

## Cannock Chase Health Profile 2013

Public Health England's Health Profiles were published today (24th September). We have attached the relevant profiles for your information. In addition we have reviewed the profile and compared it with last year's profile and summarised the main changes.

Of the 32 indicators in the 2013 health profile, six were better than the England average, 17 were similar to the average whilst nine were worse than the average. Cannock Chase continues to have worse outcomes on a range of child health indicators and lifestyle indicators:

- GCSE achieved (5A\*-C inc. Eng & Maths)
- Violent crime
- Starting breast feeding
- Obese children (Year 6)
- Alcohol-specific hospital stays (under 18)
- Teenage pregnancy (under 18)
- Healthy eating adults
- Obese adults
- People diagnosed with diabetes

Of the 27 indicators where there has been updated data, Cannock Chase has shown an improvement in 20 indicators and got worse for six indicators.

There has been significant improvement compared to England for:

- Hospital stays for self-harm
- Drug misuse
- Acute sexually transmitted infections
- Excess winter deaths
- Life expectancy – male
- Life expectancy – female
- Early deaths: cancer

In relation to England the following indicators have got significantly worse:

- Obese children (Year 6)

The data used to inform the Enhanced Joint Strategic Needs Assessments, included the data presented in last year's profile. Therefore it will be useful to reflect on the changes to outcome indicators and to understand any impacts on priorities that have been identified.

Public Health Staffordshire supported Public Health England to identify the priorities for each district listed on the first page of the health profile. These were provided by your Public Health Commissioning and Partnership Lead and were based on your district plans (Mike Calverley ([mike.calverley@staffordshire.gov.uk](mailto:mike.calverley@staffordshire.gov.uk))).

As for last year, Public Health Staffordshire is in the process of producing more detailed health and wellbeing intelligence reports which cover areas that have been agreed with each district and these will be made available soon.

For any enquiries about the profiles, please contact Public Health England: [healthprofiles@phe.gov.uk](mailto:healthprofiles@phe.gov.uk). However, if you would like any support in interpreting the data or for more detailed investigation of any of the indicators, please contact Rachel Caswell: [Rachel.Caswell@staffordshire.gov.uk](mailto:Rachel.Caswell@staffordshire.gov.uk) (Telephone: 01785 276099).



# Cannock Chase

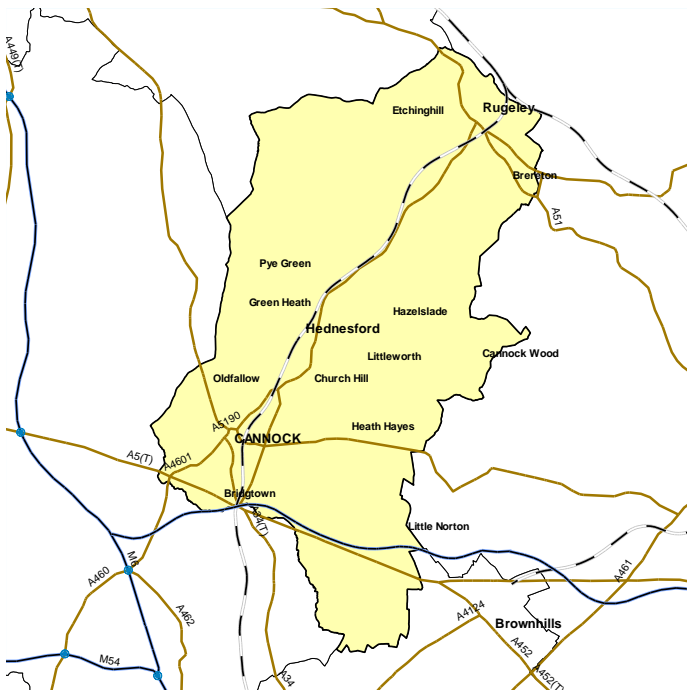
This profile gives a picture of health in this area. It is designed to help local government and health services understand their community's needs, so that they can work to improve people's health and reduce health inequalities.

