

Health and Wellbeing Board

21 October 2013

Progress on the refresh of Walsall Joint Strategic Needs Assessment 2013 and the update of the Health & Wellbeing Strategy recommendations 2014 / 15

1. Purpose

The main purpose of this paper is:

1.1 To **remind** the Health and Wellbeing Board (HWB) of the following: -

- The Walsall JSNA 2012 Priorities,
- The Walsall Health and Wellbeing Strategy Priorities 2013 to 2016 and
- The Walsall Health and Wellbeing Strategy 2013/14 Recommendations

These three bullet points are summarised for information in **Appendix 1** by Marmot area.

1.2 To **highlight** to the HWB some of the data and intelligence trends that have emerged from the Walsall JSNA refresh process. Some of these trends and themes are summarised in **Appendix 2** of this report.

1.3 To **highlight** some of the areas that have been added to the Walsall JSNA and other areas that could potentially be strengthened as a result of stakeholder feedback.

1.4 To **inform** the HWB of the **next steps** in the review of the JSNA, and the update of the Health & Wellbeing Strategy recommendations for 2014/15

2. Recommendations

The Health and Wellbeing Board is asked the following: -

2.1 To **note / comment** on some of the emerging intelligence, themes and priority areas coming out of the Walsall JSNA refresh (Appendices 2 and 3).

- 2.2 To **decide the process for reviewing** the Health and Wellbeing Strategy recommendations for Year 2 (2014/15) based on 2.1.
- 2.3 To **note / comment** on the next steps of the JSNA / Health & Wellbeing Strategy review process. Particularly, the development of an interactive Walsall JSNA website.

3. Report Detail

- 3.1 The 2012 Health and Social Care Act gave Health & Wellbeing Boards statutory responsibility for the production of the Joint Strategic Needs Assessment and the Health & Wellbeing Strategy. In Walsall, the Borough Council approved the JSNA in June 2012 and the HWB Strategy in May 2013. **Appendix 1** reminds the HWB on the priorities that have already been agreed.

Emerging Intelligence Themes / Trends

- 3.2 In June 2013 the HWB approved a PID document to refresh the Walsall JSNA. **Appendix 2** identifies some of the themes and trends that are emerging from the analysis of the intelligence. For example the following areas are the main demographic trends that have emerged in Walsall from the Census 2011 data.

- The number of live births has increased by over 700 births since 2001 to 2012.
- The ethnic minority population has increased also increased. For example the Pakistani born population of Walsall has increased from 3.7% of the population in 2001 to 5.3% in 2011.
- The number of older people is predicted to increase by 12% over the next 10 years.

All these demographic trends will place extra demand on Health and Social Care Services in Walsall into the future.

Emerging gaps

- 3.3 The JSNA refresh process has also identified some areas where gaps exist from Stakeholder feedback and intelligence analysis. For example the following areas of the Walsall JSNA are being strengthened:-

- Addition of Emotional Health in Children & Young People (Chapter 3)
- Strengthen Community Safety (Chapter 5)
- Addition of a section on Communicable / Infection Disease (Chapter 7)
- Strengthen Older People & Independent Living (Chapter 8)

Next Steps

- 3.4 We are continuing to progress on a more detailed report of the Walsall JSNA to the HWB in December 2013. The Health & Wellbeing Strategy

recommendations for Year 1 / would be refreshed based on the JSNA refresh during this financial year.

- 3.5 The Walsall Intelligence Network is also developing an interactive website where intelligence and report can be shared across the Borough. This website will enable the Walsall JSNA to become a more **interactive** and **dynamic product** in the future. We will be able to demonstrate this product to the Health and Wellbeing Board members in the New Year.

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Appendix 1 - Main Priorities from 2012 JSNA and 2013 - 2016 Health & Wellbeing Strategy

JSNA Chapter	2012 JSNA Priorities	Health & Wellbeing Strategy Priorities for Action for 2013/14	2013 to 2016 Health and Wellbeing Priorities
Chapter 1: Well Being in Walsall	Proportionate action with greater intensity in areas of greater socioeconomic need	Work with individuals and communities resident in Walsall as well as those working in the statutory, independent and voluntary/community sector to promote wellbeing and self-reliance through adoption of 5 ways to wellbeing	Work with individuals and communities to promote wellbeing and self-reliance through knowledge and understanding of 5 ways to Wellbeing as part of a borough wide strategy to improve mental health and wellbeing
	Action to reduce child poverty and break intergenerational cycles of poverty and deprivation		Work with employers, occupational health and other partners to promote the benefits of a work environment that enables mental wellbeing and reinforces a work/life balance and ensure advice and support is available within the Health and Work Programme for employers wishing to implement changes as a result.
	Partnership action from the early years onwards to ensure the growth of strong, resilient, healthy adults		
	Partnership action from the early years		
	Maximise aspiration, educational attainment and employability across the borough		
	Strong health focus on prevention and early intervention		
	Robust pathways of care for all key contributors to mortality		

JSNA Chapter	2012 JSNA Priorities	Health & Wellbeing Strategy Priorities for Action for 2013/14	2013 to 2016 Health and Wellbeing Priorities
Chapter 2: Give Every Child the Best Start in Life	Prioritise across the borough 'a good start in life' in recognition of the lifelong cost benefits for health and well-being	Better identify and provide early help to vulnerable parents by undertaking a joint Local Authority / NHS review of services and performance within antenatal pathways and Children's Centres to contribute to an effective early help offer for children and their families.	Reduce the number of children dying before birth or before the age of 12 months (stillbirths and infant mortality), narrowing the gap between our most disadvantaged and vulnerable groups.
	Reduce infant mortality through holistic support for families from before birth with a priority for maternal health interventions. This should include home visiting support for disadvantaged young parents and a focus on reducing levels of smoking in pregnancy and increasing rates of breastfeeding, particularly in deprived areas		
	Promote and support parenting skills and build on recent improvements in the provision of evidence based parenting programmes, advice and assistance		
	Provide good quality early years education and childcare proportionately across the social gradient	Improve the early years offer across childcare, nurseries and children's centres to increase school readiness and early years foundation scores (or equivalent). Increase access to evidence-based parenting and family support programmes, targeted at those most in need (e.g. CIN and CPP)	Improve the proportion of children who are ready for school at age 5 (emotionally, behaviourally, cognitively and physically - with focus on healthy weight), narrowing the gap for our most disadvantaged and vulnerable groups.
	Support schools and parents to improve children's attendance from early years onwards		
	Ensure there is a focus on early years and that expenditure on early years development is focussed progressively across the social gradient		

JSNA Chapter	2012 JSNA Priorities	Health & Wellbeing Strategy Priorities for Action for 2013/14	2013 to 2016 Health and Wellbeing Priorities
Chapter 3 : Transition to Adulthood	Promote pupil aspiration and school/college improvement	Work with parents, schools, education and training providers to enhance aspirations and minimise absences to reduce the attainment gap between the least and most deprived children and young people in Walsall.	Reduce the time spent on a Child Protection plan for children and young people by improving access to evidence based parenting programmes for those most in need and able to benefit
	o Ensure further sustained improvement at Key Stage 4		
	o Urgently address poor outcomes at Key Stage 5		
	o Ensure that children, particularly those in care, have a stable high quality education that encourages high aspiration and supports them in achieving their potential		
	Learn from the schools with best attendance and spread this to other schools		
	Roll out the Child and Family Support Framework to help improve outcomes for children and ensure resources match increasing need arising from the double dip recession		
	Prioritise reduction in social inequalities in pupils' educational outcomes and increase educational attainment particularly for vulnerable children in deprived areas		
	Reduce child poverty		
	Reduce levels of child obesity by focusing on healthy eating and physical activity with schools continuing to promote health and provide high quality PSHE		
	Reduce the number and rate of teenage conceptions, especially in deprived areas		
	Reduce the number of young people going into custody by working with Courts and partner agencies	Promote the physical and emotional health and resilience of young people, particularly in relation to healthy weight	
	Ensure that young people are prepared for and supported in their transition to adulthood		
Develop services that address health and well-being and promote high quality care, especially for disabled			

	<p>children and those with mental health needs, delivered through integrated professional working, providing personalisation and single assessments</p>		
	<p>Continue and expand a holistic partnership approach to tackling under age consumption of alcohol, smoking and substance misuse</p>		

JSNA Chapter	2012 JSNA Priorities	Health & Wellbeing Strategy Priorities for Action for 2013/14	2013 to 2016 Health and Wellbeing Priorities
Chapter 4 : Employment and Employability	Recognise the medium and long term impact in terms of physical and mental health, as well as economic outcomes, that unemployment has on people and ensure that, in a period of limited resources, there continues to be joined up thinking, strategic commitment and targeted action to reduce unemployment in the borough	Reduce youth unemployment by working with partners to provide coordinated support to vulnerable young adults & young parents to support them into work and to reduce poverty and become capable parents	Reduce the number of children living in poverty
	Ensure that in seeking solutions to the challenges we face, we recognise the unique nature of some of those challenges in Walsall and seek to be creative and innovative in our approaches as well as employ evidence based good practice that is working elsewhere	Continue to develop and implement a comprehensive Health and Work programme available to all businesses in Walsall, covering Healthy Workplaces, sickness absence and return to work and the health needs of those who are out of work	
	Ensure that necessary courses and training is available to local residents, especially young people, to enable them to improve their skill levels and qualifications in order to access job vacancies and gain employment		Reduce the number of working age people who are dependent on health related benefits.
	Ensure that the public, independent and voluntary/community sectors in Walsall work together to provide a wide variety of opportunities for employment support and volunteering, acting as role models and exemplars for others	Reduce child poverty by targeting worklessness reduction on parents of young children and enhancing access to childcare as well as mitigating the impact by supporting income maximisation, food banks, high quality housing and fuel poverty reduction through a collaborative approach	
	Increase the availability of jobs in the borough requiring the full range of qualifications		Reduce the number of young people aged 18-24 who are out of work
	Ensure we understand the needs of our most vulnerable and disadvantaged residents and recognise that other needs may need to be met before an individual is ready to seek employment	Ensure that all organisations involved in giving welfare advice and support to people in Walsall work together to meet the identified needs in an holistic, collaborative	

