Joint Strategic Needs Assessment

Wolverhampton

Overview Report 2016

Chapter 5: Live, Work and Stay Well

VERSION CONTROL

Version	Status	Description of version	Date Completed	Distributed to	Date of distribution
Version 1	Draft	Draft	25/04/2017	JSNA Steering Group	27/04/2017
	Final	Final	09/05/2017	Upload	17/05/2017

Section	Outcome	Latest data refresh year	Last data refresh year	Wolverhampton figure latest data	Better or worse compared to last data refresh	Better or worse compared to England (latest data)
Crime	Crude rate of violence against the person offences per 1,000 population	2015-16	2014-15	18.1 Rate per 1,000	15.9 Rate per 1,000	17.2 Rate per 1,000
Crime	Crude rate of sexual offences per 1,000 population	2015-16	2014-15	1.7 Rate per 1,000	1.3 Rate per 1,000	1.7 Rate per 1,000
Crime	Rate of people KSI on the roads, all ages, per 100,000 resident population	2013-15	2012-14	28.6 Rate per 100,000	30.9 Rate per 100,000	38.5 Rate per 100,000
Housing	Rate of homelessness acceptances per 1,000	2015-16	2014-15	3.6 Rate per 1,000	3.2 Rate per 1,000	2.5 Rate per 1,000
Housing	% of adult social care users who have as much social contact as they would like	2015-16	2014-15	50.80%	52.60%	45.40%
Lifestyle	Persons admitted to hospital for alcohol-specific conditions, DSR per 100,000	2014-15	2013-14	440 DSR per 100,000	386 DSR per 100,000	340 DSR per 100,000
Lifestyle	Alcohol-related mortality, DSR per 100,000	2015	2014	66.2 DSR per 100,000	66.3 DSR per 100,000	46.1 DSR per 100,000
Lifestyle	Hospital admissions due to substance misuse (15-24 years), DSR per 100,000	2013-14 - 2015-16	2012-13 - 2014-15	120.3 DSR per 100,000	98.5 DSR per 100,000	95.4 DSR per 100,000
Lifestyle	Smoking Prevalence in adults - current smokers (APS)	2015	2014	19.30%	20.90%	16.90%
Lifestyle	Smoking Prevalence in adults in routine and manual occupations - current smokers (APS)	2015	2014	24.80%	27.10%	26.50%
Lifestyle	Percentage of adults that are physically active	2015	2014	49.90%	53.30%	57.00%
Lifestyle	Percentage of adults classified as overweight or obese	2013-15	2012-14	66.30%	67.50%	64.80%
Lifestyle	Percentage of people using outdoor space for exercise/health reasons	Mar 2014 - Feb 2015	Mar 2013 - Feb 2014	35.40%	15.50%	17.90%
Health Protection	TB incidence (three year average) per 100,000	2013-15	2012-14	26.7 per 100,000	29.1 per 100,000	12.0 per 100,000
Health Protection	Percentage of drug sensitive TB cases completing treatment for TB within 12 months	2013	2012	84.30%	81.40%	84.80%
Health Protection	Percentage of late diagnoses of HIV	2013-15	2012-14	54.10%	57.60%	40.30%
Health Protection	All new STI diagnoses (exc Chlamydia aged <25) per 100,000	2015	2014	782 Rate per 100,000	874 Rate per 100,000	815 Rate per 100,000
Service Utilisation	Emergency readmissions within 30 days of discharge from hospital, Indirectly standardised proportion	2011-12	2010-11	11.90%	11.80%	11.80%
Service Utilisation	Cumulative percentage of eligible population aged 40-74 who received an NHS Health Check	2013-14 - 2015-16	-	18.90%	-	27.40%
Service Utilisation	Cancer screening coverage - breast cancer	2014-15	2013-14	72.00%	68.70%	71.30%
Service Utilisation	Cancer screening coverage - cervical cancer	2014-15	2013-14	69.40%	74.50%	73.50%
Employment	Percentage of employees who had at least one day off due to sickness absence in the previous working week	2012-14	2011-13	1.90%	1.80%	2.40%
Employment	Percentage of working days lost due to sickness absence in the previous working week	2012-14	2011-13	1.40%	1.30%	1.50%
Employment	Percentage point gap in the employment rate between those with a learning disability and the overall employment rate	2014-15	2013-14	61.40%	60.50%	66.90%
Employment	Percentage point gap in the employment rate between those with a long-term health condition and the overall employment rate	2015-16	2014-15	14.30%	9.70%	8.80%

Key

- Better
- Similar
- Worse
- Local Context Needed

Crime

Anti-Social Behaviour

Anti-social behaviour covers a wide range of unacceptable activity that causes harm to an individual, to their community or to their environment. This could be an action by someone else that leaves you feeling alarmed, harassed or distressed. It also includes fear of crime or concern for public safety, public disorder or public nuisance.
The police, local authorities and other community safety partner agencies, such as Fire & Rescue and social housing landlords, all have a responsibility to deal with anti-social behaviour and to help people who are suffering from it.

Prevalence

The rate of calls for service to the Police, in relation to anti-social behaviour has been significantly lower in Wolverhampton than the West Midlands, in each of the past 5 years (2011/12 - 2015/16). Rates of calls for service to the Police have decreased in Wolverhampton over the past two years, whereas the West Midlands figures have varied but not followed a consistent trend. Therefore, the gap between the Wolverhampton rate and the West Midlands rate has decreased over the past 5 years.

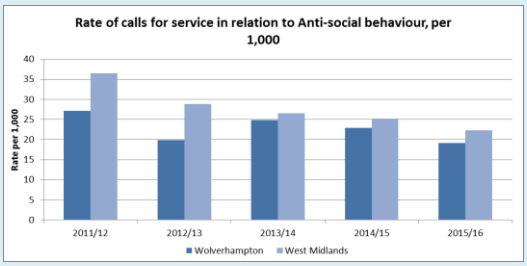


Figure 1. Rate of calls for service in relation to anti-social behaviour (Source: West Midlands Police Force)

Monthly Calls for Service

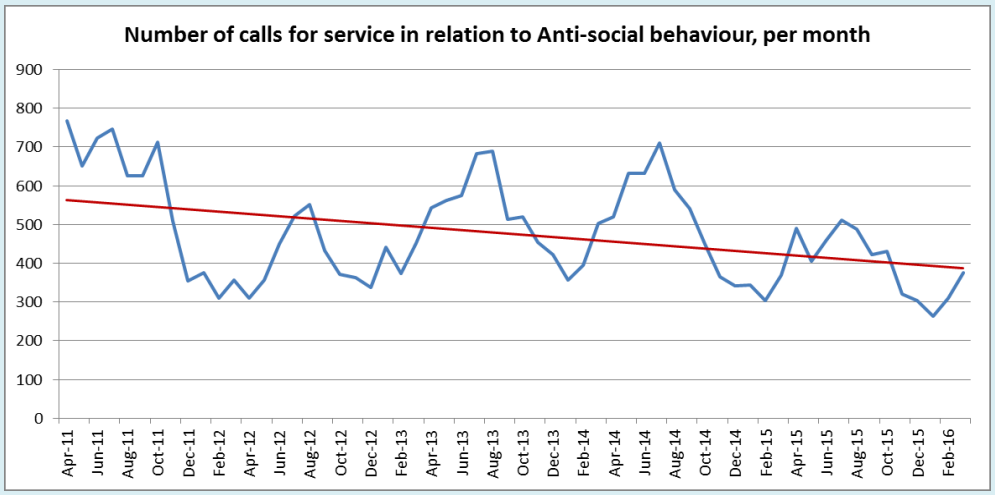


Figure 2. Monthly frequency of calls for service in relation to anti-social behaviour (Source: West Midlands Police Force)

The monthly figures for the number of calls for service to the Police in relation to Anti-social behaviour has varied considerably since April 2011, varying between 767 in April 2011 and 264 in January 2016. Throughout the 5 year period, numbers of calls have peaked during the summer months and been lowest during winter months. In general, the linear trend line suggests that numbers have decreased over the five year period.

Share of Calls, by Local Police Unit

As a share of the calls for service received by West Midlands Police Force between April 2015 and March 2016, 8% were made to Wolverhampton's Local Police Unit. Wolverhampton is ranked 8th in the West Midlands for the number of calls. Only Solihull and Birmingham North LPU's had less calls for service in the West Midlands.

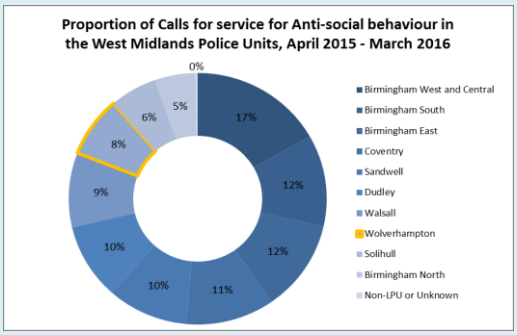


Figure 3. Calls for service in relation to anti-social behaviour per Local Police Unit (Source: West Midlands Police Force)

What this information tells us?

-The rate of calls for anti-social behaviour is lower in Wolverhampton compared to the West Midlands, and the gap has decreased from 2011-12 to 2015-16.
-The number of monthly calls for anti-social behaviour peak in the summer in Wolverhampton.
-Wolverhampton's police unit has the third smallest share of calls for anti-social behaviour in the West Midlands.

Indicative Commissioning Needs

Mediation Service

We as officers and the asbu together when dealing with cases separately or together need identify asap if there is a possibility to mediate on an ASB matter. This could be done by the allocated officer reviewing the case once received and ask the parties about the option of mediation as a must locally.

Where RJ is primarily used it is when there is identified and accepted (by each party) offender and injured party, so this is nearly always when a crime has been committed, from the asbu and mediation service they would not generally get involved until the criminal matter is resolved due to the subjudicy issue.

Within ASB this is the main issue (both parties being felt as if they are the victim) that can escalate a case in that both parties think! they are in the right, and fail to understand the belief or concerns of the other party. This can be addressed more easily through mediation where there is quick and swift action by independent mediator to see both sides, to stop escalation and more deeper rooted fall outs that then add demand to police services and asbu cases.
The mediation unit currently receive about 100 referrals a year, this could be doubled if every case was assessed properly at the point of allocation of a non-crime number.

BRAVE Project
The BRAVE project (Birmingham Residents Anti-Social Behaviour Victim Empowerment) is part of Victim Support and previously funded by Birmingham Community Safety Partnership. It was previously funded by the BIG Lottery Fund and since March 2012 it has co-ordinated a multi-agency support network helping to resolve persistent and on-going anti-social behaviour.
The project officers use professionally trained volunteers, allowing them to offer empathetic support either face-to face or over the phone to suit the victim's needs.
"Random evaluation has shown that over 60 per cent of victims reported an increase in their emotional wellbeing due to the help they have received from BRAVE."

Whilst the victim's code applies ASB non-crime numbers as they are not a crime do not automatically get referred to victim support, they will pick up cases but only in extreme impact matters. This is a serious short fall in the way the force deal with ASB as the definition states for asb that the impact of the behavior has to affect the victims day to day life. There is no other service that does this specifically.

Within the ASBU there is a victim and witness officer but again this is one part time role who will only be allocated the more serious cases.

Crime

Domestic Abuse

Tackling domestic abuse as a public health issue is vital for ensuring that some of the most vulnerable people in our society receive the support, understanding and treatment they deserve. The more we can focus in on interventions that are effective, the more we can treat victims and prevent future re-victimisation. It is also the government's strategic ambition, as set out in Call to end violence against women and girls 2010 and successive action plans to do what it can to contribute to a cohesive and comprehensive response.

Prevalence

In 2015/16, there were 2,373 victime of Domestic Abuse (11.7 per 1,000) aged 18 and over in Wolverhampton. This is significantly higher compared to the rate of 9 per 1,000 in West Midlands.

		2011/12	2012/13	2013/14	2014/15	2015/16
Wolverhampton	Number	1,409	1,312	1,495	2,029	2,373
	Rate per 1,000	6.9	6.5	7.4	10.0	11.7
West Midlands	Number	12,045	12,460	14,978	17,660	19,784
	Rate per 1,000	5.5	5.7	6.8	8.0	9.0

Table 1. Rates and numbers of Domestic Abuse (Source: West Midlands Police Force)

Over the last 5 years, the rate of Domestic Abuse in Wolverhampton has increased by around 70%, from 6.9 per 1,000 in 2011/12 to 11.7 per 1,000 in 2015/16. The West Midlands figures have also increased, by almost 64%, over the same time period, but have remained lower than the Wolverhampton rates.

In terms of numbers, over the past 5 years there has been an increase of 964 cases of Domestic Abuse being reported per year in Wolverhampton. In 2015/16, there were 2,373 cases of Domestic Abuse reported. In the West Midlands, there were 19,784 cases of Domestic Abuse reported, an increase of 7,739 from 2011/12.

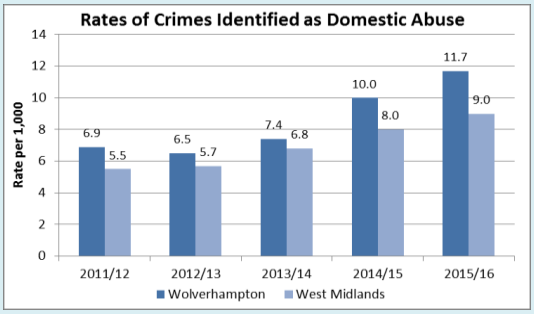


Figure 1. Rates of crimes identified as domestic abuse (Source: West Midlands Police Force)

Gender Distribution

The vast majority of victims of crimes identified as Domestic Abuse are female, making up 83.7% of Domestic Abuse cases in 2015/16.

Over the past five years, the proportion of males that have been the victims of Domestic Abuse has increased, from 12.1% in 2011/12 to 16.3% in 2015/16. Therefore, the proportion of females has decreased over the same time period, from 87.9% in 2011/12 to 83.7% in 2015/16.

In terms of numbers, there were 1,891 female victims of Domestic Abuse in 2015/16, compared to 368 males. The number of female victims has increased by 64.3% over the past 5 years, whereas the number of male victims has more than doubled over the same time period.

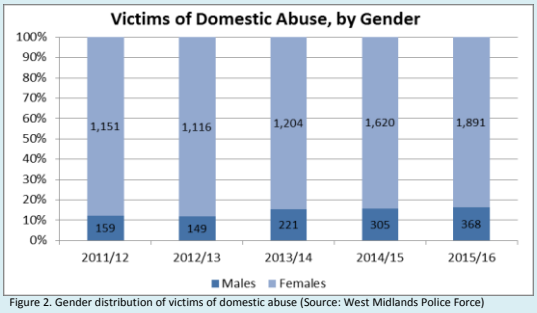


Figure 2. Gender distribution of victims of domestic abuse (Source: West Midlands Police Force)

Ethnicity Distribution

In 2015/16, 69% of victims of crimes indentified as Domestic Abuse were of a White ethnic background. The second highest proportion was for those who have an Asian or Asian British ethnic background (16%).

In comparison to the Ethnicity distribution in 2011/12, the proportion of victims with a White ethnic background was 3% higher in 2015/16. The proportion of victims that had an Asian or Asian British ethnic background, also increased by 3%. The proportion of victims with a Black or Black British ethnic background fell slightly, by 2%.

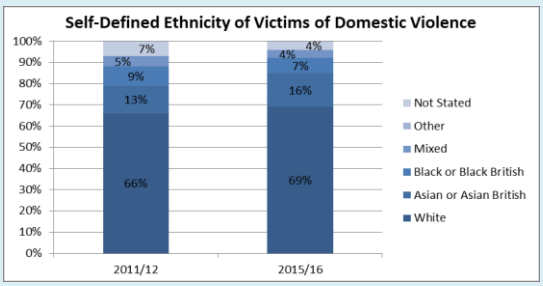


Figure 3. Ethnicity distribution of victims of domestic abuse (Source: West Midlands Police Force)

What this information tells us?

-Domestic Abuse in Wolverhampton are seemingly on the rise in Wolverhampton, increasing year on year since 2011/12. However, due to the nature of domestic abuse, it is more likely that more domestic abuse is being reported to Police.

-Current figures state, that more than 80% of reported Domestic Abuse victims are female, however, the proportion and numbers of male victims has increased over the past five years.

-Around 7 in 10 victims of Domestic Abuse are of a White ethnic background and around 1 in 7 are of an Asian or Asian British ethnic background.

Indicative Commissioning Needs

There is currently a proposed Police and Crime Commissoner funded Domestic Violence (DV) perp programme in development but the criteria is somewhat limited. The facility to have a perp scheme for all DV offenders who want support around DV and anger management particularly for those offenders who are not convicted or dealt with for criminal matters. We are dealing with many Multi-Agency Risk Assessment Conference (MARAC) cases now that don't go to court but we have nothing to offer the offender to rehabilitate it they request help. Having something like this and sufficient Independent Domestic Violence Adivisor would allow DV Offender Management Unit to take on the management of repeat offenders with 4 or more offences in addition to high risk MARAC ones. We would also then need to develop a partnership One Day, One Conversation meeting to discuss these.

Crime

Offending and Re-Offending

Tackling a persons offending behaviour is often intrinsically linked to their physical and mental health, and in particular any substance misuse issues. Offenders often also experience significant health inequalities that will need to be identified, examined and addressed locally in partnership with organisations across the criminal justice system. Furthermore, a large proportion of families with multiple needs are managed through the criminal justice system, and their issues are inter-generational. Re-offending therefore has a wide impact on the health and well-being of individuals, their children and families, and the communities they live in.

The consequences of tackling offending and re-offending will benefit a wide range of service agencies and enhance their outcomes. Public health is a crucial part of a multi-agency approach to reducing re-offending, which includes police, courts, prisons, probation, community safety partners, social services, housing and education at a local level.

Prevalence

In Wolverhampton, the number of Juvenile offenders more than halved between 2009/10 and 2013/14, from 480 to 192, a fall of 60%. The number of Juvenile offenders that re-offended also fell by more than half over the five year period, from 158 to 69, which is a decrease of 56.3%.

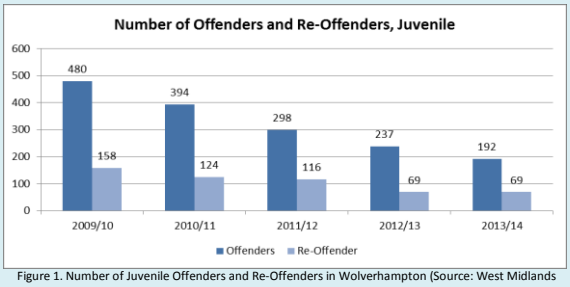


Figure 1. Number of Juvenile Offenders and Re-Offenders in Wolverhampton (Source: West Midlands Police Force)

The number of adult offenders also fell by just over 722 offenders per year, however, the scale of decrease (23.3%) was much smaller in adults, than in Juveniles (60%). In 2009/10, there were 3,101 and decreased year on year, to 2,379 in 2013/14. The number of re-offenders also decreased over the same time period, but as with offenders figures, to a much smaller extent compared to the Juveniles figures, only falling by 20.3%.

Figure 2. Number of Adult Offenders and Re-Offenders in Wolverhampton (Source: West Midlands Police Force)

Precentage of Offenders that Re-Offended

In Wolverhampton, around a third of Juveniles that offend, have re-offended. These figures are not drastically different to the national and regional figures. In 2013/14, 35.9% offenders, re-offended in Wolverhampton which is slightly higher than regional figure (33.9%) but lower than national figure (37.8%). These figures are, however, not statistically different to the West Midlands and England figures.

Over the five year period between 2009/10 and 2013/14, the percentage of Juvenile offenders that re-offended varied between 29.1% and 38.9%, but changes in the figures did not follow any trend.

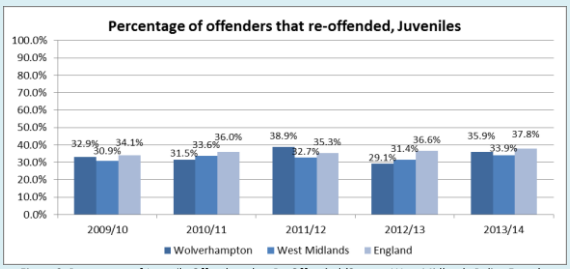


Figure 3. Percentage of Juvenile Offenders that Re-Offended (Source: West Midlands Police Force)

In terms of numbers, in 2013/14 there were 69 re-offenders, who committed a total of 212 crimes. The number of re-offenders and the number of re-offences decreased over the five year period, from 158 re-offenders committing 401 re-offences to the 2013/14 levels.

	2009/10	2010/11	2011/12	2012/13	2013/14
Offenders	480	394	298	237	192
Re-Offender	158	124	116	69	69
Re-Offences	401	307	300	233	212
% who Re-Offended	32.90%	31.50%	38.90%	29.10%	35.90%

Table 1. Number of Juvenile Offenders and Re-Offenders in Wolverhampton (Source: West Midlands Police Force)

The proportion of Adult offenders that re-offended is lower than the proportion of Juveniles, with around a quarter of Adult offenders re-offending. In 2013/14, 24.4% offenders in Wolverhampton, re-offended which is very similar to West Midlands (25%) and England (24.9%).

Over the five year period between 2009/10 and 2013/14, the proportion of re-offenders has varied very slightly, ranging from 23.5% and 26.1%. Similar variations were seen in regional and national figures.

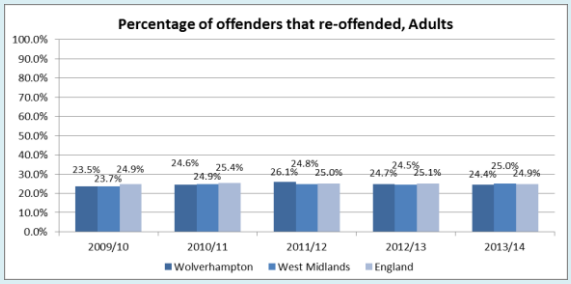


Figure 4. Percentage of Adult Offenders that Re-Offended (Source: West Midlands Police Force)

In terms of numbers, in 2013/14, there were 581 re-offenders, who committed 2,036 re-offences, which has fallen over the previous five years, from figures of 729 re-offenders committing 2,118 re-offences in 2009/10.