Visit the Health Profiles website for:

- Profiles of all local authorities in England
- Interactive maps – see how health varies between areas
- More health indicator information
- Links to more community health profiles and tools

Health Profiles are produced by Public Health England.

[www.healthprofiles.info](http://www.healthprofiles.info)



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Other map data © Collins Bartholomew.

## Population 98,000

Mid-2011 population estimate

Source: Office for National Statistics © Crown Copyright 2013

Published on 24th September 2013

## Cannock Chase at a glance

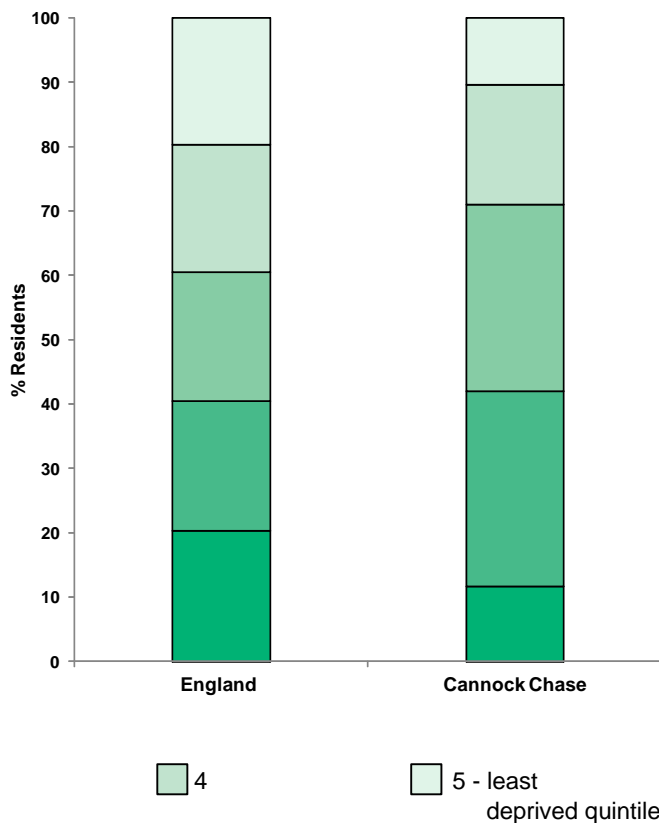
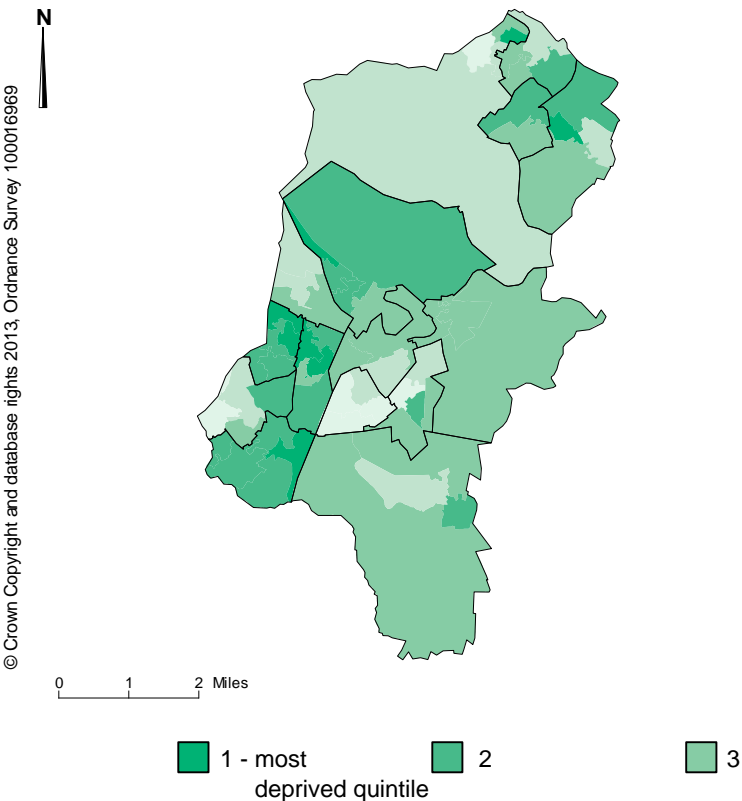
- The health of people in Cannock Chase is varied compared with the England average. Deprivation is lower than average, however about 3,500 children live in poverty. Life expectancy for both men and women is similar to the England average.
- Life expectancy is 6.7 years lower for men in the most deprived areas of Cannock Chase than in the least deprived areas.
- Over the last 10 years, all cause mortality rates have fallen. The early death rate from heart disease and stroke has fallen and is similar to the England average.
- In Year 6, 22.9% of children are classified as obese, worse than the average for England. Levels of teenage pregnancy, GCSE attainment, alcohol-specific hospital stays among those under 18 and breast feeding are worse than the England average.
- Estimated levels of adult 'healthy eating' and obesity are worse than the England average. The rate of road injuries and deaths is better than the England average. The rate of violent crime is worse than average. The rates of statutory homelessness and excess winter deaths are better than average.
- Priorities in Cannock Chase include reducing smoking, reducing levels of obesity and reducing the number of early deaths from cancer. For more information see [www.cannockchasedc.gov.uk](http://www.cannockchasedc.gov.uk) and [www.cannockchaseccg.nhs.uk](http://www.cannockchaseccg.nhs.uk)