	Understand the nature and complexity of the barriers that local people face when trying to access work and the effect on the individual and dependent family members, especially children	way that makes best use of all the resources available and provides the best possible support for people and families in crisis or at risk of being so	
	Identify resources to remove or reduce barriers to work and support local people to gain the necessary knowledge, skills and confidence to overcome them, particularly those posed by physical and mental ill health and inexperience due to age		Support local people to become fit, healthy and therefore able to take up employment
	Provide incentives to employers and schemes that enable our most disadvantaged residents to enter and sustain employment	Develop and implement a comprehensive set of programmes that equip local service providers, particularly within the Health & Social Care Sector, with the knowledge and skills required to maximise the health of those they provide services for, as well as their own workforce.	
	Promote the role of employers in maintaining and improving employee health eg through the NHS Healthy Workplace programme and identifying and tackling work place accidents/occupational disease		Develop and implement effective learning and development programmes for individuals, communities and the Health and Social Care Sector.
	Provide support to Walsall businesses to ensure compliance with legal requirements to ensure that they are competitive, able to thrive, create an environment for confident consumers and thus be able to create employment opportunities		

JSNA Chapter	2012 JSNA Priorities	Health & Wellbeing Strategy Priorities for Action for 2013/14	2013 to 2016 Health and Wellbeing Priorities
Chapter 5 : Creating and developing healthy and sustainable places and communities	Making cycling an easy, safe and regular method of transport throughout the borough by improvements in infrastructure and introduction of 20 mph speed limits in residential areas and delivery of Bikeability programmes in all schools	Use a proactive approach to planning, investment and service provision to:	We will improve the social and physical environment in order to make Walsall a place that promotes high levels of health, wellbeing and safety
	Where possible upgrade or replace facilities so that there is good provision of attractive leisure facilities in the borough	promote sustainable development, provide land for the uses and facilities we need, by making the best use of existing infrastructure, maximising accessibility and social inclusion, protecting green spaces and the environment and helping to minimise exposure to pollution	
	Promoting strong and consistent messages about the benefits of physical activity and healthy lifestyles and providing clear information about local provision eg through development of a single access telephone number and website	ensure that the health impacts for individuals and local communities of any potentially significant decision are fully assessed and that the results are used in the decision-making process	
	Working with key organisations eg WHG to develop and promote joint leisure schemes	develop and drive activities that support businesses to thrive and local people to work	We will build stronger, healthier communities for individuals and groups in Walsall through the promotion of healthy behaviours and access to appropriate facilities and services, mitigating against risk wherever possible
	Identifying a consistent set of target groups and priority geographical areas across all partner agencies		
	Improving provision of green spaces, play and leisure facilities and promoting to residents the benefits on health and well-being of using these	Work with the Area Partnerships, and through the other community based initiatives, to develop and implement an assets-based approach to community engagement and active involvement in the life of their community	
	Use planning as a mechanism for improving residents' access to green spaces, health facilities, leisure opportunities and healthy food		
Taking into account the key role of play areas, open space and opportunities for active travel when considering planning applications for new housing developments			

	Using planning policy to limit the number of hot food takeaways and outlets selling discounted alcohol which are granted planning permission, particularly in deprived areas and in the vicinity of schools		We will seek to engage residents at all levels of the decision making process thereby building social capital
Carrying out Health Impact Assessment on planning policies and applications			
Increasing the opportunity for residents to become involved in growing food sustainably			
Using the 'Access to healthy food standard' (which defines the percentage of households within 20 minutes by walking, cycling or using public transport of a place where fruit and vegetables are sold). Planners can use the standard to negotiate with developers to access to healthy food of any proposed development			
Promoting the National Food Hygiene Rating Scheme to ensure that recognition is given to food businesses that comply with legal requirements			
Identifying health risks within existing and emerging business sectors, for example the beauty/skin piercing/laser treatment industry and ensuring appropriate interventions take place for the protection of staff and customers.			
Improving the condition, quality, energy efficiency and choice of housing, particularly private sector stock, and working to reduce fuel poverty			
Encouraging the use of public transport and promoting walking and cycling as routine ways of travelling that will help improve residents' health and wellbeing			

JSNA Chapter	2012 JSNA Priorities	Health & Wellbeing Strategy Priorities for Action for 2013/14	2013 to 2016 Health and Wellbeing Priorities
Chapter 6 : Improving health and well being through healthy lifestyles: Making Healthier Choices easier	Work with partners to support children and young people to become strong, resilient individuals able to make healthier lifestyle choices	Ensure that the people of Walsall know what to do to improve their health and where they can get support and access services to help them to improve their health. This will involve better coordination and communication between appropriate provider services in the statutory, independent and voluntary/community sector resulting in focused, targeted messages and provision	Support people in making healthy lifestyle choices in order to increase healthy life expectancy
	Create and maintain an environment in Walsall that promotes physical activity and helps residents to improve their health, using planning mechanisms and policy development to the full		
	Work with partners to deliver multi agency prevention and intervention strategies for tobacco, drugs and alcohol to reduce the substance misuse associated harm to individuals, their families and their communities		Reduce the risky behaviours that contribute to ill health in order to reduce all age, all cause mortality rates
	Ensure that GPs and frontline staff in all partner agencies are fully engaged in encouraging and supporting residents to adopt and sustain healthy lifestyles. The 'Every Contact Counts' initiative provides a real opportunity to do this systematically and on a scale that could bring about real improvements in health	Ensure that all partner agencies are fully committed to encouraging and supporting residents to adopt and sustain healthy lifestyles. This should include championing a local ambition for the 'Making Every Contact Count' (MECC) initiative that will ensure an increase in the number of organisations actively delivering MECC until all key providers in Walsall are using their front line staff to encourage and support residents systematically and on a scale that will bring about real improvements in health	
	Coordinate the provision, promotion and marketing of key health improvement programmes such as the NHS health checks programme, free leisure activities, subsidised swimming, smoking cessation and weight management, and ensure closer working between providers		Further narrow the gap between male mortality and female mortality rates by targeting available advice and support services, both universal and specialist, accordingly.
	Encourage large employers to promote and improve the health of their workforce, for example through participation in the NHS Healthy Workplace Programme		
	Work through the Area Partnerships to ensure that local people are at the heart of our strategies to		

	improve lifestyles and prevent ill health		
JSNA Chapter	2012 JSNA Priorities	Health & Wellbeing Strategy Priorities for Action for 2013/14	2013 to 2016 Health and Wellbeing Priorities
Chapter 7 : Reducing the Burden of Preventable Disease, Disability and Death	A sustained focus by individuals, communities and organisations on the BIG FOUR lifestyle changes which improve health, well-being and quality of life: stopping smoking, healthy eating, an active lifestyle and keeping alcohol intake to safe levels are essential to tackle the higher rates of illness and early death experienced by the people of Walsall (See Chapter 6)	Ensure Walsall Clinical Commissioning Group and Walsall Council's commissioning plans take proper account of the priorities of the Health and Wellbeing strategy, in particular, actions to improve the health of the poorest fastest and to address the health needs of men in order to reduce the life expectancy gap	Ensure that people are appropriately supported in both the diagnosis and subsequent management of chronic conditions in order to increase healthy life expectancy
	Making Every Contact Count (MECC) ensuring health and other staff use every opportunity to support and advise people to take up healthier lifestyles. Walsall offers a massive opportunity to develop this approach across all agencies. A few minutes each year of each member of staff's time can deliver enormous benefits. Organisations are urged to adopt this approach		
	A renewed focus on the early identification of the risk factors of disease, including the aggressive identification and management of heart disease eg through the National Health Service health checks programme – a primary prevention initiative which identifies those at highest risk of developing heart disease and puts actions in place to reduce those risks		Reduce all age, all cause mortality rates by 7.3% so that these equal the rest of England through early detection and early treatment of disease
	Promoting and developing all opportunities to improve self-care, through patient education programmes and telehealth for people with long term conditions giving patients and their families a larger stake and responsibility in the ongoing management of their condition. It also provides potential for better control of these conditions		
	A clear focus on social support and rehabilitation and reablement will deliver benefits in terms of people		

	<p>returning to work following illness (eg stroke) as well as improved mental health. Investment in social worker input to clinical pathways often allows for early supported discharge and promotion of independence</p>		<p>targeting services and support accordingly</p>
	<p>A clear and robust service for younger stroke sufferers needs to be commissioned and delivered within Walsall. This will increase the proportion of stroke sufferers returning to work within 6 (and 12) months</p>		
	<p>All partners need to design and implement appropriate bed based rehabilitation services within Walsall. This will maximise regain of function for stroke patients</p>		

JSNA Chapter	2012 JSNA Priorities	Health & Wellbeing Strategy Priorities for Action for 2013/14	2013 to 2016 Health and Wellbeing Priorities
Chapter 8 : Healthy Ageing and Independent Living	Ensure the views of older people and their carer's are integral to service development and delivery, including identification of gaps in service	Ensure coordinated provision of health and social care services to reduce unnecessary admission to hospital and timely discharge, focusing on recovery and re-enablement	Improve quality of life for older people, while developing a measure of this in order to establish a baseline and set future targets
	Action across all agencies to encourage and support older people to maintain an active lifestyle to prevent and reduce falls and fractures which lead to loss of independence		
	A systematic approach to oral health to ensure quality of life and healthy nutrition in older people		Enable individuals to be independent for as long as possible in the setting of their choice
	Action to reduce excess winter deaths, including action to reduce fuel poverty		
	Support from specialist palliative care services to increase the proportion of people able to die in their own home, including older people who live in residential care or in a nursing home		Provide the support needed to enable individuals to keep as well as possible in their old age.



