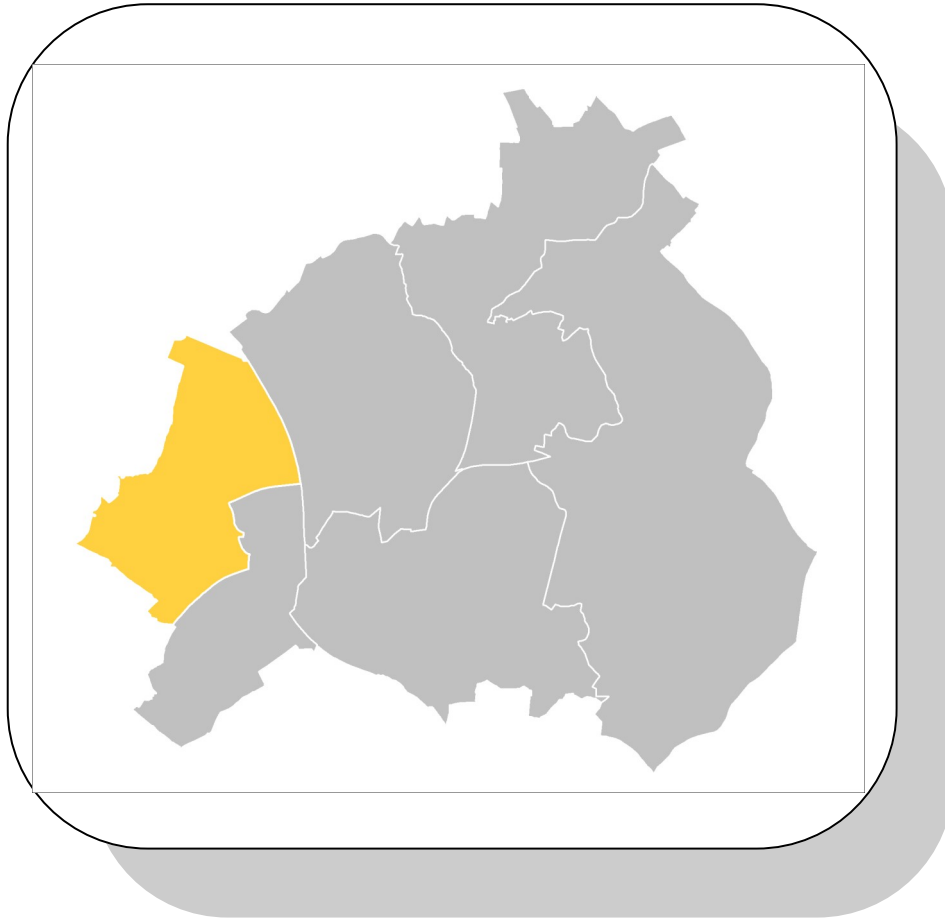




Public Health Area Profiles

December 2012



VERSION 2

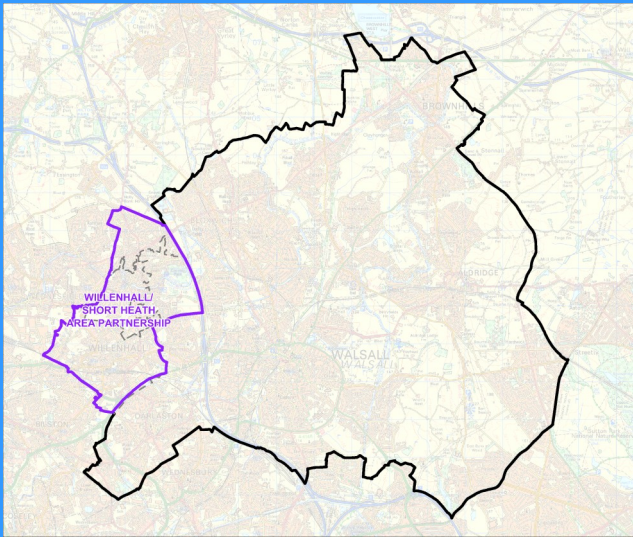


Area 6

Willenhall & Short Heath

NHS
Walsall

Executive Summary



The Area Partnership has 4 distinct communities within its boundary (Approx 38,600 population):

- New Invention (9,400)
- North Willenhall (7,300)
- Short Heath (6,900) &
- South Willenhall (15,000)

The population in age terms is on the whole similar to Walsall, however Willenhall South has more younger people (0-34 years), and Short Heath & North Willenhall have a slightly older population than average.

The area has a relatively small number of residents from BME communities with only Willenhall South (15%) having higher % than the Walsall average.

Economically and in terms of deprivation, the communities are again mixed. There are small areas of both extensive deprivation and relative affluence across the partnership so access to and approaches to healthcare will need to be different.

Geographically, the area partnership shares borders with South Staffordshire and Wolverhampton City PCT's. Residents are likely to access some primary and secondary care health services outside of Walsall, most notably New Cross Hospital in Wolverhampton for acute care.

Health Priorities:

Generally, health outcomes are similar to the Walsall average in communities in this Area Partnership. Indicators of child health are OK in the area with relatively low Infant Mortality rates and lower levels of childhood obesity, although certain communities do have issues with child health. Sexual health is also generally OK in the area although young people need to be encouraged to use screening services. Life expectancy, as defined by current average age at death is a number of years lower than the rest of Walsall for some communities. Usage of health services (screening and acute medicine) is generally low indicating some ability to self-manage ill health in the area.

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

Health in South Willenhall. South Willenhall has markedly worse outcomes than the rest of the AP for most child health indicators including Infant mortality, low birth weight and teenage parents. Families need to ensure a healthy start for their children using services at nearby Sure Start Children's Centres. Adults in this community have higher than average levels of most long-term conditions so should be signposted when appropriate to the Health Trainer service and encouraged to visit their GP for a Health Check.

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

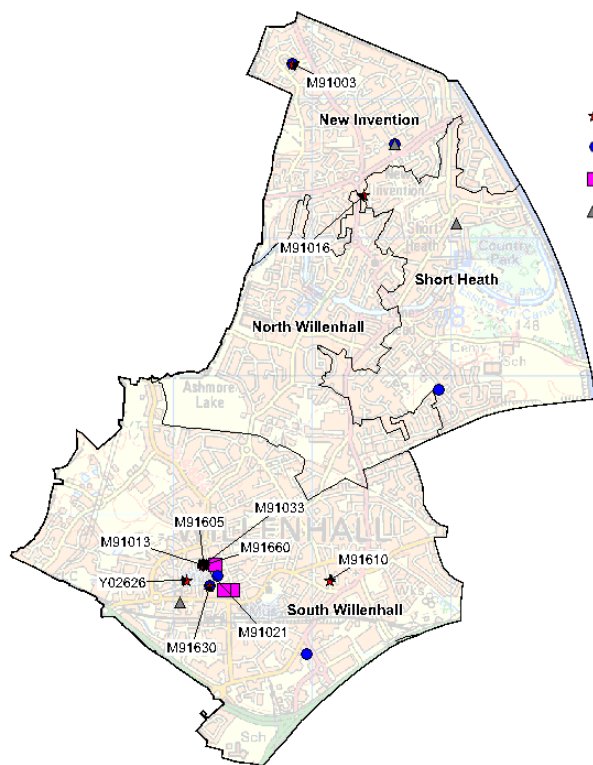
Chlamydia Screening. Young people, particularly in Short Heath either have poor access to or are not inclined to use Chlamydia screening services. The positivity rates for those who do screen in that area however are still relatively high, therefore young person venues should be used to signpost or undertake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

Health Checks. Uptake of health checks is 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.

Life expectancy in New Invention. This community has some of the lowest life expectancy (defined by current average age at death) in Walsall for both men and women. This is most notable for men with circulatory disease and women who die from causes other than cancer, respiratory or heart disease. Early identification and primary prevention of disease are vital, therefore participation in the Health Checks programme should be actively encouraged in this community.

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

MAP OF COMMUNITIES



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

Summary of Area Partnership services:
4 Dentists, 10 GP's, 3 Opticians and 10 Pharmacies

No dentist in North Willenhall community.

No GP in the following communities:
North Willenhall & Short Heath

No opticians in the following communities:
New Invention, North Willenhall, Short Heath

No pharmacies in North Willenhall

Communities Demographics

The Willenhall AP does not have any significant difference compared to Walsall averages.

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+
New Invention	6.5	5.6	6.1	6.3	7.8	7.0	18.5	21.6	6.2	8.7	4.4	0.9	0.5
North Willenhall	4.5	5.1	5.7	6.0	5.6	6.1	18.2	20.7	7.9	12.1	6.5	1.3	0.4
Short Heath	5.9	5.2	5.0	5.9	5.9	6.5	18.9	19.9	6.8	11.5	6.4	1.3	0.7
South Willenhall	8.3	6.5	6.0	6.8	7.1	7.6	21.7	19.1	4.8	7.1	3.8	0.9	0.5
Area 6 Grand Total	6.7	5.8	5.8	6.4	6.8	7.0	19.8	20.1	6.1	9.2	4.9	1.1	0.5
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

All community areas within Willenhall AP have lower percentage of BME than Walsall average (21.3), with the exception of South Willenhall (23.7).

Community	% Asian/Asian British	% Black/Africa/Caribbean/Black British	% Mixed/multiple ethnic groups	% Other ethnic groups	% White
New Invention	7.2	1.5	2.2	0.7	88.3
North Willenhall	6.4	1.9	1.8	1.0	88.9
Short Heath	4.9	1.0	2.3	0.6	91.1
South Willenhall	15.2	2.6	4.3	1.6	76.3
Area 6 Grand Total	9.8	1.9	3.0	1.1	84.2
Walsall Grand Total	15.4	2.4	2.7	0.8	78.7

Source: Census 2011

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

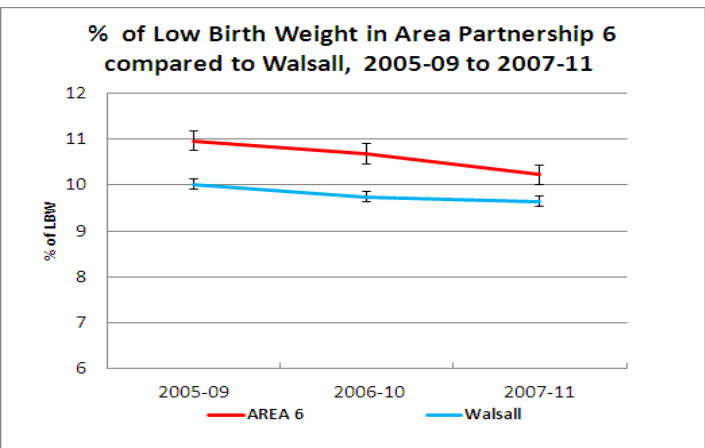
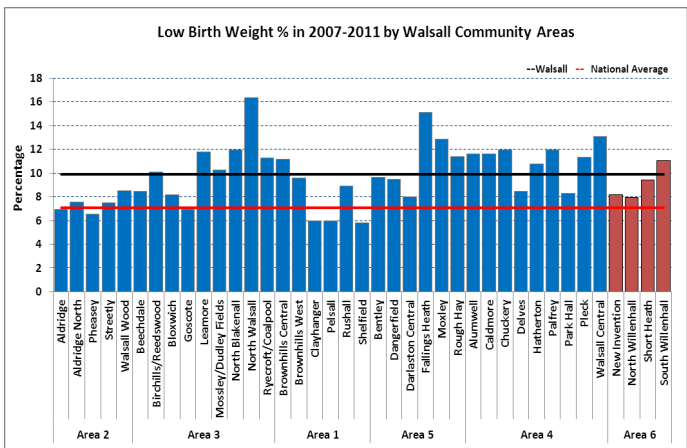
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Give every child the best start in life

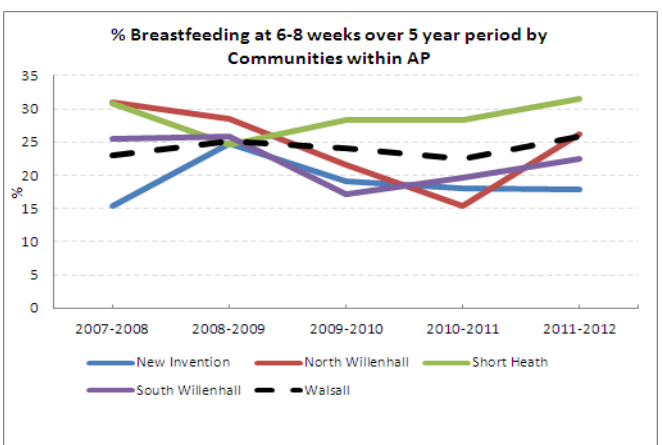
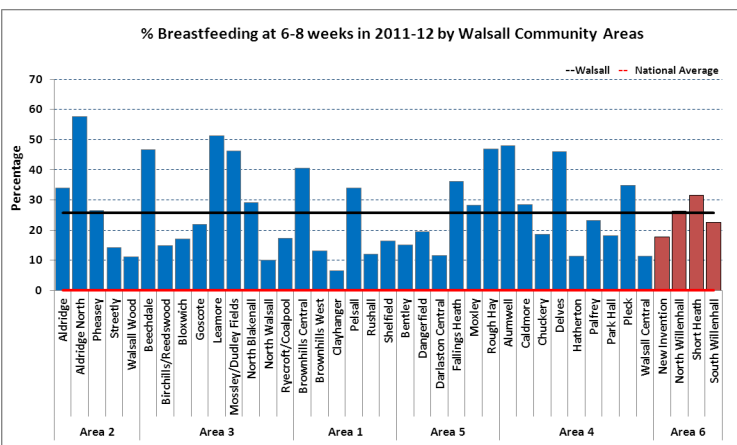
Low Birth Weights



The 'normal' weight for a baby varies. A baby born weighing less than 2500 grams (5lb 8oz) is of low birth weight (LBW). LBW is seen as a key risk factor for future ill health in infants. South Willenhall 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 Willenhall AP has reduced over the past 7 years, however this still remains an issue within the AP as proportion is greater than the Walsall average.

