TELFORD & WREKIN COUNCIL

Telford and Wrekin NHS
Primary Care Trust

IMPROVING THE HEALTH OF VULNERABLE PEOPLE IN TELFORD AND WREKIN

The Annual Report of the Director of Public Health for Telford and Wrekin 2005

CONTENTS

Introduction
- Choosing Health 1
- Technical Notes 3
- Acknowledgements 4

Summary of 2005 Recommendations 7

Reviewing the Impact of the Annual Public Health Report for 2004
- 1 Feedback from Users 8
- 2 Review of Progress with Recommendations 9

Mental Health and Well-Being
- 1 Introduction 10
- 2 Adult Mental Health in Telford & Wrekin 10
- 3 Mental Health Promotion : Moving Onto a Firmer Footing 16
- 4 Promoting Mental Health and Well-being in Young People 21
- 5 Adult Mental Health Care Services in Telford & Wrekin 23

Adults with a Learning Disability
- 1 Introduction 25
- 2 Incidence and Prevalence 26
- 3 Learning Disability and Health Inequalities 27
- 4 Health and Care Services for People with a Learning Disability 29
- 5 Health Promotion for People with a Learning Disability 32

Older People
- 1 Introduction 34
- 2 Demography 34
- 3 Health, Wealth and Home 35
- 4 Supporting Older People to Live Independently 38
- 5 Ill-health amongst Older People 43
- 6 Keeping Healthy for Longer 52

The Health of People from Black and Minority Ethnic Groups
- 1 Introduction 57
- 2 Patterns of Ethnicity in Telford & Wrekin 57
- 3 Levels of Health and Social Issues 60
- 4 Some Current Health Issues 66
- 5 Health Promotion for People from Black and Minority Ethnic Groups 73

Statistical Appendix 75

INTRODUCTION

I am pleased to present my third report on the health of people living in Telford & Wrekin. My second report focused on health inequalities and this report continues that theme, by considering some of the health issues faced by people who are often marginalised from mainstream society - people with mental health problems, people with a learning disability, older people and people from black and minority ethnic groups. Once again, the focus is on health and its wider determinants, not just ill-health and health services, although none of the chapters can be a complete review of its subject. I make 32 recommendations for action which the Primary Care Trust will need to consider in discharging its key role as the lead agency for health improvement in the local population.

'Choosing Health'

Choosing Health, the Government's national strategy to improve the health of the population, has been published since my last report. The singular purpose of Choosing Health is to make it easier for all people to adopt and stick to healthier lifestyles, through the provision of better information and better support for change, both at individual level and within local communities. Choosing Health is based on eight priority areas:

- Health inequalities
- Smoking
- Obesity
- Sexual health
- Mental health and wellbeing
- Reducing harm and encouraging sensible drinking
- Helping children and young people to lead healthy lives
- Helping older people to lead healthy lives

and its economic justification came from earlier reports by Derek Wanless. The main conclusion of Wanless had been that the NHS will become unaffordable unless people become much more actively engaged in their own health, so that overall health improves and there is better prevention of disease.

The investment identified by the Government to support local delivery of Choosing Health amounted to £342 million recurrently for the NHS during 2006/7 and 2007/8, but was not ring-fenced for this purpose. In Telford & Wrekin, this investment would have translated into just over half a million pounds during 2006/7. However, the Primary Care Trust has been unable to allocate this money to the Choosing Health priorities, because of other national priorities and the extremely challenging financial position across the local health economy.

As I have previously reported, there is already much good work going on in Telford & Wrekin to improve the health of local people and to address health inequalities. However, just at a time when local people - young and old - need even more help to improve their health and prevent illness, most of the available

INTRODUCTION

investment continues to go into services which treat established illness and disease. These services are clearly extremely important for local people but, as I recommended in my last report, the Primary Care Trust needs to be able to shift the balance of its overall investment more towards health promotion and a preventive approach, in partnership with other local agencies.

Here's a real example. At the current level of investment, assuming more could be done to help all smokers make a decision to give up, it would take the local Help 2 Quit service about 56 years to stop all smoking in Telford & Wrekin. In the meantime, the heath impacts of smoking will continue to cause enormous personal suffering and will be a significant drain on health care resources, less money will be available for prevention and so the cycle continues. Personally speaking, I have to remain optimistic that 2006/7 will indeed prove to be a "one-off year of correction" for health service finances and that more money will be available to invest in health improvement from 2007/8. I will report on this in my next report, which will also consider lifestyle issues in the local population (including the public health impact of substance misuse) and respiratory health.

Dr Catherine M Woodward
Director of Public Health
April 2006

Telford & Wrekin PCT
Sommerfeld House
Sommerfeld Road
Trench Lock
Telford TF1 5RY

Tel: 01952 265172
catherine.woodward@telfordpct.nhs.uk

This report is an independent report of the Director of Public Health and the views expressed in it cannot automatically be taken to represent those of the Telford & Wrekin Primary Care Trust Board or Professional Executive Committee

INTRODUCTION

Technical Notes

As in previous reports, technical background has been kept to a minimum. The report makes comparisons between Telford & Wrekin Primary Care Trust and the national (England and Wales) position and population figures are based on the Telford & Wrekin Primary Care Trust Patient Register or the mid-year population estimates of the Office for National Statistics. Where appropriate, population rates are age and/or sex standardised, that is, adjusted to ensure that differences in age and gender are taken into account when comparing different populations. Although it is recognised that there are many social, cultural and religious differences between racial groups, most of the analyses in the final section of the report are based on census aggregate groupings of the non-white population. Throughout the report, the term 'black and minority ethnic groups' is used to define all groups other than White British.

Information on the Index of Multiple Deprivation 2004 (IMD 2004), the analysis of local health inequalities and the use of rolling averages and confidence intervals was provided in my 2004 report.

Whilst every attempt is made to ensure the quality of statistics presented at the time of publication, it is unavoidable that certain figures may subsequently be subject to update or revision.

Further information can be requested from

Helen Onions
Health Intelligence Manager
Directorate of Health Improvement
Telford & Wrekin PCT
Sommerfeld House
Sommerfeld Road
Trench Lock
Telford TF1 5RY

Tel: 01952 265165
helen.onions@telfordpct.nhs.uk

INTRODUCTION

Acknowledgements

As final editor of the report, I am ultimately responsible for its content, including any errors or omissions. However, on this occasion, I would like to pay particular thanks to Dr Alan Woodall (specialist registrar in public health), Helen Onions (health intelligence manager) and Emma Sandbach (health intelligence analyst) for their support in producing the report. Alan was lead for the mental health section and acted as coordinating editor for early drafts of the report. Helen coordinated a number of sections of the report and Emma worked diligently to turn spreadsheets into useful information. Thanks also go to Mary Anne Baxter for her help and expertise in document production and to Jo Robins for her help with the graphs in the Appendix.

I would also like to thank the following people who contributed information, text or suggestions:

Jon Adams	Joint Commissioning Manager (Mental Health)	Telford & Wrekin Primary Care Trust
Dr Helen Ansell	Head of Clinical Governance	Telford & Wrekin Primary Care Trust
Jenny Bennett	Support Services Manager Children's Services	Telford & Wrekin Primary Care Trust
Pam Bickley	Director of Nursing and the Patient Experience	Telford & Wrekin Primary Care Trust
Julie Bird	Health Promotion Specialist	Telford & Wrekin Primary Care Trust
Karen Breese	Health Access Nurse	Shropshire County Primary Care Trust
Martin Brookes	Chair	Telford & Wrekin Senior Citizens Forum
Heather Brown	Health Promotion Specialist (Mental Health)	Telford & Wrekin Primary Care Trust
Lesley Busby-Waltho	Senior Specialist Speech and Language Therapist	Shropshire County Primary Care Trust
Martyn Clarke	Customer and Partner Liaison Manager	Pension Service Local (Telford)
Amanda Dell	Screening Programme Coordinator	Shropshire County Primary Care Trust
Jacqui Duffin	Prescribing Advisor	Telford & Wrekin Primary Care Trust
Jan Evans	Finance Officer for Welfare Benefits	Borough of Telford & Wrekin
Toni Evans	Energy Efficiency Advice Centre Manager	Borough of Telford & Wrekin
Rachel Foster	Leisure Development Manager	Borough of Telford & Wrekin
Graham Harkness	Head of Learning and School Improvement	Borough of Telford & Wrekin
Diane Harris	Screening Manager	Shropshire County Primary Care Trust
John Gilbert	Head of School and Community Services	Borough of Telford & Wrekin
Ghislaine Headland-Vanni	Work Life Balance Co-ordinator	Telford & Wrekin Primary Care Trust
Dr Kevin Lewis	Clinical Director of Smoking Cessation Services	Shropshire County Primary Care Trust
Julie Lloyd-Roberts	Clinical Director, Adult Services	Shropshire County Primary Care Trust
Sharon Lord	Antenatal Screening Coordinator	Royal Shrewsbury Hospital
Tricia Maddox	Chief Officer	Age Concern, Shropshire and Telford
Heather Osborne	Joint Commissioning Manager (Older People)	Borough of Telford & Wrekin/Telford & Wrekin PCT
Divya Patel	Health Intelligence Manager	Shropshire County Primary Care Trust
Barbara Perryman	Joint Commissioning Manager (Learning Disabilities)	Borough of Telford & Wrekin/Telford & Wrekin PCT
Vicky Pike	Physical Activity Coordinator	Telford & Wrekin Primary Care Trust
Jon Power	Consultation Research and Information Manager	Borough of Telford & Wrekin
Jo Revill	Health and Safety Manager	Borough of Telford & Wrekin
Lindsay Richardson	Joint Commissioning Manager for Children	Telford & Wrekin Primary Care Trust
Jo Robins	Head of Health Promotion and Health Inequalities	Telford & Wrekin Primary Care Trust
Rick Robson	Senior Nurse Adult Learning Disability Division (Health)	Shropshire County Primary Care Trust
Dag Saunders	Volunteer	Telford & Wrekin Senior Citizens Forum
Ellen Schrijver	Health Intelligence Analyst	Telford & Wrekin PCT
Harbhajan Singh	Co-ordinator Translation and Interpretation Service	Borough of Telford & Wrekin
Helen Slater	Joint Commissioning Manager for Health	Telford & Wrekin Primary Care Trust
Pal Virdee	Nurse Advisor in CHD, Diabetes and Cancer (for the Asian Community)	Telford & Wrekin Primary Care Trust
Chris Winter	Manager of Housing Strategy and Development	Borough of Telford & Wrekin

SUMMARY OF 2005 RECOMMENDATIONS

		Refer to Page
1	The Primary Care Trust should receive a progress report on the implementation of the suicide prevention action plan from the Local Implementation Team for Mental Health, by mid 2007	13
2	The Local Implementation Team for Mental Health should audit the impact of the 2004 NICE clinical guideline for the management of deliberate self-harm in primary and secondary care, as part of its review of the suicide prevention action plan	15
3	The Help 2 Quit Service should develop a targeted approach for people with mental health problems, in both the primary care and hospital setting	15
4	Using the criteria available in 'Making it Possible', the Local Implementation Team for Mental Health should review the Adult Mental Health Promotion Strategy, to ensure that it still reflects current best evidence for mental health promotion (including a targeted approach) and that it fully addresses the needs of older people in Telford & Wrekin	17
5	The Telford & Wrekin Local Implementation Team for Mental Health should include the QOF mental health indicators within its routine performance monitoring of mental health care services	24
6	The Telford & Wrekin Local Implementation Team for Mental Health should ensure that it makes full use of the QOF mental health indicators in reviewing and improving the quality of primary mental health care and in ensuring a joined-up approach with community-based and specialist mental health care services	24
7	The Primary Care Trust should receive a full briefing report on 'Equal Treatment: Closing the Gap' from the Telford & Wrekin Learning Disabilities Partnership Board, once the final report is available	29
8	The Telford & Wrekin Strategy for Adults with a Learning Disability should take account of 'Equal Treatment: Closing the Gap' and should encompass local action to address health inequalities amongst people with a learning disability	29
9	The Telford & Wrekin Strategy for Adults with a Learning Disability should contain indicators and targets to reflect the particular health needs of this population and to underpin health improvement	29
10	The Primary Care Trust should identify a lead officer to assure the development of learning disability registers in primary care in Telford & Wrekin	30
11	The Board of the Primary Care Trust should receive a progress report on the implementation and impact of the primary care learning disability registers during 2006/7	30

SUMMARY OF 2005 RECOMMENDATIONS

		Refer to Page
12	The Telford & Wrekin Strategy for Adults with a Learning Disability should capitalise on the opportunities presented through the practice-based learning disability registers	30
13	The performance of the local cervical and breast screening programmes for women with a learning disability should be examined by the Learning Disabilities Partnership Board. This should encompass work to explore the experiences of women with a learning disability	32
14	The Older People's Strategy should be presented to the Board of the Primary Care Trust for approval	34
15	Telford & Wrekin Primary Care Trust should ensure that all its front line staff who work with older people are fully aware of the support available from the Telford & Wrekin Pensions Service, the Home Improvement Agency and the Energy Efficiency Advice Centre, so that more older people can benefit from these services	42
16	Further work should be completed to investigate and address patterns of stroke mortality in Telford & Wrekin, particularly amongst men	44
17	The Primary Care Trust should continue to review the case for appointment of a stroke co-ordinator	47
18	Given the potential of QOF to improve population health, the Primary Care Trust should review its systems to recognise and manage relatively poor performance in the QOF performance indicators in Telford & Wrekin. Leading on from this, enhanced measures may need to be put in place to bring all local performance up to the level of the best, including the recognition and sharing of best local practice	48
19	Given the importance of the practice-based disease registers in chronic disease management, the Primary Care Trust should review and develop its support and quality assurance arrangements for these registers	48
20	The Primary Care Trust should develop information systems to allow the monitoring of primary care QOF indicators by age group	48
21	The Primary Care Trust should develop a care pathway for the diagnosis and management of transient ischaemic attack	48
22	Working with its key partners, the Primary Care Trust should explore opportunities to establish a rapid access neurovascular clinic for transient ischaemic attack and minor stroke	48

SUMMARY OF 2005 RECOMMENDATIONS

		Refer to Page
23	The Primary Care Trust should request a review of progress in implementing the care pathway for hip replacement from the Shrewsbury & Telford Hospitals NHS Trust	51
24	The Primary Care Trust should develop and monitor the impact of a local publicity campaign to promote free eye checks for older people	52
25	Telford & Wrekin Primary Care Trust should work with the Help 2 Quit service to understand and address the relatively low uptake rates for smoking cessation services amongst some older people	53
26	The Primary Care Trust should review the Community Food Programme to ensure that it encompasses the needs of older people, particularly those living in the more deprived communities of Telford & Wrekin	55
27	Telford & Wrekin Primary Care Trust should review the impact of its chronic disease management programme on the health of people, particularly older people, from black and minority ethnic populations, to ensure the programme meets the needs of these groups	62
28	The Primary Care Trust should review and develop its approaches to reduce emergency admissions to hospital, to ensure that these take full account of the particular needs of people from black and minority ethnic communities	67
29	The Board of the Primary Care Trust should receive a full briefing on Race for Health, so that recognised good practice for the commissioning of health care services (including health promotion) for people from black and ethnic minority groups can be adopted locally	67
30	The Diabetes Network should review and develop its arrangements for consulting with diabetic patients from black and minority ethnic groups, to ensure that these groups fully benefit from the local developments in diabetic care	70
31	The impact of the Telford & Wrekin Strategy for Adult Mental Heath Care on the mental health needs of the black and minority ethnic population should be monitored by the Primary Care Trust through the Local Implementation Team for Mental Health	72
32	The Primary Care Trust should ensure that active measures are being taken to improve the quality of ethnic recording in mental health care activity data. The Primary Care Trust Board should receive a progress report on this issue from the Local Implementation Team for Mental Health before the end of 2006	72

REVIEWING THE IMPACT OF THE ANNUAL PUBLIC HEALTH REPORT FOR 2004

1 Feedback from Users

The Annual Public Health Report for 2004 was distributed to approximately 600 organisations and individuals, mostly in Telford & Wrekin. 31 evaluation forms have been returned and the report was well received, with the exception of one incomplete and anonymous return.

On the question 'In overall terms, how useful did you find the report?' (scale 0 for not at all useful, to 5 for extremely useful) the average score was 4.0 (range 2 to 5, mostly 4s).

On the question 'How easy was the report to read and understand?' (scale 0 for impossible to read and understand to 5 for extremely easy to read and understand) the average score was again 4.0 (range 2 to 5, mostly 4s).

On the question 'Will you use the report to inform your own work?' (Yes or No), 93% (28/30) of respondents stated that they would.

On the question 'Do you have any suggestions for improvement?' (Yes or No), 13% (4/31) of respondents stated that they did.

Some of the individual comments received on the report stated that it would be used to:

- Help determine priorities for the Primary Care Trust
- Inform partnership working
- Help the development of joint strategies between the Primary Care Trust and Council
- Develop practical action
- Inform the work of the Sexual Health Local Implementation Team

Suggestions for improvement included the inclusion of:

- Information on mental health
- Information on the health of older people
- Child protection data
- Information on alcohol services
- Contact details for further information and follow-up requests

REVIEWING THE IMPACT OF THE ANNUAL PUBLIC HEALTH REPORT FOR 2004

2 Review of Progress with Recommendations

I made 44 recommendations for action to underpin health improvement in Telford & Wrekin in my 2004 report. In March 2006, of these recommendations:

- 47% (20/43) had been achieved or were on course for achievement
- 42% (18/43) had been partially implemented but full implementation was uncertain
- 12% (5/43) had not been implemented, including recommendations for the enhanced provision of health promotion lifestyle advice and the expansion of Help 2 Quit for Youth Services

The remaining recommendation concerned the adoption of low birthweight as a local indicator. Technical difficulties meant the indicator could not form the basis for local target setting (within the Local Public Service Agreement). Further work has concentrated on antenatal smoking as the single most important and preventable determinant of low birth weight in new born babies.

The statistical Appendix to this report provides an update position for a range of measures which have been presented in my two previous annual reports. Some key messages include that:

- The overall pattern of male and female life expectancy (including inequalities) remains as reported in my last report. The national targets are not on course for achievement in Telford & Wrekin
- The positive overall trends in premature mortality from circulatory disease and cancer continue and the national reduction targets will be exceeded in Telford & Wrekin if current trends continue. However, premature mortality from circulatory disease and cancer remains significantly higher in people living in the most deprived areas of Telford & Wrekin
- Accidental mortality rates in Telford & Wrekin are not significantly different from the national average but the national target is not on course for achievement locally
- Considering teenage pregnancy, conceptions in girls under 18 years of age remain significantly higher than the national average and the national target is not on course for achievement in Telford & Wrekin. However, annual rates have been falling since 2001 and the rate of improvement in Telford & Wrekin is slightly faster than across the rest of the country
- Breastfeeding initiation improved by 7% between 2004/5 and 2005/6, from 58% to 62% of babies
- The latest three year rolling average position for infant mortality in Telford & Wrekin shows further improvement, although this is not statistically significant. Rates tend to be higher amongst babies from the more deprived areas of Telford & Wrekin but again, differences are not statistically significant

MENTAL HEALTH AND WELL-BEING

This chapter examines aspects of mental health and well-being in Telford & Wrekin, summarises work going on to promote good mental health and considers some current issues within adult mental health care services.

1 Introduction

Mental well-being is a central component of a healthy, productive and enjoyable life. Across society, positive mental health can lead to better physical health, improved educational attainment, reduced crime and enhanced economic prosperity. Mental ill-health, on the other hand, is an all too common disorder and a major cause of individual suffering and social exclusion. The World Health Organisation has estimated that, by 2020, mental illness will be the second most common cause of morbidity worldwide.

In the UK, around one in four people will experience mental ill-health requiring treatment at some point during their life. Stress-related conditions and mental illness are now the commonest cause of sickness absence from work. Across the country, up to one in four GP consultations concerns a mental health problem, around 630,000 people are in contact with specialist mental health care services and more than 4,000 people take their own lives each year. It has been estimated that around 13% of hospital and community health services expenditure was for mental health care services during 2002/3. Effective multiagency interventions are needed to promote the development of good mental health at individual and community level. Within this, there needs to be a balanced approach based on interventions to reduce the prevalence of mental illness through preventive approaches and high quality mental health care services.