	2009/10	2010/11	2011/12	2012/13	2013/14
Offenders	3,101	2,797	2,555	2,444	2,379
Re-Offender	729	688	666	604	581
Re-Offences	2,118	2,073	2,020	1,847	2,036
% who Re-Offended	23.50%	24.60%	26.10%	24.70%	24.40%

Table 2. Number of Adult Offenders and Re-Offenders in Wolverhampton (Source: West Midlands Police Force)

What this information tells us?
-The number of Offenders and Re-Offenders in Wolverhampton have been falling in recent years, however the numbers of Juveniles are lower and falling at a higher rate compared to Adults.
-The percentages of Juvenile and Adult Offenders that are Re-Offenders in Wolverhampton were very similar to the regional and national in the 5 year period, between 2009/10 and 2013/14.

Indicative Commissioning Needs

A bespoke service for females to address their needs, particularly around business crime/drugs/minor violence. A referral service again for non-statutory cases that we can utilise when managing offenders – female offenders if caught at an earlier stage have a greater success rate at reducing their re-offending.

Crime

Violent Crime (including Sexual Violence)

The inclusion of this topic enables a focus on the interventions that are effective and evidence-based including a greater focus on prevention and treatment, which need to be considered alongside criminal justice measures for a balanced response to the issue. The NHS contribution to sexual assault services are a public health function. It is also the government's strategic ambition, as set out in Call to end violence against women and girls 2010 and successive action plans to do what it can to contribute to a cohesive and comprehensive response.

Prevalence

In Wolverhampton, the current rate (2015/16) of Violent Crime is 24.56 per 1,000, which is significantly higher compared to West Midlands (21.76 per 1,000).

Over the past five years, the rate of Violent Crimes per 1,000 residents has increased, by 32.3%, from 18.56 per 1,000 to 24.56 per 1,000. A similar scale of increase has been seen in the West Midlands rate, from 16.62 per 1,000 to 21.76 per 1,000. Throughout the five year period between 2011/12 and 2015/16, the Wolverhampton rates have been significantly higher compared to the West Midlands rates.

In terms of numbers, there were 6,127 violent crimes in Wolverhampton during 2015/16, following an increase of 1,496 over the previous 4 years. In the West Midlands, there were 59,559 violent crimes in 2015/16, having increased from 45,470 since 2011/12.

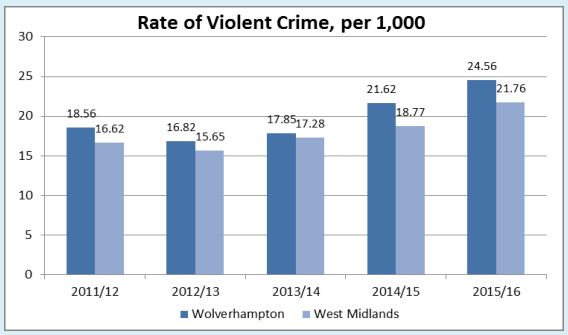


Figure 1. Rate of Violent Crime (Source: West Midlands Police Force)

Geographic Distribution

Violent Crime in Wolverhampton make up 10.3% of the the Violent Crimes that the West Midlands Police Service have to deal with. Wolverhampton therefore, has the 6th highest proportion of Violent Crime in the West Midlands Police Service area.

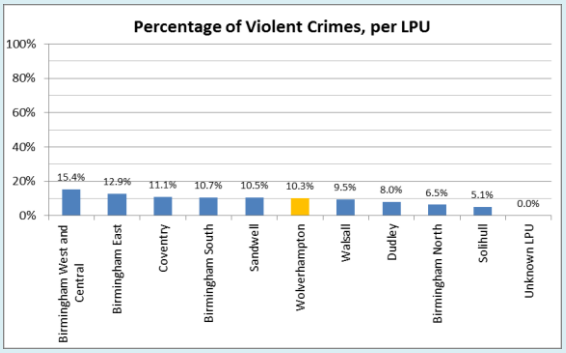


Figure 2. Percentage of Violent Crimes, per Local Police Unit (Source: West Midlands Police Force)

Gender Distribution

In 2015/16, 53.6% victims were female and 46.4% victims were male. In comparison, in the West Midlands, the proportion of female victims was slightly higher at 57.6% and the proportion of males was slightly lower at 42.4%.

Over the past five years, the proportion of female victims in Wolverhampton has increased slightly, from less than half, at 49.0% in 2011/12 to 53.6% in 2015/16. A similar trend has been seen in the West Midlands figures, but the scale of change was slightly larger, a change of 6.4% compared to a change of 4.6% in Wolverhampton.

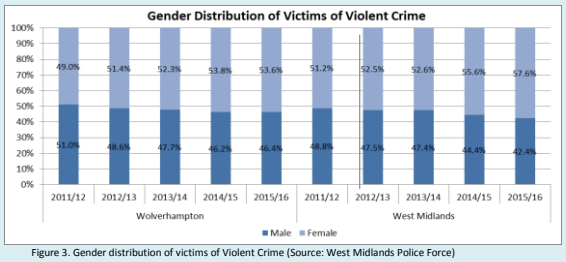


Figure 3. Gender distribution of victims of Violent Crime (Source: West Midlands Police Force)

Age Distribution

In Wolverhampton, more than half (55.3%) of victims of Violent Crimes were aged over 25, 16.9% aged between 18-24, 15.1% aged between 10-17 and 5.4% aged under 10 in 2015/16. The age distribution of victims in the West Midlands was very similar to Wolverhampton.

Over the past five years, the distribution among younger victims (below 10) has remained very similar in Wolverhampton. However, the proportion of victims aged 25 and over has increased sightly, from 51.5% in 2011/12 to 55.3% in 2015/16, with the opposite being seen in victims aged 18-24, decreasing from 21.8% to 16.9% over the same time period.

In terms of numbers, of the 1,496 more victims to Violent Crimes in Wolverhampton in 2015/16 than in 2011/12, 1,004 were in those aged 25 and over, 297 in those aged 10-17 and 196 in those aged 0-9. The smallest increase was seen in those aged 18-24, where there were only 28 extra crimes.

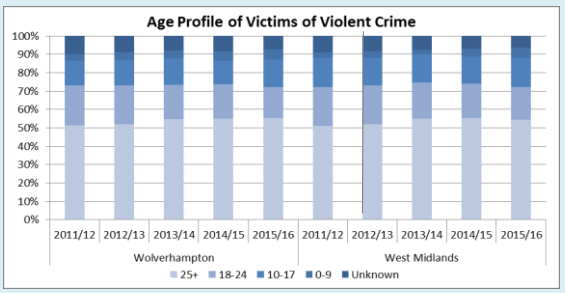


Figure 4. Age distribution of victims of Violent Crime (Source: West Midlands Police Force)

What this information tells us?

-Violent Crime rates in Wolverhampton are significantly higher compared to West Midlands average rate and have consistantly been significantly higher in recent years.
-Violent Crime rates have increased in recent years, by around a third, across Wolverhampton and the West Midlands.
-The proportion of female victims of Violent Crimes have increased in Wolverhampton and West Midlands. There are more female victims of Violent Crime than male.

-More than half of all victims of Violent Crime in Wolverhampton and the West Midlands are aged 25 or over, this has increased slightly in recent years.

Indicative Commissioning Needs

There is no bespoke service to address violent behaviour or anger issues for those not charged, etc., or those who are suitable for out of court disposals. If there was the availability of conditional cautions/CRs could be increased significantly by attendance at a course/session mandatory as part of the compliance. Currently Recovery Near You offer this service but it is only if the offence is as a direct result of alcohol or drug consumption contributing to the offence.

Crime

Killed and Seriously Injured Casualties on Roads

Motor vehicle traffic accidents are a major cause of preventable deaths and morbidity, particularly in younger age groups. For children and for men aged 20-64 years, mortality rates for motor vehicle traffic accidents are higher in lower socioeconomic groups.

The vast majority of road traffic collisions are preventable and can be avoided through improved education, awareness, road infrastructure and vehicle safety. The public health strategy "Healthy Lives, Healthy People" (2010) highlighted the need to reduce road injuries in children and address the 'strong social and regional variations'. Reports relating to the earlier cross-government "Staying Safe" strategy such as the "Staying Safe: Action Plan" (2008) and "Accident Prevention Amongst Children and Young People - A Priority Review" (2009) address child road safety issues in more detail.

Prevalence

Crude Rate per 100,000	2009-11	2010-12	2011-13	2012-14
England	41.9	40.5	39.7	39.3
West Midlands	35.9	34.5	34.0	33.2
Wolverhampton	30.3	33.9	31.2	30.9

Table 1. Rate of residents killed and seriously injured casualties on roads per 100,000, Wolverhampton (Source: PHE)

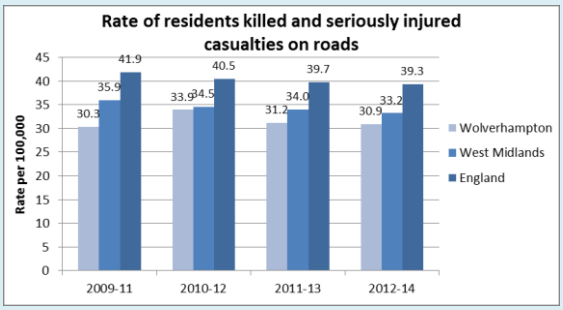


Figure 1. Rate of residents killed and seriously injured casualties on roads (Source: PHE)

Rates of killed and seriously injured casualties on roads (KSI) in Wolverhampton was 30.9 per 100,000 in 2012-14 (most recent data point). This is significantly lower compared to England (39.3 per 100,000) and similar compared to West Midlands (33.2 per 100,000).

Rates of killed and seriously injured casualties on roads in Wolverhampton have varied slightly over the past four years, though none of the variations have been significantly different. Between 2010-12 and 2012-14, the rates in Wolverhampton have fallen, following an increase between 2009-11 and 2010-12. In comparison, the rates in West Midlands and England have fallen consistantly over the four year period.

In terms of numbers, there were around 230 individuals either killed or seriously injured on roads in Wolverhampton, in the 2012-14 time period.

CIPFA Nearest Neighbours

Wolverhampton has the 8th lowest rate of KSI compared to it's CIPFA nearest neighbours. Wolverhampton is significantly lower than two of it's CIPFA nearest neigbour local authorities: Knowsley (42.0 per 100,000) and Kingston upon Hull (47.6 per 100,000). Stoke-on-Trent (18.3 per 100,000) is the only CIPFA nearest neigbour local authority significantly lower than Wolverhampton.

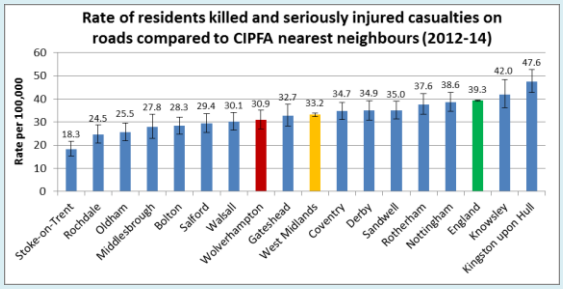


Figure 2. Rate of residents killed and seriously injured casualties on roads compared to CIPFA nearest neighbours (Source: PHE)

What this information tells us?

-Rates of KSI in Wolverhampton are significantly lower compared to England, but similar compared to West Midlands.
-Rates of KSI in Wolverhampton are close to the median value compared to it's CIPFA nearest neighbours.

Indicative Commissioning Needs

No additional commissioning needs noted; maintain current levels of service to underpin outcomes.

Housing
Homelessness and Rough Sleeping

Homelessness is associated with severe poverty and is a social determinant of mental health. To be deemed statutorily homeless a household must have become unintentionally homeless and must be considered to be in priority need. As such, statutorily homeless households contain some of the most vulnerable and needy members of our communities. Being homeless can also delay discharge from hospital, so lengthening stays.

Homelessness and in Priority Need

Prevalence

In 2015-16 (most recent data point), the rate of residents of Wolverhampton (3.6 per 1,000 households) who have been accepted as homeless by services and been catergorised as in priority need is higher compared to England (2.5 per 1,000).

Rates in Wolverhampton have remained steady over the past 5 years, varying between 3.3 and 3.7 per 1,000 households. In comparison, rates in England have also remained steady, varying between 2.3 and 2.5 per 1,000 households.

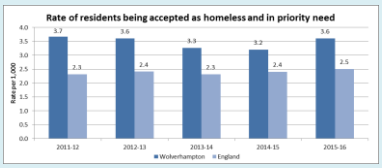


Figure 1. Rate of residents accepted as homless and in priority need (Source: WCC Housing)

In 2015-16, in Wolverhampton, under half (46.2%) of the applications for homelessness were considered to be eligible, which is slightly lower compared to England (49.7%). There has been a decrease in the proportion of decisions

considered eligible in Wolverhampton from 52% in 2011-12 to 46.2% in 2015-16.

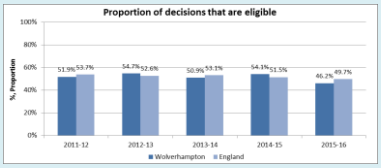


Figure 2. Proportion of decisions regarding homelessness that were eligible (Source: WCC Housing)

Ethnicity Distribution

In Wolverhampton, of those who are accepted as homeless and are categorised as in priority need, 52.3% were of a White ethnicity, the highest among all ethnicities. The second most common ethnicity was Black or Black British (19.1%) followed by Asian or Asian British (13.0%).

In comparison to the ethnicity distribution across England, the proportion of individuals with a White ethnicity (59.2%) was 6.9 percentage points higher in England. The proportion of individuals that were Black or Black British (16.5%) and Asian or Asian British (9.5%) were both lower in England compared to Wolverhampton.

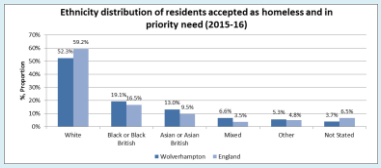


Figure 3. Ethnicity distribution of residents accepted as homeless and in priority need (Source: WCC Housing)

CIPFA Nearest Neighbours

In 2015-16, Wolverhampton had the 4th highest rate of residents that had been accepted as homeless and catergorised as being in priority need, compared to its CIPFA nearest neighbours.

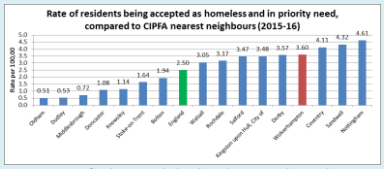


Figure 4. Rate of residents accepted as homeless and in priority need compared to CIPFA nearest neighbours (Source: WCC Housing)

Homelessness and in Priority Need

Prevalence

The rate of residents that are eligible for homlessness but not in priority need in Wolverhampton (1.6 per 1,000 households) is significantly higher compared to England (0.9 per 1,000) and West Midlands (1.0 per 1,000).

Over the 6 year period between 2010-11 and 2015-16, there has been in the rate of residents that are eligible but not deemed to be in priority need, from 1.1 per 1,000 to 1.6 per 1,000. However, the increase has not been consistant, the figure has varied during this period. In contrast, the rate in the West Midlands has decreased in the same period, from 1.7 per 1,000 to 1.0 per 1,000. The England figure remained constant during the 6 year period, at 0.9 per 1,000 households.

In terms of numbers, in Wolverhampton, in 2015/16 there were around 170 residents that were eligible, but deemed not to be in priority need.

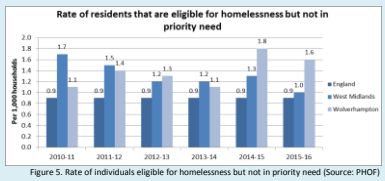


Figure 5. Rate of individuals eligible for homelessness but not in priority need (Source: PHOF)

CIPFA Nearest Neighbours

Wolverhampton has the 4th highest rate of residents that are eligible for homelessness but not deemed to be in priority need, compared to it's CIPFA nearest neighbours. Wolverhampton is significantly higher than 9 of its CIPFA nearest neighbours and significantly lower than 2 (Rochdale and Salford).

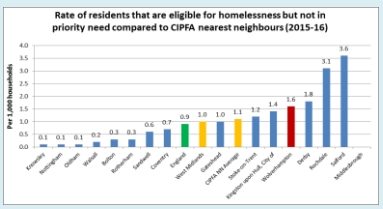


Figure 6. Rate of individuals eligible for homelessness but not in priority need by CIPFA neighbours (Source: PHOF)

Sleeping Rough

Prevalence

In 2015, the rate of residents estimated to be sleeping rough in Wolverhampton (0.12 per 1,000 households) was slightly lower compared to England (0.16 per 1,000 households).

In Wolverhampton, the rate of individuals estimated to be sleeping rough has doubled from 0.06 per 1,000 households in 2013, to 0.12 per 1,000 households in 2015. However, a similar rate were seen in 2011 in Wolverhampton (0.11 per 1,000 households). In England however, the rate of individuals estimated to be sleeping rough has increased from 0.10 per 1,000 households in 2012, to 0.16 per 1,000 households in 2015.

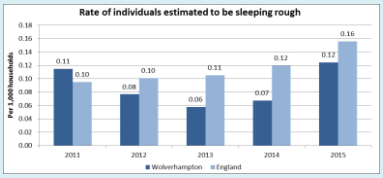


Figure 7. Rate of individuals estimated to be sleeping rough (Source: WCC Housing)

CIPFA Nearest Neighbours

In 2015, Wolverhampton (0.12 per 1,000 households) had the 4th highest rate of individuals estimated to be sleeping rough, compared to it's CIPFA nearest neighbours. Three nearest neighbour local authorities had higher rates than Wolverhampton: Stoke-on-Trent (0.13), Salford (0.15) and Kingston upon Hull (0.20).

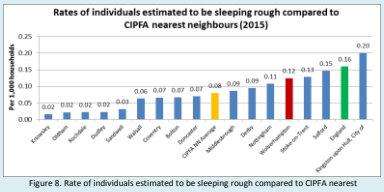


Figure 8. Rate of individuals estimated to be sleeping rough compared to CIPFA nearest neighbours (Source: WCC Housing)

Temporary Housing

Prevalence

The rate of households in temporary accommodation in Wolverhampton, in 2015-16, (0.5 per 1,000) is significantly lower than West Midlands (0.9 per 1,000) and England (3.1 per 1,000).

Over the 6 year period between 2010-11 and 2015-16, the rate in Wolverhampton has remained similar, varying between 0.5 and 0.6 per 1,000. In comparison, the West Midlands figure has increased slightly from 0.6 per 1,000 in 2010-11 to 0.9 per 1,000 in 2015-16. An increase was also seen in the England figures, increasing from 2.2 per 1,000 in 2010-11 to 3.1 per 1,000 in 2015-16.

In Wolverhampton, there were just under 60 households in temporary accommodation in 2015-16.

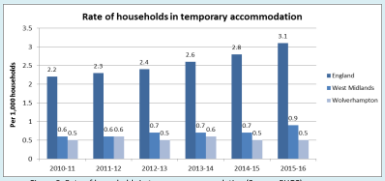


Figure 9. Rate of households in temporary accomodation (Source: PHOF)

CIPFA Nearest Neighbours

In 2015-16, Wolverhampton had the joint 5th highest rate of households in temporary accommodation, compared to its CIPFA nearest neighbours. Wolverhampton's rate (0.5 per 1,000 households) is significantly lower than 2 local authorities (Walsall and Coventry); and significantly higher than 4 local authorities (Gateshead, Knowsley, Rotherham and Stoke-on-Trent)

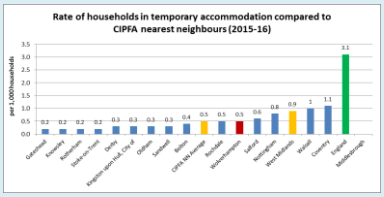


Figure 10. Rate of households in temporary accomodation by CIPFA neighbours (Source: PHOF)

What this information tells us?

-The rate of residents who are Homeless and are in priority need is high in Wolverhampton, compared to England and the majority of it's CIPFA nearest neighbours.

-Though numbers are small, the rate of individuals who are sleeping rough in Wolverhampton is higher compared to England and above average for it's CIPFA nearest neighbours.

Indicative Commissioning Needs

Wolverhampton's Homeless Strategy 2015-20 consists of the following key priority areas

- The need for increase in suitable move –on accommodation, this will include better access to quality privately rented accommodation via the Council's Rent with Confidence scheme.
- The need for increase in suitable temporary accommodation, this will include an audit provision commissioned and non- commissioned
- The issue of financial homelessness this includes the impact of the welfare reform in particular universal credit on a household's ability to remain in their homes
- Homelessness prevention and increasing provision for support and assistance to keep people in their homes or more affordable and suitable options.

Housing

Vulnerable adults who live in stable and appropriate accommodation

These indicators are intended to improve outcomes for adults with learning disabilities and mental health conditions in settled accommodation by improving their safety and reducing their risk of social exclusion. Maintaining settled accommodation and providing social care in this environment promotes personalisation and quality of life, prevents the need to readmit people into hospital or more costly residential care and ensures a positive experience of social care.

The Government is committed to improving the life chances of people with a learning disability and the support provided to their families. Government policy is that people with a learning disability should lead their lives like any other person, with the same opportunities and responsibilities, and be treated with the same dignity and respect. This means inclusion, particularly for those who are most often excluded, empowering those who receive services to make decisions and shape their own lives.

Adults with a Learning Disability

Prevalence

In 2014-15, the proportion of adults with a learning disability who live in stable and appropriate accommodation in Wolverhampton (67.0%) is higher compared to West Midlands (62.6%) but lower than England (73.3%).

Between 2011-12 and 2013-14, the Wolverhampton rate was similar compared to the West Midlands and lower than England. Over the past four years, the Wolverhampton figure has increased, from 63.1% in 2011-12 to 67.0% in 2014-15.

In terms of numbers, there were 355 adults with a learning disability who live in stable and appropriate accommodation in Wolverhampton in 2014/15, which was a fall from 430 in the previous year.

