Geographical area covered by Charnwood and North West Leicestershire Primary Care Trust

*The pale lines denote ward boundaries, which are named on the map below

Electoral wards within Charnwood and North West Leicestershire
Introduction

This is the second Public Health Annual Report for Charnwood and North West Leicestershire Primary Care Trust (CNWL PCT)*

The aim of this report is to:

• Present an independent assessment of the health of the local population
• Summarise the key health challenges facing the local population
• Highlight priority areas for action in 2004-5
• Provide an update on the actions identified in last year’s report

There is far more information available about the local population than can be presented in a document of this size. Wherever more detailed information is easily available, readers are directed to the appropriate website. Throughout the report, ward areas of CNWL PCT are mentioned. The map opposite shows the location of these wards.

The report supports the broad aims of public health, which are to increase healthy life expectancy and to improve the quality of life, while also reducing health inequalities. Fulfilling this aim requires actions to monitor, protect, promote and improve health, working in partnerships that cut across professional and organisational boundaries. Historically, the most effective public health successes have come from social and economic improvements rather than from medicine and health care services.

If you are interested in discussing the report further or would like a member of the Public Health team to present the report to a group you are involved with, please do not hesitate to contact me on the number below.

You may be aware that everybody is encouraged to eat five portions of a variety of fruit or vegetables each day to help protect their health. With this in mind the document is illustrated with examples of fruit and vegetable portions.

The report is directed at a wide audience, including everyone who has a direct or indirect responsibility in making Charnwood and North West Leicestershire a healthier place to live.

Dr Sue Ellerby MB ChB, MSc, MBA, FFPH
Director of Public Health
Charnwood and North West Leicestershire PCT
Tel: 01509 567707
sue.ellerby@cnwlpct.nhs.uk

*the report for 2002-03 is available on the PCT website cnwlpct.nhs.uk
Population Profile

Population Size

The best available population estimates are shown below. The resident population describes the total population living within the boundary of CNWL PCT (see map on inner front cover). Not all these residents, however, are registered with CNWL General Practitioners (GPs). CNWL GPs also have registered patients from outside the PCT boundary. The registered population describes the population registered with CNWL GPs.

PCT resident and registered population (2002)

<table>
<thead>
<tr>
<th></th>
<th>Resident population</th>
<th>Registered population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>230,214</td>
<td>243,775</td>
</tr>
</tbody>
</table>

Source: Department of Health - Compendium of Clinical and Health Indicators 2003

Population age and sex profile

The distribution of the resident population - males and female across different age bands, is shown below.

The age and sex structure of the PCT resident population, compared with that of England and Wales (2002)

Source: Department of Health - Compendium of Clinical and Health Indicators 2003

The age profile follows a broadly similar distribution to that for England and Wales. Locally there are slightly greater proportions of 15-24 year olds and 50-59 year olds.

The percentage of population by age groups varies considerably within different PCT wards, as shown in the next table. In Coalville ward, for example, the proportion of the population over age 85 is almost five times higher than the proportion of the local population over 85 in Loughborough Ashby Ward. A full report, including raw figures for each age band and ward, is available on the PCT website.
The percentage of the resident population in different age bands and the variability across PCT wards

<table>
<thead>
<tr>
<th>Age group</th>
<th>CNWL PCT % distribution</th>
<th>Range across wards (as a % of the population in each ward)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ward with the lowest proportion of ward residents in this age band</td>
</tr>
<tr>
<td>&lt;15</td>
<td>18%</td>
<td>11.2 % Loughborough Ashby</td>
</tr>
<tr>
<td>15-64</td>
<td>66%</td>
<td>61.1% Loughborough Outwoods</td>
</tr>
<tr>
<td>65-84</td>
<td>13.5%</td>
<td>5.4 % Loughborough Ashby</td>
</tr>
<tr>
<td>85+</td>
<td>1.8%</td>
<td>0.7% Loughborough Ashby</td>
</tr>
</tbody>
</table>

Source: Office for National Statistics, 2001 census

Other population descriptors

In addition to variability across age bands, the make up of the population differs considerably between wards, as the table below demonstrates.

Highlights from the 2001 census

(a full report for each of these factors at ward level is available from the PCT web site)

<table>
<thead>
<tr>
<th>Census information</th>
<th>% for PCT overall</th>
<th>Range across wards</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>PCT ward with lowest percentage</td>
</tr>
<tr>
<td>% aged 16+ not living in a couple</td>
<td>22.1%</td>
<td>Bardon 13.4%</td>
</tr>
<tr>
<td>% ethnic group of Asian residents*</td>
<td>3.8%</td>
<td>Breedon and Appleby 0%</td>
</tr>
<tr>
<td>% people reporting not good health</td>
<td>7.8%</td>
<td>Loughborough Nanpantan 4.4%</td>
</tr>
<tr>
<td>% people with limiting long term illness</td>
<td>15.8%</td>
<td>Loughborough Ashby 9.4%</td>
</tr>
<tr>
<td>% people aged 16-64, permanently sick or disabled</td>
<td>3.7%</td>
<td>Loughborough Nanpantan 1.1%</td>
</tr>
<tr>
<td>% people providing unpaid care for 50+ hours a week</td>
<td>1.8%</td>
<td>Loughborough Ashby 0.8%</td>
</tr>
</tbody>
</table>