2 Adult Mental Health in Telford & Wrekin

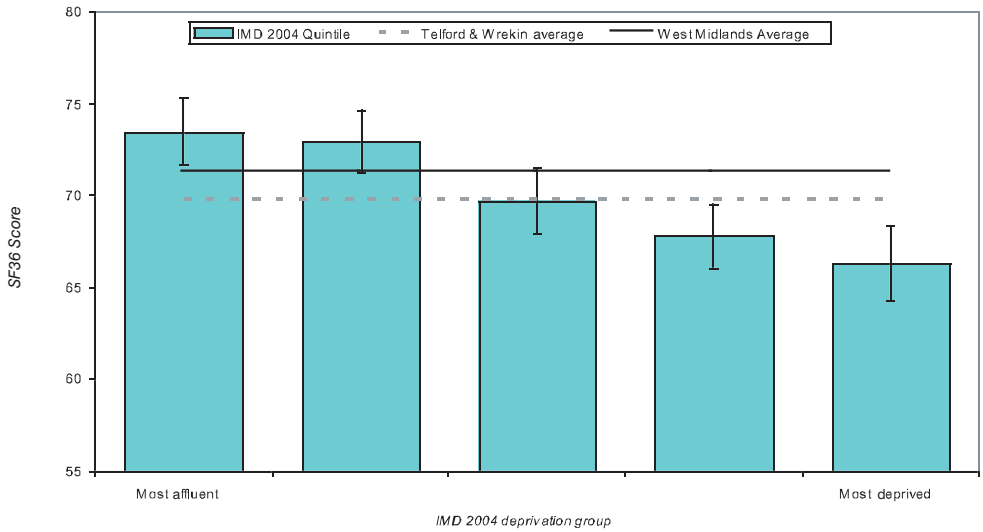
Perceptions of Mental Health

In 2005, the West Midlands Regional Lifestyle Survey investigated individual perceptions of mental health. Questions explored to the extent to which, during the previous month, respondents had felt 'happy', 'downhearted', 'nervous', 'tired and worn out' or 'calm and peaceful'. Answers were used to generate a composite 'SF36' score, where the higher the score, the better the mental health. Unfortunately, it is not possible to use this survey to investigate recent trends in perceptions of mental health in the local population.

In overall terms, the SF36 scores for men and women in Telford & Wrekin were not significantly different from the West Midlands averages - just under 7% of Telford & Wrekin residents reported levels of mental functioning which could have an ongoing detrimental impact on their overall quality of life. However, poor mental health is known to be associated with socio-economic circumstance.

Figure 1 shows a clear relationship between self-reported mental health status and levels of deprivation in Telford & Wrekin, with self-reported mental health status deteriorating with increasing levels of socio-economic deprivation. Self-reported mental health is significantly better amongst people living in the 40% most affluent areas compared to individuals living in the rest of Telford & Wrekin.

Figure 1 Self-reported Mental Health Status and Deprivation in Telford & Wrekin



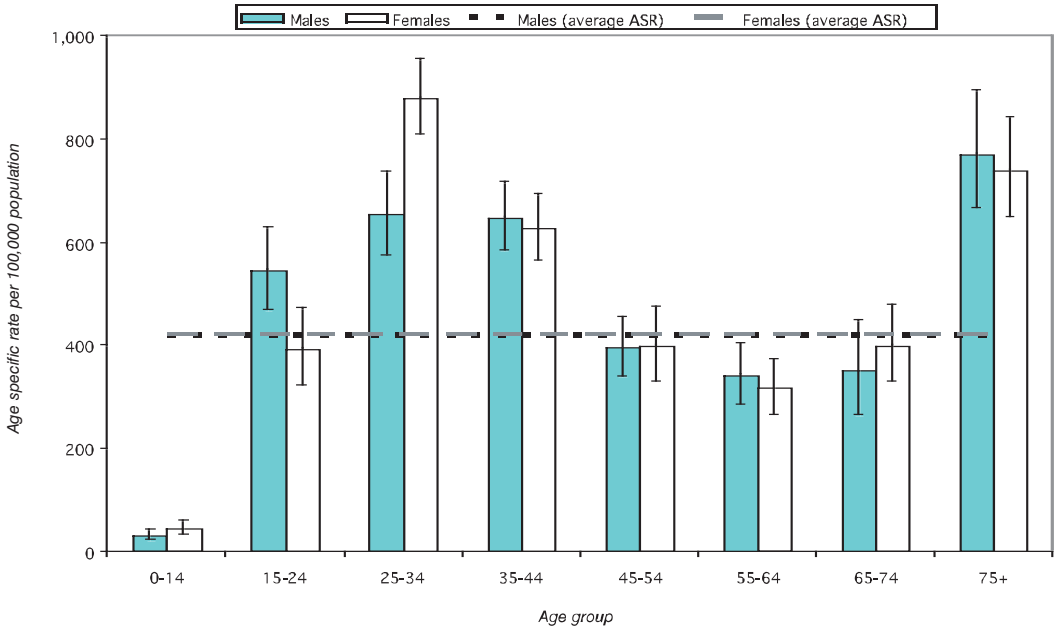
Source: West Midlands Regional Lifestyle Survey 2005, RLS and WMPHO, Office of the Deputy Prime Minister The Index of Multiple Deprivation 2004 © Crown Copyright

Mental Ill-health and Suicide

The local application of national prevalence estimates for mental health problems and disorders indicates that there are currently over 17,000 adults with a neurotic disorder and around 650 adults with a psychotic disorder in Telford & Wrekin. As a general rule, these types of condition are treated in primary and secondary care respectively. Depression is one of the commonest disorders of mental health in older people, with an overall prevalence of around 15% of people over the age of 65, translating into around 3,200 people in Telford & Wrekin. The prevalence of dementia rises rapidly with increasing age, so that around 12% of people aged 80 to 84 years are affected. The mental health of people from black and minority ethnic groups is considered in the final section of this report.

Figure 2 shows age and sex-specific hospital admission rates for mental ill-health in the Telford & Wrekin population during the five year period 2000/1 to 2004/5. During this period, the highest population admission rates were observed in men and women between the ages of 25 and 44 years and amongst older people aged 75 years or over. The figure needs to be interpreted with some caution, as it does not take into account any repeat admissions at individual level.

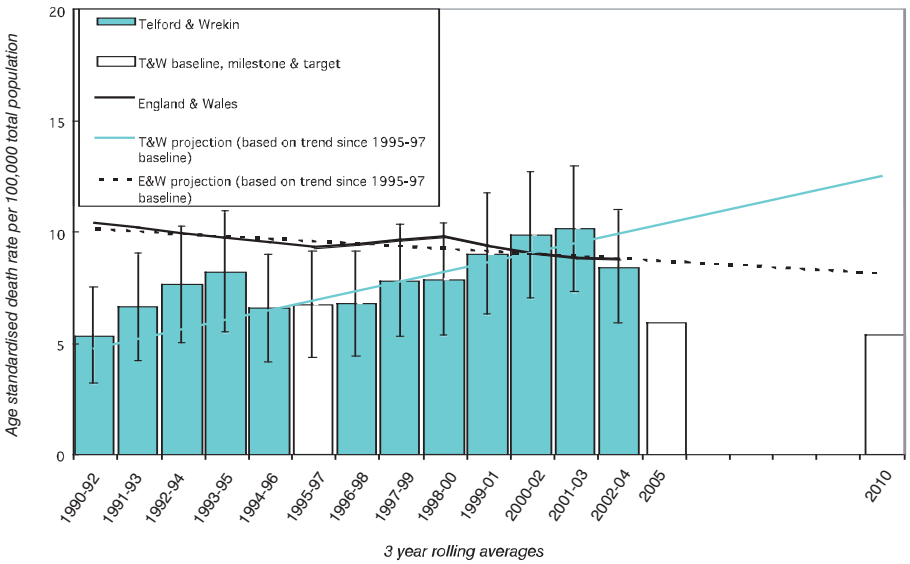
Figure 2 Hospital Admission Rates for Mental Ill-health



Source: Telford & Wrekin PCT Contract Minimum Data Sets (2000/01 -2004/05)

Figure 3 shows three year rolling average positions for suicide rates in Telford & Wrekin. Local rates are not significantly different from the national position, although the latest three year rolling average position for Telford & Wrekin, while based on small numbers, shows an encouraging fall in suicide rates over the period 2002 to 2004. Previously, rates had been increasing since the mid 1990s. A recent review of the National Suicide Prevention Strategy for England concluded that, if the trend of the last five years was to continue, the target would not be met across the country as a whole. There is still considerable uncertainty about whether the national suicide reduction target will be achieved in Telford & Wrekin.

Figure 3 Mortality from Suicide and Undetermined Deaths



Source: Office for National Statistics Mid Year Population Estimates and Mortality Statistics © Crown Copyright

The Telford & Wrekin Local Implementation Team for mental health has agreed an action plan for suicide prevention, following a recommendation made in the 2002/3 Annual Public Health Report. The plan includes development of better support for people who deliberately harm themselves (see below), closer scrutiny of individual suicides and an annual mental health awareness week in Telford & Wrekin. The Primary Care Trust will continue to monitor progress with implementation of this plan, including its impact on issues such as deliberate self-harm.

RECOMMENDATION

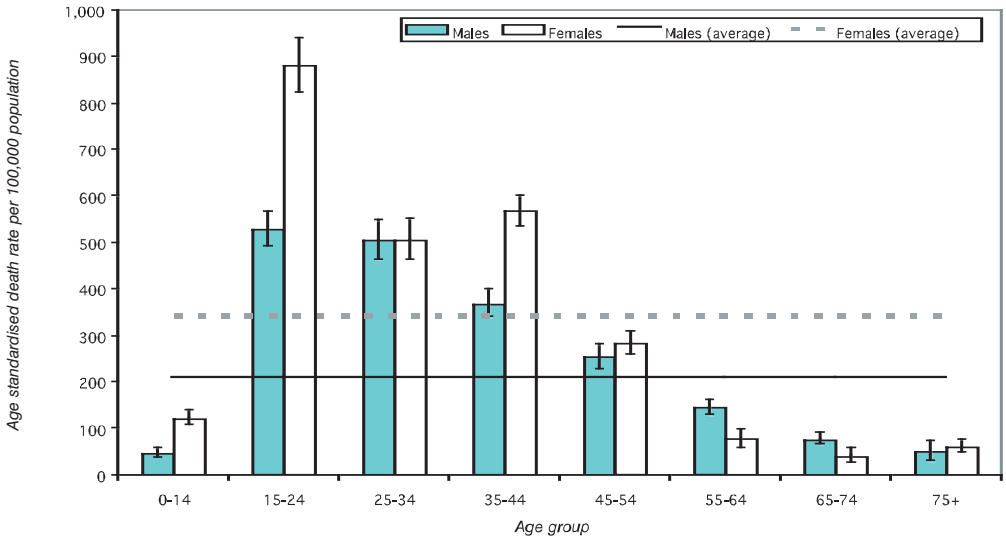
The Primary Care Trust should receive a progress report on the implementation of the suicide prevention action plan from the Local Implementation Team for Mental Health, by mid 2007

Deliberate Self-Harm

Deliberate self-harm includes acts of self-poisoning (for example, with medicines) and other deliberate acts which harm physical health. With regard to deliberate self-poisoning, it has been estimated that around 25% fewer people have taken fatal aspirin or paracetamol overdoses following the 1998 legislation to restrict over-the-counter pack sizes.

Figure 4 shows age and sex-specific hospital admission rates for deliberate self-harm in the Telford & Wrekin population during the five year period 2000/1 to 2004/5. During this period, the highest population admission rates were observed in men and women between the ages of 15 and 34 years and amongst women aged 35 to 44 years. The figure needs to be interpreted with some caution, as it does not take into account any repeat admissions at individual level.

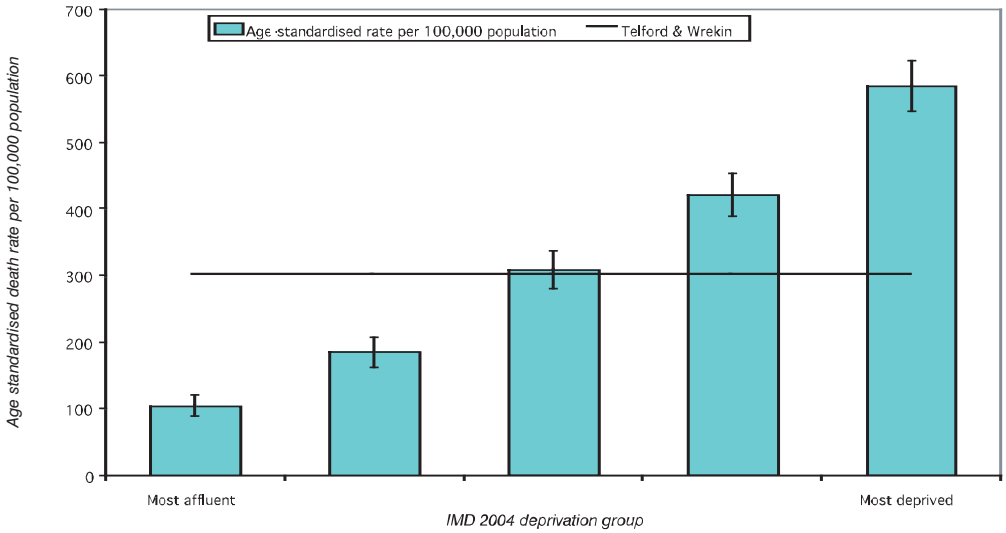
Figure 4 Hospital Admission Rates for Deliberate Self-Harm



Source: Telford & Wrekin PCT Contract Minimum Data Sets (2000/01 -2004/05)

Figure 5 shows that people living in the more deprived areas of Telford & Wrekin have significantly higher hospital admission rates for deliberate self-harm than people living in the more affluent areas of the Borough.

Figure 5 Hospital Admission Rates for Deliberate Self-Harm and Deprivation



Source: Telford & Wrekin PCT Contract Minimum Data Sets (2000/01 -2004/05)
Office of the Deputy Prime Minister The Index of Multiple Deprivation 2004 © Crown Copyright

RECOMMENDATION

The Local Implementation Team for Mental Health should audit the impact of the 2004 NICE clinical guideline for the management of deliberate self-harm in primary and secondary care, as part of its review of the suicide prevention action plan

The Physical Health Needs of People with Mental Health Problems

The physical health needs of people with mental health problems need to be better recognised-people with mental health problems are at increased risk of physical ill-health.

The Disability Rights Commission has recently reported an analysis of general practice data which shows that people with some types of mental illness are more likely to suffer from obesity, diabetes, ischaemic heart disease, stroke, hypertension and epilepsy. Some of the drugs used to treat mental health problems can have significant physical side-effects, such as weight gain. Patients with mental health problems are also more likely to have problems accessing health and leisure services and may be significantly more likely to smoke, although some studies have shown that relatively high proportions of people with mental health problems want to quit smoking. Poor mental health is also associated with a range of other health damaging behaviours including drug and alcohol abuse, unwanted pregnancy and poor diet.

RECOMMENDATION

The Help 2 Quit Service should develop a targeted approach for people with mental health problems, in both the primary care and hospital setting

The national Quality and Outcomes Framework (QOF) for general practice includes an indicator for the regular health checks of people with severe mental health problems, including a review of physical health (see section 5 of this chapter). The mental health care coordinators have an important role in ensuring that each service user accesses these health checks. The community mental health teams (see section 5) have established healthy living groups to encourage clients to improve their lifestyles. In addition, the local health promotion team has recently been awarded funding from the National Institute for Mental Health in England to develop a project to address the physical health needs of people with chronic mental ill-health in Telford & Wrekin. This will encompass nutrition, physical activity, weight management and approaches to enhance self-esteem.

3 Mental Health Promotion: Moving Onto a Firmer Footing

The requirement of Standard 1 of the National Service Framework for Mental Health is 'To promote mental health for all, working with individuals, organisations and communities.' This is not an optional extra of the National Service Framework - the World Health Organisation has recently emphasised that 'There is no health without mental health'. The National Service Framework for Older People also emphasises the importance of promoting good mental health.

In its guide to the development of mental health promotion 'Making It Happen', the Department of Health described the potential benefits of mental health promotion as:

- The prevention of mental health problems
- Better recovery from mental health disorders
- Improvement in the levels of community-based support for social inclusion
- Better health in the workplace and improved productivity
- Improvement in the 'mental health literacy' of individuals, organisations and communities

More recently, 'Making it Happen' has been followed up by further guidance on good practice in mental health promotion from the National Institute of Mental Health. 'Making it Possible' emphasises the growing evidence base for mental health promotion and makes a case for action in a number of areas (Table 1).

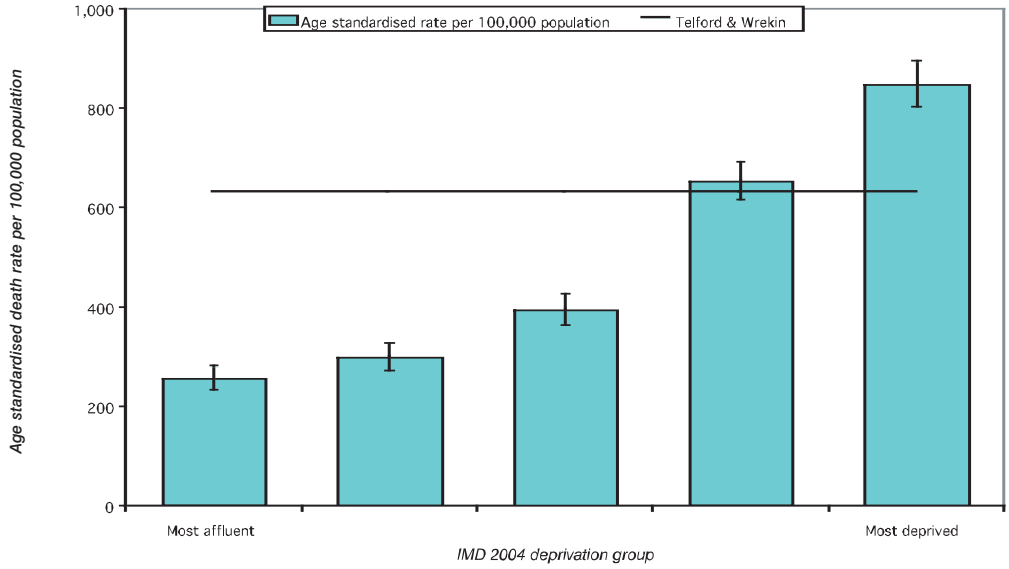
Table 1 Improving Public Mental Health (from 'Making it Possible')

Key Areas for Improving Public Mental Health	Examples of Measures of Success
1 Marketing mental health	People are well motivated to look after their own and other people's mental health and there is no stigmatisation of mental ill health
2 Equality and inclusion	Everyone can access support for emotional and psychological problems
3 Tackling violence and abuse	Reduction in self-harming behaviour
4 Parents and early years	Parents and carers can meet the emotional and social needs of infants and children
5 Schools	Schools achieve the National Healthy Schools targets
6 Employment	Reduction in mental health related unemployment
7 Workplace	Workplaces adopt positive approaches to stress management
8 Communities	Improved quality of life
9 Later life	Increased opportunities for social inclusion and participation

In Telford & Wrekin, mental health promotion is overseen by the Local Implementation Team for Mental Health. The health promotion team has a senior health promotion specialist dedicated to mental health promotion, who is a member of the LIT. An adult mental health promotion strategy was first developed in response to the requirements of the National Service Framework. Within this, specific initiatives have been developed with reference to a series of core principles, including that services should be non-stigmatising, needs-led (based on local mapping and current provision), evidence-based and based on effective methods of consultation with local communities. Although the adult mental health promotion strategy is limited to the adult population up to the age of 65 years, the Telford & Wrekin health promotion programme for older people 'Active Healthy Lives' also encompasses a number of measures which support good mental health in older people.

Figure 6 shows that people living in the most deprived areas of Telford & Wrekin still experience significantly higher hospital admission rates for mental ill-health.