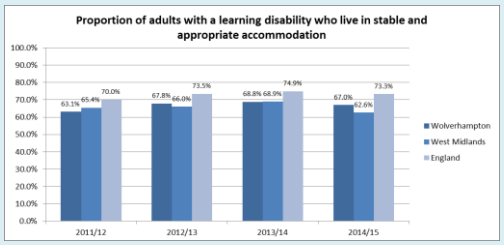


Figure 1. Proportion of adults with a learning disability who live in stable and apprpriate accommodation (Source: PHE)

Gender Distribution

In 2014-15, the proportion of male adults (69.2%) with a learning disability who live in stable and appropriate accommodation is higher than female adults (61.9%).

However, the difference was much smaller in 2013-14, with the proportion of males (70.1%) slightly higher compared to females (68.8%).

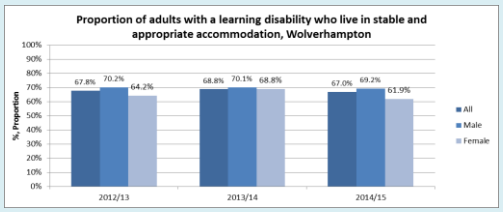


Figure 2. Proportion of adults with a learning disability who live in stable and apprpriate accommodation by gender, Wolverampton (Source: PHE)

CIPFA Nearest Neighbours

In 2014-15, Wolverhampton (67.0%) had the 4th lowest proportion of adults with a learning disability who live in stable and appropriate accommodation, compared to their CIPFA nearest neighbours. Nottingham (63.6%), Dudley (64.4%) and Stoke-on-Trent (66.7%) are the only nearest neighbour local authorities that had lower figures compared to Wolverhampton.

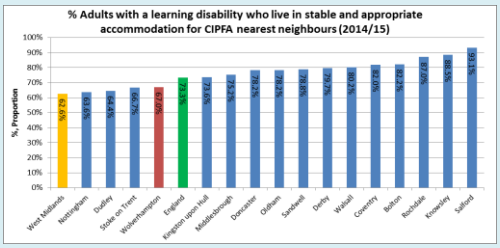


Figure 3. Proportion of adults with a learning disability who live in stable and apprpriate accommodation compared to CIPFA nearest neighbours (Source: PHE)

Adults in contact with secondary mental health services

Prevalence

In 2014-15, the proportion of adults in contact with secondary mental health services who live in stable and appropriate accommodation was higher in Wolverhampton (79.7%) compared to West Midlands (71.2%) and England (59.7%).

Between 2011-12 and 2014-15, the figure for Wolverhampton was consistantly higher than West Midlands and England. The Wolverhampton figure has also increased slightly over the four year time period, from 77.9% in 2011-12 to 79.7% in 2014-15.

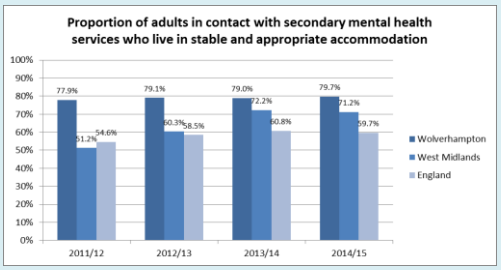


Figure 4. Proportion of adults in contact with secondary mental health services who live in stable and apprpriate accommodation (Source: PHE)

Gender Distribution

In 2014-15, the proportion of female adults (89.9%) in contact with secondary mental health services who live in stable and appropriate accommodation was considerably higher compared to males (72.8%).

A similar trend was seen between 2011-12 and 2014-15, though the gap between the male and female figures increased slightly.

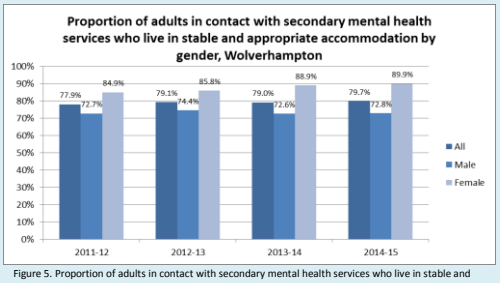


Figure 5. Proportion of adults in contact with secondary mental health services who live in stable and apprpriate accommodation by gender, Wolverhampton(Source: PHE)

CIPFA Nearest Neighbours

In 2014-15, the proportion of adults in Wolverhampton (79.7%) in contact with secondary mental health services who live in stable and appropriate accommodation ranked 2nd highest compared to its CIPFA nearest neighbours. Bolton (87.0%) was the only nearest neighbour local authority that had a higher figure.

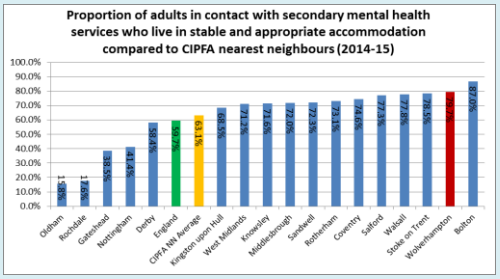


Figure 6. Proportion of adults in contact with secondary mental health services who live in stable and apprpriate accommodation compared to CIPFA nearest neighbours (Source: PHE)

What this information tells us?

-In 2014-15, the proportion of adults with a learning disability who live in stable and appropriate accommodation in Wolverhampton (67.0%) was higher compared to West Midlands but lower compared to England.

-The proportion of male adults with a learning disability who live in stable and appropriate accommodation in Wolverhampton has consistantly been higher compared to the proportion of female adults.

-The proportion of adults in contact with secondary mental health services who live in stable and appropriate accommodation has consistantly been higher in Wolverhampton compared to West Midlands and England, and was the 2nd highest figure when ranked with its CIPFA nearest neighbours.

Indicative Commissioning Needs

Wolverhampton's Homeless Strategy 2015-20 consists of the following key priority areas

· The increase in households with complex needs this includes how homeless services link in with services related to households with mental health problems, learning disabilities, offending and alcohol and drug services.

· The issue of financial homelessness this includes the impact of the welfare reform in particular universal credit on a household's ability to remain in their homes

· Homelessness prevention and increasing provision for support and assistance to keep people in their homes or more affordable and suitable options.

Housing

Social isolation – Adult social care users and carers

There is clear link between loneliness and poor mental and physical health. A key element of the Government's vision for social care it to tackle loneliness and social isolation, supporting people to remain connected to their communities and to develop and maintain connections to their friends and family. This measure will draw on self-reported levels of social contact as an indicator of social isolation for both users of social care and carers

Social Care Users

Prevalence

In 2014-15, the percentage of social care service users in Wolverhampton that reported to getting as much social contact as they wanted (52.6%) was higher, compared to the proportion that reported to not getting enough social contact (47.4%).

The percentage that reported to getting enough social contact was the highest it has been in the past 5 years. Between 2010-11 and 2013-14, the figure ranged between 45.2% and 47.2%.

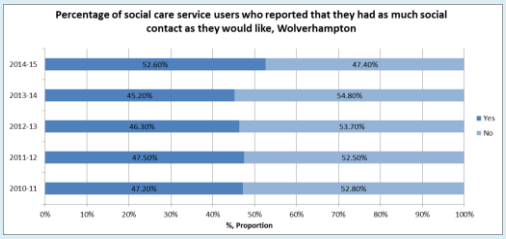


Figure 1. Proportion of social care users who reported they had as much social contact as they would like, Wolverhampton (Source: PHE)

Gender Distribution

In 2014-15, the percentage of females (53.7%) that reported to getting as much social contact as they would like was slightly higher compared to males (50.8%), a difference of 2.9 percentage points.

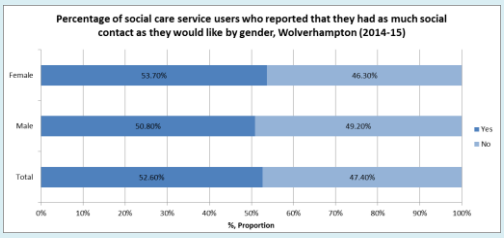


Figure 2. Proportion of social care users who reported they had as much social contact as they would like by gender, Wolverhampton (Source: PHE)

CIPFA Nearest Neighbours

Wolverhampton (52.6%) had the highest proportion of social care users reporting that they get as much social contact as they would like, compared to all of the CIPFA nearest neighbours. Wolverhampton's figure was considerably higher compared to England (44.8%), West Midlands (44.2%) and the CIPFA Nearest Neighbour Average (43.7%).

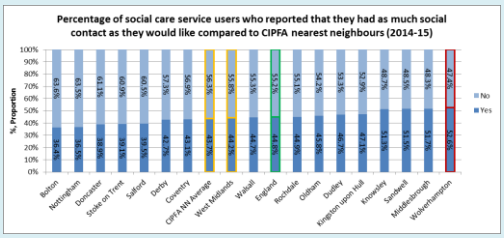


Figure 3. Proportion of social care users who reported they had as much social contact as they would like compared to CIPFA nearest neighbours (Source: PHE)

Carers

Prevalence and Gender Distribution

In 2014-15, the proportion of carers in Wolverhampton that reported to getting as much social contact as they would like was just under a third (32.1%). The proportion of males that reported to getting as much social contact as they would like (36.6%) was higher compared to the proportion of females (29.7%).

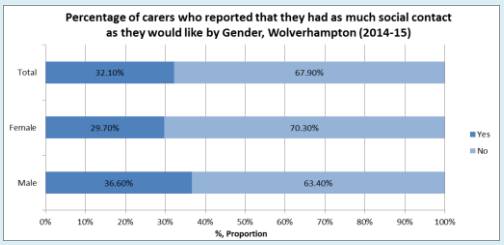


Figure 4. Proportion of carers who reported they had as much social contact as they would like by gender, Wolverhampton (Source: PHE)

CIPFA Nearest Neighbours

In 2014-15, Wolverhampton (32.1%) had the 2nd lowest proportion of carers reporting to getting as much social contact as they would like, compared to their CIPFA nearest neighbours. Bolton (32.1%) was the only nearest neighbour local authority which had a lower figure. Wolverhampton was considerably lower than West Midlands (38.4%) and England (38.5%).

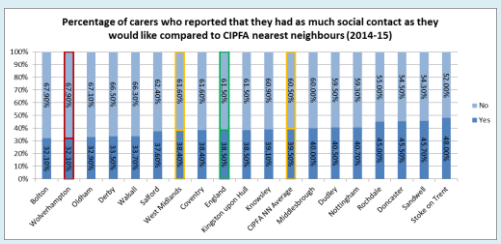


Figure 5. Proportion of carers who reported they had as much social contact as they would like compared to CIPFA nearest neighbours (Source: PHE)

What this information tells us?
-In comparison to comparators (England, West Midlands and CIPFA nearest neighbours), Wolverhampton recently had lower levels of Social Isolation among social care service users.
-However, the opposite performance was seen among carers, for whom Wolverhampton performs poorly compared to England, West Midlands and CIPFA nearest neighbours.

Indicative Commissioning Needs
Consideration needs to be given to services available to support carers to ensure adequate provision and promotion of existing services to improve access

Employment

Employment of Vulnerable Adults

The review "Is work good for your health and wellbeing" (2006) concluded that work was generally good for both physical and mental health and wellbeing. The strategy for public health takes a life course approach and these indicators provide a good indication of the impact limiting long-term illness, learning disabilities and mental illness have on employment among those in the
working well life stage.

Learning Disability

The proportion of supported adults with a learning disability who are in paid employment, is significantly lower in Wolverhampton (1.9%) compared to England (5.9%) and West Midlands (4.2%) in 2014/15.

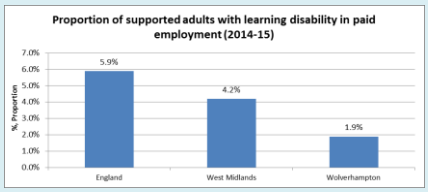


Figure 1. Proportion of supported adults with learning disability in paid employment (Source: Fingertips, PHE)

In 2014-15, Wolverhampton (1.9%) had the 4th lowest proportion of supported adults with a learning disability that are in paid employment, compared to its CIPFA nearest neighbours.

There are four local authorities that have significantly higher figures than Wolverhampton: Rotherham (5.6%), Stoke-on-Trent (6.1%), Derby (6.5%) and Gateshead (7.3%). Whereas, only Oldham (0.0%) had a figure that was significantly lower than Wolverhampton.

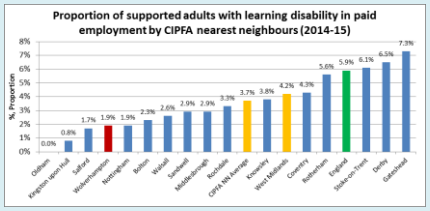


Figure 2. Proportion of supported adults with learning disability in paid employment compared to CIPFA nearest neighbours (Source: Fingertips, PHE)

The percentage gap between the employment rates of those who have a learning disability and the overall population was, lower in Wolverhampton (61.4%) compared to England (66.9%) and West Midlands (65.9%) in 2014/15.

Over the last 4 data points, from 2011-12 to 2014-15, the gap between employment rates of those with LD and overall population has varied between 59.8% and 62.1% in Wolverhampton. Whereas, the figures in England and West
Midlands consistantly increased over the four year period.

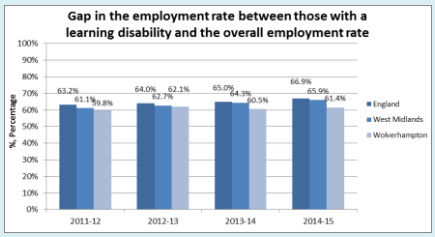


Figure 3. Percentage gap in the employment rate of those with a learning disability and the overall employment rate (Source: Fingertips, PHE)

In 2014-15, Wolverhampton (61.4%) had the 4th lowest gap in employment rates, in comparison to its CIPFA nearest neighbours.

Middlesbrough, Sandwell and Coventry were the only local authorities to have smaller gaps in employment rates. Only Bolton and Salford had gaps in their employment rates bigger than the England average.

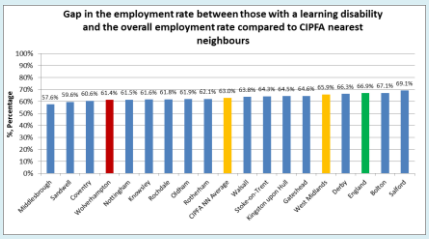


Figure 4. Percentage gap in the employment rate of those with a learning disability and the overall employment rate compared to CIPFA nearest neighbours (Source: Fingertips, PHE)

Long-Term Health Conditions

The employment gap between those with a long-term health condition and the overall population was higher in Wolverhampton (14.3%) compared to England (8.8%) and West Midlands (9.8%).

The gap in employment rates in Wolverhampton varied over the three year period between 2013/14 and 2015/16, between 14.3% and 9.7%. Variations were seen in the England and West Midlands figures, though considerably smaller.

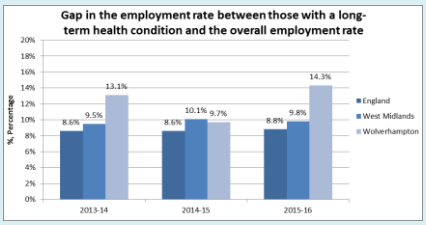


Figure 5. Percentage gap in the employment rate of those with a long-term health condition and the overall employment rate (Source: Fingertips, PHE)

In 2015-16, the employment gap between those with long-term conditions and the overall population in Wolverhampton was ranked 5th highest in comparison to its CIPFA nearest neighbours.

Only Middlesbrough (6.7%), Derby (7.8%) and Sandwell (8.0%) had lower figures than England (8.8%) and West Midlands (9.8%).

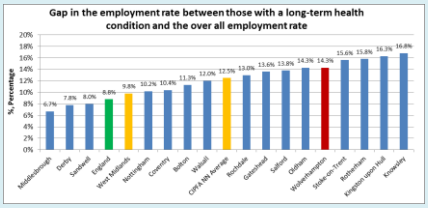


Figure 6. Percentage gap in the employment rate of those with a long-term health condition and the overall employment rate compared to CIPFA nearest neighbours (Source: Fingertips, PHE)

Mental and Behavioural Disorders

The rate of Wolverhampton (35.43 per 1,000) residents diagnosed with mental and behavioural disorders was significantly higher in 2016, compared to England and West Midlands.

Over the 5 year period between 2012 and 2016, the rate of claimants has consistently increased and more than doubled, from 14.98 per 1,000 in 2012 to 35.43 per 1,000 in 2016. However, the increase in between 2015 and 2016 (0.16 per 1,000) was much smaller than in previous years.

Similar trends were also seen in the England and West Midlands figures, with consistent increases and figures doubling over the five year period. The figures for the West Midlands were also consistantly slightly higher than England

figures.

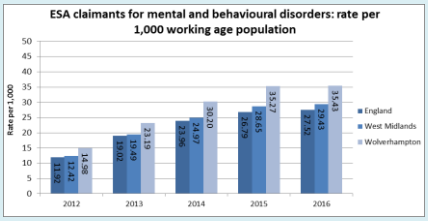


Figure 7. Rate (per 1,000 working age population) of Employment and Support Allowance (ESA) claimants for mental and behavioural disorders (Source: Fingertips, PHE)

What this information tells us?

-The proportion of supported adults with a learning disability that are in paid employment, in 2014-15, is significantly lower in Wolverhampton compared to England and West Midlands. Wolverhampton also ranks 4th lowest compared to its CIPFA nearest neighbours for this measure.

-The employment gap between Wolverhampton residents with learning disabilities and the general population has consistantly been slightly lower than West Midlands and England.
-The employment gap in Wolverhampton between those with long-term health conditions and the general population is increasing and is much higher compared to West Midlands and England. Though, the gap has varied over the three year period.

-The rate of ESA claimants for mental and behavioural disorders in Wolverhampton has more than doubled since 2012.

Indicative Commissioning Needs

Develop opportunities for apprenticeships and work experience as part of the transition to adult services for young people with learning disabilites and mental health disorders
Ensure employment policies provide support for employing and sustaining employment of individuals with learning disabilities, long term conditions, mental and behavioural disorders

Employment
Sickness Absence

The independent review of sickness absence (published December 2011) was commissioned by government to help combat the 140 million days lost to sickness absence every year. The review provided an important analysis of the sickness absence system in the UK; of the impact of sickness absence on employers, the State and individuals; and of the factors which cause and prolong sickness. This is in line with the Government's strategy for public health, which adopts a life-course approach and includes a focus on the working-age population in the "working well" stage to help people with health conditions to stay in or return to work.

One day off in previous week

In 2012-14, the proportion of employees in Wolverhampton (1.95%) who had at least one day off in the previous working week, was slightly lower compared to West Midlands (2.15%) and England (2.40%), though not significantly lower.

The Wolverhampton figure has varied over the last 4 data points between 2009-11 and 2012-14. However, overall there has been an increase from the 2009-11 figure (1.58%). Similar variations were also seen in the West Midlands and England figures.

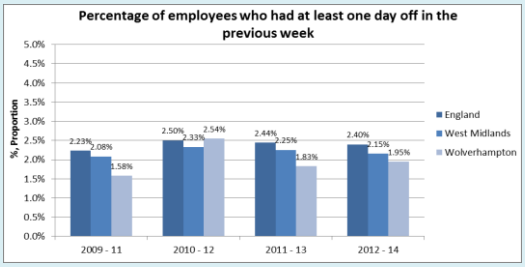


Figure 1. Percentage of employees who had at least one day off in the previous week (Source: Fingertips, PHE)

CIPFA Nearest Neighbours

Wolverhampton (1.95%) ranks 6th lowest in comparison to its CIPFA nearest neighbours for the percentage of employees who had at least one day off in the previous week.

Wolverhampton is not significantly different to any of its CIPFA nearest neighbours. Only Walsall (3.5%) was significantly higher in comparison to England.

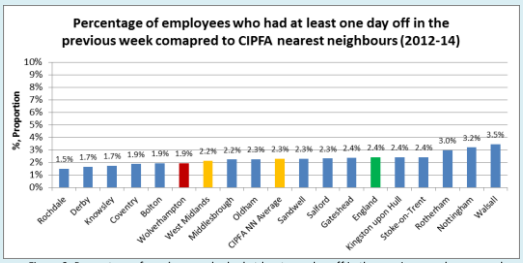


Figure 2. Percentage of employees who had at least one day off in the previous week compared to CIPFA nearest neighbours (Source: Fingertips, PHE)

Days lost due to sickness absence

In 2012-14, the percentage of working days lost due to sickness absence in Wolverhampton (1.38%) is similar compared to England (1.46%) and West Midlands (1.39%).

Over the last 4 data points, between 2009-11 and 2012-14, the figure for Wolverhampton has varied, but has seen a general increase from the 2009-11 figure (1.11%).

The percentage in England and West Midlands have not seen as much variation as Wolverhampton. The gap between Wolverhampton and the two comparators has therefore varied, with the largest gaps seen in 2009-11.

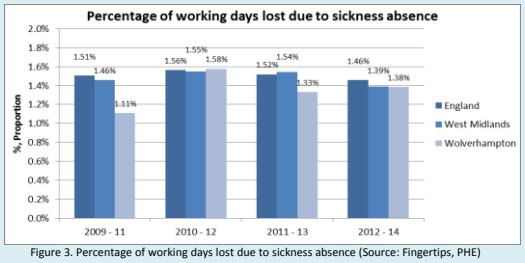


Figure 3. Percentage of working days lost due to sickness absence (Source: Fingertips, PHE)

CIPFA Nearest Neighbours

In 2012-14, Wolverhampton (1.38%) has the 5th lowest percentage of working days lost due to sickness absence. Wolverhampton is not significantly different to any of its CIPFA nearest neighbours.

Walsall (2.31%) and Derby (0.91%) are the only CIPFA nearest neighbours that are significantly different compared to England (1.46%).

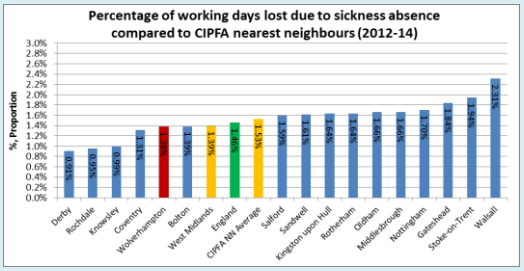


Figure 4. Percentage of working days lost due to sickness absence compared to CIPFA nearest neighbours (Source: Fingertips, PHE)

What this information tells us?