* largest PCT ethnic group of non-white residents

Households with dependent children showing the proportion with lone parents and the proportion with no adult in employment

<table>
<thead>
<tr>
<th></th>
<th>Charnwood</th>
<th>North West Leicestershire</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total households</td>
<td>60,472</td>
<td>35,394</td>
</tr>
<tr>
<td>% households with dependent children</td>
<td>30% (18,222)</td>
<td>30% (10,443)</td>
</tr>
<tr>
<td>% of all households with dependent children where there is a lone parent</td>
<td>18% (3,251)</td>
<td>16% (1,668)</td>
</tr>
<tr>
<td>% of all households with dependent children where there are no adults in employment in the household</td>
<td>10% (1,819)</td>
<td>10% (1,080)</td>
</tr>
</tbody>
</table>

Source: Office for National Statistics, 2001 census
Health Markers

Most of the following information is presented at Local Authority (Borough Council and District Council) level. Note that where data is presented at Local Authority level, the Charnwood data includes the wards of Syston West, Syston East and Queniborough (which are outside the boundary of the PCT) and the NWL data excludes Markfield ward (which is within the boundary of the PCT).

Life Expectancy at Birth

Target: By 2010 to reduce by at least 10% the gap between the quintile of Local Authorities with the lowest life expectancy at birth and the population as a whole (baseline 1997-1999).


The overall life expectancy at birth for Charnwood Borough Council residents and NWL District Council residents is shown in the graphs below. Comparisons with East Midlands and England are also provided.

Male life expectancy at birth. Comparisons over time and between areas


This illustrates that male life expectancy at birth has continued to increase.
Female life expectancy at birth. Comparisons over time and between areas

* For these periods Charnwood fell within the 20% of local authorities in the East Midlands with the highest female life expectancy at birth. 

The aggregate figures for both Local Authorities mask differences between small areas. A full report showing male and female life expectancy at ward level is available on the PCT web site. The range between different wards is shown in the table below.

Inequalities in life expectancy across wards

<table>
<thead>
<tr>
<th>ward</th>
<th>Males</th>
<th>Females</th>
</tr>
</thead>
<tbody>
<tr>
<td>Highest life expectancy</td>
<td>Ashby Castle</td>
<td>Loughborough Ashby:</td>
</tr>
<tr>
<td></td>
<td>81.8 years</td>
<td>87.58 years</td>
</tr>
<tr>
<td></td>
<td>(CI 78.55-85.04) *</td>
<td>(CI 83.2-91.93)*</td>
</tr>
<tr>
<td>Lowest Life expectancy</td>
<td>Loughborough Lemyngton</td>
<td>Bardon</td>
</tr>
<tr>
<td></td>
<td>71.8 years</td>
<td>74.85 years</td>
</tr>
<tr>
<td></td>
<td>(CI 69.46-74.14)*</td>
<td>(CI 71.58-78.12)*</td>
</tr>
</tbody>
</table>

*CI (confidence intervals). As the confidence intervals in the wards with the highest and lowest life expectancy do not overlap, the difference between the rates is statistically significant and unlikely to have arisen by chance.

Source: Public Health Intelligence Team, Leicestershire Health Informatics Service

This illustrates that a boy born today in Loughborough Lemyngton ward can expect to live for 10 years less than a boy born today in Ashby Castle ward. A girl born today in Bardon ward can expect to live for 13 years less than a girl born in Loughborough Ashby ward.

The difference in life expectancy between different populations within the PCT should prove a useful marker for health inequalities. Tracking this over time will help to monitor progress towards inequality reduction.
Teenage Pregnancy

Target: By 2010 to halve the rate of pregnancies among under 18s, with a 35% reduction by 2005 (baseline 1995-1997).


The trends in teenage pregnancy rates over time and between areas are shown in the graph below:

Trends in teenage pregnancy rates (conceptions per 1,000 women aged 15-17) in Charnwood Borough Council area, NWL District Council area, England and the East Midlands

*The figures presented are the annual mean over the three year period specified

The figures indicate that a more rapid rate of decline is necessary if the targets for 2005 and 2010 are to be achieved.

Immunisation

Immunisation against infectious diseases remains a mainstay of health protection. Effective vaccines are now available to all young children for polio, diphtheria, tetanus, pertussis (whooping cough), measles mumps and rubella (MMR) and Haemophilus Influenza type B (HIB). In addition, protection against TB and Hepatitis B is given to babies at high risk.

