

TELFORD & WREKIN COUNCIL**HEALTH & WELLBEING BOARD - 14 JUNE 2017****JSNA UPDATE: UNDERSTANDING TELFORD AND WREKIN 2017: A DEMOGRAPHIC, HEALTH AND SOCIO-ECONOMIC PROFILE OF OUR COMMUNITIES****REPORT OF THE ASSISTANT DIRECTOR: HEALTH AND WELLBEING****PART A) – SUMMARY REPORT****1. SUMMARY OF MAIN PROPOSALS**

‘Understanding Telford and Wrekin: A demographic, health and socio-economic profile of our communities in 2017’ is now available. The purpose of this report is to highlight to board members the release of the document, highlight key messages from the document and signpost members to where to access the full profile.

The purpose of the profile is to:

- Provide an overview of the population of Telford and Wrekin;
- Build a picture of the social, cultural, health and economic needs of communities in the borough;
- Help the council and partners identify the communities and groups most in need of support;
- Help the council and partners to evaluate the appropriateness of services and activities currently offered and whether these meet the needs of communities; and
- Help the council and partners to set appropriate priorities and targets as part of the service and financial planning process.

This document also forms a key foundation of the Telford and Wrekin Joint Strategic Needs Assessment (JSNA) and Strategic Intelligence Assessment (SIA) processes.

The profile is formed of 6 chapters:

- **Chapter One: Introduction, Executive Summary and Headline Messages**
 - The purpose of the document
 - Executive Summary
 - Headline Messages: Understanding Telford & Wrekin (by profile chapter, by localities and by age groups).
- **Chapter Two: Population and Household Characteristics**
 - Population estimates and projections, including fertility and mortality rates
 - Demographic information including ethnicity, religion, sexual identity, migration
 - Cross border service users
 - Household composition including dependent children, lone parents, carers
- **Chapter Three: Being Healthy**
 - General health of the population, including life expectancy, mortality, long term limiting illnesses, physical disability, mental health, dementia, loneliness

- Prevalence of various health conditions
- Hospital attendance and admissions, including by reason
- Low birth weight, teenage pregnancy rates, smoking in pregnancy and breastfeeding rates
- Healthy lifestyle rates including smoking, binge drinking, drug use, physical activity, excess weight and obesity
- **Chapter Four: Staying Safe**
 - Hospital admissions for accidental and deliberate injuries
 - Rates of children presenting to Safeguarding services
 - Homelessness and households in temporary accommodation
 - Crime and anti social behaviour rates by crime type
- **Chapter Five: Enjoying and Achieving**
 - Attainment rates at all key stages, absence rates and population qualifications
- **Chapter Six: Economic Wellbeing**
 - Income deprivation rates, unemployment, benefit claimant rates, NEETs, fuel poverty
 - Mosaic categories of the population.

The document can be accessed in full at www.telford.gov.uk/populationprofile

2. RECOMMENDATIONS

- a) Board members to note the publication of 'Understanding Telford and Wrekin: A demographic, health and socio-economic profile of our communities'
- b) Board members to consider any developments to current workstreams based on any new intelligence

3. IMPACT OF ACTION - (How it is intended that action will make a difference)

By continually developing our use of intelligence, our understanding of services, communities and the demands they place on public sector organisations will improve. Intelligence led service planning and decision making will contribute to understanding the impact of actions across the Health and Wellbeing Board.

4. SUMMARY IMPACT ASSESSMENT

COMMUNITY IMPACT	Do these proposals contribute to a specific HWB Priority	
	Yes	<i>all</i>
	Do these proposals contribute to specific Co-Operative Council priority objective(s)?	
	Yes	<i>all</i>
	Will the proposals impact on specific groups of people?	
No		
TARGET COMPLETION/DELIVERY DATE	<i>Insert date and if more than 6 months after the date of the Cabinet report, list key milestones</i>	
FINANCIAL/VALUE FOR MONEY IMPACT	Yes/No	<p>There are no direct financial implications foreseen from accepting the recommendations of this report.</p> <p>Information and intelligence about the demand likely to accrue to health and social care services is already in use by the Council to create financial modelling and forecasting. Data identified and developed as part of this work will be helpful in refining the future financial models necessary to identify the impacts of demand and a changing health picture on Care services. It may also help to identify the impact on the Council of changes and demands elsewhere in the public services. This information will be valuable in producing information to support future budget strategy decisions.</p> <p>TAS 17.5.17</p>
LEGAL ISSUES	Yes	<p>Section 116 of the Local Government and Public Involvement in Health Act 2007 (as amended) places a duty upon the Council and each of its partner clinical commissioning groups (CCGs) to produce and publish a joint strategic needs assessment (JSNA) through the Health and Wellbeing Board.</p> <p>The JSNA must be produced in co-operation and with regard to any statutory guidance issued by the Secretary of State and involve the Local Healthwatch organisation for the area and involve</p>