- At the most recent data point (2012-2014) the indicators for sickness absence were both slightly lower compared to the West Midlands and England average.
-Wolverhamptonsickeness abscence indicators were also lower compared to most of its CIPFA nearest neighbours, ranking 6th lowest for the percentage of those who had at least one day absent in the previous week due to sickness and 5th lowest for the percentage of working days lost due to sickness abscence sickness absence'

Indicative Commissioning Needs
Ensure a healthy workplace policy is in place to prevent lifestyle related sickness and support individuals with long term conditions

Lifestyle

Alcohol Misuse

Alcohol consumption is a contributing factor to hospital admissions and deaths from a diverse range of conditions. Alcohol misuse is estimated to cost the NHS about £3.5 billion per year and society as a whole £21 billion annually.
The Government has said that everyone has a role to play in reducing the harmful use of alcohol. Alcohol-related admissions can be reduced through local interventions to reduce alcohol misuse and harm.

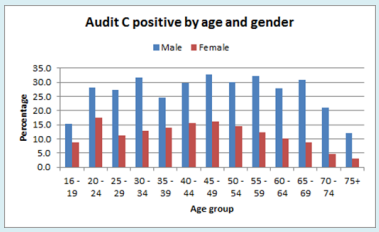
Prevalence

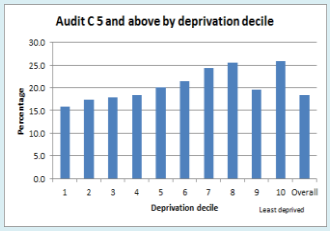
In 2016, for the first time in 15 years, Wolverhampton Public Health Team commissioned an adult lifestyle survey. The survey included the short Audit C questionnaire to identify the prevalence of alcohol, in addition to questions on smoking, physical activity, obesity and mental well being.

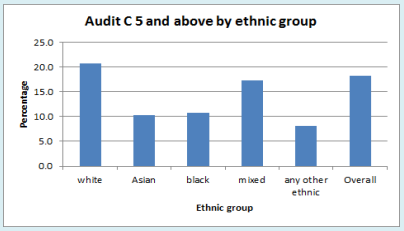
The results of the survey presented the following key findings on the local prevalence of alcohol

- 50% of adults within the city claim not to drink alcohol at all. However, despite these low levels of drinking overall, for those who do drink, they have a high likelihood of drinking at raised levels.
- The percentage of all men and women scoring 5 or more on the Audit C score from the whole sample population is 26% and 12% respectively. However the percentage of men and women scoring 5 or more on Audit C score from those who drink alcohol are 44% and 26% respectively.
- For both men and women the peak ages for high audit C score are between 20 and 70
- The trend with deprivation is the opposite of what we might expect with higher rates of audit C postive as deprivation reduces
- This is reflected in the ward data with higher rates of audit C positive found in Merry Hill, Tettenhall Wightwick and Wednesfield North
- There are higher rates of Audit C positive for the White and Mixed populations

The findings from this survey are similar to the latest national statistics on alcohol which suggest that 58% of the national population use alcohol.
The use of alcohol increased with age, was higher in people who earned more (i.e. less deprived) and in those from a white ethnic background.







Emergency Alcohol Specific Admissions

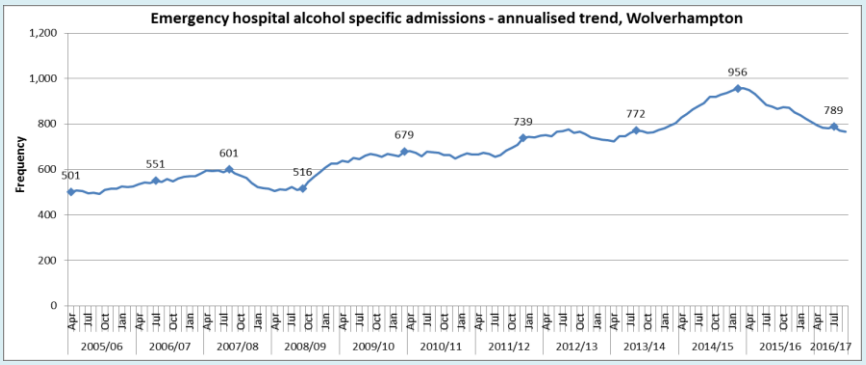


Figure 1. Emergency hospital alcohol specific admissions - annualised trend, Wolverhampton (Source: Wolverhampton CCG)

In the year prior to September 2016, there were 767 emergency hospital alcohol specific admissions in Wolverhampton. Figures are currently decreasing from higher figures in 2014/15.

In Wolverhampton, the number of emergency hospital alcohol specific admissions has increased over the past decade, from a low of 493 in the year prior to September 2005 to a peak of 956 in the year prior to February 2015. The number of admissions increased by almost a third (32%) between the end of 2012/13 (724 admissions) and the end of 2014/15 (956 admissions).

Age & Gender Distribution

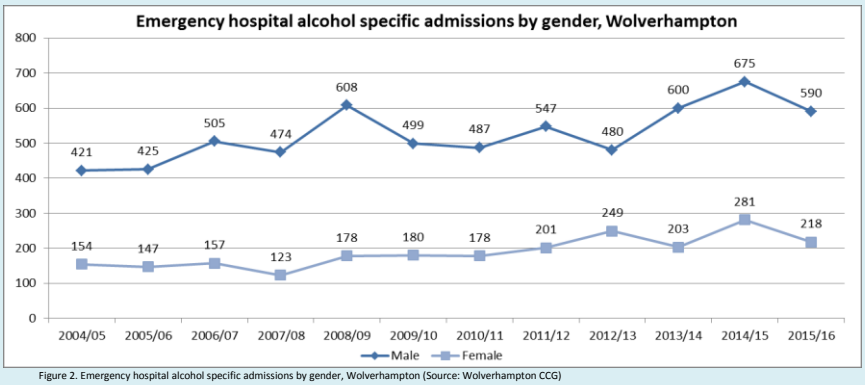


Figure 2. Emergency hospital alcohol specific admissions by gender, Wolverhampton (Source: Wolverhampton CCG)

In 2015/16, the number of males (590) in Wolverhampton admitted to hospital in emergencies for alcohol specific conditions was far higher than the number of females (218). The ratio of female to male admissions is 1:2.33.

Emergency admissions in males for alcohol specific conditions have been considerably higher compared to females for more than a decade. The highest gap was seen in 2008/09, when there were 430 more male admissions than female. Alternatively, the smallest gap was seen in 2012/13, with a gap of only 231 admissions.

Over the decade between 2005/06 and 2015/16, the number of female emergency admissions for alcohol specific conditions have increased by 48.3% compared to 38.8% for male admissions.

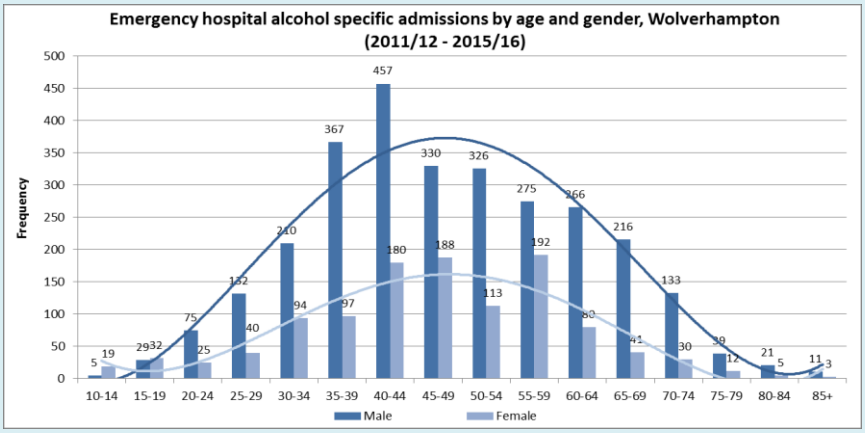


Figure 3. Emergency hospital alcohol specific admissions by age and gender, Wolverhampton (Source: Wolverhampton CCG)

The highest number of emergency hospital alcohol specific admissions between 2011/12 - 2015/16, were seen in the middle aged population of Wolverhampton. In males the highest frequency was seen in those aged 40-44 (457 admissions) and in females the highest frequency was in those aged 55-59 (192 admissions).

For both genders, the frequencies roughly follow normal distribution curves, which show that numbers are highest in middle aged adults and lowest at the younger and older ends of the scale. The number of male admissions is higher compared to the number of female admissions in every age group, except the two youngest age groups, 10-14 and 15-19.

Ethnicity Distribution

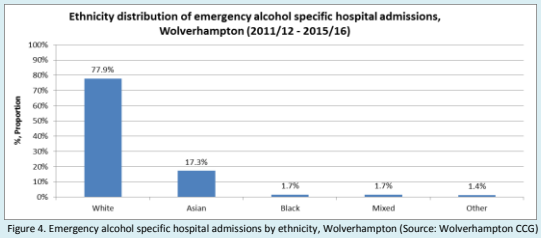


Figure 4. Emergency alcohol specific hospital admissions by ethnicity, Wolverhampton (Source: Wolverhampton CCG)

In Wolverhampton, over three quarters of emergency alcohol specific hospital admissions are of individiuals with a White ethnicity (77.9%). The second highest proportion of admissions are from individuals of an Asian ethnicity (17.3%). The proportions of admissions that were of individuals of Black, Mixed or Other ethnicities were similar, less than 2% each.

Geographic Distribution

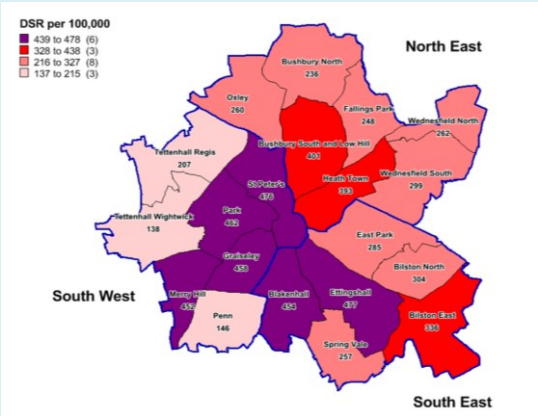


Figure 5. Emergency alcohol specific hospital admissions by ward, Wolverhampton (Source: Wolverhampton CCG)

In Wolverhampton, the highest rates of emergency alcohol specific hospital admissions are found in the central and south-west wards, with the exception of Penn ward (146 per 100,000). The lowest rates are seen in Tettenhall Wightwick (138 per 100,000), Tettenhall Regis (207 per 100,000) and Penn (146 per 100,000).

The areas which are recognised to have higher deprivation levels, on the east side of Wolverhampton, have medium rates of admissions. Whereas the highest rates of admissions are in areas with moderate levels of

deprivation.

What this information tells us?

-The Public Health lifestyle survey indicates that there are higher rates of alcohol misuse in some of the least deprived groups in Wolverhampton.
-The wards with the highest rate of positive Audit C score are Merry Hill, Tettenhall Wightwick and Wednesfield North
-A reduction in alcohol admissions since 2015 and a subsequent reduction in the cost associated with alcohol admissions
-The wards with the highest rate of alcohol admissions are: St Peters, Graiseley, Park, Blakenhall, Ettingshall and Merry Hill
-The number of males being admitted into hospital for alcohol specific conditions in emergencies is more than double the number of females.
-Men age 35 to 54 years account for the highest rate of alcohol admissions – this same age range of men account for the majority of alcohol service users and men aged 45 to 69 years account for the highest rate of alcohol related deaths

Indicative Commissioning Needs

-Commission services that meet the socio-demographic needs of the local population

Lifestyle
Substance Misuse

The use of drugs or alcohol is strongly associated with suicide and mental health issues in the general population and in sub-groups such as young men and people who self-harm and suffer with mental health issues.

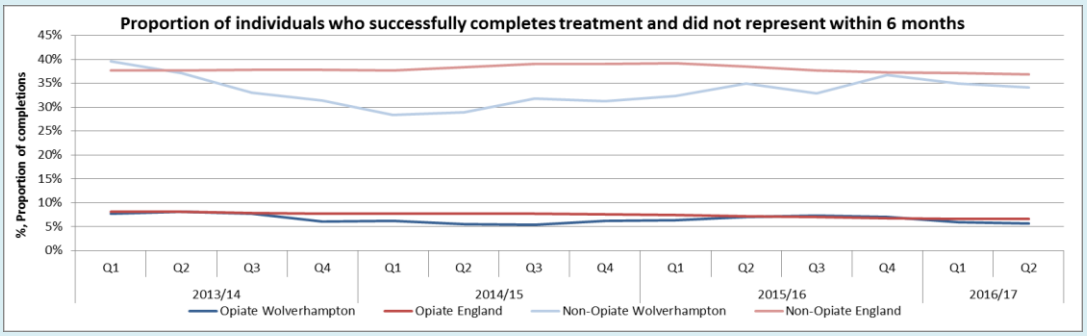


Figure 1. Proportion of individuals who successfully completed treatment and did not re-present within 6 months (Source: NDTMS)

Currently, the proportions of individuals that successfully completed treatment and have not re-presented within 6 months of completion in Wolverhampton are similar to the England proportions. The chart covers the previous 12 months and looks at the proportion of individuals that successfully completed the treatment in the first 6 months of the 12 month period and had not re-presented in the 6 months following completion. In Q2 of 2016/17, of those who were in treatment in Wolverhampton, 5.7% had successfully completed treatment for Opiate use and did not re-present within 6 months, which is similar compared to the proportion in England (6.6%). For Non-Opiate treatment, the proportion in Wolverhampton (34.1%) was slightly lower compared to England (36.9%).

Since Q1 of 2013/14, the Wolverhampton figures for both Opiate and Non-Opiate treatments have not varied extensively, with Opiate treatments figures falling between Q3 of 2013/14 and Q3 of 2014/15 by 2.4 percentage points, before increasing again to 7.3% in Q3 of 2015/16. Non-Opiate figures followed a similar pattern, but the decrease was greater, figures falling by 11.2 percentage points between Q1 in 2013/14 and Q1 in 2014/15. Whereas the England figures for Opiate and Non-Opiate treatment have remained steady over the entire 30 month period.

In terms of numbers, at the most recent data point (Q2 of 2016/17) there were 58 clients who had completed the Opiate treatment and not re-presented within 6 months and 70 clients who had completed the Non-Opiate treatment and not re-presented within 6 months.

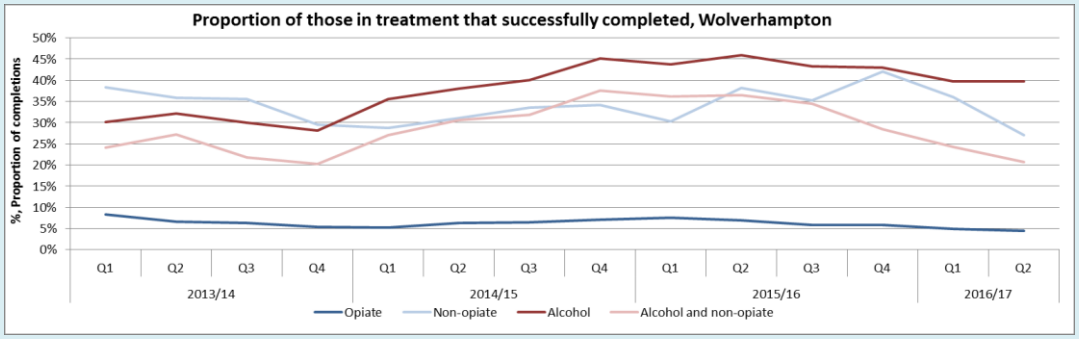


Figure 2. Proportion of individuals who successfully completed treatment (Source: NDTMS)

In Wolverhampton, treatment for Alcohol (39.8%) has the highest proportion of successful completions in the previous 12 months, as a proportion of clients in treatment. Non-Opiate drug treatment (27.1%) had the second highest rate of successful completions, followed by Alcohol and Non-Opiate drug treatment (20.7%). Opiate drug treatment (4.5%) had the lowest figure of successfully completed treatments.

Over the past 30 months, Opiate drug treatment has consistantly had the lowest figures, considerably lower than the other three types of treatment. Alcohol has had the highest proportion of successfully completed treatments since the end of 2013/14 and peaked in Q2 of 2015/16, with a figure of 45.9%.

In terms of numbers, in Q2 of 2016/17 Alcohol treatment had the highest number of clients (198) successfully completing treatment, followed by Opiate drug treatment (44 clients) and Alcohol and non-Opiate drug treatment (29 clients). The lowest number of clients successfully completing treatment was for non-Opiate treatment (19 clients).

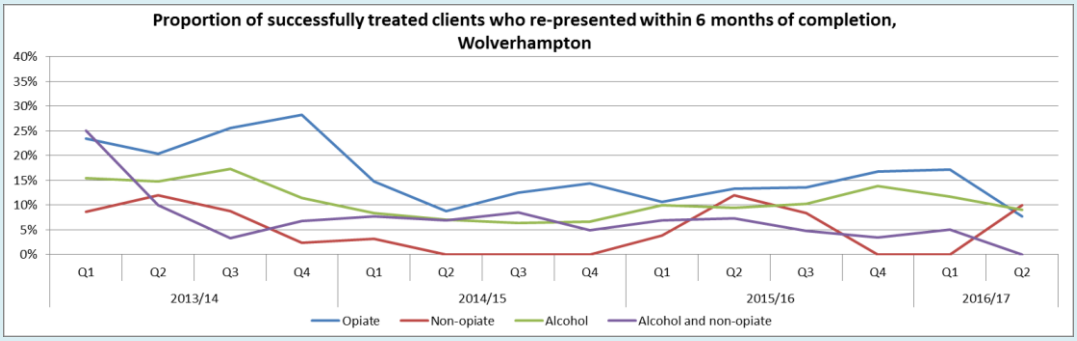


Figure 3. Proportion of individuals who successfully completed treatment who re-presented within 6 months of completion, Wolverhampton (Source: NDTMS)

In Q2 of 2016/17, in Wolverhampton the highest proportion of clients that successfully completed treatment but re-presented within 6 months was seen in clients that underwent treatment for non-Opiate drug treatment (10.0%). The second highest proportion was seen in clients that successfully completed treatment for Alcohol misuse (9.0%), followed by clients who underwent Opiate drug treatment (7.7%). The lowest figure was seen in clients who successfully completed Alcohol and non-Opiate treatment (0.0%).

Over the the past 30 months, Opiate treatment has had the highest proportion of re-presentation among clients who have successfully completed the treatment, except for in Q1 2013/14 and Q2 2016/17. The proportion of re-presentations among clients completing Opiate treatment varied over the 30 month time period, peaking in Q4 of 2013/14 (28.2%) and at it's lowest in Q2 of 2016/17 (7.7%). Between Q4 of 2013/14 and Q1 of 2015/16, the lowest proportions of clients re-presenting was seen in those who had completed treatment for non-Opiate treatment. The least variation in the proportion of re-presentations was seen in clients who had successfully completed Alcohol treatment, which varied between 17.3% and 6.3%.

In terms of numbers, in the most recent data point, Q2 2016/17, there were less than five representations for clients who had undergone successful Opiate, non-Opiate or Alcohol and non-Opiate treatment. Whereas, there were 10 clients who had re-presented within 6 months of successfully completing treatment for Alcohol treatment.

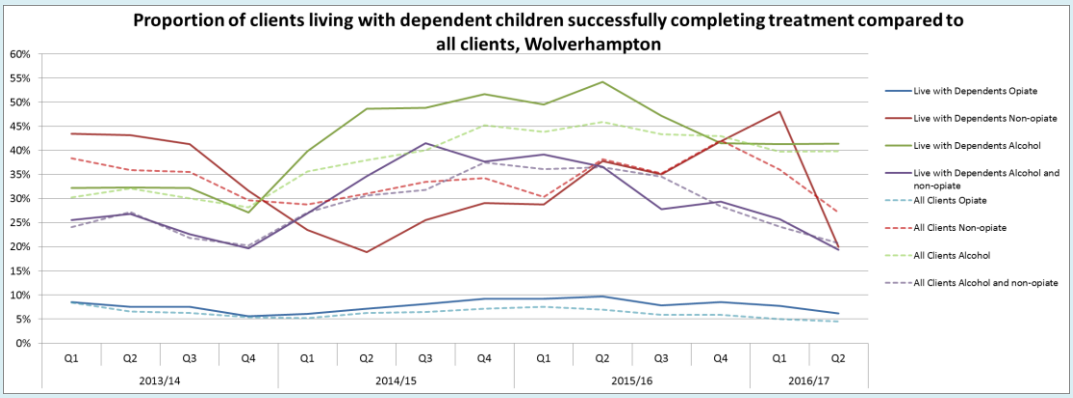


Figure 4. Proportion of clients, living with dependent children, who successfully completed treatment compared to all clients, Wolverhampton (Source: NDTMS)

In Wolverhampton, the most recent data (Q2 of 2016/17) shows that the lowest proportion of successful completion of treatment among clients living with dependent children is for Opiate treatment (6.2%). The highest proportion was among those treated for Alcohol misuse (41.4%). The proportion of clients living with children successfully completing non-Opiate drug treatment (20.0%) and Alcohol and non-Opiate drug treatment (19.4%) were very similar.

Over the past 30 months, clients living with dependent children and receiving Opiate drug treatment consistantly had the lowest proportion of successful completion and remained steady, ranging from 5.6% in Q4 of 2013/14 to 9.2% in Q2 of 2015/16. There was considerably more variation in the proportions of clients living with dependent children successfully completing non-Opiate, Alcohol or Alcohol and non-Opiate treatments.