# Deprivation: a national view

ITEM NO. 5.3

This map shows differences in deprivation levels in this area based on national quintiles (of the Index of Multiple Deprivation 2010 by Lower Super Output Area). The darkest coloured areas are some of the most deprived areas in England.

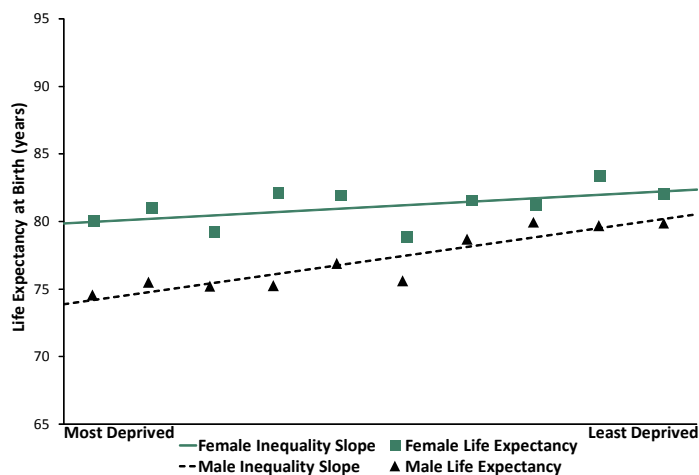
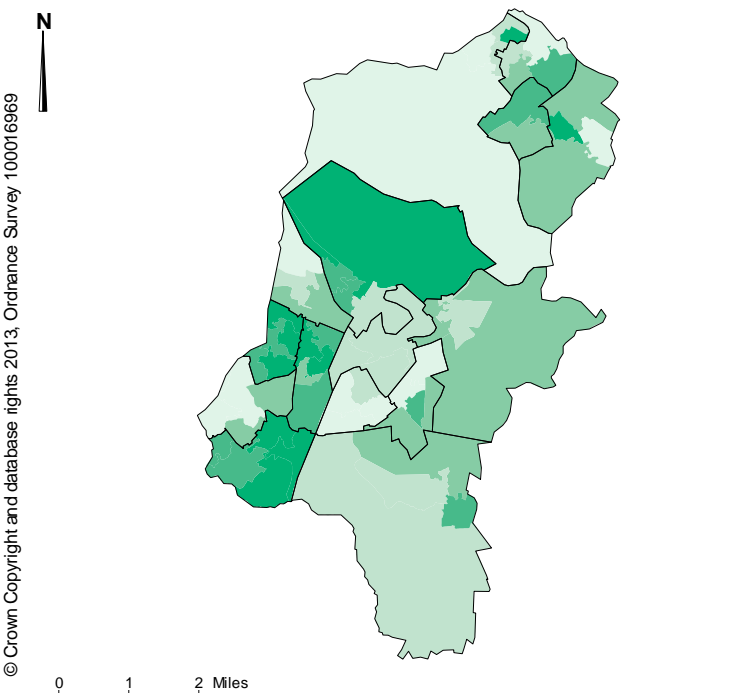
This chart shows the percentage of the population in England and this area who live in each of these quintiles.



