.

36% 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 (47%) 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 (34%) buy their drinks in pubs and bars.

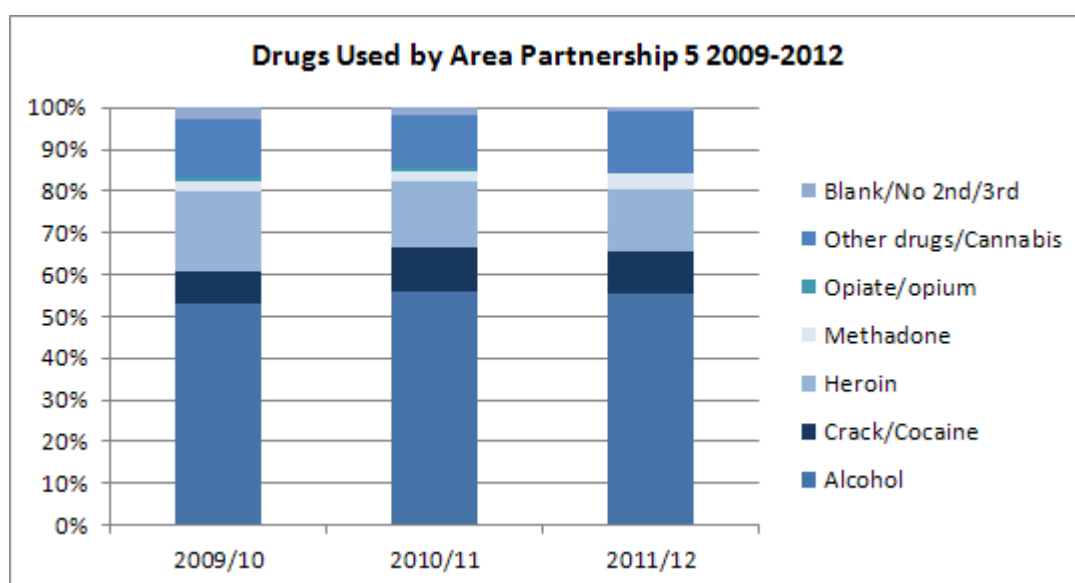


# Darlaston & Bentley

## Drug Referrals to DAAT

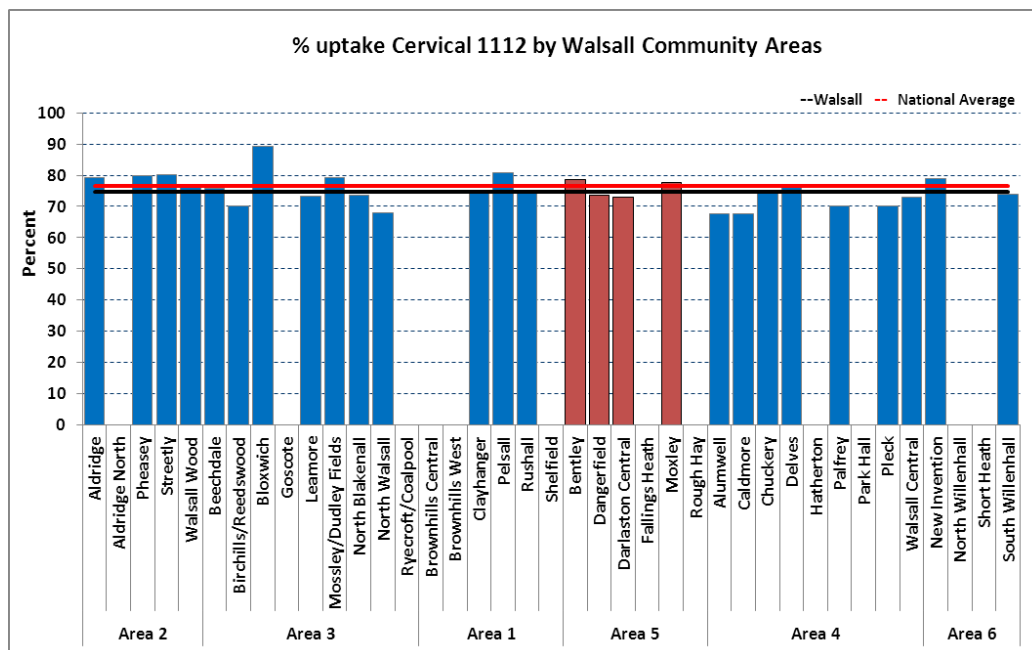
The purpose of the substance misuse programme is to support people to recover from addiction and reduce the harmful effects of illegal drugs and alcohol upon individuals, families and their communities. Partners who are key to the delivery of services include Walsall Council, West Midlands Police, Addaction,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

		Bentley & Darlaston North	Darlaston South	Darlaston & Bentley	Walsall
2009/10	In Treatment	55	50	105	1111
	Completed drug free/occasional use	24	21	45	438
	% Completed drug free/occasional use	44%	42%	43%	39%
2010/11	In Treatment	61	64	125	1068
	Completed drug free/occasional use	27	28	45	427
	% Completed drug free/occasional use	44%	44%	36%	40%
2011/12	In Treatment	52	70	122	1263
	Completed drug free/occasional use	20	26	46	451
	% Completed drug free/occasional use	38%	37%	38%	36%