Breastfeeding 6-8 weeks

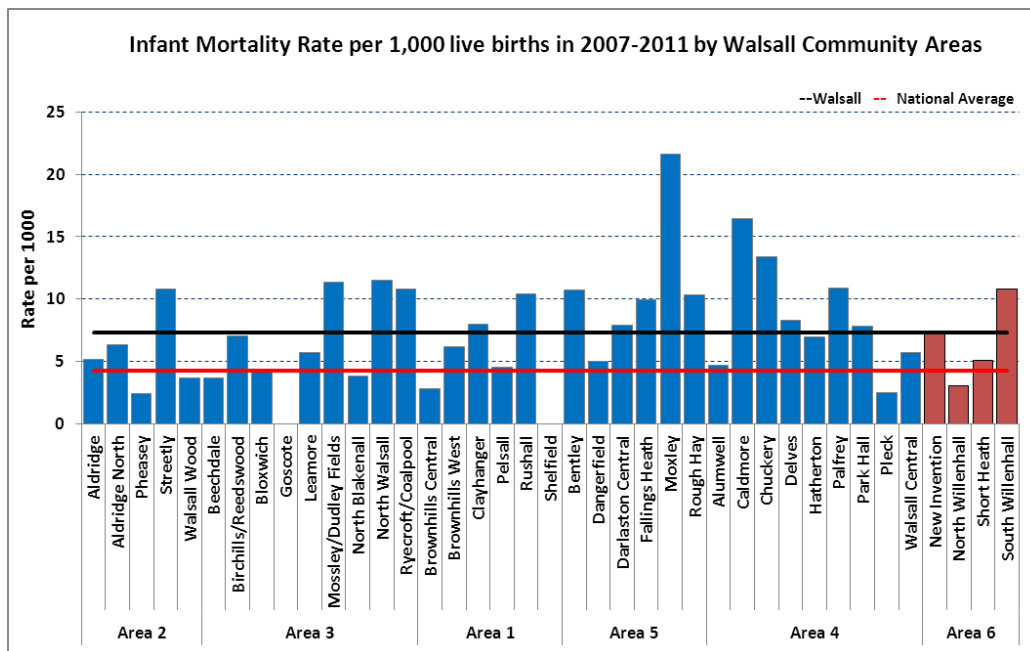


Prevalence of breastfeeding at 6 to 8 weeks is used as a key indicator of child health and wellbeing. There is clear evidence that breastfeeding has positive health benefits for both mother and baby in the short and long term. Breast milk is the best form of nutrition for infants and exclusive breastfeeding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

New Invention consistently had lower percentage of breastfeeding at 6-8 weeks than the Walsall average.

New Invention and South Willenhall have lower percentages of breastfeeding at 6-8 weeks in comparison to Walsall average (25.8%).

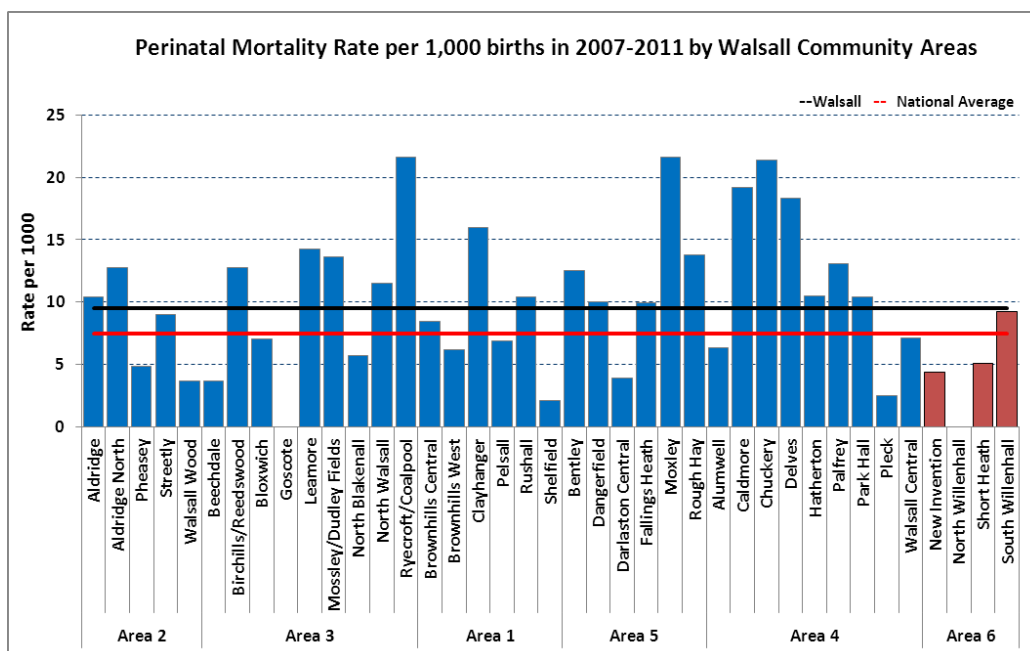
Infant Mortality Rate per 1,000



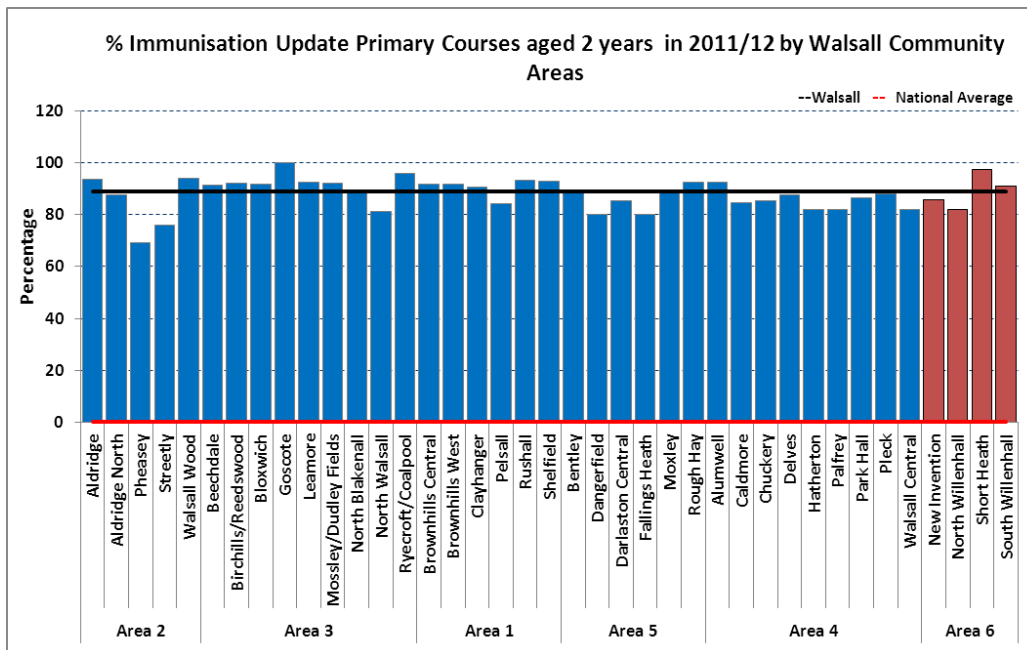
Infant mortality is a sensitive indicator of the overall health of a population, providing a measure of the well-being of infants, children and pregnant women. South Willenhall has higher percentage of infant mortality from 2007 to 2011 in comparison to the National average (4.3). All community areas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

Perinatal Mortality Rate per 1,000

South Willenhall has higher perinatal mortality rates (babies who are still born or die within 7 days of birth) than the National average (7.5).



Childhood Immunisations

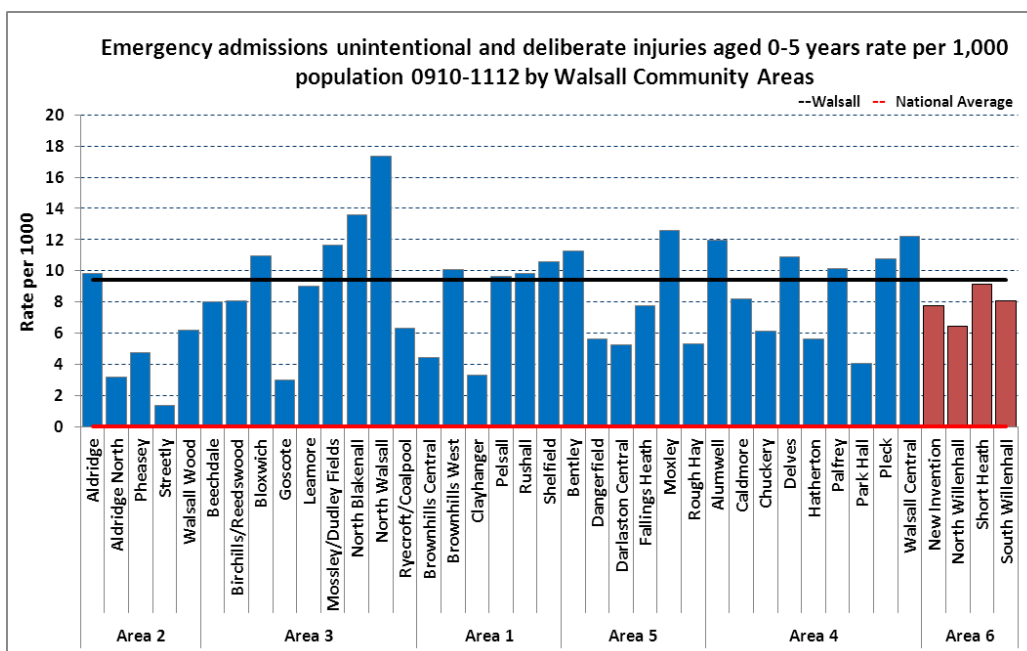


The proportion of immunisation uptake (including DIPHTHERIA, HIB, MENINGITIS C, PERTUSSIS, POLIO, TETANUS, MMR) is higher amongst Short Heath and South Willenhall children compared to Walsall (88.8%).

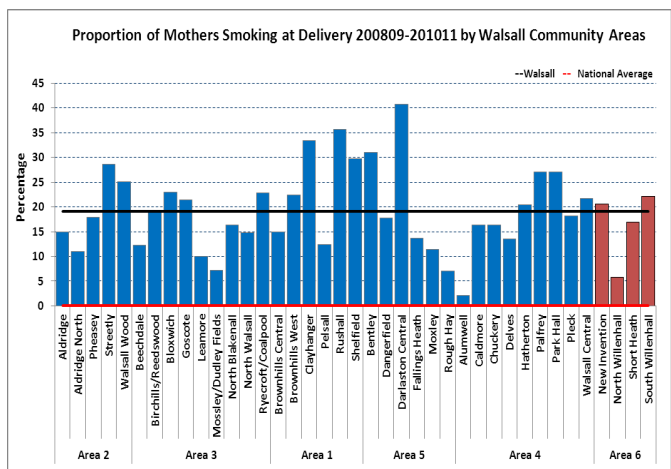
Emergency Hospital Admissions caused by Unintentional and Deliberate Injuries 0-5 years olds

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.

All community areas in Willenhall AP have lower emergency admissions than the Walsall average (9.4).

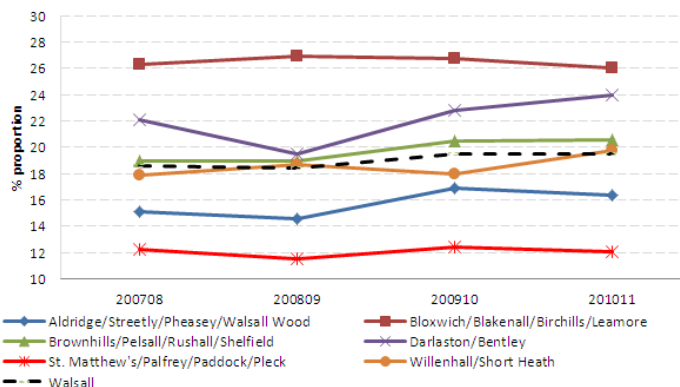


Smoking At Time Of Delivery



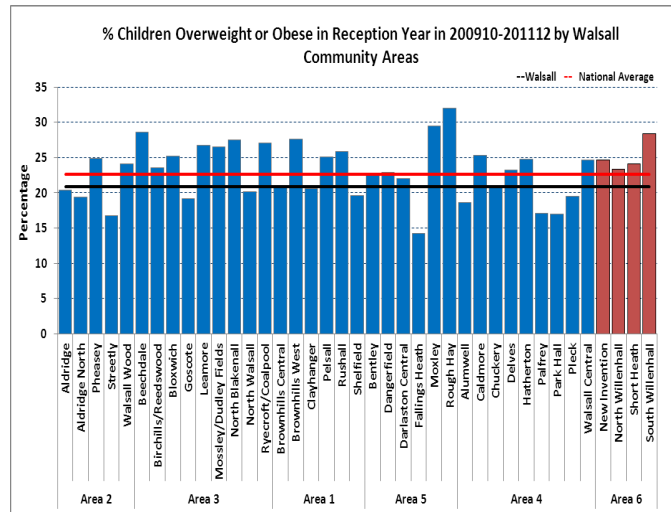
Smoking remains one of the few modifiable risk factors in pregnancy, and it can cause a range of serious health problems, including lower birth weight, pre-term birth and infant mortality. New Invention and South Willenhall have higher prevalence for Walsall (19.12%).

Trend Data for Smoking at Time of Delivery by Area Partnership



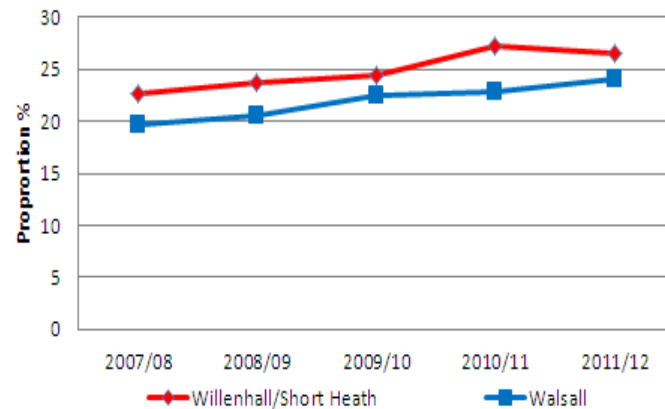
The Willenhall AP trend for smoking at time of delivery shows no significant difference to the Walsall average.

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. All community areas within Willenhall AP have higher percentages of obesity for reception children (aged 4-5) in comparison to Walsall average (20.8%).