# Health inequalities: a local view

This map shows differences in deprivation levels in this area based on local quintiles (of the Index of Multiple Deprivation 2010 by Lower Super Output Area). The darkest coloured areas are the most deprived in this area.

The lines on this chart represent the Slope Index of Inequality, which is a modelled estimate of the range in life expectancy at birth across the whole population of this area from most to least deprived. Based on death rates in 2006-2010, this range is 6.7 years for males and 2.5 years for females. The points on this chart show the average life expectancy in each tenth of the population of this area.



Legend as above

## Health inequalities: changes over time

These graphs show how changes in death rates for this area compare with changes for the whole of England. Data points on the graph are mid-points of 3-year averages of yearly rates. For example the dot labelled 2003 represents the 3-year period 2002 to 2004.

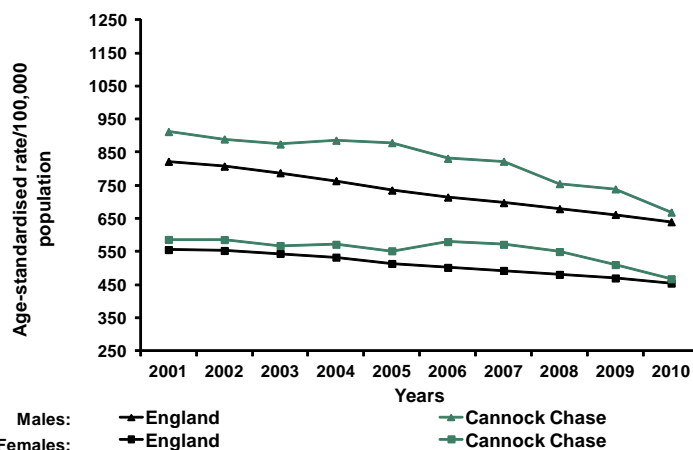
Trend 1 compares rates of death, at all ages and from all causes, in this area with those for England.

Trend 2 compares rates of early death from heart disease and stroke (in people under 75) in this area with those for England.

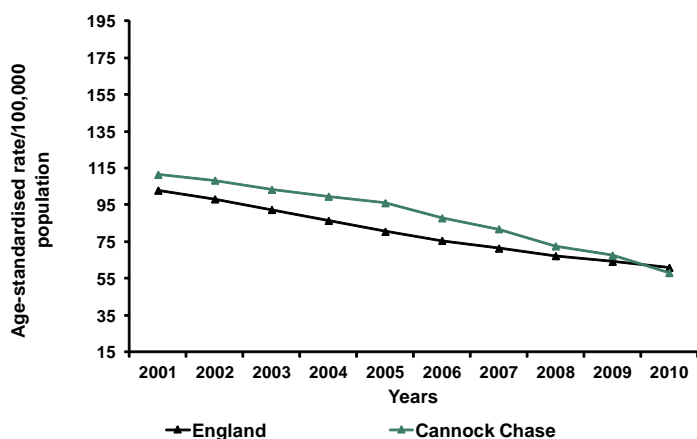
Trend 3 compares rates of early death from cancer (in people under 75) in this area with those for England.