# Darlaston & Bentley

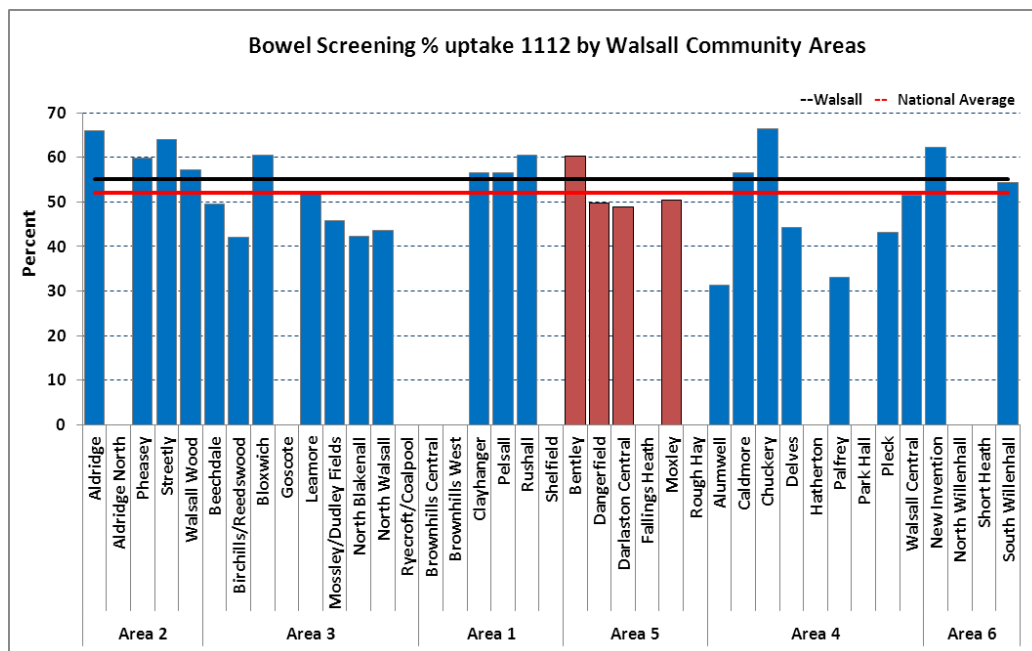
## Cervical Screening



*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 Moxley and Bentley show slightly higher rates than the Walsall average (74.6%). There are currently no practices in Falling Heath and Rough Hay.

## Bowel Screening

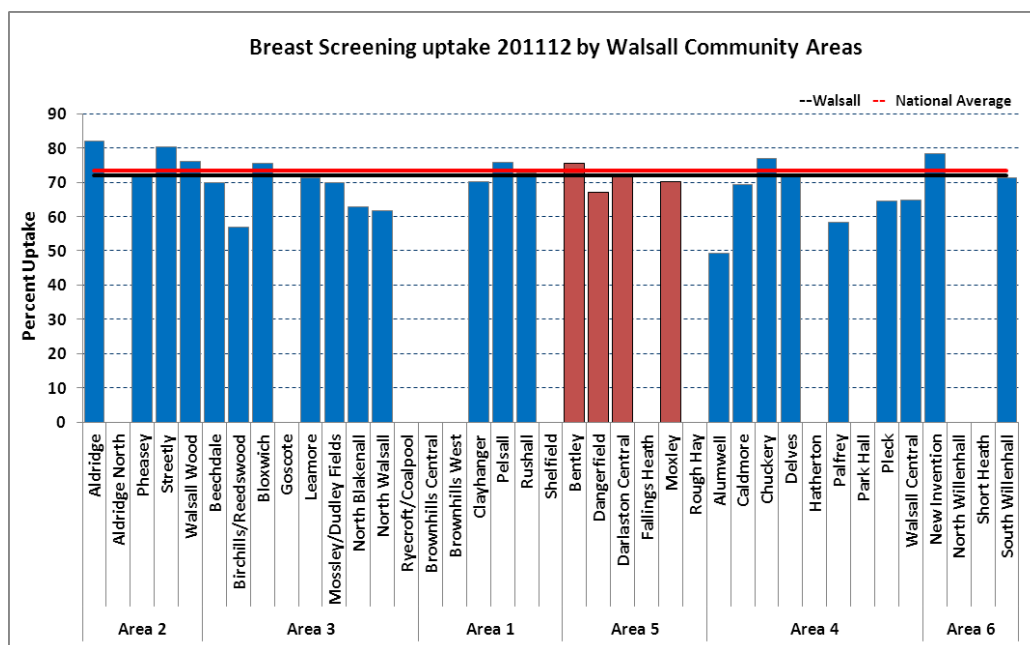


*NB. This indicator is based on Walsall GP aggregated data, there are several communities for which there will be no data. Neighbouring communities should be used as a guide to the levels of uptake in those “empty” communities.*

Again, as a GP-based screening programme, not all communities will show coverage although residents will be registered at other nearby practices. Only the Bentley practice shows a higher rate than the Walsall average (55%). There are currently no practices in Falling Heath and Rough Hay.

# Darlaston & Bentley

## Breast Screening



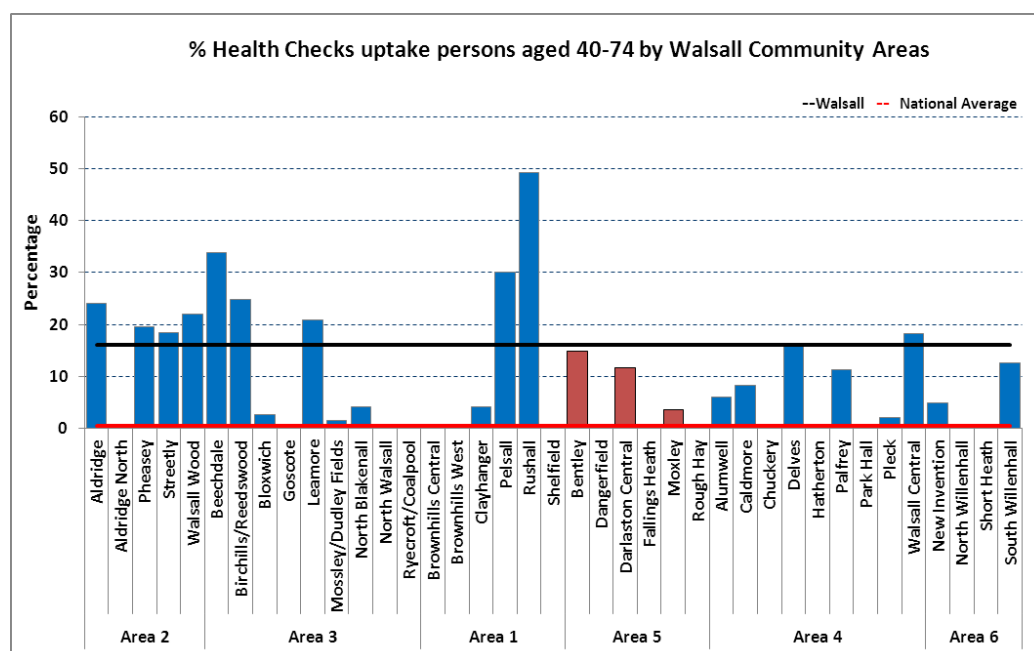
*NB. This indicator is based on Walsall GP aggregated data, there are several communities for which there will be no data. Neighbouring communities should be used as a guide to the levels of uptake in those "empty" communities.*

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 except Bentley show lower rates than the Walsall average (72%). There are currently no practices in Falling Heath and Rough Hay.