The table below shows the current uptake of childhood primary immunisation before second birthday from April 2003-March 2004.

The percentage of children completing a primary immunisation course before their second birthday (April 2003-March 2004)

<table>
<thead>
<tr>
<th></th>
<th>Number of eligible children</th>
<th>Diphtheria</th>
<th>Tetanus</th>
<th>Pertussis (Whooping Cough)</th>
<th>Polio</th>
<th>MMR</th>
<th>Haemophilus Influenza B</th>
<th>Meningitis C</th>
</tr>
</thead>
<tbody>
<tr>
<td>CNWL PCT residents</td>
<td>2,483</td>
<td>97.7</td>
<td>97.7</td>
<td>97.2</td>
<td>97.7</td>
<td>89.4</td>
<td>97.4</td>
<td>96.9</td>
</tr>
<tr>
<td>Leicester city and</td>
<td>10,443</td>
<td>97.1</td>
<td>97.2</td>
<td>96.7</td>
<td>97.2</td>
<td>88.5</td>
<td>97.1</td>
<td>96.6</td>
</tr>
<tr>
<td>Leicestershire county PCTs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: Public Health Intelligence Team, Leicestershire Health Informatics Service
Dental Health

The dental health of school pupils is regularly surveyed. The average scores for sound (healthy) teeth and for decayed, missing and filled teeth for this population are shown below, with comparative figures for Leicester, Leicestershire and Rutland (LLR) and for the East Midlands.

Average scores for sound (healthy) teeth and for decayed, missing and filled teeth (DMFT) in 5 year olds in 2002

<table>
<thead>
<tr>
<th></th>
<th>CNWL</th>
<th>LLR</th>
<th>England</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sound</td>
<td>18.09</td>
<td>18.23</td>
<td>18.39</td>
</tr>
<tr>
<td>DMFT</td>
<td>1.25</td>
<td>1.2</td>
<td>1.11</td>
</tr>
</tbody>
</table>

Source: Dental Health Survey 5 year old children, 2002. Dental Health Services for Leicester and Leicestershire

Average scores for sound teeth and for decayed, missing and filled teeth (DMFT) in 14 year olds in 2002

<table>
<thead>
<tr>
<th></th>
<th>CNWL</th>
<th>LLR</th>
<th>England</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sound</td>
<td>25.05</td>
<td>24.90</td>
<td>25.32</td>
</tr>
<tr>
<td>DMFT</td>
<td>1.26</td>
<td>1.31</td>
<td>1.29</td>
</tr>
</tbody>
</table>

Source: Dental Health Survey 14 year old children, 2002. Dental Health Services for Leicester and Leicestershire

This illustrates broadly similar levels of dental health at aggregate levels. Further analysis at small area level is required to identify inequalities in this area of health.

Cancer Screening

The National Cancer Plan, published in 2000, is a national strategy to address cancer treatment and reduce cancer deaths. National screening programmes operate for the early detection of cervical and breast cancers. The local uptake of screening is shown in the tables below.

Cervical screening uptake for Leicestershire residents as at 31.3.03

<table>
<thead>
<tr>
<th></th>
<th>Eligible population 25-64 years</th>
<th>% having had an adequate smear within the last 5 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered with a CNWL GP</td>
<td>56,184</td>
<td>85.4%</td>
</tr>
<tr>
<td>Total Leicester City, Leicestershire County and Rutland residents</td>
<td>233,878</td>
<td>82.8% (range across PCTs from 76.1-85.6%)</td>
</tr>
</tbody>
</table>

Source: Public Health Intelligence Team, Leicestershire Health Informatics Service

This illustrates good PCT coverage when compared to other local areas.

Breast screening uptake for Leicestershire residents: April 2002-March 2003

<table>
<thead>
<tr>
<th></th>
<th>Eligible population Aged 50-64</th>
<th>Number</th>
<th>% screened in last 3 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered with a CNWL GP</td>
<td>26,886</td>
<td>20,983</td>
<td>78.4%</td>
</tr>
<tr>
<td>Total Leicester City, Leicestershire County and Rutland residents</td>
<td>107,825</td>
<td>83,187</td>
<td>76% (range across PCTs from 64.8% - 82.3%)</td>
</tr>
</tbody>
</table>

Source: Public Health Intelligence Team, Leicestershire Health Informatics Service

This illustrates good PCT coverage when compared to other local areas.
Causes of death

Major causes
In 2003 there were 2,333 deaths in the Charnwood and NWL PCT area. The major causes of death were circulatory diseases and cancers (63%). Accidents accounted for 48 deaths (2% of the total).

Major causes of death in 2003

![Major Causes of Death Pie Chart](image)

Source: Public Health Intelligence Team, Leicestershire Health Informatics Service

Accidental death
The pie chart below illustrates the major causes of deaths by accidents for the 3 years 2001 - 2003 (there were 48 deaths from accidents in each of these 3 years).