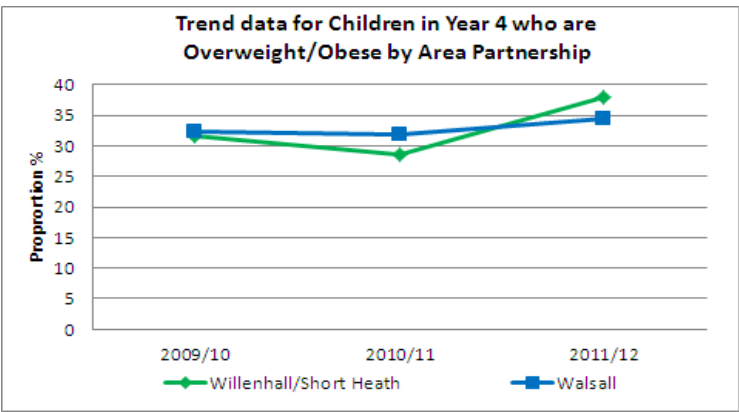
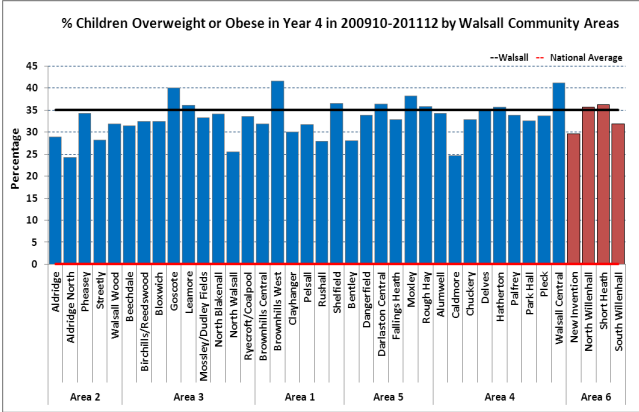
Trend data for Children in Reception Year who are Overweight/Obese by Area Partnership



The Willenhall AP proportion of overweight/obese children in reception (aged 4-5) has increased over the past 7 years and remains above the Walsall average.

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

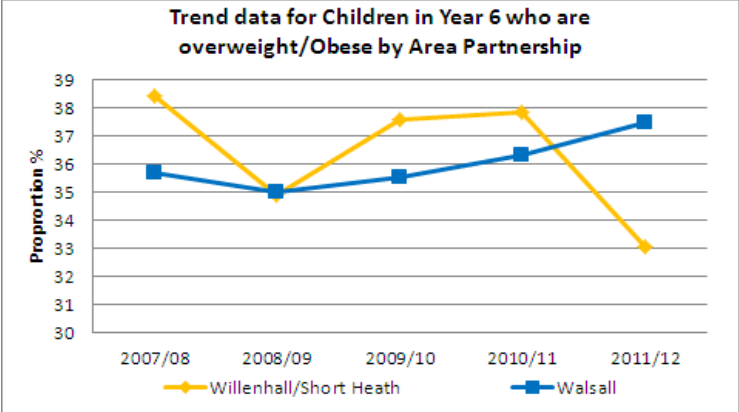
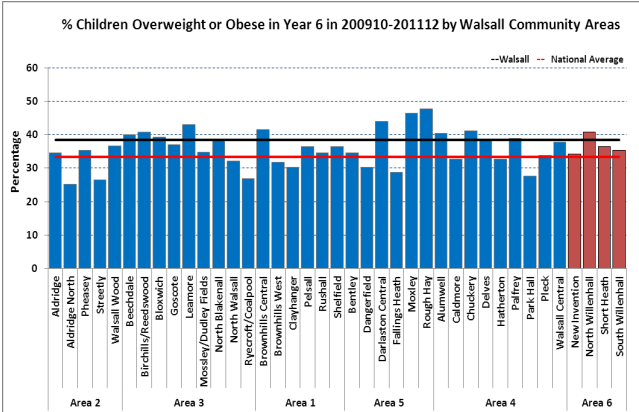
Childhood Obesity Year 4



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

The Willenhall AP proportion for obesity in year 4 children (aged 8-9) had been below the Walsall average until 2011/12 where there has been increase above the Walsall average.

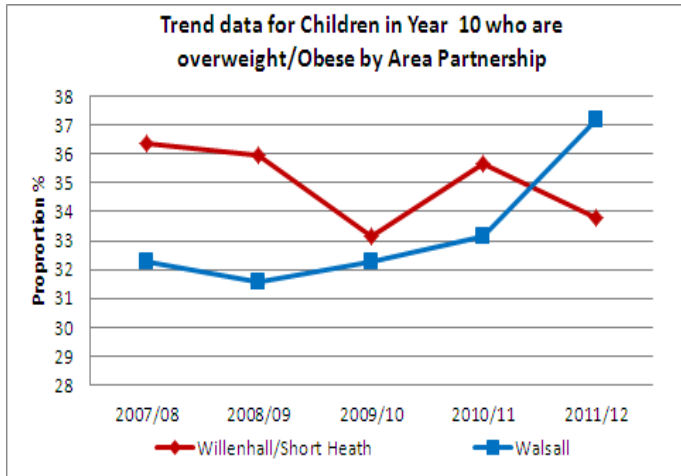
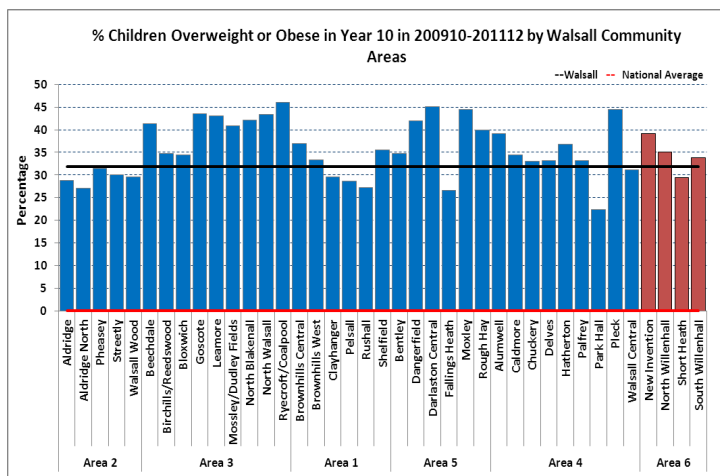
Childhood Obesity Year 6



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

The Willenhall AP proportion for obesity in year 6 children (aged 10-11) has been above Walsall average until 2011/12 where there was a sharp decrease in comparison to Walsall average.

Childhood Obesity Year 10



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

The Willenhall AP proportion of overweight/obese children in year 10 (aged 14-15) was greater than the Walsall average prior to 2011/12, however after this period the AP decreased below Walsall average.

Food Dudes

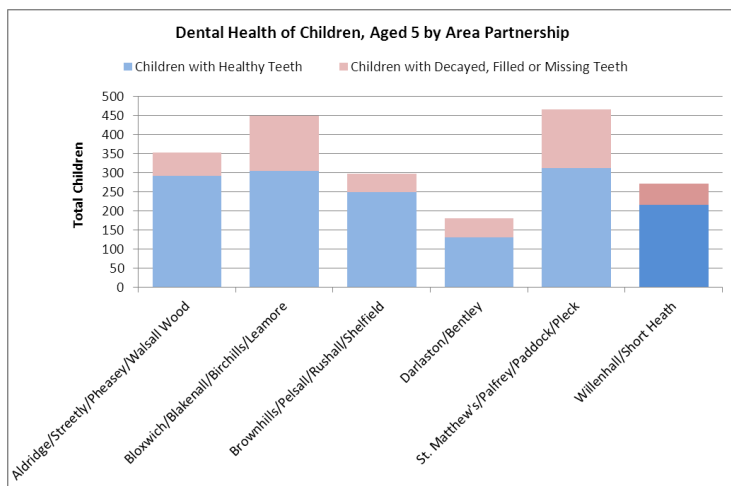
It is recognised that behaviours formed and set in early years become the norm throughout the rest of their lives. Schemes such as Food Dudes being jointly delivered into Walsall’s Primary Schools by NHS Walsall Public Health and School Catering are recognised as successful methods to assist behavioural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

September 2012 Primary Schools starting Food Dudes:
 New Invention Junior School
 Lodge Farm Primary
 Barcroft

Dental Health Age 5

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

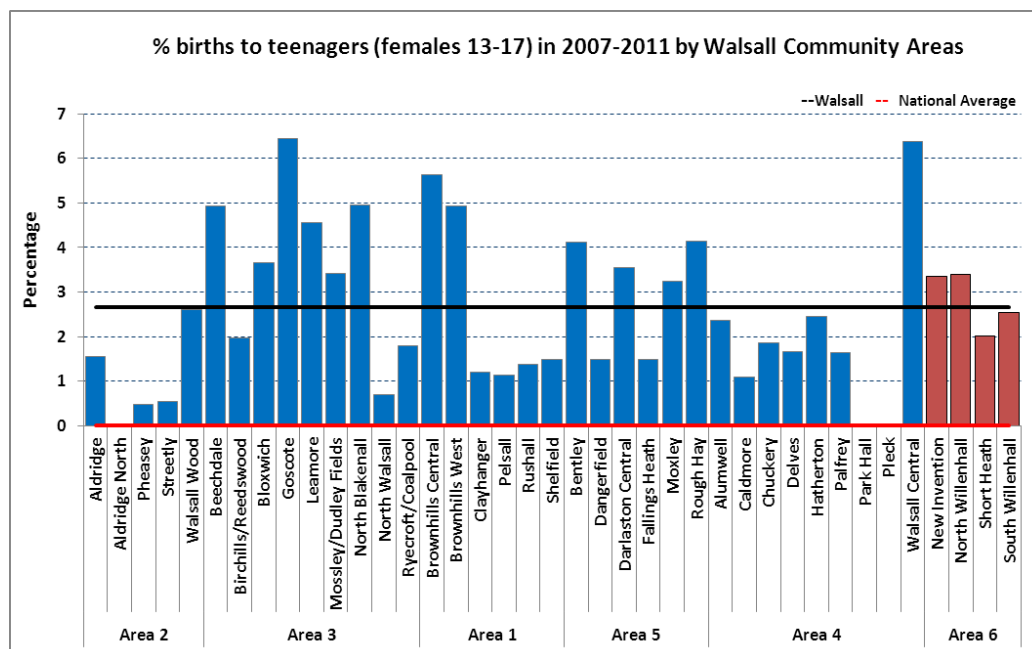
NB. The requirement for positive consent has introduced bias into these data which means that they cannot be used for backwards comparison. These results should be viewed and interpreted in conjunction with the "NHS Dental Epidemiology Programme for England; Oral Health Survey of five year old children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



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

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

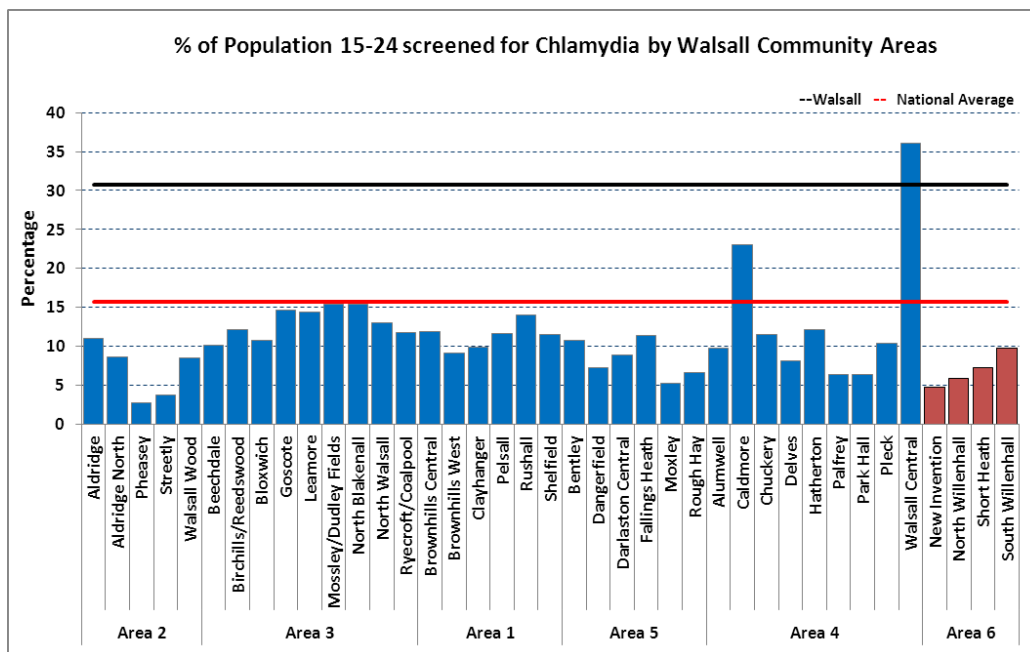
Proportion of births to Teenage Mothers 13-17 years



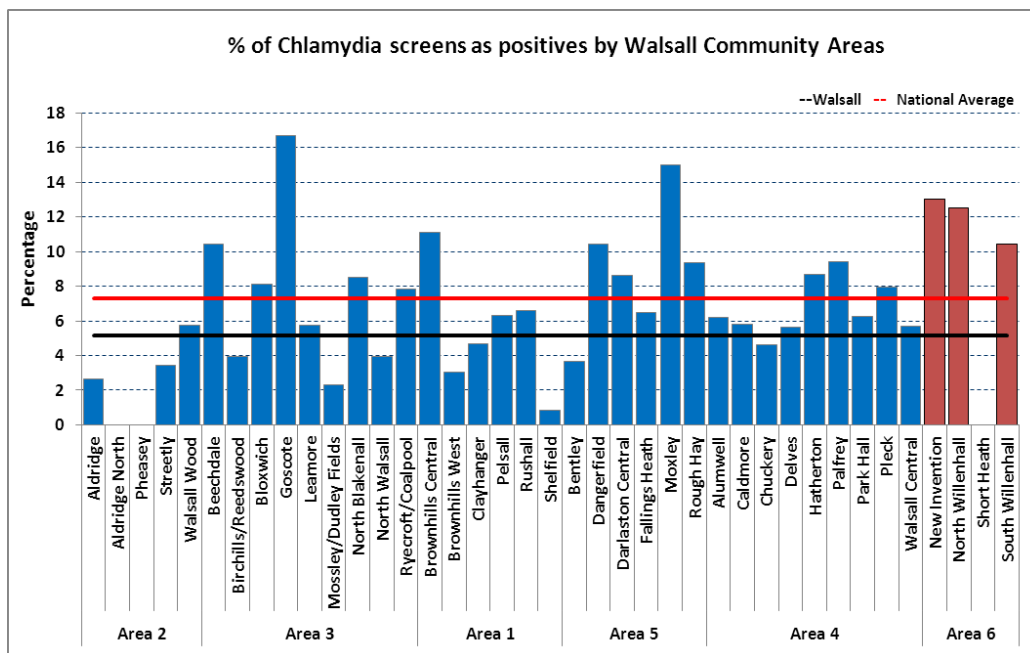
Young teenage parents are prone to poor antenatal health. Their babies often have lower than average birth weight and (nationally) infant mortality rates are also higher. Having children at a very young age can damage young women's health and well-being and affect their education and career prospects.