The proportions of clients living with dependent children successfully completing treatment for Alchohol, non-Opiate drugs or Alcohol and non-Opiate drugs differed compared to the figures for clients in general. Between Q1 2014/15 and Q4 2015/16, the proportion of clients living with dependent children that successfully completed treatment for Alcohol addiction was higher compared to the proportion of client in general. A difference was seen between the proportion of clients living with dependent children and clients in general, completing treatment for non-Opiate drugs in 2014/15, where a smaller proportion of those living with dependent children completed the treatment, compared to clients in general. The proportions of clients living with dependent children that successfully completed treatment for Opiate drugs or Alcohol and non-Opiate drugs, were similar throughout the 30 month period to the proportion of general clients to complete the same treatments.

What this information tells us?

Treatment for addiction to Opiate drugs produces the smallest yield of successful treatment completions, compared to other treatments.
The Proportion of clients successfully completing opiate drug treatments is similar to the England figure.
A higher proportion of clients that successfully completed opiate treatment re-presented within 6 months, compared to the other three forms of treatment.
Living with dependent children has an effect on the proportion of clients completing treatment for alcohol and non-Opiates.

Indicative Commissioning Needs
-Commission services that meet the socio-demographic needs of the local population

Lifestyle
Smoking

Smoking is the most important cause of preventable ill health and premature mortality in the UK. Smoking is a major risk factor for many diseases, such as lung cancer, chronic obstructive pulmonary disease (COPD) and heart disease. It is also associated with cancers in other organs, including lip, mouth, throat, bladder, kidney, stomach, liver and cervix.
Smoking is a modifiable lifestyle risk factor; effective tobacco control measures can reduce the prevalence of smoking in the population.

Prevalence

In 2015, the prevalence of adult smokers in Wolverhampton (19.3%) was significantly higher, compared to England (16.9%) and West Midlands (15.7%). Wolverhampton is the only local authority in the West Midlands to be significantly higher compared to the England figure.

Between 2012 and 2015, the proportion of the adult population estimated to be smoking has decreased, by 3.6 percentage points. Decreases have also been seen in the West Midlands and England rates, albeit smaller decreases.

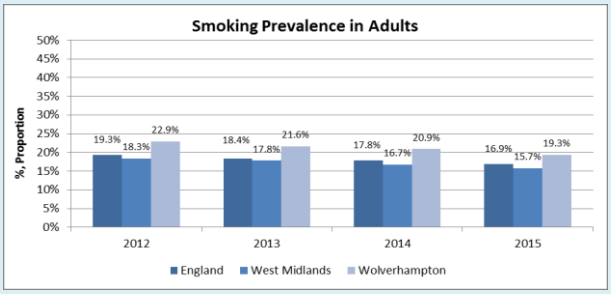


Figure 1. Smoking prevalence in adults (Source: Fingertips, PHE)

The prevalence of smoking among adults that have Routine or Manual jobs is lower in Wolverhampton (24.8%) compared to England (26.5%) and similar compared to West Midlands (25%). Although, the Wolverhampton figure is not significantly different compared to England.

Between 2012 and 2015, the proportion of routine or manual workers currently smoking has decreased consistantly, by 6.8 percentage points in Wolverhampton. Decreases have also been seen in the England figures, albeit a smaller decrease (3 percentage points).

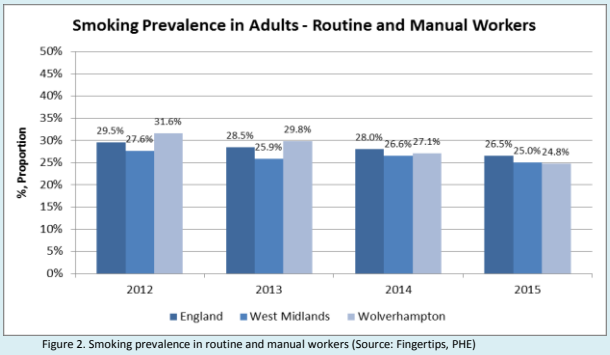


Figure 2. Smoking prevalence in routine and manual workers (Source: Fingertips, PHE)

CIPFA Nearest Neighbours

In 2015, Wolverhampton had the 8th highest prevalence of smokers (19.3%), in comparison to the CIPFA nearest neighbours. Nottingham (24.1%) and Kingston upon Hull (26.8%) had significantly higher prevalences than Wolverhampton.

West Midlands had a lower prevalence than all of the local authorities that are considered to CIPFA nearest neighbours to Wolverhampton.

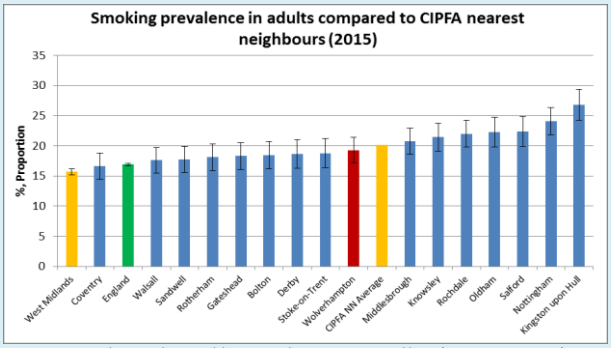


Figure 3. Smoking prevalence in adults, compared to CIPFA nearest neighbours (Source: Fingertips, PHE)

In 2015, Wolverhampton's prevalence of smoking in adult who have routine or manual jobs, ranked second lowest (24.8%) compared to it's CIPFA nearest neighbours. Coventry (23.9%) was the only local authority in the group of CIPFA nearest neighbours that had a lower prevalence than Wolverhampton, though not significantly different.

Oldham (36.3%) was the only local authority considered a CIPFA nearest neighbour that had a significantly higher prevalence of smokers among routine and manual workers.

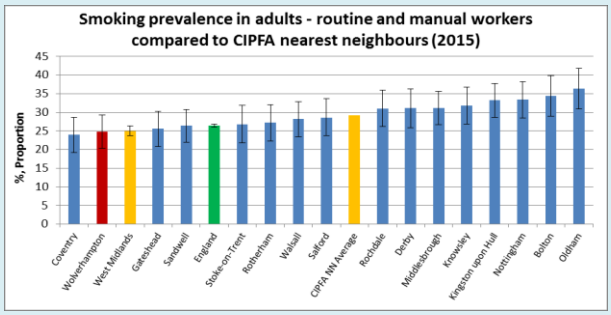


Figure 4. Smoking prevalence in routine and manual workers, compared to CIPFA nearest neighbours (Source: Fingertips, PHE)

Healthy Lifestyle Survey

Gender Distribution

The proportion of Healthy Lifestyle Survey respondents that reported to currently smoke was slightly higher in males (23.7%) compared to females (21.4%). The proportion of respondents that reporting not currently smoking and never having smoked in the past was lower in males (62.9%) compared to females (68.0%).

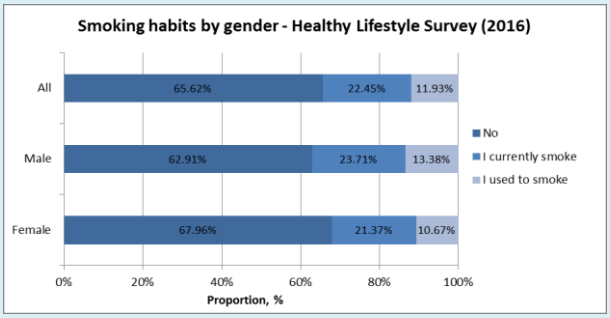


Figure 5. Smoking habits by gender (Source: Healthy Lifestyle Survey)

Aged Distribution

The highest proportion of current smokers in the sample population of the Healthy Lifestyle Survey was in 20-24 year olds (31%), followed by 25-29 year olds (30%). The lowest proportions were seen in the oldest age group, 75+ years (7%) and the youngest age group, 16-19 years (15%).

The youngest age group with the highest proportion of respondents who never smoked was in the youngest age group, 16-19 years (82%), followed by the oldest age group, 75+ years (78%). There was little variation in the proportions of respondents who reported to never have smoked between the ages of 20 and 69 years, ranging between 58% and 65%.

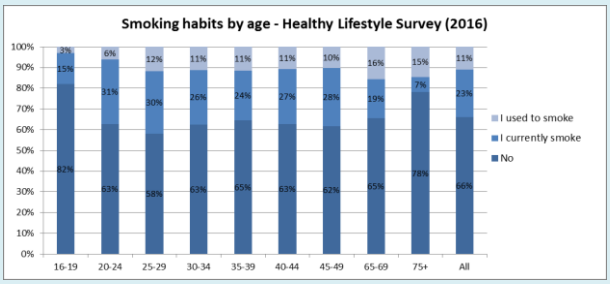


Figure 6. Smoking habits by age (Source: Healthy Lifestyle Survey)

Ethnicity Distribution

The highest proportion of respondents that reported to never smoking were those with an Asian ethnic background (85%). Those with an Asian ethnic background had the lowest proportions of current smokers (11%) and ex-smokers (4%).

The highest proportion of current smokers was in those with a mixed ethnic background (28%), followed by respondents with a White ethnic background (25%).

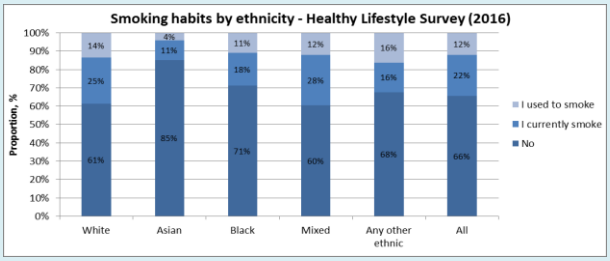


Figure 7. Smoking habits by ethnicity (Source: Healthy Lifestyle Survey)

Deprivation Distribution

In the sample of the Healthy Lifestyle Survey, there was a clear trend in which the proportion of current smokers decreases as deprivation reduces. The proportion of current smokers was higher in those living in the most deprived areas (29.9%), compared to respondents from more affluent areas (5.2% in the most affluent decile).

A similar trend was seen in those that reported that reported previously smoking and the inverse trend was seen the proportion of respondents that reported to never smoking.

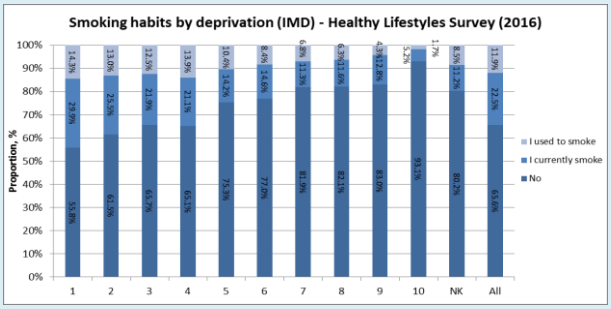


Figure 8. Smoking habits by deprivation (Source: Healthy Lifestyle Survey)

What this information tells us?

-The prevalence of current smokers in the general population of Wolverhampton (19.3%) is higher compared to West Midlands and England in 2015. However the proportion of routine and manual workers that currently smoke is lower in Wolverhampton compared to West Midlands and England.

-The prevalence of current smokers in both the general population and in routine and manual workers population, have fallen consistantly over the past 4 years.

-In the sample of respondents to the Healthy Lifestyle Survey, there is a clear trend between the proportion of current smokers decreasing as deprivation levels decrease.

Indicative Commissioning Needs

Ensure commissioned services are maintained and enhanced, where possible, to sustain the overall decrease in the smoking prevalence
Provide training for health and care professionals to offer brief advice to encourage smoking cessation with all contacts as appropriate

Lifestyle
Physical Activity

Physical inactivity is the 4th leading risk factor for global mortality accounting for 6% of deaths globally. People who have a physically active lifestyle have a 20-35% lower risk of cardiovascular disease, coronary heart disease and stroke compared to those who have a sedentary lifestyle. Regular physical activity is also associated with a reduced risk of diabetes, obesity, osteoporosis and colon/breast cancer and with improved mental health. In older adults physical activity is associated with increased functional capacities. The estimated direct cost of physical inactivity to the NHS across the UK is over £0.9 billion per year.

Prevalence

In 2015, around half of the Wolverhampton (49.9%) population were estimated to physically active, which is significantly lower compared to England (57.0%) and the West Midlands (55.1%).

In Wolverhampton, the proportion of physically active adults has fallen slightly since 2012. In 2012, 51.9% of the adult population were estimated to be physically active, which increased to 54.1% in 2013, before falling to 49.9% in 2015. However, in England and the West Midlands increases were seen between 2012 and 2015.

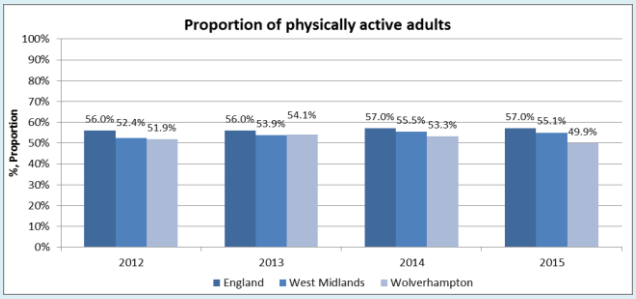


Figure 1. Proportion of physically active adults (Source: Fingertips, PHE)

CIPFA Nearest Neighbours

In 2015, Wolverhampton (49.9%) had the 6th lowest proportion of physically active adults, compared to its CIPFA nearest neighbours. Coventry (58.8%) was the only local authority considered a CIPFA nearest neighbour that was significantly higher compared to Wolverhampton.
The proportion of physically active adults in Walsall and Sandwell were very similar compared to Wolverhampton.

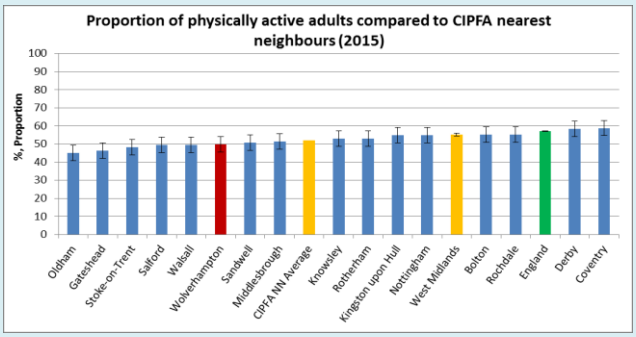


Figure 2. Proportion of physically active adults, compared to CIPFA nearest neighbours (Source: Fingertips, PHE)

Ethnicity Distribution

In 2016, those with Mixed ethnic background (83.8%) had the highest proportion of individuals that were moderately physically active, in Wolverhampton. Followed by those of a Black ethnic background (79.8%) and Other ethnic backgrounds (79.7%).
The lowest figure was seen in those with a White ethnic background (75.8%), which is the most common ethnic background in the population of Wolverhampton.

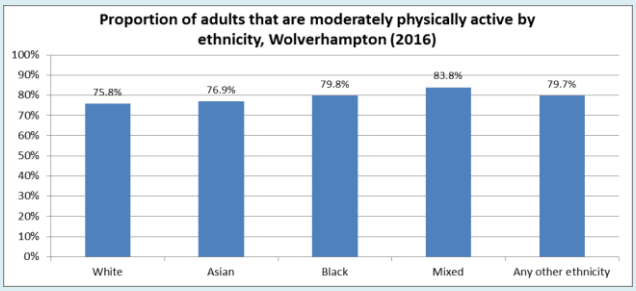


Figure 3. Proportion of moderately physically active adults by ethnicity, Wolverhampton - 2016 (Source: Healthy Lifestyles Survey)

In 2016, those with a mixed ethnic background (17.4%) had the highest proportion of idividuals that reported to being vigorously active, in Wolverhampton. The second highest proportion was of those with a Asian ethnic background (14.0%). Similar proportions were seen of those with White (8.7%) or Black (9.1%) ethnic backgrounds reporting to be vigorously pysically active.

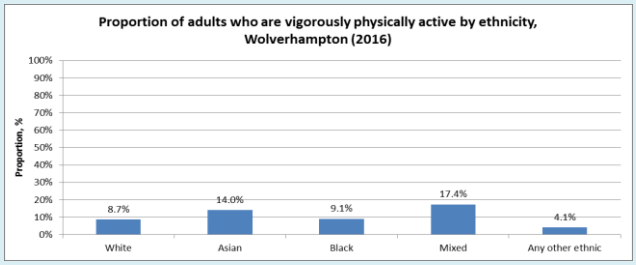


Figure 4. Proportion of vigorously physically active adults by ethnicity, Wolverhampton - 2016 (Source: Healthy Lifestyles Survey)

Age and Gender Distribution

The proportion of Wolverhampton residents that are moderately physically active does not vary considerably between genders.

However, the proportion in males is notably higher compared to females in those aged 16-19 and the opposite is seen in those aged 50-54 and 60-64 years, where the proportion in females is higher than males.
In general, the proportion of Wolverhampton residents that are moderately physically active remain steady between the ages of 16 and 50, before gradually falling as residents get older.

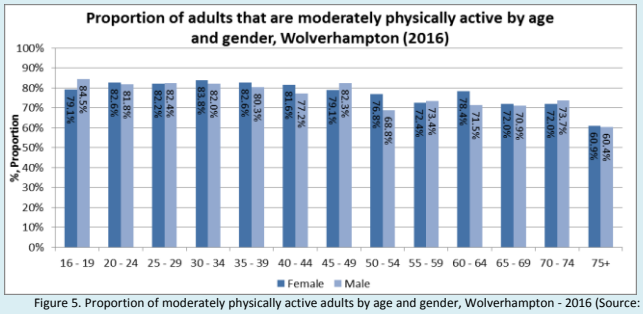


Figure 5. Proportion of moderately physically active adults by age and gender, Wolverhampton - 2016 (Source: Healthy Lifestyles Survey)

IMD Distribution

The proportion of adults who are moderately physically active in Wolverhampton in 2016, decreased as deprivation levels increased. Between 78% and 82.3% of those living in 4 least deprived areas of Wolverhampton were moderately physically active, decreasing to between 45.4% and 76.6% in the 7th, 8th and 9th deciles. The proportion in the most deprived decile is 82.8%, which defies the trend in the other 9

deciles.

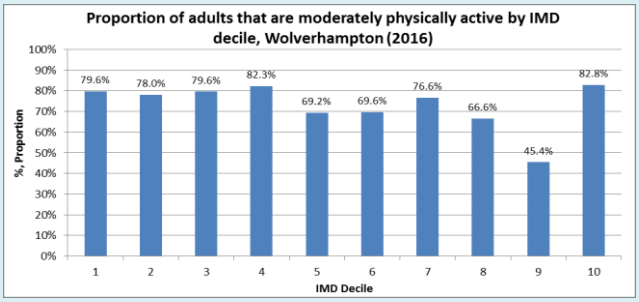


Figure 6. Proportion of moderately physically active adults by deprivation, Wolverhampton - 2016 (Source: Healthy Lifestyles Survey)

The proportion of adults who reported to being vigorously physically active varied across the spectrum of IMD deciles and followed no noticable trend. The highest proportion (17.5%) was seen in the 10th decile (least deprived) and the lowest (2.8%) was seen in the 9th decile (second least deprived). The proportion of respondents who reported to being vigorously physically active in the other 8 deciles were similar, varying between 9.0% and 12.7%.

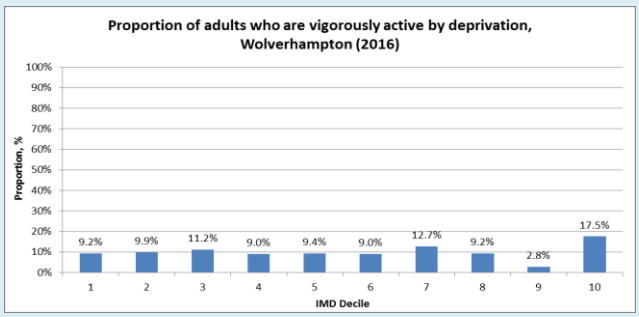


Figure 7. Proportion of vigorously physically active adults by deprivation, Wolverhampton - 2016 (Source: Healthy Lifestyles Survey)

What this information tells us?

-The proportion of the Wolverhampton adult population that are physically active (49.9%) is lower compared to West Midlands and England.
-The proportion of the Wolverhampton adult population that are physically active is similar in under 50's, but decreases in over 50's.

-Levels of physical activity decreases as deprivation levels increase, in general, except for those in the most deprived deciles and in the most affluent areas of Wolverhampton.

Indicative Commissioning Needs
Ensure a city-wide approach to increasing physical activity within the population, with a targeted approach to areas of inequality

Lifestyle
Excess Weight in Adults

Obesity is a priority area for Government. The Government's "Call to Action" on obesity (published Oct 2011) included national ambitions relating to excess weight in adults, which is recognised as a major determinant of premature mortality and avoidable ill health.

Gender Breakdown

In the sample of healthy lifestyle respondents, 59.6% males have excess weight, which is higher compared to the 52.1% females.

However, the proportion of males (21.2%) that have a BMI which is classified as obese is smaller than the proportion of females (22.2%). The proportion of males that are overweight (38.4%) is higher than females (29.9%).

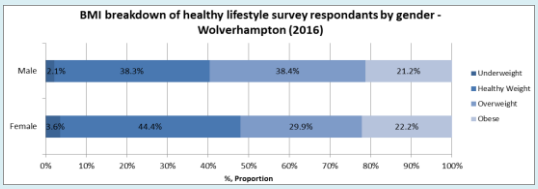


Figure 1. BMI of survey respondents by gender, Wolverhampton - 2016 (Source: Healthy Lifestyle Survey)

Age Breakdown

The proportion of excess weight, in the sample of healthy lifestyle survey respondents, increases with age, peaking at 67.9% in those aged 50-54 years of age.

The lowest proportions of respondents with excess weight were in those aged 16-19 years (22.5%). Figures also began to decrease in the oldest residents, with figures consistently decreasing in those aged 65 and over.

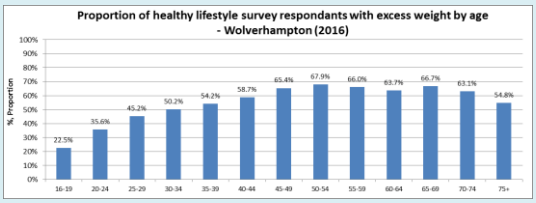


Figure 2. Proportion of survey respondents with excess weight by age, Wolverhampton - 2016 (Source: Healthy Lifestyle Survey)

Ethnicity Breakdown

In the sample of healthy lifestyle survey respondents, around 55.7% had BMI scores which classified them as having excess weight (overweight or obese).

