ON THE ROAD TO BETTER HEALTH

Contents

The A to Z for Primary Care Groups

The 1999 Annual Report of the Director of Public Health Medicine

Walsall Health Authority
WORKING TO IMPROVE THE HEALTH OF WALSALL PEOPLE

Foreword

The development of Primary Care Groups provides a new structure and opportunity to address the public health. The main focus of this report is thus on Primary Care Groups.

The report examines the variation in health and its determinants across the Primary Care Groups seeking to link the effects of poverty, inequalities and lifestyle with morbidity and mortality.

This report has a number of aims which include:

- To give the Primary Care Groups a sense of the communities which they serve.
- To present the type of information and analysis which is possible on a Primary Care Group and ward basis.
- To provide a broad picture of health and its determinants across the borough.
- To help set the agenda and priorities for action.

Normally my reports end in a series or list of recommendations but in this report I intend to make only one recommendation:

"It is my hope and aspiration that the Primary Care Groups use the information and analysis contained in this report as the basis for positive action to address the health of Walsall people."

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INTRODUCTION

This report aims to set out some of the key health issues faced by Walsall's new Primary Care Groups. As the Government's 1997 report, 'Our Healthier Nation', maintains, many of the major health problems faced by the population cannot be addressed without understanding and acting on the context from which they arise. At a local level, that means identifying the relationship between the population, the conditions in which they live, their health, illnesses and mortality, and the use they make of the National Health Service. There are some complex relationships involving age, ethnicity, health behaviour, inequality and social exclusion. However, some of the key factors and relationships at work in Walsall can be expressed powerfully and graphically. That is what this report aims to do, hopefully in a way that will be of use both to those involved in making the PCGs work, and many others who are concerned with health and the many social, economic and cultural factors that influence it.

Part One

Part One takes ten of the key themes of health in Walsall. For each one it takes a comparative overview of the four PCGs, weaving in some of the wider factors that influence them. While some comparisons of overall health need are made between PCGs, Part One also goes down to ward level to compare the distribution of need, social circumstances and use of services. The constraints of time and space have meant that some major issues are not dealt with in this report, including sexual health, mental health, drugs and alcohol and diabetes. These will be dealt with in future reports.

Part One finishes with a summary from the Walsall Poverty Profile (WPP) on the distribution of poverty, which includes health, social and economic indicators. It sets out some conclusions about the relationship between these indicators, and their distribution across Walsall, with some new analysis that takes account of the PCGs.

Part Two

Part Two takes its perspective within each of the four PCGs in turn. It summarises the key points arising from Part One. It then presents some of the mapping of deprivation from the Poverty Profile, again focusing on its distribution within each PCG. The aim is to provide a brief summary of the challenges facing each PCG.

Population

We begin with basic population figures for the four PCGs. At present, accurate population figures are a difficult issue, particularly since it is eight years since the last Census of Population. The next is due in 2001, though many of its results will not be available until 2003. In the meantime, what we have is the Office for National Statistics' Mid-Year Estimates, which are confined to borough figures; and the totals of Walsall residents based on patients registered with GP practices. These too are imperfect, because there are Walsall residents registered with GPs outside Walsall; others not registered with a GP at all; and there are what is known as 'ghosts': numbers of patients who have moved away or died and who have not yet been removed from Practice lists. The GP Practice list Walsall 'population' given below is about 17,000 below the estimated population of the borough. (Table 1)

However, what is useful about these figures is that they give a sense of the differences between the four PCGs' populations. The age bands for which each PCG is the highest or the lowest in the borough are colour-coded. Perhaps most striking is that East PCG has the lowest proportion in every population band up to the age of 44; and the highest from 45 to 74. This says a great deal about the nature of need and demand.

North and South PCGs share the highest proportions among the younger age groups: North between the ages of 5 and 14, and South at 0-4 and 15-24, suggesting that as the older age group continues through childbearing years, we may see greater increases in the proportions of children in South, then in North. Perhaps surprisingly given this younger age profile, South has the highest proportion aged 85 or over.

West has the highest proportion in the 25-44 age group, and the lowest between 65 and 84.

Comparison of these GP Practice populations with the 1991 Census population figures reveals some sharp differences between PCGs. (Table 2)

There may be a number of reasons for these variations, including the imperfections in the GP lists described above. They may reflect actual population trends to some extent. The figure for South PCG is likely to reflect the national pattern of significant undercounting in the 1991 Census among large ethnic minority populations. Whatever the explanation, the variation is likely to have substantial implications for the resources needed and made available for public services.

The only ward population estimates for Walsall since the Census have recently been prepared by Oxford University for the Department of the Environment, Transport and the Regions, and they correspond closely with the 1991 Census figures.

Ethnic minorities

The only comprehensive figures for Walsall's ethnic minority populations come from the 1991 Census, and they are likely to be flawed due to undercounting. One of the most striking characteristics of the borough's ethnic minority populations is their youthful age profile. In 1991, 38% of the ethnic minority population was aged under 16, compared to only 19% of the white population. This means that by 1999, as that generation moves into adulthood, there is likely to be a substantial degree of growth in the ethnic minority population. The figures below (Table 3) convey something of this trend, giving both the 1991 Census breakdown, and the 1998 primary school population.

A breakdown of the 1991 populations by each Primary Care Group is given in Part Two of this report.

Table 1

Walsall Population from GP Practice Lists 1999

▶ Lowest in age range ▶ Highest in age range

	WALSALL		EAST		NORTH		SOUTH		WEST	
Total	244112		67903		48949		68225		59035	
Age										
0-4	15675	6.4%	3744	▶5.5%	3348	6.8%	4686	▶6.9%	3897	6.6%
5-9	16967	6.9%	4242	▶6.2%	3742	▶7.6%	4743	7.0%	4240	7.2%
10-14	16557	6.8%	4064	▶6.0%	3605	▶7.4%	4752	7.0%	4136	7.0%
15-24	29678	12.2%	6923	▶10.2%	5892	12.0%	9545	▶14.0%	7318	12.4%
25-44	70378	28.8%	19205	▶28.3%	14252	29.1%	19503	28.6%	17418	▶29.5%
45-64	56468	23.1%	17681	▶26.0%	10600	21.7%	14582	▶21.4%	13605	23.0%
65-74	21637	8.9%	7016	▶10.3%	4334	8.9%	5623	8.2%	4664	▶7.9%
75-84	12839	5.3%	3857	▶5.7%	2555	5.2%	3510	5.1%	2917	▶4.9%
85+	3913	1.6%	1171	1.7%	621	▶1.3%	1281	▶1.9%	840	1.4%
Male	121819		33645		24358		34355		29461	
Female	122293		34258		24591		33870		29574	

Table 2

Differences Between 1991 Census Populations and 1999 GP Practice Populations, Primary Care Groups

	EAST	NORTH	SOUTH	WEST
Excess of 1991 Census Over GP Practice Population 1999	-22000	-4000	+18000	-7000

Table 3

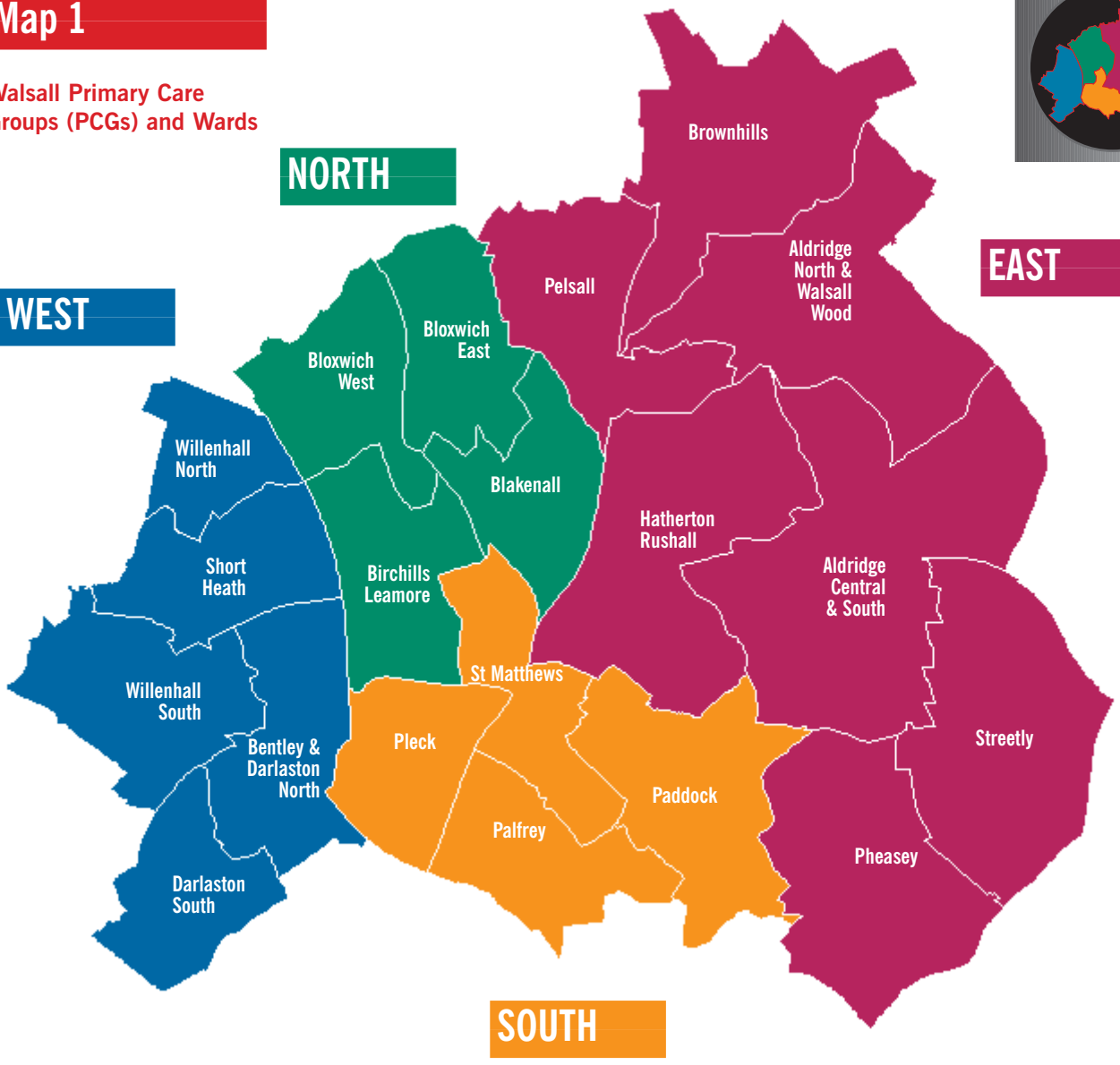
Walsall Communities 1991 Census & 1998 Primary School Population

Source: Education Service, Walsall MBC

Ethnic Group	Population	1991	1998
	Estimated population	% of Borough	Primary School Population
White	234694	90.4	80.5
Black Caribbean	2426	0.9	1.4
Indian	12156	4.7	6.5
Bangladeshi	1453	0.6	1.6
Pakistani	6102	2.4	5.7
Other	2686	1.0	3.3
Walsall Totals	259517	100	100

Map 1

Walsall Primary Care Groups (PCGs) and Wards



Part One

Comparative Overview of Primary Care Groups

Introduction

This section examines some key health issues in Walsall, and sets their context:

- In health terms, setting out the connections between each health issue and factors of health behaviour, social conditions and other causal factors
- Geographically, comparing the PCGs and placing them in their wider national, and regional, and borough context
- In terms of trends: which PCGs are making progress, and identifying points for concern and priority.

In many cases, there are significant differences between wards within PCG boundaries, and similarities across boundaries. These are highlighted where they illuminate the problems faced by the Health Authority area as a whole.

Coronary Heart Disease

Coronary heart disease (CHD) and stroke are a major cause of death. Historically Walsall has had the highest morbidity and mortality rates for coronary heart disease in the West Midlands. However, the trend is downwards. This section begins with a summary of borough rates and trends in a national context. This is given in two age ranges, under 65 and 65-74 years old, in accordance with the Walsall Health Authority report, 'Health of the Nation – Six years on'. It is followed by a ward breakdown of mortality rates with trends which uses all-age standardised mortality rates, which are more robust given smaller numbers at a local level.

- *Coronary heart disease – under 65*: the borough age standardised mortality rate is more than a fifth higher than the rate for England at 51 per 100,000 population – but between 1989-91 and 1995-97 it fell faster in Walsall than in England and Wales, by 38% compared to 28%.
  The rate for men is nearly four times that for women, and the gap has widened since 1989-91 as the rate for women has fallen faster.

- *Coronary heart disease – 65-74*: the borough age standardised mortality rate is nearly a fifth higher than the rate for England at 833 per 100,000. It fell by nearly a quarter between 1989-91 and 1995-97, slightly faster than the rate for England and Wales.
  The rate for men is more than double that for women, though the gap has narrowed slightly since 1989-91.

- *Stroke – under 65*: the borough age standardised mortality rate is nearly a third higher than the rate for England at 14 per 100,000 – but between 1989-91 and 1995-97 it fell nearly twice as steeply in Walsall than in England and Wales, by 20.5%.
  The mortality rate for men is one-and-a-half times that for women, yet in 1989-91 men had a lower mortality rate than women. Between 1989-91 and 1995-97 the rate for women fell by 38%, and the rate for men only by 2%.

- *Stroke – 65-74*: the borough age standardised mortality rate is 16% higher than the rate for England at 236 per 100,000. It fell more slowly in Walsall than in England and Wales between 1989-91 and 1995-97.
  The rate for men is a fifth higher than for women – but the gap has narrowed substantially since 1989-91, because the rate for men has fallen by 27%, while the rate for women fell by only 2%.

Stopping smoking is the most effective means of reducing risk of coronary heart disease. Smoking is far more prevalent among low-income groups than among the more affluent – for more on this see page 18 on lung cancer and smoking. It follows that people on lower incomes are far more likely to die from heart disease than the better-off. For example, men of working age from skilled manual, partly skilled and unskilled backgrounds were 50% more likely to die of coronary heart disease than men from professional and managerial backgrounds in 1991-93.

Raised blood pressure is a major risk factor for stroke, and the The Health and Lifestyle of Walsall's Asian Community Survey found that the local Asian population was more likely to have high blood pressure than the Asian population nationally, which in turn had a higher incidence of high blood pressure than the general population. The Pakistani population in Walsall in particular had double the percentage with high blood pressure compared to the Pakistani population nationally. The report recommends that it should be an urgent priority to address this problem.

Diabetes increases the risk of coronary heart disease and stroke, by a factor of between two and four. The risk of developing diabetes is less in those who follow a healthy diet, take regular vigorous exercise, and do not smoke. Mortality from diabetes is also far higher among people of Asian and Caribbean origin. There are more than 5,500 people in Walsall who are registered as having diabetes. It is a particularly important issue in the Asian community. There are concentrations of patients with diabetes in Caldmore, Palfrey and Pleck. In 1995-97, Walsall had an age-specific mortality rate from diabetes of 17 per 100,000, nearly 1.5 times the rate for England.

The highest levels of mortality from coronary heart disease in Walsall are in North PCG, and the lowest in South. However, there are many significant local variations.

Map 2 shows a high peak in coronary heart disease mortality rate in Bloxwich East, double those of Aldridge Central and South and Paddock. There are wards with rates above 225 in every PCG: but all wards in North PCG are above that level. South and East PCGs show a particularly wide range of CHD mortality rates: in South from 158 in Paddock to 244 in St. Matthews; and in East from 161 in Aldridge Central and South to 238 in Hatherton Rushall. It is worth noting that Paddock had the lowest percentage in the borough who smoked, and St. Matthews the third highest. Bloxwich East with the highest mortality rate had the second highest proportion that smoked.

Not surprisingly, analysis shows a significant correlation between the ward coronary heart disease mortality rates and the percentages found to smoke in Walsall's wards by the West Midlands

Map 2

Coronary Heart Disease Standardised Mortality Rate per 100,000 Persons
All Ages Walsall Wards
1994-8

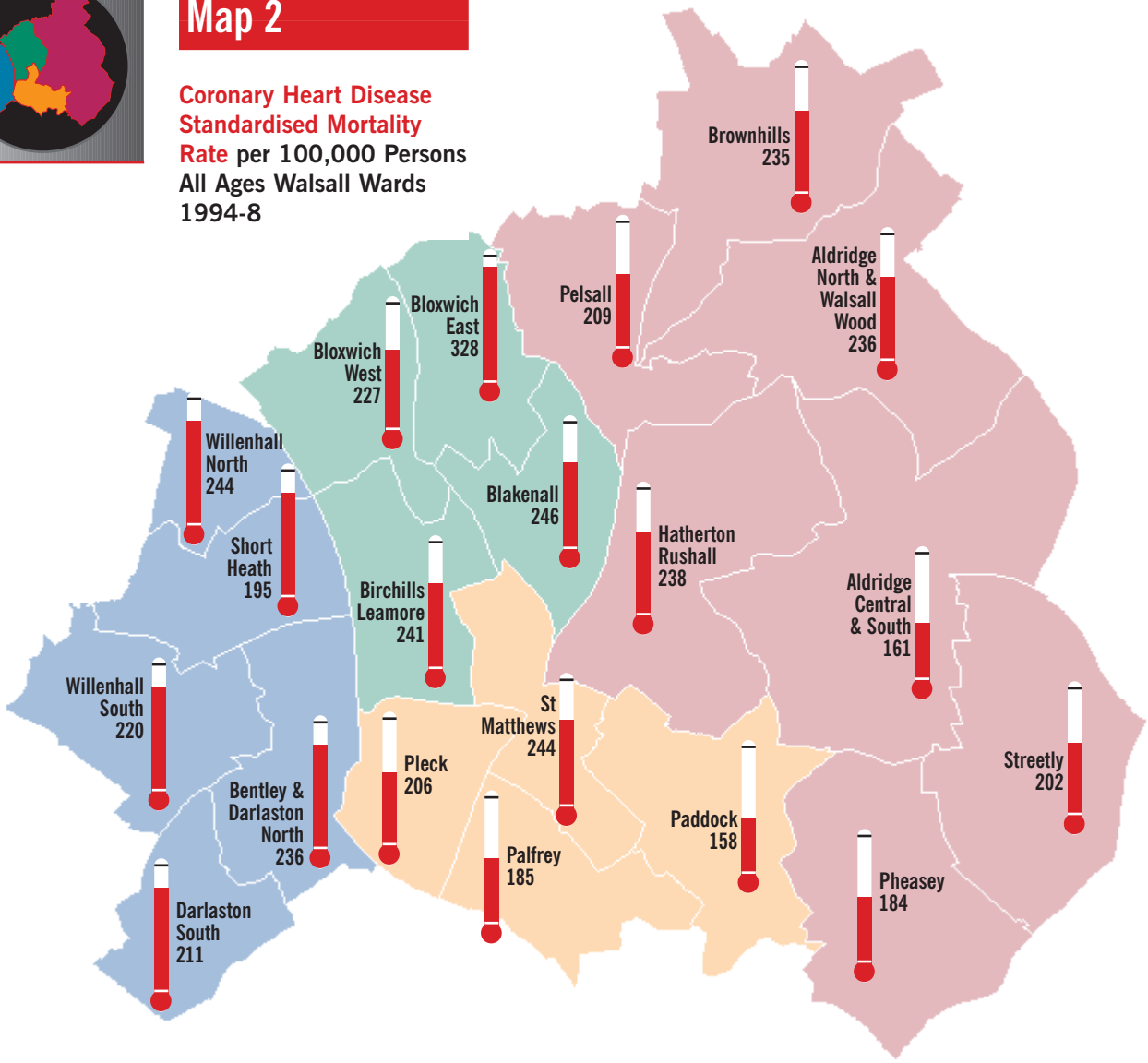
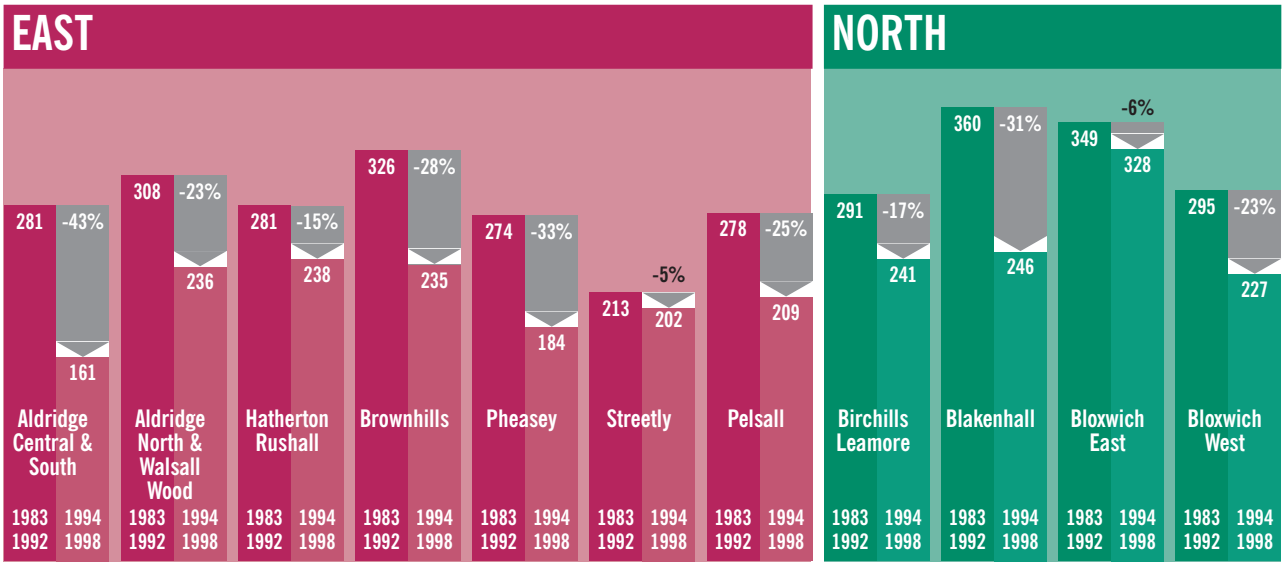