The proportion of births to teenage mothers (aged 13-17) is low in the majority of communities in the Area Partnership compared to the Walsall average, although like many indicators demonstrate substantial variation from 2.03% in Short Heath up to 3.40% in North Willenhall. 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. Willenhall AP have lower percentages of screening in comparison to Walsall average and National average.



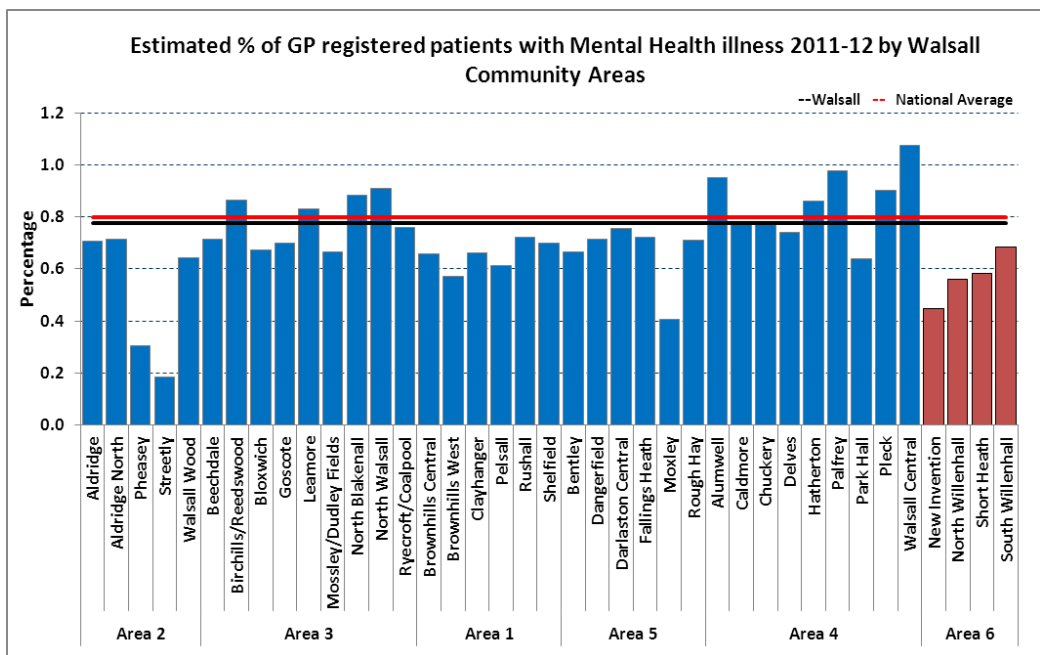
A key indicator for the sexual health of young people in Walsall is the chlamydia diagnostic rate for the 15-24 year old population. This provides a measure not just of background rates of infection, but also how young people are engaged in reducing risks associated with unsafe sex. It can be seen that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

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



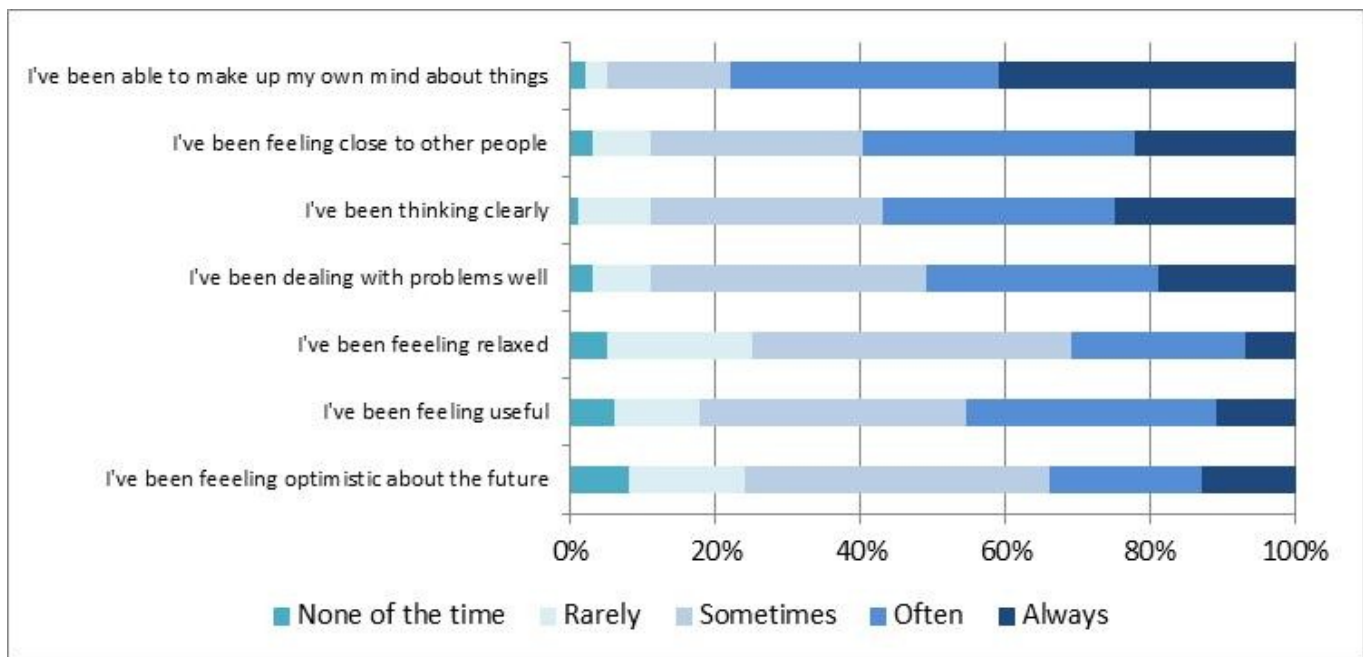
Lifestyle Survey: Mental Well being

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 feeling close to others.

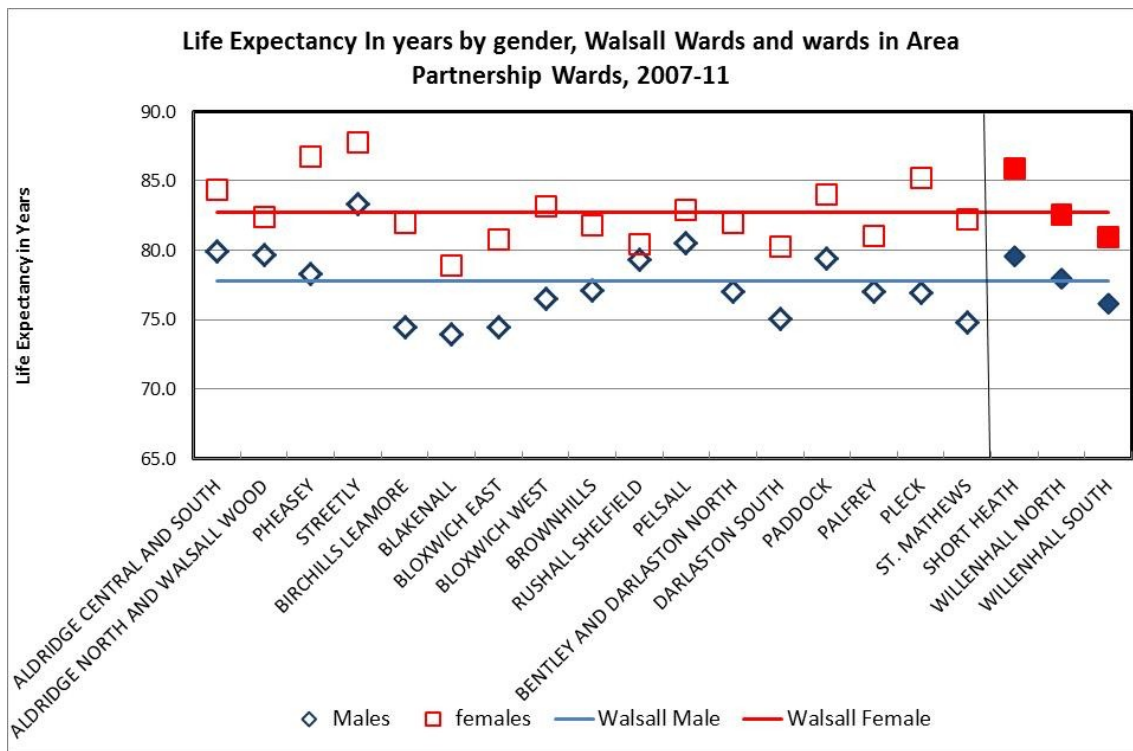
Most people have thought clearly, and feeling useful.

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



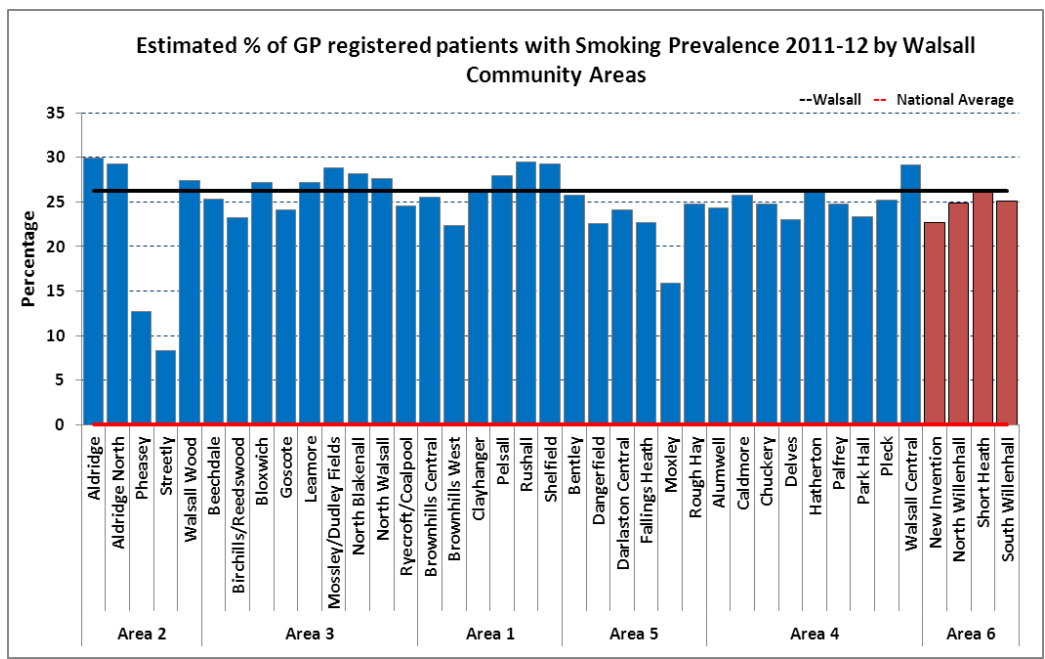
Improving health and wellbeing through healthy lifestyles – making healthier choices easier

Life Expectancy (ward level)



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

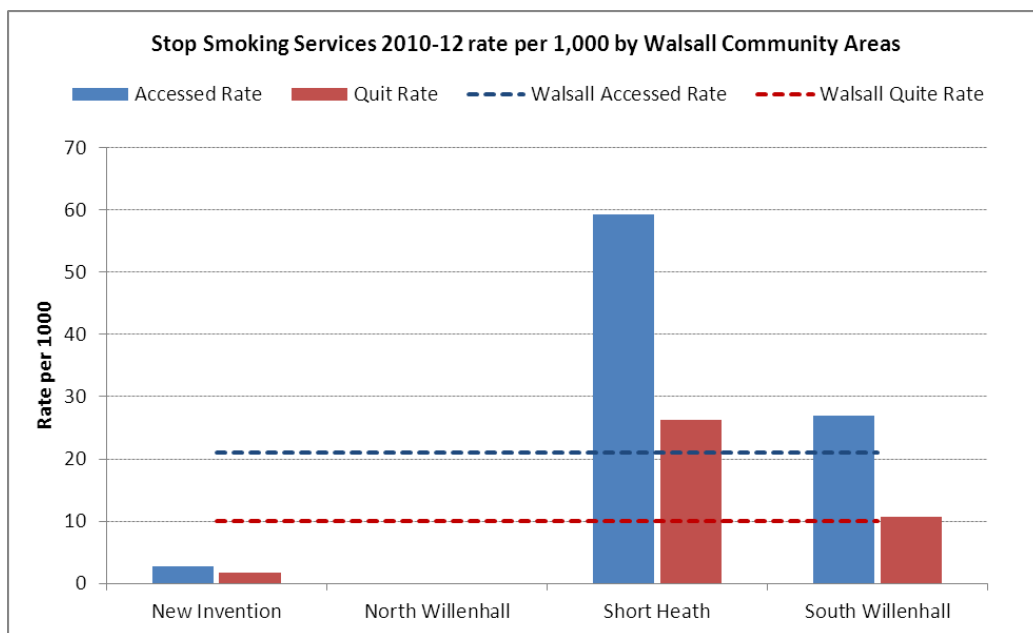
Smoking is the biggest modifiable risk factor for cancer and heart diseases.

All community areas in Willenhall AP have lower estimated prevalence for smoking than Walsall average (26.2%).