Figure 6 Hospital Admission Rates for Mental Ill-health and Deprivation



Source: Telford & Wrekin PCT Contract Minimum Data Sets (2000/01 -2004/05
Office of the Deputy Prime Minister The Index of Multiple Deprivation 2004 © Crown Copyright)

RECOMMENDATION

Using the criteria available in 'Making it Possible', the Local Implementation Team for Mental Health should review the Adult Mental Health Promotion Strategy, to ensure that it still reflects current best evidence for mental health promotion (including a targeted approach) and that it fully addresses the needs of older people in Telford & Wrekin

The following sections summarise some of the current adult mental health promotion projects in Telford & Wrekin.

The Telford Green Gym

A substantial body of evidence links the quality of the natural environment with psychological well-being and physical health. In Telford & Wrekin, a joint initiative with the British Trust for Conservation Volunteers has led to the development of the Telford 'Green Gym' programme. Targeted at adults with chronic conditions, including mental health problems and people at risk of social exclusion, the programme offers half-day conservation activities as an alternative to gym-based exercise sessions. Three sessions are run each week for three hours, with a maximum of 15 participants at each session. The programme co-coordinator receives referrals from community mental health teams, social services, voluntary agencies and from within the local community. During the first 12 months, over 60 participants had been involved in the gym, working on 122 sites in Telford and giving over 2,200 hours of time to improve the community environment. Participants have reported feelings of increased self-confidence and reduced isolation since enrolling in the programme.

The Women's Positive Psychology Programme: 'Something More'

It is recognised that low self-esteem is a risk factor for mental health problems, including depression. Programmes to combat low-self esteem focus on improving individual perceptions of self-worth and enhancing social skills and networks.

'Something More' was initially established as a pilot project in Telford & Wrekin in 2004 and aims to improve the self-esteem of women identified as being at risk of mental illness, but who are not already engaged with mental health care services. Women are referred by primary care professionals and from other agencies, including social services, Sure Start and the women's refuge. Six courses will run each year, with each course consisting of 12 group sessions, including up to ten women. Provided from a number of community venues, the sessions are provided by trained facilitators who have a variety of professional backgrounds (including psychologists and health visitors) and who draw on a range of techniques, including cognitive behavioural therapy and life coaching.

Formal evaluation of the mental health state of participants takes place during the course and at three monthly intervals following completion. So far, 48 women have completed the programme and all have demonstrated improved levels of self-esteem using a self-assessment tool. In addition, most women are maintaining social contact with other group members following the end of their course. There are now plans to widen the scope of 'Something More' to include men and to ensure that the programme develops to better meet the needs of people from black and minority ethnic communities.

What local women have said about 'Something More'

'I've had a huge jump in my self-esteem - doing the questionnaire at the start I was all 1s and 2s, at the end it was 3s and 4s. I got to the end and thought…I do feel different about myself'

'I now feel pretty positive about life! Totally because of the course'

'I have learned I am worth something'

'The course is a lifeline'

Promoting Mental Health in the Workplace

Improving the health of a workforce can lead to improved performance and productivity, reduced absence rates, improved staff morale and improved retention. Work-related mental health problems are a major cause of occupational ill-health. Rates tend to increase with the number of hours worked and full-time workers are around twice as likely to suffer from mental health problems as part-time workers. As such, the workplace is an important setting for mental health promotion and a number of projects are in progress within public and private sector organisations across Telford & Wrekin. Part of the approach should be to support development of an organisational culture which recognises and addresses the risks of stress and in which mental health problems are recognised without the risk of stigmatisation.

Well at Work in Telford & Wrekin Primary Care Trust

The 'Well at Work' programme in Telford & Wrekin Primary Care Trust is one of nine national pilot projects examining what works best in improving the health of a workforce. Externally funded by the British Heart Foundation, Sport England and the Department of Health, 'Well at Work' aims to improve the physical and mental health of staff working in the Primary Care Trust and local practices, through a series of planned activities (including walking, running and swimming events), health education, the provision of better information for health and policy development.

Mental Health Promotion for Local Authority Staff

The mental health of employees is also a key concern for Telford & Wrekin Council, both in terms of the well-being and happiness of staff and in terms of the availability of staff to provide services for customers. During 2004/5, non-physical causes were the most common reason for long-term sickness absence and the fifth most common cause of short-term absence in the Council. A number of policies and initiatives are now in place to help promote good mental health:

- A stress management policy is in place encompassing risk assessments for work related stress, with training available for managers and other staff
- The policy on flexible working enables employees to adjust working patterns to accommodate other pressures and responsibilities in their daily lives
- A Dignity at Work policy sets out clear standards of behaviour and a procedure for tackling bullying and harassment

- The attendance management policy encourages early and continuing support for those with mental health problems, with carefully planned returns to work wherever practicable
- Employee surveys are carried out regularly and the results used to guide management to improve workplace satisfaction amongst staff
- Employee focus groups are used to develop and progress the action plans produced as a result of concerns expressed in employee surveys
- The employee counseling service is well used and well regarded by employees. It is entirely confidential and free to all employees, who can make appointments direct with the counselors. 90% of cases are seen within 10 days

Workplace Health in the West Mercia Constabulary

Police officers provide a vital public service but have a potentially stressful and demanding job. Following initial work completed within the West Mercia Constabulary, health promotion staff have been working in partnership with the local police force to develop an evidence based workplace programme designed to improve overall mental health. Activities have included a stress audit, advice about online health information and mental health awareness training for managers. A report of the project will be available in July 2006.

4 Promoting Mental Health and Well-being in Young People

The Role of Schools

The mental health of children and young people needs to be seen within the broader social context, including the educational environment. Positive learning environments depend on, and themselves promote, good mental health amongst young people. The physical, emotional and social health of a young person is crucial to their ability to learn and develop into confident adults, who are capable of reaching their full potential.

Working with a range of partners including the Primary Care Trust, Telford and Wrekin Council has developed five 'school and community clusters', which provide a geographical framework for services to be delivered to local communities. One of the benefits of this approach is that it will increasingly enable agencies to co-locate their staff within dedicated multi-agency teams. Each of the five cluster areas has a manager who is responsible for ensuring that a lead professional is appropriately assigned to support young people, including the formation of 'Team around the Child' meetings if deemed appropriate for vulnerable children and young people. In terms of mental health, the multi-agency cluster teams include a primary mental health worker, trained to identify young people who are in need of mental health support. Young people requiring more specialist support are referred on to child and adolescent mental health care services. Pupils excluded from mainstream schooling are provided with educational support within one of the local Pupil Referral Units. Schools across Telford and Wrekin are also working on a number of innovative projects to improve behaviour management.

Excellence in Cities: Education Improvement Partnerships

33 schools across Telford & Wrekin are currently engaged in the Educational Improvement Partnership programme. The approach has three main aims:

- School improvement: raising attainment, improving behaviour and reducing rates of unauthorised pupil absence
- Personalisation: meeting the needs of individual children in line with the core commitments of the Telford & Wrekin Children and Young People's Plan 2005-2010
- Delivering the outcomes of the national children's strategy: participation is focused on delivery of the goals outlined in 'Every Child Matters'

The Behaviour Improvement Project

A core aim of the Behaviour Improvement Project is to help children and young people develop effective coping strategies, resolve conflict and negotiate disputes. Studies have demonstrated that when children learn these types of skill, they experience fewer behavioural and conduct disorder problems and are less likely to experience difficulties in adult life. The project plan was developed and approved by Telford & Wrekin Local Education Authority and focuses on minimising the need for school exclusion, reducing the frequency of adverse behavioural incidents and raising school attendance rates. The project has adopted two main approaches to deliver its objectives:

- Support and training for school staff to promote positive behaviour amongst pupils. Under this initiative, all local primary schools will receive funding to support a half-day protected training time for a professional lead for behaviour, who will co-ordinate behaviour improvement activities within the school
- Working alongside teaching staff, a primary mental health worker and two family link workers will work in schools to help the development of group and family support work. Five secondary schools have so far received targeted funding for this initiative

Developing Support for Bereaved Children and Young People and their Families

The death of a sibling or parent is one of the most devastating life experiences faced by a child and can lead to significant mental distress, in both the short and long term. The provision of accessible, tailored support can help individuals and families through the grieving process.

In 2003, the lead health promotion officer for mental health established a project to define the needs of bereaved children and young people and their families in Telford and Wrekin. Work has so far included:

- A research project focusing on the cultural aspects of childhood bereavement
- The establishment of a local childhood bereavement charity, to promote and co-ordinate services for bereaved children and young people and their families
- A childhood bereavement training programme for professionals working with children
- Development of childhood bereavement guidelines for local schools
- Development of a resource loan library and information factsheets

5 Adult Mental Health Care Services in Telford & Wrekin

Most people with mental health problems are managed within primary health care. The management of severe mental health problems is included in the national Quality and Outcomes Framework (QOF) for general practice. Mental health indicators now include:

- A register of people with severe long-term mental health problems (defined as schizophrenia, bipolar affective disorder and other psychoses) who require and have agreed to regular follow-up
- A register of people with dementia
- The proportion of patients with severe long-term mental health problems with a review recorded in the previous 15 months, to include a check on the accuracy of prescribed medication, a review of physical health and a review of coordination arrangements with secondary care
- The proportion of newly diagnosed depressed patients who have had an assessment of the severity of the condition at the outset of treatment
- The proportion of patients on lithium therapy with a record of lithium levels within the therapeutic range within the previous six months
- The proportion of patients on lithium therapy with a record of serum creatinine and TSH in the previous 15 months (this is to monitor the side-effects of lithium)

One of the most recent indicators states that patients who do not attend for their review should be followed up by the practice team within 14 days of their non-attendance, including patients who have failed to turn up for an appointment. These indicators should provide a very rich source of information about the primary care management of severe mental illness.

A new five-year strategy for the development of adult mental health services in Telford & Wrekin was agreed in 2005. The overall vision is one of prevention and recovery, with key components including the development of better models of community-based mental health care services, the expansion of home-centred crisis resolution, the development of assertive outreach services and the expansion of early intervention services for psychosis. Service improvements will be underpinned by the development of care pathways, team and organisational objectives and better management information. The primary care mental health team will support GPs in delivering better community-based early intervention care, encompassing counselling, cognitive behavioural therapy, social support and housing advice. The Telford & Wrekin Mental Health Strategy for Older People provides a framework for the development of preventive and mental health support services for older people across the Borough, with a focus on maintaining independence, increasing the availability of community-based services and addressing social exclusion.

RECOMMENDATION

The Telford & Wrekin Local Implementation Team for Mental Health should include the QOF mental health indicators within its routine performance monitoring of mental health care services

RECOMMENDATION

The Telford & Wrekin Local Implementation Team for Mental Health should ensure that it makes full use of the QOF mental health indicators in reviewing and improving the quality of primary mental health care and in ensuring a joined-up approach with community-based and specialist mental health care services

References

Adams J, Wain S. The Telford & Wrekin Strategy for Adult Mental Health Services. Telford & Wrekin NHS Primary Care Trust and the Borough of Telford & Wrekin. August 2005

Choosing Health for the West Midlands: A Report of the Regional Director of Public Health. West Midlands Public Health Group. March 2006

Department of Health. Making it Happen: A Guide to Delivering Mental Health Promotion. London 2001. HMSO

National Institute for Mental Health in England. Making it Possible: Improving Mental Health and Well-being in England. London: NIMHE, 2005

National Institute for Mental Health in England and Care Services Improvement Partnership. National Suicide Prevention Strategy for England : Annual Report on Progress 2005. April 2004

Pretty et al. A Countryside for Health and Well-being - The Physical and Mental Health Benefits of Green Exercise. Department of Biological Sciences and Department of Health and Human Sciences. University of Essex Colchester; 2005

Telford & Wrekin NHS Primary Care Trust and the Borough of Telford & Wrekin. The Telford & Wrekin Older People's Mental Health Strategy 2004-2007. April 2004

Woodall A. Prevention of Suicides in Telford & Wrekin: An Action Plan and Recommendations for the Mental Health Local Implementation Team. September 2005

MAUREEN

ADULTS WITH A LEARNING DISABILITY

This chapter describes what learning disability is and summarises the health problems faced by people who have a learning disability. Local health service issues are described towards the end of the chapter. The development of this chapter was particularly constrained by the lack of routinely available data on the health of people with a learning disability in Telford & Wrekin.

1 Introduction

People with a learning disability are amongst the most vulnerable in society - the Disability Rights Commission has recently described people with a learning disability as 'some of the most socially excluded citizens in Britain'. Many people with a learning disability have limited independence and have historically lacked self-determination and choice in how they live their lives and who cares for them. They have a wide range of health, social and educational needs. It is also recognised that people with a learning disability are at risk of a range of health inequalities, including poor access to health care services, and that many health problems are more common in people with a learning disability (Table 2). However, many of the physical health problems experienced by people with a learning disability are potentially preventable.

Table 2 Summary of Health Problems Associated with Learning Disability

- **Hearing problems** 40% of people with a learning disability have hearing problems
- **Poor dental health** 37% of people with a learning disability and 80% of adults with Down's Syndrome have gum and dental problems
- **Visual problems** People with a learning disability are more likely to have visual problems
- **Thyroid problems** People with a learning disability have greater risk of thyroid problems, particularly people with Down's Syndrome
- **Osteoporosis** People with a learning disability tend to develop osteoporosis at a younger age than the general population and experience more fractures
- **Swallowing difficulties** People with a learning disability are more likely to suffer from dysphagia, which can lead to respiratory tract infections, than the general population
- **Mental health** One in three people with a learning disability experiences mental health problems
- **Dementia** 22% of people with a learning disability experience dementia
- **Epilepsy** 22% of people with a learning disability have epilepsy
- **Schizophrenia** 3% of people with a learning disability have schizophrenia

The 2001 White Paper 'Valuing People: A New Strategy for Learning Disability for the 21st Century' is the national strategy for learning disability and emphasises four key principles - rights, independence, choice and inclusion. The Telford & Wrekin Learning Disabilities Partnership Board, which has representatives from the Primary Care Trust, Telford & Wrekin Council and the voluntary and independent sectors, oversees local implementation of 'Valuing People'. The Board also has service user, family and carer representatives. The Board is currently overseeing development of a strategy for adults with a learning disability, which will be presented to partner agencies later in 2006.

2 Incidence and Prevalence

Learning disability may be genetic in origin (for example, Down's syndrome, Fragile X syndrome and Edward's Syndrome) or due to factors operating in the antenatal or postnatal periods (including infections such as rubella or other problems such as birth trauma or prematurity). However, the cause is usually not identified in mild learning disability and remains unknown in up to 30% of people with severe learning disability.

Although the prevalence of learning disability may have increased in the UK during recent decades, the reasons behind this are complex. For example, serious infections in the antenatal and postnatal periods are now less common, but improvements in neonatal care have meant that more premature and low birth weight babies are surviving, some of whom have neurological impairment. In addition, improvements in medical care, including the treatment of cardiovascular disease and epilepsy, have improved life expectancy in some cases.

There are a number of challenges in estimating the numbers of people with a learning disability, not least of which is agreeing a functional definition for the term. The British Psychological Society define learning disability as a significant lifelong impairment of intellectual and social functioning acquired before adulthood. A common feature of all classifications is that low IQ must be present during the developmental period of life. Within this, intellectual impairment is generally defined as an IQ of less than 70. Based on these definitions, Table 3 provides estimates for the numbers of people with mild and severe learning difficulties in Telford & Wrekin.

Table 3 : Estimates of the Numbers of People with a Learning Disability in Telford & Wrekin

	Prevalence rate (/1,000 population)	Estimated numbers in Telford & Wrekin
Mild learning disabilities (IQ 50-69 with additional problems eg challenging behaviour)	10-20	1650 to 3300
Severe learning disabilities (IQ<50)	3-4	500 to 660
All learning disabilities		**2150 to 3960**

Source: Telford & Wrekin Primary Care Trust General Practice Population Register (2005).
Stevens A, Raftery J, Mant J, Simpson S. Health Care Needs Assessment, 2nd Edition. Oxford: Radcliffe; 2004

3 Learning Disability and Health Inequalities

The Disability Rights Commission is currently conducting a detailed 18-month investigation into the nature and causes of health inequalities experienced by people with learning disability ('Equal Treatment: Closing the Gap'). The interim report of this investigation confirmed that the nature and cause of health inequalities experienced by people with a learning disability are complex and include issues such as poverty, lack of employment opportunities, poor information and difficulties in accessing health care. Specific findings include that:

- There are much higher rates of obesity amongst people with learning disabilities. Up to 40% of people with a learning disability may be obese, compared to a prevalence of around 22% in the general population. The study found evidence that the problem is more severe amongst women with a learning disability
- Related to this finding, 9% of people with learning disability have diabetes, compared to around 4% in the general population
- Although the study has not yet been completed, up to 50% of the study participants were reporting difficulties in trying to use primary health care services. Some of these difficulties are also reported by the general population (for example, inflexible appointment systems) but the study is finding evidence of a disproportionate effect on people with a learning disability
- Study participants are also reporting difficulties around diagnosis and treatment, including a tendency amongst GPs to ignore the physical health problems of people with a learning disability and a lack of adequate information about diagnosis and treatment. These observations cannot be taken as representative of all GPs at this stage
- Analysis of GP data from Wales has shown relatively low rates of cervical and breast screening amongst women with a learning disability

ADULTS WITH A LEARNING DISABILITY

Some of the concerns expressed by people with a learning disability or their carers in Telford & Wrekin:

'It's hard understanding health if you can't read or understand numbers' (A service user)

'People use big words that I don't understand and talk to my carer, not me' (A service user)

'We can't get a dentist and have to wait months to get into the hospital to be put to sleep to have our teeth checked' (A service user)

'I can't get an appointment at the doctors when I want one, the ladies on reception get cross....' (A service user)

'I get scared when I go to the doctors or hospital, it's really confusing' (A service user)

'I was looked after in hospital-but my mum wasn't' (A service user)

'It's alright if the person with a learning disability can talk, but for those with complex needs getting their health checked is a constant worry' (A local carer)

The Disability Rights Commission is expected to publish the final report of 'Equal Treatment: Closing the Gap' later in 2006. Given the paucity of local data on the health and health care needs and experience of people with a learning disability in Telford & Wrekin, the findings and recommendations of the report will be of great interest to the Primary Care Trust and other partners. The report will also be timely in that the Disability Equality Duty comes into force in December 2006, requiring public services to actively promote disability equality, rather than merely avoid discrimination.

Target Setting to Improve the Health of People with a Learning Disability

Given the particular health needs of people with a learning disability, including their risk of exclusion from mainstream services, there is a case for inclusion of specific targets in local learning disability strategies. A national health care needs assessment of learning disability proposed the following indicators (amongst others) to underpin local efforts to improve the health of people with a learning disability:

- Improve the uptake of screening and health promotion services
- Reduce levels of obesity
- Increase screening for mental ill-health
- Increase the detection of sensory impairment
- Improve the management of epilepsy
- Improve the diagnosis and management of hypothyroidism in Down's syndrome
- Reduce the prescribing of antipsychotic medication

Targets would be agreed between service commissioners and provider organisations in the light of, for example, audit findings, data availability and other particular local circumstances.

RECOMMENDATION
The Primary Care Trust should receive a full briefing report on 'Equal Treatment: Closing the Gap' from the Telford & Wrekin Learning Disabilities Partnership Board, once the final report is available

RECOMMENDATION
The Telford & Wrekin Strategy for Adults with a Learning Disability should take account of 'Equal Treatment: Closing the Gap' and should encompass local action to address health inequalities amongst people with a learning disability

RECOMMENDATION
The Telford & Wrekin Strategy for Adults with a Learning Disability should contain indicators and targets to reflect the particular health needs of this population and to underpin health improvement

4 Health and Care Services for People with a Learning Disability

Advocacy and Support for Carers

The need for advocacy for people with a learning disability is now well accepted and has been reinforced through Government policy and legislation encompassing, for example, community care and within 'Valuing People'. Although an advocacy strategy for people with a learning disability in Telford & Wrekin has been developed, consultation initiatives tend to be a new departure and experience for people with a learning disability. Links are also being developed with the local Patient and Public Involvement Forums. Further work is needed to ensure that information on local services is accessible and appropriate for people with a learning disability.