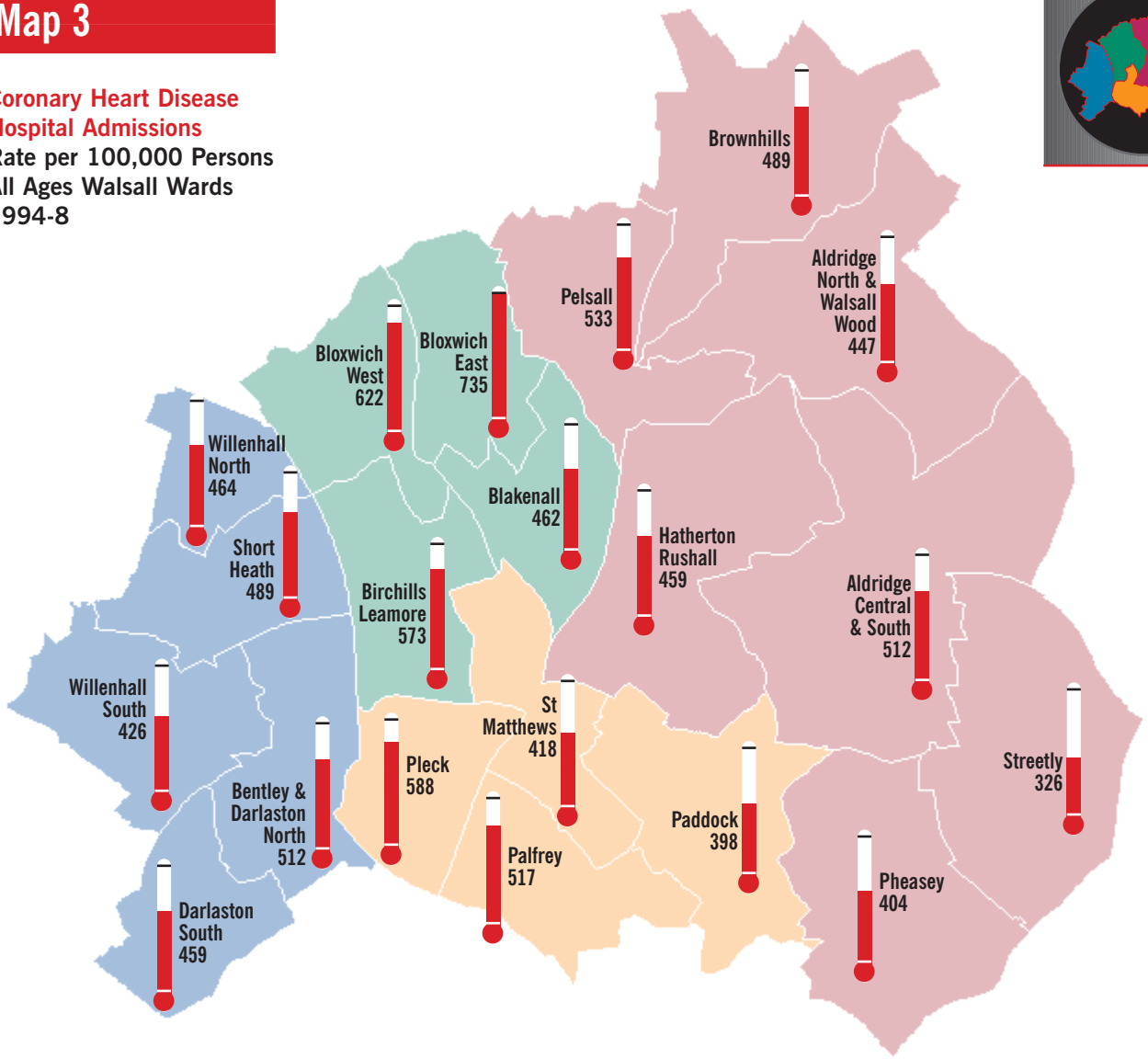
Figure 1

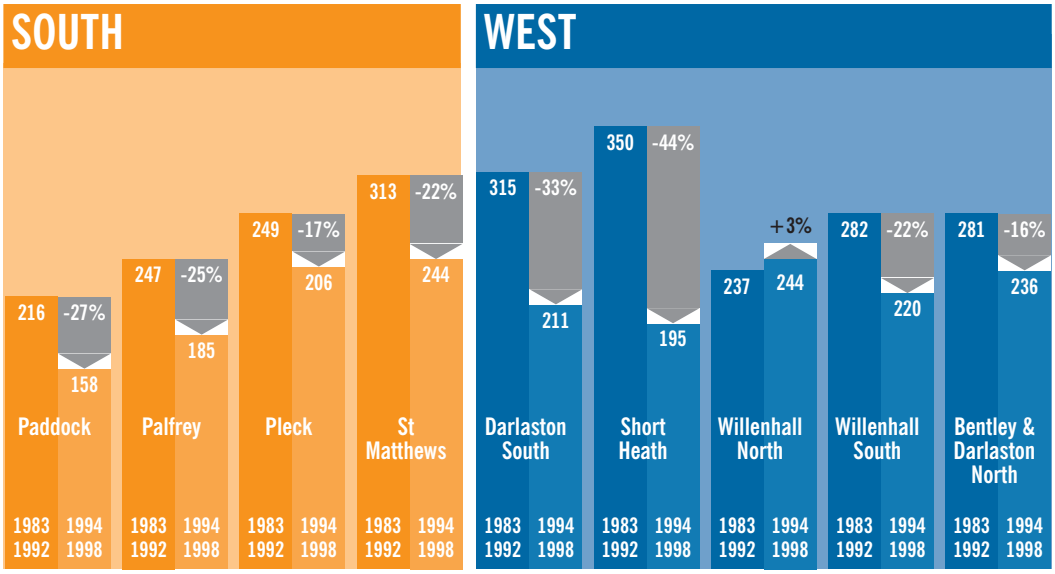
Coronary Heart Disease Standardised Mortality Rate per 100,000 Persons
All Ages Walsall Wards 1983-92 & 1994-8



Map 3

Coronary Heart Disease Hospital Admissions
Rate per 100,000 Persons
All Ages Walsall Wards
1994-8

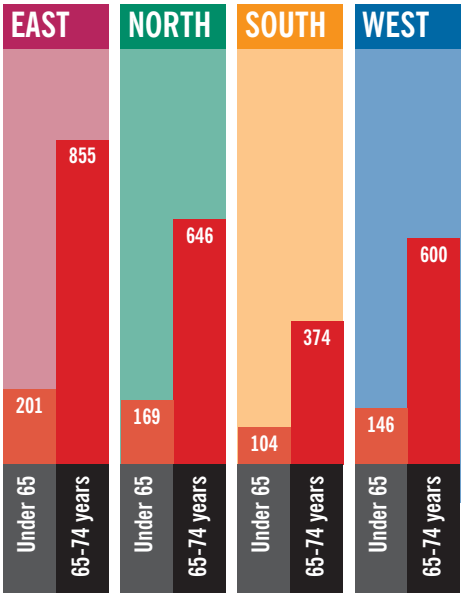




Health and Lifestyle Survey (see Map 6 below); and a fairly significant relationship between the Poverty Profile deprivation ranking scores and coronary heart disease mortality. Figure 1 shows the decline in coronary heart disease mortality levels between the two periods, (1983-1992 and 1994-1998)

Figure 2

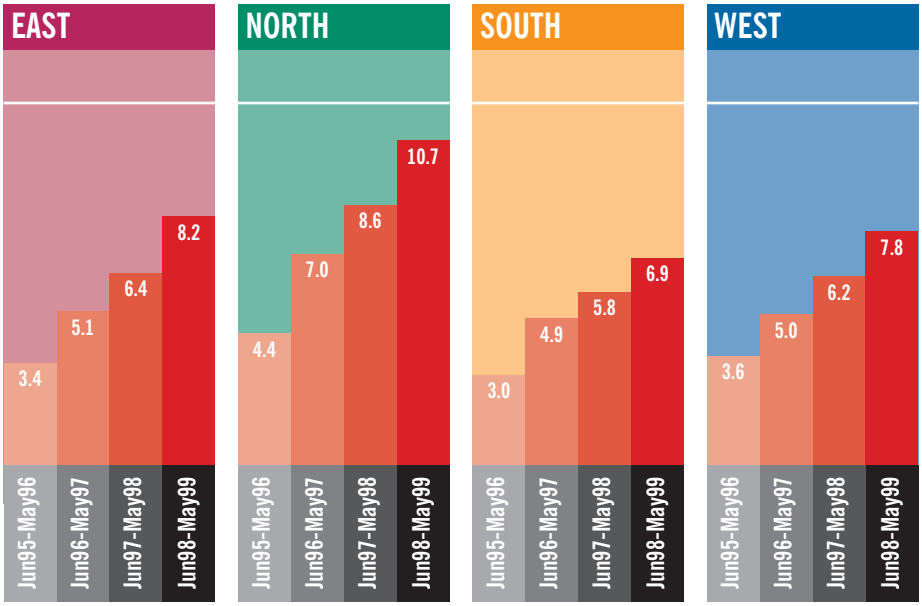
Age-Standardised Hospital Admission Rate per 100,000 population for CABG and PCTA by Walsall PCGs 1995-1999



* Glossary: STAR-PUs (Specific Therapeutic group Age-Sex Related Prescribing Units) are a weighted capitation measure based on weightings for different age groups for both males and females as applied to different therapeutic groups of drugs. They therefore enable comparisons between populations that differ in size and demography. Items are the number of prescriptions written.

Figure 3

Prescribing Patterns for Lipid Lowering Drugs in Walsall PCGs. Total Items per 1000 STAR-PUs



Most worryingly, Bloxwich East, with by far the highest mortality rate, showed one of the smallest declines; and Willenhall North, with the third highest mortality rate, actually showed an increase over the period.

Apart from that, there is no clear pattern. Most of the wards which showed a steep decline were less deprived, according to both the Department of the Environment, Transport and Regions' (DETR) and Walsall Poverty Profile rankings (see p26): Paddock, Pheasey, Aldridge Central and South, Short Heath, Pelsall and Brownhills. But two of the less deprived wards, Streetly and Willenhall North, showed the smallest decline (an increase in the case of Willenhall North). Blakenall, the most deprived ward by the DETR ranking and with the highest level of smoking according to the West Midlands Lifestyle Survey, showed the fourth steepest decline in mortality rates from coronary heart disease. In 1983-92, Bloxwich East and Blakenall, neighbouring wards, shared the same high levels of coronary heart disease mortality: one had a steep fall, and the other a very small decline. This raises questions for discussion at local level.

Coronary heart disease admissions

The relationship between the mortality rates examined above and hospital admissions can raise questions about both disease management and access to secondary care. Map 3 shows annual average admission rates per 100,000 population between 1994 and 1998.

The highest levels are generally to be found immediately to the East of the M6, with particularly high rates in Bloxwich East and West, Pleck and Birchills Leamore.

We would expect the wards with the highest mortality rates to have higher admission rates, and this is so in the case of five wards, three of them in North PCG, Birchills Leamore and Bloxwich East and West; plus Bentley and Darlaston North and Brownhills.

On the other hand, St. Matthews has a relatively high mortality rate and low admission rate. The implications of this in terms of access might be considered.

Finally, another five wards have relatively high admission rates but low mortality rates. They are Aldridge Central and South and Pelsall in East, Pleck and Palfrey in South, and Short Heath in West.

PTCA and CABG

(Percutaneous Transluminal Coronary Angioplasty and Coronary Artery Bypass Grafting)

Angioplasty (PTCA) and Coronary Artery Bypass Grafting (CABG) are procedures mainly used for symptom control for patients with angina. They have been shown to be highly effective. They improve survival rates in certain subgroups of patients.

Walsall residents have historically had poor access to specialist cardiology and cardiac surgery. In a comparison of high level performance indicators in 1997-98, the surgery rates (age-standardised elective rates) for CABG & PCTA in Walsall and England were 49 and 57 respectively. The district rates for bypass grafting and angioplasty are still well below the rates suggested by the British Cardiac Society (420 PTCA and 640 CABG over a 4 year period), and below the national average. This is against a background of high morbidity and mortality from cardiovascular disease.

Overall the numbers of procedures are relatively small, with 292 CABG and 164 PTCA over the last four years. Conclusions must therefore be drawn with caution. However, the rates are highest in the East PCG. (See figure 2)– an apparent mismatch with need. The North and West PCGs, which have high levels of cardiac mortality and morbidity, have relatively good access. South PCG has very low rates particularly in the under 65 age groups, in contrast to apparent need.

The number of PTCAs are very low across all PCGs and a sustained effort to improve access is required across Walsall.

Prescription of lipid lowering drugs

Lipid lowering drugs act by lowering blood cholesterol and therefore contribute to the reduction in risk of coronary heart disease. As Figure 3 illustrates, prescription of lipid lowering drugs in Walsall is rising steeply, and is at its highest in North PCG where coronary heart disease mortality rates are highest. North PCG also has a high smoking rate, high levels of poverty, and unemployment, and poor diet in terms of low fruit consumption – these are all strong risk factors for coronary heart disease.

Lifestyle modification including smoking cessation, diet and exercise are also important in helping to reduce the risk of CHD. Primary Care Groups could audit the overall treatment of patients with, or at high risk of, CHD to ensure that the use of drugs and lifestyle modification are used appropriately in all such patients.

Asthma

Asthma is a major concern in Walsall, with nearly 17,000 people in the borough identified as having the condition. World wide the prevalence is increasing. Although it results in few deaths, it causes many days' attendance at work and at school to be lost, and significantly reduces the quality of life.

Its cause is unknown, although there is a strong link with deprivation. Smoking is an issue, and damp in poor housing, which can give rise to moulds. Data from the fourth GP Morbidity Study showed that an increased proportion of people were consulting their GP with asthma, and there is some speculation that air pollution is largely responsible, particularly associated with road traffic.

Nearly a third of those affected in Walsall are aged under 16. About one child in twenty aged 0-4 is identified as having asthma in the borough, and among those aged 5-15 the proportion is more than one in ten. Across all age groups, the highest incidence is in South PCG. (Table 4).

The National Asthma Campaign estimate that asthma is more than twice as likely to disable those in the poorest social groups. Their report 'The Hidden Cost' found that more than a third of adults with severe asthma are unemployed, and 90% of these put their unemployment down to asthma. The report also found that among children, sufferers not getting the drugs they needed were likely to be from families with poorer educations and lower incomes.

Sudden, severe attacks or longstanding poorly controlled asthma can result in hospital admissions for the treatment of acute severe asthma. However, primary care initiatives in Walsall have made dramatic inroads on the severity of asthma episodes. In 1994/95, emergency admissions for asthma in Walsall fell by 70% in children and 20% in adults, against an upward trend in the incidence of asthma, especially in school-age children. Regional and national data suggest a rise in admissions elsewhere over this period, with a large increase in the number of prescriptions for drugs used to treat asthma in the past four years. It is believed that this achievement in Walsall is related to a high degree of training among practice nurses, and generally better primary care management.

However, there is a great deal more to achieve, and the following two figures highlight important issues for the future. Figure 4 below, showing hospital admission rates in each PCG in Walsall between 1997 and 1999, emphasises the vulnerability of under-fives to acute episodes of asthma. North PCG has the highest admission rate for this age group.