		people who live or work in the area. The aim is to develop local evidence based priorities for commissioning which will improve the public's health and reduce inequalities. The statutory guidance upon Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies was last issued by the Secretary of State on 26 th March 2013 KF 30 May 2017
EQUALITY & DIVERSITY	Yes	<i>The JSNA demonstrates inequalities in Telford and Wrekin, including variations in need due to characteristics or geographical factors.</i>
IMPACT ON SPECIFIC WARDS	Yes	<i>The JSNA highlights variations in levels of need in different communities.</i>
PATIENTS & PUBLIC ENGAGEMENT	No	<i>If yes, briefly summarise event</i>
OTHER IMPACTS, RISKS & OPPORTUNITIES	No	<i>If yes, briefly list any other significant impacts, risks & opportunities-</i>

PART B) – ADDITIONAL INFORMATION

1. INFORMATION

This section of the report has been used to reproduce the Executive Summary and Headline Messages sections of the Profile. The full profile can be found at www.telford.gov.uk/understandingtelfordandwrekin

1.1 Executive Summary - Understanding Telford and Wrekin in 2017

Telford and Wrekin is a place of contrasts, a distinctive blend of urban and rural areas, with green open spaces alongside contemporary housing developments. On the face of it, the borough is a prosperous place but there are clear differences across the borough. Some neighbourhoods and communities in the borough are among the most deprived areas nationally, whereas equally some communities are amongst the more affluent in England.

The population of the Borough continues to grow at above national rates – driven by the expansion of the local economy and record levels of housing growth. As the population grows, it has continued to change in line with national trends, with the population becoming more diverse and ageing. Although the population is ageing, it is younger than the national structure – with concentrations of younger population in south Telford. However, over half of the population increase between now and 2031 will be in the 65+ age group.

One of the biggest challenges for the Borough remains health inequalities. It is important though to emphasise that the health of the borough is improving overall, however, for a number of key measures the health of the population is not as good as the national

average. This is gap to the national position is most evident in the most deprived communities of the borough with key challenges including a lower life expectancy, higher rates of long term illness and disabilities, high obesity rates and high rates of admissions to hospital for a variety of conditions.

The Council and its partners work hard to keep residents of the borough safe, in particular our most vulnerable adults and children. Unfortunately, this means that sometimes the Council has to intervene with families with the most common reason for this being 'neglect' – that is children are not being looked after adequately. The most common risk factors identified in family assessments by the Council's Safeguarding Children Service are domestic violence, mental health and drug misuse – the same 3 factors as nationally.

A key area which has seen significant improvement has been levels of educational attainment. The gap between the national and local picture has closed significantly at Key Stage One and Two, with attainment rates now above the England average. There does, though, remain a number of key challenges with regard to attainment levels, including attainment at secondary level and for a number of groups not achieving the same levels as their peers, including children in care, Pakistani children and children in receipt of free school meals.

There remains a high number of households which are income deprived in the borough, creating challenges for some communities. However, unemployment rates in the borough have fallen and are now below England rates, including for young people who have previously had very high rates of unemployment.

Having outlined these challenges, it is important to recognise that the way communities experiences these challenges varies significantly across the borough – life in one area can be very different from life in another. A key purpose of this document is to present analysis of these issues at community level to enable such differences to be understood and so support service planning and development.

1.2 HEADLINE MESSAGES PART ONE - UNDERSTANDING TELFORD AND WREKIN IN 2017 BY TOPIC

1.2.1 Population and Household Characteristics: Headline Messages from Chapter Two

The population is 'younger':

- Telford & Wrekin has an estimated population of 170,200. The population is younger than the national picture, with a greater proportion of the population aged under 20 (T&W 25.8%, England 23.7%).

The population is growing, changing and ageing:

- The proportion of the population who are aged under 20 is decreasing (26.1% in 2010, 25.8% in 2015), as is the working age population (65.2% in 2010, 63.2% in 2015).
- The proportion of the population aged over 65 is increasing (14.3% in 2010, 15.9% in 2015), with 27,200 residents now in this age group.

- The population of the borough is projected to grow at a faster rate than the England population (T&W 13.4%, England 10.2%) and is projected to grow to 196,900 by 2031, an increase of some 23,300 people.
- Over half of the population increase will be in the over 65 age group (12,300 people), with the 85+ age group more than doubling (+117.6%) and the 65-84 age group increasing by a third (33.1%).
- There were a total of 2,075 live births to mothers living in Telford and Wrekin during 2015. Over the past six years the total fertility rate has fallen from 2.00 to 1.82. The National trend is similar, falling from 2.22 to 1.93.