Many people with a learning disability live at home with their families or are dependent on other carers. When someone with a learning disability has problems with communication, it is often their carers who can provide the best advice on how to communicate with that person and recognise their feelings. Telford & Wrekin Council and the Primary Care Trust have developed a Carers Strategy which, recognising the vital role of the carer, aims to support and strengthen it. A link officer supports the growing network of family carers of people with a learning disability in Telford & Wrekin. However, more work is needed to understand and address the needs of carers as they age, including the needs of young carers themselves in transition to adulthood.

Primary Health Care

The average practice list of 2,000 people will contain around 40 people with mild learning disability and up to eight people with severe learning disability. Primary health care services are of fundamental importance in the delivery of health care to people with a learning disability, who have both general and often special needs. However, research has shown that there is significant under-detection of both physical and mental ill-health and low uptake of screening and immunisation programmes amongst people with a learning disability.

'Valuing People' recommends that people with a learning disability should be identified on general practice information systems and offered routine health checks, to underpin the development of individual health action plans. Although there has not been an agreed framework for the development of learning disability registers in primary care in Telford & Wrekin, the revised Quality and Outcomes Framework for general practice includes a requirement (from April 2006) that practices develop a register of adult patients with learning disability. The Healthcare Commission has, in turn, signalled that it will use its annual performance review process to monitor implementation of this initiative by Primary Care Trusts. More recently, the Department of Health has stated its intention to ensure delivery of regular health checks for people with learning disability in its White Paper for the development of community services 'Our Health, Our Care, Our Say'. However, at the time of writing, the patient coding from which practice registers would be derived had not been agreed across the Primary Care Trust.

RECOMMENDATION

The Primary Care Trust should identify a lead officer to assure the development of learning disability registers in primary care in Telford & Wrekin

RECOMMENDATION

The Board of the Primary Care Trust should receive a progress report on the implementation and impact of the primary care learning disability registers during 2006/7

RECOMMENDATION

The Telford & Wrekin Strategy for Adults with a Learning Disability should capitalise on the opportunities presented through the practice-based learning disability registers

ADULTS WITH A LEARNING DISABILITY

The Community Learning Disability Team

Community learning disability teams are one of the most common ways of coordinating care for people with a learning disability, although research has shown considerable variation in the distribution and make-up of these teams in the UK. The Telford & Wrekin community learning disability team includes social workers, community learning disability nurses and other specialist learning disability professionals. The team is responsible for the development of individual health action plans and plays a key role in the coordination of care for people with a learning disability.

Swallowing difficulties are relatively common in people with a learning disability and may lead to secondary respiratory problems. Some of these difficulties are potentially avoidable and the National Patient Safety Agency has signalled that the management of dysphagia is a key health issue for people with a learning disability. Two speech and language therapists, who are specialist practitioners in dysphagia, are available for people with a learning disability in Telford & Wrekin, with urgent referrals usually seen within two weeks.

As part of the work underpinning development of the strategy for adults with a learning disability, the Telford & Wrekin Learning Disabilities Partnership Board is currently overseeing a review of the effectiveness of the care co-ordination role of the community learning disability team.

Cervical and Breast Screening

Compared to the general population, it is well recognised that there are relatively low rates of cervical screening amongst women with a learning disability, especially severe learning disability. Research has shown that women with a learning disability are up to four times less likely to undergo cervical smear testing than other women. While this may be an informed decision for some women with a learning disability, for others it is likely that assumptions have been made by other people, including health care professionals. Research describes instances when women with a learning disability have been incorrectly assumed to be sexually inactive.

In 1999, a survey conducted by Shropshire Health Authority and MENCAP found that 17% of women with a learning disability living in care had never received a cervical smear. Further work was undertaken to determine why such a high proportion of women with learning disabilities had been excluded from the programme and examine how they could be reintroduced. Subsequent actions included development of the local screening education programme to encompass the needs of women with a learning disability and distribution of the national guideline 'Good Practice in Breast and Cervical Screening for Women with Learning Disabilities' to all general practices and other local provider services. Women with a learning disability can no longer be removed from screening lists by health professionals without consultation.

In the Disability Rights Commission study referred to earlier in this chapter, 26% of eligible women with a learning disability had received breast screening compared to 71% of the general population. Although the local breast screening service does encompass some measures to enhance the uptake and experience of women with a learning disability, it was not possible to identify any useful information about the impact of these measures for this report.

RECOMMENDATION

The performance of the local cervical and breast screening programmes for women with a learning disability should be examined by the Learning Disabilities Partnership Board. This should encompass work to explore the experiences of women with a learning disability

5 Health Promotion for People with a Learning Disability

Although many of the health problems experienced by people with a learning disability are potentially preventable, people with learning disabilities face a number of challenges in adopting healthier lifestyles, including a lack of appropriately presented information on which to make choices and difficulties in accessing healthy food and increasing levels of physical activity. All too often, people with a learning disability lead relatively sedentary lives and do not eat healthily. For example, it has been estimated that 80% of people with a learning disability do not engage in the recommended levels of physical activity and that fewer than 10% eat a balanced, nutritious diet.

As part of the local Let's Get Physical Programme, the Inclusive Leisure Action Plan focuses on the needs of all disabled people in Telford & Wrekin. The Action Plan was developed by partners from the Primary Care Trust health promotion team, the Telford & Wrekin Council adult social care team and the community learning disability team. The purpose of the Plan is to:

- Improve the health and well-being of disabled people through increased levels of physical activity
- Improve access to local leisure facilities
- Develop a culture in which staff from leisure services are aware and supportive of the needs of people with disability in accessing leisure services
- Improve communication between staff and clients
- Increase employment and educational opportunities within the local leisure sector for disabled people

In addition, the health promotion team is developing ways in which a more comprehensive and inclusive programme of health promotion activities can be offered to people with a learning disability. For example, one local study is exploring the impact of national policy in improving the health and well-being of people with a learning disability. This work will form the basis for future recommendations to improve health promotion services for people with a learning disability in Telford & Wrekin.

References

Cook A. Learning Disabilities in Solihull: A Health Needs Assessment. Solihull: Solihull Primary Care Trust; 2004

Department of Health. Choosing Health: Making Healthy Choices Easier. London, HMSO; 2004

Department of Health. Valuing People: A New Strategy for Learning Disability for the 21st Century. London: HMSO; 2001

MENCAP. Treat Me Right! Better Healthcare for People with a Learning Disability. London: MENCAP; 2004

National Patient Safety Agency. Understanding the Patient Safety Issues for People with a learning disability. London: NPSA; 2004

Stevens A, Raftery J, Mant J, Simpson S. Health Care Needs Assessment, 2nd Edition. Oxford: Radcliffe; 2004

OLDER PEOPLE

This chapter describes the health and social circumstances of older people living in Telford & Wrekin and summarises the work going on to ensure that older people stay healthy. The chapter also highlights some of the health problems faced by older people, including stroke, cancer and osteoarthritis.

1 Introduction

Promoting health and active life, delaying the onset of ill health and maintaining independence in older age are key themes of the National Service Framework for Older People. Many health inequalities are known to persist into old age, with older people living in more deprived areas or having lower incomes more likely to experience poor health.

One of the recommendations of the 2002/3 Annual Public Health Report for Telford & Wrekin was that partner agencies should produce an older people's strategy for the period 2005 to 2015. This strategy has now been completed and forms the basis for ensuring that older people in Telford & Wrekin are supported to remain independent and enjoy a good quality of life, with access to appropriate services when needed.

RECOMMENDATION

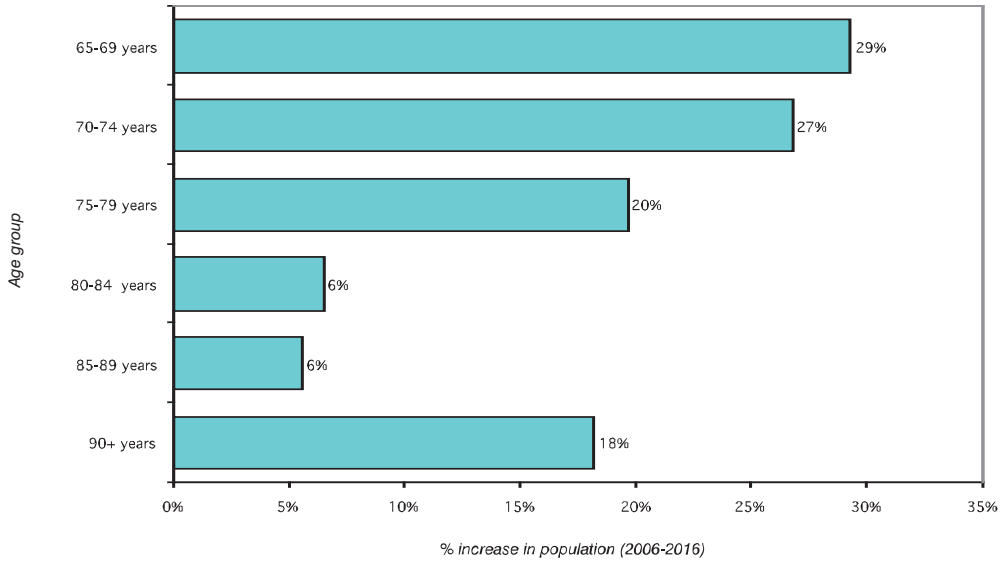
The Older People's Strategy should be presented to the Board of the Primary Care Trust for approval

2 Demography

Approximately 21,200 people aged 65 years or more live in Telford & Wrekin, which is around 13% of the local population. This is significantly lower than the overall position in England & Wales, where older people account for a fifth of the total population. Within Telford & Wrekin, the populations of the Ercall and Park wards on the outskirts of Wellington and the Newport South ward have the highest proportions of older people. In terms of registered practice populations, the Wellington and Newport practices have the highest proportions of older people, with around 19% of registered patients being aged 65 years or more.

In overall terms, the population of Telford & Wrekin is projected to increase by 8% during the next decade. However, much greater increases are expected in the older population, with the proportion of people aged 65 years or more projected to rise by 23% (an additional 6,400 residents) between 2006 and 2016. This compares to an equivalent increase of 20% nationally during the same period. Locally, the greatest population increases are projected in the 65-69 and 70-74 years age group where increases of 29% and 27% are expected (an additional 2,900 residents aged 65-69 and 1,900 aged 70-74 years). Figure 7 summarises these population projections.

Figure 7 Older People in Telford & Wrekin: Population Projections 2006-2016



Source: Borough of Telford & Wrekin

Considering older people from black and minority ethnic groups, it has been estimated that, by 2026, the older black and minority ethnic population in the UK will have risen tenfold, from 175,000 to over 1.8 million people. In 2001, while just under 2% of the over 65 population in Telford & Wrekin were from a black and minority ethnic group (378 people), it is estimated that this will increase by 76% (to 665 people) by 2016.

3 Health, Wealth and Home

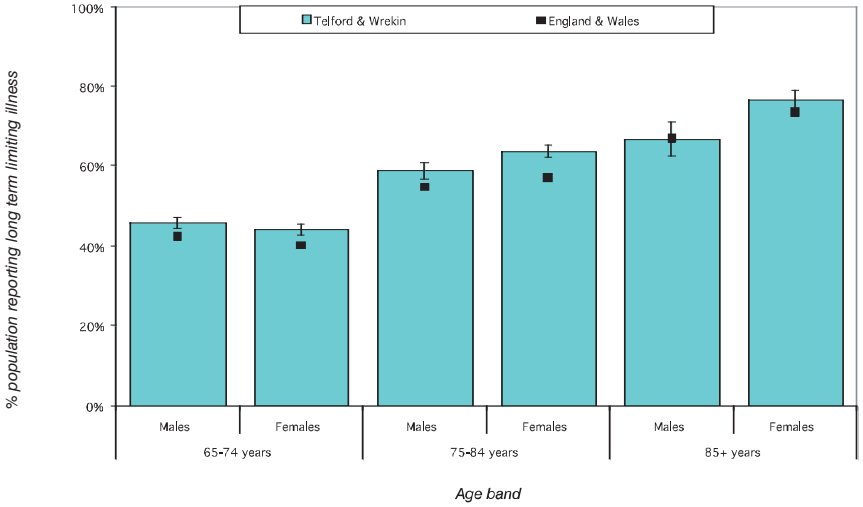
General Health

In Telford & Wrekin, 27% of people aged 65 years or more reported that their general health was 'not good' in the 2001 census. This was slightly higher than the overall position for England and Wales, where 23% of older people described their health as 'not good'. A further 43% of older people in Telford & Wrekin described their health as 'fairly good' and just over 30% described their health as 'good'. Overall, older men in Telford & Wrekin were more likely to report good health than older women. As expected, the reporting of poor general health in Telford & Wrekin increased with age, from 20% in men and women aged 65 to 69 years to 32% and 36% respectively in men and women aged 85 years or more. 32% of older people living in the more deprived areas of Telford & Wrekin reported poor general health, compared to 20% of the older people living in the most affluent areas of the Borough.

Long-term Conditions

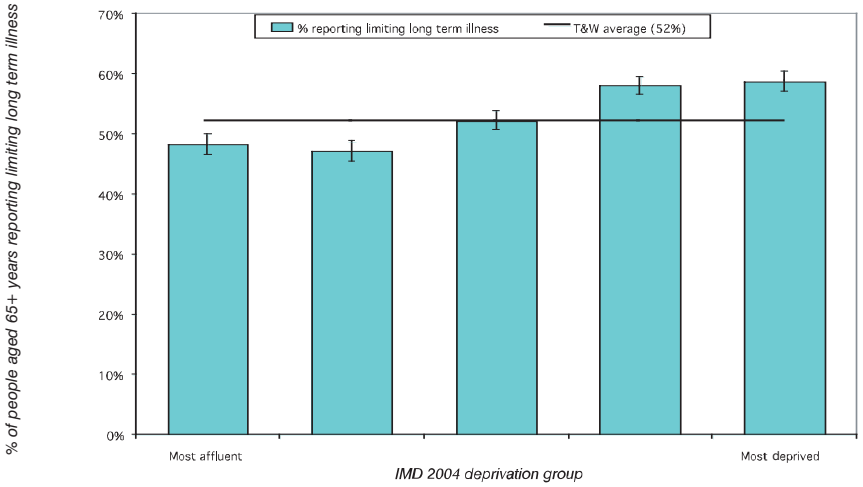
In the 2001 census, just over half (53%) people aged 65 years or more in Telford & Wrekin reported some form of long-term life-limiting illness. This was higher than the overall position for England & Wales, where 48% of older people reported such problems. Figure 8 summarises the reporting of long-term conditions by older people. Up to the age of 85 years, the reporting of long-term conditions was significantly higher amongst both men and women in Telford & Wrekin compared to the national average. The pattern of reporting of long-term life-limiting conditions provides evidence of health inequalities amongst older people in Telford & Wrekin. Figure 9 shows that significantly more people living in the more deprived areas of the Borough reported a long-term condition than older people living in the more affluent areas.

Figure 8 Census 2001: Reporting of Long-term Conditions amongst Older People



Source: Office for National Statistics 2001 Census Area Statistics © Crown Copyright

Figure 9 Older People in Telford & Wrekin: Reporting of Long-term Conditions and Deprivation

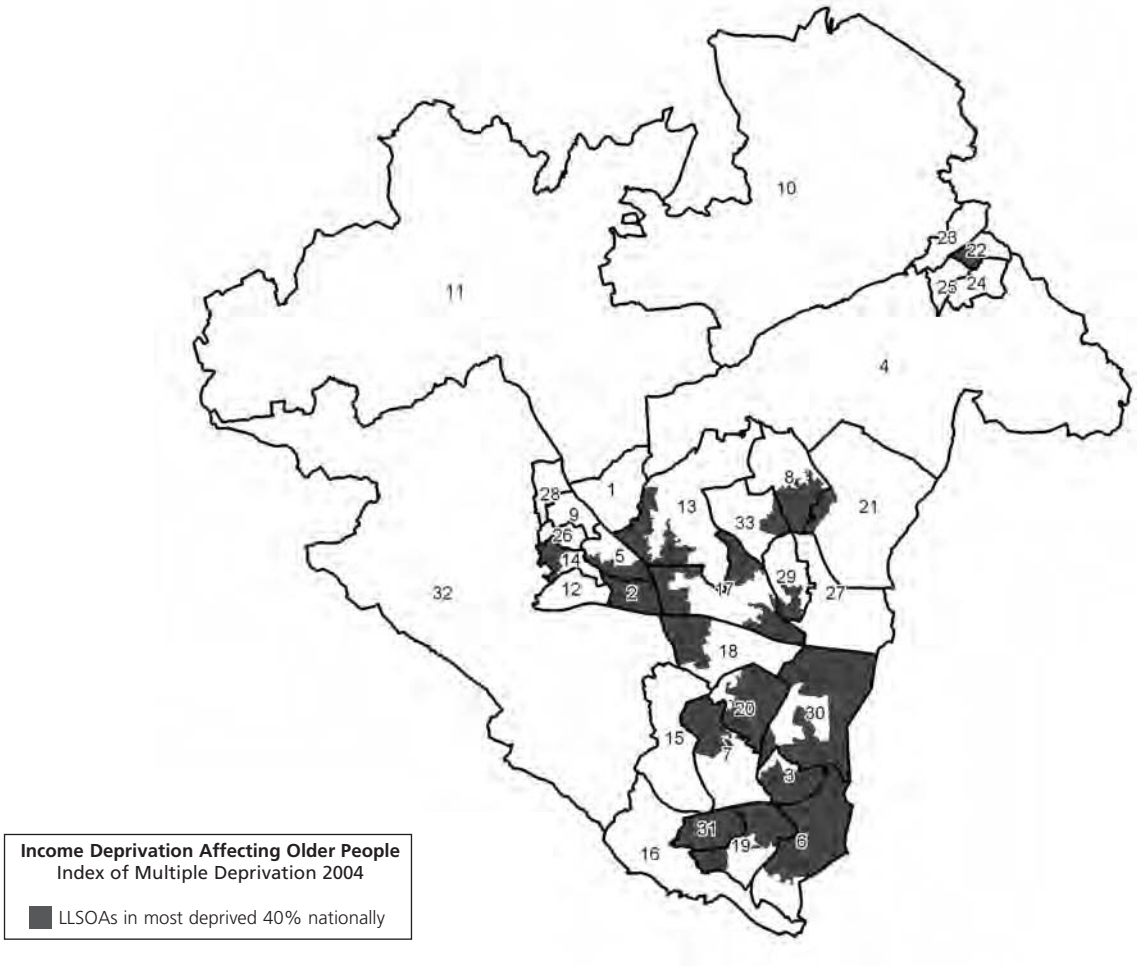


Source: Office for National Statistics 2001 Census Area Statistics, Office of the Deputy Prime Minister The Index of Multiple Deprivation 2004 © Crown Copyright

Income Deprivation

The Index of Multiple Deprivation 2004 measures income deprivation affecting older people by examining pensioner households which are reliant on benefits. 17% of pensioner households in Telford & Wrekin are reliant on state benefits, compared to 15% across England as a whole. Around 4,600 Telford & Wrekin pensioners live in super output areas which are classified as falling into the worst 40% of wards across the country for pensioner deprivation. In these areas, 24% to 38% of the Telford & Wrekin population aged 60 years or more are reliant on benefits. Figure 10 demonstrates that older people who are income deprived tend to be concentrated in areas of South Telford.