## 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 Darlaston AP that undertake NHS health checks are lower than the Walsall average (16%).



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

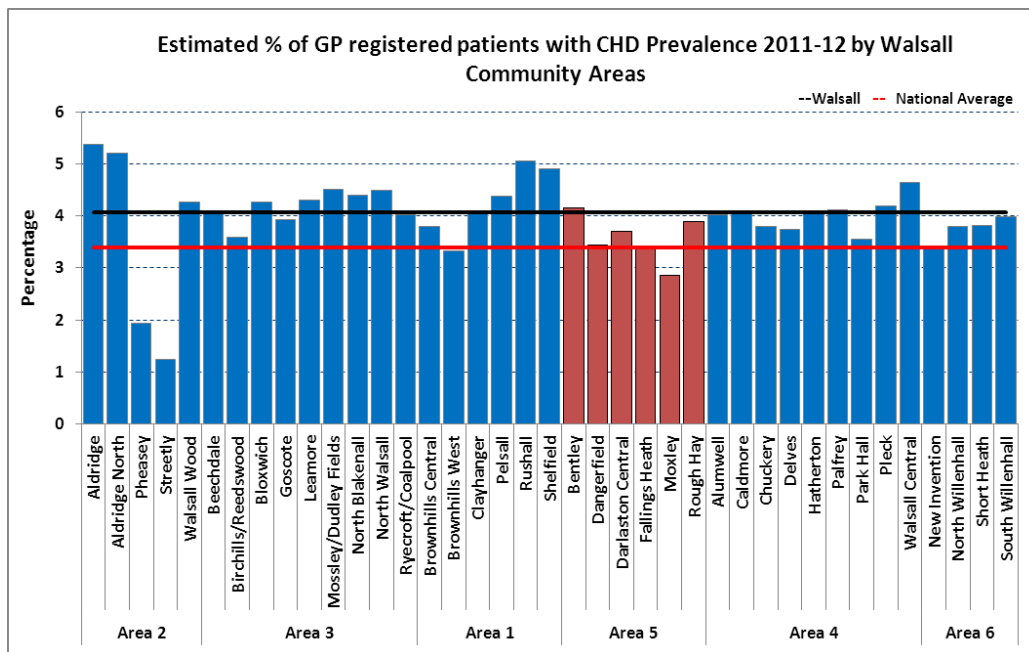
# Darlaston & Bentley

## 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.

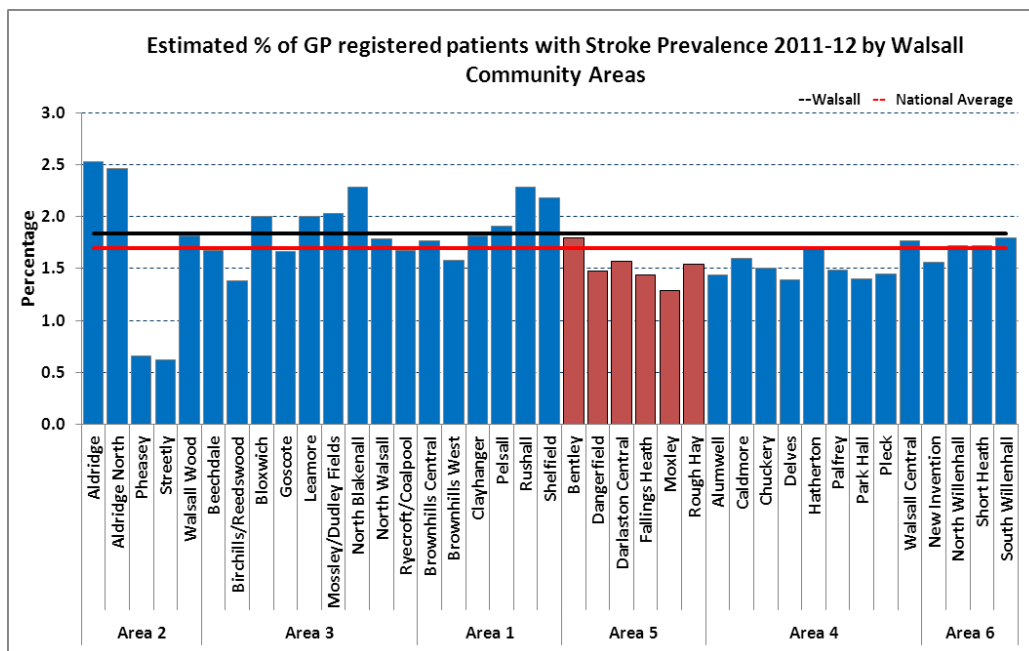
Most community areas within Darlaston AP have lower estimated prevalence for CHD than Walsall average (4.1), with the exception of Bentley.



### 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 the community areas in Darlaston AP have low estimated prevalence for stroke compared to Walsall average (1.83).