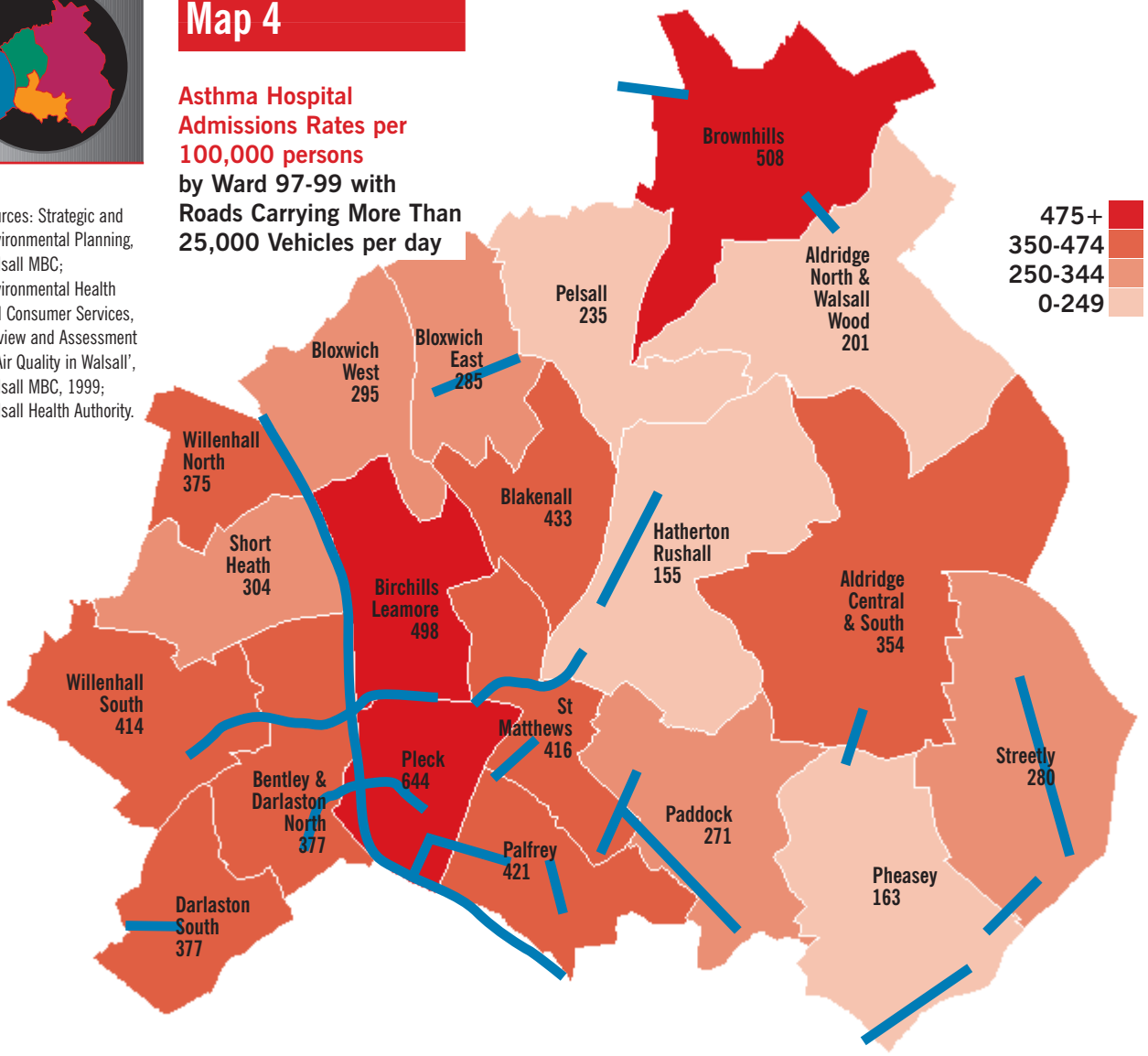
Map 4 shows the distribution of asthma admission rates for all ages across Walsall in 1997-99. Two factors are striking.

The first is deprivation. Of the eleven wards with high asthma admissions, all but two are in the eleven most deprived wards according to the

Map 4

Asthma Hospital Admissions Rates per 100,000 persons by Ward 97-99 with Roads Carrying More Than 25,000 Vehicles per day

Sources: Strategic and Environmental Planning, Walsall MBC; Environmental Health and Consumer Services, 'Review and Assessment of Air Quality in Walsall', Walsall MBC, 1999; Walsall Health Authority.



Poverty Profile's composite deprivation index rankings (see p26). Pollution may be one factor in this, since poor people are less likely to be able to afford to live in pleasant environments.

Secondly, wards with high admission rates tend to be grouped around the M6, though there are exceptions. The lower level of admissions from Short Heath, next to the M6, reminds us of that ward's lower level of deprivation; and Bloxwich West, also with a low level of admissions and next

Table 4

Patients Identified with Asthma, Including Those on Prophylactic Medication as at 31 March 1999

	WALSALL	EAST		NORTH		SOUTH		WEST	
Total	16816	3994	6%	3130	6%	5737	8%	3955	6%
Age									
0-4	847	185	5%	149	4%	335	7%	178	4%
5-15	3920	924	10%	876	12%	1155	12%	965	10%
16-64	9920	2351	5%	1726	5%	3542	8%	2301	5%
65+	2129	534	4%	379	5%	705	7%	511	5%

to the M6, has significant levels of deprivation and high mortality rates. It is interesting that Pleck and Birchills Leamore have the highest levels of admissions: as well as high levels of deprivation, they are immediately to the East of the M6, which is where pollution is likely to be blown by the prevailing South West wind. This pattern is more pronounced in the distribution of under-fives' hospital admission, though the numbers are small.

The Council's Environmental Health Department also point out that Walsall receives substantial airborne pollution from the West Midlands conurbation to the south.

Several other routes with heavy traffic (greater than 25,000 vehicles per day) are located in or next to the wards identified, with the exception of Brownhills and Aldridge Central and South. They include the A454 through Willenhall South, Bentley and Darlaston North, Birchills Leamore and Pleck, the A4088 and A461 through Pleck, and the A34, A454 and A4148 next to and through St. Matthews.

Environmental factors which might relate to the very high levels of admission from Brownhills are not immediately evident.

Prescription of inhaled corticosteroids

During the 1990s, prescription of inhaled corticosteroids has been increasing, consistent with guidelines from the British Thoracic Society. Over the same time, death rates from asthma have fallen and admission rates have stabilised. It is generally accepted that prescription of corticosteroids represents an improvement in the management of asthma.

- Figure 5 shows that the use of inhaled corticosteroids for asthma appears much higher in North PCG. This may be partially explained by the higher proportion of under 16s in North.
- Inhaled corticosteroids remain underused in asthma and this may apply particularly in South and West PCGs.

Figure 5

Prescribing Data Inhaled Corticosteroids Walsall PCGs Total Items per 1000 (see p.10 for glossary) STAR-PUs 1997-1999

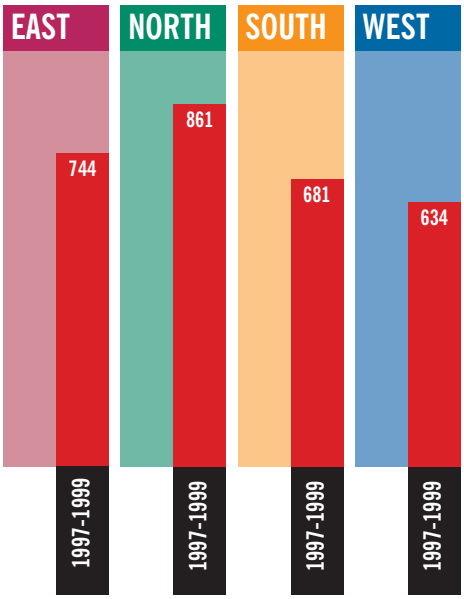
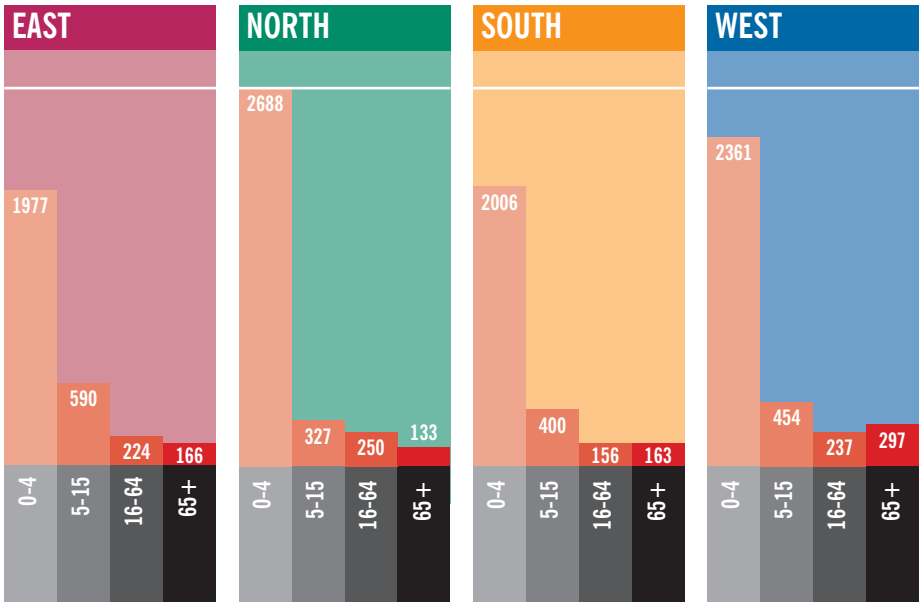


Figure 4

Asthma Hospital Admission Rate per 100,000 persons by Age Walsall PCGs 1997-1999



Accidents

Fatal accidents

- The number of fatal accidents in Walsall is small in children under 15, in young people aged 15 to 24 and among people aged 65 and over. Therefore wide percentage year to year fluctuations may be expected, and conclusions need to be treated with caution.

- In the last 10 years, 1987 to 1997, annual deaths from accidents in children under 15 have fluctuated from 2 to 7 in Walsall, and there were 5 deaths in 1997. Nevertheless, for 1995-97 the mortality rate was double the regional and national rates: the Walsall rate was 8.3 per 100,000 population, and the West Midlands rate was 3.8, and the England and Wales rate was 4.2 per 100,000.

- In young persons aged 15 to 24, the number of deaths from accidents has fluctuated from 1 to 12 in Walsall in the last 10 years, and there were 5 deaths in 1997. The Walsall rate has increased over the last 6 years by 10%.

- In persons aged 65 and over, deaths from accidents peaked at 46 in 1995, falling in the following two years to 30 deaths in 1997. However, if we measure three-year rolling trends, over the six years to 1995-97 the mortality rate increased by 30%, and was the highest in the region. Most of the deaths are the result of accidental falls.

- The biggest cause of accidental deaths is in the home. Many are linked with people falling or stumbling in the home.

- The home is also the setting for many serious accidents to children from a variety of causes: fires, burning, drowning, choking, poisoning and cuts from sharp objects. The younger the child the greater the risk. About half of all deaths among children under 5 happen in the home.

- National research suggests a strong relationship between accidents and social class and hence income, finding that children from poorer backgrounds are five times more likely than children from better-off families to die from accidents.

Attendances at Accident & Emergency for falls

The data for A&E attendances shown below are incomplete, as they are derived from Manor and Sandwell Hospitals' A&E Departments, and exclude those attending Wolverhampton and Good Hope A&E Departments. They therefore under-represent A&E attendances from West and East PCGs. The analysis below is therefore given with some caution.

- North PCG has the highest overall A&E attendance rate for falls (but note health warning above).

- At all ages in East, West and North PCGs, A&E attendance rates suggest a roughly equal

Figure 6

Falls
A&E Attendances per 100,000 persons Age Standardised Rate All Ages by Walsall PCGs 1998-1999

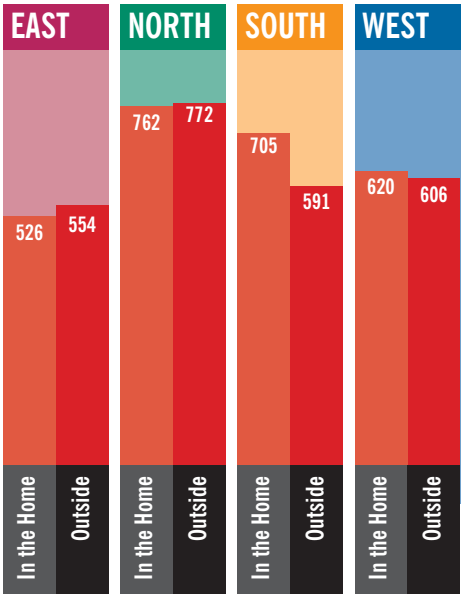
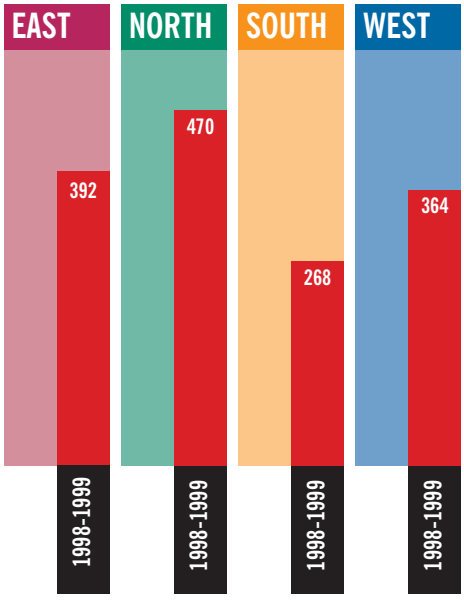


Figure 7

Falls
Hospital Admissions per 100,000 persons Age Standardised Rate All Ages by Walsall PCGs 1998-1999



balance between falls within the home and outside. However, in South there are significantly more A&E attendances for falls within the home than for those occurring outside. (See figure 6)

- Analysis of the A&E data by age indicate that North PCG has the highest rate of A&E attendances for falls in the under 15 and 15-24 age ranges. West PCG has the highest 65 and over attendance rate for falls, though it has the lowest proportion of population aged 65-84.

- Among under-fifteens, most A&E attendances for falls are the result of accidents outside the home, except for South PCG, where the opposite is the case.

- Among 15-24 year olds in all PCGs, the majority of attendances were for falls outside the home.

- 80% of all attendances for falls by those aged 65 and over were the result of accidents within the home.

Admissions to hospital

A similar pattern was observed in hospital admissions for falls (see Figure 7):

- North PCG had the highest admission rate for falls of all ages, closely followed by East and West PCGs, with the lowest rate in South.

- People aged 65 and over made up the bulk of hospital admissions for falls, predominantly from North PCG (mainly Bloxwich East), and East (mainly Brownhills).

- There are key groups that need to be targeted. The greatest gain in lives saved and disability prevented would result from reducing injury (or its severity):

  - in children up to 15 years;

  - in young people aged 16-24 years involved in road traffic accidents; and

  - in older people who are at risk of stumbling or falling, particularly in their home environment.

- Accidents in the home can be prevented through increasing awareness both of their causes and of what can be done to make the home safer. Help and advice with simple precautions can lead to reductions in accident levels. PCGs can have a key role in this.

Infections

This section highlights three key areas related to infections: antibiotic prescribing, tuberculosis and food poisoning.

Antibiotics

Prescribing of antibiotics by GPs is falling within all Walsall PCGs. Figure 8 demonstrates this, although it requires some commentary. Prescribing of antibiotics is higher in the six month period December-May, which covers the bulk of the winter months. When each equivalent season is compared, e.g. December 97 to May 98 and December 98 to May 99, the trend is downward in all cases.

Prescribing rates are highest in Walsall South PCG, where according to analysis by the Health Authority the equivalent of 95% of the population receive antibiotics compared to just 78% in Walsall East PCG in any one year. In 1997/98 the prescribing levels of North and West were close to those of South; but North PCG's prescribing level has declined quite steeply, to a level closer to that of East in December 1998-May 1999.

Inappropriate prescribing of antibiotics has been a widespread problem, and there is concern about possible reduction in natural resistance to infections as a result of over-prescription, and about the incidence of antibiotic-resistant infections. Implementation of the Standing Medical Advisory Committee recommendations on antibiotic resistance should further reduce inappropriate prescribing. There are significant variations in GP prescribing within each PCG. These can be addressed through clinical governance initiatives.

Tuberculosis

Walsall has a higher notification rate for tuberculosis than West Midlands Region or England & Wales, as illustrated by Table 5. Figures for Coventry and Dudley are provided for comparison.

Comparison of the distribution of TB cases in Walsall with deprivation mapping confirms the association between tuberculosis and socio-economic deprivation. Hospital admission rates for 1995-99 (figure 9) show that South Walsall PCG has the highest rate of admissions per 100,000 population. The number of admissions between 1995 and August 1999 totalled 187, of which 81 were in South. Examination of cases notified in 1998 show that 26% of cases were White, while 58% were of South Asian origin. Risk of infection is often through contact with families in countries of high TB prevalence, which is exacerbated by socioeconomic deprivation.

The Health Authority is focusing on the following interventions :

- achieving higher awareness among GPs of patterns of disease and symptoms, to improve levels of identification;
- prompt referral of new arrivals from high

prevalence countries to a TB clinic for screening;

- targeted BCG vaccination for high-risk groups to be supported and reinforced (already part of the district policy);
- travel advice to include checking that BCG vaccinations are up to date for those visiting high prevalence countries.

Food poisoning

The most common organisms identified in people consulting their GP about food poisoning are campylobacter, rotavirus and small round structured virus [SRSV]. Viral infections are the most common infection of children admitted to hospital for food poisoning, especially rotavirus and SRSV.

Figure 10 below shows that food poisoning is more commonly reported for children under 4 years old. This is the case for numbers notified to the environmental health service as well as hospital admissions. Viral organisms are often not tested for, and so may be underestimated.

Children may be more likely to be admitted or taken to a GP for gastroenteritis than adults because of parental anxiety, or because they become dehydrated more quickly through diarrhoea and/or vomiting. They are more likely to be admitted to hospital because GPs cannot monitor them closely enough from their practices.

Figure 10 also shows that significantly more children were admitted from West PCG. The reasons for this need further investigation.

Overcrowding, travel abroad and bottle-feeding of infants are associated with an increased risk of infectious intestinal disease. Children from more

Figure 9

Tuberculosis
Hospital Admissions per 100,000 persons Age Standardised Rate All Ages by Walsall PCGs 1995-1999

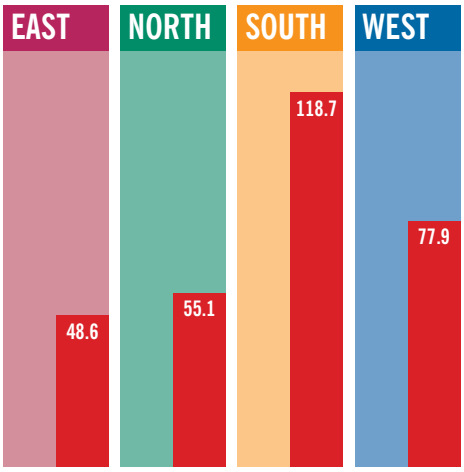


Figure 8

Prescribing Patterns for Antibiotics in Walsall PCGs. Total Items per 1000 STAR-PUs

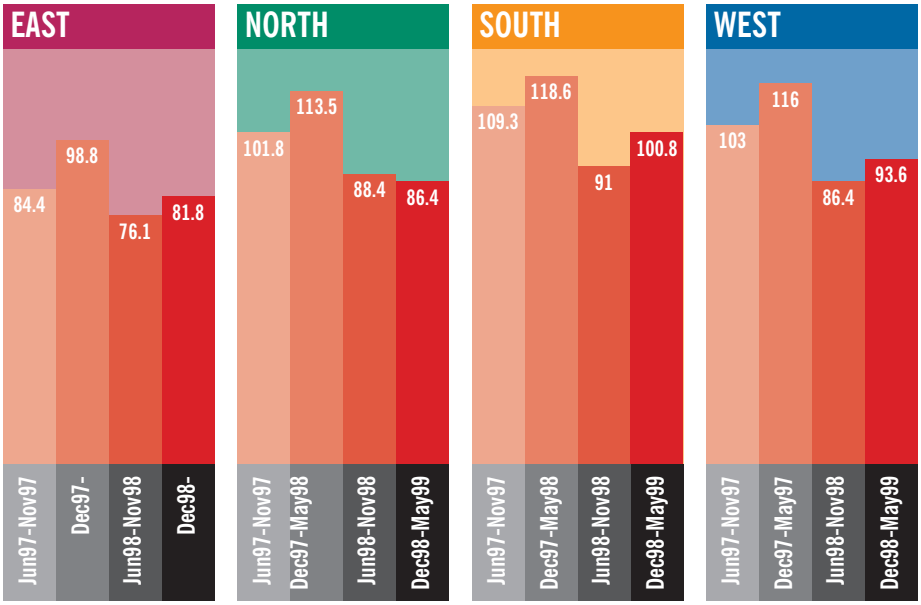


Table 5

Tuberculosis Notification Rates per 100,000 persons All Ages 1997

WALSALL HA	WEST MIDLANDS	ENGLAND & WALES	DUDLEY HA	COVENTRY HA
20.56 58 cases	11.07	10.57`	6.91	22.36

deprived housing and economic situations are therefore more likely to show symptoms, which may be recorded as food poisoning.