Major Causes of accidental death Pooled data 2001 - 2003

![Accidental Death Pie Chart](image)

Source: Public Health Intelligence Team, Leicestershire Health Informatics Service

This illustrates that traffic/transport accidents and falls are the major causes of accidental death in the CNWL PCT area.
Death trends and comparisons with other areas

In addition to absolute numbers and proportions of deaths from different causes it is useful to see if the rate of deaths from these conditions is similar to that in other areas. To enable comparisons to be made the data has to be adjusted to take into account the varying age and sex structures of different populations. The resulting “Direct Standardised Rate” enables comparisons to be made between different areas - any differences observed are not due to differing population age and sex structures.

Another technique that is useful to help observe trends is to look at rolling averages. This technique involves taking annual data over a three year period from which the annual average is calculated. The data is then presented as the annual average for the three year period e.g. 1995-97, 96-98, 97-99 etc.

Using Direct Standardised rates and rolling averages, local data is presented below, enabling comparisons to be made with other geographical areas and over a period of time. Data for Coronary Heart disease, Cancers and Accidents are presented.

Premature mortality from Coronary Heart Disease

Target: By 2010 to reduce the death rate from CHD in people aged under 75 by at least 40% (baseline 1995-1997) with a 25% reduction by 2005.


Trends in Directly Standardised Mortality Rates (DSR) for CHD in people aged <75 years (DSR per 100,000): Comparisons over time and between areas 1995-2002

The previous graph illustrates that Charnwood has already hit the 2005 target and is well on the way to achieving the 2010 target. Although NWL has a consistently higher DSR than Charnwood, the East Midlands and England as a whole, NWL is following a downward trend.

**Premature mortality from Cancer**

Target: By 2010 to reduce the death rate from cancer in people aged under 75 by at least 20% (baseline 1995-1997) with a 12% reduction by 2005.


**Trends in Directly Standardised Mortality Rates (DSR) for Cancer in people aged <75 years (DSR per 100,000): Comparisons over time and between areas. 1995-2002**

Both Charnwood and NWL have lower DSRs for Cancer than the East Midlands and England. Both local areas have already achieved the 2005 target. The rate of decline is notable - NWL decreasing more rapidly than Charnwood in recent years.
Premature mortality from Accidents

Target: By 2010 to reduce the death rate from accidents in people of all ages by at least 30% (baseline 1995-1997) with a 20% reduction by 2005.


Trends in Directly Standardised Mortality Rates (DSR) for Accidents in people of all ages (DSR per 100,000): Comparisons over time and between areas 1995-2002

*For these periods the rates fell within those of the 20% of local authorities in the East Midlands with the lowest accident DSRs.


Although Charnwood and NWL have consistently better figures than the East Midlands, the East Midlands area has one of the highest death rates from accidents in the Country. NWL in recent years has had a higher DSR for accidents than England. For both Charnwood and NWL it will be challenging to meet the 2005 and 2010 targets.
Inequalities in health

Overall the national population is getting healthier but it is well recognised that the gap between the best off and the worst off populations is widening. Tackling health inequalities is one of the core functions of a PCT and is a recognised priority at all levels in the health service.

For many health markers (such as uptake of services, rates of disease, death rates) there is a clear association between levels of deprivation and poor health. There are a number of studies that highlight the increased risk of suffering ill health among those living in circumstances of poverty and deprivation.

A commonly used measure of deprivation at geographical level is constructed from data collected in the census. The deprivation index is designed to measure the proportion of households in a geographical unit with a combination of circumstances indicating low living standards or a high need for services or both.

Until recently most analysis and comparisons of health and deprivation were based on ward level assessment. Overall the more deprived the ward the more likely the community living there is to have poorer health. An important consideration, however, is that wards cover a variety of areas. Not all deprived people live in deprived wards, just as not all people in a ward ranked as deprived are themselves deprived. Affluent wards may have pockets of deprived areas within them and similarly deprived wards may mask pockets of affluence within them.

More recently, analysis has become possible at “super output area” - areas smaller than wards, enabling more accurate comparisons of populations in deprived and affluent areas. The map on the inside back cover shows the index of multiple deprivation for super output areas in Charnwood and NWL.

It is difficult to find an easy measure of health inequalities, but the following examples relating to coronary heart disease and cancer (the two major causes of death in CNWL) are illuminating and propose a future method of monitoring these two aspects of inequality.

Inequalities in death rates from Coronary Heart Disease and Cancer

All the super output areas (small areas, smaller than ward level) in the PCT area have been ranked from highest to lowest levels of deprivation and then split into 5 groups (quintiles), each quintile containing an equal number of super output areas.

For both CHD and cancer, death rates for the populations in each of the quintiles have been calculated - standardising the rate to take account of the differences in age and sex of the population in the different areas, so enabling comparisons to be made.
The results are shown in the graphs below

Graph showing directly standardised cardiovascular mortality rate (DSR) in under 75s by Super Output Area quintiles of deprivation (IMD 2004). Annual rate calculated from pooled data 1999-2003.