Walsall Council

Appendix 2 – Emerging Themes from the JSNA Intelligence

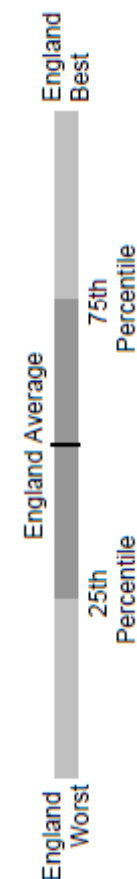
Health & Wellbeing Profile - Walsall at a Glance

1. Deprivation is higher than average in Walsall and about 16,200 children live in poverty (Chapter 1)
2. Life expectancy for both men and women is lower than the England average (Chapter 1)
3. Life expectancy is 10.8 years lower for men and 6.9 years lower for women in the most deprived areas of Walsall than in the least deprived areas (Chapter 1)
4. Over the last 10 years, all cause mortality rates have fallen (Chapters 1 & 6)
5. Early death rates from cancer and from heart disease and stroke have fallen but remain worse than the England average (Chapter 6)
6. In Year 6, 23.2% of children are classified as obese, worse than the average for England (Chapter 3)
7. Levels of Teenage Pregnancy, GCSE attainment, Breast feeding and Smoking in Pregnancy are worse than the England average (Chapter 3).
8. Estimated levels of adult 'healthy eating', smoking, physical activity, obesity, rates of sexually transmitted infections, smoking related deaths and hospital stays for alcohol related harm are worse than average (Chapters 5 and 6)

Health & Wellbeing Profile - Walsall at a Glance

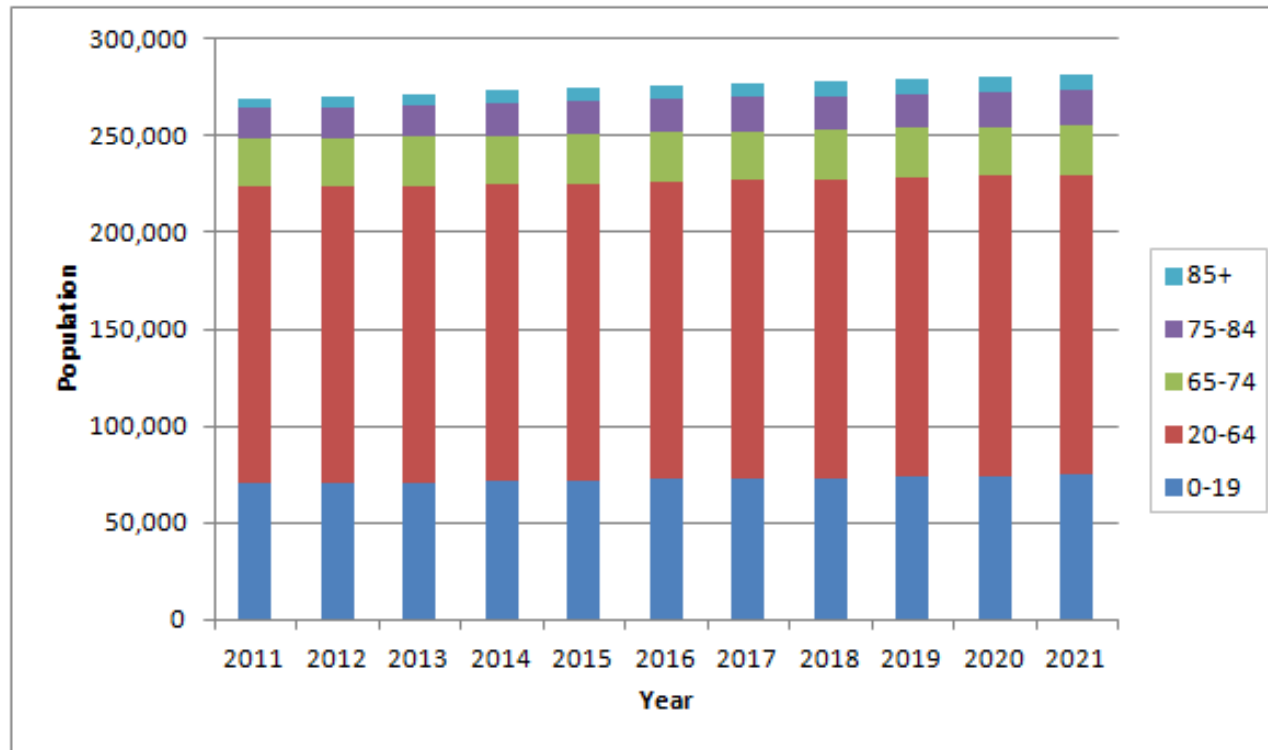
Domain	Indicator	Local No. Per Year	Local Value	Eng Avg	Eng Worst	England Range	Eng Best
Our communities	1 Deprivation	122840	45.6	20.3	83.7		0.0
	2 Proportion of children in poverty	18165	29.5	21.1	45.9		6.2
	3 Statutory homelessness	127	1.2	2.3	9.7		0.0
	4 GCSE achieved (5A*-C inc. Eng & Maths)	1774	56.4	59.0	31.9		81.0
	5 Violent crime	3414	13.3	13.6	32.7		4.2
	6 Long term unemployment	3432	20.5	9.5	31.3		1.2
Children's and young people's health	7 Smoking in pregnancy ‡	673	19.0	13.3	30.0		2.9
	8 Starting breast feeding ‡	2179	61.3	74.8	41.8		98.0
	9 Obese Children (Year 6) ‡	697	23.2	19.2	28.5		10.3
	10 Alcohol-specific hospital stays (under 18)	36	59.0	61.8	154.9		12.5
	11 Teenage pregnancy (under 18) ‡	273	51.3	34.0	58.5		11.7
Adults' health and lifestyle	12 Adults smoking	n/a	22.7	20.0	29.4		8.2
	13 Increasing and higher risk drinking	n/a	20.0	22.3	25.1		15.7
	14 Healthy eating adults	n/a	21.8	28.7	19.3		47.9
	15 Physically active adults	n/a	50.5	56.0	43.8		68.5
	16 Obese adults ‡	n/a	27.8	24.2	30.7		13.9
Disease and poor health	17 Incidence of malignant melanoma	22	8.3	14.5	28.8		3.2
	18 Hospital stays for self-harm	463	180.7	207.9	542.4		51.2
	19 Hospital stays for alcohol related harm ‡	6732	2227	1895	3276		910
	20 Drug misuse	2107	12.4	8.6	28.3		0.8
	21 People diagnosed with diabetes	17125	8.0	5.8	8.4		3.4
	22 New cases of tuberculosis	54	21.0	15.4	137.0		0.0
	23 Acute sexually transmitted infections	3105	1152	804	3210		162
	24 Hip fracture in 65s and over	299	480	457	621		327
Life expectancy and causes of death	25 Excess winter deaths ‡	158	20.8	19.1	35.3		-0.4
	26 Life expectancy – male	n/a	77.3	78.9	73.8		83.0
	27 Life expectancy – female	n/a	82.3	82.9	79.3		86.4
	28 Infant deaths	30	8.0	4.3	8.0		1.1
	29 Smoking related deaths	431	222	201	356		122
	30 Early deaths: heart disease and stroke	216	73.6	60.9	113.3		29.2
	31 Early deaths: cancer	355	120.3	108.1	153.2		77.7
	32 Road injuries and deaths	74	27.7	41.9	125.1		13.1

- Significantly worse than England average
- Not significantly different from England average
- Significantly better than England average



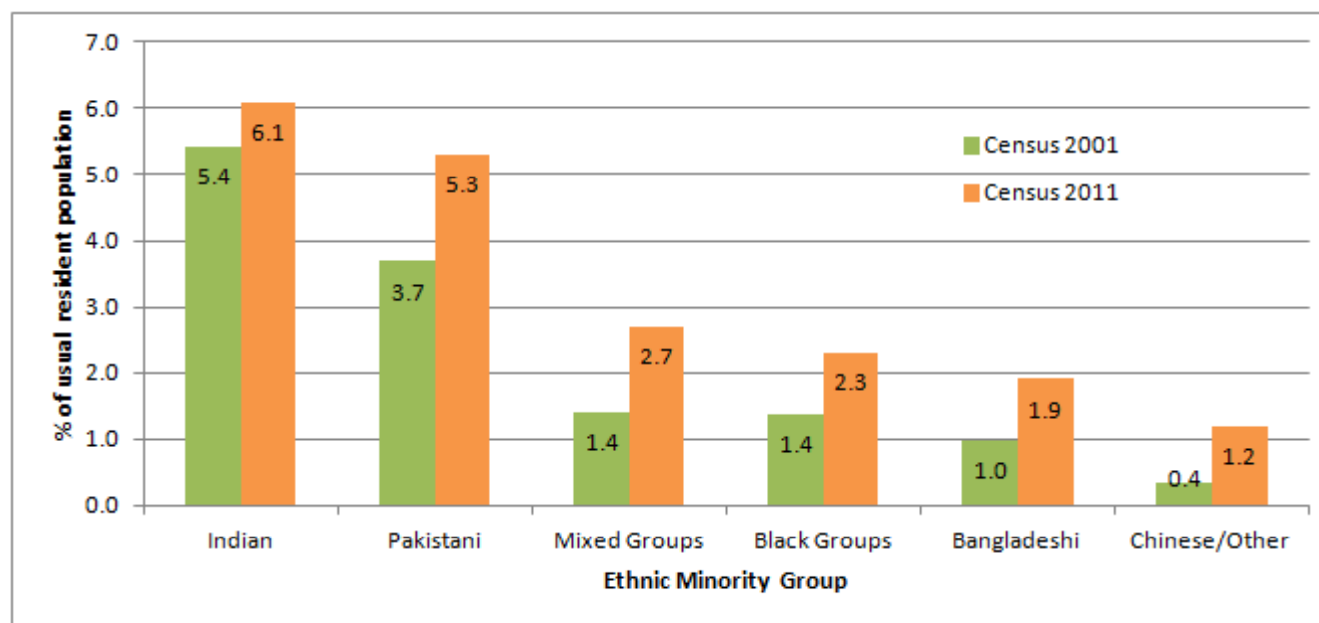
‡ For comparison with PHOF Indicators, please go to the following link: www.healthprofiles.info/PHOF