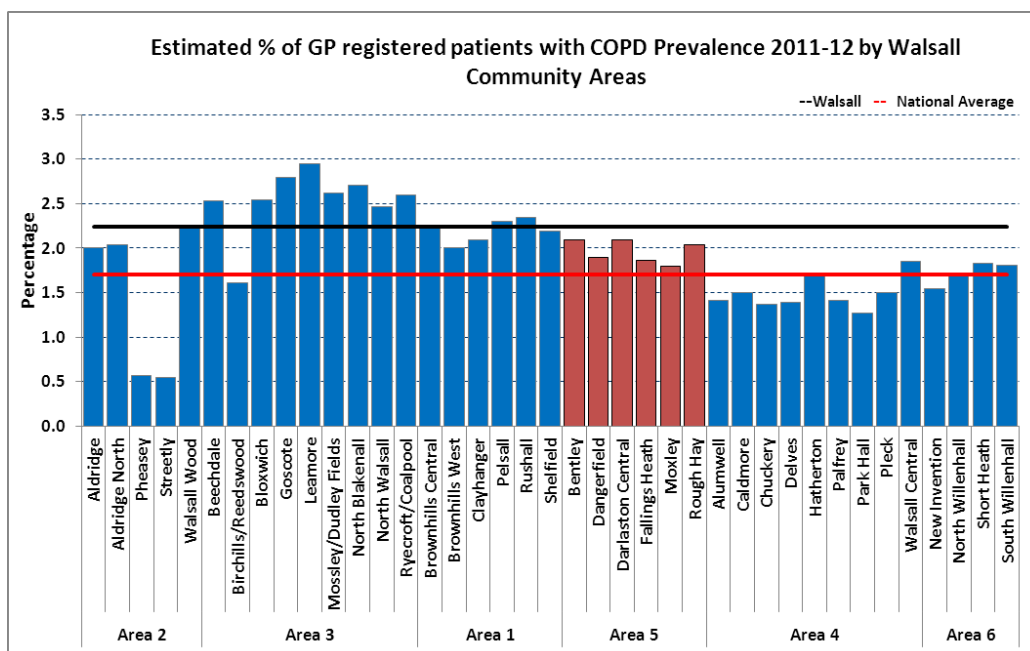


# Darlaston & Bentley

## 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.

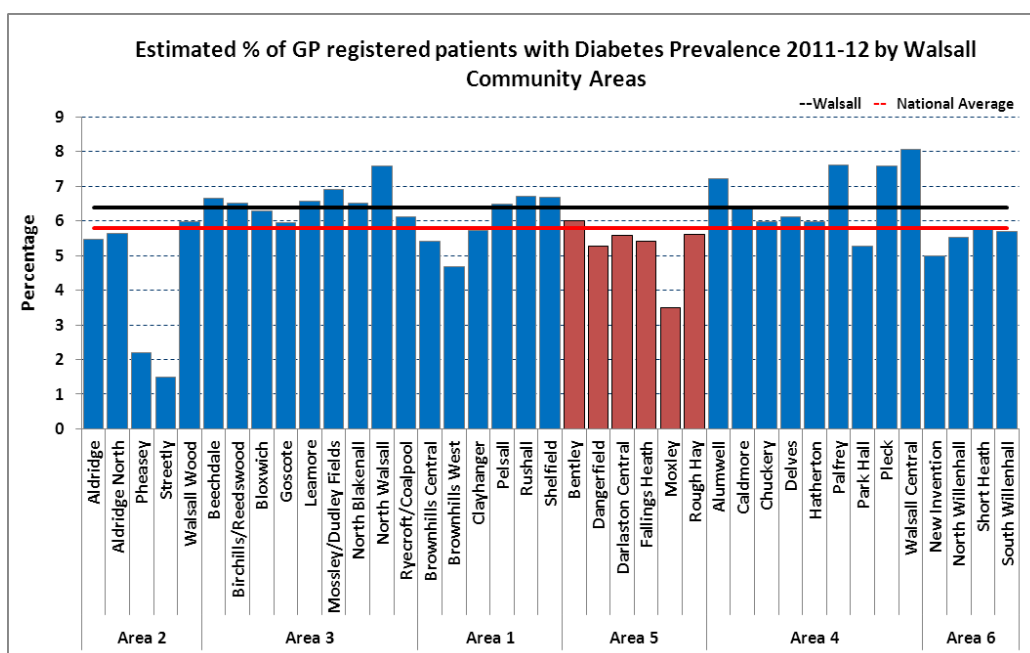
The AP has lower estimated prevalence for stroke than Walsall average (2.24).



## Diabetes (QoF)

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

The AP has lower than estimated prevalence for diabetes than Walsall average (6.39).



# Darlaston & Bentley

## 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	30.21	Older families in low value housing in traditional industrial areas
2	11.43	Vulnerable young parents needing substantial state support
3	9.33	Older tenants on low rise social housing estates where jobs are scarce
4	9.17	Low income older couples long established in former council estates
5	8.38	Older town centre terraces with transient, single populations

### 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.

These neighbourhoods are found mostly on estates of low rise, terraced or semi-detached housing, often located at some distance from the inner areas of medium sized and large cities in all regions of the country. Very few tenants have exercised their right-to-buy.



## Darlaston & Bentley

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.

# Darlaston & Bentley

## Mosaic Analysis Continued

### Sector Rank 5 (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.

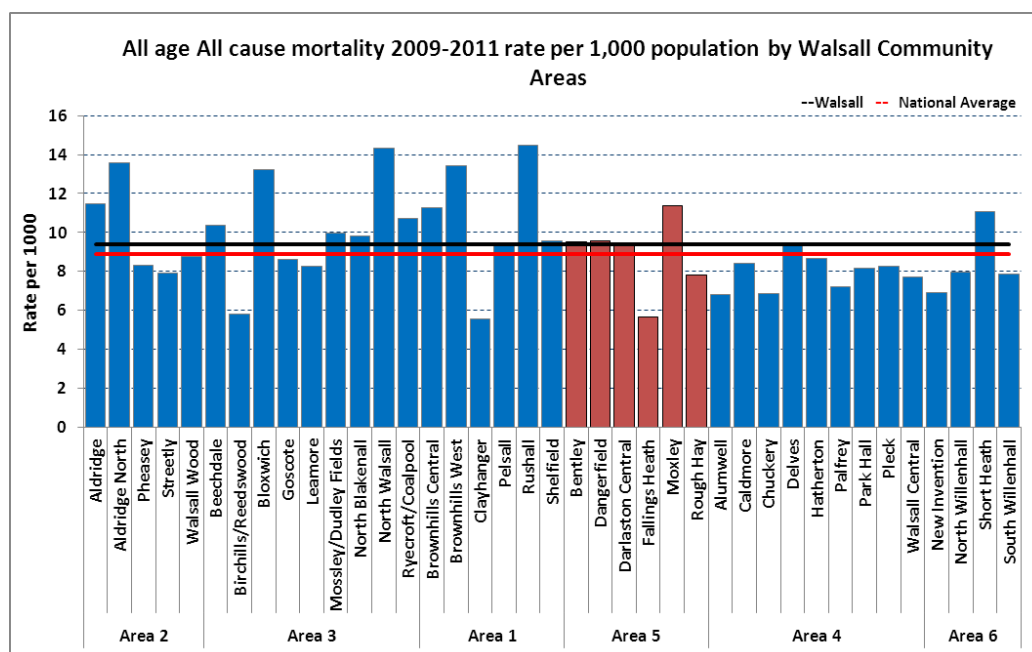
Because of the young age profile of the population the overall demand on the health service is moderate. However, many young people have poor health. Mental illness and various forms of self harm are serious issues in these neighbourhoods which experience particularly high levels of suicide. These neighbourhoods 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.