Figure 10 Older People in Telford & Wrekin: Distribution of Income Deprivation

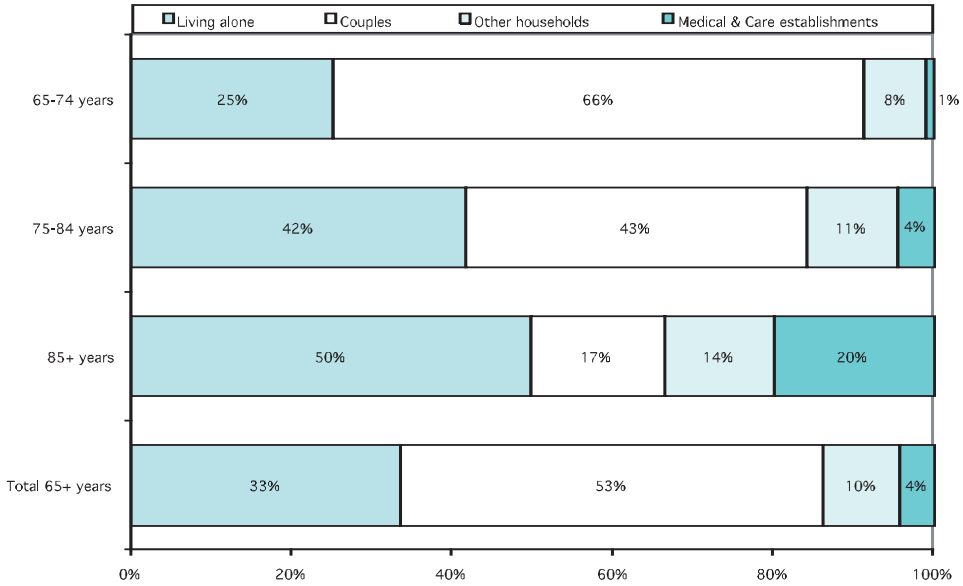


Digital Mapping Solutions from Dotted Eyes. © Crown Copyright 2003. All rights reserved. Licence Number 100019918.
Source: Office of the Deputy Prime Minister The Index of Multiple Deprivation 2004 © Crown Copyright

Living Arrangements

At the time of the 2001 census, 53% of people aged 65 years or more in Telford & Wrekin lived with a partner and a third lived alone. 4% of older people lived in medical and care establishments, such as nursing or residential homes. Figure 11 analyses older people's living arrangements by age group. The proportion of older people living alone and in care homes increased with age, with half of those people aged 85 years or more living alone and a fifth living in medical or care establishments.

Figure 11 Older People's Living Arrangements in Telford & Wrekin



Source: Office for National Statistics 2001 Census Area Statistics Theme Tables © Crown Copyright

4 Supporting Older People to Live Independently

Maximising Income for Older People

Across the country, more than half of single person households with a person of pensionable age and one eighth of two person households with at least one person of pensionable age have a weekly income of less than £200. Although social security benefits form an increasingly significant fraction of household income with increasing age, older people have a tendency not to apply for the benefits to which they are entitled. Nationally, it has been estimated that between £1.7 and £2.9 billion worth of means-tested benefits went unclaimed by older people in 2002/3, including the minimum income guarantee and housing and council tax benefits. This can be due to a number of factors such as a lack of awareness of entitlement and the complexity of claims documentation.

The National Pension Service is a dedicated service providing state financial support to pensioners and helping people plan and provide for retirement. The service is delivered at both national and local levels, in partnership with other organisations. The Local Public Service Agreement for Telford & Wrekin includes a target to increase the income of older people through enhancing the uptake of pension credit and other allowances. The Local Pensions Service has been proactive in its attempts to maximise the income of older people and more than two million pounds in increased benefits have been secured for older people since the service was established in 2002. Processes include identifying potential customers and home visits to help with completion of the appropriate application forms. Recently, the service has focused on increasing the uptake of pension credit, which supplements income up to a guaranteed level set by Parliament, and includes additions for severe disablement, for carers and for certain housing costs. Individuals entitled to the guaranteed element of pension credit are automatically entitled to council tax benefit, but are required to submit a separate claim form.

Maximising Income: A Local Case Study

When a 68-year-old lady from Madeley attended a local benefits open day last summer, her only income was her state pension which amounted to £82.05 a week. Miss Brown lives alone, has no savings and suffers from arthritis, angina and diabetes. The pension service visited her at home and helped her to complete application forms for pension credit and attendance allowance. The applications for both benefits were successful and now Miss Brown's weekly income has risen to £215.55 and she does not have to pay rent or council tax.

The Telford & Wrekin Pensions Service has developed strong partnerships with other local agencies, including the social care team and the Revenues and Benefits Department in Telford & Wrekin Council, the Wrekin Housing Trust and Carers Contact. In Stirchley, health visitors can make direct referrals to the service, which has resulted in many awards of attendance allowance.

Social Support and Community Services

One of the key aims of social services in Telford & Wrekin is to ensure that older people enjoy a good quality of life and participate fully in society by retaining their independence, in their own home whenever possible.

OLDER PEOPLE

Working with partners, Telford & Wrekin Council help a significant number of older people live at home by:

- Supporting Age Concern to run local day centres (see below)
- Providing support for people in their own homes, through, for example, individual care packages and the community meals service
- Providing intensive rehabilitation support to reduce the need for long-term care
- Providing intensive home and day care support to prevent admission to residential or nursing homes

Age Concern runs a range of services to support older people living in Telford & Wrekin. Sixteen day centres, staffed by volunteers, provide an opportunity for a day out, social contact and a cooked meal. In addition, the local Age Concern 'Living Well' project is a lottery-funded initiative encompassing a variety of activities such as gentle exercise and 'Art 4 Life' classes.

Increasingly, programmes of social support for older people are being integrated with other services across Telford & Wrekin to better ensure the provision of seamless care, addressing the health, housing, psychological and social needs of older people.

Housing

The quality and suitability of housing is central to older people achieving and sustaining a good quality of life. The increase in the size of the older population in Telford & Wrekin presents a number of important challenges, including the supply of both mainstream housing and specialist provision, such as supported housing. Another key issue is the availability of services to help older people continue to look after their own homes.

Currently, 53% of local residents aged 65 years or more are owner-occupiers of their homes and 26% live in rented accommodation. 8% of older people in Telford & Wrekin live in sheltered or supported housing, which is predominately provided by the social housing sector. However, at the end of 2005, there were approximately 800 older households on the local housing register and requiring accommodation, some of whom had requested a move to more appropriate accommodation.

Some of the key findings of the 2003 survey of local housing needs in Telford & Wrekin included that:

- 11% of households headed by a person aged 75 or more felt they were living in unsuitable housing
- Older households, especially those headed by someone over 75 years, were much more likely to state that their home was too hard to manage or repair and that their home was too far from shops or other facilities
- Amongst the over 50s, 88% of households did not intend to change from their current tenure

In 2004, the local Housing Stock Survey revealed that the accommodation of almost 1,500 older households in Telford & Wrekin did not meet the 'decent homes' standard. The main barriers to home maintenance and repair cited by older households were a lack of finance and difficulties in obtaining a reputable builder. In addition, 12% of older households in Telford & Wrekin are likely to be in fuel poverty, where the annual expenditure on fuel is greater that 10% of the annual household income.

The Telford & Wrekin Home Improvement Agency aims to help homeowners and private tenants remain safe, secure, comfortable and independent in their own home, focusing on people who are over 60 years of age or who are disabled. Recently, the role of the Agency has expanded to provide advice, support and guidance on repairs and maintenance for older people living in their own homes, including advice on grants which may be available. The Home Improvement Agency also provides support for private tenants and may also assist with minor repairs to properties.

The Home Improvement Agency can be contacted on 01952 202785 or via
http://www.telford.gov.uk/Housing/Private+housing/PSHHomeImprovementAgency.htm

Fuel Poverty and Fuel Efficiency

Fuel poverty is defined as a financial position in which a household needs to spend more than 10% of its income on fuel in order to achieve an adequate standard of warmth (a temperature of 21°C in the living room and 18°C in other occupied rooms). There are a range of reasons for fuel poverty, including homes with poor energy efficiency, low household income and the price of fuel. Fuel poverty is a particular problem for older people. Older people tend to be on relatively low incomes and spend more time at home, while their health is more sensitive to cold stress. People over 60 years make up 49% of all fuel poor households.

The local Energy Efficiency Advice Centre covers Telford & Wrekin, Shropshire, Hereford and Stoke and offers free, impartial, expert advice to householders on reducing fuel bills and keeping homes warm. The Centre offers a range of services including:

- Information on the effective use of heating systems
- Advice on grants and discounts which may be available to improve insulation, install heating systems and replace old boilers
- An expert home visiting service

The Energy Efficiency Advice Centre can be contacted on Freephone 0800 512012 or via
http://www.telford.gov.uk/Housing/Energy+efficiency/

RECOMMENDATION

Telford & Wrekin Primary Care Trust should ensure that all its front line staff who work with older people are fully aware of the support available from the Telford & Wrekin Pensions Service, the Home Improvement Agency and the Energy Efficiency Advice Centre, so that more older people can benefit from these services

Excess Winter Deaths amongst Older People

In the UK, the death rate amongst people over the age of 75 years is higher during the winter months (December to March) than during the rest of the year (April to November). It has been estimated that circulatory and respiratory conditions account for around 75% of excess winter deaths. This pattern is not seen in Scandinavian countries, where winter temperatures are actually much lower. Many of these excess deaths are believed to be preventable, with some being related to living conditions and socioeconomic circumstances. For example, the health of older people can be adversely affected if they are living in accommodation which is cold and/or damp. Even quite a modest fall in temperature causes an increase in death rate, with around a 2% excess mortality overall for each degree Celsius fall in outdoor temperature below 19ºC. Telford & Wrekin has recently emerged as the best performing area in the West Midlands on the basis of an 'excess winter death index' developed by the West Midlands Public Health Group. This means that, compared to other Primary Care Trusts in the West Midlands, Telford & Wrekin experiences the smallest increase (% change) in deaths during the winter months.

The Telford & Wrekin Senior Citizens Forum

The Telford & Wrekin Senior Citizens' Forum provides an important vehicle for older people to express their views and concerns to public sector organisations. Membership of the Forum has grown rapidly since its first meeting in September 2004 and stood at around 1,000 people by the end of 2005. The Forum operates through a series of quarterly meetings, open to all older people living in the area. Topics discussed so far include local council and health services, adult education and leisure opportunities and crime and safety. The Forum also has three special interest groups covering transport, the environment and health and social care matters. A regular newsletter is produced for all members, providing a briefing on matters discussed at the Forum meetings and other issues of local or national interest.

5 Ill-health amongst Older People

Although many older people are healthy, the proportion of people with an illness or disability which restricts daily activity does increase with age. For example:

- 20% of people over the age of 50 years will have consulted a GP in the last two weeks
- 10% of people aged 65 to 79 years and 25% of people aged 80 years or more report serious disability
- Across the country, 580,000 people over the age of 60 years have serious to profound deafness
- Although it has been estimated that around 15% of people over the age of 65 years have depression, undiagnosed depression is a significant problem in old age

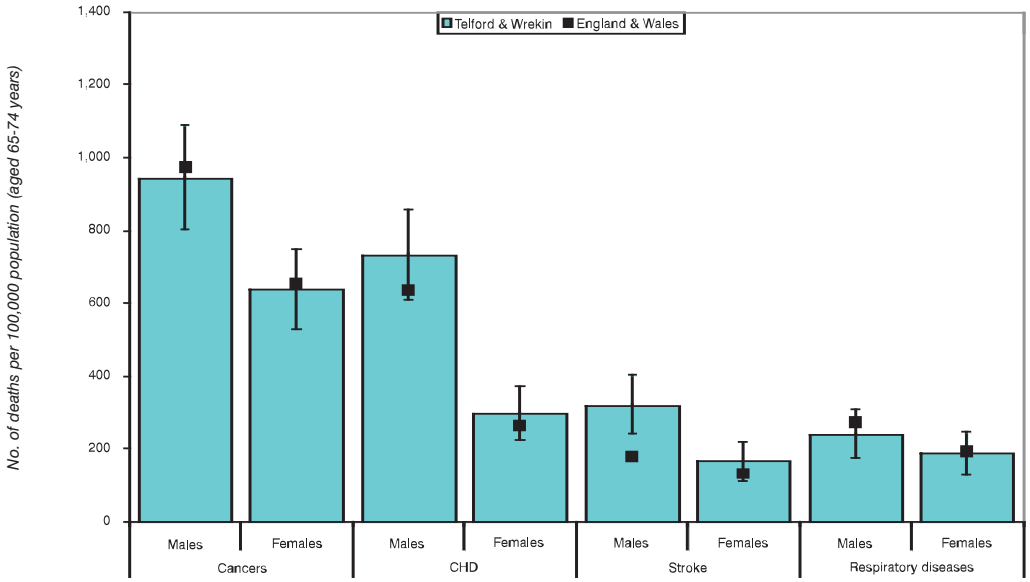
Older people are major users of NHS services - it has been estimated 41% of the NHS budget was spent on people over 65 years in 2000/1. It has also been estimated that around 87% of people aged 75 years or more are taking prescribed medication, of whom more than two thirds are taking at least three different medications.

The Telford & Wrekin Strategy for Long-term Conditions outlines the impact of a range of chronic diseases on the health and quality of life of older people.

Premature Mortality

A premature death is currently defined as one which occurs before the age of 75 years. Reducing premature mortality rates from circulatory disease and cancer remain national priorities and have been examined in previous Annual Public Health Reports for Telford & Wrekin. With particular reference to older people, 50% of all premature deaths in Telford & Wrekin occur in people aged 65 to 74 years. Figure 12 is a sex-specific analysis of the distribution of the major causes of death in this age group during the period 2002 to 2004. Female mortality rates from cancer, circulatory disease and respiratory disease in Telford & Wrekin are not significantly different from the national average. Male mortality rates are likewise not significantly different for cancer, coronary heart disease and respiratory disease but are significantly higher for stroke.

Figure 12 Mortality amongst Older People 65 to 74 years in Telford & Wrekin: Gender and Major Causes of Death



Source: Office for National Statistics Mortality Statistics (2002-2004) © Crown Copyright

RECOMMENDATION

Further work should be completed to investigate and address patterns of stroke mortality in Telford & Wrekin, particularly amongst men

Stroke

Stroke is predominantly (but not exclusively) a condition of older people and is a major killer and a significant cause of disability and dependence. Stroke is caused by a sudden disruption in the blood supply to the brain (through a block or because of bleeding) and is associated with a range of medical conditions including diabetes, high blood pressure, atrial fibrillation (a form of irregular heart beat) and carotid stenosis (a narrowing of the main blood vessel to the brain). Around 30% of patients who have had a stroke die during the first month after the event. In Telford & Wrekin:

- Around 260 patients experience a first stroke each year
- There are around 2,400 people who have had a stroke and some 1,600 of these people will have at least moderate disability due to the stroke
- Each GP with a list size of 2,000 people can expect to see three new stroke cases each year and will have around 30 patients with a previous stroke under their care, of whom 20 will have moderate disability

Reducing the incidence and improving the management of stroke is an important theme in the National Service Framework for Older People. In summary, the evidence supports four levels of action:

- Population-based strategies for the primary prevention of stroke (stopping stroke from happening in the first place), including smoking prevention, increasing levels of physical activity and improving diet and nutrition, including the reduction of salt consumption (see section 6 of this chapter)
- Primary prevention in people at high risk of stroke, including people with hypertension, atrial fibrillation and diabetes
- Secondary prevention (reducing the likelihood of further stroke) in people who have had a stroke
- Minimising the impact of existing stroke through high quality acute and rehabilitative care

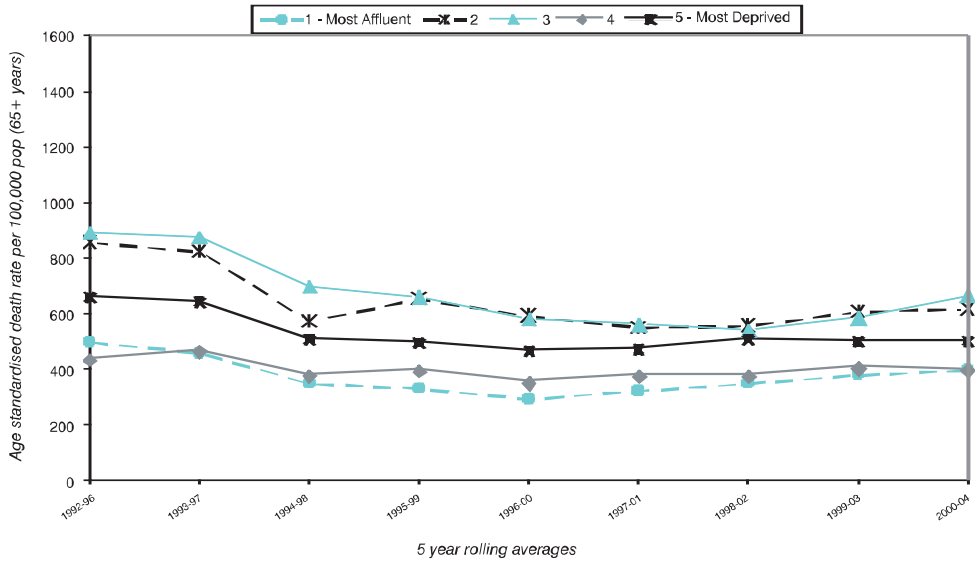
The primary care Quality and Outcomes Framework (QOF) underpins this whole approach and is now an essential component of population strategies to address stroke. The QOF contains a wide range of clinical performance measures which will impact on the incidence and management of stroke (and other circulatory disease), including:

- A requirement that practices should have registers of patients with hypertension, diabetes and previous stroke
- Primary prevention measures, such as the review and treatment of patients with high blood pressure and diabetes, including support for smoking cessation
- Secondary prevention measures, such as ensuring that patients who have had a stroke are offered support for smoking cessation, have their blood pressure controlled and (where not contraindicated) receive an antiplatelet drug such as aspirin

Although Telford & Wrekin Primary Care Trust has recognised the importance of developing a co-ordinated approach to the development of stroke care, it has not so far been possible to appoint a local stroke co-ordinator (as was envisaged, for example, in the Older People's National Service Framework).

Figure 13 shows a complex relationship between recent trends in mortality from stroke amongst older people and deprivation. Although older people living in the most deprived areas of Telford & Wrekin do not experience the highest mortality rates from stroke, there was no significant change in stroke mortality amongst older people living in the 40% most deprived areas during the period 1992 to 2004. However, mortality rates fell significantly in all other groups. Overall inequality in stroke mortality narrowed during this period.

Figure 13 Stroke Mortality in Older People (65+ years) : Trend and Deprivation



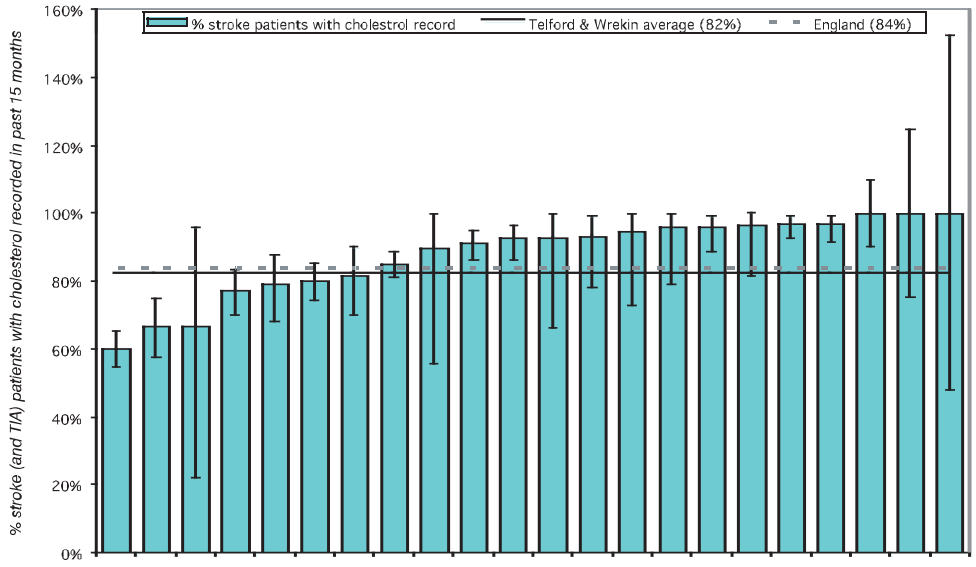
Source: Office for National Statistics Mortality Statistics (1992-2004) Office of the Deputy Prime Minister The Index of Multiple Deprivation 2004 © Crown Copyright

The Secondary Prevention of Stroke in Telford & Wrekin

Information presented in this section of the report is based on the management of stroke in all age groups, although it is reasonable to assume that the information predominantly applies to older people.