No of Older People in Walsall is Projected to increase by 12.9% (2021)



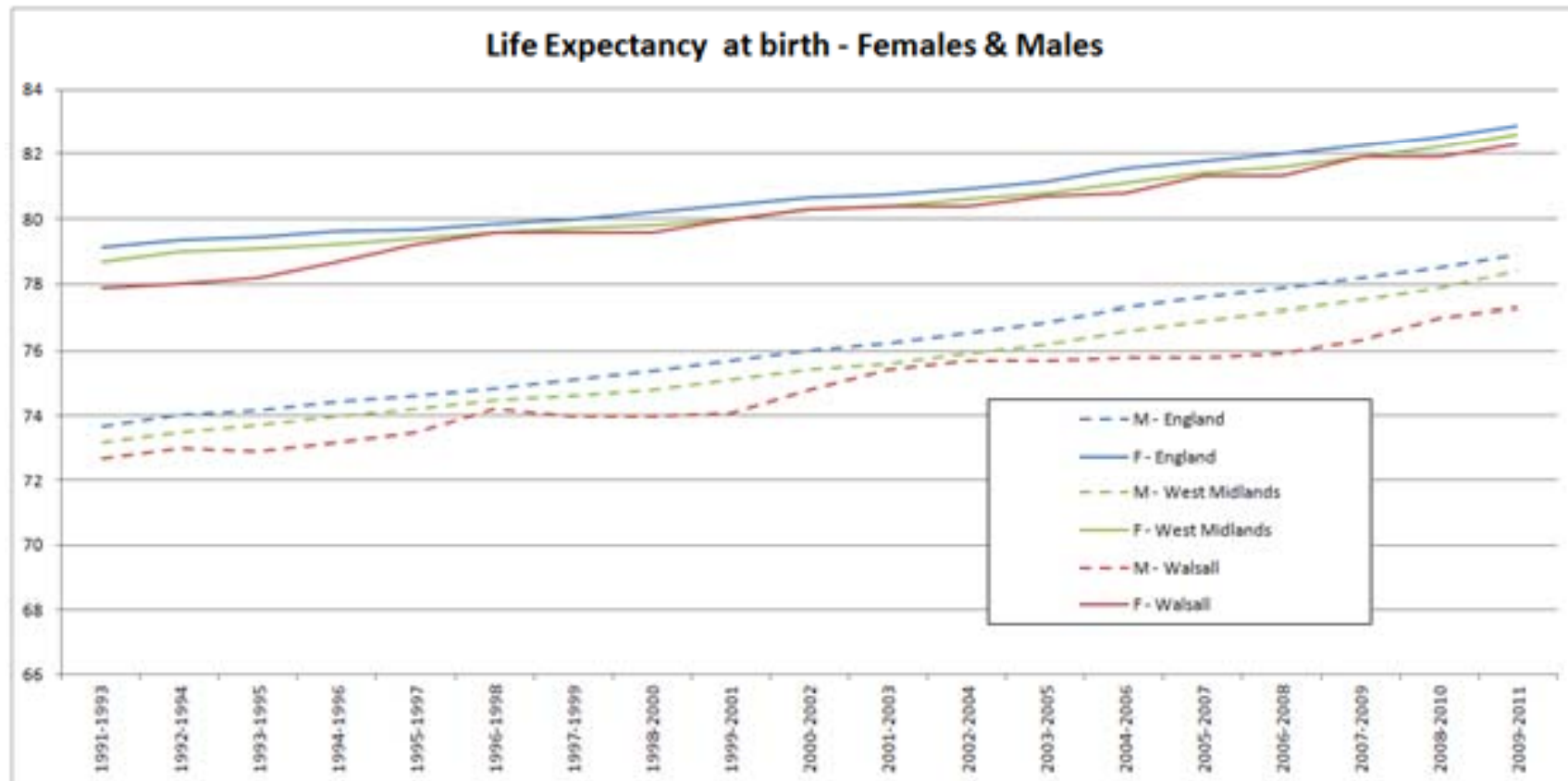
Impact: Increase in older people will increase demand on Health and Social Care services if nothing changes.

Increase in Ethnic Minority Population of Walsall (Source: 2011 Census)



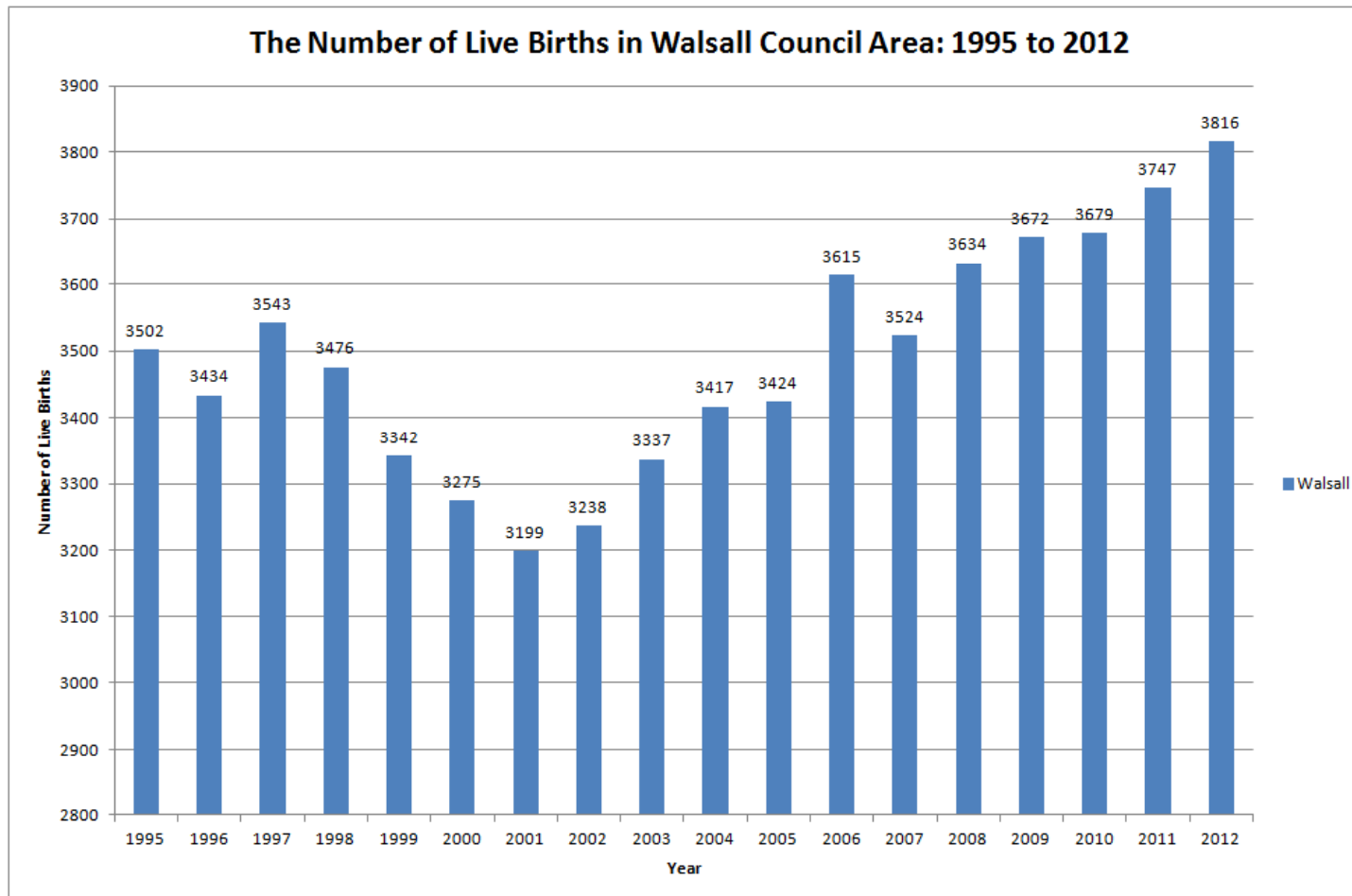
Impact: Increase in the Ethnic Minority Population of Walsall will mean that Health and Social Care Services will have increasing demand in some areas; For example higher Diabetes prevalence levels will require more services for this group.

Walsall Male Life Expectancy is worse than the West Midlands and the England average, but the gap has started to close in the last 4 periods. The gap between Male / Female Life Expectancy has narrowed over the last 20 year (4.6 years for men and 4.4 years for women) in Walsall.