## 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.

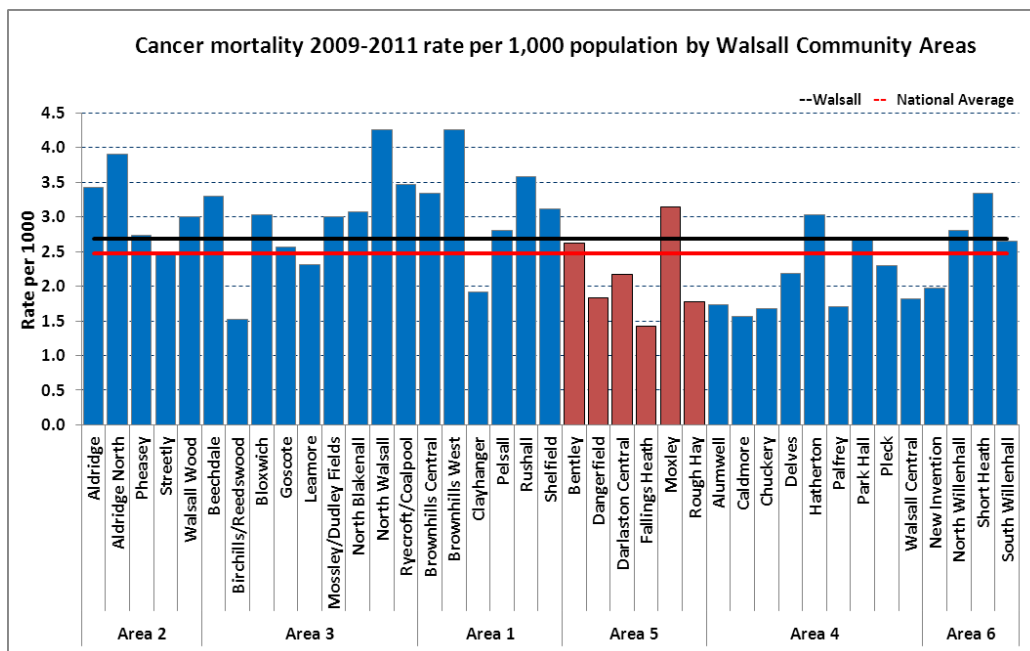
Majority of the community areas within Darlaston AP have higher or similar mortality rates than the Walsall average 9.6 per 1,000, with the exception of Fallings Heath and Rough Hay.



# Darlaston & Bentley

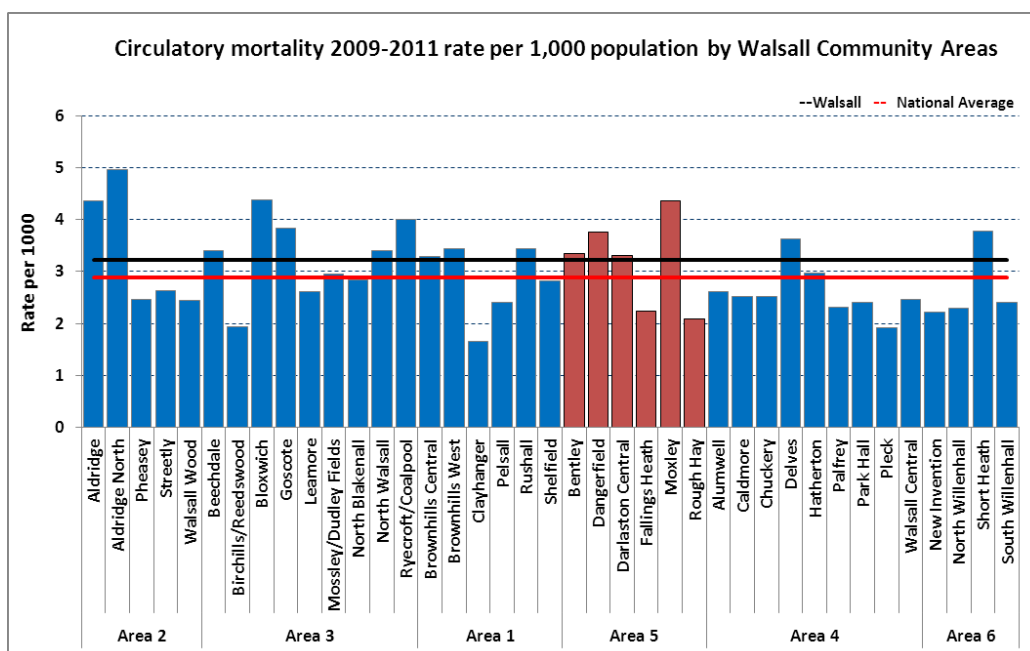
## Cancer Mortality

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



## Circulatory Mortality

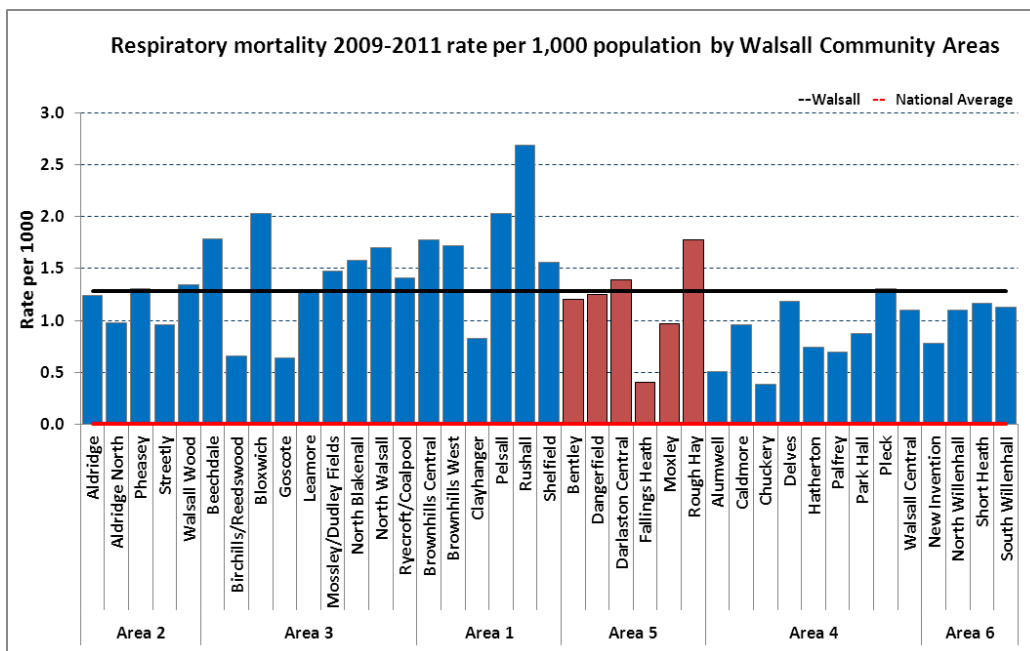
Circulatory mortality (known as cardiovascular mortality) refers to disease of the heart or blood vessels. In Walsall most deaths due to CVD are premature and could be prevented by lifestyle changes, such as weight reduction, physical activity, stopping smoking and moderating alcohol consumption. Moxley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