During 2004/05, 95% of patients with a history of stroke in Telford & Wrekin had had their blood pressure recorded during the previous 15 months. This is a very good overall performance and was similar to the national average for England, with relatively little variation between practices. During the same period, 82% of patients with a history of stroke had had their serum cholesterol levels checked within the previous 15 months, which was slightly lower than the national average of 84%. There was more variation between practices for this performance measure, with two practices recording a significantly lower proportion of patients checked (Figure 14).

Figure 14 Serum Cholesterol Monitoring in Patients with a Medical History of Stroke or Transient Ischaemic Attack



Source: QMAS 2004/05, data as at end of June 2005, Copyright © Health and Social Care Information Centre 2005

Table 4 summarises other secondary prevention activity in primary care for stroke patients and is further evidence of a spectrum of performance at practice level.

Table 4 Secondary Prevention Activities in Patients with a Medical History of Stroke or Transient Ischaemic Attack

% of patients who, in the previous 15 months, have received:	England	Telford & Wrekin average	Telford & Wrekin practice range
Influenza immunisation	84%	83%	67% - 100%
For smokers, a review of their smoking status	96%	92%	75% - 100%
For smokers, advice about or referral to Help 2 Quit	92%	91%	72% - 100%

Source: QMAS 2004/05, data as at end of June 2005, Copyright © Health and Social Care Information Centre 2005

RECOMMENDATION

The Primary Care Trust should continue to review the case for appointment of a stroke co-ordinator

RECOMMENDATION

Given the potential of QOF to improve population health, the Primary Care Trust should review its systems to recognise and manage relatively poor performance in the QOF performance indicators in Telford & Wrekin. Leading on from this, enhanced measures may need to be put in place to bring all local performance up to the level of the best, including the recognition and sharing of best local practice

RECOMMENDATION

Given the importance of the practice-based disease registers in chronic disease management, the Primary Care Trust should review and develop its support and quality assurance arrangements for these registers

RECOMMENDATION

The Primary Care Trust should develop information systems to allow the monitoring of primary care QOF indicators by age group

Transient Ischaemic Attack

A transient ischaemic attack (TIA) can be thought of as a mini-stroke whose effects disappear within 24 hours, but people who experience this type of event are at a particularly high risk of stroke. Around 57 people will experience a TIA each year in Telford & Wrekin, most of whom are over the age of 65 years. Although research in this field is complex, it has been estimated that, without treatment, around 4% of these patients will suffer a full stroke in the first month after their TIA, rising to around 12% of patients in the first year and 29% in the first five years after the initial TIA. Patients who experience a TIA require rapid clinical investigation and possibly surgical assessment and treatment to reduce their risk of stroke. Work to develop a care pathway for the management of TIA is already established in Shropshire County, led by the Primary Care Trust's stroke co-ordinator.

RECOMMENDATION

The Primary Care Trust should develop a care pathway for the diagnosis and management of transient ischaemic attack

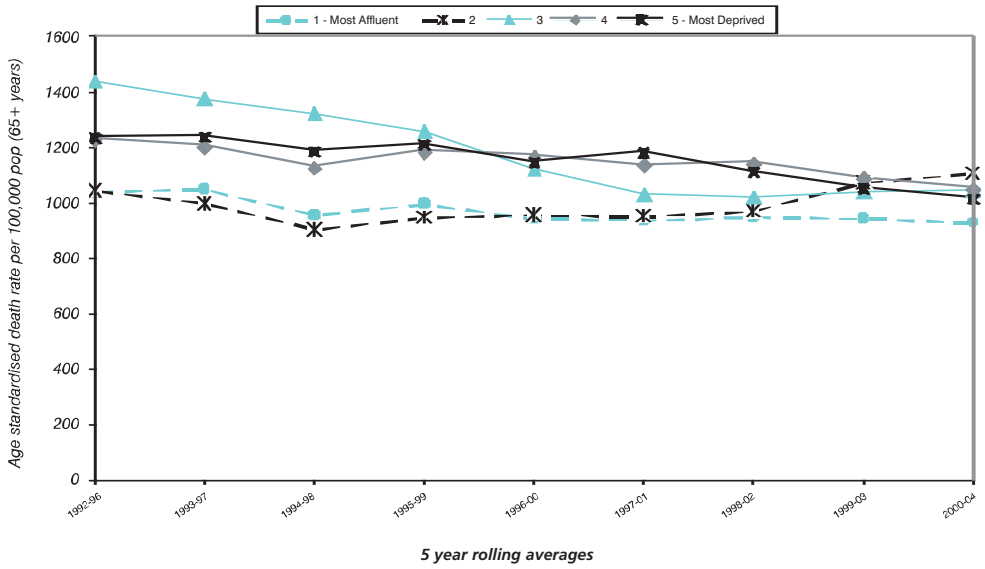
RECOMMENDATION

Working with its key partners, the Primary Care Trust should explore opportunities to establish a rapid access neurovascular clinic for transient ischaemic attack and minor stroke

Cancer Mortality and Screening for Colorectal and Breast Cancer

The 2002/3 Annual Public Health Report examined the incidence and prevalence of cancer in Telford & Wrekin. Figure 15 shows that inequalities in cancer mortality rates have been narrowing amongst older people in Telford & Wrekin since around the mid-1990s. There are now no significant differences in cancer mortality after the age of 65 years between the different socio-economic groups in Telford & Wrekin.

Figure 15 Cancer Mortality in Older People (65+ years) : Trend and Deprivation



Source: Office for National Statistics Mortality Statistics © Crown Copyright, Telford & Wrekin PCT General Practice Population Register, Office of the Deputy Prime Minister The English Indices of Deprivation 2004 © Crown Copyright

Colorectal (large bowel) cancer is the third most common cancer in England and Wales and its incidence rises continuously in people over the age of 50. In Telford & Wrekin, there will be at least 100 new cases each year and 52 deaths from the disease, with around 75% of these deaths occurring in people aged 65 years or more. The stage at diagnosis is very significant in determining future prognosis for in individual patients. The new NHS Bowel Cancer Screening Programme should reduce mortality from bowel cancer in the screened population by around 15% through earlier diagnosis and treatment. Screening will be based on stool testing conducted at home every two years, followed by a flexible colonoscopy (a telescope examination of the bowel) in a clinic in the 2% of patients who will have a positive stool test. The programme will include all men and women from 60 to 69 years and is planned to roll out in pilot sites from April 2006, to be fully operational in 100 centres across the country by 2009.

62% of women who die from breast cancer in Telford & Wrekin are aged 65 years or more. The National Breast Cancer Screening Programme was extended to women aged 65 to 70 years in April 2004 and all eligible women in this age group in Telford & Wrekin will have been invited to attend by the end of the current three year screening round. The uptake of breast screening in this age group is currently 68%, which compares well to the national average uptake of 71% at this stage.

Osteoarthritis

Although osteoarthritis is not confined to older people, increasing age is a well-recognised risk factor for development of the disease. The condition results from structural and functional failure of joints caused by, for example, misalignment, muscular weakness and/or previous injury. Osteoarthritis is relatively common and most frequently affects the hands, knees and hips - one study found that a quarter of people over 55 years experienced an episode of persistent knee pain during a 12 month period and that one in six of these people consulted their GP with the problem. Although there is little consensus about the overall incidence and prevalence of the condition within the general population, there are likely to be around 3,600 adults with symptomatic osteoarthritis of the hip and just under 3,000 people over the age of 55 years with symptomatic osteoarthritis of the knee in Telford & Wrekin. Current evidence suggests that the prevalence of osteoarthritis is likely to increase significantly over coming decades. Clinical symptoms can include joint pain (typically exacerbated by activity and relieved by rest), swelling, stiffness and reduced movement.

In terms of prevention, the following areas are important:

- Increasing levels of physical activity. Regular, moderate levels of low intensity exercise, including for older people, are important in preventing the onset of symptomatic osteoarthritis of the hip and knee and the associated loss of mobility
- Reducing levels of obesity (particularly important for osteoarthritis of the knee)
- Addressing modifiable occupational risk factors, in particular, regular, heavy lifting (particularly important for osteoarthritis of the hip)

Treatment programmes need to be individually tailored, but the general hierarchy of clinical management of osteoarthritis should be:

- Non-pharmacological approaches, such as patient education, weight loss and exercise. It is recommended that all people who are able to undertake exercise should be encouraged to take part in a low impact aerobic programme, for example, walking or swimming (see section 6 of this chapter)
- Pharmacological treatment, although many of the drugs in common use for the condition can have significant side-effects, particularly in older people
- Surgery, when pain has become debilitating and/or the condition has caused major functional limitation

RECOMMENDATION

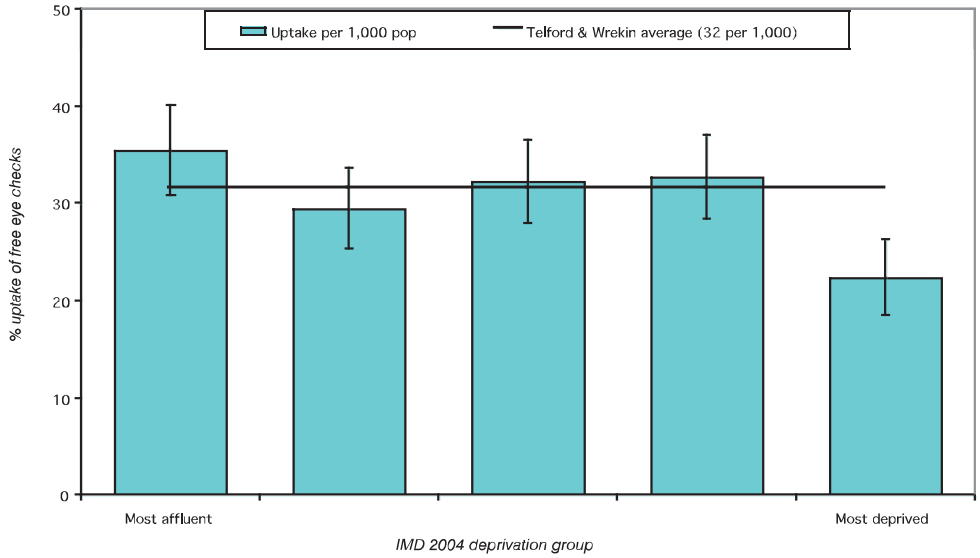
The Primary Care Trust should request a review of progress in implementing the care pathway for hip replacement from the Shrewsbury & Telford Hospitals NHS Trust

Visual Health

Nationally, it has been estimated that of the two million people with serious sight problems, 90% are over the age of 60 years. Free NHS eye checks were reinstated for the over 60s in April 1999 and are important both for the early detection of eye disease and for secondary effects, such as accident prevention. Around 5% of people examined by opticians are then referred on for further out-patient ophthalmological assessment. In Telford & Wrekin, there are around 700 cataract removal operations performed on local residents aged 65 years or more every year.

A health equity profile based on patterns of activity during April and May 2005 revealed low levels of uptake of the free eye check by all groups, with older people living in the most deprived areas of Telford & Wrekin significantly less likely to access the check (Figure 16). A similar analysis of general practice referral rates for cataract surgery did not reveal any significant differences in activity between practices in Telford & Wrekin during the period April 2002 to March 2005. Further audits examining the uptake of hearing tests and dental check-ups amongst older people in Telford & Wrekin are planned for 2006/7.

Figure 16 The Uptake of Free Eye Checks by Older People in Telford & Wrekin



Source: Department of Health General Ophthalmic Services (GOS1 forms) April-May 2005, Office of the Deputy Prime Minister The Index of Multiple Deprivation 2004 © Crown Copyright

RECOMMENDATION

The Primary Care Trust should develop and monitor the impact of a local publicity campaign to promote free eye checks for older people

6 Keeping Healthy for Longer

Extending healthy life expectancy by promoting health and active life is one of the eight standards in the National Service Framework for Older People. The health promotion programme for older people in Telford & Wrekin - 'Active Healthy Lives' – aims to help older people make the most of available health opportunities and includes specific action in a number of areas, including physical activity, diet and nutrition, influenza, and smoking cessation. Key themes of 'Active Healthy Lives' are the involvement of older people in the development of the programme, the development of wider community-based initiatives and tackling local health inequalities.

Smoking and Smoking Cessation

In Telford & Wrekin, 13% of people aged 65 years or more currently smoke, which is similar to the national average for the age group of 12%. The 2004 Public Health Report for Telford & Wrekin demonstrated that the uptake of the local Help 2 Quit service is age-dependent, with smokers over the age of 75 years significantly less likely to access the service. This pattern has continued in 2004/5 and may be an important factor in the management of chronic obstructive pulmonary disease amongst some older people.

RECOMMENDATION

Telford & Wrekin Primary Care Trust should work with the Help 2 Quit service to understand and address the relatively low uptake rates for smoking cessation services amongst some older people

Physical Activity

Levels of participation in physical activity decline with age, but low levels of physical activity are associated with important health problems including coronary heart disease, stroke, high blood pressure, osteoporosis and diabetes. Nationally, four out of five residents of care homes are inactive. In Telford & Wrekin, 25% of men and 28% of women aged 65 years or more class themselves as physically inactive, which is similar to West Midlands regional average for the age group.

The World Health Organisation and British Heart Foundation have recommended that older people should be supported to remain physically active throughout their lives. A number of different agencies are providing activity sessions specifically aimed at older people across Telford & Wrekin. These include weekly chair-based exercise classes run by health visitors and the Extend classes, which are part of the Age Concern 'Living Well' project, available in day centres and other community settings. Participants of chair-based exercise classes in Telford & Wrekin have described a range of benefits including improved mobility, strength and flexibility, increased independence and improvements in mood.

Comments from older people who have taken part in chair-based exercise sessions in Telford & Wrekin:

"I think the classes are great in every way and do so hope they continue. The social side's great and we have such a lovely happy time, I love it"

"I haven't fallen over since attending these classes"

"It is a pleasure to meet other people in my age group with similar complaints and see a lot of smiles"

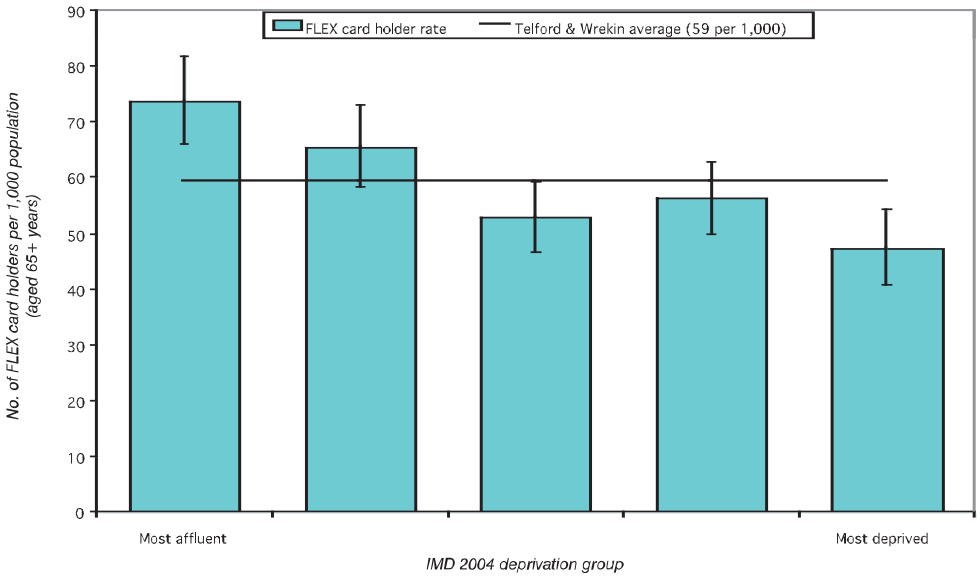
"I enjoy the company and it's relaxing to get out"

Some care homes and sheltered housing schemes also provide their own exercise classes for older people and the Primary Care Trust provides bi-annual training for care staff to deliver adapted exercise. The 'Walkabout Wrekin' group walks are also popular with older people, with 11 walks taking place each week.

Telford & Wrekin Council offers a concessionary scheme to council owned leisure facilities for older people living locally. The Flex card scheme entitles card holders to free swimming during public sessions, free ice skating and skate hire during off peak times and reduced price admissions to other activities, as determined by each leisure centre. Swimming has proven to be the most popular form of activity chosen by Flex members aged 65 years or more, followed by use of local fitness suites and golf facilities. Local leisure centres also provide targeted activities for older people including tea dances, over 55 swimming lessons and organised walks.

However, only around 6% of local residents aged 65 years or more are currently Flex cardholders and the scheme has significantly higher uptake rates amongst older people living in the more affluent areas of Telford & Wrekin (Figure 17). The number of older people participating in recreational and leisure opportunities is now an indicator in the Common Performance Assessment Framework for Local Authorities and older people will become an important target group for local leisure services. There will be an enhanced publicity campaign for the Flex scheme in Telford & Wrekin during 2006, to attract more older people to the scheme, particularly those from more deprived local communities.

Figure 17 Physical Activity and Deprivation:
Uptake of the Flex Card Scheme by Older People in Telford & Wrekin



Source: Borough of Telford & Wrekin Leisure Services, Office of the Deputy Prime Minister The Index of Multiple Deprivation 2004 © Crown Copyright, Telford & Wrekin Primary Care Trust General Practice Population Register 2004

Diet and Nutrition

A diet high in fat, salt and sugar and low in fruit and vegetable intake is associated with an increased risk of cancer, coronary heart disease, stroke and diabetes. Although 82% of older people living in Telford & Wrekin consider their diet to be healthy, only 35% report eating the recommended five portions of fruit and vegetables each day.

The Telford & Wrekin Community Food Programme targets the most deprived communities and provides advice and training on healthy eating, food preparation and cooking skills. The Programme also encompasses action to improve access to healthy food. However, the Programme has largely been designed around the needs of younger people and not surprisingly, levels of engagement by older people have historically been low.

RECOMMENDATION

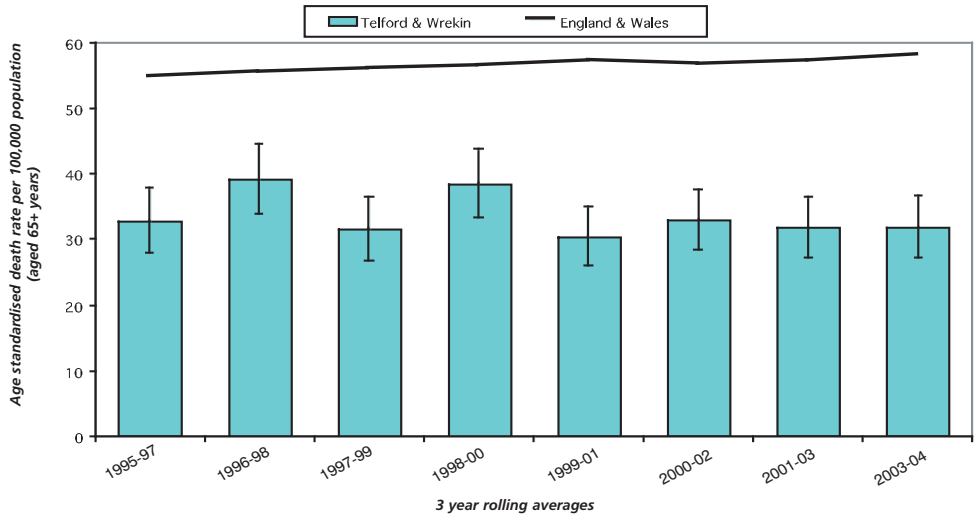
The Primary Care Trust should review the Community Food Programme to ensure that it encompasses the needs of older people, particularly those living in the more deprived communities of Telford & Wrekin

Accidental Injury

Accident prevention is a critical issue for all older people, regardless of where they live. Falls are an important cause of disability and dependence amongst older people. For example, it has been estimated that over 30% of people aged 65 years or more have a fall in any one year. In addition, falls account for 71% of fatal accidents and 54% of all injuries in this age group. Moving on to UK fire statistics, these show that people over 60 years are at greater risk of being killed in a fire than anyone else. Older people are also at increased risk of a range of other accidents, including accidental poisoning and road traffic accidents. Health problems such as dementia, Parkinson's disease and musculoskeletal problems can increase the risk of accidental injury.