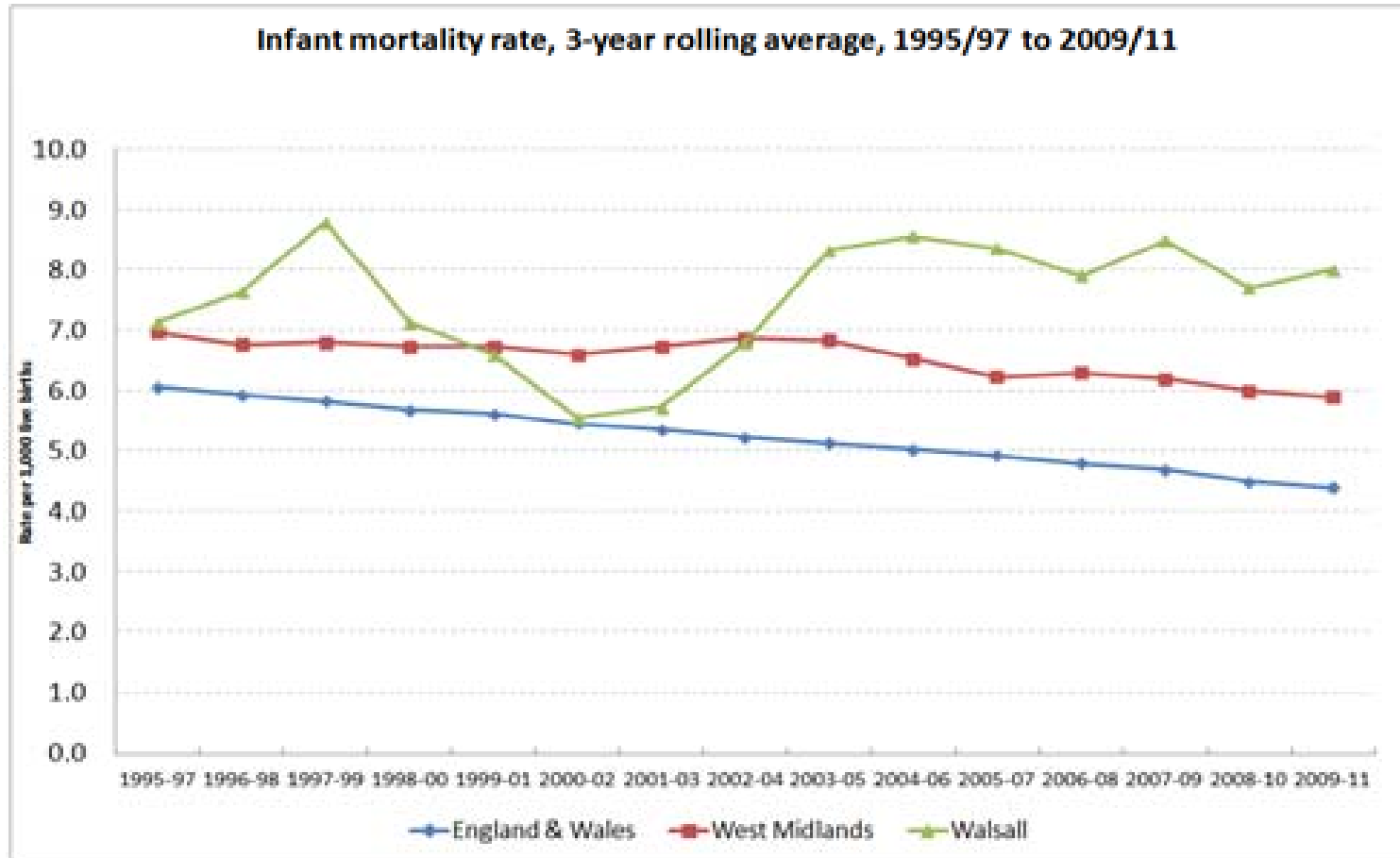
Impact: The increase in life expectancy will place more demand on Health & Social Care Services – for example more people will need cancer and dementia services in the future

The Number of Live Births is increasing from 3189 in 2001 to 3816 in 2012



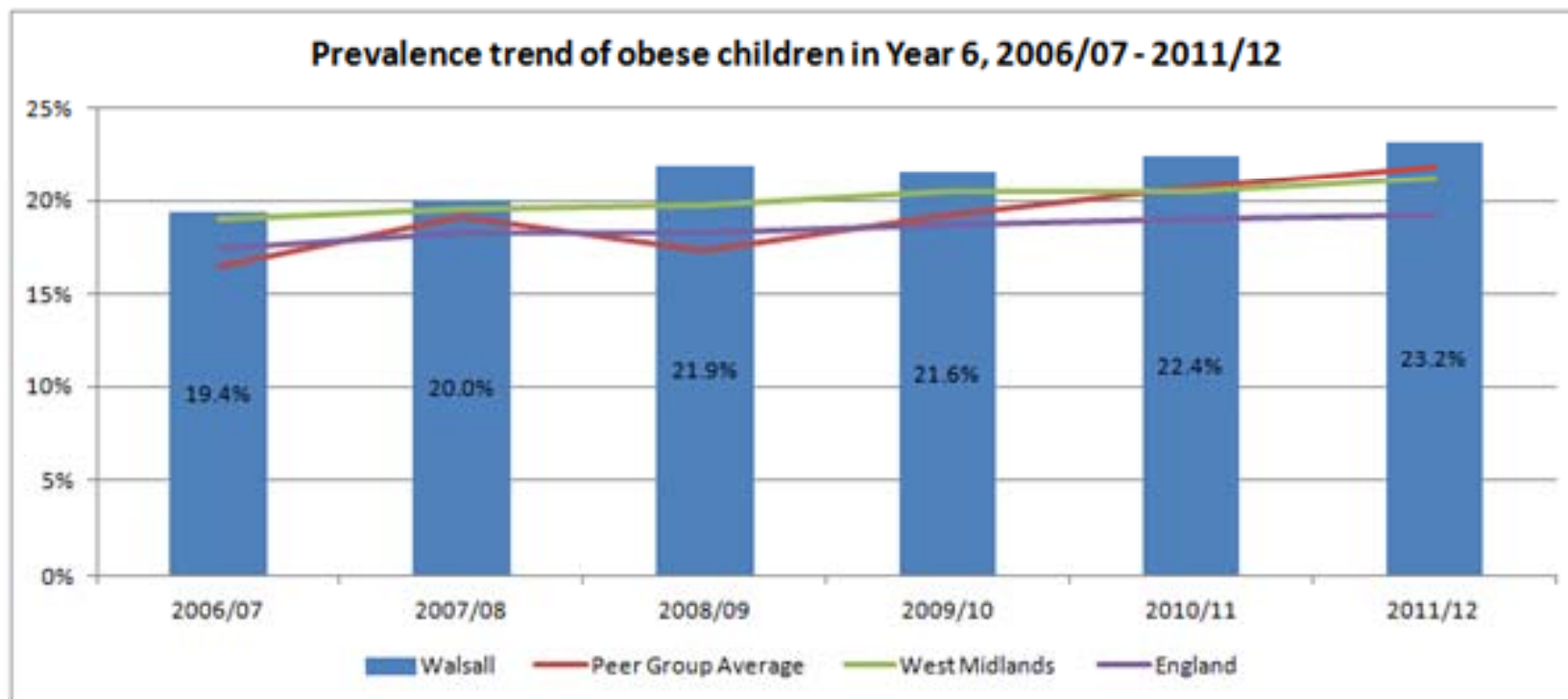
Impact: The increase in the number of births will increase the demand for children's healthcare services, social services and the number of school places that will be required within the Borough.

Infant Mortality Rate is higher than the Peer Group, England and West Midlands Average