# Darlaston & Bentley

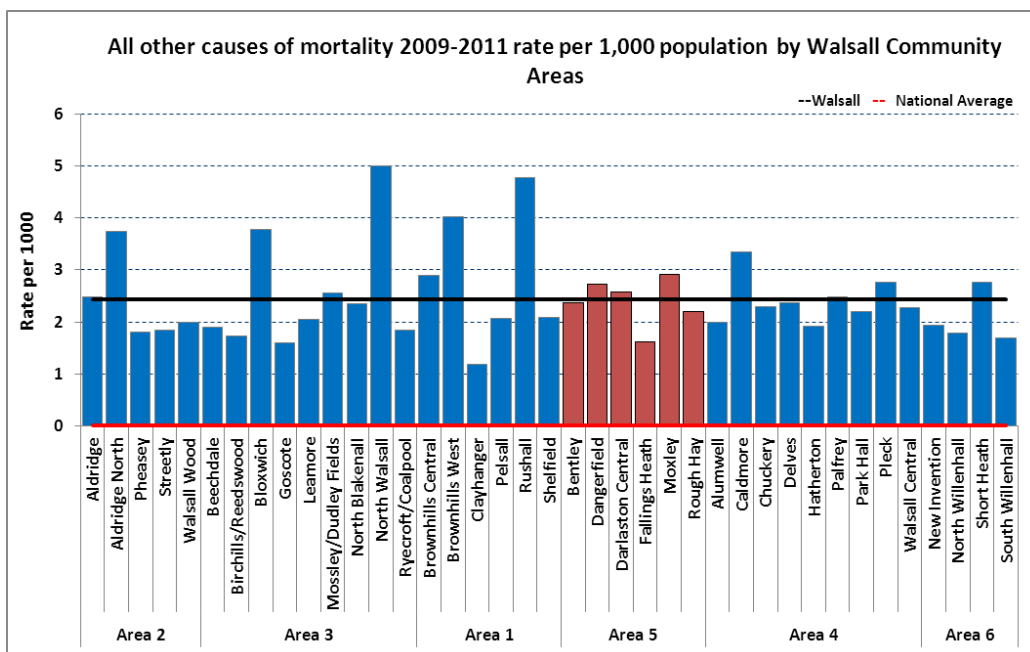
## Respiratory Mortality

Respiratory disease is a major cause of death. Some of the causes of death from respiratory disease include pneumonia, bronchitis and emphysema. Dangerfield, Darlaston Central and Rough Hay have higher respiratory mortality than Walsall average (1.28 per 1,000).



## All Other Causes of Mortality

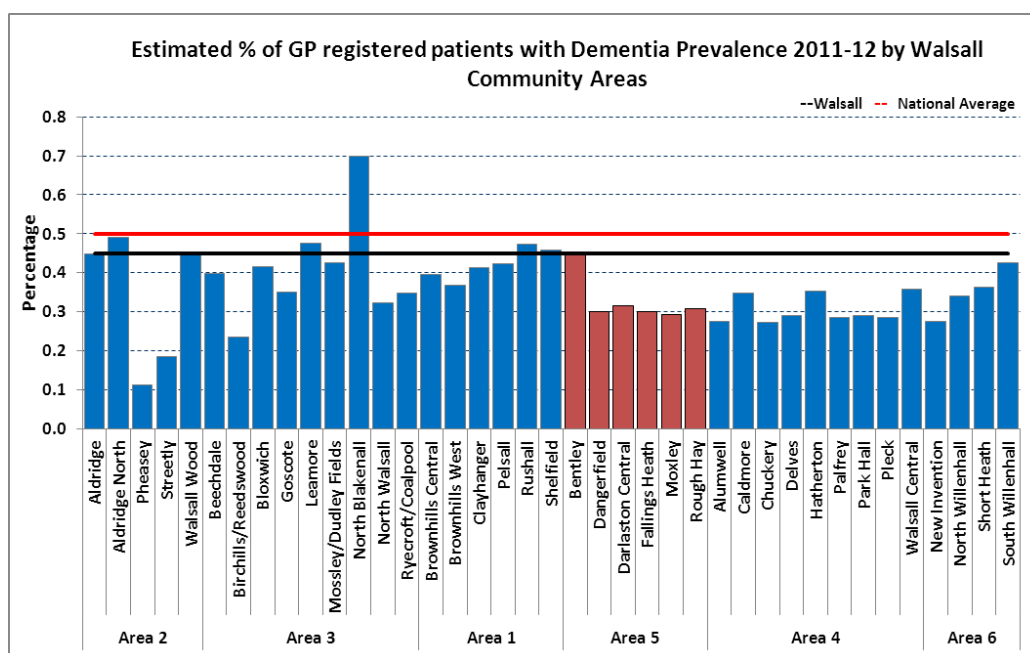
All other causes of mortality (excluding cancer, circulatory and respiratory) Dangerfield Darlaston Central, and Moxley have a higher mortality rate than the Walsall average 2.43 per 1,000.