Smoking-Accessing Stop Smoking Service and Quitting

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

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

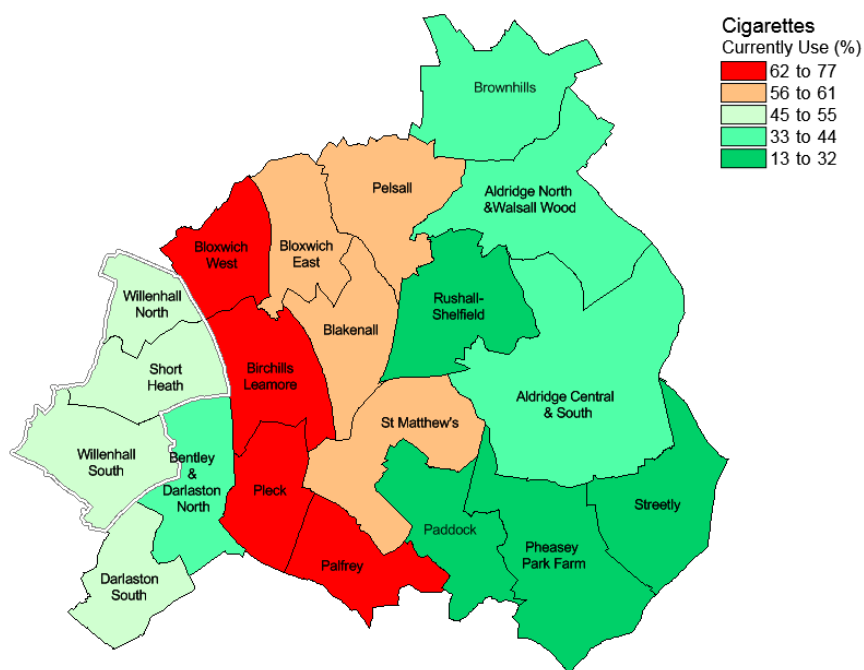


For this area partnership, North Willenhall doesn't have data for this service.

The access rate for New Invention is much lower than the Walsall average. Both Short Heath and South Willenhall have a higher than average service access rate.

The quit rate for South Willenhall is the same as the Walsall average, while Short Heath has a much higher quit rate. New Invention's quit rate is very low.

Lifestyle Survey: smoking



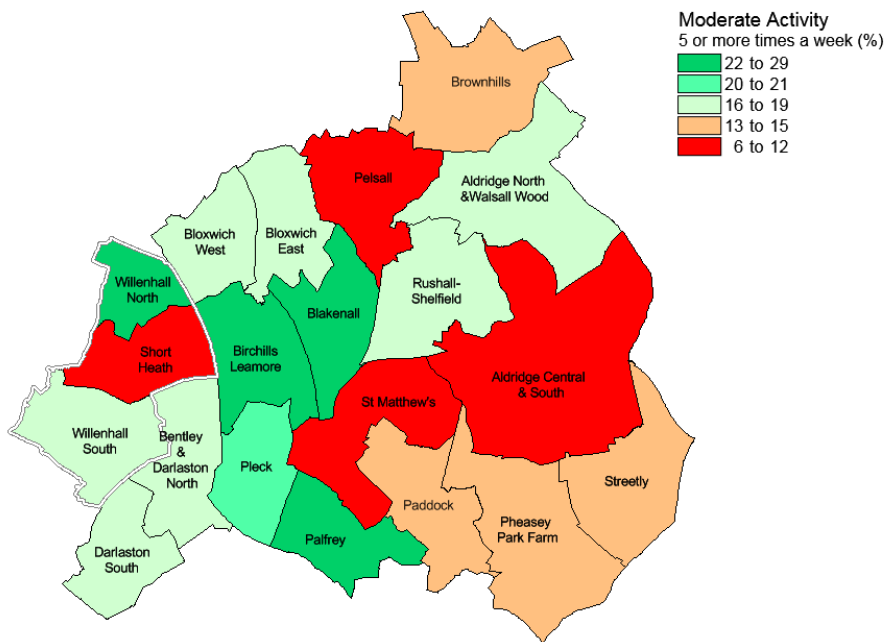
In Willenhall AP 48% of respondents from the survey currently use cigarettes/cigars. The average for Walsall is 48%.

89% have tried to give up using tobacco, of which 51% managed to stop smoking for more than 6 months.

55% stop using tobacco without any help or support.

46% of tobacco users would like to stop using tobacco.

Lifestyle Survey: Exercise



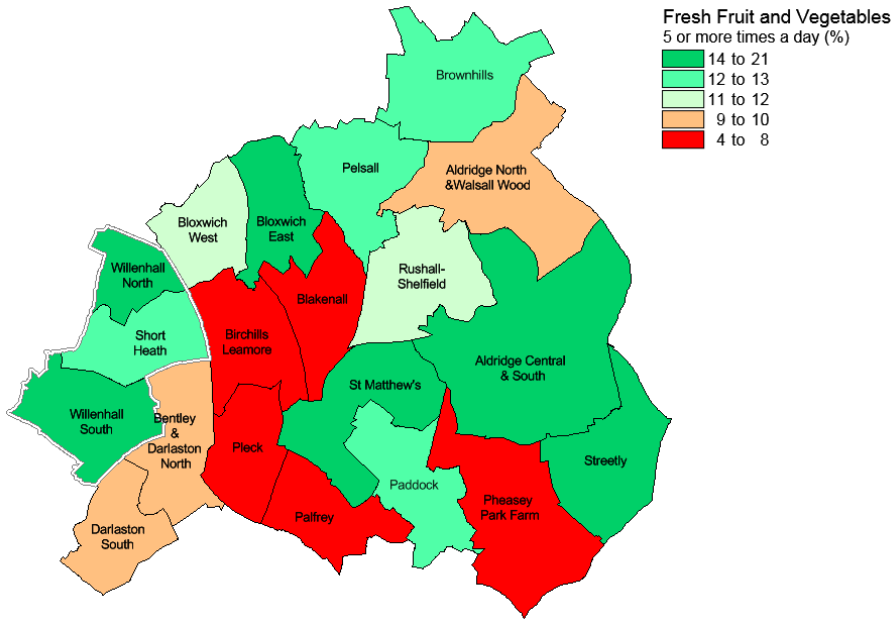
Moderate activity takes medium physical effort and makes you breathe a little harder than usual. E.g. fast walking, tennis, easy cycling, dancing and easy swimming.

For Willenhall AP 16% 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
Having more time
Something closer to home

Type of exercise/activity interested in:
Swimming
Gym (e.g. exercise machines, weights, treadmill).

Lifestyle survey: Diet and Nutrition



85% of respondents from Willenhall & Short Heath AP do not eat the recommended 5 portions of fruit and vegetables a day. The average for Walsall is 88%.

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

Fried food (e.g. chips), is eaten more than once a week by almost a third of residents (29%). Pies, pasties, pastries and sausage rolls are eaten more than once a week by a fifth (24%) of respondents.

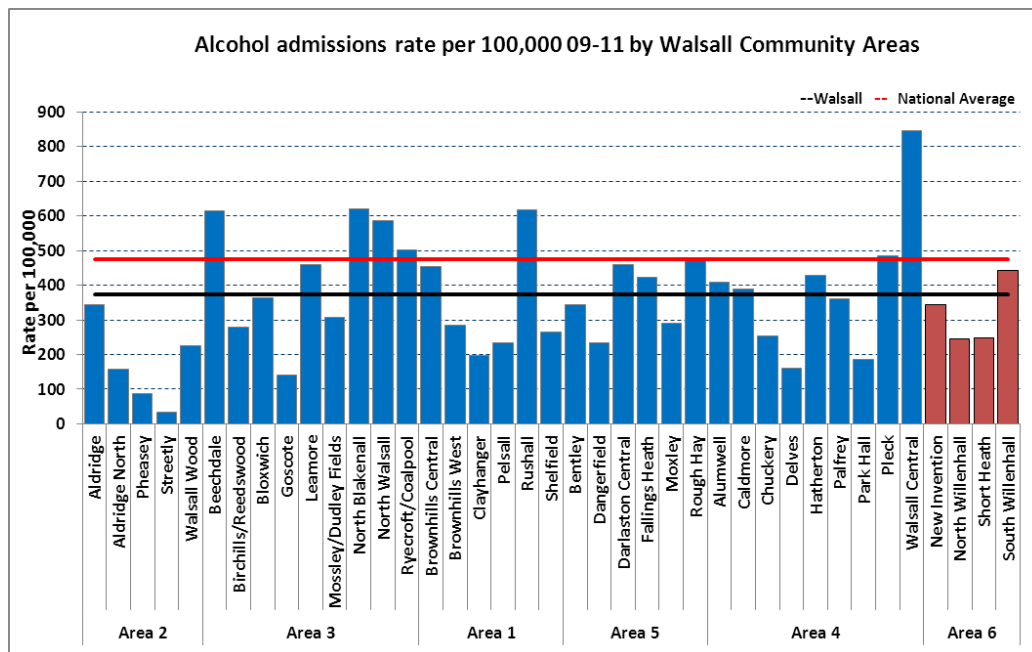
Take-away food is less widely consumed but is eaten more than once a week by one in ten residents (10%).

Alcohol-Specific Hospital Admissions

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

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

Data from 2009/10– 2011/12 shows that South Willenhall has higher alcohol admissions in comparison to Walsall average (372.13).



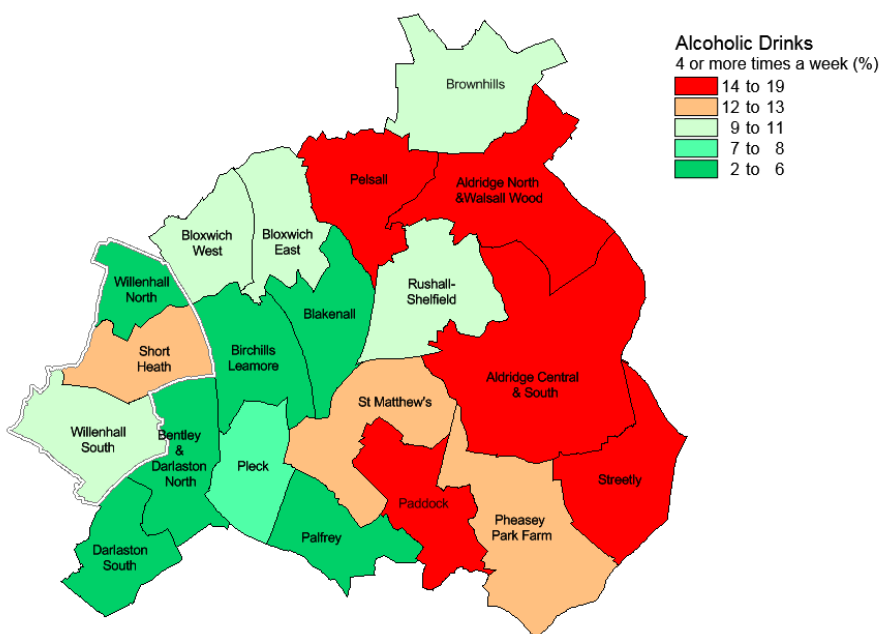
Lifestyle Survey: Alcohol

75% of Willenhall & Short Heath AP respondents say they drink alcohol. Most people say they drink once a week (46%), while almost one in four (21%) say they drink two or more times a week.

25% 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 (57%) of those that drink alcohol say they most often obtain it from supermarkets which sell alcohol on offer at bargain prices.

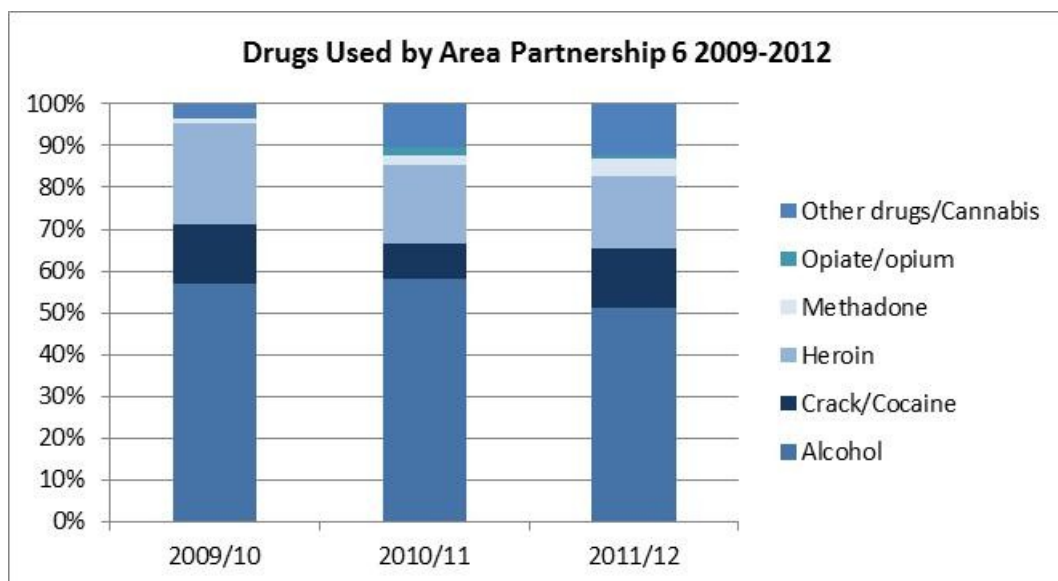
One in four drinkers (22%) buy their drinks in pubs and bars.