This demonstrates that the CHD mortality rate in the most deprived areas in CNWL is almost double that in the most affluent areas.

Graph showing directly standardised cancer mortality rate (DSR) for all ages by Super Output Area quintiles of deprivation (IMD 2004). Average rate calculated from pooled data 1995-2003.

This demonstrates that cancer mortality rates are almost 25% higher in the most deprived areas of the PCT than in the most affluent areas.

This method of analysis will be a useful monitoring tool to look at how inequalities are being tackled. If effective action is taking place the difference in mortality between the most affluent and most deprived population will reduce over time.
Other information about the health needs of the local population

When looking at health needs of the local population death rates are of limited value as there are other areas of concern affecting quality of life. Examples include mental health, social isolation, teenage health, dental health, drug and alcohol misuse, the population with diabetes, the elderly, and the homeless.

Local knowledge is an essential part of understanding health needs. The population is so diverse across the PCT that health needs are likely to vary considerably across Charnwood and NWL.

To try and capture local knowledge on areas such as these and to highlight local issues a process of health needs assessment at neighbourhood level has begun.

The Neighbourhood Health Needs Assessment (HNA) Process

During 2003-4 local health visitors, school nurses and public health specialists undertook the first phase of a structured HNA process. 9 geographical areas (neighbourhoods) were identified as shown in the map below.

Map showing neighbourhood areas for health needs assessment work
Each colour on the map represents a different neighbourhood area, covering two or more wards.

The population within each geographical boundary was the focus of the first phase of a structured HNA process for each neighbourhood team. The format the teams followed was taken from the Health Development Agency’s Health Needs Assessment Workbook (www.hda-online.org.uk).

Through this process local needs have been identified for each neighbourhood and actions identified to tackle them. These action plans are now being implemented at local level.

**Needs emerging from the neighbourhood HNA process**

<table>
<thead>
<tr>
<th>As coloured on map</th>
<th>Area 1</th>
<th>Area 2</th>
<th>Area 3</th>
<th>Area 4</th>
<th>Area 5</th>
<th>Area 6</th>
<th>Area 7</th>
<th>Area 8</th>
<th>Area 9</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obesity, diet and exercise</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Breast feeding</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Smoking</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Parenting/childhood behaviour</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Mental health and wellbeing</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Oral and dental health</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teenage access to services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Substance misuse, drugs and alcohol</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Housing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poverty/social isolation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Sexual health and teenage pregnancy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Asthma and eczema</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Travelling families</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Crime and disorder</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Capacity building</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The teams undertaking the assessments recognise that the profiles completed in 2003-4 should be seen as the first stage in an ongoing process. The process is now being extended to include other staff working within the neighbourhoods (both NHS and partner agencies) and the local communities who live there. Anybody interested in contributing to this work should contact the PCT Public Health department on 01509 567707.
Priority Areas for Action

This review of what we know about local health needs demonstrates the following:

- CHD and cancers account for 63% of all premature deaths within the PCT, highlighting the need for action around diet, physical activity and tobacco control.

- Accidents are a serious cause of preventable death. The lack of a significant local downward trend is of particular concern.

- Inequalities in health status exist between the most affluent and most deprived areas within the PCT.

- Census data highlights the tremendous variability in population make up across the different areas of the PCT. Health priorities and opportunities for action will vary greatly between different geographical areas, highlighting the need for local health needs assessment and action plans.

- Parenting skills and childhood behaviour management are identified as needs across many neighbourhoods.

- Mental health and well being is identified as a need in many neighbourhoods.

Key Public Health Objectives for 2004-05

- To increase physical activity levels.

- To improve the diet of families and individuals.

- To improve parenting skills and childhood behaviour management.

- To reduce the number of people who use tobacco.

- To reduce the number of accidents - with a particular focus on falls, road accidents and childhood accidents.

- To maintain and improve positive mental health and well being.

- To improve the early diagnosis and treatment of CHD and associated risk factors.

- To reduce the incidence of cancer and improve early diagnosis and treatment.

- To reduce health inequalities through strengthened partnership action.

- To further develop systematic health needs assessment to identify local variations and needs.