The population is becoming more diverse:

- The majority of the population's ethnicity is white British, with the borough having lower BME rates in all age groups than England. The highest proportion of BME groups is found in the 0-24 age group (T&W 13.1%, England 25.4%).
- The proportion of school age children from a BME background is increasing (13.7% in 2012, 18.5% in 2016).

Households are more likely to contain dependent children and/or carers:

- Almost 22,000 households contain dependent children, around a third of all borough households.
- Around 18,000 people provide unpaid care - 1,530 young people aged 0-24 provide unpaid care, around 12,700 adults aged 25-64 and around 3,670 aged over 65. Nearly 5,000 people provide unpaid care for over 50 hours per week.

For more information (including sources and dates) and other data on these topics, see Chapter 2: Population and Household Characteristics.

1.2.2 Being Healthy: Headline Messages from Chapter Three

The population has higher rates of poor health:

- Residents report higher levels of bad or very bad health compared to England (T&W 6.2%, England 5.5%), around 10,395 people.
- Life-expectancy at birth is significantly worse than England rates at 78.1 years for males (79.3 England) and 81.8 years for females (83.0 England).
- The standardised mortality ratio (SMR) due to all causes for those under 75 is worse than the national ratio. This remains true when the separate and specific causes of either cancer, circulatory disease or coronary heart disease for under 75s are separately considered.
- Across all age groups there are higher rates of people reporting a long term limiting health problem or disability that limits their daily activity (T&W 18.2%, England 17.2%), around 31,000 people.

The population don't always make healthy lifestyle choices:

- 7.9% of all births had a low birth weight (less than 2,500g), similar to the England rate.
- After many years of the rate of conceptions in those aged 15-17 (under 18) being significantly higher than the rate in England, the rate has now dropped to be similar to the England rate (2014: 32.6, 2015: 25.0).

- 18.1% (366) of mothers were smoking at delivery, significantly worse than England. Breastfeeding initiation rates increase a little from 65.1% in 2010-11 to 67.5% in 2014-15, although remain worse than England.
- The prevalence of smoking in those aged 18 & over has decreased to 18.2%, similar to England, having previously been higher. The prevalence of opiate and/or crack use was estimated to have declined is lower than England, and the prevalence of drug injectors has declined to a level similar to England.
- The proportion of children in reception with excess weight in increased to 25.5%, worse than the England (22.1%). In Year Six children with excess weight increased to 37.4%, worse than England (34.2%).
- Levels of excess weight in adults are 71.1% and obesity 26.5%, both worse than England.
- 18.7% of residents aged 16 & over are binge drinkers and 28.5% of adults are inactive, both similar to England rates.

Hospital admissions rates for a number of causes are higher than England:

- For all ages, the Standardised Admissions Ratio of emergency admissions for all causes is worse than national. This ratio is also worse than national for Coronary Heart Disease, stroke, Myocardial Infarction (heart attack), Chronic Obstructive Pulmonary Disease (COPD). The ratio is similar to national for hip fractures and alcohol attributable conditions.

National prevalence rates enable an estimation of the number of residents with other health conditions:

- Around 1,000 children aged 5-10 and 1,400 aged 11-16 with a mental health disorder. Around 17,400 adults aged 16-64 with a common mental health disorder and around 7,700 adults aged 16-64 with two or more psychiatric disorders.
- Around 700 older people aged 65 & over have severe depression. Around 1,800 residents aged 65 & over suffering from dementia.
- Around 4,000 residents have a learning disability. Around 1,400 residents have Autism

For more information (including sources and dates) and other data on these topics, see Chapter 3: Being Healthy

1.2.3 Staying Safe: Headline Messages from Chapter Four

Emergency admissions for young children for unintentional and deliberate injuries is higher than England averages:

- For children and young people, the rate of hospital admissions that are worse than national are: emergency admissions for children under five, admissions due to unintentional and deliberate injuries for children under five and for children aged 0-14. However, admissions due to unintentional and deliberate injuries to children and young people aged 15-24 is better than national.

Overall crime is higher than England rates:

- The overall crime rate per 1,000 population is 82.1, higher than the England rate (82.1). The highest occurring crime types are Anti Social Behaviour and Violence & Sexual Offences.
- The rate of juvenile first time entrants to the criminal justice system has decreased between 2011 and 2016 from 636.7 to 514.9 per 100,000 population.

Child protection and homelessness rates:

- The most common risk factors identified in assessments by Children Safeguarding Teams were domestic violence (53.1%), mental health (48.7%) and drug misuse (28.4%), the same top three factors as England.
- The rate per 10,000 population of children subject to a child protection plan is 87.7. The rate of children becoming looked after is 29.1.
- 158 homeless decisions were made, of these 76 were accepted as homeless, a rate of 1.11 per 1,000 households, lower than England (2.52). The overall rate of households in temporary accommodation has decreased, and is below England and Non-London LA rates.