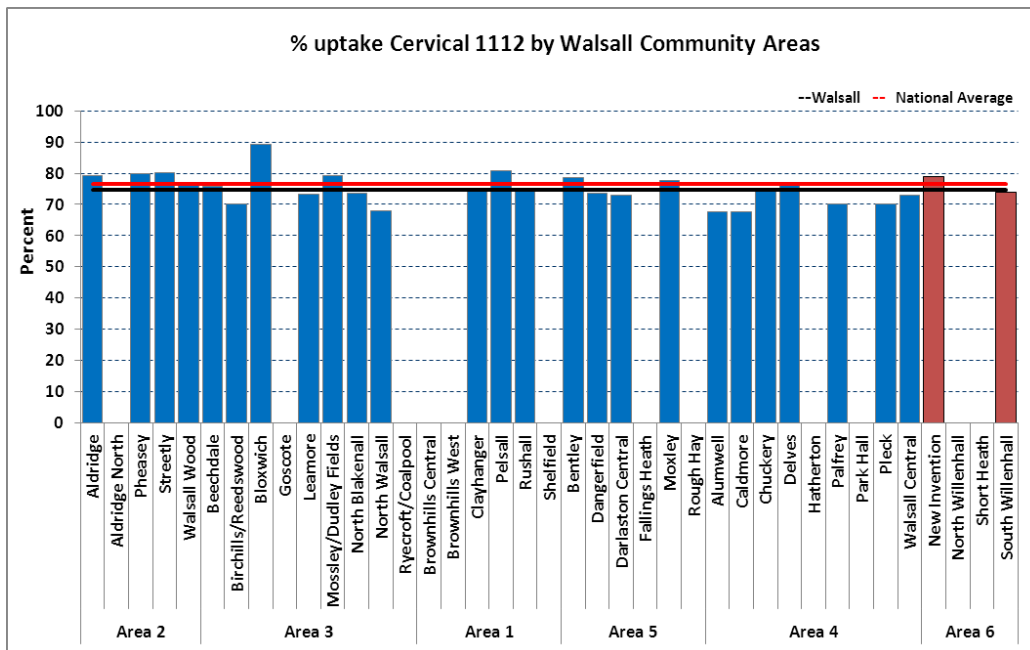
Drug Referrals to DAAT

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

		Short Heath	Willenhall North	Willenhall South	Willenhall & Short Heath	Walsall
2009/10	In Treatment	38	56	79	173	1111
	Completed drug free/occasional use	14	24	29	67	438
	% Completed drug free/occasional use	37%	43%	37%	39%	39%
2010/11	In Treatment	36	46	80	162	1068
	Completed drug free/occasional use	18	11	34	63	427
	% Completed drug free/occasional use	50%	24%	43%	39%	40%
2011/12	In Treatment	52	43	92	187	1263
	Completed drug free/occasional use	21	15	38	74	451
	% Completed drug free/occasional use	40%	35%	41%	40%	36%



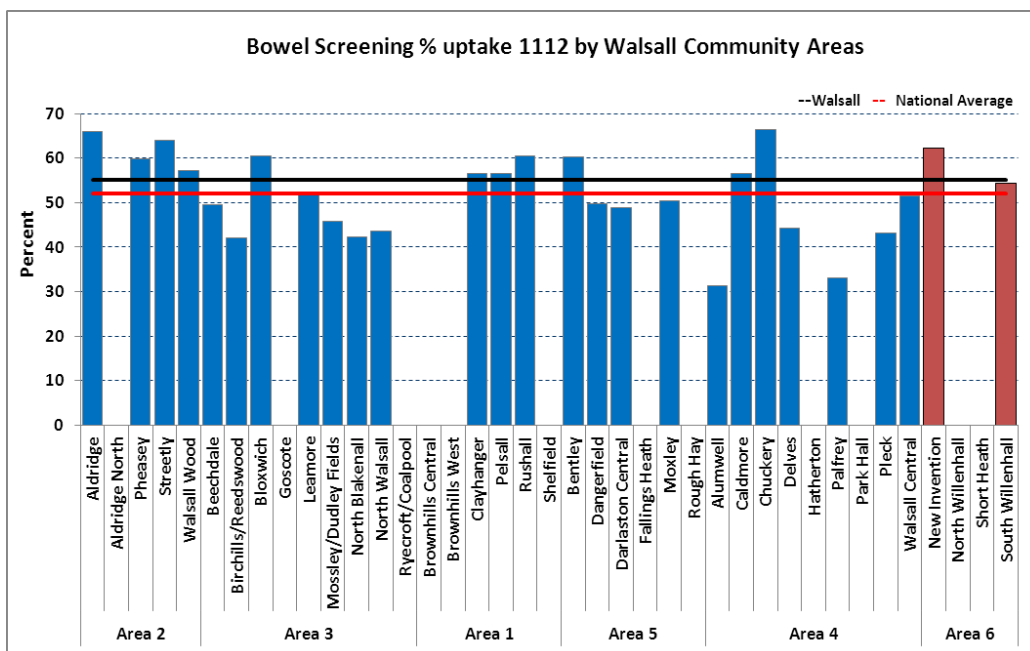
Cervical Screening



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

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

Bowel Screening

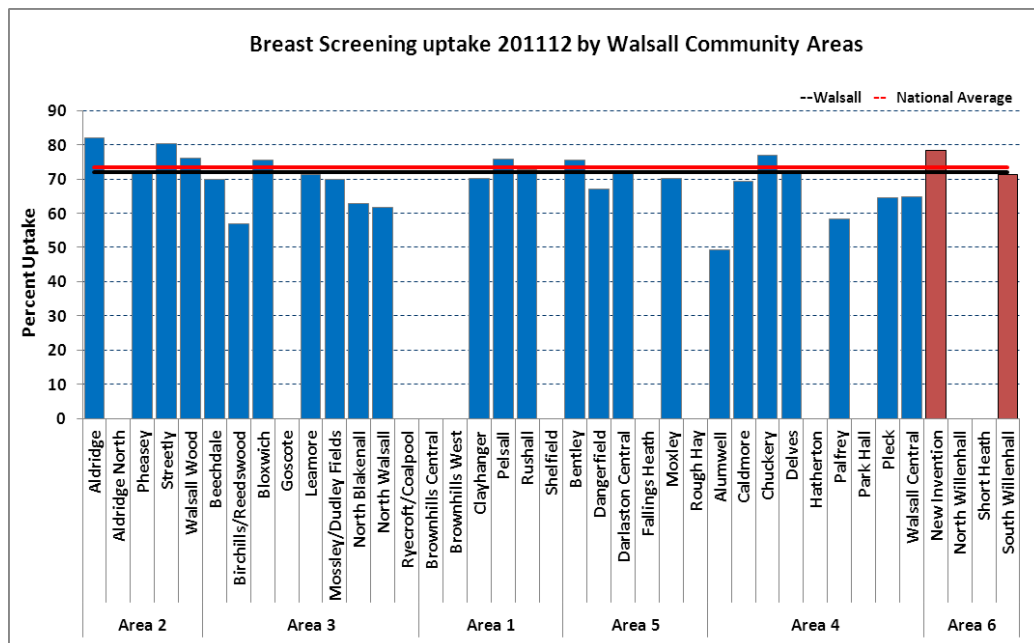


NB. This indicator is based on Walsall GP aggregated data, there are several communities for which there will be no data. Neighbouring communities should be used as a guide to the levels of uptake in those “empty” communities.

Again, as a GP-based screening programme, not all communities will show coverage although residents will be registered at other nearby practices. South Willenhall is slightly below the Walsall average (55%) with New Invention being higher. Both communities show higher rates than the national average of 52%. There are currently no practices in North Willenhall and Short Heath.

Willenhall & Short Heath

Breast Screening



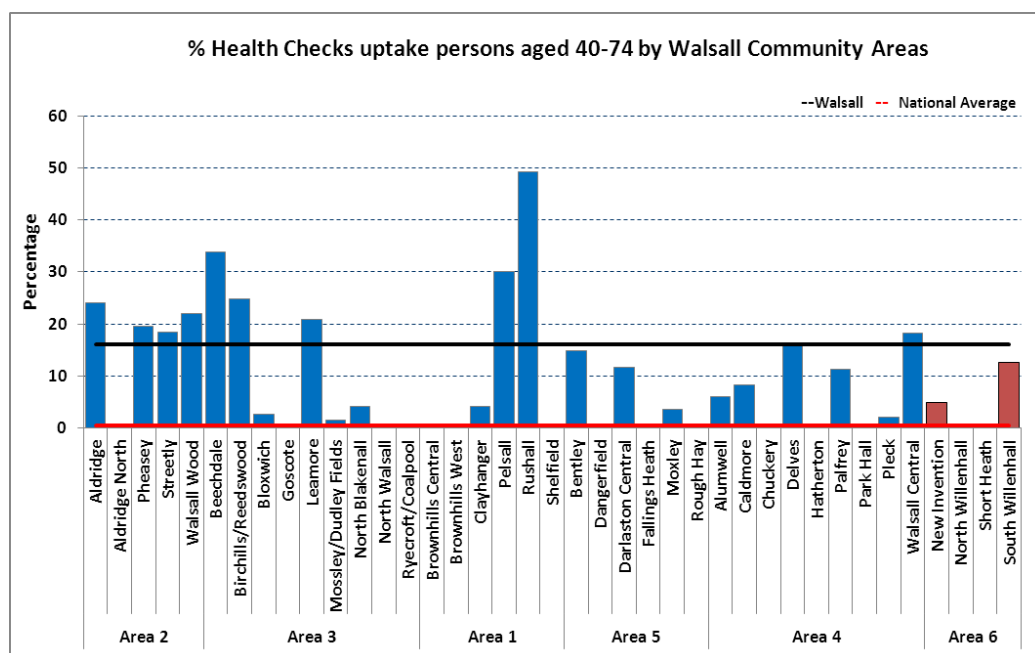
NB. This indicator is based on Walsall GP aggregated data, there are several communities for which there will be no data. Neighbouring communities should be used as a guide to the levels of uptake in those “empty” communities.

The target for breast screening coverage of women aged 60-74 is 60%+. Again, as a GP-based screening programme, not all communities will show coverage although residents will be registered at other nearby practices. Practices in the Area Partnership show either equal or higher rates than the Walsall average (72%). There are currently no practices in North Willenhall and Short Heath.

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 Willenhall AP that undertake NHS health checks are below the Walsall average (16%).



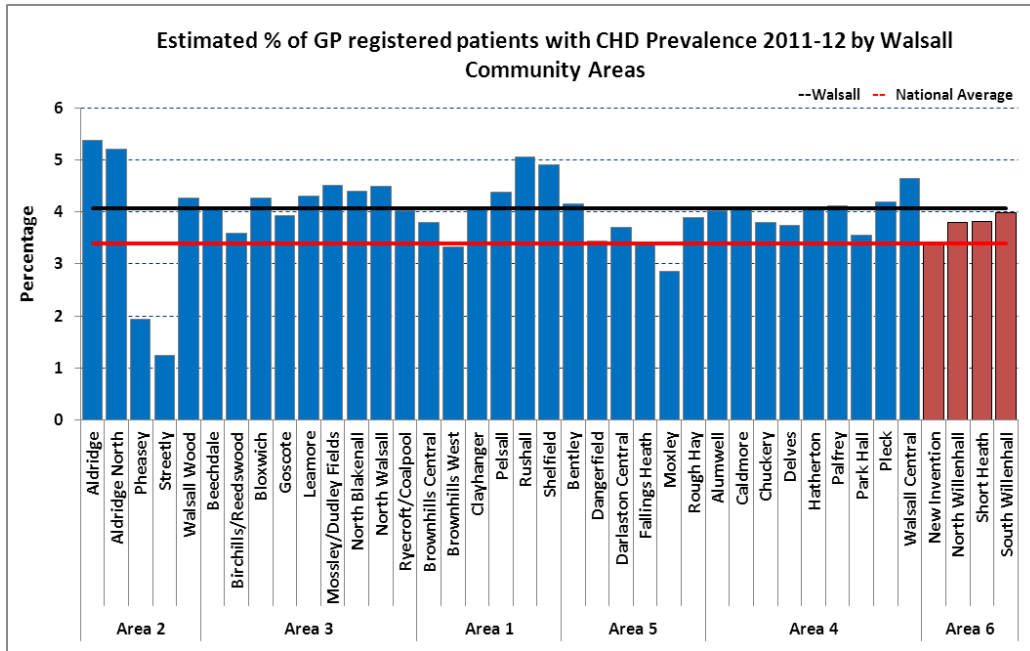
NB. This indicator is based on Walsall GP aggregated data, there are several communities for which there will be no data. Neighbouring communities should be used as a guide to the levels of uptake in those “empty” communities.

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

Coronary Heart Disease (QoF)

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

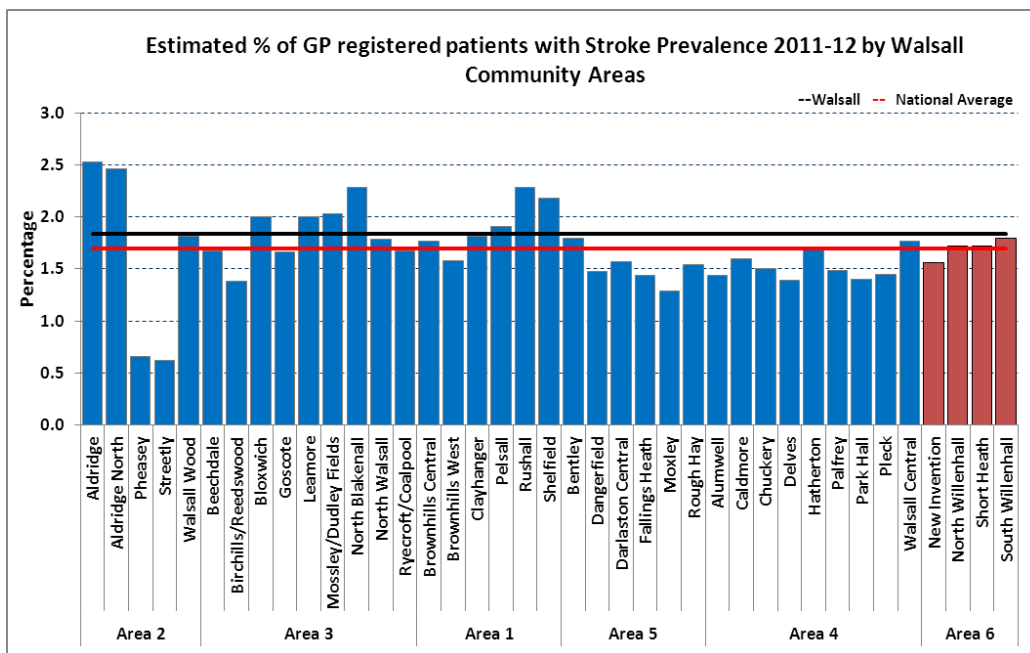
All community areas within Willenhall AP have low estimated prevalence for CHD than Walsall average (4.1).



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.

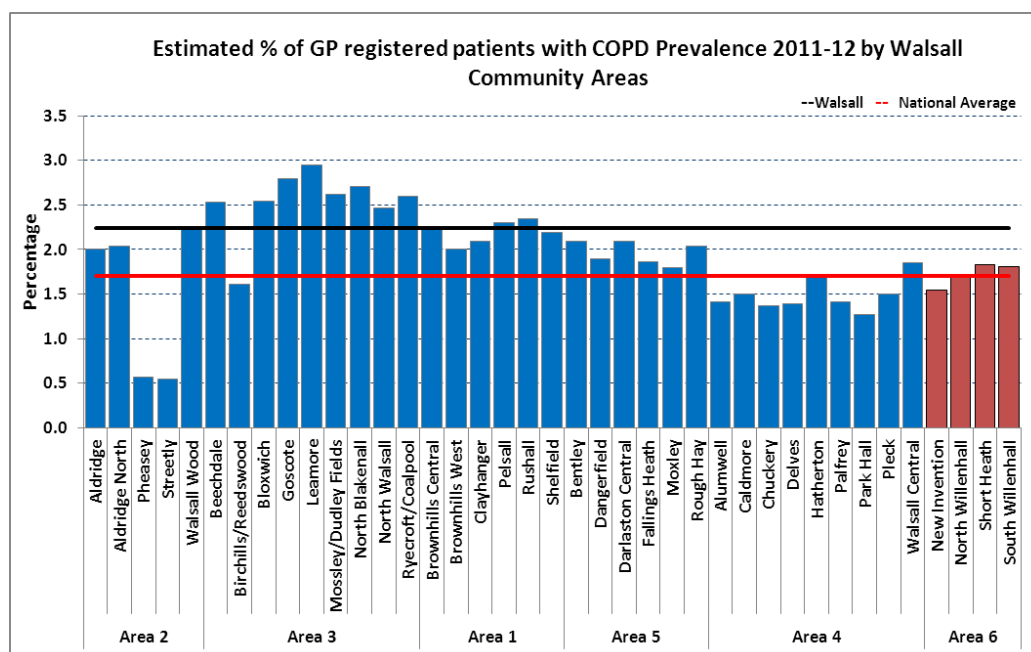
All community areas in Willenhall AP have low estimated prevalence for stroke compared to Walsall average (1.83).