In addition some specific local needs have been identified that are being tackled in neighbourhood Public Health action plans including oral and dental health, housing, substance misuse, drugs and alcohol, sexual health and teenage pregnancy, crime and disorder.
To increase physical activity levels

The Challenge
- Over 70% of people in the UK don’t exercise enough to improve their health
- 61% of girls and 45% of boys aged 2-15 years do not meet the Government’s minimum physical activity guideline of one hour per day
- Physical activity promotes an overall improvement of quality of life for people of all ages
- A sedentary lifestyle contributes to many of the leading causes of disease and disability including CHD, stroke, obesity and type 2 diabetes

Progress in 2003 - 04
- Implementation of a pilot project to promote physical activity and nutrition advice for referred overweight children and teenagers
- Expansion of the GP exercise referral scheme (funded by the PCT in partnership with the local councils) has occurred to now include patients who have existing heart problems
- Local action plans have been developed from the existing strategies and are now being implemented
- Clearer agreements have been developed around joint funded initiatives between the PCT and local councils to maximise the impact of resources available for this shared priority
- A strong focus on physical activity at the Healthy and Happy Hearts days held in both Charnwood and NWL to promote well-being of over 50s and at other health fairs held in both schools and the community

Actions 2004 - 05
- Stronger involvement with the healthy schools programme, with a particular focus on walking and cycling to school
- Involvement in Local Authority travel and development plans to ensure that safe walking and cycling options are considered and accommodated where possible
- Increased awareness of the benefits of physical activity through school and community health fairs and local campaigns, including healthy and happy hearts days
- Evaluation of a pilot project in Charnwood, focussing on overweight children and teenagers and a pilot study in NWL promoting nutrition and physical activity with adults
To improve the diet of families and individuals

The Challenge

- England has one of the lowest fruit and vegetable intakes in Europe
- Healthy eating could lead to a 20% reduction in deaths from chronic diseases
- 25% of men and 32% of women aged 45-64 in the East Midlands are obese (among the highest levels in the country)

Progress in 2003 - 04 (see also physical activity progress)

- A PCT led multiagency group has been established and is implementing a local action plan to take forward the Leicester, Leicestershire and Rutland “Preventing overweight and obesity” strategy
- Increased awareness of the relationship between food and health, through school and community health fairs and campaigns and healthy and happy hearts days
- Establishment of a “Luncheon Club” where young mums can learn and apply basic cooking skills to provide enjoyable food for them and their children
- Continued promotion of breast feeding

Actions 2004 - 05 (see also physical activity progress)

- Stronger involvement with the healthy schools programme, with a particular focus on food and health
- Involvement in Local Authority travel and development plans to ensure that the need for access to affordable healthy food is considered and accommodated where possible.
- Increased awareness of the impact of food on health, through school and community health fairs, campaigns and healthy and happy hearts days
- Endorsement of a breast feeding strategy for CNWL
To improve parenting skills and childhood behaviour management

The Challenge

- The need for improved parenting and behaviour management skills has been identified as a need in 8 of the 9 neighbourhood health needs assessments.
- Improving parenting skills will have an impact on many of the other public health priorities identified - for example nutrition, physical activity and smoking cessation.

Progress in 2003 - 04

- Work has begun to develop a local strategy for enhancing parenting skills and addressing behaviour management.
- The local Sure Start programme is being implemented. Many of the Sure Start initiatives will have a direct impact on this area of need.
- This area is a key focus of the ongoing work of many health visitors and school nurses both through group work (for example the new parents group in Coalville) and individual work with families.

Actions 2004 - 05

- Development of a local strategy for addressing this area of need, followed by implementation of the actions arising from this.
- Continued work with partners - particularly through the Sure Start programme.
To reduce the number of people who use tobacco

The Challenge

- Smoking is the single greatest cause of avoidable illness and preventable death in the country. The majority of deaths from lung cancer (84%) and from chronic obstructive lung disease (83%) are a direct result of smoking.
- Quitting smoking will enable the body to repair the damage almost immediately and substantially reduce the risk of developing smoking-related disease.
- 33% of girls and 25% of boys under 16 regularly smoke cigarettes.
- Smoking is highest among those who are most socially disadvantaged. It is the main reason for the gap in healthy-life expectancy between richer and poorer families.

Progress in 2003 - 04

- After wide consultation the PCT has developed a tobacco control strategy (to be ratified in October) and has established a multi-agency group to oversee implementation.
- The smoking cessation advice service (Resolution tel 01509 567766) transferred to local PCT management on September 2003 and successfully supported 328 people to quit between October 2003 and the end of March 2004.
- There are now 34 free NHS clinics and advice sessions throughout the PCT area operated by trained smoking cessation advisers.
- School nurses have established smoking cessation services in some local schools.