Although accidental death rates amongst older people in Telford & Wrekin remain significantly lower than the national average and are stable (Figure 18), around seven older people die locally each year as a result of an accident. A comprehensive, evidence based accident prevention strategy for Telford & Wrekin is being developed and encompasses interagency action to reduce the risk of accidental injury amongst older people. A falls coordinator is leading on work to develop an integrated falls prevention service across the Borough.

Figure 18 Mortality from Accidental Injury amongst Older People



Source: Office for National Statistics Mortality Statistics and Mid Year Population Estimates © Crown Copyright

References

Bird J. Active Healthy Lives: A Health Promotion Programme for Older People 2003-2006. Telford & Wrekin PCT. December 2003

Choosing Health for the West Midlands: A Report of the Regional Director of Public Health. West Midlands Public Health Group. March 2006

Department of Health. National Service Framework for Older People. Department of Health: London. March 2001

Stevens A, Raftery J, Mant J, Simpson S. Health Care Needs Assessment, First Series, 2nd Edition Chapters 3 (Stroke) and 8 (Osteoarthritis). Oxford: Radcliffe; 2004

Philip I. Better Health in Old Age: Report from the National Director for Older People's Health to the Secretary of State for Health. Department of Health: London. November 2004

Slater, H. Telford & Wrekin Long-term Conditions Strategy. July 2005

Social Exclusion Unit. Excluded Older People Interim Report . Office of the Deputy Prime Minister: London. March 2005

Social Exclusion Unit. A Sure Start to Later Life: Ending Inequalities for Older People. Office of the Deputy Prime Minister: London. January 2006

Telford & Wrekin PCT and Borough Council. Telford & Wrekin Older Adults Strategy 2005 - 2010. March 2006

West Midlands Health Issues: Fuel Poverty. West Midlands Public Health Observatory; 2006.

Let's
Get
Physical
459
Let's Get
Physical
Let's Get
Physical
Let's Get
Physical

THE HEALTH OF PEOPLE FROM BLACK AND MINORITY ETHNIC GROUPS

This chapter describes the black and minority ethnic population of Telford & Wrekin. The chapter also highlights some of the particular health issues faced by people from black and minority ethnic groups, including mental health issues. A number of health promotion projects are summarised towards the end of the chapter. The lack of primary health care data coded for ethnicity was a limiting factor in the development of this section of the report.

1 Introduction

The UK black and minority ethnic population is highly diverse but has been described as experiencing, on average, significantly poorer life chances than the general population. Nationally, the communities experiencing the most significant levels of socio-economic disadvantage are Black Africans, Black Caribbeans, Pakistanis and Bangladeshis, although such experience is clearly not limited to these groups. Ethnic minority families are generally more likely to live in poor housing and experience poor living conditions. People of all ages from black and minority ethnic groups are also more likely to be in poor general health, particularly South Asians. A number of studies have highlighted the difficulties that people from ethnic minority groups have in accessing health services.

2 Patterns of Ethnicity in Telford & Wrekin

Ethnic Groups

In the 2001 census, around 9% of the national population and 5% of the Telford & Wrekin population defined themselves as being from a black and minority ethnic group. Within this, people identifying themselves as being of Indian or Pakistani descent accounted for around 3% of the total population in Telford & Wrekin. Other groups in the Borough included Black Africans, Chinese, Bangladeshi and Irish people. Table 5 summarises the ethnic breakdown of the population of Telford & Wrekin at the time of the 2001 census. There is anecdotal evidence that the Black African population has been increasing since the last census, in particular people from Ghana and West Africa.

Figure 19 maps the distribution of black and minority ethnic communities in Telford & Wrekin, again using the 2001 census data and lower level super output areas.

Table 5 2001 Census, Ethnic Groups in Telford & Wrekin

Ethnic Group		Number	Percentage
White	British	147314	93.0%
	Irish	1067	0.7%
	Other	1661	1.0%
Mixed	White and Black Caribbean	932	0.6%
	White and Black African	114	0.1%
	White and Asian	451	0.3%
	Other	231	0.1%
Asian or Asian British	Indian	2641	1.7%
	Pakistani	1595	1.0%
	Bangladeshi	90	0.1%
	Other	268	0.2%
Black or Black British	Caribbean	590	0.4%
	African	280	0.2%
	Other	122	0.1%
Chinese or other ethnic groups	Chinese	565	0.4%
	Other Ethnic Group	524	0.3%
Total Population	**All People**	**158445**	**100.0%**

Source: Office for National Statistics, Census 2001, Census Area Statistics © Crown Copyright

The diversity of the Telford & Wrekin population is also demonstrated by more recent information from the Telford & Wrekin Translation and Interpretation Service. Apart from English, languages which are spoken locally include Punjabi, Mirpuri, Urdu, Hindi, Farsi, Chinese, Polish, Russian, Kurdish, Turkish, Spanish, Portuguese and Japanese.

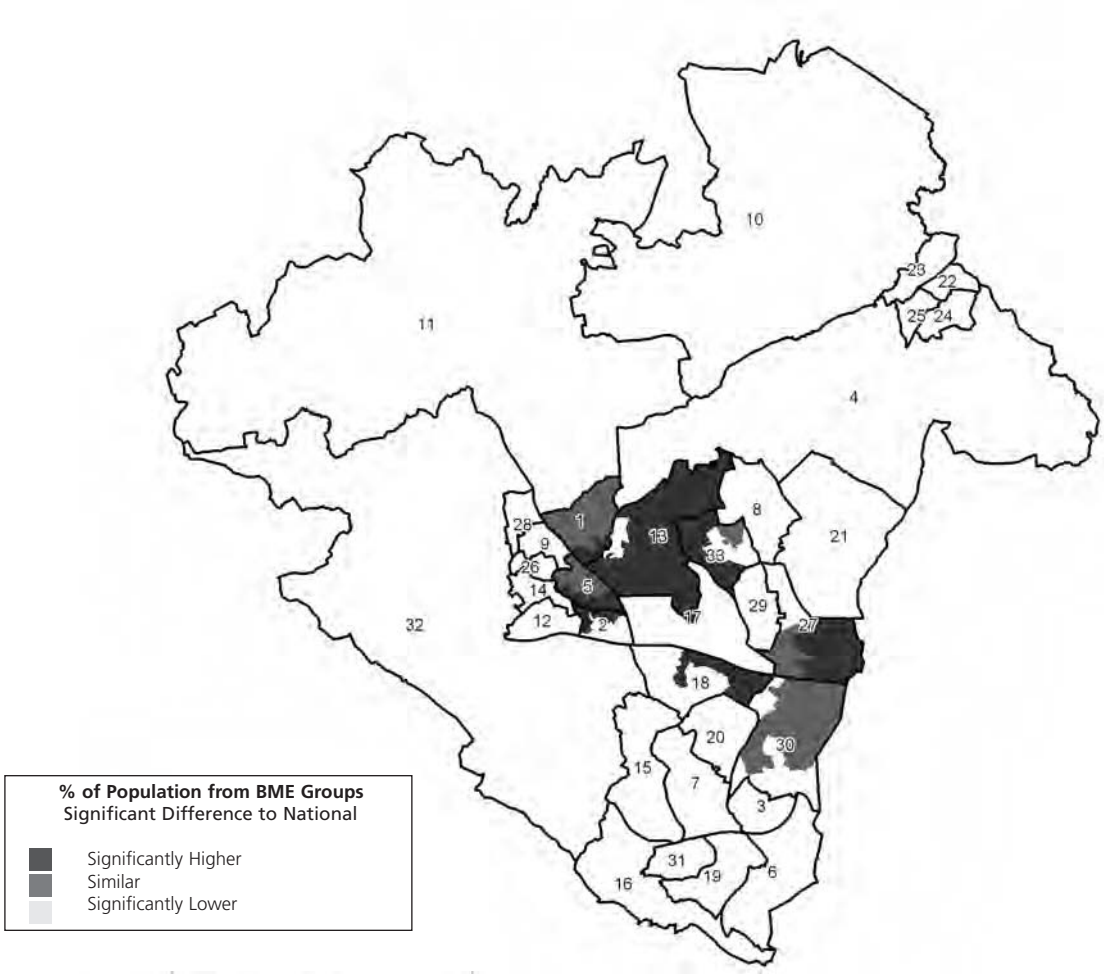
The Telford & Wrekin Translation and Interpretation Service

Translation and interpretation services are essential for improving access to services amongst people from black and minority ethnic groups. Nationally, a lack of understanding of the English language has been cited as one of the main barriers faced by people from black and minority ethnic groups in engaging with services, along with a lack of culturally sensitive provision.

The Telford & Wrekin and Shropshire Translation and Interpretation Service was established in 2000 and is based at the Civic Offices of Telford & Wrekin Council in Telford Town Centre. Supported by a range of partners including Telford & Wrekin Council, Telford & Wrekin Primary Care Trust and the West Mercia Probation Service, the service is a multi-agency initiative which aims to support service providers in communicating simply and effectively with all service users, through appropriate and high quality use of language and media. However, the service has reported a variable uptake of its support services

amongst health care providers in Shropshire and Telford & Wrekin. The service can currently provide translation and interpretation in more than 50 languages and has expertise in other formats such as Braille. In terms of translation, service providers are encouraged to make information available in plain English as this can be more useful than translated material, particularly where languages are difficult to translate effectively. In sensitive cases, the service can arrange for interpreters to come in from outside the local area.

Figure 19 Black and Minority Ethnic Communities in Telford & Wrekin



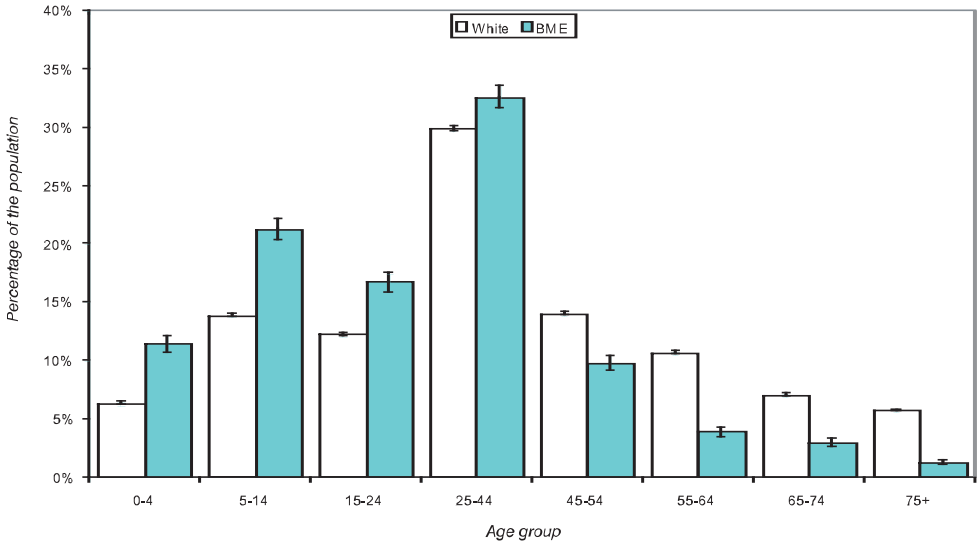
1	Apley Castle	8	Donnington	15	Horsehay & Lightmoor	22	Newport East	29	St. Georges
2	Arleston	9	Dothill	16	Ironbridge Gorge	23	Newport North	30	The Nedge
3	Brookside	10	Edgmond	17	Ketley & Oakengates	24	Newport South	31	Woodside
4	Church Aston & Lilleshall	11	Ercall Magna	18	Lawley & Overdale	25	Newport West	32	Wrockwardine
5	College	12	Ercall	19	Madeley	26	Park	33	Wrockwardine Wood & Trench
6	Cuckoo Oak	13	Hadley & Leegomery	20	Malinslee	27	Priorslee		
7	Dawley Magna	14	Haygate	21	Muxton	28	Shawbirch		

Digital Mapping Solutions from Dotted Eyes. © Crown Copyright 2003. All rights reserved. Licence Number 100019918.
Source: Census 2001, Census Area Statistics for Output Areas in the West Midlands, © Crown Copyright

Age Distribution

The age distribution of the black and minority ethnic population in Telford & Wrekin differed significantly from the white population in 2001. Figure 20 shows that, overall, the black and minority ethnic community had a younger age profile than the white population at that time, with a significantly higher proportion of the black and minority ethnic community being under 44 years of age.

Figure 20 Ethnicity and Age Profile in Telford & Wrekin



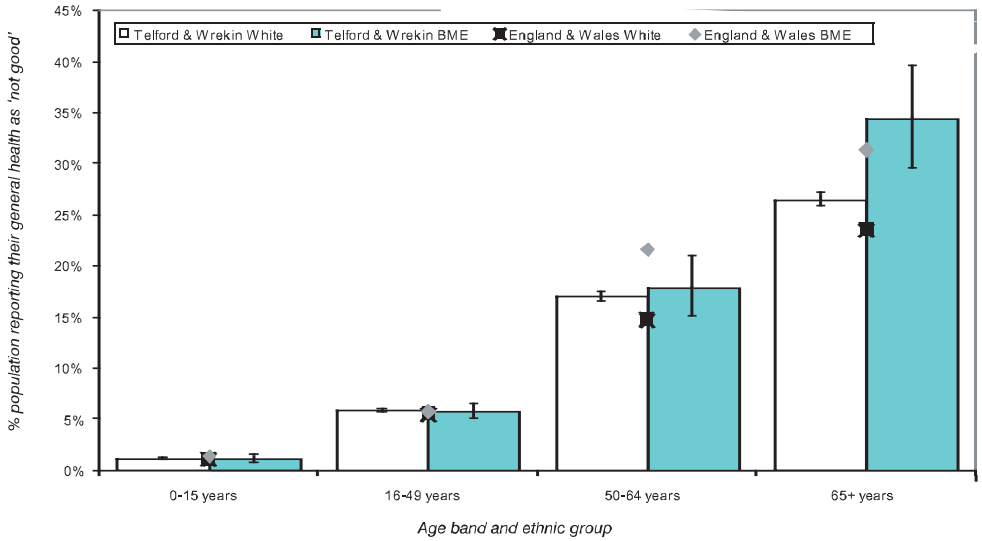
Source: Census 2001, Census Area Statistics for Output Areas in the West Midlands, © Crown Copyright

3 Levels of Health and Social Issues

General Health

The 2001 census explored whether respondents considered their general health to be 'good', 'fairly good' or 'not good'. Figure 21 shows that, up to the age of 65 years, there were no significant differences between the proportions of the white and black and minority ethnic populations who reported their health as 'not good' in Telford & Wrekin. Amongst the 50 to 64 year old age group, the level of reporting of poor health in the white population in Telford & Wrekin was significantly higher than the England and Wales average for the white population, while the level of reporting of poor health amongst the black and minority ethnic population was significantly lower than the England and Wales average for that population. Compared to the older people in the white population, there were significantly higher levels of reporting of poor health amongst older people from black and minority ethnic groups in Telford & Wrekin (26% v 35% respectively). However, the level of reporting of poor health amongst the older white population in Telford & Wrekin was significantly higher than the England and Wales average, while the level of reporting of poor health amongst the older black and minority ethnic population was similar to the England and Wales average.

Figure 21 Ethnicity and Perceptions of General Health

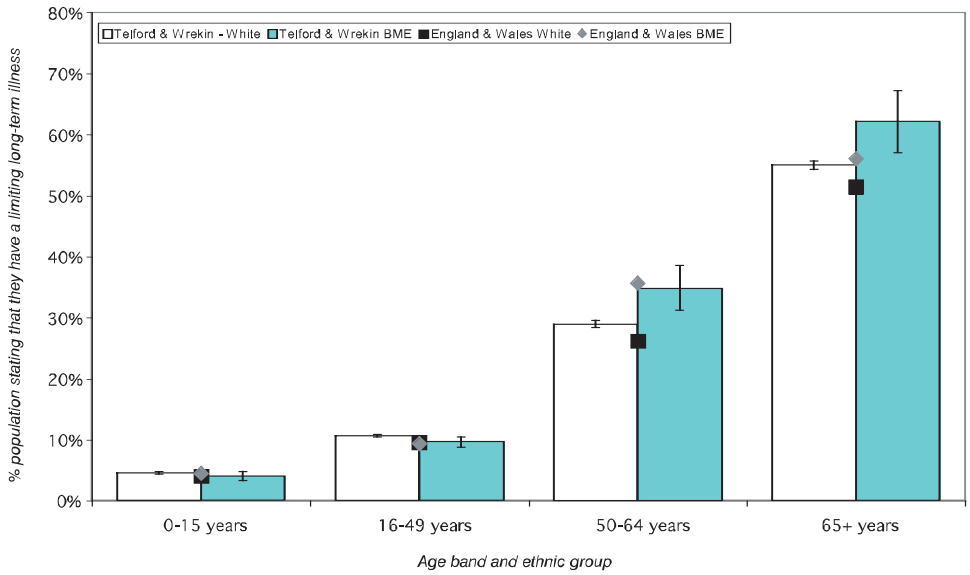


Source: Census 2001, Census Area Statistics for Output Areas in the West Midlands, © Crown Copyright.

Long-term Conditions

The 2001 census also explored perceptions of long-term limiting illness. Figure 22 shows that, within Telford & Wrekin and considering the over-50 population, levels of reporting of long-term limiting illness were significantly higher in the black and minority ethnic population than the white population. Again however, levels of reporting of long-term limiting illness amongst the white over-50 population were significantly higher in Telford & Wrekin than across England and Wales as a whole.

Figure 22 Ethnicity and Perceptions of Long-term Limiting Illness



Source: Census 2001, Census Area Statistics for Output Areas in the West Midlands, © Crown Copyright

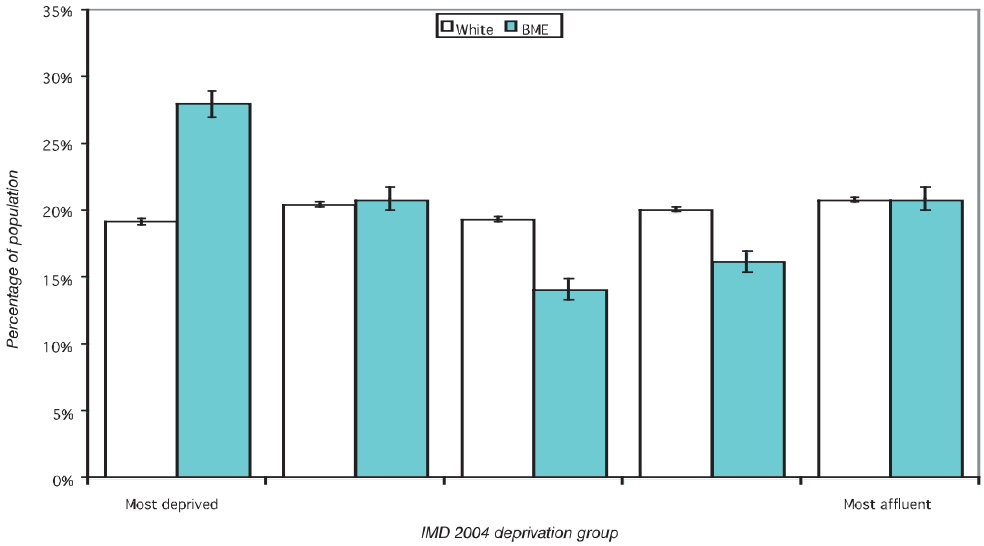
RECOMMENDATION

Telford & Wrekin Primary Care Trust should review the impact of its chronic disease management programme on the health of people, particularly older people, from black and minority ethnic populations, to ensure the programme meets the needs of these groups

Socioeconomic Circumstances

At the time of the 2001 census, the relationship between ethnicity and social deprivation in Telford & Wrekin was not clear-cut. Although the numbers of white people are always higher, Figure 23 shows that, on an ethnic population basis, significantly more people from black and minority ethnic groups lived in the most deprived areas in Telford & Wrekin and there was no significant difference in the proportion of white and black and minority ethnic people living in the most affluent parts of the Borough.