The distribution of food poisoning notifications in Walsall did not show any association with deprivation: the highest rates of notification are in Willenhall North, Bloxwich West, St. Matthews, Paddock, Hatherton Rushall, and Aldridge Central and South. It appears the South PCG has the highest rate of food poisoning notifications overall. Numbers are quite low at ward level, ranging from 14 in Blakenall to 51 in Paddock. It may be that in deprived areas, notification may not reflect the true levels of food poisoning.

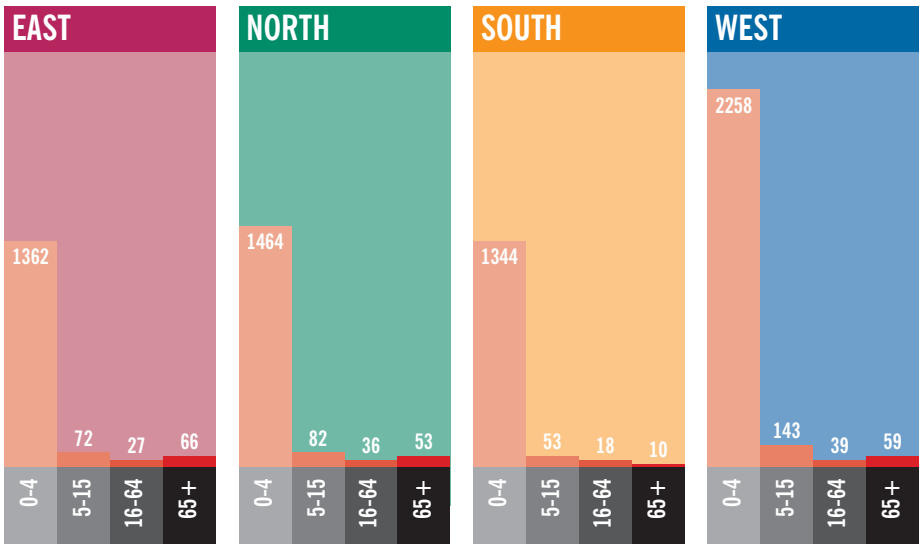
Possible interventions to prevent infections of this nature and to reduce severity include:

- Active promotion of breast feeding, with support for parents from health staff;
- Education of parents and nursery staff on handwashing and food hygiene;
- Encouragement of oral rehydration as soon as symptoms of gastroenteritis start;
- More monitoring by GPs of mild and moderate cases;
- Improved travel advice on using sterilising tablets, boiling water, avoiding exposed food.

Reductions in deprivation, and particularly improvements in housing, will lead to improved living conditions and overall improvements in health.

Figure 10

Food Poisoning
Hospital Admissions per 100,000 persons
Age Standardised Rate 1997-1999



Deaths from lung cancer are falling in Walsall at a faster rate than in England and the West Midlands, if we take a three-year rolling average from 1992-94 to 1995-97. This is almost entirely due to a fall of 18% in the number of men dying from lung cancer. Deaths among women have increased very slightly in Walsall, as in England. The gap in mortality rates between Walsall and England overall has fallen from an excess of 10% in Walsall in 1992-94, to only 4% in 1995-97. This sounds optimistic, but there are some big year-on-year fluctuations, and there were increases in the lung cancer mortality rate in Walsall between 1995 and 1997.

Figure 11 overleaf sets out the age-standardised mortality rates from lung cancer in Walsall's wards and the decline in morality over two periods: 1983 to 1992, and 1994 to 1998.

The table shows a general decline in mortality rates, though there are two exceptions and a very wide variation in the rate of decline.

Against the trend, two wards in East PCG show an increase: Brownhills and Streetly. Streetly shows a steep increase of 41%.

Another six wards show a decline of 10% or less. Two of these are also in East PCG: Aldridge Central and South and Hatherton Rushall. The steep decline in Pheasey is untypical of East PCG.

There are also small declines in Birchills Leamore and Bloxwich East in North PCG, contrasting with a very steep decline in Blakenall, which in 1983-92 had by far the highest mortality rate.

In West PCG, there are small declines in Short Heath and Darlaston South.

In South PCG, steep decline is typical, with falls around 50% in Pleck, St. Matthews and Paddock. This may be associated with substantial increases in the Asian population in these wards since 1983, since as we will see, smoking is much less common in the Asian community.

The table and maps overleaf enable

Map 5

Lung Cancer
Standardised Mortality
Rate per 100,000 Persons
All Ages Walsall Wards
1994-8

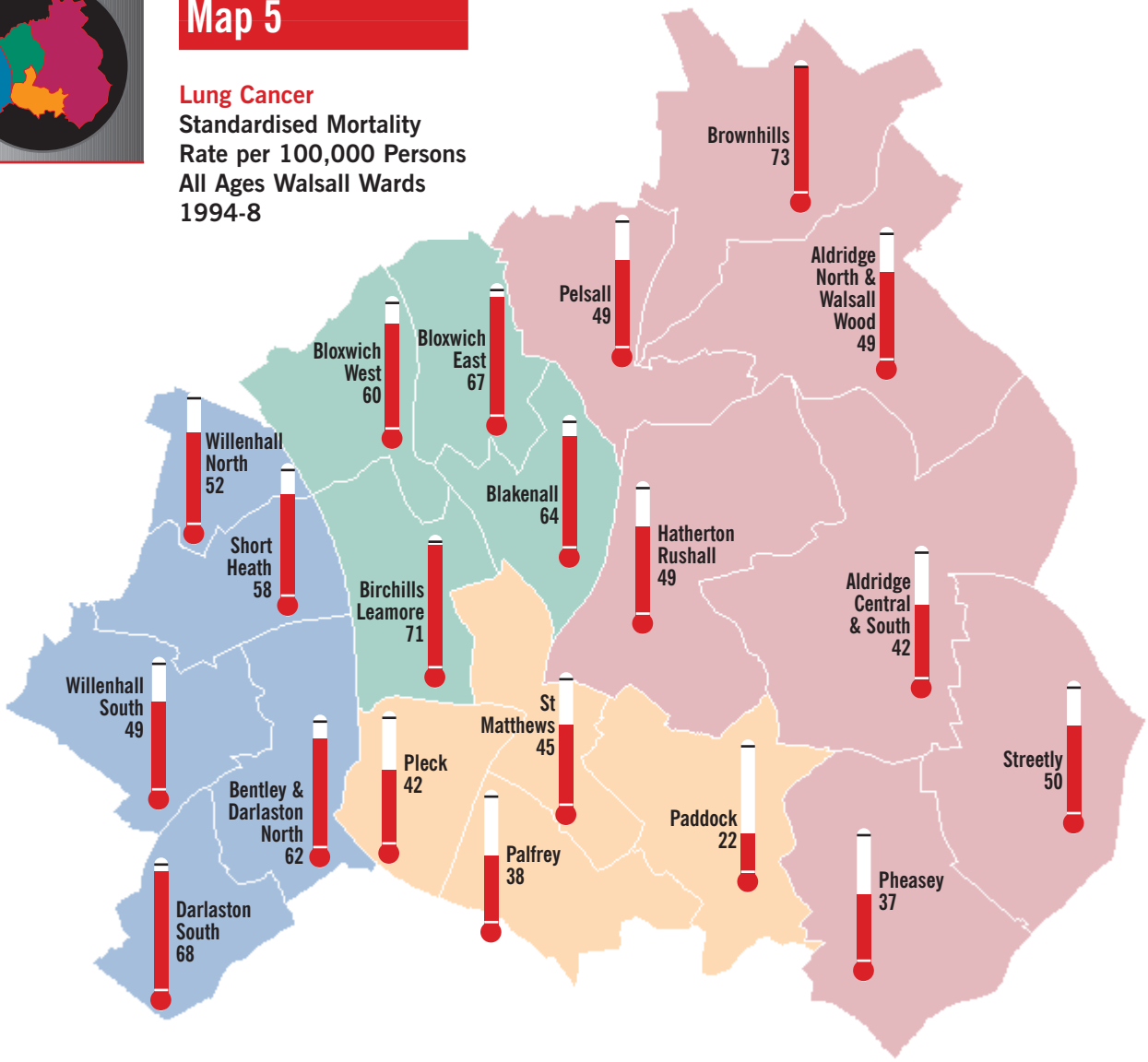
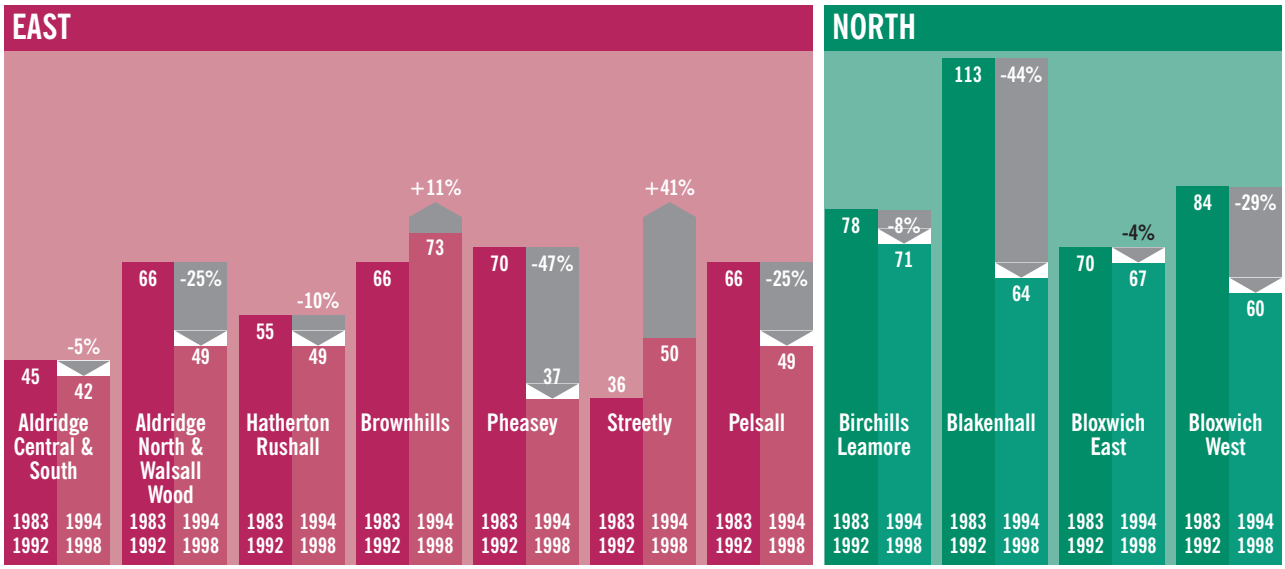


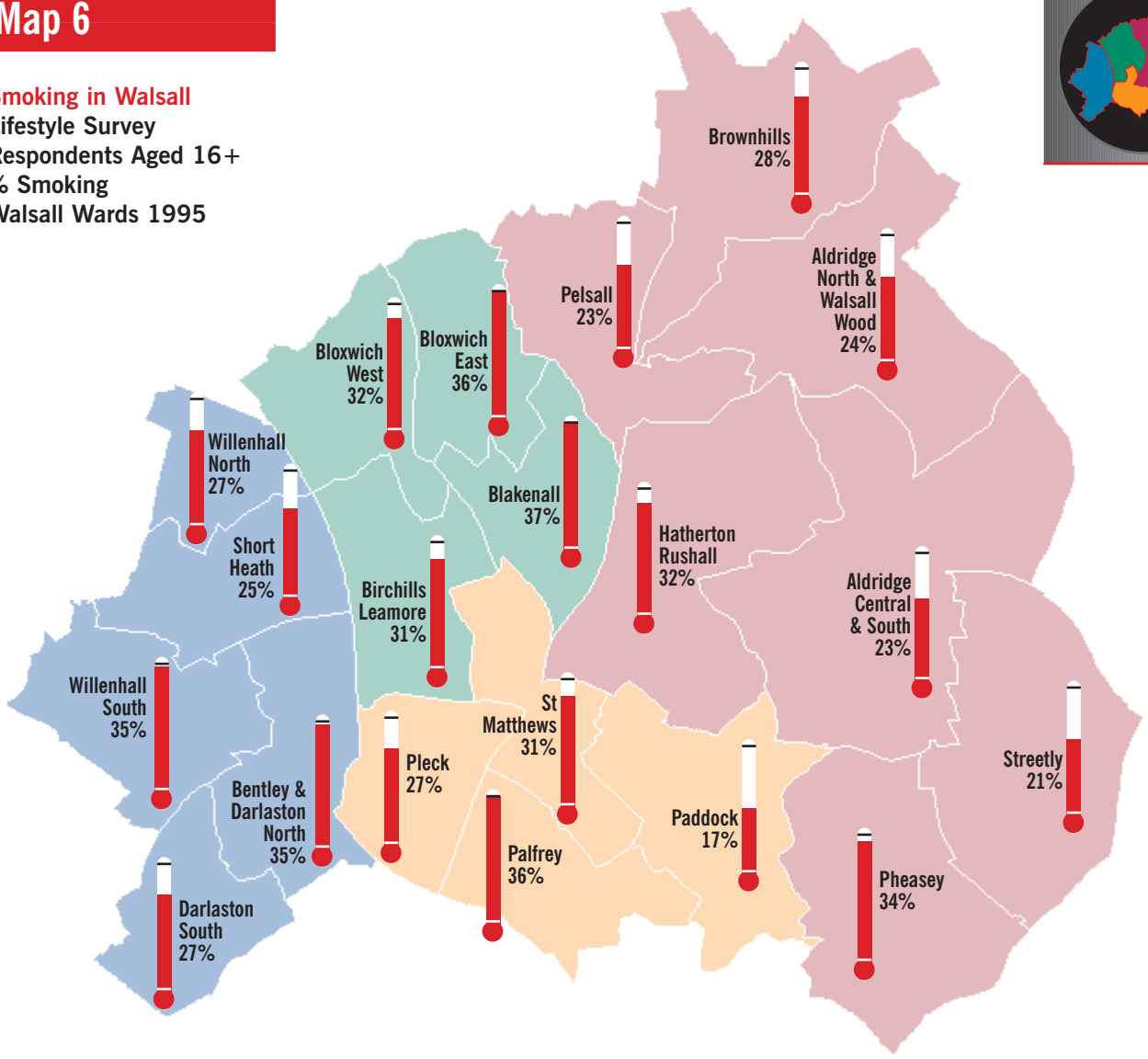
Figure 11

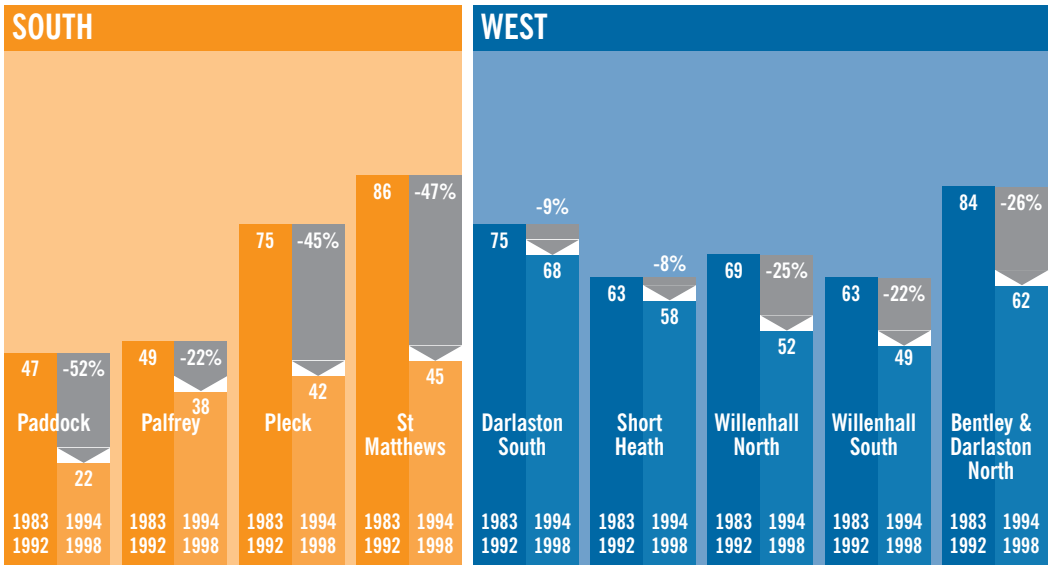
Lung Cancer Standardised Mortality Rate per 100,000 Persons
All Ages Walsall Wards 1983-92 & 1994-8



Map 6

Smoking in Walsall
Lifestyle Survey
Respondents Aged 16+
% Smoking
Walsall Wards 1995





comparison of the trends and levels in mortality from lung cancer and the incidence of smoking.

Contrasting geographical trends have led to some clear concentrations of high mortality from lung cancer in 1994-98.(See Map 5)

The clearest concentrations of high mortality are in North PCG, and to a lesser extent in West. However, the borough's highest ward rate is to be found in Brownhills, at 73.1 per 100,000. The lowest levels are to be found in South PCG, particularly in Paddock, which has had the steepest decline, and in Aldridge Central and South and Pheasey in East PCG. Pheasey has benefited from a very steep decline, but Aldridge Central's lower rate has remained fairly steady.

There is no clear borough-wide pattern of lower or higher decline. The picture is most consistent in South, with general steep decline to low levels. The increases in Brownhills and Streetly are worryingly associated with the highest mortality levels in East PCG. In North, the declines range from 4% to 44%, and the steep decline in Blakenall merely brings it into line with the group of wards with the highest mortality rates.

If there is any one consistent pattern that might influence priorities, it is that the four wards with the highest levels of mortality, Brownhills, Birchills Leamore, Darlaston South, and Bloxwich East, had declines of less than 10% (or an increase in the case of Brownhills).

If we remove the four wards with the highest Asian population in the 1991 Census (Palfrey, Pleck, St. Matthews and Bentley and Darlaston North) from the ward deprivation ranking given on page 27, then the wards with the highest lung cancer mortality rates are ranked 2nd. most deprived (Darlaston South), 3rd. (Bloxwich East), 4th. (Birchills Leamore), and 7th. (Brownhills). Given that the ward with the fifth highest level of lung cancer mortality, Blakenall, becomes the most deprived in the borough if those with high Asian populations are removed, the positive association of lung cancer mortality with deprivation, and the negative relationship with levels of Asian population, become only too clear.