Respondents who had a Black ethnic background had the highest proportion of individuals with excess weight (63.6%). Individuals with an ethnic background other than those stated had the second highest proportion of individuals with excess weight (56.9%).

The lowest proportion of individuals with excess weight was seen in those with a mixed ethnicity (50.2%).

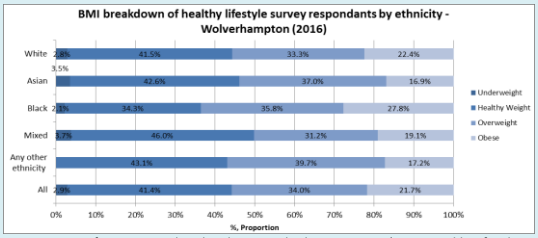


Figure 3. BMI of survey respondents by ethnicity, Wolverhampton - 2016 (Source: Healthy Lifestyle Survey)

Geographic Distribution

Within the sample of healthy lifestyle survey respondents, the proportion of individuals with excess weight by ward, followed the East-West split that is commonly seen in Wolverhampton.

The proportions of individuals with excess weight are higher in the wards in the East of Wolverhampton, compared to the wards in the West of the city.

However, Merry Hill ward is an exception to the trend, which is situated in the east of the city and has a higher proportion of 60.1%.

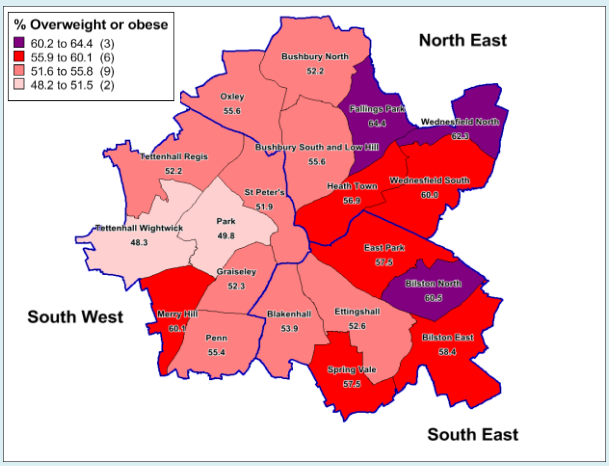


Figure 4. Proportion of survey respondents with excess weight by ward, Wolverhampton - 2016 (Source: Healthy Lifestyle Survey)

What this information tells us?
-Almost two-thirds (59.6%) of males are either overweight or obese compared to 52.1% females in Wolverhampton.
-There are clear gender, ethnic and geographical variation in Wolverhampton with respect to Obesity.

Indicative Commissioning Needs
Commission services to improve healthy eating and physical activity offering a universal and targeted approach to meet the needs of the population

Lifestyle
Outdoor Space

There is strong evidence to suggest that green spaces have a beneficial impact on physical and mental wellbeing and cognitive function through both physical access and usage.

Prevalence

In between March 2014 and February 2015, the proportion of Wolverhampton (35.4%) population estimated to have used outdoor space for exercise or health reasons was higher compared to England (17.9%) and West Midlands (16.9%), though not significantly.

However, it should be noted that the Wolverhampton figure is based on an effective sample of less than 100 individuals

In previous years the Wolverhampton figure has been lower than England and Wolverhampton. The England and West Midlands figures increased consistantly between 2011/12 and 2013/14.

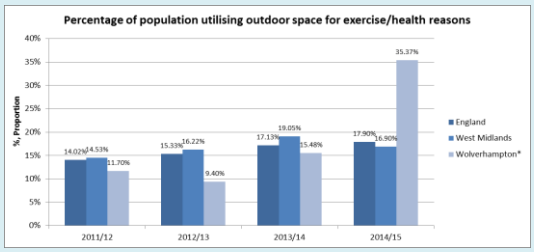


Figure 1. Percentage of population utilising outdoor space for exercise/health reasons (Source: Fingertips, PHE)

CIPFA Nearest Neighbours

In between March 2014 and February 2015, Wolverhampton had the highest percentage of the population estimated to be utilising outdoor space for exercise or health reasons, among it's CIPFA nearest neighbors.

Seven of the 16 local authorities in the group of CIPFA nearest neighbours were significantly lower compared to Wolverhampton.

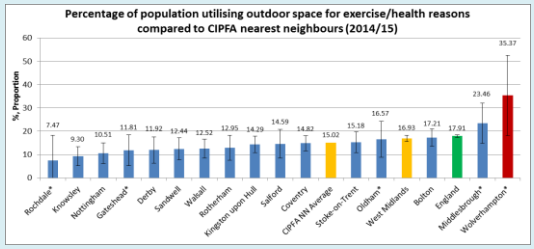


Figure 2. Percentage of population utilising outdoor space for exercise/health reasons, compared to CIPFA nearest neighbours - 2014/15 (Source: Fingertips, PHE)

What this information tells us?
The most recent data suggests that higher proportions of the Wolverhampton population utilise outdoor spaces for exercise and health reasons compared to England and West Midlands. However, this figure was calculated from a sample size of less than 100 and historically the figure for Wolverhampton has been slightly lower compared to England and West Midlands.

Indicative Commissioning Needs
Maintain services provided to sustain and enhance utilisation of outdoor spaces for exercise and health reasons

Health Protection
Tuberculosis

TB re-emerged as a serious public health problem in the UK over the last two decades, with TB incidence rising above the European average.Timely and fully completed treatment for TB is key to saving lives and preventing long-term ill health, as well as reducing the number of new infections and development of drug resistance. Dropping out of treatment before it is completed can contribute to drug-resistant TB, and preventing the development of drug resistant TB is particularly important as it has more severe health consequences and is considerably more expensive to treat. TB treatment completion is an indicator of the quality of TB treatment and support services and helps inform policy decisions around local and national approaches to TB.

Incidence

In 2012-14, the incidence of TB in Wolverhampton (29.1 per 100,000) was more than twice the incidence in England. The Wolverhampton incidence was significantly higher compared to England (13.5 per 100,000) and West Midlands (16.7 per 100,000).

The incidence of TB in Wolverhampton has varied between 2000-02 and 2012-14, but has not followed a consistant trend. The opposite was seen in the incidence across England and the West Midlands, which have steadily increased. The incidence in the West Midlands has consistantly been higher compared to England.

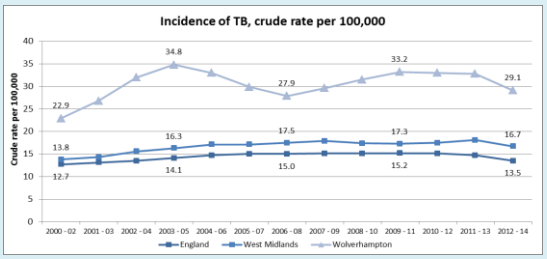


Figure 1. Incidents of TB, crude rate per 100,000 (Source: Fingertips, PHE)

CIPFA Nearest Neighbours

In 2012-14, the incidence of TB in Wolverhampton (29.12 per 100,000) was ranked 3rd highest compared to it's CIPFA nearest neighbours. Coventry and Sandwell are the two local authorities with higher rates than Wolverhampton.

Wolverhampton has a significantly higher incidence compared to 13 of the CIPFA nearest neighbours.

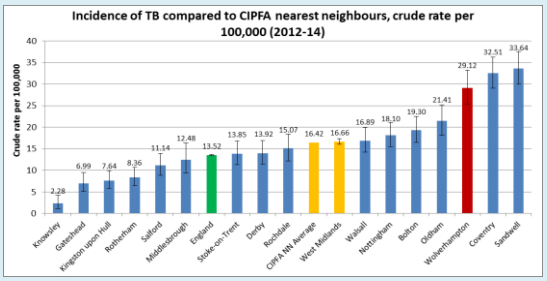
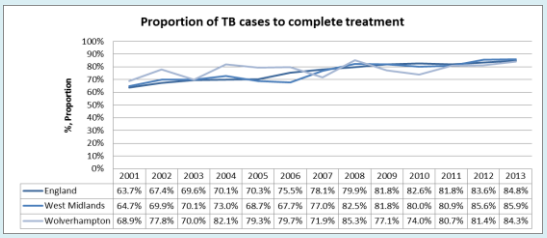


Figure 2. Incidents of TB, crude rate per 100,000, compared to CIPFA nearest neighbours(Source: Fingertips, PHE)

Incidence

In 2013, the proportion of TB cases that went on to complete a programme of treatment in Wolverhampton (84.3%) was very similar to the proportion in England (84.8%) and the West Midlands (85.9%).

The proportion of TB cases to complete a programme of treatment in Wolverhampton has increased from 68.9% in 2001 to 84.3% in 2013, though the increase did not follow a consistant trend. The England and West Midlands figures however, increased by a similar amount and followed a consistant trend.



	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
England	63.7%	67.4%	69.6%	70.1%	70.3%	75.5%	78.1%	79.9%	81.8%	82.6%	81.8%	83.6%	84.8%
West Midlands	64.7%	69.9%	70.1%	73.0%	68.7%	67.7%	77.0%	82.5%	81.8%	80.0%	80.9%	85.6%	85.9%
Wolverhampton	68.9%	77.8%	70.0%	82.1%	79.3%	79.7%	71.9%	85.3%	77.1%	74.0%	80.7%	81.4%	84.3%

Figure 3. Proportion of TB cases to complete treatment (Source: Fingertips, PHE)

CIPFA Nearest Neighbours

In 2013, Wolverhampton had the 5th lowest proportion of TB cases to complete a program of treatment in comparison to its CIPFA nearest neighbours. However, Wolverhampton is not significantly different to any of the CIPFA nearest neighbours. Five of the CIPFA nearest neighbours had their figures suppressed because numbers were too small.

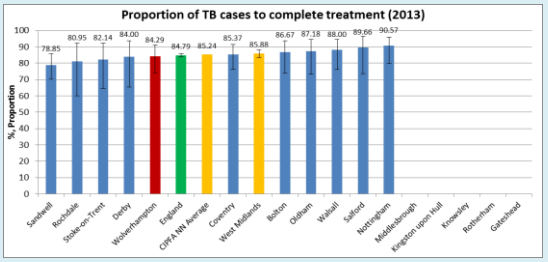


Figure 4. Proportion of TB cases to complete treatment, compared to CIPFA nearest neighbours - 2013 (Source: Fingertips, PHE)

What this information tells us?

The incidence of TB in Wolverhampton is significantly higher than England and the West Midlands, and has been so since 2000-02.
The incidence of TB in Wolverhampton is currently significantly higher than the majority of its CIPFA nearest neighbours.
The proportion of TB cases that complete a programme of treatment is very similar to the figures in England and the West Midlands.

Indicative Commissioning Needs

Ensure commissioned services provide a comprehensive, accessible service that promotes early diagnosis and treatment with effective contact tracing and screening, with defined processes for at risk groups

Health Protection

People presenting with HIV at late stage of infection

HIV key strategic priority is to decrease HIV-related mortality and morbidity through reducing the proportion and number of HIV diagnoses made at a late stage of HIV infection.
Late diagnosis is the most important predictor of morbidity and mortality among those with HIV infection. Those diagnosed late have a ten-fold risk of death compared to those diagnosed promptly and is essential to evaluate the success of expanded HIV testing.

Late HIV Diagnosis

In 2013-15, the percentage of HIV cases diagnosed at a late stage was higher in Wolverhampton (54.1%) compared to England (40.3%) and West Midlands (45.5%).
In Wolverhampton, the proportion of HIV diagnoses that have been late have varied since 2009-11. Between 2009-11 (53.8%) and 2011-13 (61.0%), the figures rose by 7.2 percentage points.

Across England, figures have consistantly fallen between 2009-11 (50.1%) and 2013-15 (40.3%). A similar trend has been seen in the figures for the West Midlands, falling consistantly between 2010-12 (53.4%) and 2013-15 (45.5%).

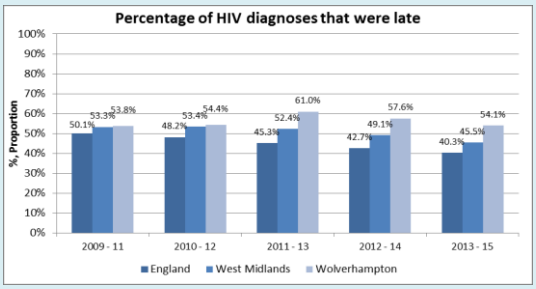


Figure 1. Percentage of HIV diagnoses that were late (Source: Fingertips, PHE)

CIPFA Nearest Neighbours

Wolverhampton (54.1%) has the 7th highest proportion of HIV cases which were diagnosed at a late stage, compared to its CIPFA nearest neighbours. However, Wolverhampton is not significantly higher or lower compared to any of their CIPFA nearest neighbours.

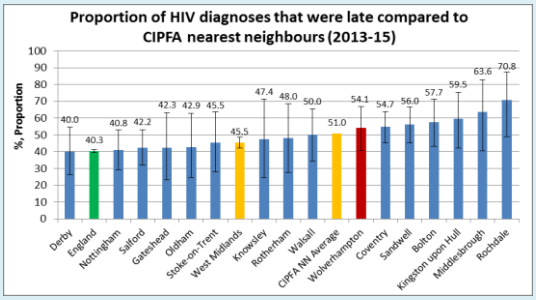


Figure 2. Percentage of HIV diagnoses that were late, compared to CIPFA nearest neighbours - 2013-15 (Source: Fingertips, PHE)

What this information tells us?
Wolverhampton has a higher proportion of HIV cases diagnosed at a late stage compared to England and West Midlands, however it is not significantly better or worse than its CIPFA nearest neighbours.

Indicative Commissioning Needs
Ensure commissioned services provide a well promoted, accessible service that emphasises the need for early diagnosis and include raising awareness amongst health and care professionals of at risk groups to advise testing

Health Protection

All new sexually transmitted infection diagnoses (exc Chlamydia aged <25)

Sexual health is a key public health issue. The Department of Health has outlined its ambition for good sexual health in A Framework for Sexual Health Improvement in England.

Incidence

In 2015, the incidence of all new STI diagnoses in under 25's (excluding Chlamydia) was lower in Wolverhampton (782.5 per 100,000) compared to England (814.9 per 100,000), but significantly higher compared to West Midlands (697.3 per 100,000).
Since 2012, the rate of all new diagnoses in Wolverhampton has varied to a higher extent than England and West Midlands. In 2013 and 2014, the rates in Wolverhampton were higher compared to England and West Midlands, however it's fallen to to the current level which is lower compared to England.

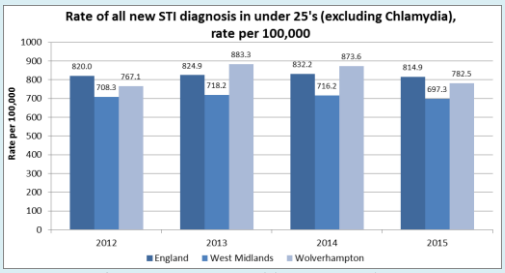


Figure 1. Rate of all new STI diagnosis in under 25's (excluding Chlamydia) rate per 100,000 (Source: Fingertips, PHE)

CIPFA Nearest Neighbour

In 2015, Wolverhampton had the 7th highest rate of new STI diagnoses in those under 25 (excluding chlamydia), compared to it's CIPFA nearest neighbours.

Wolverhampton's rate is significantly lower than Kingston upon Hull, Salford, Coventry and Nottingham. However, Wolverhampton is significantly higher compared to Middlesbrough, Rochdale, Bolton, Stoke-on-Trent and Rotherham.

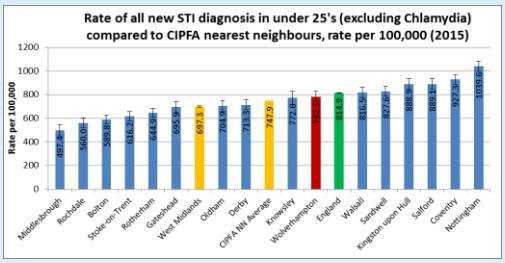


Figure 2. Rate of all new STI diagnosis in under 25's (excluding Chlamydia) rate per 100,000, compared to CIPFA nearest neighbours - 2015 (Source: Fingertips, PHE)

What this information tells us?

The rate of all new STI diagnosis in under 25's in Wolverhampton (782.5 per 100,000) was lower compared to England, but significantly higher than West Midlands in 2015 and has increased since 2012.

Indicative Commissioning Needs

Ensure commissioned services provide a well promoted, accessible, targeted service to meet the needs of young people with or at risk of an STI

Service Utilisation
A&E attendances and emergency admissions

An accident & emergency department (A&E) is a medical treatment facility that specialises in emergency medicine, the acute care of patients who present without prior appointment; either by their own means or by that of an ambulance. The accident & emergency department in Wolverhampton is based at New Cross Hospital and is open 24 hours a day, 7 days a week.

Due to the unplanned nature of patient attendance, the department must provide initial treatment for a broad spectrum of illnesses and injuries, some of which may be life-threatening and require immediate attention. In some small sections of the Wolverhampton population, the accident & emergency department is an important entry points for those without other means of access to medical care.

Annualised Trend

The numbers of A&E attendances in the those aged 20 and overin Wolverhampton increased between the end of 2012 and the summer of 2016.

Between September 2012 and July 2016, there was an increase of 38% (27,849 attendances), to 100,928 A&E attendances in the year running up to July 2016.

The increases were generally quite steady. The sharpest increase was seen between February 2015 (88,324 attendances) to August 2015 (95,862 attendances).

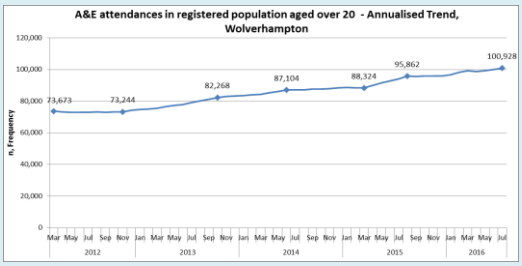


Figure 1. Annualised trend of A&E attendances in registered population aged over 20, Wolverhampton (Source: Wolverhampton CCG)

Gender Distribution

In July 2016, there were 20% (928) more females (5,562) over the age of 20 that attended A&E compared to males (4,634).

This difference has gradually increased over thelast 5 years. In 2011, there were no differences between the number of monthly A&E attendances for males and females. However, by December 2012, there was a notable difference (397) between the number of males (3,178) and females (3,575) and this has continued to grow to the current levels in July 2016.

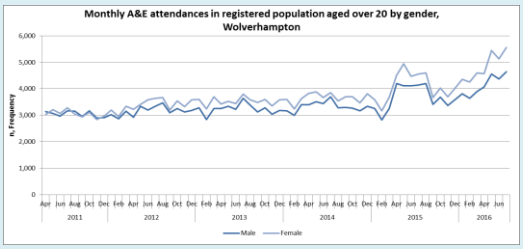


Figure 2. Number of monthly A&E attendances in registered population aged over 20 by gender, Wolverhampton (Source: Wolverhampton CCG)

Age and Gender Distribution

In Wolverhampton, the highest number of A&E attendances are seen in adults aged between 20-24. Numbers steadily decrease as residents get older, with the least A&E attendances in residents aged between 65 and 84.

The number of female A&E attendances were considerably higher than males, in the youngest two age groups: 20-24 (4,162 higher) and 25-29 (2,538 higher). Between the age of 30 and 79, the number of male and female attendances were similar in each 5 year age group. However, in over 80's, female attendances were again considerably higher than males. The number of female attendances were 1,176 higher than males in 80-84's and 4,412 higher in over 85's.

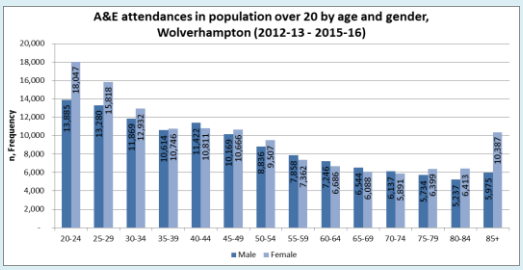


Figure 3. Number of A&E attendances in registered population aged over 20 by age and gender, Wolverhampton - 2012-13 - 2015-16 (Source: Wolverhampton CCG)

Ethnicity Breakdown

In Wolverhampton, the majority (58.96%) of A&E attendances in those aged 20 and over were from a White ethnic background, between 2012-13 - 2015-16 . Just over a 5th of the A&E attendances (20.91%) were for patients from an Asian ethnic origin.

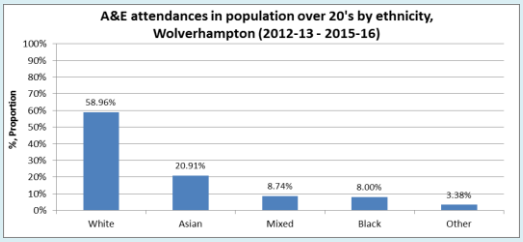


Figure 4. Proportion of A&E attendances in registered population aged over 20 by ethnicity, Wolverhampton - 2012-13 - 2015-16 (Source: Wolverhampton CCG)

Deprivation Breakdown

In Wolverhampton, almost two-thirds (60.77%) of A&E attendances in those aged 20 and over were from the 20% most deprived areas, between 2012-13 - 2015-16 . The A&E attendances in those aged 20 and over decreased to 17% in the second quintile and fell to 1.28% in the least deprived quintile.

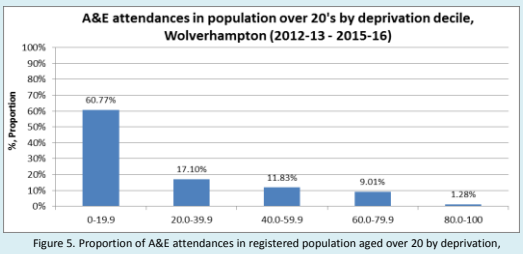


Figure 5. Proportion of A&E attendances in registered population aged over 20 by deprivation, Wolverhampton - 2012-13 - 2015-16 (Source: Wolverhampton CCG)

Geographic Distribution

In Wolverhampton, the highest rates of A&E attendences were found in the south east of Wolverhampton and lower rates in the northern and western parts of Wolverhampton, between 2012-13 - 2015-16. This follows the characteristic geographic trend in Wolverhampton.