## Healthy aging and independent living

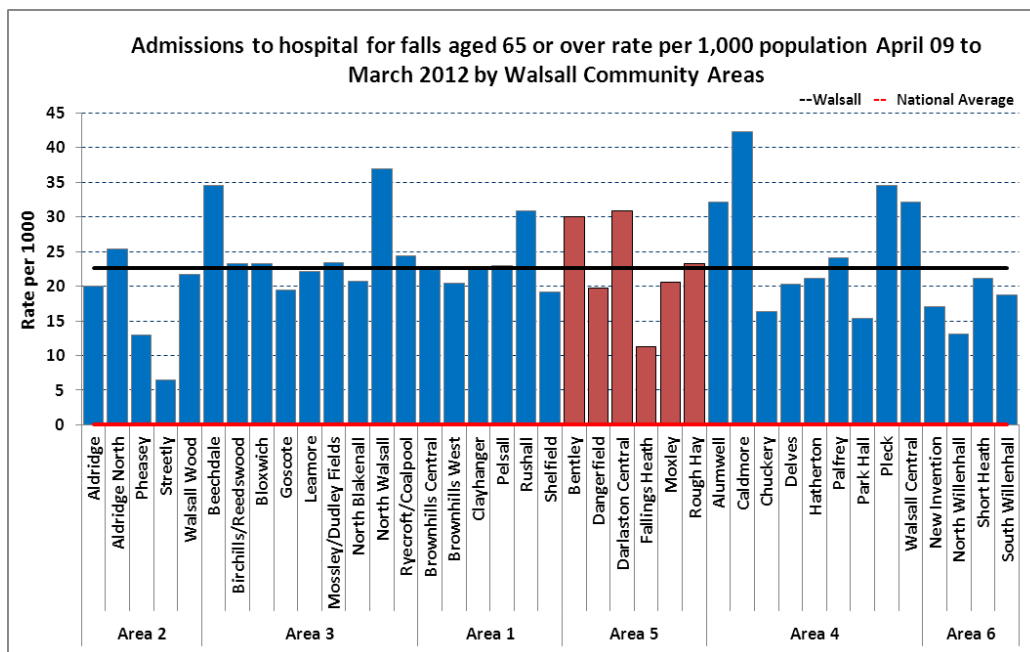
### Dementia (QoF)

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



# Darlaston & Bentley

## Hospital Admissions for Hip Fractures and for Falls



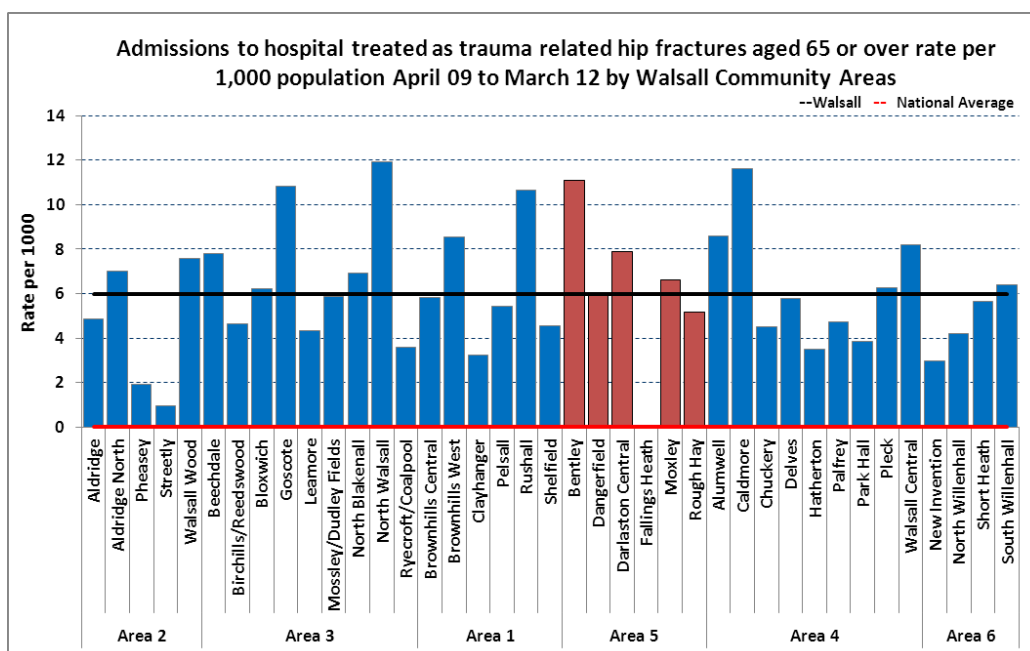
Whilst a number of agencies are working to reduce the number of people who fall and who suffer injury from falling, there remains a need for a more systematic approach to the prevention of fractures.

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

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

There are high rates of admission to hospital for trauma related hip fractures in people aged 65 and over in Bentley and Darlaston Central.

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



# Darlaston & Bentley

## 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.

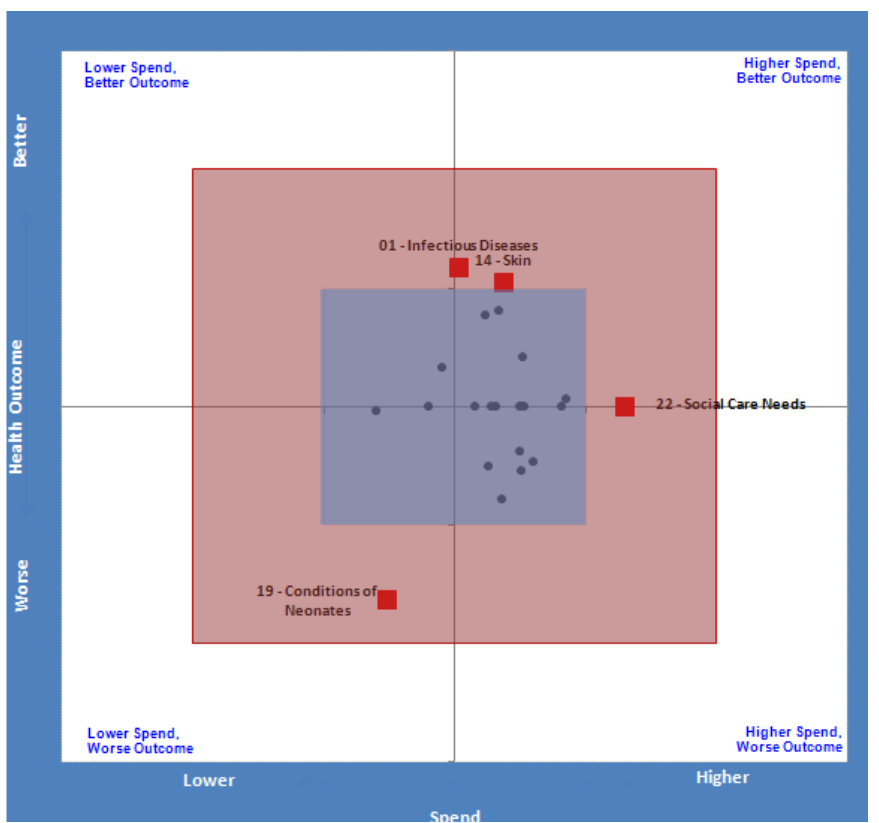
The outcome measures on the chart have been chosen because they are reasonably representative of the programme as a whole. This means that for some programmes no outcome data is available.