Smoking

Smoking is a key major risk factor in these relationships. Smoking is far more prevalent among low-income groups than among the more affluent. Nationally, mortality from lung cancer among those with unskilled occupational backgrounds was more than four times that of those with 'professional' backgrounds in 1991-93. It also accounts for 18% of deaths from coronary heart disease and 11% of stroke deaths.

Stopping smoking is the most effective means of reducing risk of coronary heart disease. Nationally in 1996, 30% of men and 27% of women smoked. However, the West Midlands Lifestyle Survey found in 1995 that a lower proportion of the population in Walsall smoked: 28.5% of men, and 22.8% of women. The target set by the multi-agency Walsall Smoking Reduction Group is to reduce smoking in the borough to below 20% by the year 2,006.

The West Midlands Lifestyle Survey showed that smoking in Walsall, as elsewhere, is linked to indicators of relative deprivation. For example, among those with no qualifications, 29% of the sample smoked; among those with education to degree level, 15% smoked, and among those with 'A' Level qualifications, 18% smoked. 40% of Council and housing association tenants smoked; but only 23% of owner-occupiers.

Map 6 overleaf below shows the distribution of smoking in Walsall. This is strongly related to the distribution of deprivation, and to the incidence of premature death.

Over a third of the over-16 population were found to smoke in Blakenall and Bloxwich East in North PCG, Palfrey in South, Willenhall South and Bentley and Darlaston North in West PCG, and Pheasey in East.

It is instructive to compare these levels with lung cancer mortality. The clearest relationship at PCG level is in North PCG, where all four wards have relatively high levels of smoking and high levels of lung cancer mortality.

In East PCG, the relationship appears less clear: Brownhills, with the borough's highest (and rising) level of lung cancer mortality, does not have a relatively high level of smoking according to the West Midlands Lifestyle Survey. Pheasey has the highest level of smoking in the PCG but a low level of lung cancer mortality. However, it is important to remember that there is a significant timelag between smoking and development of lung cancer, so that areas with a high prevalence of smoking currently will, unless behaviour is changed, develop a high incidence of lung cancer some time over the next 20-30 years.

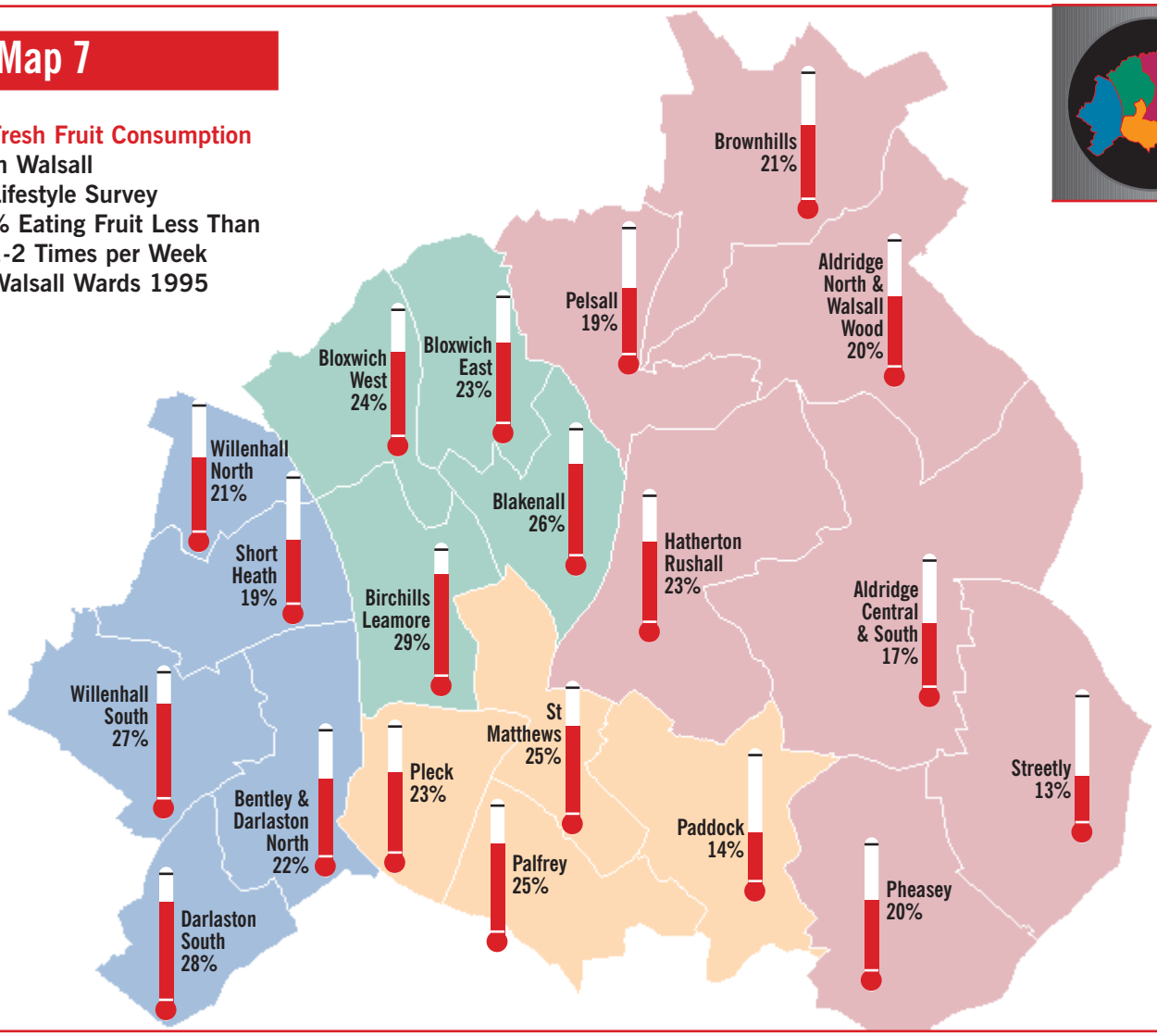
In South, the picture is one of relatively low levels of lung cancer mortality but quite wide variation in levels of smoking. Paddock, with the borough's lowest level of smoking, also has the lowest level of lung cancer mortality. It is also the borough's least deprived ward, along with Streetly.

There is no clear pattern in West. Willenhall South and Bentley and Darlaston North have relatively high levels of lung cancer mortality and of smoking. Short Heath, Willenhall North and Darlaston South have relatively high levels of lung cancer mortality but relatively low levels of smoking.

Diet

Map 7

Fresh Fruit Consumption
in Walsall
Lifestyle Survey
% Eating Fruit Less Than
1-2 Times per Week
Walsall Wards 1995



High consumption of saturated fatty acids and sodium

There is a strong link between quality of diet and income: poor diets are far more common among people with low income, among people in manual occupations, and in urban areas (see below on low birthweight for more on this). The Health of the Nation target was to reduce the average percentage of food energy from saturated fatty acids by 35% between 1990 and 2005, but there is little sign that this is going to be achieved. Obesity is associated with high consumption of saturated fat and with inadequate exercise, and the Health Survey for England in 1994-96 found that levels of obesity were nearly one and a half times higher in Walsall than nationally, at an age-standardised rate of 24 per 100 persons.

Low consumption of saturated fatty acids is usually associated with positive dietary habits of other kinds, such as consumption of fresh fruit and vegetables, and it is of interest to give the breakdown of frequency of consumption of fresh fruit within Walsall from the West Midlands Lifestyle Survey.

Fresh Fruit consumption

Low consumption of fresh fruit, like smoking, is strongly related to the distribution of deprivation in the borough. This is borne out by the Lifestyle Survey finding that twice the proportion of unemployed respondents consumed fruit rarely compared with those in full-time employment.

White respondents were much more likely to be low consumers of fruit compared to those from ethnic minority communities in the borough, as were people with no educational qualifications.

Map 7 shows a concentration of inadequate fruit consumption in North PCG and to a lesser extent in West PCG, while in East consumption of fruit is generally higher. The wards with a higher ethnic minority population tended also to have relatively high proportions with inadequate consumption of fruit. This suggests two things: firstly that poor diet is most strongly associated with deprivation; and secondly it reminds us that there are substantial white populations in the deprived wards with large ethnic minority populations.

Teenage Pregnancy

Walsall is among the local authority areas with the highest rate of under-age conceptions in England and Wales. Figure 12 below shows Walsall's position regionally and nationally.

A national report by the Policy Studies Institute looked at older teenagers, aged 16-19, in Hackney, Leeds and Solihull. This found that in nearly half the cases studied, the teenager's own mother had been under 20 when she had had her first child. By the time the teenage mothers were interviewed, a year after the birth, 81% were claiming Income Support 33% had Council accommodation, and another third were on a waiting list. Just over half the mothers were still in a relationship with the baby's father after a year. Figures from the National Housing Federation, giving the average net income of lone parents starting housing association tenancies in Walsall in 1997/98, confirm a picture of endemic low income. The net incomes of 257 lone parents averaged £104.69 a week - a lower average income than that of single pensioners in the same housing tenure.

A study for Walsall's Education Service has found that the distribution of teenage pregnancy in Walsall is related to deprivation. It notes that teenage mothers 'tend to come from female-dominated households'.

Low Birthweight

Babies weighing 2500 grams or less at birth are more vulnerable to stillbirth, neonatal death (death within a month of birth), learning disability, blindness, deafness, cerebral palsy, epilepsy and autism.

In Walsall, the West Midlands and England and Wales, low birthweight, as a percentage of all live and stillborn infants, increased over the years 1994-1998.

Walsall's rate is growing faster than that of England and Wales: the borough's excess above the national rate has grown each year since 1994, from 10% to 35% in 1998.

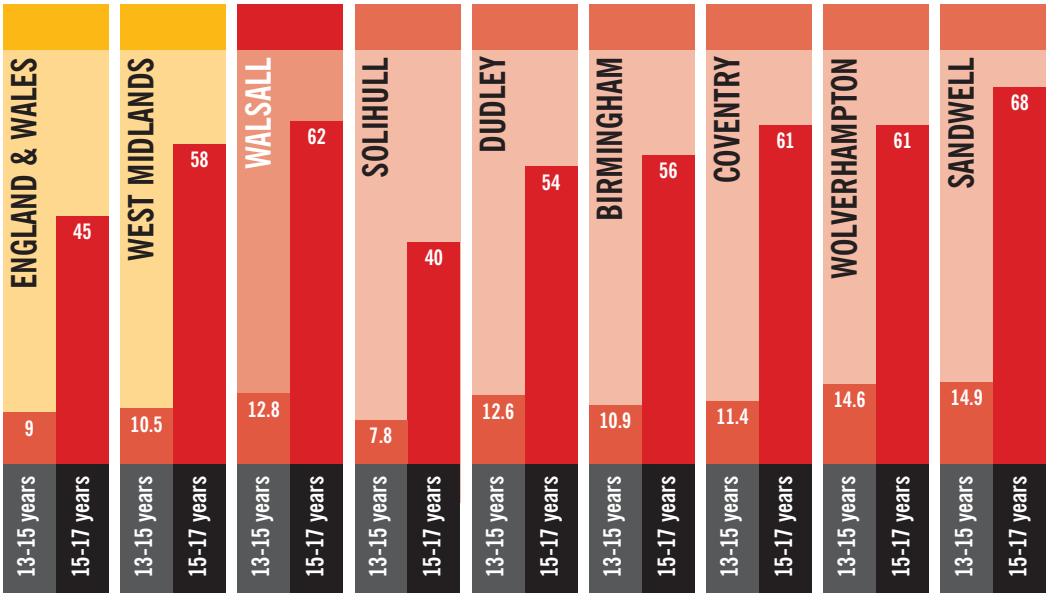
Some important research for the Institute of Brain Chemistry and Human Nutrition at Hackney Hospital in East London has found that variations in the size of newborn babies are mainly determined by the quality of the mother's diet around the time of conception. Although diet during pregnancy is important, this means that good nutrition among young women has to be promoted vigorously as early as possible: this has implications for what happens in school. The research also found that poor intake of protein and some minerals and vitamins, strongly correlated with low birthweight, are also associated with the social class of the mother.

The same project is now carrying out a study of mothers who have already had low-birthweight babies and stillbirths. These mothers have a 1 in 3 chance of having another low-birthweight baby, compared to a 1 in 14 chance in the UK population at large. The evaluation of nutritional support and advice will have important implications for primary health care, and indeed for education.

The relationship between poor diet in mothers and deprivation is reinforced by a greater tendency among women who are well-educated and of

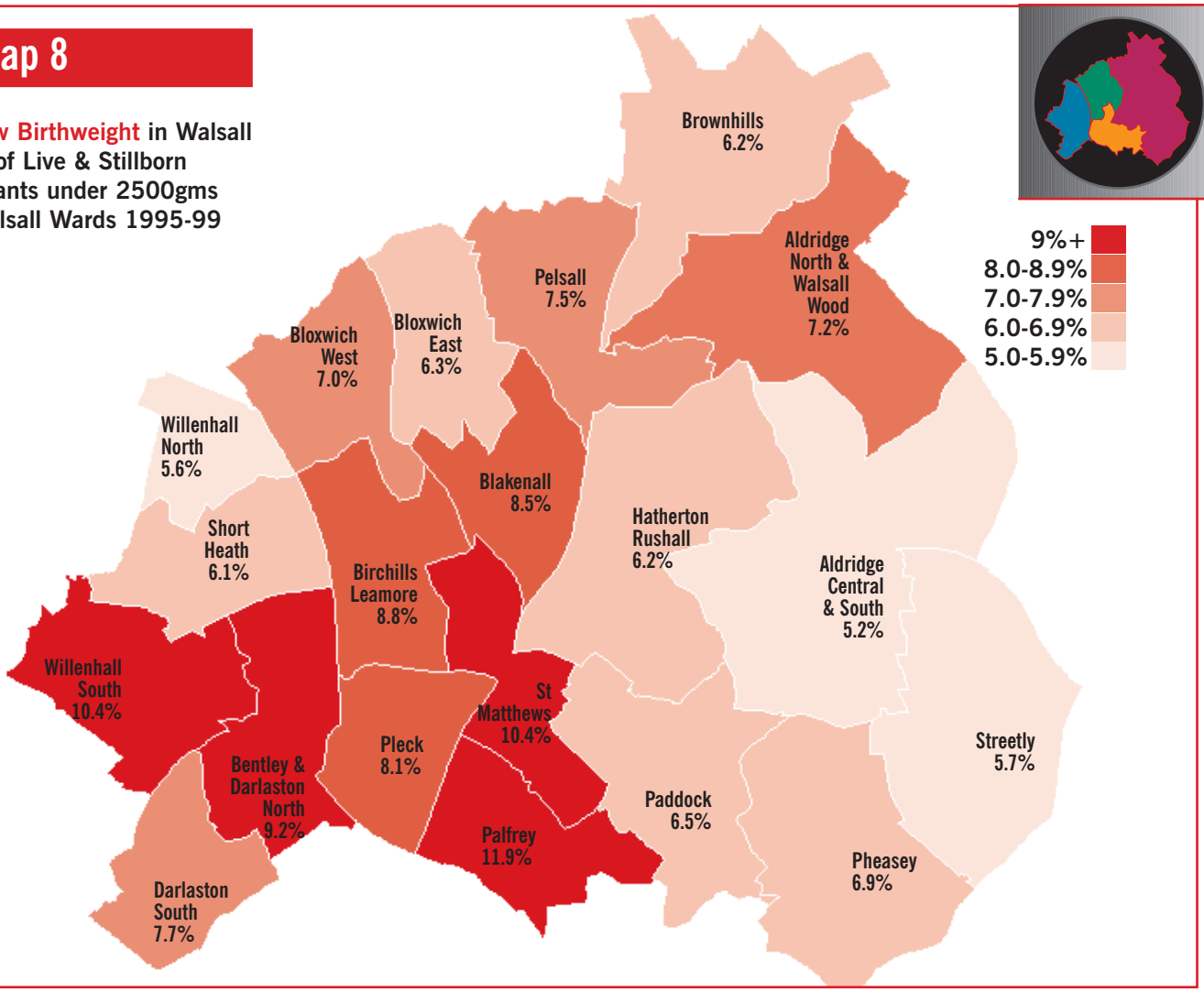
Figure 12

Teenage Pregnancies
Conceptions to Women Aged 13-15 & 15-17 Rate per 1000 Women



Map 8

Low Birthweight in Walsall
% of Live & Stillborn Infants under 2500gms
Walsall Wards 1995-99



higher social class to breastfeed exclusively. Again, this has implications for education, both in school and through health and other outlets.

The cyclical nature of this issue has been strongly underlined by new research which finds that enriched nutrition given to premature babies in the first weeks of their lives can make a significant difference to intelligence, measured by IQ at the age of 7½ to 8 years. It follows that poor nutrition in early months may have a significant adverse effect on later 'cognitive function', particularly in males. This has major implications for the particular challenge of educational under-attainment among boys of white origin from low-income families in Walsall.

The Distribution of Low Birthweight in Walsall

There were wide variations in 1995-1999 in the proportion of births below 2500 grams in the borough, (see Map 8) from 11.9% in Palfrey, more than one and a half times the national percentage, to 5.2% in Aldridge Central and South.

Overall, South PCG has the highest percentage of low birthweight infants, at more than one and a half times the level of East.

The ranking of low birthweight in Walsall in the map above corresponds to rankings of deprivation: of the ten wards with the highest incidence of low birthweight, eight are among the ten most deprived, using the Walsall Poverty Profile Composite Index of Deprivation. A study by the Office for National Statistics has found that babies with fathers in social classes IV and V (unskilled and unemployed) have an average birthweight 130 grams lower than those with fathers in classes I and II (professional and managerial).