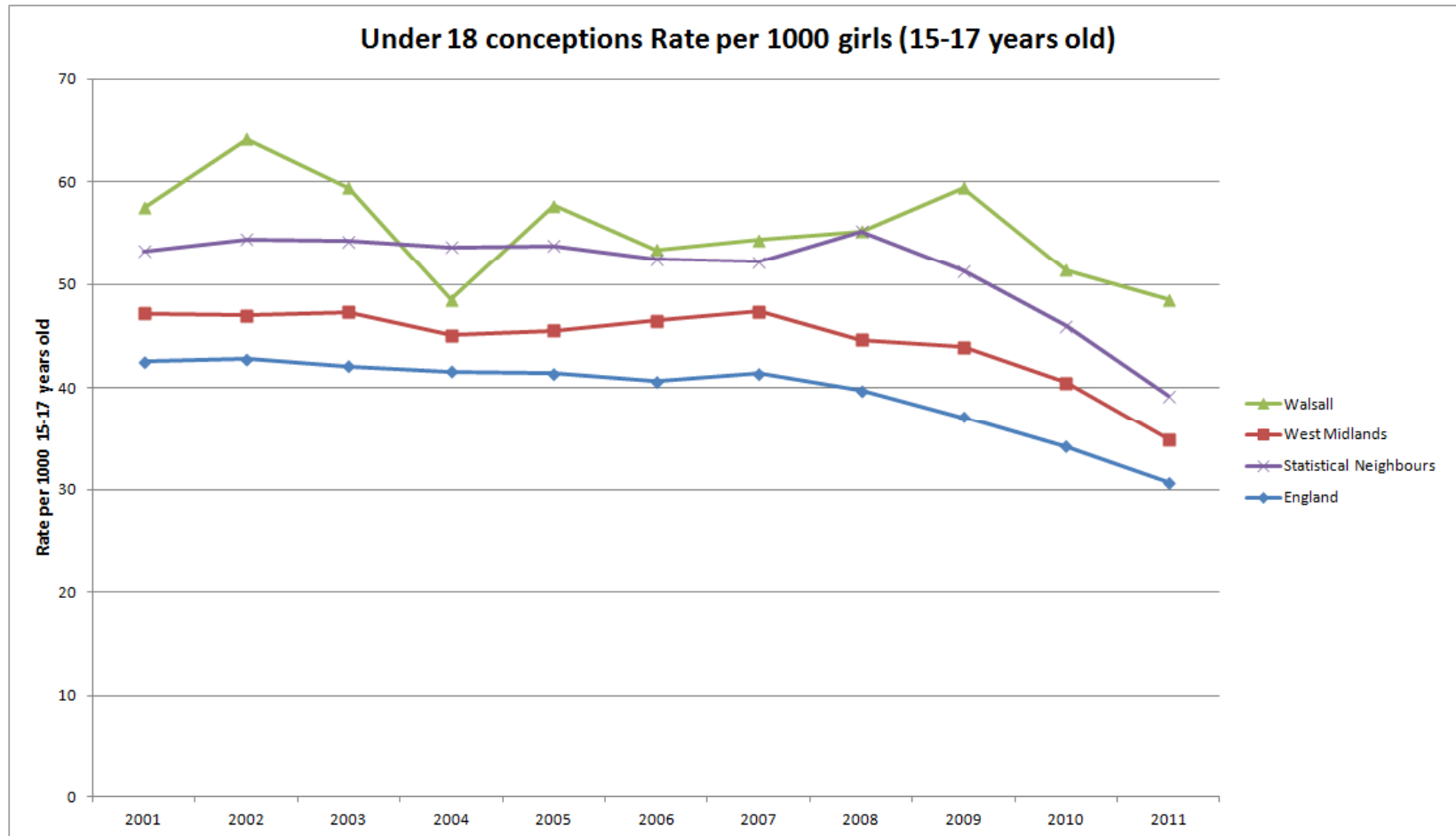
Impact: The higher infant mortality rate will have big impact on the overall life expectancy for Walsall

The Childhood Obesity Rate for Year 6 (10 and 11 Year Olds) is increasing in Walsall and is higher than the Peer Group, West Midlands and England average



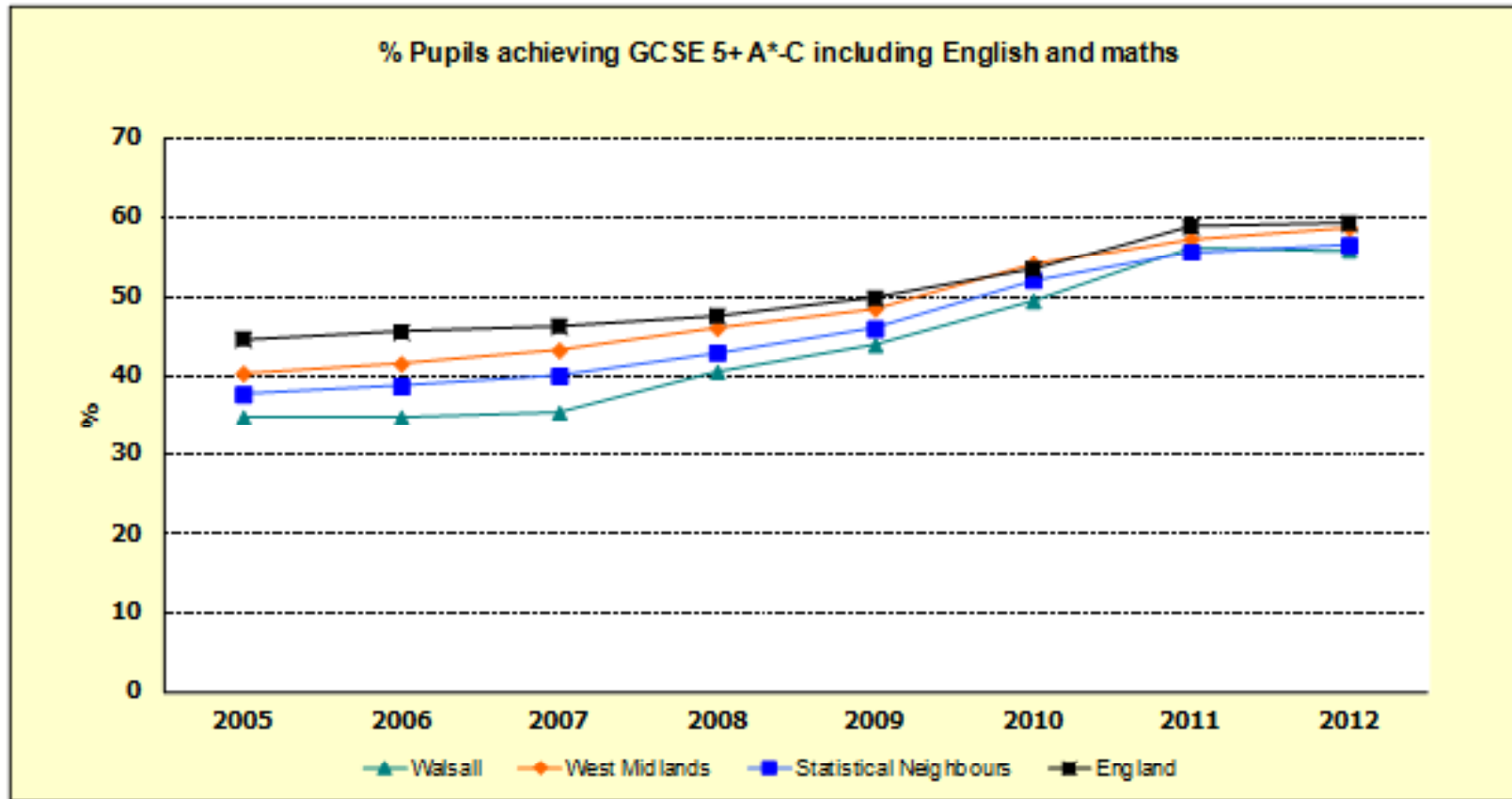
Impact: The increase in the obesity rate in children will cause problems for the future. For example children in this group will have a greater chance of developing Type 2 Diabetes, Circulatory disease such as CHD / Stroke, developing Osteo-arthritis and Mental Health problems as adults.

The Teenage Pregnancy Rate is falling in Walsall but the rates are higher than the Peer Group

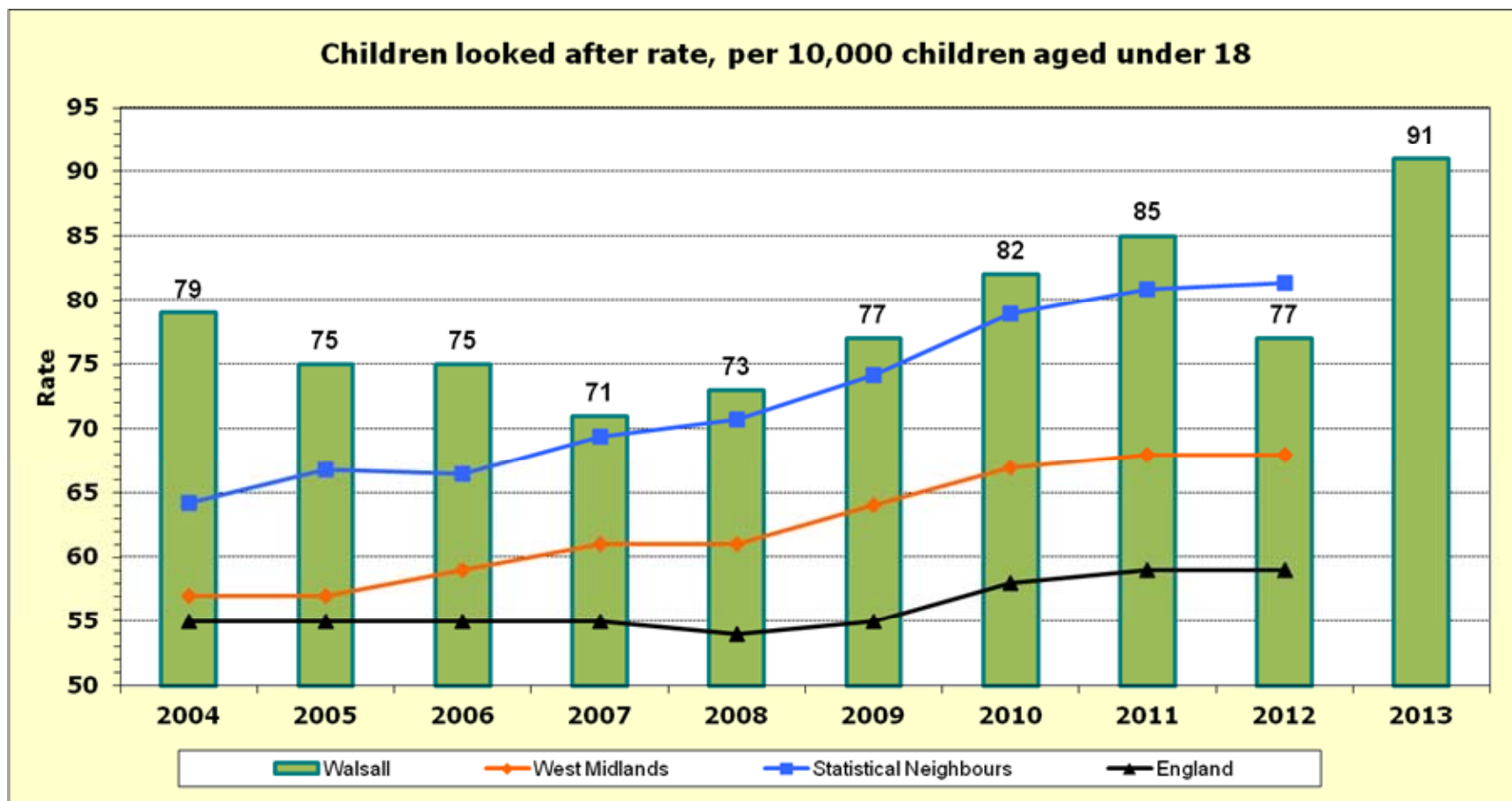


Impact: Teenage Pregnancy poses both physical and emotional risks for the young mother. Risks to the children of young mothers including low school attainment, antisocial behaviour, substance abuse and early sexual activity.