### Trend 1: All age, all cause mortality

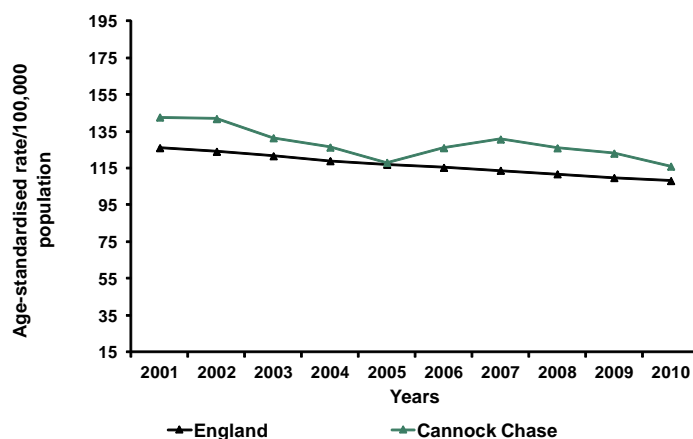
### Trend 1: All age, all cause mortality



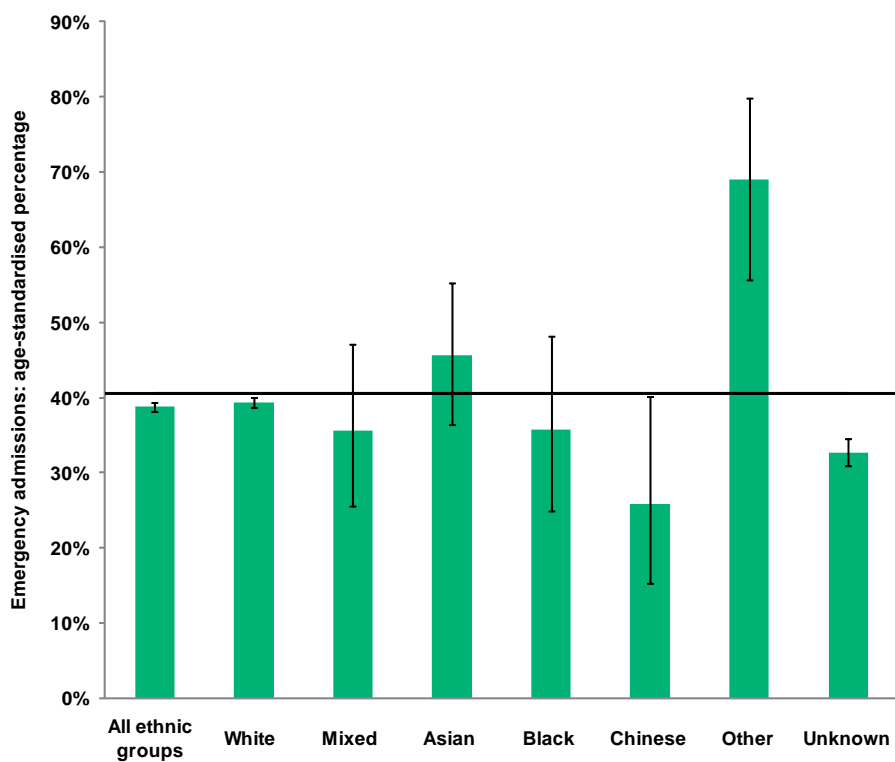
### Trend 2: Early death rates from heart disease and stroke



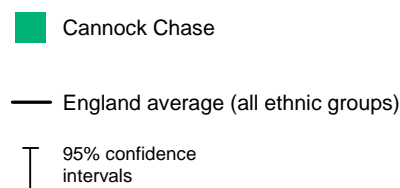
### Trend 3: Early death rates from cancer



## Health inequalities: ethnicity



This chart shows the percentage of hospital admissions in 2011/12 that were emergencies for each ethnic group in this area. A high percentage of emergency admissions may reflect some patients not accessing or receiving the care most suited to managing their conditions. By comparing the percentage in each ethnic group in this area with that of the whole population of England (represented by the horizontal line) possible inequalities can be identified.