For more information (including sources and dates) and other data on these topics, see Chapter 4: Staying Safe.

1.2.4 Enjoying and Achieving: Headline Messages from Chapter Five

Most children attend good schools:

- 86.9% of pupils are in schools graded Good or Outstanding by Ofsted (97.4% in primary, 66.8% in secondary).

Educational attainment in primary schools is improving:

- 69.1% of pupils achieved a good level of development (GLD), having improved from less than half (45.1%) of pupils in 2013. GLD is equivalent to England (69.3%), having been lower 2013.
- Key Stage One attainment is higher than England. 77.1% of pupils achieved the expected standard in KS1 reading (England 74%), 68.2% in KS1 writing (England 65%) and 76.0% in KS1 maths (England 73%).
- Key Stage Two attainment is higher than or similar to England: 55.6% achieved the expected standard in reading, writing & maths, higher than England (53%); 69.9% achieved the expected standard in reading (England 66%); 73.5% achieved the expected standard in writing (England 74%); 70.7% achieved the expected standard in maths (England 70%).
- Pupils achieved above average progress score between KS1 and KS2 for reading, writing and maths

Educational attainment in secondary schools is lower:

- The average KS4 Attainment 8 score was 49.5, just below England (49.9). Attainment scores of 10.2 in English and 9.6 in maths were both lower than those achieved in all England (10.5 in English, 9.8 in maths).
- The average progress scores in English and maths were both lower than England (English T&W -0.28, England -0.04. Maths -0.23, England -0.02).

Special Educational Needs and Disabilities numbers have grown:

- 4,998 (18.7%) of pupils have Special Education Needs and Disabilities (SEND). The largest type of need is Moderate Learning Difficulty (1,690), followed by Speech, Language & Communication needs (1,123) and Social, Emotional and Mental Health (1,032)
- Between 2012 and 2016, the proportion of pupils with SEND has grown from 13.0% to 18.7%.

Disadvantaged pupils have lower attainment, particularly at Key Stage Four:

- The attainment gap (KS2) between disadvantaged and other pupils was 19.8% points, better than England (22% points). Between 2012 & 2015 the gap in reduced at a faster rate than England.
- The attainment gap (KS4) between disadvantaged and other pupils was 14.7% points, worse than England (12.3% points).

High rate of residents have no qualifications:

- One quarter (24.6%) of residents have no qualifications. This is higher than in all England (22.5%). However, for those residents under the age of 50, the proportion with no qualifications falls by half, with the lowest level in those aged 25-34 (12.2%).

For more information (including sources and dates) and other data on these topics, see Chapter 5: Enjoying and Achieving.

1.2.5 Economic Wellbeing: Headline Messages from Chapter Six

Telford and Wrekin is a place of socio-economic contrasts:

- Parts of the borough are amongst the most deprived in England, with deprivation rates comparable with inner cities, whilst other areas are amongst the least deprived in England.

There remain challenges around levels of deprivation:

- 17.3% (29,545 people) of the population live in income deprived families, 23.9% (8,335 people) of children aged 0-15 live in income deprived households and 18.1% (6,805 people) of older adults aged 60 & over live in income deprived households.
- 14,905 (20.1%) of households claim housing benefit, the lowest number for 6 years. Nearly half of these households, (6,769) had dependent children.
- More than two in five lone parents (43.5%) are not in employment, higher than in all England (40.5%).
- 16.7% of households are in fuel poverty.
- The proportion of children (under 16) in low income families has fallen from 25.9% in 2011 to 23.5% in 2014. However, this proportion is worse than England for each of these 4 years.
- The most common Mosaic Group in Telford and Wrekin is 'Family Basics' – families with limited resources who have to budget to make ends meet, with this group making up 16.8% of all households in the Borough. Next is 'Aspiring Homemakers' – younger households settling down in housing priced within their means (15.8% of households)

Unemployment is falling:

- Unemployment rate is 4.8%, similar to England (5.0%), falling from 8.0% in 2011/12, mirroring an equivalent fall for England.
- Youth unemployment (aged 16-24) is 12.3%, lower than the England rate (14.0%) and falling from 25.9% in 2011/12 and falling at a faster rate.
- The proportion of young people aged 16-19 not in Education, Employment or Training (NEET) is higher than the national rate.

High proportion of people employed in manufacturing:

- The majority of the working population were employed in Public Administration, Education and Health (29.2%) followed by Distribution, hotels & restaurants (21.2%). England had the same largest industry groupings with 29.4% and 18.3% respectively.
- Telford & Wrekin has nearly double the proportion of those employed in manufacturing (16.7%) as in England as a whole (9.4%).

For more information (including sources and dates) and other data on these topics, see Chapter 6: Economic Wellbeing.

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