% of Walsall Children achieving A* to C results

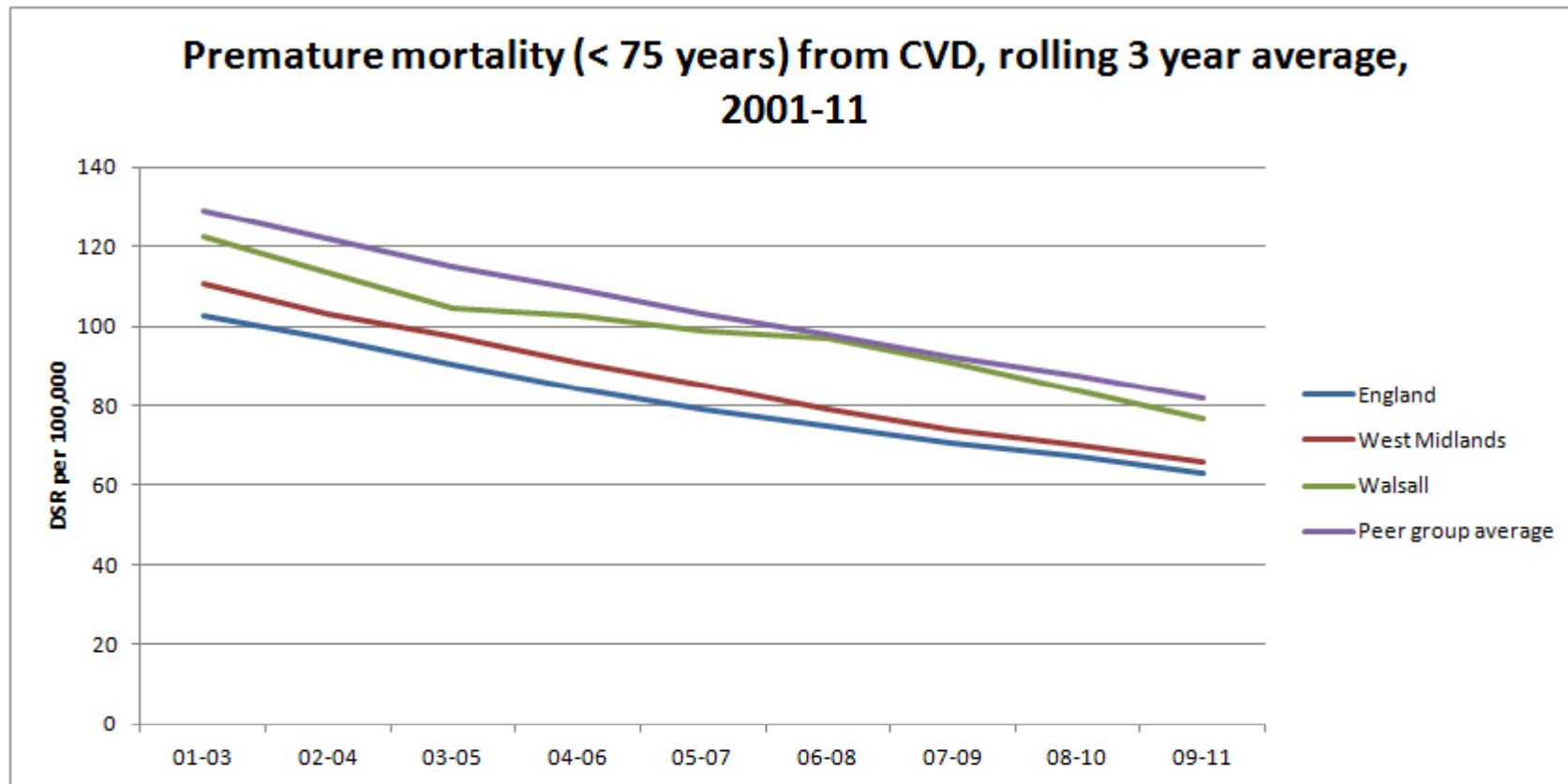


The Children Looked After Rate (<18 Years) has increased in Walsall



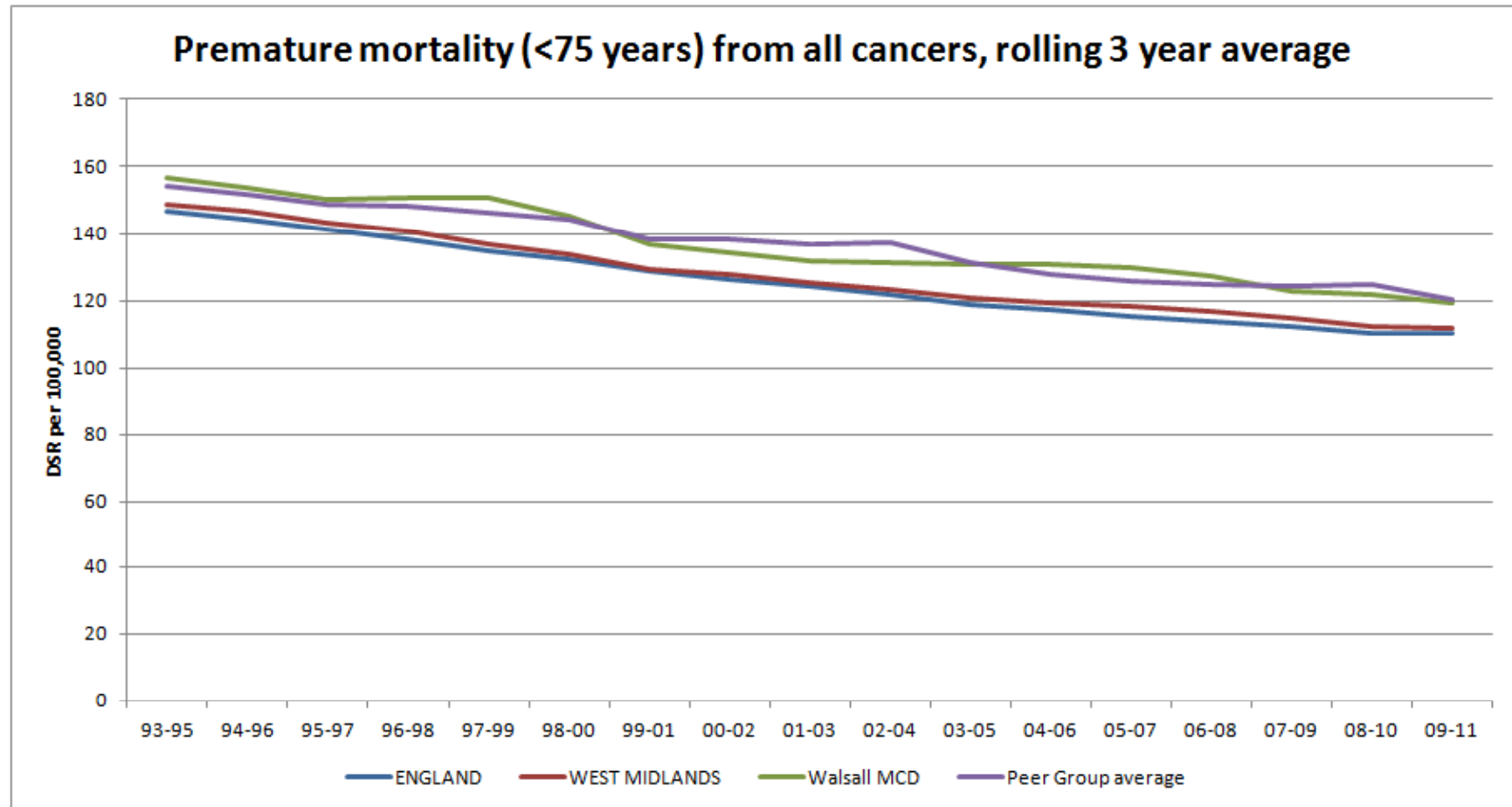
Impact: The trend will put increasing pressure on children services and put pressure on capacity within care homes across the Borough

The number of Walsall people under 75 years dying from Circulatory Disease has fallen below the Peer Group Average



Impact: The trend in circulatory mortality rates will increase the life expectancy rate for Walsall. The health check program in this target group is starting to have some affect on identifying residents with heart disease and stroke.

The number of Walsall people under 75 years dying from Cancer has fallen along with the rest of our Peer Group.