Actions 2004 - 05

- Further availability of the provision of smoking cessation advice.
- Ensuring advice and support is accessible to specific groups in the community such as pregnant women and particular ethnic minority populations.
- Implementation of the broader tobacco control strategy including:
  - An increase in the number of smoke-free public places, including hospitals and schools.
  - An increase in the awareness of the addictive properties and health risks of tobacco chewing and development of particular support to those wishing to quit.
To reduce the number of accidents -
with a particular focus on falls, road accidents and
childhood accidents

(see also the section on physical activity as the progress and actions in this area will help to reduce accidents)

The Challenge

• Across the UK, accidents are the commonest cause of death between the ages of one and 40
• Accidents on the road are the biggest single cause of death in children
• Non-fatal injuries are common in childhood. Research shows that between 20% and 30% of children attend an Accident and Emergency unit during a typical year
• A third of all visits to Accident and Emergency departments follow accidents at home. 38% of these are due to falls
• In 1997 two thirds of accidental deaths in women over 65 were due to falls

Progress in 2003 - 04

• Development and endorsement of a falls strategy
• Continued provision of childhood home safety equipment loan schemes (in partnership with other agencies)
• Continued partnership work through local accident prevention groups

Actions 2004 - 05

• A review of the child home safety equipment loan schemes to ensure maximum benefit is provided
• Stronger collaboration with county and local planning departments to raise the profile and priority of avoidable injury in local decision making (such as safe walking and cycling routes)
• Implementation of the falls strategy
• Increased public awareness of the importance of winter warmth (older people are particularly at risk of falling if their home is cold)
• Develop stronger partnership action around “affordable warmth” and the “housing aids and adaptation” services
To maintain and improve positive mental health and well being
(The activities described earlier around physical activity promotion will have an impact on mental well being)

The Challenge

- Children in the poorest households are three times more likely to have mental ill health than their peers in affluent households
- It is estimated that each year one in six people experience mental health problems requiring treatment
- Suicide is the second most common cause of death for men under 35. Men in unskilled occupations are four times more likely to commit suicide than professionals
- Post natal depression affects around 10% of women following childbirth and can have a negative effect on the mother and child relationship

Progress in 2003 - 04

- World mental health day was used as an opportunity to highlight awareness of mental health issues
- Teen health “drop in” clinics have been extended and are now available, at locations accessible to schools, in Quorn, Ashby and Coalville. The clinics provide support and advice on a range of issues, including mental health and well-being
- Establishment of Mums in Mind - a post natal depression support programme in Charnwood, involving health visitors, Home Start and the Leicestershire Partnership Trust
- The PCT contributed to the development of Local Authority homelessness strategies.
- Continued local implementation of the National Service Framework for Mental Health (www.doh.gov.uk/nsf/mentalhealth.htm). This includes a specific standard for mental health promotion
- Continued local implementation of The National Service Framework for Older People. (www.doh.gov.uk/nsf/olderpeople.htm) This includes specific standards for mental health in older people

Actions 2004 - 05

- Continued implementation of the National Service Frameworks
- Increased local awareness during Mental Health Week
- Continued partnership action to focus on the mental health needs of minority and excluded groups such as the homeless
To improve the early diagnosis and treatment of Coronary Heart Disease (CHD) and associated risk factors

The actions described earlier around diet, tobacco and physical activity are all key activities to reduce coronary heart disease. They are also key preventive measures to reduce other forms of cerebrovascular disease, including stroke.

The Challenge

- In older age groups the number of people suffering from CHD has risen by a third over the last ten years
- Circulatory deaths accounted for 34% of all deaths in CNWL in 2003
- The CNWL PCT population in the most deprived areas are almost twice as likely to die from cardiovascular disease than those in the most affluent areas
- The cost of providing effective prevention and risk reduction is marginal compared to the vast cost of heart disease to the UK economy, employers and health services
- The British Heart Foundation estimates that the annual cost to the UK economy of CHD alone is around £10 billion, of which around £1.6 billion is healthcare. Investment in the prevention of CHD is currently around 1% of this healthcare cost

Progress in 2003 - 04

- A National Service Framework for CHD was published in 2000. The PCT is working to implement the actions within this, including providing a more systematic approach to the prevention of CHD

Actions 2004 - 05

- Review available data to explore levels of inequalities in CHD incidence, risk factor identification, risk factor treatment and access to services
- Identify actions that can be taken to reduce any inequality identified
- Continued implementation of the National Service Framework
To reduce the incidence of cancer and improve early diagnosis and treatment

The activities described previously around diet, promoting physical activity and reducing exposure to tobacco will all have an impact on reducing the incidence of cancer.

The Challenge

- After heart disease, cancer is the main cause of death in the CNWL population, accounting for 25% of the total deaths in 2003.
- Local data shows that residents from the most deprived areas within the PCT are more likely to die from cancer than those in the most affluent areas, highlighting the fact that social conditions and access to services are likely to be important factors.

Progress in 2003 - 04

- The National Cancer Plan was published in 2000 as a national strategy aiming to achieve a 20% reduction in cancer deaths by 2010. It covers prevention, screening, diagnosis, treatment and palliative care for cancer. The aim of the plan is to tackle the health inequalities associated with cancer and its care. The PCT is working to implement this.