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

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

The area of better outcomes is infectious diseases.

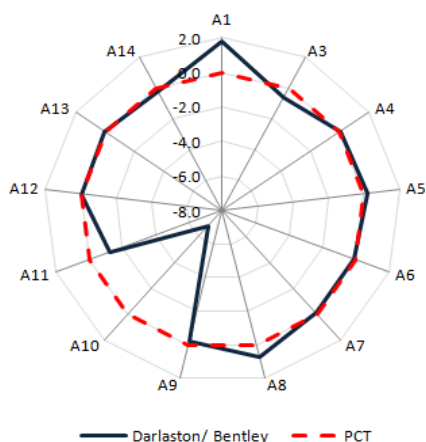
Infectious diseases used the following health indicators:

Mortality from pneumonia, mortality from infectious and parasitic diseases, percentage of children vaccinated for MMR by 2nd birthday, percentage of children vaccinated for MMR by 5th birthday, percentage of children vaccinated for whooping cough by 1st birthday and percentage of children vaccinated for whooping cough by 5th birthday.

# Darlaston & Bentley

## Hospital Activity

**Activity Resulting from Poor\_Sub-Optimal Availability of Upstream Interventions - 2009 - 2012**



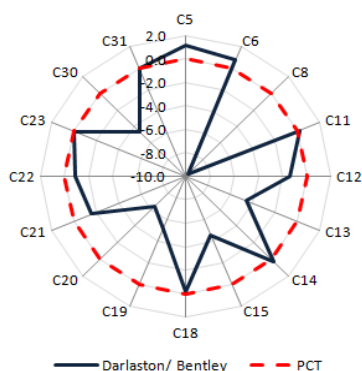
**Darlaston & Bentley has higher activity than Walsall for:**

- A1:Avoidable emergency admissions for chronic conditions (including diabetes, COPD, angina, congestive heart failure, hypertension and nutritional deficiencies)
- A5:Para-suicide and self harm related admissions (intentional self harm/poisoning)
- A8:Termination of pregnancy

**Darlaston & Bentley has lower activity than Walsall for:**

- A3:Admissions for vaccine preventable conditions
- A9:Alcohol related admissions
- A10:Admissions for conditions related to smoking

**Activity Resulting from Poor\_Sub-Optimal Organisation of Healthcare Services (C5 - C23, C30 - C31) - 2009 - 2012**



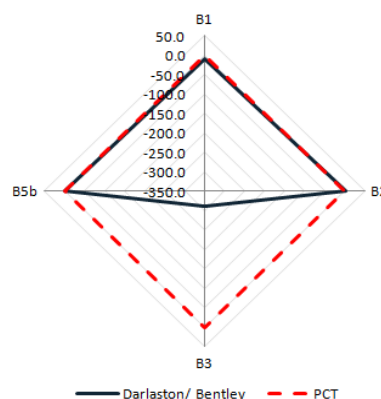
**Darlaston & Bentley has lower activity than Walsall for:**

- 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
- C13:Zero day length of stay emergency admissions via GP per 1,000 weighted population
- C15:Pre-op length of stay emergency admissions (cost of bed days prior to procedure for emergency admissions)
- C19:Admission to hospital of patients aged 75 years and over with no intervention during the spell
- C20:Admissions to hospital discharged home the same day without intervention
- C21:Emergency paediatric admissions to hospital (patients aged under 18 years)
- C22:Rate of minor A&E attendances
- C30:Length of stay in PCT community hospitals (occupied bed days divided by the number of spells)

**Darlaston & Bentley has higher 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)

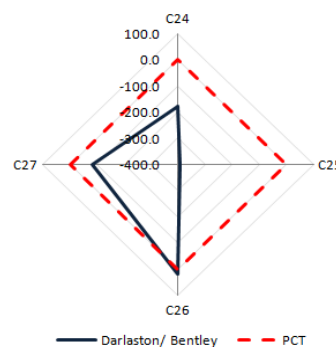
**Activity Resulting from Poor/Sub-Optimal Clinical Practice - 2009 - 2012**



**Darlaston & Bentley has lower activity than Walsall for:**

- B3:GP referrals to outpatients

**Activity Resulting from Poor\_Sub-Optimal Organisation of Healthcare Services (C24 - C27) - 2009 - 2012**



**Darlaston & Bentley has lower activity than Walsall for:**

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

**Darlaston & Bentley has higher activity than Walsall for:**



**Useful Contacts for Health Priorities**

<b>Person and Service Area</b>	<b>Email Address</b>
Kulvinder Kaur Public Health Intelligence Manager	<a href="mailto:Kulvinder.Kaur@walsall.nhs.uk">Kulvinder.Kaur@walsall.nhs.uk</a>
Mandeep Clair Senior Public Health Intelligence Analyst	<a href="mailto:Mandeep.Clair@walsall.nhs.uk">Mandeep.Clair@walsall.nhs.uk</a>
Sarbjit Uppal Public Health Intelligence Technical Officer	<a href="mailto:Sarbjit.Uppal@walsall.nhs.uk">Sarbjit.Uppal@walsall.nhs.uk</a>
David Hughes Public Health Intelligence Technical Officer	<a href="mailto:David.Hughes@walsall.nhs.uk">David.Hughes@walsall.nhs.uk</a>
Julie Hewitt Information Intelligence Manager (CCG)	<a href="mailto:Julie.Hewitt@walsall.nhs.uk">Julie.Hewitt@walsall.nhs.uk</a>
Kelvin Edge Planning Manager Programme Budgeting Data (CCG)	<a href="mailto:Kelvin.Edge@walsall.nhs.uk">Kelvin.Edge@walsall.nhs.uk</a>
Susie Gill Healthy Weight Children's Lead Manager	<a href="mailto:Susan.Gill@walsall.nhs.uk">Susan.Gill@walsall.nhs.uk</a>
Nina Chauhan-Lall Health Checks Co-Ordinator	<a href="mailto:Nina.Chauhan-Lall@walsall.nhs.uk">Nina.Chauhan-Lall@walsall.nhs.uk</a>
Joanne Wood Screening Manager	<a href="mailto:Joanne.M.Wood@walsall.nhs.uk">Joanne.M.Wood@walsall.nhs.uk</a>
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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](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](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](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](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_131723.pdf)

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

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

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

Public Health Outcomes Framework 2013-16 [http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_132559.pdf](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](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](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](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](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

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

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