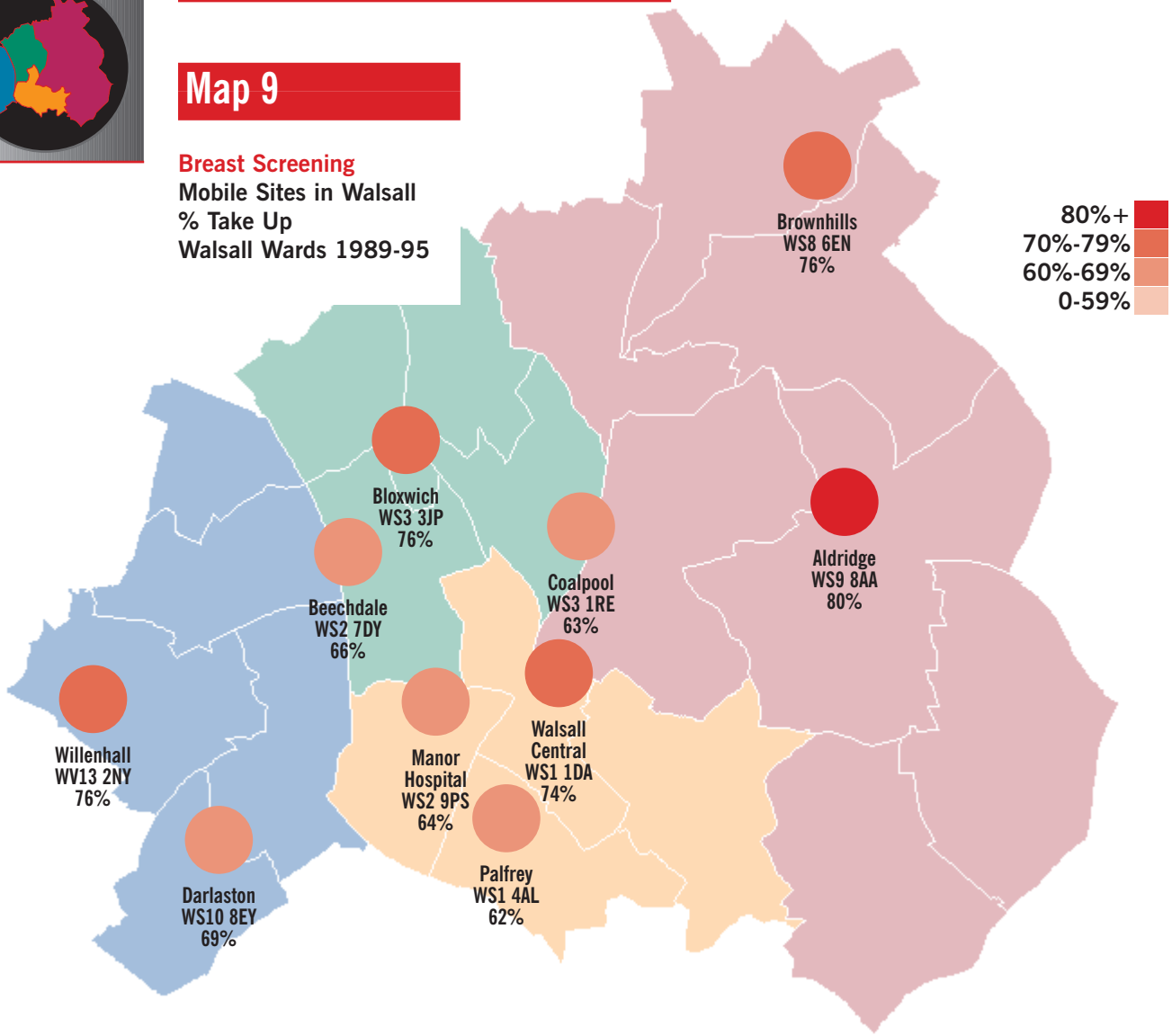
However, it should also be pointed out that small babies born to Asian women of smaller stature than women of European origin are not necessarily a problem. This is likely to be a significant factor in Palfrey, St. Matthews and Pleck, thus particularly overall in South PCG; and to a lesser extent in Willenhall South, Bentley and Darlaston North, and Birchills Leamore.

There are high levels of low birthweight babies in South PCG, in Palfrey and St. Matthews, and in West, in Willenhall South and Bentley and Darlaston North. Levels in East are generally relatively low. From this point of view, the numbers recorded are interesting: two-thirds of the low birthweight babies in Walsall are in only nine wards, divided between North, South and West.

Screening for Breast and Cervical Cancer

Map 9

Breast Screening
Mobile Sites in Walsall
% Take Up
Walsall Wards 1989-95



Breast cancer

Breast cancer accounts for 30% of all female cancers, with 90% of deaths occurring in women aged 50 or more. English women and those of North European origin are most likely to be affected. Other possible risk factors include early onset of menstruation, late menopause, later than usual first full-term pregnancy, obesity, heavy alcohol consumption or benign breast disease. It is one of a few diseases that appears to affect more women of higher socio-economic status. Breastfeeding to at least 3 months offers some degree of protection.

The standardised mortality rate from breast cancer in Walsall is slightly higher than the national rate, at 95 over a three-year average (1995-97) compared to 92 per 100,000 female population aged 50 to 69 years for England.

The national screening programme focuses on women in the 50 to 64 age group. In Walsall as elsewhere, low uptake of screening is associated with deprivation. Map 9 shows the percentage of women taking up screening invitations at each of the Breast Screening Mobile Sites provided in Walsall. The highest take-up is associated with the more affluent East, and particularly low levels – below 65% - with sites in North and South PCGs. The low levels of take-up in South may be associated with reluctance to take up screening among Asian women.

Substantial differences in survival rates for women with breast cancer have been recorded. It is thought that deprivation may also be a factor in this.

Cervical cancer

Cervical cancer is less common. The main risk factors include smoking, sexual lifestyle such as having multiple partners, and lower socio-economic status. The 1995-97 three-year rolling mortality rate in Walsall, (90 per 100,000

population), is slightly above the rate for England - 86 per 100,000 - though it does fluctuate from year to year due to small numbers. The rate has declined significantly in Walsall since 1992.

There seems to be low take-up of screening in Walsall in areas with higher ethnic minority populations, such as Palfrey, Pleck and St. Matthew's. This is reflected in the graph below, (Figure 13) which shows variations between PCGs below the borough target of 90% take-up.

- South has the lowest take-up of cervical screening, at 82%, and East the highest, at 87%.
- The trend has been downward in the past three years in all the PCGs.
- The greatest decline in screening uptake has been in West PCG, of 2.3%.

Socio-Economic and Health Inequality: the Walsall Composite Index of Deprivation

This report has up to now been focused on health data, though it refers continually to the relationship of health to deprivation, health behaviour, and ethnicity among other factors. This section sets out some key perspectives on deprivation in Walsall, providing some baseline data to help readers understand the degree and nature of social and health inequality in the borough and between PCGs. It sets the scene for Part Two of the report, which will look at the distribution of socio-economic and health deprivation within each PCG, as well as summarising key health issues from Part One for each PCG.

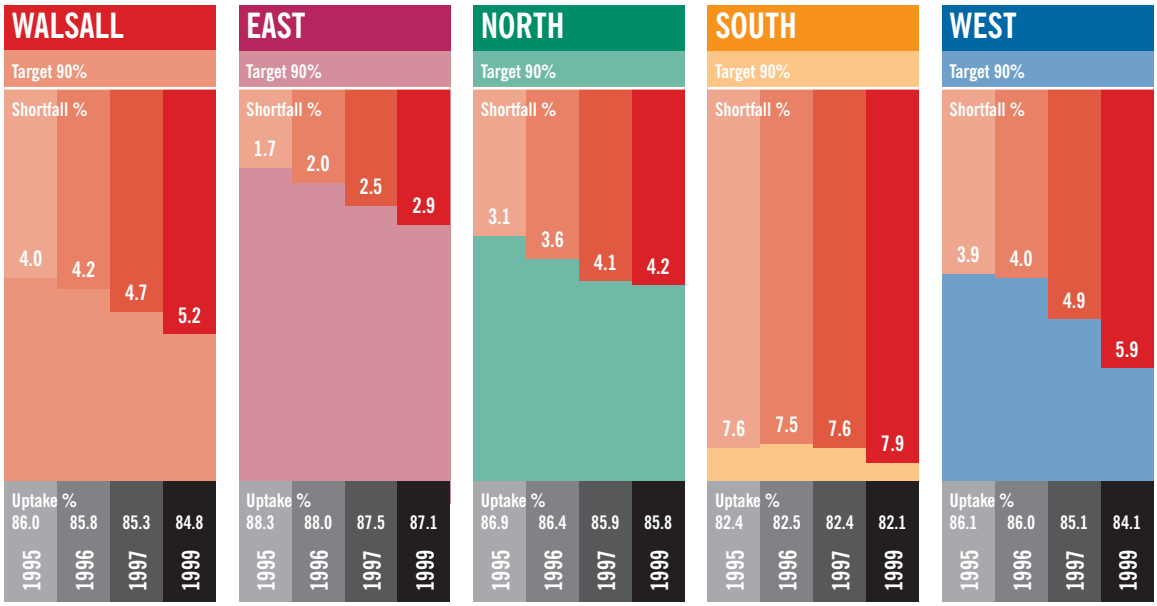
This section relies to a fair extent on material from the Walsall Poverty Profile, though some new analysis has been carried out to meet the aims of this report.

It begins with an overview of the two main sources of assessment of deprivation in Walsall: the DETR Index of Local Deprivation, which has a nationally standardised grading of deprivation; and the Walsall Poverty Profile Composite Index of Deprivation, which unlike the DETR Index uses contemporary data down to a small area level, which can be regularly updated.

The DETR Index uses 13 indicators at borough level, including three indicators derived from the 1991 Census, and standardised mortality ratios for under-75's. The Index places Walsall as the

Figure 13

Cervical Cancer Screening
Uptake Rates and Target Shortfall by Walsall PCGs
Percentage of Women Aged 25-64 Screened in 1995-1999



31st. most deprived local authority district in England, out of 354. The indicator for which Walsall is ranked 'highest' is for low educational attainment (the percentage of 15-year-olds gaining GCSE passes at grades D-G only plus those not gaining any GCSE passes in 1996), for which it is ranked the 15th. poorest in England.

The DETR Index also has a ward-based component, using five Census indicators from 1991, plus a sixth for the percentage participating in education at the age of seventeen. A ranking of the 'extent' of deprivation, measured as the percentage of the population in the most deprived 10% of wards in England, placed Walsall as the 23rd. most deprived local authority district in England.

The table 6 shows the ward rankings for each of the indicators used in the Poverty Profile's composite deprivation map. It aggregates them to produce a 'deprivation league table', which it then compares to the DETR Index rankings.

In more detail, the indicators used are as follows:

- Households receiving Housing Benefit or Council Tax Benefit, November 1998
- Changes of occupancy - Percentage of households moving over twelve months to March 1998
- Summonses for non-payment of Council Tax during 12 months preceding March 1998
- Ratio of 'Children on Benefit' to households, November 1998
- Elderly people receiving means-tested benefits, November 1998
- Deaths under the age of 65, 1992-1996, as a percentage of 1991 population under 65
- Contacts with Community Psychiatric Nurses - January-June 1998

The aim of this approach is not to produce a rival ranking to the DETR one, since the ranking of wards is not the most useful exercise: small area mapping provides a more effective focus. However, the table below is very illuminating for the way it demonstrates an overall consistency between the indicators, and indeed a consistency with the DETR ranking.

Rather than carry out statistical tests, the table makes this consistency plain to the eye. For example, the ten most deprived wards using the composite map approach are the same as those selected by the DETR Index.

The top ten rankings for each indicator are shown by red arrows. Of the 70 individual rankings applied to the top ten wards, only 8 are outside the top ten. This reinforces the view that the application of these indicators to the borough's small areas, presented below, is likely to be a reasonable measure of the distribution of deprivation in 1998. The colour coding of wards by PCG shows the worst deprivation to be consistently found in North and South PCGs (with the exception of Paddock), as well as a particularly high level of deprivation in Darlaston South in West PCG.

Table 6

Walsall Wards by PCG Ranked by Indicators of Profile Composite Compared with DETR Index of Local Deprivation

	EAST PCG							NORTH PCG			
	Aldridge North & Walsall Wood	Aldridge Central & South	Hatherton Rushall	Brownhills	Pheasey	Pelsall	Streetly	Blakenhall	Bloxwich East	Birchills Leamore	Bloxwich West
Profile rank	16	17	12	11	18	13	20	▶ 2	▶ 6	▶ 7	▶ 8
DETR rank	16	18	13	11	14	17	18	▶ 1	▶10	▶ 3	▶ 8
H/Holds on means Tested benefits	16	17	12	11	18	14	20	▶ 2	▶ 4	▶ 7	▶ 8
Mental Health (CPN's)	11	13	▶ 5	▶ 9	19	12	20	▶ 7	▶ 2	▶ 8	▶ 6
Premature Death	17	15	16	11	13	12	20	▶ 5	▶ 1	▶ 7	▶ 3
Pensioners on means tested benefits	16	17	11	▶10	18	▶ 9	20	▶ 7	▶ 2	▶ 6	▶ 4
Council Tax Summonses	15	18	13	▶ 9	19	17	20	▶ 5	▶10	▶ 3	14
Housing Turnover	15	16	▶10	▶ 9	20	17	19	▶ 3	11	▶ 4	13
Children in h/holds on benefits	15	17	12	▶10	19	14	20	▶ 1	▶ 8	▶ 5	11
Sum of rankings	105	113	79	69	126	95	139	30	38	40	59

Several of these indicators demonstrate the very high degree of inequality to be found in Walsall. Among the most striking is the proportion of households receiving means-tested benefits in November 1998, which is shown in figures 14 & 15 (overleaf) both at PCG and ward level.

There are wide differences in the percentages of households receiving means-tested benefits: the proportion in North is nearly twice that of East.

If we compare wards as below, the range is even wider, from Darlaston South at 47%, to Streetly at 6%, with wards in North PCG grouped at the highest levels, along with Palfrey, St. Matthews and Pleck in South, and Bentley and Darlaston North and Darlaston South in West PCG. Given the evidence of this report, the health impact of ten of Walsall's wards having between a third and a half of their households receiving means-tested benefits is very considerable.

Small area mapping

The indicators used for the Poverty Profile were applied to Census small areas (enumeration districts) with an average population in 1991 of 548. The top 25% of small areas for each individual indicator were selected. 36 enumeration districts were selected for five individual indicators, and they were grouped together as the 'most deprived'. A further 42 were in the top 25% for four of the seven indicators and are referred to as the 'deprived' or 'intermediate' group

People living in the 'most deprived' small areas were found to:

- move home twice as often as those in other areas, leading to instability of communities and lack of commitment to them;
- be nearly twice as likely to be summonsed for non-payment of Council Tax, which greatly understates the levels of debt because a high proportion of the households will be receiving Income Support and will not be liable for the tax. Debt breeds stress and a sense of powerlessness;
- have a very low level of owner-occupation, which is an important form of stakeholding in a locality, and associated with better health;
- be much more likely to die early, which means that their health is more likely to be poor, associated with a lack of active involvement in society, and lower income;
- be twice as likely to be receiving means-tested benefits, which means that whether they are working or not, low income will set them at the margins of society, unable to buy the necessities for a healthy life or to enjoy the things that others enjoy; and
- be far more likely to have poor mental health.

Table 6

▶ Indicates ranking in the top ten of each indicator

	SOUTH PCG				WEST PCG				
	Pleck	Saint Matthews	Palfrey	Paddock	Darlaston South	Bentley & Darlaston North	Willenhall South	Short Heath	Willenhall North
Profile rank	▶ 1	▶ 4	▶ 4	19	▶ 3	▶ 8	▶10	14	15
DETR rank	▶ 5	▶ 2	▶ 7	18	▶ 4	▶ 6	▶ 9	15	12
H/Holds on means Tested benefits	▶ 3	▶ 5	▶ 9	19	▶ 1	▶ 6	▶10	13	15
Mental Health (CPN's)	▶ 4	▶ 1	▶ 3	18	▶10	17	16	15	14
Premature Death	▶ 6	▶10	▶ 4	19	▶ 2	▶ 8	▶ 9	14	18
Pensioners on means tested benefits	▶ 3	14	▶ 8	19	▶ 1	▶ 5	12	13	15
Council Tax Summonses	▶ 4	▶ 1	▶ 2	16	▶ 7	▶ 8	▶ 6	12	11
Housing Turnover	▶ 2	▶ 1	▶ 7	18	▶ 5	▶ 8	▶ 6	14	12
Children in h/holds on benefits	▶ 4	▶ 3	▶ 2	18	▶ 6	▶ 7	▶ 9	16	13
Sum of rankings	26	35	35	127	32	59	68	97	98

Population characteristics of the 'most deprived' small areas

Map 10 shows the distribution of these small areas in each PCG. Their location is described in more detail in Part Two.

Analysis of their population has to depend on what we know from the 1991 Census. In 1991, the 36 'most deprived areas' contained a population of nearly 19,000, or 7% of the borough population. If we include the 'deprived' or 'intermediate' set, a total population of over 41,000 is identified, or 16% of the borough population.

The 36 most deprived small areas have a younger age profile, if we look at the make-up of their population through the 1991 Census. Dependent children made up 27% of their population, whereas they made up only 20% of the 'non-deprived' small areas' population.

However, there was little difference in the proportion of residents over 60 in these areas, at about a fifth in each. This shows the most deprived areas to be mixed communities in terms of age, but with a high proportion of children. It highlights the importance of thinking about the needs of elderly people in the most deprived areas, as well as those of younger people.

The level of owner-occupation in the most deprived small areas was low according to the 1991 Census, at 27% of households, compared with 67% of the 'non-deprived' households. The intermediate group of 42 deprived small areas also had a low level of owner-occupation, at 28%.

The level of public sector rented property in the deprived small areas was more than double that in the 'non-deprived' areas, at 68%. 16 of the 78 areas selected were overwhelmingly public sector, at more than 80%. Only 9 of the deprived areas consisted of more than 50% private sector property.

Basing analysis on the 1991 Census, people from ethnic minorities made up 21% of the population of the most deprived small districts, two and a half times the proportion in the 'non-deprived' districts (8%). In the intermediate group of 'deprived' small areas, the percentage was 17%. In 8 of the 36 'most deprived' areas

Figure 14

Means-Tested Benefits Percentage of Households Receiving Means-Tested Benefits by Walsall PCGs 1998

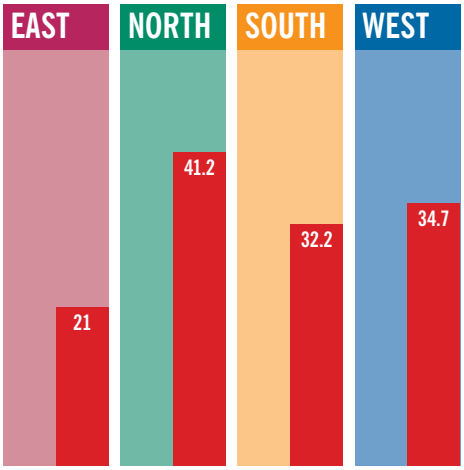
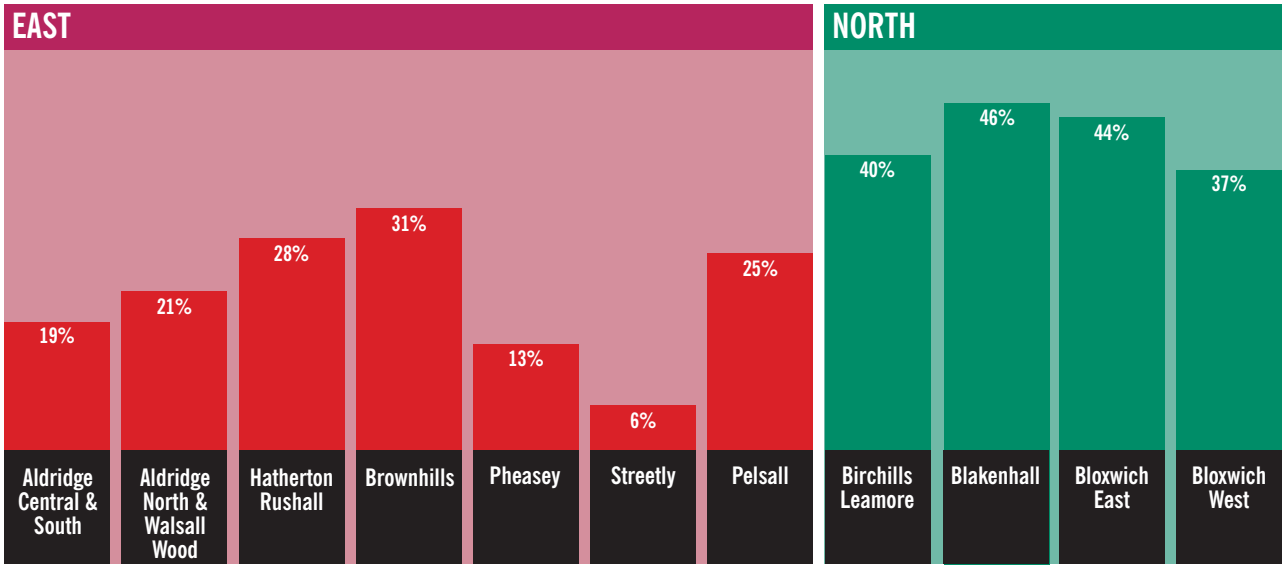