Actions 2004 - 05

- Implementation of the Cancer Plan
- Continued implementation of cancer screening programmes in accordance with the recommendations of the national screening committee
- Undertake a study of available data to explore levels of inequalities in screening uptake, cancer incidence and access to services and identify actions that can be taken to reduce any inequality identified.
To reduce health inequalities through strengthened partnership action

The Challenge

- Many of the factors that influence health are not governed by only one agency or organisation. Tackling the root causes of ill health will require partnership action
- Different agencies are often tackling similar problems from different angles. Good communication will help to align activity and maximise the overall benefits
- Local data shows inequalities in death rates from Cancer and Coronary Heart Disease in the CNWL population
- Overall we are getting healthier but the health gap between the best off and the worst off has been widening

Progress in 2003 - 04

- Continued strengthening of links with partner agencies through involvement with Local Strategic Partnerships, at local council and county level, and with local health forums
- A Public Health Action Plan for county wide activity has been developed and is being implemented, in collaboration with other County PCTs and the County Council
- Strengthening of partnership work through the local Sure Start programme - including the integration of PCT staff into multiagency Sure Start teams
- A Health Equity Audit baseline assessment has been completed by the PCT Board and Professional Executive Committee, resulting in a PCT action plan
- The creation of neighbourhood local action plans to help improve public health and reduce inequalities

Actions 2004 - 05

- Continue to strengthen links with partner agencies, particularly at a local, neighbourhood level
- Complete the creation of a local directory of public health workers from different agencies, working at small area level, to improve partnership opportunities
- Strengthen local input into the healthy schools awards scheme
- Implement the action plan arising from the health equity audit baseline assessment
To further develop systematic health needs assessment to identify local variations and needs

The Challenge

• Monitoring the health needs of the population is an important aspect of evaluating the impact of interventions and of informing future developments

• Some statistical data is readily available but this needs to be supplemented with local knowledge and an assessment of influences that do not have numerical measures

• An assessment of health in small areas and communities is an important aspect of understanding the health inequalities that may exist

Progress in 2003 - 04

• Local neighbourhoods have been identified and, for each, the first phase of structured health needs assessment has been completed, informing local Public Health Action Plans

• Data analysis support is being strengthened through links with the East Midlands Public Health Observatory, Leicestershire Health Informatics team and Local Authority data analysts

• A Charnwood Information group has been established, bringing together data analysts from different organisations

Actions 2004 - 05

• A lifestyle questionnaire is planned for 2005, enabling local data around lifestyle and behaviour to be collected and to act as a baseline for future monitoring

• Involvement of other staff groups, agencies and communities in the next phase of health needs assessment

• To continue to strengthen data analysis capability to enable further investigation of inequalities in ill health and access to services
Other highlights for 2003-04, not described in the previous sections

- The school BCG programme has been successfully re-introduced
- The devolution of health promotion and smoking cessation services to the PCT has enabled the creation of an integrated Public Health team, including school nurses, health visitors, public health development specialists and smoking cessation specialists
- Successful local campaigns have been co-ordinated around Sun Safety and National Transplant week
- Dental care was organised for the Charnwood Christmas Shelter
- Links with the Rural Community Council are strengthening, including partnership working to understand better the health needs of rural groups
- A range of community and school based health fairs have been organised
Summary
The key health challenges facing the CNWL population are outlined in this report - using a combination of statistical data and local knowledge.

The following 10 areas are identified as priorities:

• To increase physical activity levels
• To improve the diet of families and individuals
• To improve parenting skills and childhood behaviour management
• To reduce the number of people who use tobacco
• To reduce the number of accidents - with a particular focus on falls, road accidents and childhood accidents
• To maintain and improve positive mental health and well being
• To improve the early diagnosis and treatment of CHD and associated risk factors
• To reduce the incidence of cancer and improve early diagnosis and treatment
• To reduce health inequalities through strengthened partnership action
• To further develop systematic health needs assessment to identify local variations and needs

For each of these sections progress so far has been summarised and plans for 2004-5 identified.

Some principles underpinning all of these objectives are that:

• Changing health patterns need to be monitored, in order to plan future actions (in the areas of both prevention and service provision)
• There is a need to seek out more detailed information in order to understand health inequalities
• The NHS must work with partners to enable overall levels of health to improve and to reduce inequalities.
• Many of the factors that influence health are social and environmental and are affected by the actions of many agencies

If you have any comments or questions on this report or would like to discuss this further then please do not hesitate to get in touch. Contact details are provided on page 4.
Overall Index of Multiple Deprivation 2004* by small (super output) area in the Charnwood and NWL PCT area

*Deprivation indices are designed to measure the proportion of households in a small geographic unit with a combination of circumstances indicating low living standards or a high need for services or both.

The Department of Environment, Transport and the Regions indices of Multiple Deprivation use local community data such as financial, education and health information from a variety of sources.

Acknowledgments

This report could not have been produced without the support of the many local Public Health specialists and practitioners working in Charnwood and North West Leicestershire. With particular thanks to:

Julia Willis - Personal Assistant, for help with co-ordinating the production of the report

Hanna Blackledge, Helen Reeve and Anne Price - from the Leicestershire Health Informatics Service, for help with data analysis