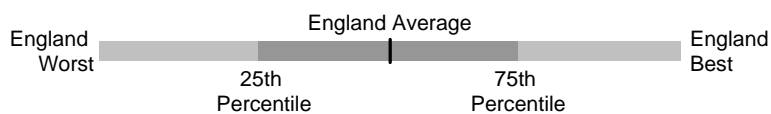


Figures based on small numbers of admissions have been suppressed to avoid any potential disclosure of information about individuals.

	10012	9036	28	47	21	11	62	807	
	38.8%	39.3%	35.6%	45.7%	35.7%	25.8%	69.0%	32.7%	<b>Local number of emergency admissions</b>
	40.6%	41.1%	40.0%	45.3%	44.4%	38.0%	46.4%	30.1%	<b>Local value</b>
									<b>England value</b>

The chart below shows how the health of people in this area compares with the rest of England. This area's result for each indicator is shown as a circle. The average rate for England is shown by the black line, which is always at the centre of the chart. The range of results for all local areas in England is shown as a grey bar. A red circle means that this area is significantly worse than England for that indicator; however, a green circle may still indicate an important public health problem.

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



Domain	Indicator	Local No. Per Year	Local Value	Eng Avg	Eng Worst	England Range	Eng Best
Our communities	1 Deprivation	11468	11.8	20.3	83.7	[Grey bar, red dot]	0.0
	2 Proportion of children in poverty	3495	19.6	21.1	45.9	[Grey bar, red dot]	6.2
	3 Statutory homelessness	41	1.1	2.3	9.7	[Grey bar, red dot]	0.0
	4 GCSE achieved (5A*-C inc. Eng & Maths)	652	53.2	59.0	31.9	[Grey bar, red dot]	81.0
	5 Violent crime	1406	14.8	13.6	32.7	[Grey bar, red dot]	4.2
	6 Long term unemployment	560	8.8	9.5	31.3	[Grey bar, red dot]	1.2
Children's and young people's health	7 Smoking in pregnancy ‡	158	14.9	13.3	30.0	[Grey bar, red dot]	2.9
	8 Starting breast feeding ‡	707	66.3	74.8	41.8	[Grey bar, red dot]	96.0
	9 Obese Children (Year 6) ‡	185	22.9	19.2	28.5	[Grey bar, red dot]	10.3
	10 Alcohol-specific hospital stays (under 18)	25	118.9	61.8	154.9	[Grey bar, red dot]	12.5
	11 Teenage pregnancy (under 18) ‡	90	48.2	34.0	58.5	[Grey bar, red dot]	11.7
Adults' health and lifestyle	12 Adults smoking	n/a	19.6	20.0	29.4	[Grey bar, red dot]	8.2
	13 Increasing and higher risk drinking	n/a	22.7	22.3	25.1	[Grey bar, red dot]	15.7
	14 Healthy eating adults	n/a	22.5	28.7	19.3	[Grey bar, red dot]	47.8
	15 Physically active adults	n/a	52.4	56.0	43.8	[Grey bar, red dot]	68.5
	16 Obese adults ‡	n/a	29.1	24.2	30.7	[Grey bar, red dot]	13.9
	Disease and poor health	17 Incidence of malignant melanoma	14	14.0	14.5	28.8	[Grey bar, red dot]
18 Hospital stays for self-harm		208	217.5	207.9	542.4	[Grey bar, red dot]	51.2
19 Hospital stays for alcohol related harm ‡		2126	1882	1895	3276	[Grey bar, red dot]	910
20 Drug misuse		563	8.7	8.6	26.3	[Grey bar, red dot]	0.8
21 People diagnosed with diabetes		5476	6.3	5.8	8.4	[Grey bar, red dot]	3.4
22 New cases of tuberculosis		1	1.1	15.4	137.0	[Grey bar, red dot]	0.0
23 Acute sexually transmitted infections		777	796	804	3210	[Grey bar, red dot]	162
24 Hip fracture in 65s and over		109	544	457	621	[Grey bar, red dot]	327
Life expectancy and causes of death	25 Excess winter deaths ‡	18	6.7	19.1	35.3	[Grey bar, red dot]	-0.4
	26 Life expectancy – male	n/a	78.5	78.9	73.8	[Grey bar, red dot]	83.0
	27 Life expectancy – female	n/a	82.7	82.9	79.3	[Grey bar, red dot]	86.4
	28 Infant deaths	5	4.1	4.3	8.0	[Grey bar, red dot]	1.1
	29 Smoking related deaths	149	216	201	356	[Grey bar, red dot]	122
	30 Early deaths: heart disease and stroke	64	58.1	60.9	113.3	[Grey bar, red dot]	29.2
	31 Early deaths: cancer	128	116.0	108.1	153.2	[Grey bar, red dot]	77.7
	32 Road injuries and deaths	19	20.0	41.9	125.1	[Grey bar, red dot]	13.1