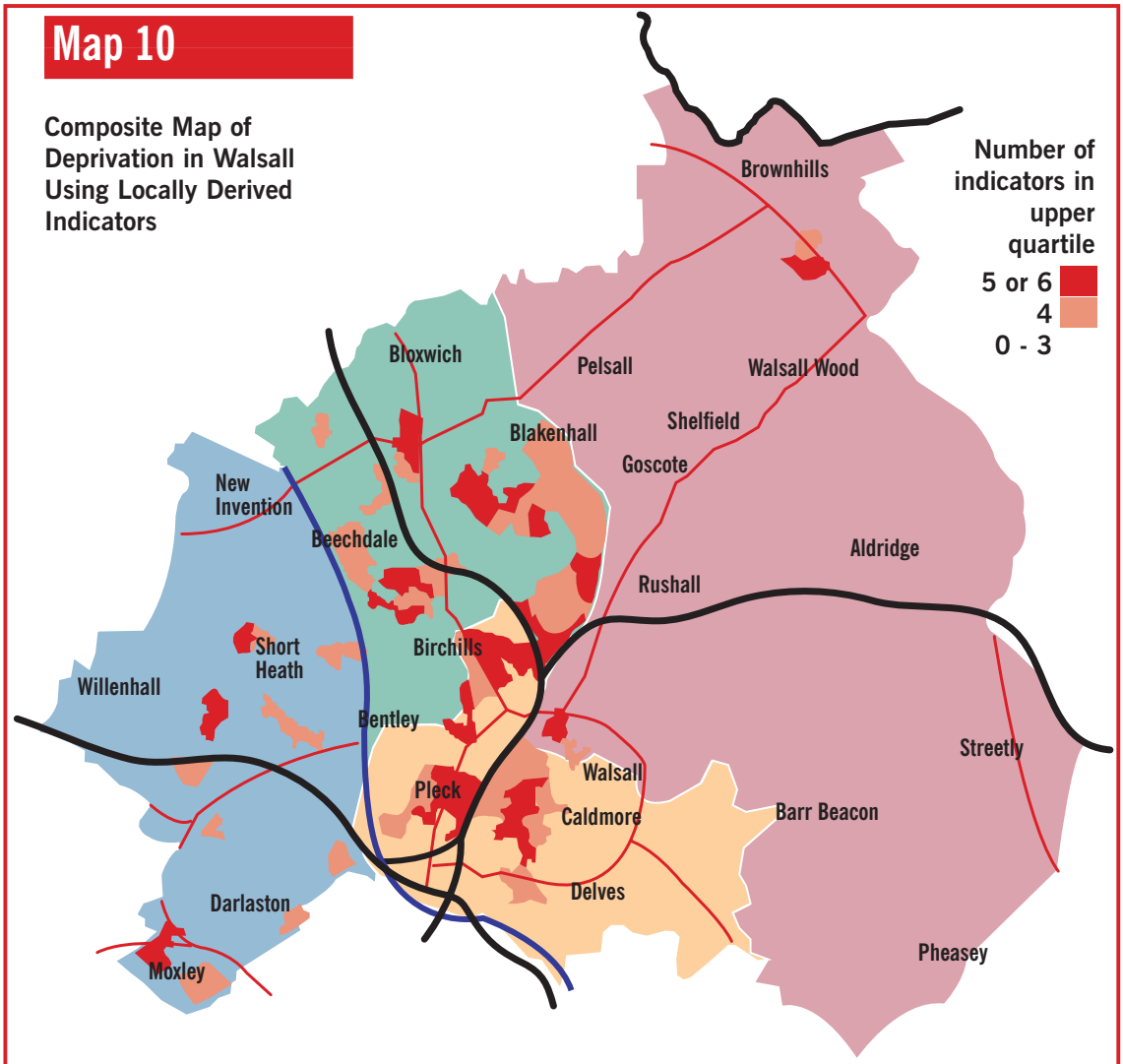
Figure 15

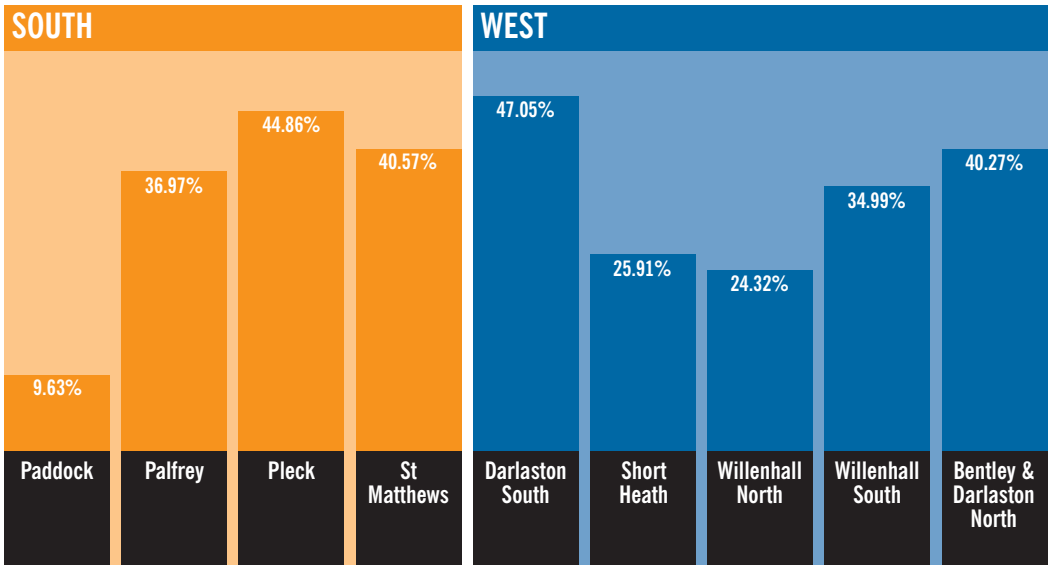
Percentage of Households Receiving Means-Tested Benefits Walsall Wards and PCGs November 1998



Map 10

Composite Map of Deprivation in Walsall Using Locally Derived Indicators





selected, 40% or more of the population were from ethnic minorities.

31% of the borough's South Asian population lived in the 78 'deprived' small districts, though they contained 16% of the borough's population overall, according to the 1991 Census. A third of the borough's Black population lived in these areas.

79% of the population of the most deprived small areas were White, compared to 92% of the 'non-deprived' areas. However, 19 of the 36 'most deprived' areas were overwhelmingly (90% or more) White.

At the time of the 1991 Census, 7% of the households in the deprived small areas were one-parent families. In the 'non-deprived' areas, the proportion was only 3%.

The spread of deprivation: what it says about priorities

Intense concentrations of deprivation are breeding grounds for social exclusion, and the poor health that accompanies it. However, it is also possible for individuals and families in more affluent areas to be socially excluded. Most of the people in Walsall who experience deprivation do not live in the most intensely deprived areas.

In the most deprived areas, the unemployment rate at the time of the 1991 Census was 24.3%. In the non-deprived areas, it was 9.9%. In the intermediate 'deprived' areas, it was 22%. However, if we look at the numbers unemployed in each set, a quite different emphasis emerges. In the most deprived small areas, there were 1,772 unemployed. In the intermediate 'deprived' small areas, there were 2,002. In the much larger 'non-deprived' areas, there were 10,689.

This tells us two things. First, although 16% of the population overall lived in the two sets of 'deprived' areas, 26% of the unemployed lived there.

On the other hand, the vast majority of the unemployed, 74%, lived in the non-deprived areas. This high proportion is likely to have diminished since 1991, since unemployment has fallen more steeply in better-off wards in recent years, while it remains stubbornly high in poorer areas. But the distribution strengthens an argument for a balanced and multi-dimensional approach to addressing health inequality. Acheson makes the point that health inequalities are a gradient across all social classes. While it is important to focus on the most deprived areas, to do so exclusively is to miss most of the problem.

PART TWO

Within the Primary Care Groups

Introduction

This section focuses on conditions within each of the four Primary Care Group areas in Walsall: North, South, East and West. Each PCG section will summarise some of the main issues arising from Part One. It will go on to focus on the geographical distribution of deprivation and health needs identified within each PCG, using the mapping data from the Walsall Poverty Profile described in the last section. Some additional analysis has been done in the case of East PCG.

NORTH Primary Care Group

- Of all the PCGs, North has the highest proportion of children between the ages of 5 and 14.
- 5% of North PCG's population were from ethnic minority groups in 1991, according to the Census.(See table 7)
- The highest levels of mortality from coronary heart disease in Walsall are in North PCG.
- The borough's highest level by far is in Bloxwich East, double those of Aldridge Central and South and Paddock. All wards in North PCG are in the highest band of mortality rates, above 225 per 100,000 population.
- Blakenall, the most deprived ward by the DETR ranking and with the highest level of smoking according to the West Midlands Lifestyle Survey, showed the fourth steepest decline in mortality rates from CHD between 1983-92 and 1994-98. In 1983-92, Blakenall and Bloxwich East, neighbouring wards, shared the same high levels of CHD mortality and very high levels of smoking: one had a steep fall (31%), and the other a very small decline (6%). This raises questions for discussion at local level.
- North PCG has high levels of hospital admission for CHD with the exception of Blakenall, and the admission rates of Bloxwich East and West are the highest in the borough.
- North PCG, with the highest levels of cardiac mortality and morbidity, has relatively good access to Coronary Artery Bypass Grafting (CABG). However, the number of Angioplasty procedures (PTCA) is very low across all PCGs, and a sustained effort to improve access is required across Walsall.
- Prescription of lipid lowering drugs in Walsall is rising steeply, and is at its highest in North PCG where CHD mortality rates are highest.
- There is a strong relationship between asthma hospital admissions and deprivation in Walsall. Birchills Leamore has one of the highest levels of asthma admissions, and Blakenall also has a

Table 7

Ethnic Composition of North PCG

White	**95%**
Black Caribbean	**0.6%**
Indian	**1.7%**
Pakistani	**1.9%**
Other	**0.8%**

high level. However, Bloxwich West and East, with relatively low levels of admission, do not conform to this pattern.

- Wards with high hospital admission rates for asthma tend to be grouped around the M6, though there are exceptions: Bloxwich West, with a low level of admissions and next to the M6, has significant levels of deprivation and high mortality rates. Birchills Leamore, like Pleck, has one of the highest levels of admissions and high levels of deprivation; they are also immediately to the East of the M6, which is where pollution is likely to be blown by the prevailing South West wind. This pattern is more pronounced in the distribution of under-fives' hospital admission, though the numbers are small. Several other routes with heavy traffic (greater than 25,000 vehicles per day) are located in or next to the wards identified, including the A454 through Birchills Leamore. Walsall also receives substantial airborne pollution from the West Midlands conurbation to the south.
- North PCG had the highest hospital admission rate for falls of all ages.
- People aged 65 and over made up the bulk of hospital admissions for falls, particularly from North PCG (mainly Bloxwich East).
- Small area mapping of non-elective hospital admissions in Walsall in 1998 showed a strong correspondence with areas of deprivation, particularly in North PCG (Blakenall, Birchills Leamore and Bloxwich West).
- The level of antibiotic prescribing in North PCG has declined quite steeply over the past two years, though there are significant variations in GP prescribing within each PCG.
- As in the other PCGs, hospital admissions of under-fives for food poisoning were very high.
- The most consistent concentrations of high mortality from lung cancer are in North PCG. The declines between 1983-92 and 1994-98 in the four wards range from 4% to 44%. A very steep decline in Blakenall merely brings it into line with the group of wards with the highest mortality rates. In contrast, there were small declines in Birchills Leamore and Bloxwich East. These mortality levels are strongly associated with deprivation.
- Smoking was a major risk factor for lung cancer and coronary heart disease: high levels were found generally in North PCG. Over a third of the over-16 population were found to smoke in Blakenall and Bloxwich East.
- According to evidence from the West Midlands Lifestyle Survey, people living in North PCG are less likely to eat fruit regularly, particularly in Birchills Leamore and Blakenall.
- In Birchills Leamore and Blakenall, there is a relatively high incidence of low birthweight.
- There are particularly low levels – below 70% - of take-up by women aged 50-64 of breast screening at Mobile Sites provided in Blakenall and Birchills Leamore.
- The trend in percentages of women aged 25-64 taking up cervical screening has been downward in the past three years in all the PCGs.

The distribution of deprivation in North PCG

The Walsall Poverty Profile's Composite Index of Deprivation identifies nearly a third of North PCG's small areas (Census enumeration districts) as 'deprived' or 'most deprived' - a higher percentage than the other three PCGs. Blakenall ward had the highest percentage of deprived small areas in the borough, and was the only ward to have over half of its small areas selected. The far higher level of premature death in these deprived areas may make them a particular focus in the PCG.

Map 11 shows the distribution of the small areas selected. A particular concentration extends from Birchills, adjacent to Walsall Town Centre, northwards for about a couple of miles as far as Blakenall.

Birchills The 'most deprived' area, around the junction of Wolverhampton Road and Pleck Road and north of the Wolverhampton Road along Hollyhedge Lane, is split between Birchills and Alumwell and comprises mainly older terraced housing with some medium rise flats. The deprived area around Burrowes Street is made up of public sector multi-storey flats (Farringdon, Regent, Tibbitts, Richards, Winn House), low rise flats and a small number of housing association houses and low rise flats. A large number of properties in the Birchills area are managed by Burrowes Street Tenant Management Co-operative.

North Walsall Areas either side of Bloxwich Road comprising mainly older housing with significant pockets of redevelopment for flats/ houses.

Ryecroft/ Coalpool The housing in this area is made up of mainly public sector pre- and post-war houses, bungalows and low rise flats with a small number of private sector houses.

Map 11

North PCG Deprivation

Goscote Appears in the 'deprived' as opposed to the 'most deprived' category. The area is made up of mainly public sector pre- and post-war houses with a small number of bungalows and low rise flats. The Goscote Estate is managed by Goscote Estate Management Board.

Harden/ Blakenall The housing in this area is made up of mainly public sector pre- and post-war housing with a mixture of multi-storey flats (Blakenall Close and Victoria House), low rise flats, a small number of bungalows and some private sector housing.

Beechdale estate is a post-war Council-built estate transferred en bloc to the Beechdale Housing Association in 1996. It is made up largely of family housing with some elderly person bungalows and 1970s low rise flats on its western edge, adjoining the M6

Other areas selected include Sandbank, and some areas to the centre and north of Bloxwich - public sector multi-storey flats (Cartwright, Davies, Wilkins and Clarke House), and a small number of bungalows, private sector pre- and post-war houses, and Housing Association property.

SOUTH Primary Care Group

- Of all the PCGs, South has the highest proportion of children aged 0-4 and young people aged 15-24, suggesting that as the older age group continues through childbearing years, we may see greater increases in the proportions of children in South. South also has the highest proportion aged 85 or over.

- In 1991, South had the largest ethnic minority population of the PCGs. A quarter of the population was of Asian origin.(Table 8)

- South PCG shows a particularly wide range of CHD mortality rates, from 158 per 100,000 persons in Paddock to 244 in St. Matthews. Paddock had the lowest percentage in the borough who smoked, and St. Matthews the third highest.

- South PCG has wide variation in hospital admission rates for CHD. Pleck and Palfrey have relatively high admission rates, but a relatively low mortality rate. St. Matthews has a relatively high mortality rate but a low admission rate.

- South PCG has a very low rate of Coronary Artery Bypass Grafting (CABG) particularly in the under 65 age groups, in contrast to apparent need. Also, the number of Angioplasty procedures (PTCA) is very low across all PCGs and a sustained effort to improve access is required across Walsall.

- Over all age groups, the highest prevalence of asthma is in South PCG. There is a strong relationship between asthma admissions and deprivation in Walsall. Pleck has one of the highest levels of asthma hospital admissions, and St. Matthews and Palfrey also have a high level.

- Wards with high hospital admission rates for asthma tend to be grouped around the M6. Pleck has one of the highest levels of admissions: like Birchills Leamore, as well as high levels of deprivation, it is immediately to the East of the M6, which is where pollution is likely to be blown by the prevailing South West wind. This pattern is more pronounced in the distribution of under-fives' hospital admission, though the numbers are small. Walsall also receives substantial airborne pollution from the West Midlands conurbation to the south.

- Several other routes with heavy traffic (greater than 25,000 vehicles per day) are located in or next to the wards identified. They include the A454, the A 4088 and A461 through Pleck, and the A34, A454 and A4148 next to and through St. Matthews.

- Small area mapping of non-elective admissions in Walsall in 1998 showed a strong correspondence with areas of deprivation, particularly in South PCG (St. Matthews and Pleck).

- Prescribing rates of antibiotics are highest in Walsall South PCG, where according to analysis by the Health Authority the equivalent of 95% of the population receive antibiotics compared to just 78% in Walsall East PCG in any one year. However, prescribing rates in South have fallen quite significantly over the past two years.

- Hospital admission rates for 1995-99 show that South Walsall PCG has the highest rate of admissions for TB per 100 000 population. Admissions between 1995 and August 1999 totalled 187in the borough, of which 81 were in South. Examination of cases notified in 1998 show that 26% of cases were white, while 58% were of South Asian origin. Risk of infection is often through contact with families in countries of high TB prevalence, which is exacerbated by socioeconomic deprivation.

- As in the other PCGs, hospital admissions of under-fives for food poisoning were very high.

- The lowest levels of lung cancer mortality are to be found in South PCG, and there were steep declines between 1983-92 and 1994-98 throughout the area, particularly in Paddock. This may be associated with substantial increases in the Asian population in this PCG since 1983, since smoking is much less common in the Asian community.

- There were quite wide variations in levels of smoking. Over a third of the over-16 population were found to smoke in Palfrey. However, Paddock, with the borough's lowest level of lung cancer mortality, also had the lowest level of smoking. It is also one of the borough's least deprived wards.