COPD (QoF)

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

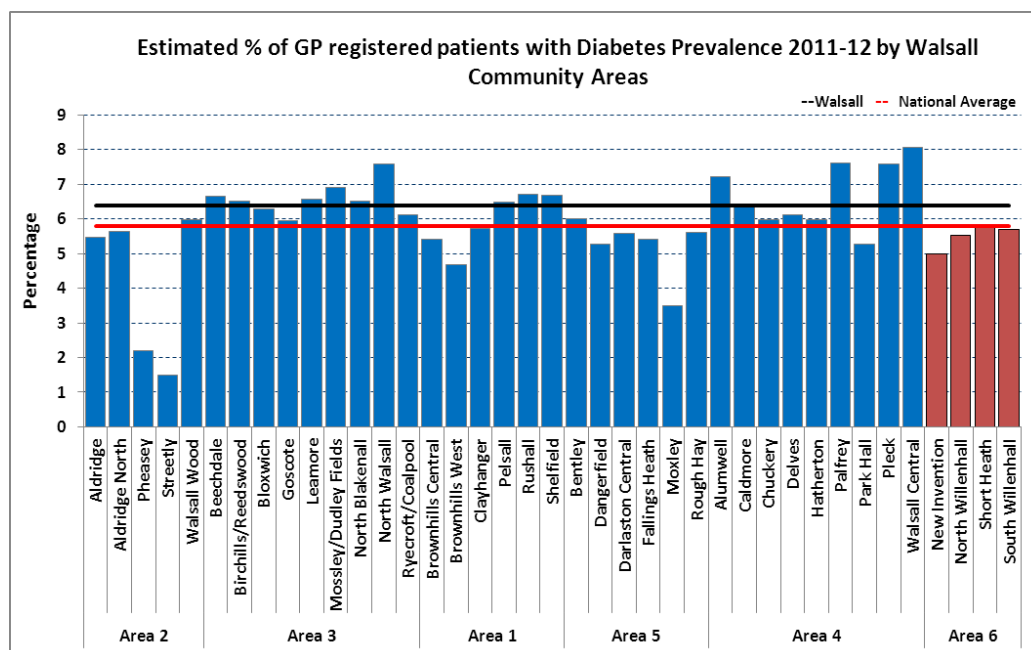
All community areas within Willenhall AP have lower estimated prevalence for stroke than the Walsall average (2.24).



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.

All community areas have lower estimated prevalence for diabetes than the Walsall average (6.39).



Mosaic Analysis

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

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

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

Sector Types

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

Ranking	Population %	Description of Sector Type
1	14.33%	Comfortably off industrial workers owning their own homes
2	14.17%	Older families in low value housing in traditional industrial areas
3	11.11%	Middle aged families living in less fashionable inter war suburban semis
4	8.65%	Low income communities reliant on low skill industrial jobs
5	6.11%	Vulnerable young parents needing substantial state support

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 j47)

Comfortably off industrial workers owning their own homes

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

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

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 e21)

Middle aged families living in less fashionable inter war suburban semis

This Type consists of lower middle class families, living in early inter-war semi-detached and terraced houses, mostly in large provincial cities.

Levels of health tend to be below the national average due to lower than average incomes, lack of access to a variety of healthy foods and the urban location which has traditionally had above average levels of drinking and smoking.

These neighbourhoods are increasingly subject to unemployment as traditional employers relocate to green-field sites on the outskirts of town, and as the existing infrastructure ages.

Residents have good access to services, whether by bus or car.

Sector Rank 4 (public sector type j45)

Low income communities reliant on low skill industrial jobs

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

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

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

Mosaic Analysis Continued

Sector Rank 5 (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.

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.

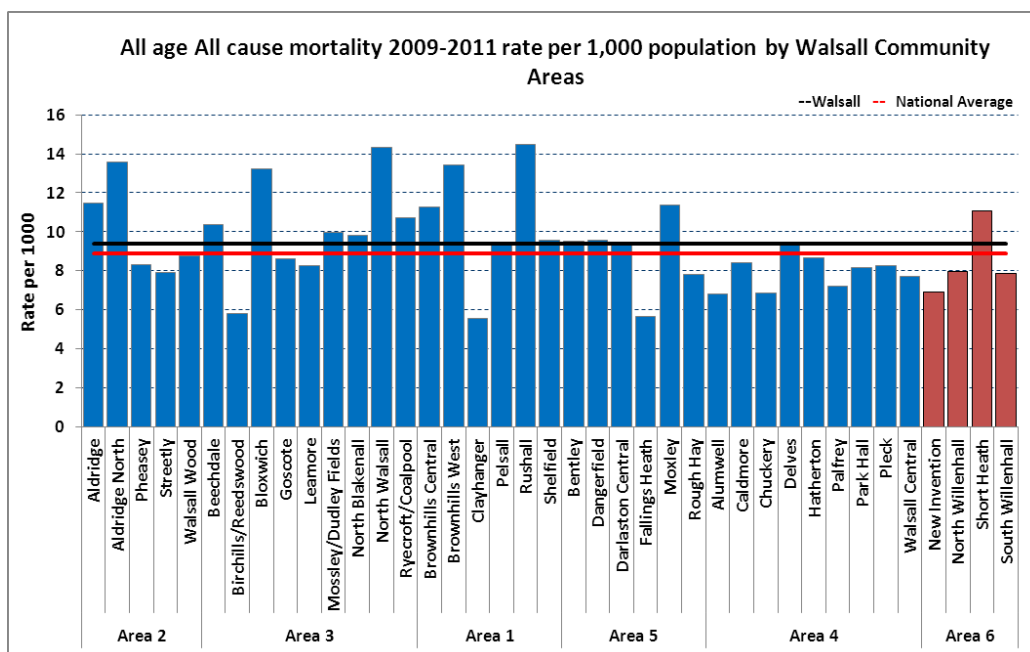
Young parents are often in need of advice on health and diet. They may not have the ability to foresee risks to their children, whether playing in the house or accompanying them on the road. Children are particularly vulnerable to pedestrian traffic accidents not least as a result of low levels of car 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.

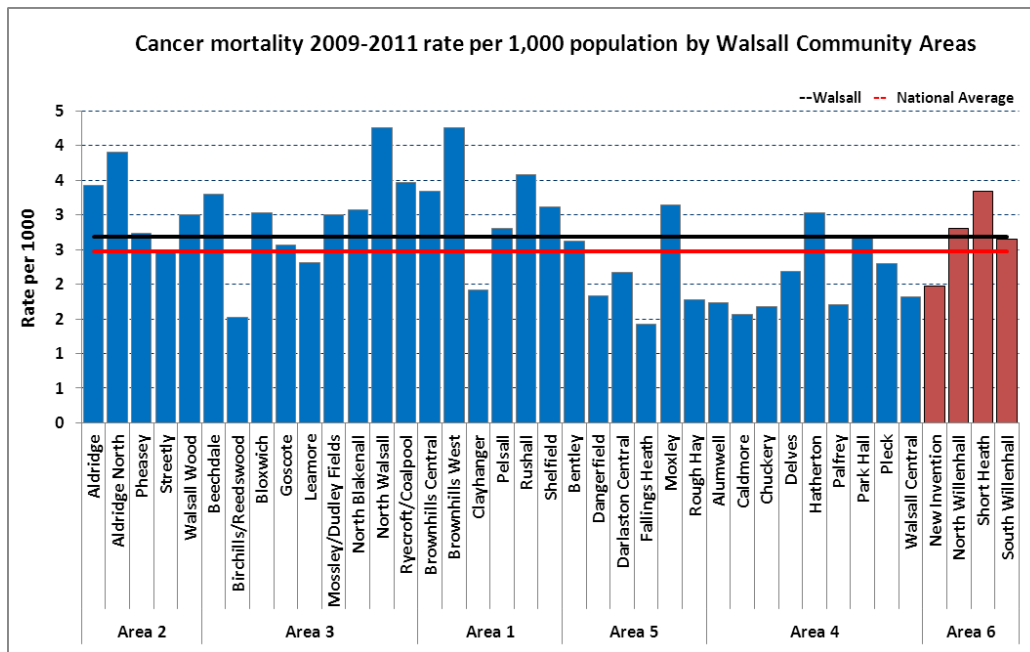
All Age All Cause Mortality

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. Short Heath has a higher mortality rates than the Walsall average 9.6 per 1,000.



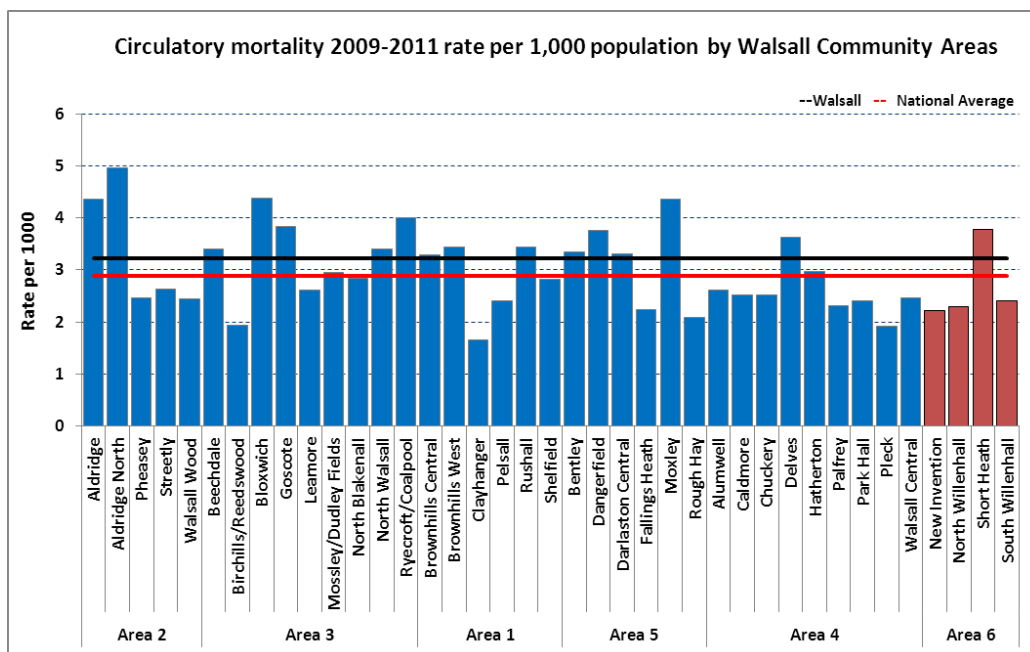
Cancer Mortality

The cancer mortality rate is significantly higher in Short Heath 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

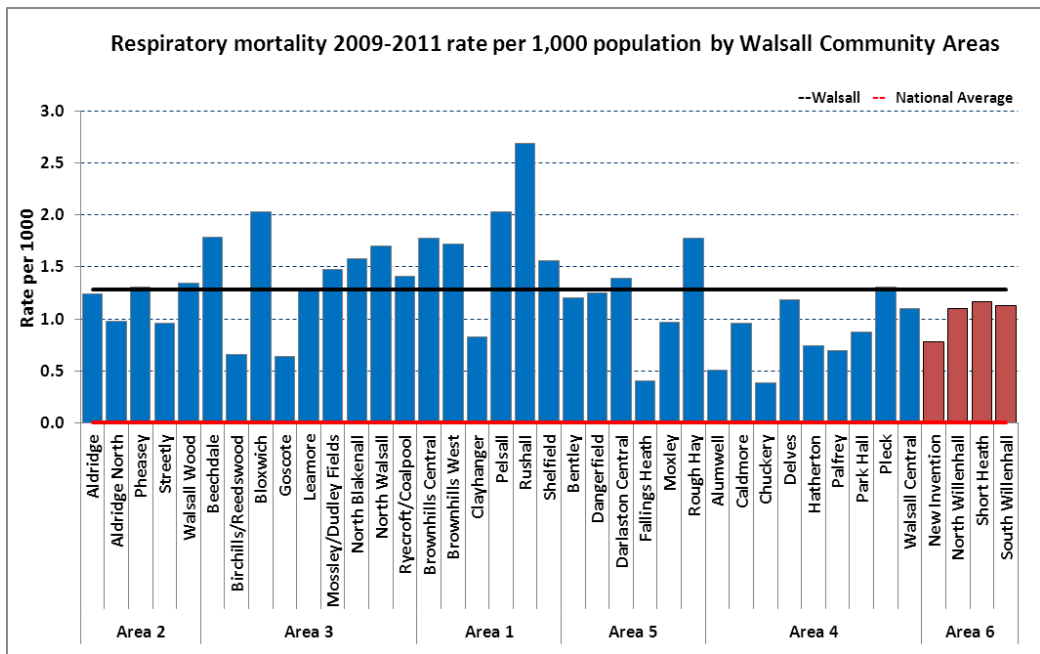
Circulatory mortality (known as cardiovascular mortality) refers to disease of the heart or blood vessels. In Walsall most deaths due to CVD are premature and could be prevented by lifestyle changes, such as weight reduction, physical activity, stopping smoking and moderating alcohol consumption. Short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



Willenhall & Short Heath

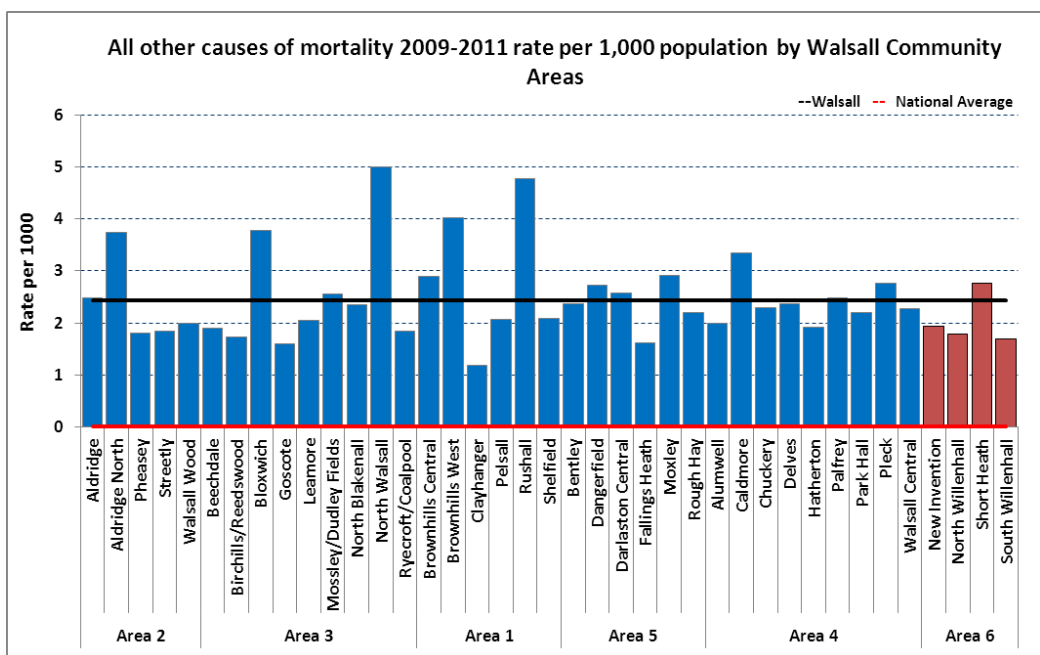
Respiratory Mortality

Respiratory disease is a major cause of death. Some of the causes of death from respiratory disease include pneumonia, bronchitis and emphysema. All community areas within Willenhall AP have lower respiratory mortality than Walsall average (1.28 per 1,000).