The highest rates are found in Bilston East, Ettingshall and Blakenhall whereas, the lowest rates are found in Bushbury North and the two Tettenhall wards.

Figure 6. Rate per 100,000 of A&E attendances in registered population aged over 20 by ward, Wolverhampton - 2012-13 - 2015-16 (Source: Wolverhampton CCG)

Readmissions within 30 days

The proportion of patients discharged from hospital that are re-admitted into hospital within 30 days, in Wolverhampton remained similar between 2011-12 and 2015-16. The figures varied between 11.0% and 11.7%.

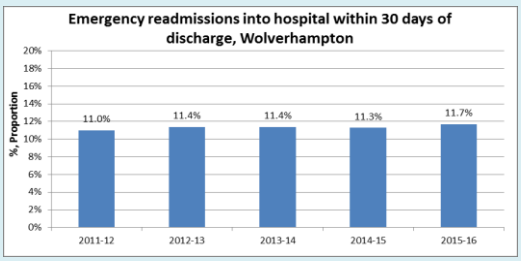


Figure 7. Proportion of emergency readmissions into hospital within 30 days of discharge, Wolverhampton - 2012-13 - 2015-16 (Source: Wolverhampton CCG)

What this information tells us?

-The number of A&E attendances in Wolverhampton have been increasing since 2012, having increased by 38% between September 2012 and July 2016.

-The number A&E attendances in females is currently around 20% higher than male attendances. The gap between males and females has increased since 2012 and was most noticeable in the under 30 population and in those over 85.
-There are clear geographical inequalities as well as inequalities related to deprivation.

Indicative Commissioning Needs

Ensure commissioned services provide access to early intervention and support measures to prevent avoidable attendance at A&E

Service Utilisation

Emergency admissions for acute conditions that should not normally require hospital admission

Good management of long-term conditions requires effective collaboration across the health and care system to support people in managing conditions and to promote swift recovery and reablement after acute illness. There should be shared responsibility across the system so that all parts of the NHS improve the quality of care and reduce the frequency and necessity for emergency admissions.

About a third of avoidable admissions are for people with a secondary diagnosis relating to mental health. Progress in reducing emergency admissions is likely to need a strong focus on improving the physical health of people with mental health conditions.

Emergency Admissions

The rate of emergency admissions for acute conditions that should not usually require hospital admissions in Wolverhampton (1,842 per 100,000) is currently higher compared to both England (1,277.1 per 100,000) and West Midlands (1,416.9 per 100,000).

The rate in Wolverhampton has been consistantly higher compared to England and West Midlands for the past decade. The rates in the three geographies have increased over the last decade. The rate of emergency admissions in Wolverhampton has increased from 1298.4 per 100,000 in 2003/04 to 1,842.0 per 100,000 in 2014/15 compared to 839.7 per 100,000 in 2003/04 to 1,277.1 per 100,000 in 2014/15 in England.

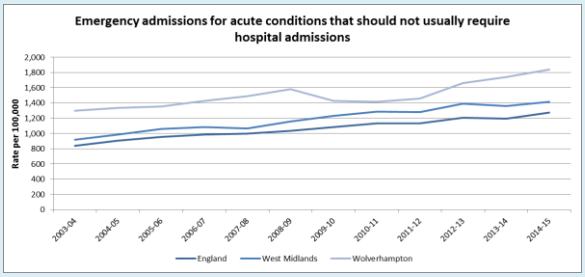


Figure 1. Emergency admissions for acute conditions that should not usually require hospital admissions (Source: Wolverhampton CCG)

Gender and Age Distribution

The number of emergency admissions for acute conditions that should not usually require hospital admissions in Wolverhampton were low in both males and females in those aged below 65. Figures were considerably higher in Wolverhampton residents above 65 and increased further in older age groups. The highest numbers were seen in both male (948 admissions) and female (1,682 admissions) residents aged 85+

The number of admissions for females between the ages of 20 and 35, were considerably higher than males. This trend was also seen in admissions for thos over 85. Admissions in males and females between the ages of 35 and 84 were similar, neither males nor females were consistantly higher.

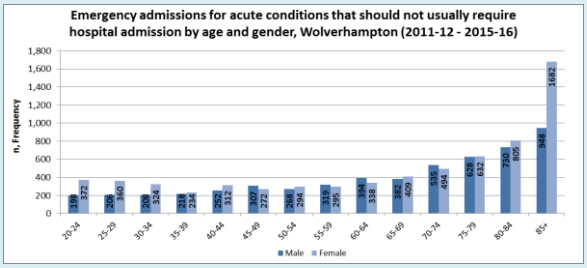


Figure 2. Emergency admissions for acute conditions that should not usually require hospital admissions by age and gender - 2011-12 - 2015-16 (Source: Wolverhampton CCG)

CIPFA Nearest Neighbours

Wolverhampton has the 9th highest rate of emergency admissions for acute conditions that should not usually require hospital admission, compared to its CIPFA nearest neighbours.

Wolverhampton is significantly higher compared to 8 of its CIPFA nearest neighbours and significantly lower compared to 4 of its CIPFA nearest neighbours.

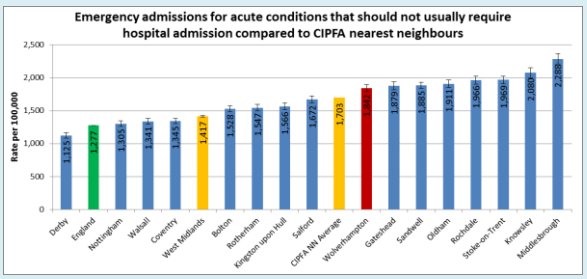


Figure 3. Emergency admissions for acute conditions that should not usually require hospital admissions compared to CIPFA nearest neighbour - 2011-12 - 2015-16 (Source: Wolverhampton CCG)

Ethnicity Distribution

The majority of emergency admissions for acute conditions that should not usually require hospital admission, are for patients of a White ethnic background (80.96%). Patients with an Asian ethnic background made up around an eighth of admissions (12.46%) and just under 5% were of a Black ethnic background.

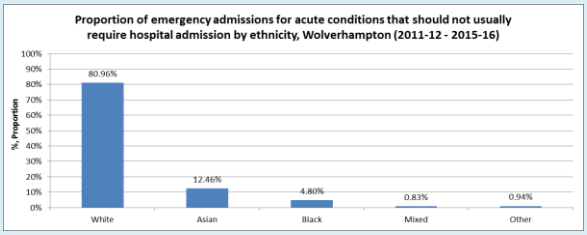


Figure 4. Proportion of emergency admissions for acute conditions that should not usually require hospital admissions by ethnicity - 2011-12 - 2015-16 (Source: Wolverhampton CCG)

Deprivation Distribution

Over half of emergency admissions for acute conditions that should not usually require hospital admission were for patients who reside in the most deprived areas of Wolverhampton (54.33%). The share of admissions was lower in the more affluent areas, which suggests that the likelihood of these types of admissions are linked with deprivation.

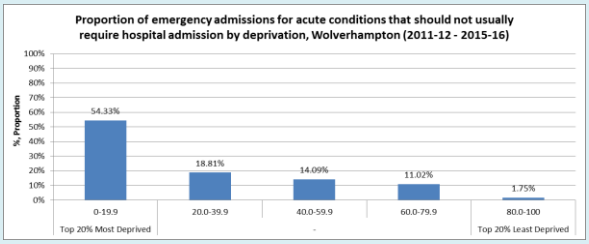


Figure 5. Proportion of emergency admissions for acute conditions that should not usually require hospital admissions by deprivation - 2011-12 - 2015-16 (Source: Wolverhampton CCG)

What this information tells us?

-The rate of emergency admissions for acute conditions that should not usually require hospital admissions in Wolverhampton is higher compared to England and West Midlands, and has consistently been higher over the past few years. Moreover, Wolverhampton has the 7th highest rate compared to CIPFA neighbours.

-There are clear age, gender, ethnic and deprivation inequalities for emergency admissions for acute conditions that shuold not usually require hospital admissions.

Indicative Commissioning Needs

Primary care services to consider reviewing case management of acute conditions that should not usually require hospital admission

Service Utilisation
GP Services

There are 47 General Practices in the city of Wolverhampton, covering a population of 269,000. GP practices provide both urgent medical treatment (such as treatment for acute infections, or disturbances of bowel or bladder functions, or acute mental distress).They also manage long term conditions including, but not limited to conditions such as diabetes, hypothyroidism, cystic fibrosis, congenital heart disease and epilepsy. All practices are part of Wolverhampton Clinical Commissioning Group (WCCG), which supports its members to help them continuously improve the quality of their services.

Pedestrian Access

The majority of areas in Wolverhampton are within 15 minutes walk of a GP practice, however, there are certain populated areas in which residents have longer walking times. Central areas of Wolverhampton and the majority of the residential areas have good pedestrian access to GP practices. However, some parts of the city have reduced access. The majority of the Wednesfield ward is within 15 - 30 minutes walk away from a GP practice and a small part of the Wednesfield ward is a further 30-45 minutes walk away, though this area is predominantly an industrial estate. Large parts of Tettenhall Regis and a large area consisting of parts of Tettenhall Wightwick, Park and Penn wards are between 15-30 minutes walk away from a GP surgery. These areas have reduced access compared to the majority of areas in Wolverhampton.

N.B. This map does not take into account any GP practices that are situated in other local authorities, but close to the Wolverhampton boundary, which may be accessed by Wolverhampton residents.

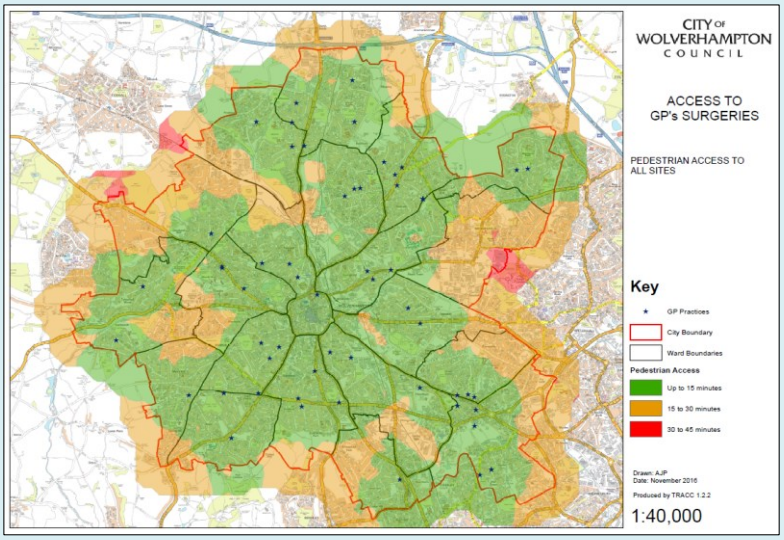


Figure 1. Map of Wolverhampton, with GP practice locations and pedestrian access walking times (Source: WCC Business Intelligence)

Public Transport Access

Almost all parts of the city are within a 20 minute public transport journey of a GP practice. Wednesfield is the only ward in Wolverhampton not to have a GP practice situated within it, but the vast majority of the ward is within 20 minutes public transport journey of a GP practice. The most eastern part of Tettenhall Wightwick, is highlighted for being more than 20 minutes away on public transport, but the area is situated less than 1 kilometre from a GP practice, so this may be due to routes that public transport services in the area cover.

N.B. This map does not take into account any GP practices that are situated in other local authorities, but close to the Wolverhampton boundary, which may be accessed by Wolverhampton residents.

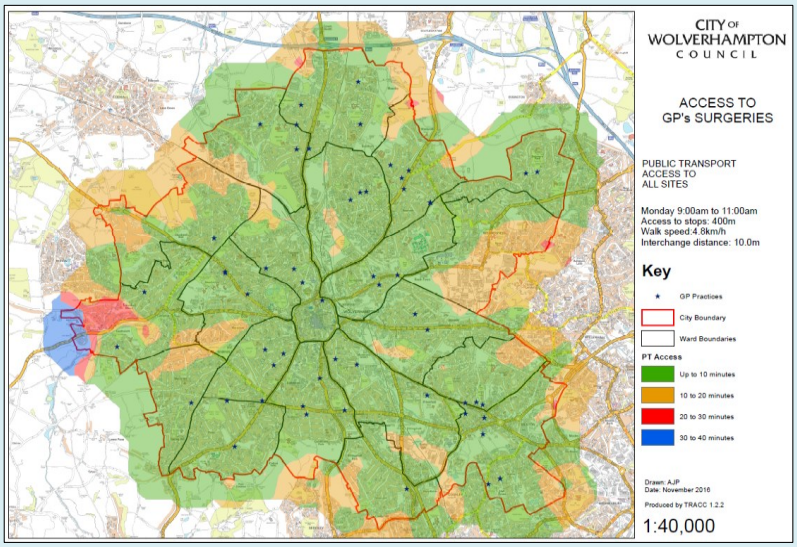


Figure 2. Map of Wolverhampton, with GP practice locations and public transport travel times (Source: WCC Business Intelligence)

GP Patient Survey

The GP Patient Survey is an independent survey run by Ipsos MORI on behalf of NHS England. The survey is sent out to over a million people across the UK. The results show how people feel about their GP practice.

The funnel charts show data for each GP practice in Wolverhampton, represented by the yellow dots. The charts present proportion of each GP practices patients that responded positively to the question in the GP Patient Survey (Y-axis) and each GP practices population (X-axis). The dark blue line represents the average proportion of all GP surgeries in Wolverhampton and the dotted lighter blue lines indicate the 2 standard deviation limit (inner limit/blue dotted line) and 3 standard deviation limit (outer limit/red dotted line).

GP practices situated within the 'funnel' shape are within the expected range, given their GP practice population size and natural effects which may cause variation. However, GP practices which are above or below the standard deviation limits are known as outliers and there is a factor which has caused it to vary from the mean by such a distance.

The proportion of patients that reported that they would recommend their GP practice varies considerably across Wolverhampton. Seven GP practices had figures that were considerably high and classed as outliers (above the red boundary). There are three outlier GP practices which have figures that are considerably low and classed as outliers (below the red boundary). Around half of the 47 GP practices in Wolverhampton have figures which are within the range of natural variation (within the blue dotted boundaries).

The proportion of patients that reported to be satisfied with phone access to their GP also varied considerably. There are 6 GP practices that have considerably low proportions and classed as lower outliers (below the red boundary). There was some correlation in the data, where 18 GP practices with less than 100 respondents had high figures (above the blue boundary). This suggests that patients registered with smaller GP practices may have higher satisfaction levels than patients registered to larger practices, in regards to phone access.

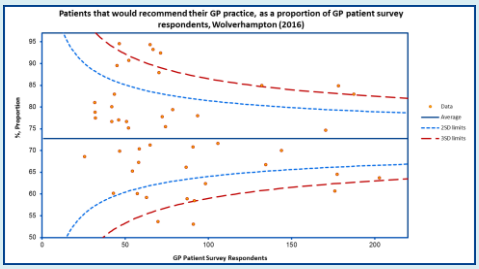


Figure 3. Proportion of each GP practices population reporting that they would recommend their GP practice (Source: Fingertips, PHE)

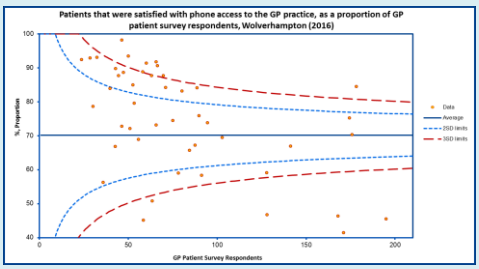


Figure 4. Proportion of each GP practices population reporting that they are satisfied with phone access to their GP practice (Source: Fingertips, PHE)

There is slight variation in the proportion of patients that reported to being satisfied with their GP practices opening times. There are only 7 GP practices are placed outside of the normal variation region (outside the blue boundaries) and 40 of the 47 GP practices in Wolverhampton have proportions which are within the normal variation area (within the blue boundaries), which suggests that the majority of variation in Wolverhampton is due to natural data fluctuations.

The proportion of patients that reported that they have a good overall experience of booking appointments varies considerably in Wolverhampton. There are 5 GP practices that are lower outliers (below the red boundary) and there are 3 GP practices which are higher outliers (above the red boundary). There are 11 GP practices which had less than 75 respondents to the survey that have proportions that were high (above the blue boundary), which suggests that smaller practices may provide a better experience of booking appointments.

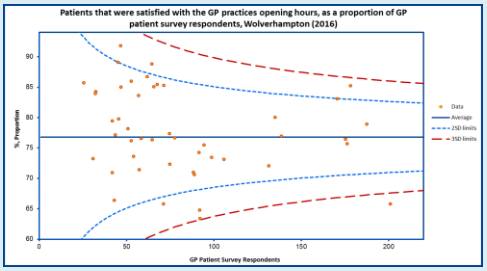


Figure 5. Proportion of each GP practices population reporting that they are satisfied with their GP practices opening times (Source: Fingertips, PHE)

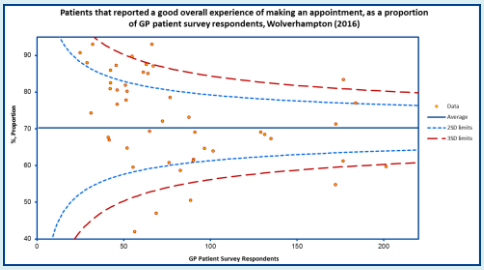


Figure 6. Proportion of each GP practices population reporting a good overall experience of making an appointment with their GP practice (Source: Fingertips, PHE)

What this information tells us?

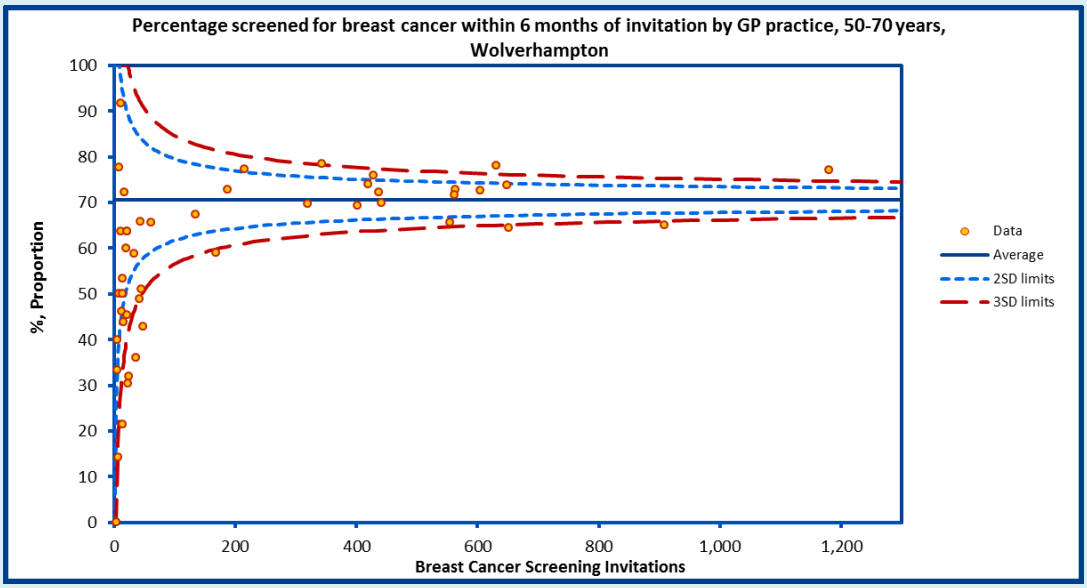
-The majority of the populated areas of Wolverhampton have good access to a GP practice, either by foot or public transport. The areas with slightly less access are areas on the outskirts of Wolverhampton.
Results from the GP patient survey show considerable variation between GP practices. There were three GP practices which had considerably low proportions of patients reporting that they would recommend their GP practice, 6 GP practices had considerably low proportions of patients reporting to be satisfied with phone access, 5 GP practices had considerably low proportions of patients reporting to having a good overall experience of booking appoinments and only one GP practice had a considerably low proportion of patients reporting to being satisfied with opening times.

Indicative Commissioning Needs
Primary Care and NHS England to consider responding to needs highlighted within GP patient survey

Service Utilisation
Breast Cancer Screening

Breast screening supports early detection of cancer and is estimated to save 1,400 lives in England each year. Inclusion of these indicators will provide an opportunity to incentivise screening promotion and other local initiatives to increase coverage of cancer screening. Improvements in coverage would mean more breast cancers are detected at earlier, more treatable stages.Breast screening is currently offered to females aged between 53 - 70 years of age.

Screening Uptake - GP Practice Level



The funnel chart shows data for each GP practice in Wolverhampton, represented by the yellow dots. The chart presents the proportion of each GP practices eligible population that were screened for breast cancer within 6 months of invitation (Y-axis) and each GP practices population (X-axis). The dark blue line represents the average proportion of all GP surgeries in Wolverhampton and the dotted lighter blue lines indicate the 2 standard deviation limit (inner limit/blue dotted line) and 3 standard deviation limit (outer limit/red dotted line).

GP practices situated within the 'funnel' shape are within the expected range, given their GP practice population size and natural effects which may cause variation. However, GP practices which are above or below the standard deviation limits are known as outliers and there is a factor which has caused it to vary from the mean by such a distance.

The funnel plot shows that the proportion of invited individuals that were screened for breast cancer within 6 months of invitation, in 26 of the 47 GP practices in Wolverhampton were within the expected range. There were three GP surgeries which were above the red limit, which classifies the GP practices as outliers due to having a higher than expected proportion of individuals screened within 6 months of invitation. There were 11 GP practices considered outliers due to low figures, however these GP practices were very close to the limit and 8 of the 11 GP practices sent out less than 50 invitations, therefore may not be of concern.

Screening Uptake - Service Level

The breast screening service which covers Wolverhampton also covers Dudley, therefore much of the local data on this page covers Dudley and Wolverhampton.