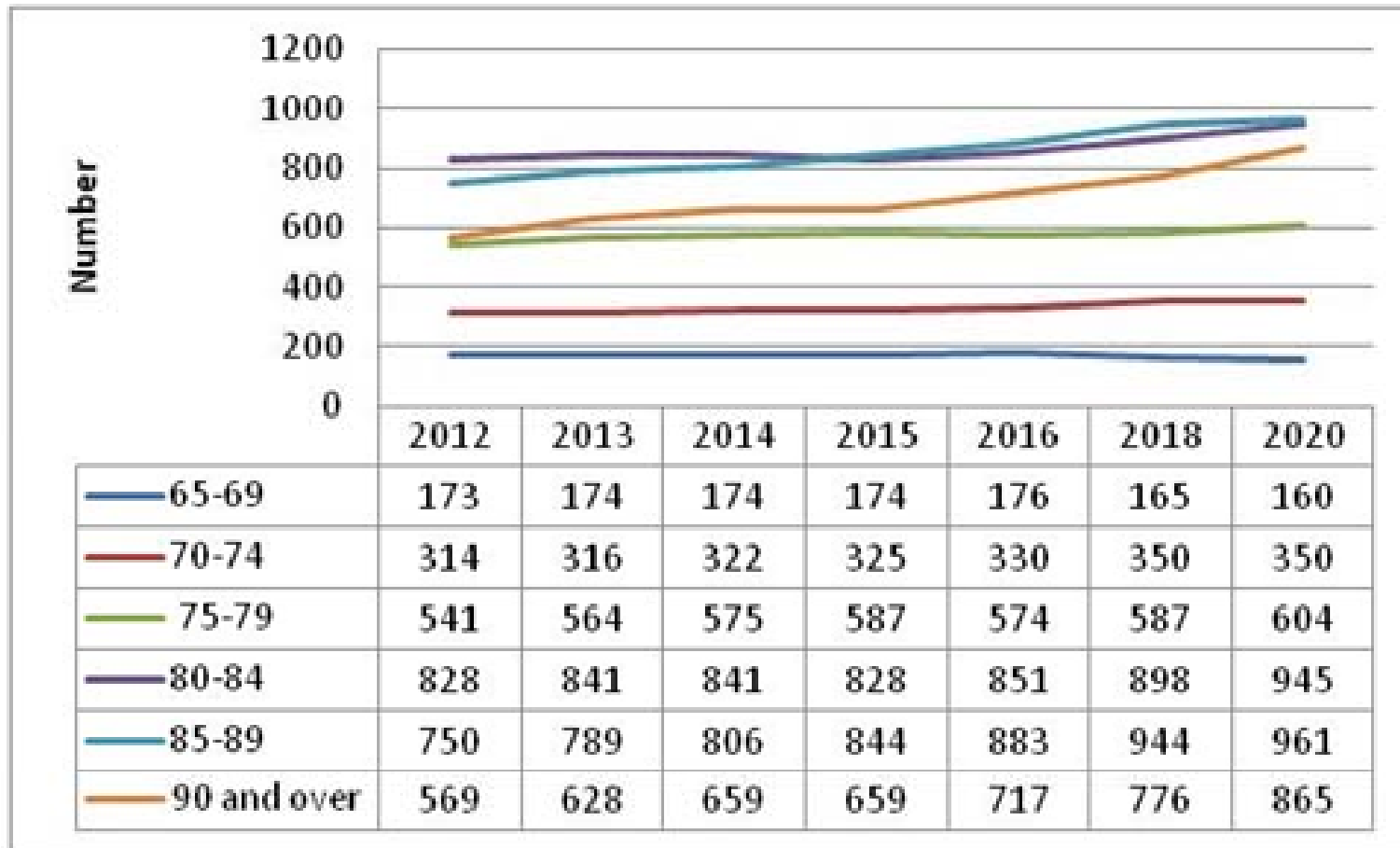
Impact: The trend in cancer mortality will increase the life expectancy rate for Walsall – the rates for Walsall are still higher than the levels for the rest of England.

Walsall Older Peoples Indicators: If Current Trends Continue:2012 to 2015

Walsall Older Peoples Indicators	2012	2016	% Increase	Extra People / Cases
People aged 65 and over Living Alone	17,271	18,394	7%	1,123
People aged 65 and over living in a care home with or without nursing	1,473	1,656	12%	183
People Aged 65 Years and Over with a limiting long-term illness	25,013	26,411	6%	1,398
People Aged 65 Years and Over predicted to have dementia	3,174	3,531	11%	357
People aged 65 Years and over unable to manage at least one activity on their own	8,475	9,222	9%	747
People Aged 65 Years and Over unable to manage at least one domestic task on their own	18,999	20,489	8%	1,490
People Aged 65 Years and Over unable to manage at least one self-care activity on their own	15,559	16,783	8%	1,224

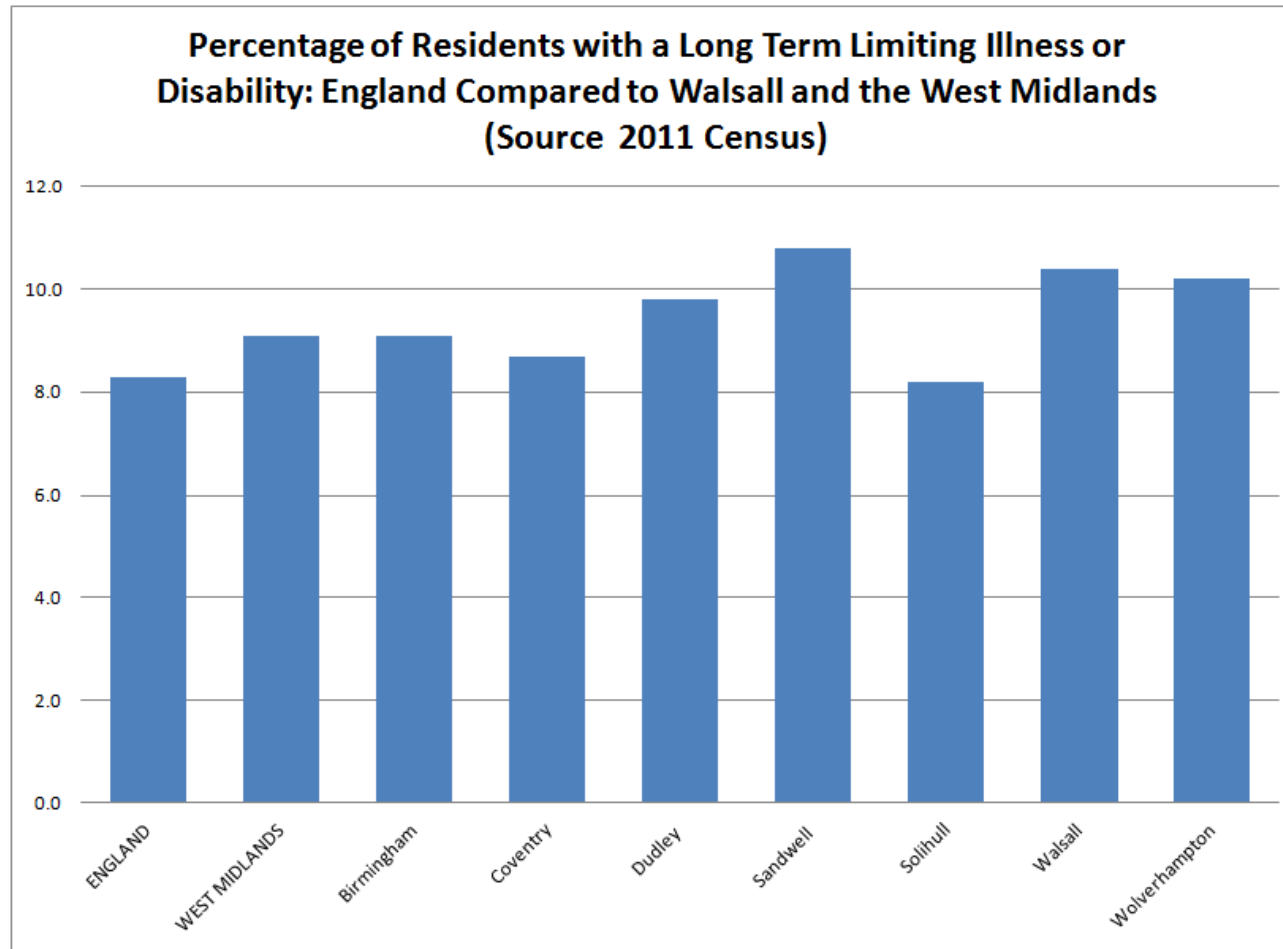
Impact: Increases in older people living alone, in a care home, with a limiting long term illness, with Dementia and unable to carry out self care / domestic activity will increase pressure on nursing care and social care services over the next 5 years.

The number of people aged 65 years and over with Dementia will increase by 22.5% (711 extra cases)



Impact: Means that more people services in Walsall will be needed to cope with the extra Dementia cases – in terms of nursing, home care and residential home services.

Over 10.4% of Walsall residents have a Long Term Illness or Disability



Impact: Means that more people in Walsall are dealing with a chronic or long term condition – this is likely to cause extra demand on current Health and Social Care services.

11.4% (or 30,632 people) in Walsall provide Unpaid Care to another person. 3.3% (or 8,777 people) in Walsall provide over 50 hours of care

Area	Provides no unpaid care	Provides unpaid care: Total	Provides 1 to 19 hours unpaid care a week	Provides 20 to 49 hours unpaid care a week	Provides 50 or more hours unpaid care a week
Walsall	88.6%	11.4%	6.3%	1.8%	3.3%
West Midlands	89.0%	11.0%	6.8%	1.5%	2.7%
England	89.0%	11.0%	6.8%	1.5%	2.7%

Impact: Carer's in Walsall provide many hours of free care. Research shows that carers tend to have worse health than non-carers and tend to neglect themselves. More carers means that more support is needed by Social Care and Healthcare staff.