- With the exception of Paddock, a relatively high

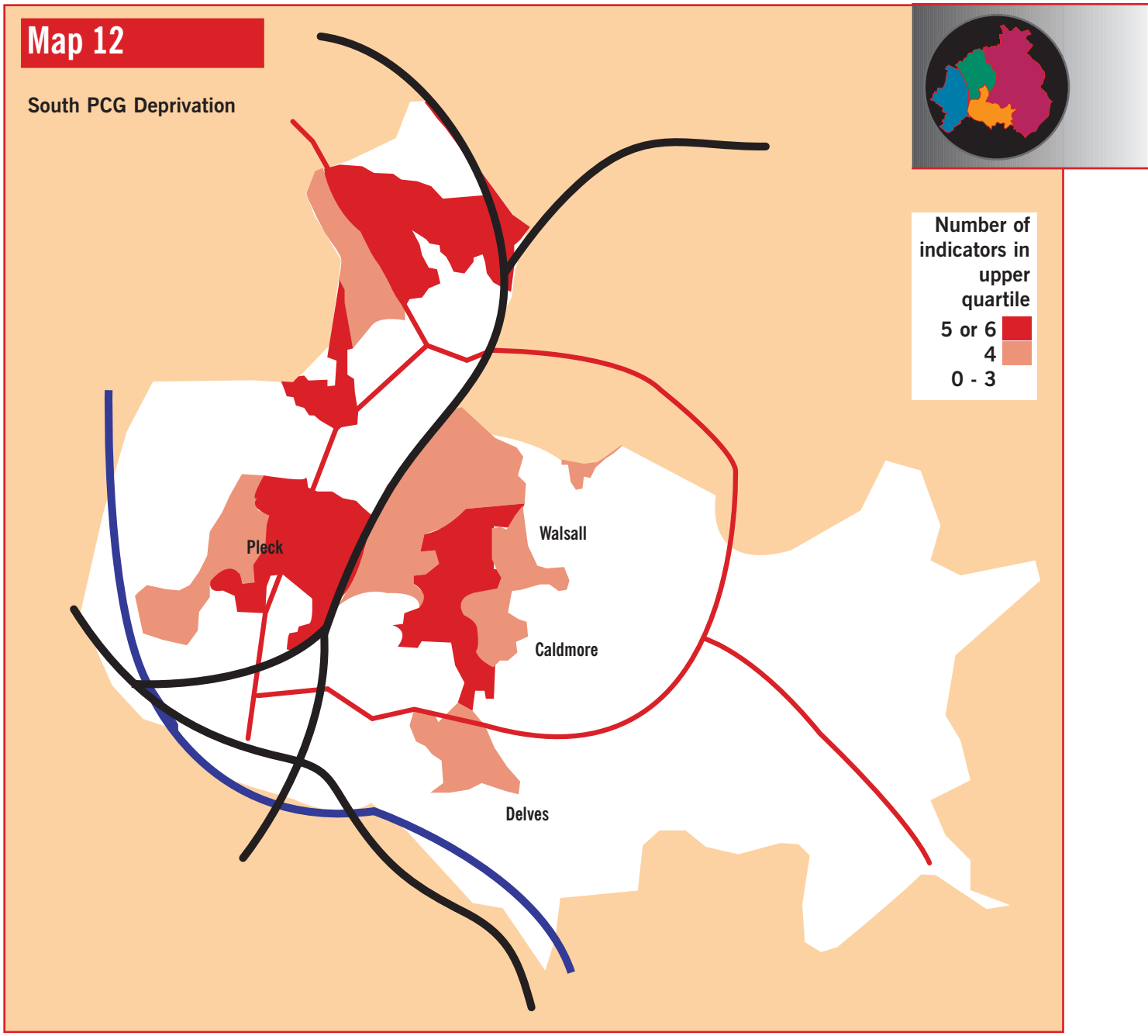
Table 8

Ethnic Composition of South PCG

White	**71.8%**
Black Caribbean	**2.0%**
Indian	**13.1%**
Pakistani	**8.8%**
Bangladeshi	**2.3%**
Other	**2.0%**

Map 12

South PCG Deprivation



proportion of South PCG's population ate fruit rarely, according to the West Midlands Lifestyle Survey. This is surprising, because people from ethnic minorities were more likely to eat fruit regularly, and South has a high Asian population. This suggests two things: firstly that poor diet is most strongly associated with deprivation; and secondly it reminds us that there are substantial poor white populations in the deprived wards with large ethnic minority populations.

- Palfrey, Pleck and St. Matthews have some of the highest percentages of low birthweight babies in the borough. This is generally associated with deprivation, though a high proportion of small babies born to Asian women may also be a factor and is not necessarily a problem.

- There are particularly low levels – below 65% - of take-up by women aged 50-64 of breast screening at Mobile Sites provided in Pleck and Palfrey. These may be associated with reluctance to take up screening among Asian women.

- The trend in percentages of women aged 25-64 taking up cervical screening has been downward in the past three years in all the PCGs. South has the lowest take-up of cervical screening, at 82%. There seems to be low take-up of screening in areas with higher ethnic minority populations, such as Palfrey, Pleck and St. Matthew's.

The distribution of deprivation in South PCG

The Walsall Poverty Profile's Composite Index of Deprivation identifies 29% of South PCG's small areas (Census enumeration districts) as 'deprived' or 'most deprived' – nearly as high a proportion as in North. Indeed of all Walsall's wards, St. Matthew's, Palfrey and Pleck had the second, third and fourth highest percentages of areas selected: a unique concentration in the borough. The far higher level of premature death in these deprived areas may make them a particular focus in the PCG.

Map 12 shows the distribution of the small areas selected. The area, extending into Walsall Town Centre from the south, is made up predominantly of older housing built before 1919. Throughout the area there are also substantial pockets of newer housing, often built as a result of redevelopment. It has become popular with ethnic minority groups, with almost half of the population belonging to people from an Indian, Pakistani or Bangladeshi background.

Caldmore/ Palfrey Although adjacent to Walsall town centre, Caldmore has its own commercial centre, specialising in providing for the needs of the local ethnic minority population. The 'most deprived' areas are concentrated around the local centre – West Bromwich Street and Caldmore Road. The housing in this area is made up of a mixture of public sector multi-storey flats (Little London House and Wood House), a small number of post war houses, low rise flats, and a large number of private sector houses. The area to the south, around Bescot Street in Palfrey, consists of mainly post-war houses and low rise flats. Much of the area was part of the recently completed City Challenge programme.

Pleck, to the west of the Walsall-Birmingham railway, also has a commercial centre which coincides with the area showing the greatest degree of deprivation. Darlaston Road and Pleck Road in particular display the most severe deprivation. The housing in this area is made up of a mixture of public sector post-war houses and low rise flats, a large number of private sector Victorian terraced houses, and Housing Association houses and flats.

Also noteworthy in this map is an area in the north east corner. The housing in this area is largely confined to the north side of Lower Rushall Street, comprises mainly medium rise flats, and was built in the 1970s.

EAST Primary Care Group

- Of all the PCGs, East has the lowest proportion of population under 45, and the highest from 45 to 74, according to GP Practice population lists.
- East has the lowest ethnic minority population of all the PCGs. (Table 9)
- East PCG shows a particularly wide range of CHD mortality rates: from 161 per 100,000 population in Aldridge Central and South to over 230 per 100,000 population in Hatherton Rushall, Aldridge North and Walsall Wood, and Brownhills.
- There is little clear pattern in the trends in CHD mortality. Most of the wards which showed a steep decline between 1983-92 and 1994-98 were relatively less deprived, according to both the DETR and Walsall Poverty Profile rankings: Pheasey, Aldridge Central and South, Pelsall and Brownhills. But Streetly, one of the least deprived wards, showed one of the smallest declines.
- Nor is there a clear pattern in admissions for CHD. We would expect the wards with higher mortality rates to have higher admission rates, and this is so in the case of Brownhills. On the other hand, Aldridge Central and South and Pelsall have relatively high admission rates but low mortality rates for CHD.
- The number of Angioplasty procedures (PTCA) is very low across all PCGs and a sustained effort to improve access is required across Walsall.
- Prescription of lipid lowering drugs in Walsall is rising steeply.
- There is a strong relationship between asthma admissions and deprivation in Walsall, but this is not uniformly the case in East PCG. Brownhills has one of the highest levels of asthma admissions in the borough, and Aldridge Central and South also has a high level.
- East PCG had a relatively high admission rate for falls of all ages.
- People aged 65 and over made up the bulk of hospital admissions for falls, particularly from East (mainly Brownhills).

Table 9

Ethnic Composition of East PCG

White	97.9%
Black Caribbean	0.4%
Indian	0.9%
Pakistani	0.2%
Other	0.6%

Map 13

East PCG Small areas where over a third of households receive Housing or Council Tax Benefit.

- East PCG has the lowest antibiotic prescribing rates in Walsall. As in the rest of the borough, these rates are declining.

- As in the other PCGs, hospital admissions of under-fives for food poisoning were very high.

- The borough's highest ward mortality rate for lung cancer is to be found in Brownhills, at 73.1 per 100,000 population. The lowest levels are to be found in Aldridge Central and South and Pheasey. Pheasey has benefited from a very steep decline between 1983-92 and 1994-98, but Aldridge Central's lower rate has remained fairly steady. However, against the borough trend, the two wards with the highest mortality levels in East PCG show an increase: Brownhills and Streetly. Streetly shows a steep increase of 41%.

- In East PCG, the relationship between smoking levels and lung cancer mortality was less consistent than in the other PCGs: Brownhills, with the borough's highest (and rising) level of lung cancer mortality, does not have a significantly high level of smoking according to the West Midlands Lifestyle Survey. Pheasey has the highest level of smoking in the PCG – over a third of the over-16 population smoking - but a low level of lung cancer mortality. However, high levels of smoking in the nineties may be reflected in higher levels of lung cancer in the future.

- There is a relatively low incidence of low birthweight in East PCG. Pelsall, Aldridge and Walsall Wood have the highest levels.

- Take-up of breast screening by women aged 50-64 at Mobile Sites in East PCG is relatively high, though the site in Brownhills has a take-up rate below 80%.

- The trend in percentages of women aged 25-64 taking up cervical screening has been downward in the past three years in all the PCGs. The take-up level in East PCG is the borough's highest, at 87%, but it is still below the borough target of 90%.

The distribution of deprivation in East PCG

The Walsall Poverty Profile's Composite Index of Deprivation identifies only three small areas (Census enumeration districts) as 'deprived' or 'most deprived' in East PCG. These are all in **Brownhills**, around Lindon Drive/ Catshill Road. They are a mixture of mainly public sector multi-storey flats (Waine, Bayley, Severn and Humphries House), low rise flats and a small number of post-war houses. The far higher level of premature death in these deprived areas may make them a particular focus in the PCG.

This shows that there are far fewer concentrations of deprivation in East than in the rest of the borough, and many other findings in this report point towards East PCG being generally better off and in better health. However, to aid priority-setting, it was decided to map the distribution of another indicator in the PCG: small areas with more than a third of households receiving means-tested benefits. Map 13 shows the distribution of the small areas selected. This yielded some striking results.

It was found that in over a fifth of East PCG's small areas, more than a third of households were receiving means-tested benefits. When they were compared as a group with the other small areas of the PCG, high levels of need emerged.

- On average, 43% of households were receiving means-tested benefits, compared with only 15% in the areas not selected.

- As a proportion of the 1991 population aged under 65, deaths before the age of 65 in the years 1992-96 were 56% higher in these areas than in those not selected.

- More than half of these small areas each contained 50 or more people aged 60 or over receiving means-tested benefits, compared to only 5% of the areas not selected. This means that there is a significant concentration of older people on low incomes in these areas.

- There were also four times the proportion of children in households living on benefits in the areas selected.

- People living in these areas were nearly twice as likely to receive Council Tax summonses, in spite of households receiving Income Support not being liable for Council Tax: this means that low wages are likely to be common in these areas.

- There were high levels of community instability in the areas selected: in 1997/98, 18% of households moved, compared to only 10% in the areas not selected.

This demonstrates the importance of receipt of means-tested benefits as a single indicator of deprivation. However, this map should not be compared with those of the other PCGs, since the percentage of households receiving means-tested benefits in the areas selected by the Poverty Profile Index was much higher, at 56%.

WEST Primary Care Group

- Of all the PCGs, West has the highest proportion of population in the 25-44 age group, and the lowest between 65 and 84.
- Of the four PCGs, West has the second highest ethnic minority population. (Table 10)
- Willenhall North and Bentley and Darlaston North were in the upper half of a ranking of mortality rates from CHD by ward. Willenhall North, with the third highest mortality rate, uniquely in Walsall showed an increase between 1983-92 and 1994-98.
- There is little clear pattern in admissions for CHD. We would expect the wards with the highest mortality rates to have higher admission rates, and this is so in the case of Bentley and Darlaston North. Short Heath, on the other hand, has relatively high admission and low mortality rates.
- West PCG has a very low rate of Coronary Artery Bypass Grafting (CABG) particularly in the under 65 age groups, in contrast to apparent need. Also, the number of Angioplasty procedures (PTCA) is very low across all PCGs and a sustained effort to improve access is required across Walsall.
- There is a strong relationship between asthma admissions and deprivation in Walsall. Darlaston South, Bentley and Darlaston North, Willenhall South and Willenhall North all have relatively high levels.
- Wards with high admission rates for asthma tend to be grouped around the M6, and this is the case in all wards in West PCG except Short Heath. Several other routes with heavy traffic (greater than 25,000 vehicles per day) are located in or next to these wards, including the A454 through Willenhall South, Bentley and Darlaston North. Walsall also receives substantial airborne pollution from the West Midlands conurbation to the south.
- People aged 65 and over made up the bulk of hospital admissions for falls.

Table 10

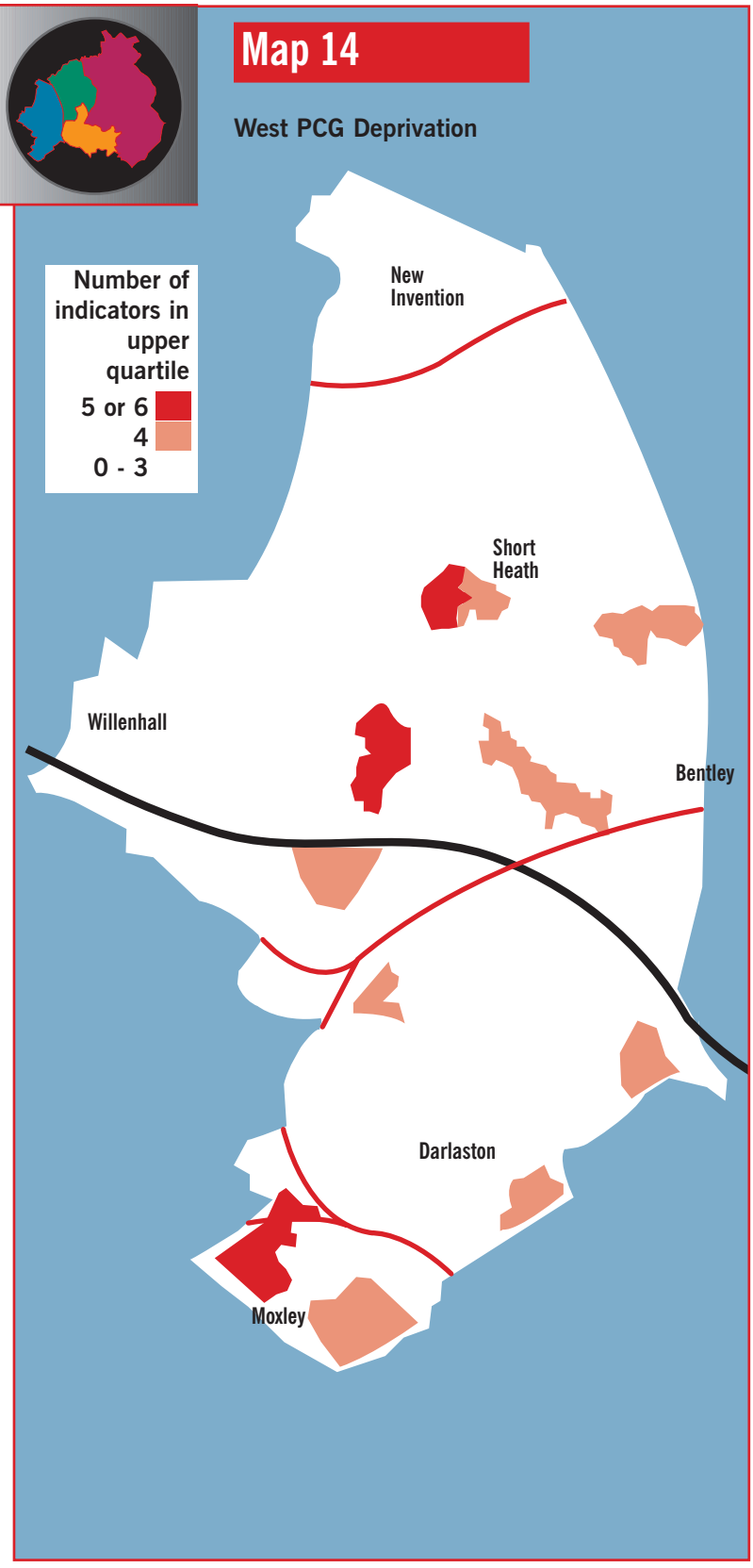
Ethnic Composition of West PCG

White	**91.0%**
Black Caribbean	**1.2%**
Indian	**5.7%**
Pakistani	**0.6%**
Bangladeshi	**0.4%**
Other	**1.1%**

- Antibiotic prescribing rates are declining quite steeply in West PCG.
- West PCG had the borough's highest level of hospital admissions of under-fives for food poisoning. As in the rest of Walsall, these rates were very high compared to other age groups.
- For all age groups, West PCG had the borough's highest level of admissions for food poisoning.
- West has some of the most consistent levels of high mortality from lung cancer in the borough. The trend is downwards, though declines in Short Heath and Darlaston South have been small.
- Willenhall South and Bentley and Darlaston North have relatively high levels of lung cancer mortality and of smoking. Over a third of the over-16 population were found to smoke in these wards. Short Heath, Willenhall North and Darlaston South have relatively high levels of lung cancer mortality but relatively low levels of smoking.
- There were wide variations in levels of fruit consumption in West PCG, according to the West Midlands Lifestyle Survey. High proportions ate fruit less than once or twice a week in Darlaston South and Willenhall South; and fruit consumption was more common in Short Heath. Generally, low fruit consumption is associated with deprivation, and high fruit consumption is associated with wards with higher ethnic minority populations.
- The incidence of low birthweight in West PCG is very variable. Willenhall South has one of the highest levels in the borough, at 10.4% of all live and stillborn infants. Bentley and Darlaston North and Darlaston South also have relatively high levels.
- Take-up of breast screening by women aged 50-64 at Mobile Sites in West PCG is relatively low, and below 70% at the site in Darlaston South.
- The trend in percentages of women aged 25-64 taking up cervical screening has been downward in the past three years in all the PCGs; but the fall has been greatest in West.

The distribution of deprivation in West PCG

The Walsall Poverty Profile's Composite Index of Deprivation identifies 13% of West PCG's small areas (Census enumeration districts) as 'deprived' or 'most deprived' – less than North and South, but more than East. More than a fifth of Darlaston South's small areas are selected in this way.



Map 14 shows the distribution of the small areas selected. In West PCG, they mostly consist of single Census enumeration districts, or groups of two or three deprived small areas. Those falling into the most deprived category include:

- Castleview, Belmont Gardens, Jubilee Road in **Moxley** - an area of public sector post war houses, duplex flats, 3 storey flats and a small number of bungalows.
- Whitehouse Avenue, Lowe Avenue in **Rough Hay** - a mixture of public sector low rise flats and pre- and post-war houses.
- Albion Road/ Cranbrook Court/ Whittingham Court, Gough Street in **Willenhall** - a mixture of public sector pre-war houses, a small number of private sector houses and Housing Association low rise flats.
- Lodge Farm (Stroud Avenue), **Short Heath** - a mixture of public sector houses, low rise flats and multi-storey flats (Bannington and Pearson Court) and private sector houses.

The far higher level of premature death in these deprived areas may make them a particular focus in the PCG.