‡ For comparison with PHOF Indicators, please go to the following link: [www.healthprofiles.info/PHOF](http://www.healthprofiles.info/PHOF)

### Indicator Notes

1 % people in this area living in 20% most deprived areas in England, 2010 2 % children (under 16) in families receiving means-tested benefits & low income, 2010 3 Crude rate per 1,000 households, 2011/12 4 % at Key Stage 4, 2011/12 5 Recorded violence against the person crimes, crude rate per 1,000 population, 2011/12 6 Crude rate per 1,000 population aged 16-64, 2012 7 % mothers smoking in pregnancy where status is known, 2011/12 8 % mothers initiating breast feeding where status is known, 2011/12 9 % school children in Year 6 (age 10-11), 2011/12 10 Persons under 18 admitted to hospital due to alcohol-specific conditions, crude rate per 100,000 population, 2007/08 to 2009/10 (pooled) 11 Under-18 conception rate per 1,000 females aged 15-17 (crude rate) 2009-2011 12 % adults aged 18 and over, 2011/12 13 % aged 16+ in the resident population, 2008-2009 14 % adults, modelled estimate using Health Survey for England 2006-2008 15 % adults achieving at least 150 mins physical activity per week, 2012 16 % adults, modelled estimate using Health Survey for England 2006-2008 17 Directly age standardised rate per 100,000 population, aged under 75, 2008-2010 18 Directly age sex standardised rate per 100,000 population, 2011/12 19 Directly age sex standardised rate per 100,000 population, 2010/11 20 Estimated users of opiate and/or crack cocaine aged 15-64, crude rate per 1,000 population, 2010/11 21 % people on GP registers with a recorded diagnosis of diabetes 2011/12 22 Crude rate per 100,000 population, 2009-2011 23 Crude rate per 100,000 population, 2012 (chlamydia screening coverage may influence rate) 24 Directly age and sex standardised rate for emergency admissions, per 100,000 population aged 65 and over, 2011/12 25 Ratio of excess winter deaths (observed winter deaths minus expected deaths based on non-winter deaths) to average non-winter deaths 1.08.08-31.07.11 26 At birth, 2009-2011 27 At birth, 2009-2011 28 Rate per 1,000 live births, 2009-2011 29 Directly age standardised rate per 100,000 population aged 35 and over, 2009-2011 30 Directly age standardised rate per 100,000 population aged under 75, 2009-2011 31 Directly age standardised rate per 100,000 population aged under 75, 2009-2011 32 Rate per 100,000 population, 2009-2011

More information is available at [www.healthprofiles.info](http://www.healthprofiles.info) Please send any enquiries to [healthprofiles@phe.gov.uk](mailto:healthprofiles@phe.gov.uk)

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