All Other Causes of Mortality

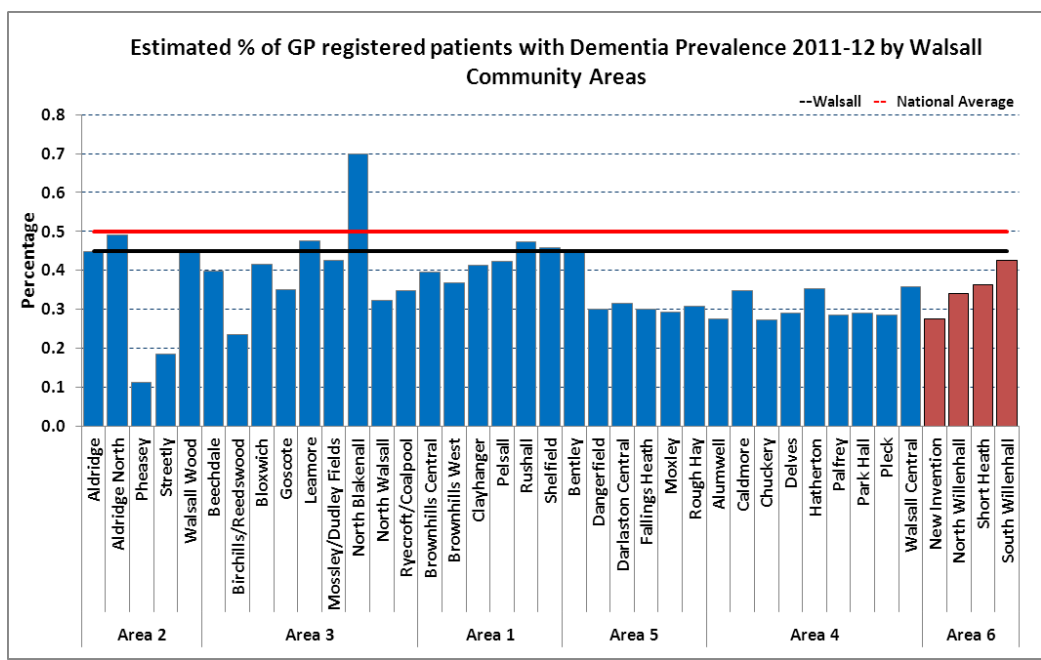
All other causes of mortality (excluding cancer, circulatory and respiratory) Short Heath has a higher mortality rate than the Walsall average 2.43 per 1,000.



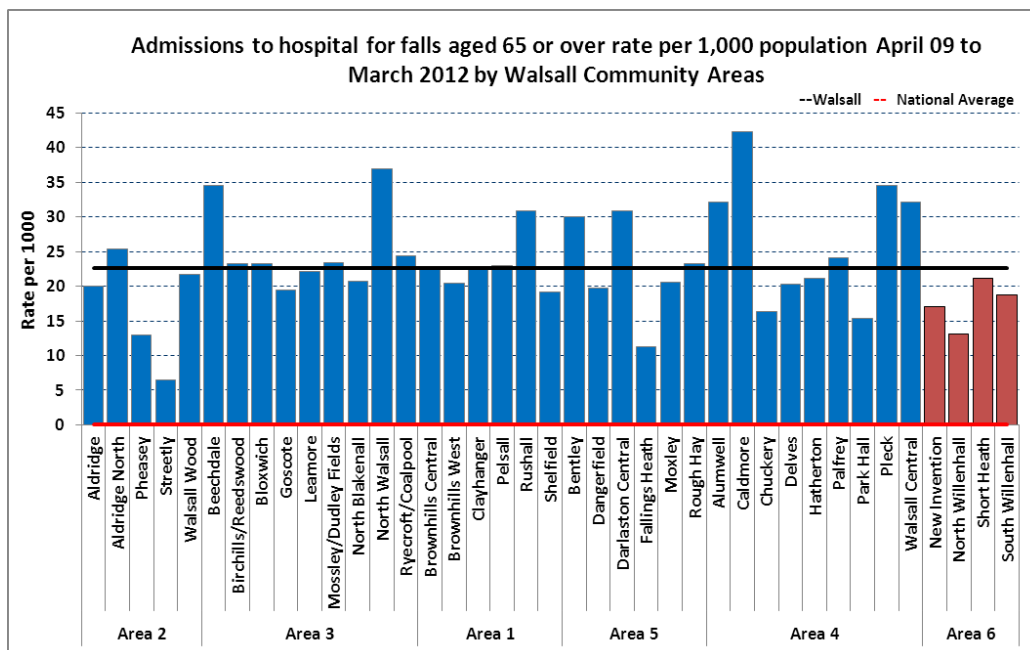
Healthy aging and independent living

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 Willenhall AP have lower estimated prevalence for dementia than Walsall average (0.45).



Hospital Admissions for Hip Fractures and for Falls



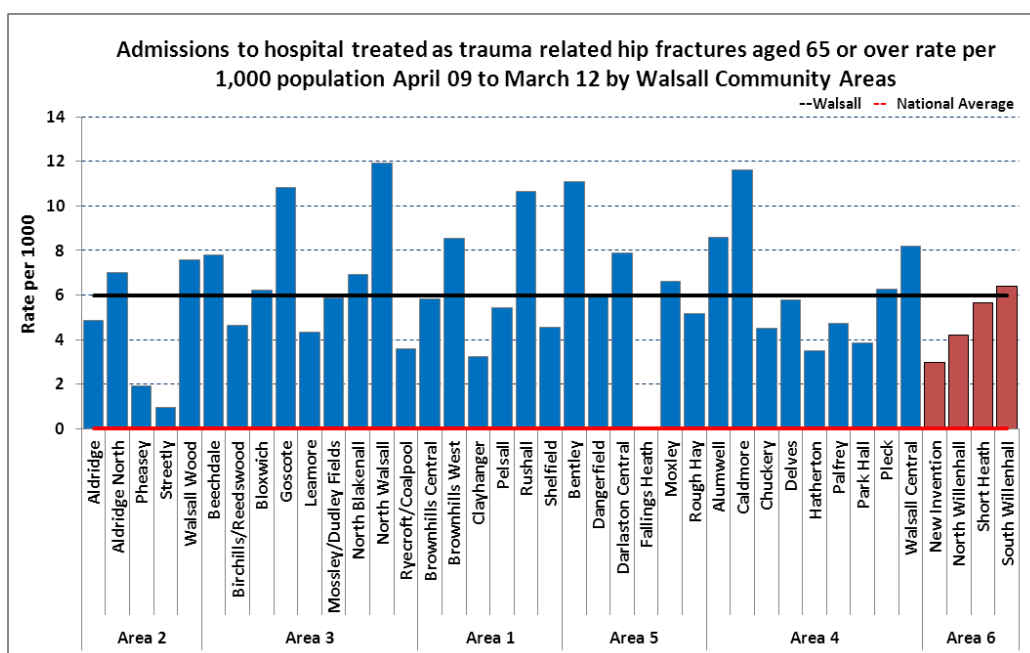
Whilst a number of agencies are working to reduce the number of people who fall and who suffer injury from falling, there remains a need for a more systematic approach to the prevention of fractures.

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 no community areas within Willenhall AP that have high rates of admission to hospital for trauma related hip fractures in people aged 65 and over.

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



Programme Budgeting and Activity

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

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

Interpreting the chart:

Each dot represents a programme budget category. The dots in the blue square are not relevant.

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

The source data for the outcome measures shown on the chart can be found in the Spend and Outcome Tool.

A programme lying outside the pink box, may indicate the need to investigate further. If the programme lies to the left or right of the box, the spend may need reviewing, and if it lies outside the top or bottom of the box, the outcome may need reviewing. Programmes outside the box at the corners may need a review of both spend and outcome.

Programmes lying outside the blue box may also warrant further exploration.

The ideal area to be in is the top left hand corner where we will be achieving better outcomes with less expenditure.

The chart shows that infectious diseases and circulation had lower spend and worse outcome measures.



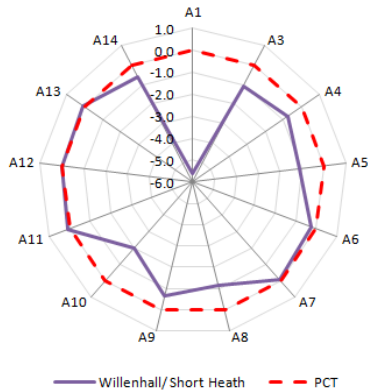
Source: Spend and Outcome Tool, DH

The infectious diseases used the following health indicators: Mortality from pneumonia, mortality from infectious an parasite 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.

Circulation used the following health indicators: Mortality from all circulatory diseases, Percentage of patients with CHD, mortality from CHD, mortality from acute MI and mortality from stroke.

Hospital Activity

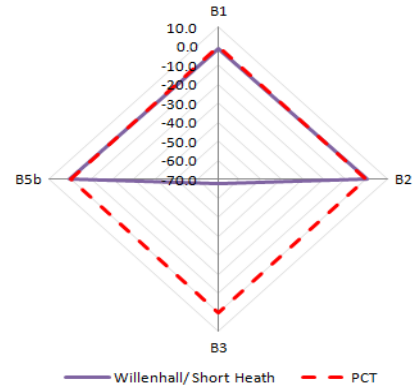
Activity Resulting from Poor_Sub-Optimal Availability of Upstream Interventions - 2009 - 2012



Willenhall & Short Heath has lower activity than Walsall for:

- A1: Avoidable emergency admissions for chronic conditions (including diabetes, COPD, angina, congestive heart failure, hypertension and nutritional deficiencies)
- A3: Admissions for vaccine preventable conditions
- A4: Admissions of patients aged over 65 for injuries resulting from a fall
- A5: Para-suicide and self harm related admissions (intentional self harm/poisoning)
- A6: Admission of patients for illness resulting from use of medication
- A8: Termination of pregnancy
- A9: Alcohol related admissions
- A10: Admissions for conditions related to smoking
- A14: Spend treating low birth weight babies (<2500g)

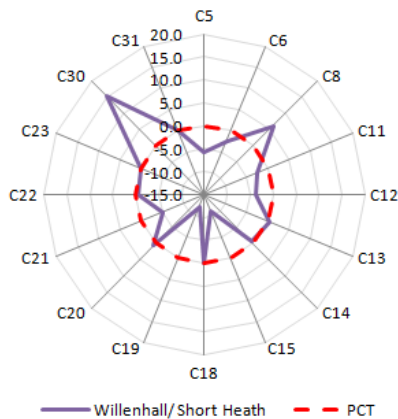
Activity Resulting from Poor/Sub-Optimal Clinical Practice - 2009 - 2012



Willenhall & Short Heath has lower activity than Walsall for:

- B3: GP referrals to outpatients

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



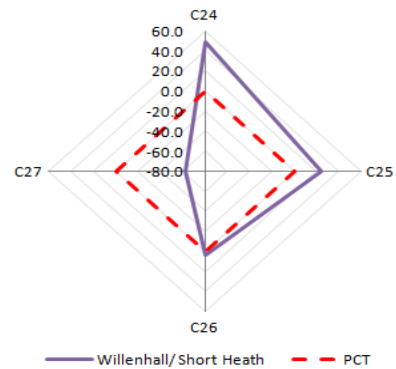
Willenhall & Short Heath has lower activity than Walsall for:

- C5: Admissions with length of stay over 14 days (bed days)
- C6: Admissions with length of stay over 30 days (bed days)
- C11: Avoidable emergency admissions for patients with acute conditions
- C12: Zero day length of stay emergency admissions via A&E
- C15: Pre-op length of stay emergency admissions (cost of bed days prior to procedure for emergency admissions)
- C19: Admissions to hospital of patients aged 75 years and over with no intervention during the spell
- C21: Emergency paediatric admissions to hospital (patients aged under 18 years)

Willenhall & Short Heath has higher activity than Walsall for:

- C8: Pre-op length of stay elective admissions (cost of bed days prior to procedure for elective admissions)
- C30: Length of stay in PCT community hospitals (occupied bed days divided by the number of spells)

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



Willenhall & Short Heath has lower activity than Walsall for:

- C27: Rescheduled outpatient attendances

Willenhall & Short Heath has higher activity than Walsall for:

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

Useful Contacts for Health Priorities

Person and Service Area	Email Address
Kulvinder Kaur Public Health Intelligence Manager	Kulvinder.Kaur@walsall.nhs.uk
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NHS Walsall Community Health
Daniel Clarke

Walsall Joint Commissioning Unit
Dave Neale

West Midlands Cancer Registry / Intelligence Unit / Breast Screening Unit
Rita Khan

Useful Web Links

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Glossary

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

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

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