In 2014-15, in Dudley & Wolverhampton (72.0%) the proportion of all invitations for breast screening that have been taken up was similar compared to West Midlands (72.0%) and England (71.3%).

The breast screening uptake figures in Dudley & Wolverhampton have remained steady between 2010-11 and 2014-15, varying within 3.3 percentage points. In comparison, the England and West Midlands figures decreased slightly over the 5 year period.

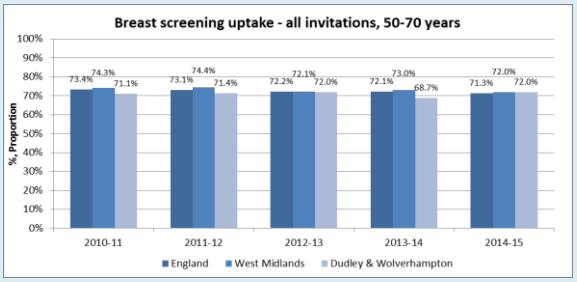


Figure 2. Proportion of breast screening invitations taken up in 50-70 year olds (Source: Fingertips, PHE)

In 2014-15, in Dudley & Wolverhampton (62.9%) the proportion of first invitations for breast screening being taken up is similar compared to West Midlands (64.1%) and England (63.3%).

In Dudley & Wolverhampton, the proportion of uptakes from the first invitation remained similar between 2010-11 and 2012-13, but decreased by 7.1 percentage points between 2012-13 and 2014-15. In comparison, the figures for England and West Midlands both show slight decreases over the 5 year period.

Compared to the uptake figures for all invitations, the percentage of first invitations taken up is lower in Dudley & Wolverhampton, by 9.1 percentage points.

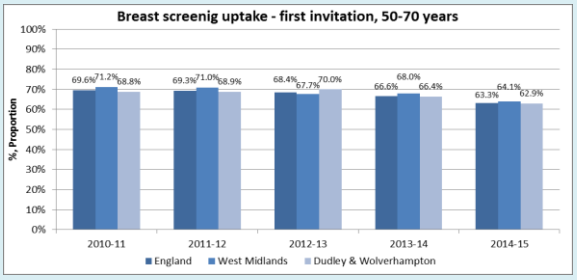


Figure 3. Proportion of first breast screening invitations taken up in 50-70 year olds (Source: Fingertips, PHE)

The uptake for routine invitations aimed at previous non-attenders in Dudley & Wolverhampton (19.2%) are similar compared to West Midlands (18.6%) and England (19.2%).

Between 2010-11 and 2014-15, the uptake for routine invitations aimed at previous non-attenders in Dudley & Wolverhampton has increased slightly, from 15.1% in 2010-11 to 19.2% in 2014-15. In comparison, the West Midlands uptake figures varied slightly, between 18.6% and 19.9% over the five year period. In England, the uptake figures decreased slightly, from 20.8% in 2010-11 to 19.2% in 2014-15.

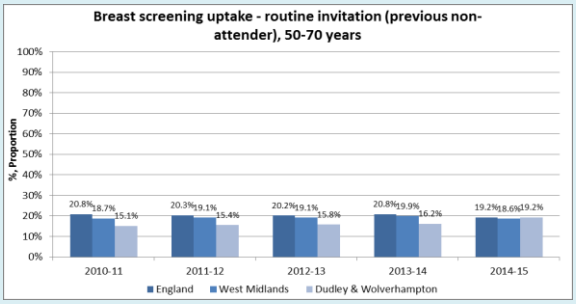


Figure 4. Proportion of routine breast screening invitations to previous non-attenders taken up in 50-70 year olds (Source: Fingertips, PHE)

The uptake for routine invitations for breast screening aimed at those who had last been screened less than five years ago, was slightly higher in Dudley & Wolverhampton (88.5%) in 2014-15, compared to West Midlands (87.1%) and England (86.4%)

The uptake figures in Dudley & Wolverhampton have varied slightly between 2010-11 and 2014-15, varying between 85.8% and 88.5%. The uptake figures in England and the West Midlands also varied slightly over the 5 year period.

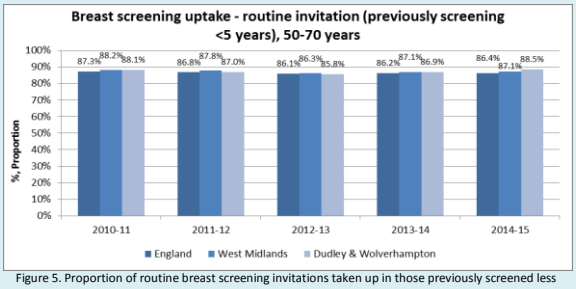


Figure 5. Proportion of routine breast screening invitations taken up in those previously screened less than 5 years ago, in 50-70 year olds (Source: Fingertips, PHE)

In 2014-15, the uptake of routine invitations for breast screening aimed at those who had last been screened over 5 years ago was higher in Dudley & Wolverhampton (50.2%), compared to West Midlands (45.4%) and England (44.0%).

Between 2010-11 and 2014-15, there was a slight increase in Dudley & Wolverhampton's uptake figures, with a total increase of 2.7 percentage points. In comparison, there were slight decreases in the uptake figures for England and West Midlands. In 2013-14, the figure for Dudley & Wolverhampton was 0.0%, which is an anomaly and may be due to data quality issues.

In comparison to routine invitations aimed at those who had been last screened less than 5 years ago, the uptake figures in those who had last been screened more than 5 years ago were considerably lower in across all three geographies.

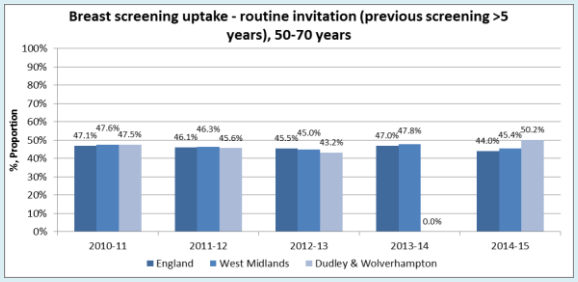


Figure 6. Proportion of routine breast screening invitations taken up in those previously screened over 5 years ago, in 50-70 year olds (Source: Fingertips, PHE)

The uptake of short term recall invitations for breast screening in Dudley & Wolverhampton was 100% in 2014-15, which is slightly higher compared to West Midlands (96.4%) and England (99.1%).

The uptake figures for Dudley & Wolverhampton remained consistantly at 100%, for the five year period between 2010-11 and 2014-15. In comparison, the West Midlands figures remained at 100% from 2010-11 to 2013-14, before dropping slightly to 96.4% in 2014-15. England's uptake figures varied between 98.5% and 99.5% during the same five year period.

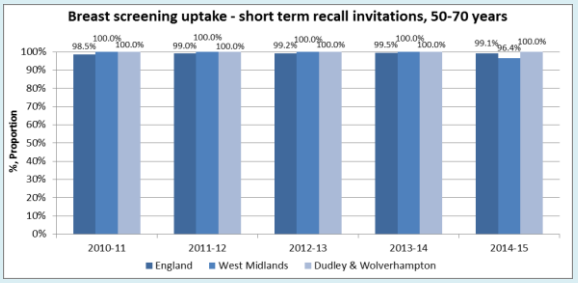


Figure 7. Proportion of short term recall breast screening invitations taken up in 50-70 year olds (Source: Fingertips, PHE)

What this information tells us?

-There is little variation between GP practices in the proportion of breast cancer screening invitations taken up within 6 months.

-The proportions of breast cancer screening invitations taken up (first invitations and all invitations) are similar in Wolverhampton, compared to England and West Midlands.

-The proportion of routine screening invitations taken up is considerably higher in those who were last screened within the last five years, compared to those who were last screened more than five years ago.

Indicative Commissioning Needs

Public Health Wolverhampton to work with Public Health England maintain the uptake of breast screening

Service Utilisation
Cervical Cancer Screening

Cervical cancer screening supports detection of symptoms that may become cancer and is estimated to save 4,500 lives in England each year. Inclusion of this indicator will provide an opportunity to incentivise screening promotion and other local initiatives to increase coverage of cancer screening. Improvements in coverage would mean more cervical cancer is prevented or detected at earlier, more treatable stages.

Service Uptake

In 2014-15, the proportion of eligible population (females aged between 25 and 64 years) that had been screened within the last five years in Wolverhampton (69.4%), was slightly lower than West Midlands (72.6%) and England (73.5%).

Figures in Wolverhampton, West Midlands and England all decreased slightly between 2010-11 and 2014-15. Wolverhampton figures fell from 76.5% to 69.4% during the five year period. The largest single year decreases were seen between 2013-14 and 2014-15, in all three geographies.

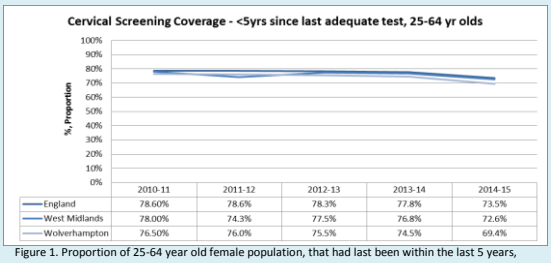


Figure 1. Proportion of 25-64 year old female population, that had last been within the last 5 years, screened for cervical cancer (Source: Fingertips, PHE)

The proportion of Wolverhampton eligible population under the age of 50, that had been screened within the last 5 years (66.7%), was lower in 2014-15 compared to West Midlands (70.1%) and England (71.2%).

The figure in Wolverhampton in those under 50 years of age, that had been screened within the last 5 years has been lower compared to West Midlands and England for the 5 year period between 2010-11 and 2014-15. The figures in all three geographies have decreased slightly over the 5 year period.

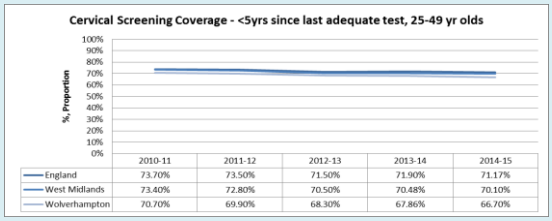


Figure 2. Proportion of 25-49 year old female population, that had last been within the last 5 years, screened for cervical cancer (Source: Fingertips, PHE)

The proportion of Wolverhampton eligible population aged 50 or over, that had been screened within the last 5 years (75.7%), was lower in 2014-15 compared to West Midlands (77.9%) and England (78.4%).

The figures in all three geographies followed a similar trend, in which figures decreased slightly between 2010-11 and 2012-13, before increasing between 2012-13 and 2014-15. The Wolverhampton figure was consistantly lower compared to West Midlands and England, except in 2010-11 when Wolverhampton and West Midlands figures were equal (76.3%).

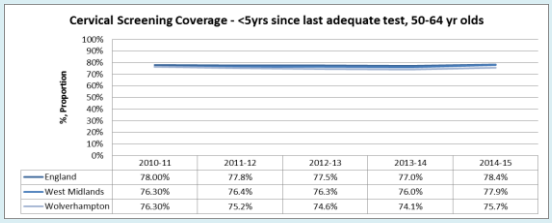


Figure 3. Proportion of 50-64 year old female population, that had last been within the last 5 years, screened for cervical cancer (Source: Fingertips, PHE)

The proportion of the eligible population in Wolverhampton aged between 25 and 49 years, that have been screened within the last 5 years, has consistantly been lower compared to the proportion in those aged between 50 and 64 years of age.

The figures for the two age groups have also followed different trends. The figures for those aged 25-49 years have consistantly fallen between 2010-11 and 2014-15, whereas the figures in those aged 50-64 fell between 2010-11 and 2013-14 but increased by 1.6 percentage points between 2013-14 and 2014-15.

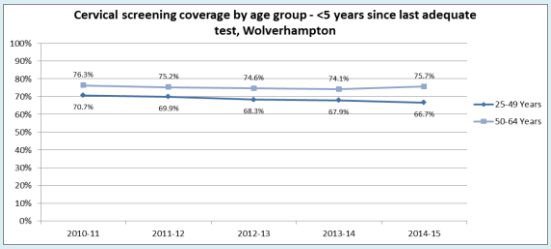


Figure 4. Comparison between proportions of 25-49 and 50-64 year old female populations, that had last been within the last 5 years, screened for cervical cancer (Source: Fingertips, PHE)

Service Uptake - GP Practice

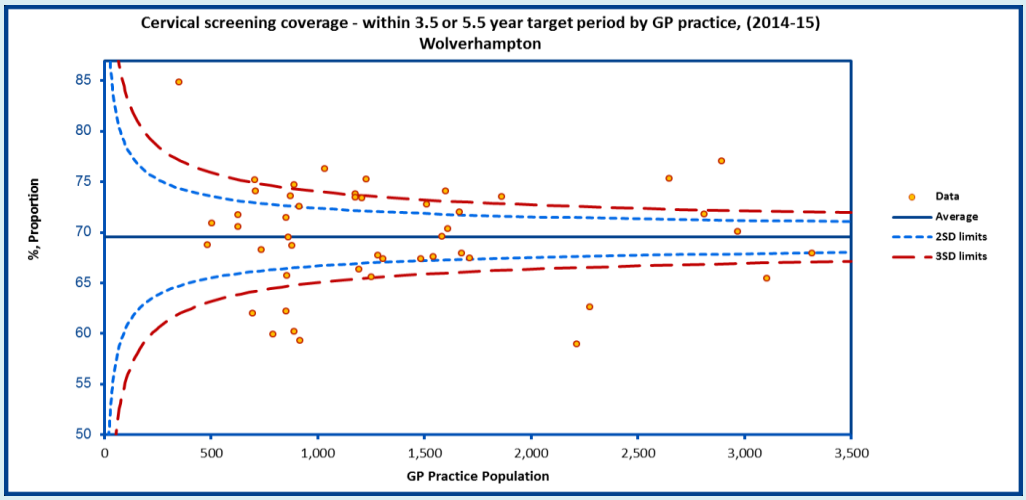


Figure 5. Proportion of female population screened for Cervical cancer within the 3.5 or 5.5 year target period, by GP practice (Source: Fingertips, PHE)

The funnel chart shows data for each GP practice in Wolverhampton, represented by the yellow dots. The chart presents proportion of each GP practices eligible population that were screened for breast cancer within 6 months of invitation (Y-axis) and each GP practices population (X-axis). The dark blue line represents the average proportion of all GP surgeries in Wolverhampton and the dotted lighter blue lines indicate the 2 standard deviation limit and 3 standard deviation limit.

GP practices situated within the 'funnel' shape are within the expected range, given their GP practice population size and natural effects which may cause variation. However, GP practices which are above or below the standard deviation limits are known as outliers and there is a factor which has caused it to vary from the mean by such a distance.

The funnel chart shows there is some variation in the proportions of the target audience screened for cervical cancer within the 3.5 or 5.5 target period, within the GP practices in Wolverhampton. There are 17 GP practices with figures that are within the expected range, within the blue limits. Of the 47 GP practices, 8 have considerably low figures and considered lower outliers and 3 have slightly low figures, between blue and red lower limits. These outlier practices may be of concern due to their low coverage figures.

Of the 47 GP practices in Wolverhampton, 10 have considerably high coverage figures and are classed as outliers (above the red upper limits) and a further 8 GP practices have slightly high figures, situated between the blue and red upper limits. These outlier practices may not be of concern, but it may be useful to see what these practices are doing to achieve such high figures.

What this information tells us?

-Cervical screening uptake is slightly lower in Wolverhampton compared to West Midlands and England, and has decreased slightly in recent years, although figures in those aged 50-64 increased slightly between 2012-13 and 2014-15.

-Ten GP practices in Wolverhampton have coverage figures that are higher than the expected range and 8 GP practices are lower than the expected range.

Indicative Commissioning Needs

Public Health Wolverhampton to work with Public Health England regarding the uptake of cervical screening

Service Utilisation
NHS Health Checks

The NHS Health Check programme aims to help prevent heart disease, stroke, diabetes and kidney disease. Everyone between the ages of 40 and 74, who has not already been diagnosed with one of these conditions, will be invited (once every five years) to have a check to assess their risk of heart disease, stroke, kidney disease and diabetes and will be given support and advice to help them reduce or manage that risk. A high take up of NHS Health Check is important to identify early signs of poor health leading to opportunities for early interventions.

Percentage offered Health Checks

Just under two-thirds of the eligible Wolverhampton population were offered an NHS health check (66.2%) in 2013-14 - 2015-16. Wolverhampton had the 7th highest figure, compared to its CIPFA nearest neighbours.

Rochdale was the only CIPFA nearest neighbour which was not significantly different to Wolverhampton. Wolverhampton was also significantly similar to the West Midlands average.

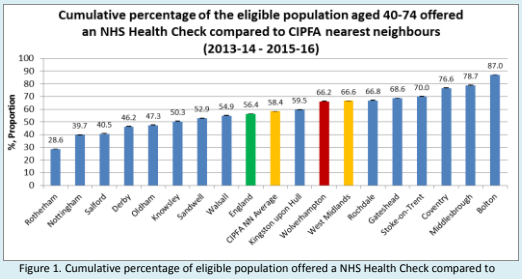


Figure 1. Cumulative percentage of eligible population offered a NHS Health Check compared to CIPFA nearest neighbours - 2013-14 - 2015-16 (Source: Wolverhampton CCG)

Percentage of offered Health Checks taken up

Just over a quarter of the eligible Wolverhampton population that were offered NHS health checks actually took them up (28.6%). The figure in Wolverhampton is significantly lower compared to West Midlands (44.7%) and England (48.6%).

Wolverhampton ranks lowest compared to its CIPFA nearest neighbours. Wolverhampton is significantly lower than all of its comparators.

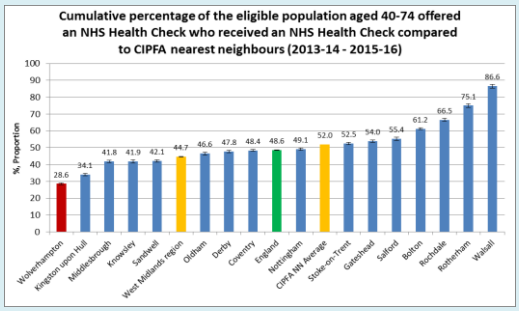


Figure 2. Cumulative percentage of eligible population offered and received a NHS Health Check compared to CIPFA nearest neighbours - 2013-14 - 2015-16 (Source: Wolverhampton CCG)

Healthy Lifestyles Service NHS Health Checks

Ethnicity Breakdown

Around two-thirds of NHS health checks completed by the healthy lifestyles service were for individuals of a White ethnic background (65.8%), which is slightly lower than the proportion of eligible population that are of a White ethnicity. Just under a quarter of those who have had health checks, were of an Asian ethnicity (22.9%), which is higher compared to the proportion of individuals with an Asian ethnicity in the eligible population.

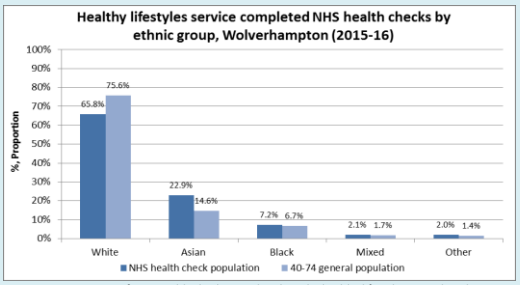


Figure 3. Proportion of NHS Health Checks completed via the healthy lifestyle service by ethnic group, Wolverhampton - 2015-16 (Source: Healthy lifestyle service)

Age and Gender Breakdown

The highest proportions of those who completed NHS health checks with the healthy lifestyle service were for those aged 40-44 years (15.2% for males and 16.1% for females) and 45-49 years (16.7% for males and 17.0% for females). Males and females between the ages of 55-59 and 60-64 also had a considerable proportion of the completed health checks, between 9.0% and 11.4%.

The lowest proportions of NHS health checks were seen in the age groups that are not the target audience for health checks, those under 40 years and over 75 years.

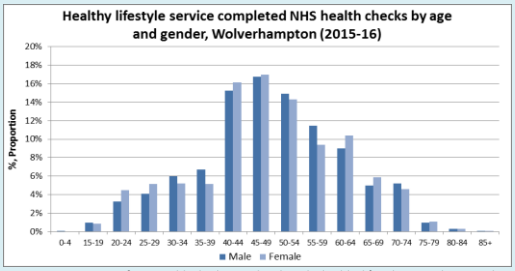


Figure 4. Proportion of NHS Health Checks completed via the healthy lifestyle service by age and gender, Wolverhampton - 2015-16 (Source: Healthy lifestyle service)

Geographic Distribution

There was no clear trend in the spread of individuals that completed NHS health checks. Areas in the south east had lower proportions of completed health checks and are some of the most deprived areas of Wolverhampton. Whereas the opposite was seen in Wednesfield which is also quite deprived, but had a high proportion of the completed health checks.

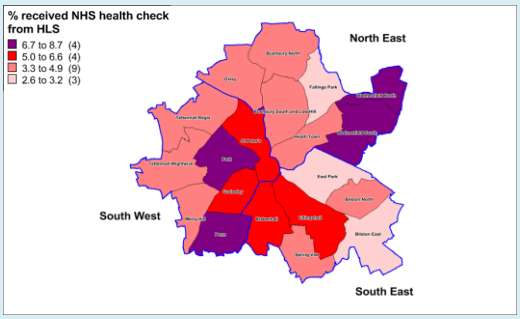


Figure 5. Proportion of eligible population that received a NHS Health Check, Wolverhampton - 2015-16 (Source: Healthy lifestyle service)

What this information tells us?

- The proportion of the eligible population offered NHS health checks in Wolverhampton is better than the England average. However, take-up of the offer in Wolverhampton is the lowest of all CIPFA nearest neighbours.
-The majority of completed health checks were for individuals with a White ethnic background (65.8%), though the proportion was lower than the proportion of individuals in the eligible population with a White ethnic background (75.6%).
-There is little difference between the proportion of males and females in the target age group (40-75 years) that completed health checks.

Indicative Commissioning Needs

Commission services that include imporving access, raising awareness and promotion of the NHS Health Check to the eligible population