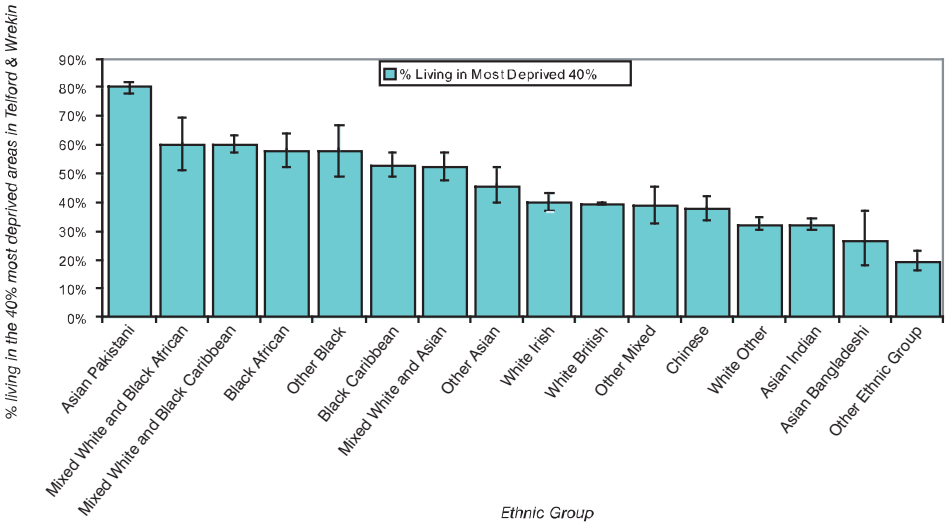
Figure 23 Ethnicity and Deprivation in Telford & Wrekin



Source: Census 2001, Census Area Statistics for Output Areas in the West Midlands, Office of the Deputy Prime Minister The Index of Multiple Deprivation 2004 © Crown Copyright

In addition, deprivation was not distributed equally between black and minority ethnic groups in Telford & Wrekin in 2001. Figure 24 shows the distribution of people from all ethnic groups living in the most deprived 40% of areas in Telford & Wrekin. For example, considering people of Pakistani origin, 80% lived in the most deprived 40% of areas in Telford & Wrekin.

Figure 24 Ethnicity and Deprivation: Comparison between Ethnic Groups



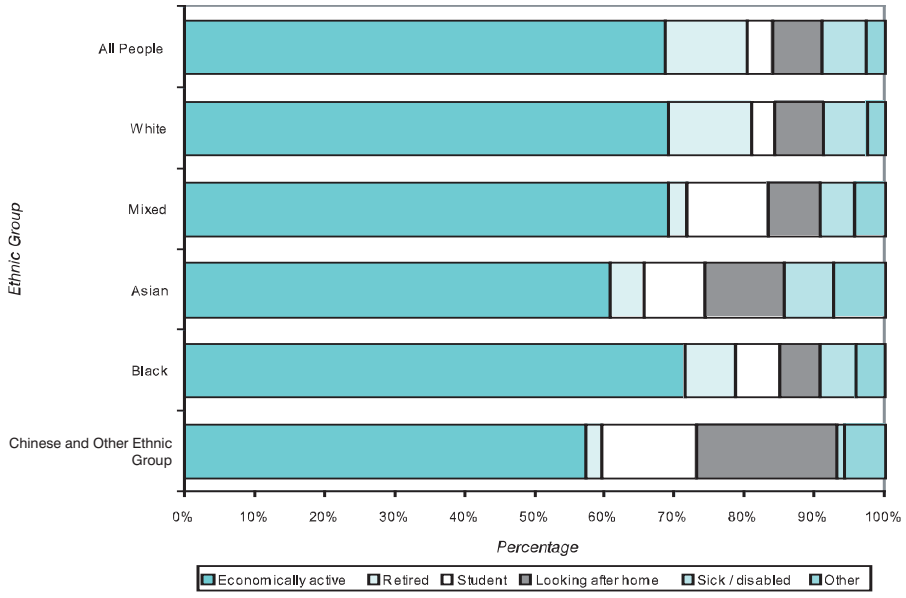
Source: Census 2001, Census Area Statistics for Output Areas in the West Midlands, © Crown Copyright.
Index of Multiple Deprivation 2004, Office of the Deputy Prime Minister, Neighbourhood Renewal Unit

Economic Activity and Employment

Figure 25 summarises information about patterns of economic activity amongst different ethnic groups in Telford & Wrekin. In 2001, there were lower proportions of economically active people in the Asian and Chinese groups than in the rest of the local population overall. Reasons for the differences in patterns of economic activity between the ethnic groups included their differing age profiles and the fact that a higher proportion of people from the Chinese and Asian groups were carers.

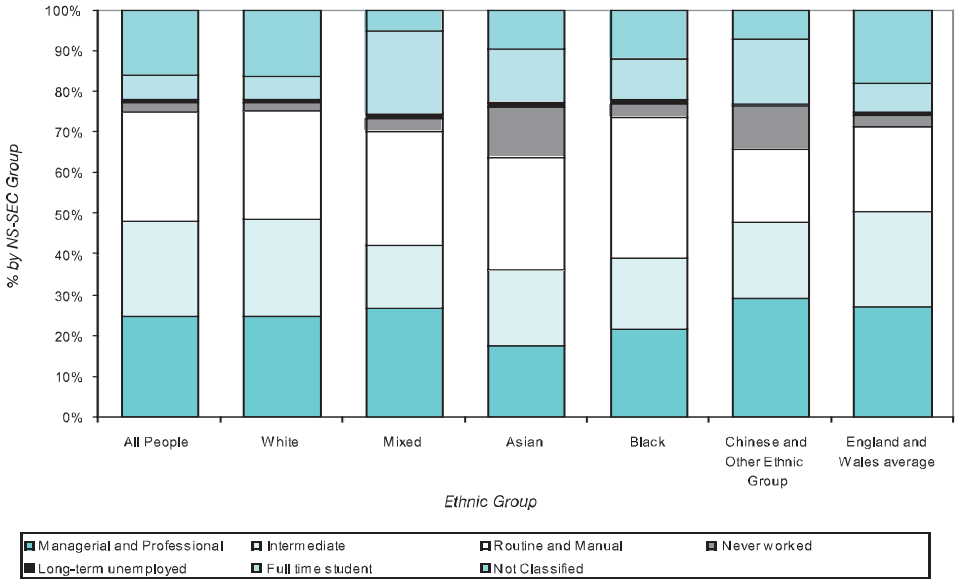
Figure 26 summarises employment information, again using definitions from the 2001 census. Differences between the ethnic groups included the relatively high proportions of Asian and Chinese people who classified themselves as having never worked and the relatively high proportion of black people classified as working in routine and manual occupations.

Figure 25 Ethnicity and Economic Activity in Telford & Wrekin



Source: Census 2001, Standard Tables for Districts, National Statistics, © Crown Copyright.

Figure 26 Ethnicity and Employment in Telford & Wrekin



Source: Census 2001, Standard Tables for Districts, National Statistics © Crown Copyright.
NS-SEC: National Statistics Socio-economic classification.

4 Some Current Health Issues

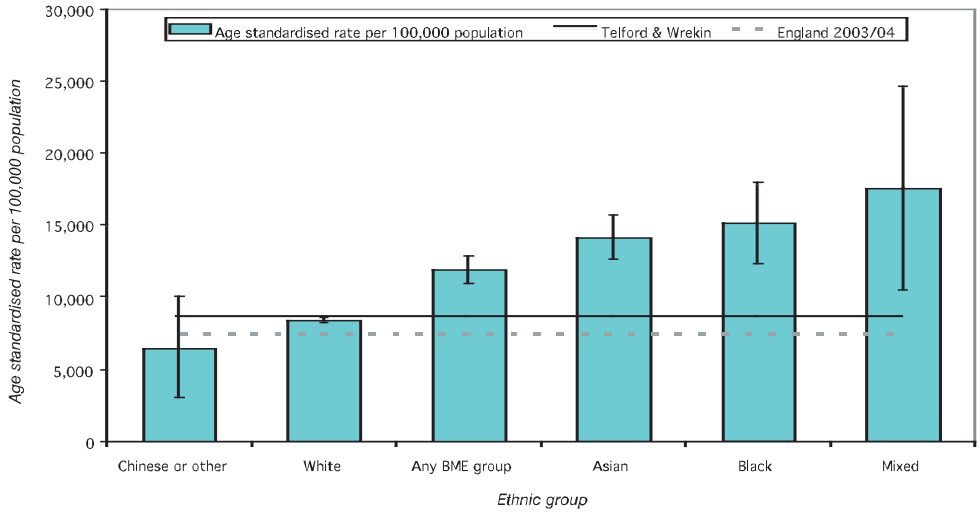
People from black and minority ethnic communities are more likely to be in poor health and are at greater risk of a number of specific diseases. For example, people from South Asia are 40% more likely than the rest of the population to contract coronary heart disease and are around 50% more likely to die prematurely from the condition. Diabetes is a major risk factor for circulatory disease and type 2 diabetes is up to six times more common among South Asians and up to three times more common among Black Africans and Black Caribbeans. Compared to the white population, there is also strong evidence that hypertension is more common amongst black people and some evidence that it is more common amongst Asians. Related to this, there is recent evidence that ethnic origin may need to inform the choice of anti-hypertensive treatment.

Patterns of use of health care services by people from black and minority ethnic groups are complex, with variations seen between different groups and within specific services. However, the 2005 report from the Social Exclusion Unit 'Improving Services, Improving Lives: Evidence and Key Themes' cites evidence that, compared to the general population, people from minority ethnic groups:

- Are generally less likely to be aware of and to use preventive health services such as screening
- Are at least as likely or more likely to use primary health care services
- Make less use of GP out-of-hours services

Figure 27 shows that, taking into account any differences in age structure of the local populations, Black and Asian people in Telford & Wrekin had significantly higher emergency admission rates to hospital in 2004/5.

Figure 27 Hospital Emergency Admission Rates



Source: Telford & Wrekin PCT Contract Minimum Data Sets (2004/05), West Midlands Public Health Observatory

RECOMMENDATION

The Primary Care Trust should review and develop its approaches to reduce emergency admissions to hospital, to ensure that these take full account of the particular needs of people from black and minority ethnic communities

A health equity profile of immunisation coverage amongst all children born between January 2003 and December 2004 showed there were no significant differences between ethnic groups.

The 'Race for Health' Programme

The 'Race for Health' programme was established by the Department of Health in 2002, based on 13 Primary Care Trust pilot sites around the country (one of which was Shropshire County Primary Care Trust). Based on its experience to date, the programme has recently produced a guide for good practice in the commissioning of health care services for people from black and minority ethnic communities, including approaches to community consultation.

RECOMMENDATION

The Board of the Primary Care Trust should receive a full briefing on Race for Health, so that recognised good practice for the commissioning of health care services (including health promotion) for people from black and minority ethnic groups can be adopted locally

THE HEALTH OF PEOPLE FROM BLACK AND MINORITY ETHNIC GROUPS

The Recording of Ethnicity Information in the NHS

Although it is currently mandatory to record ethnicity on NHS hospital episode statistics, the completeness of recording of ethnicity data varies across the country. For example, around 75% of West Midlands hospital episode statistics data has a valid ethnicity code, while in Yorkshire & Humber the proportion is lower at 55%. Without special studies, it will continue to be difficult to draw robust conclusions about patterns of health care use amongst different ethnic groups until such recording is standardised.

The Department of Health has issued guidance on the ethnic recording of people using NHS and social care services, which includes advice on consulting with local communities as part of the process. One national target is that at least 90% of finished consultant episodes (FCEs) should have a completed ethnicity code. At the time of writing, 94% of FCEs commissioned by Telford & Wrekin Primary Care Trust were reported as having a completed ethnicity code. However, the quality of NHS primary care data on ethnicity is recognised as particularly poor and significantly undermines attempts to investigate and address ethnic variations in the use of health care services and the management of long terms conditions. Although the revised primary care Quality and Outcomes Framework for 2006/7 now encompasses the recording of ethnic origin, this only applies to new patient registrations and will not be applied retrospectively. In addition, while the census will continue to be an important routine source of information about ethnicity, ethnicity is not recorded on UK birth or death certificates.

The Linked Newborn and Antenatal Screening Programmes for Sickle Cell and Thalassaemia

Sickle cell disease and thalassaemia are inherited disorders of the blood affecting the transport of oxygen to body tissues and causing a range of symptoms, some of which are very serious. The highest prevalence of sickle cell disorder in the UK is amongst Black Caribbean, Black African and Black British communities, where sickle cell disease is estimated to affect around 1 in every 2,400 births. The highest prevalence of thalassaemia is amongst people of Cypriot, Italian, Greek, Indian, Pakistani, Bangladeshi and Chinese descent. Nationally, it is estimated that around 12,500 people have sickle cell disorder and 700 people have thalassaemia. Both conditions can also have healthy carrier states, in which people carry genes for the condition but do not experience symptoms.

Historically, genetic screening for these conditions has largely been performed on an ad hoc basis in the UK. The main benefits of the new national antenatal screening programme is to enable parents to make informed choices, to enable comprehensive care to be provided to affected babies from birth and to avoid undiagnosed infants presenting with severe illness, such as acute overwhelming infection. Telford & Wrekin and Shropshire are defined as low prevalence areas in the programme and as such, all pregnant women will be offered a blood test for thalassaemia, while a 'family origin questionnaire' will be used to assess the risk of a woman being a sickle cell carrier. This questionnaire, which is currently

being piloted in the Shrewsbury and Telford Hospitals NHS Trust, explores the ethnic origins of both parents going back over two generations.

However, it is anticipated that the antenatal programme will only identify around half the women at risk of an affected pregnancy. The newborn sickle cell screening programme will run alongside the antenatal programme and aims to achieve the lowest possible childhood mortality and morbidity from sickle cell disorders. Nationally, the programme is expected to identify 250 to 300 babies with sickle cell disorders and 7,500 to 9,000 carriers nationally each year. In Telford & Wrekin, two babies were diagnosed with sickle cell disease and 11 babies were found to be sickle cell carriers between April and December 2004.

Disabled Children from Black and Minority Ethnic Communities

Disabled children from black and minority ethnic communities are more vulnerable to social exclusion than other disabled children and there are particular challenges in ensuring that services are sensitive and relevant to their needs and the needs of their families. Research evidence from the National Children's Bureau has highlighted the difficulties and challenges faced by children from black and minority ethnic communities in receiving services that are sensitive and relevant to their needs. Barriers imposed by language and cultural differences can make accessing appropriate services more difficult.

'Contact a Family' is a national charity offering advice, information and support to families with disabled children. Following a recommendation of the Telford & Wrekin Strategy for Disabled Children and Young People, 'Contact a Family' has been commissioned to research the needs of disabled children from black and minority ethnic communities in Telford & Wrekin by June 2006. The research will explore the extent to which local services, including health services, are sensitive to the particular needs of this group of young people.

Diabetes

Around 300 people are diagnosed with diabetes every month across Telford & Wrekin and most of these are managed wholly within primary care. Compared with the white population, type 2 diabetes is up to six times more common in people of South Asian descent and up to three times more common in people of African or African-Caribbean descent. In addition, the age at diagnosis tends to be younger and there is evidence of a higher risk of the complications of diabetes amongst people from black and minority ethnic groups. Despite being more likely to experience the condition, there is some evidence that people from black and minority ethnic groups are less aware of the symptoms and consequences of diabetes.

The National Service Framework for Diabetes (2002) and the Diabetes Delivery Strategy (2003) set out standards, actions and milestones to underpin the development of diabetes services. Locally, implementation is overseen by the multidisciplinary Diabetes Network, reporting to the Professional Executive Committee of the Primary Care Trust. Key targets for the next few years include that all people with diabetes will be offered screening for the early detection (and treatment if needed) of diabetic retinopathy by the end of 2007 and the development of practice-based diabetes registers (now part of the National Quality and Outcomes Framework for primary care).

Patients with diabetes need information and advice tailored to their own needs. In Telford & Wrekin, patients from the Asian community receive additional assistance from a skilled nurse adviser who provides one-to-one support for patients with diabetes, heart disease or cancer and their carers. The nurse also runs specific health awareness sessions across Telford & Wrekin, encompassing ethnically sensitive health promotion advice including on physical activity and nutrition. Patients can be accompanied to GP or hospital appointments to ensure accurate translation of their diagnosis and treatment plans.

RECOMMENDATION

The Diabetes Network should review and develop its arrangements for consulting with diabetic patients from black and minority ethnic groups, to ensure that these groups fully benefit from the local developments in diabetic care

Mental Health

The National Programme for Black and Minority Ethnic Mental Health is overseen by the National Institute for Mental Health in England (NIMHE). The programme aims to challenge social exclusion through improved mental health care services and improve mental health outcomes for people from black and minority ethnic groups.

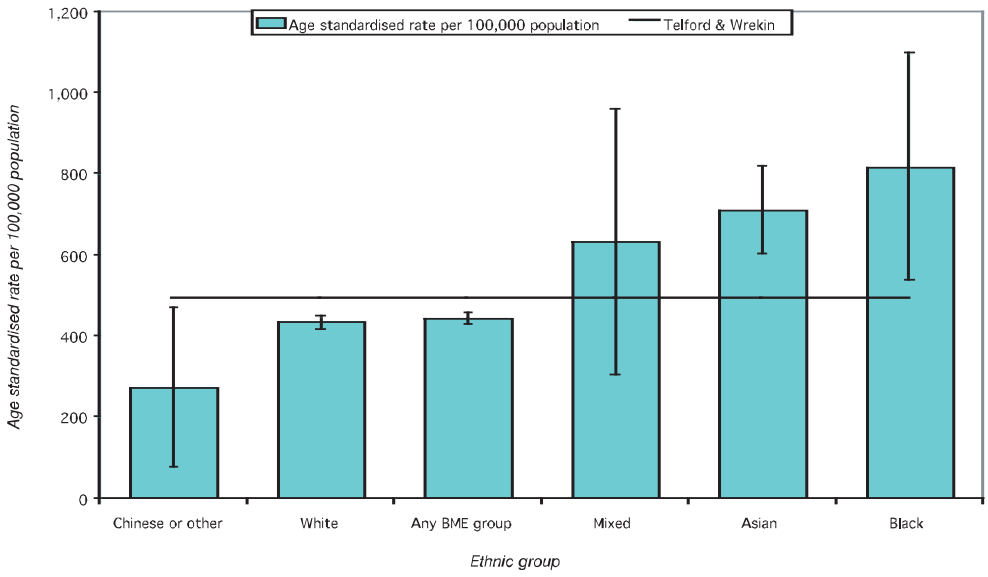
On 31st March 2005, NIMHE, the Mental Health Act Commission and the Healthcare Commission carried out the 'Count-Me-In' study of patterns of ethnicity amongst mental health in-patients. The study's main aims were to encourage high quality ethnic assessment in mental health care and to provide a baseline against which future changes in mental health services could be measured. The study included almost 34,000 mental health inpatients from 212 NHS and independent sector organisations in England and Wales. Findings included that:

- 79% of mental health inpatients were White British and 19% were from black and minority ethnic groups, with the largest group within this being Black Caribbean
- Population admission rates were particularly high (three or more times higher than the average) for men and women from the Black Caribbean, Black African, Other Black and White/Black Mixed groups

- Routes into mental health services varied between ethnic groups. Compared to the average position, White British people were more likely to have been referred by a GP and Black Caribbean and Black African people were more likely to have been referred by the police or court system
- Overall, 46% of men and 29% of women in the study group had been detained under the Mental Health Act 1983. However, inpatients from the Black Caribbean, Black African and Other Black groups were more likely to have been detained under the Act
- Men from the Black Caribbean, Black African, Other Black and Indian groups were more likely to have been placed in seclusion and some were more likely to have been placed on a medium or high security ward during their admission

Figure 28 shows that the Black and Asian populations of Telford & Wrekin have also experienced significantly higher admission rates for mental health problems in comparison to the local White population during recent years.

Figure 28 Hospital Admission Rates for Mental Ill-health by Ethnic Group



Source: Telford & Wrekin PCT Contract Minimum Data Sets (2000/01-2004/05)

THE HEALTH OF PEOPLE FROM BLACK AND MINORITY ETHNIC GROUPS

The report of the national study was careful to emphasise that a variety of factors could have contributed to the patterns uncovered by the census, including ethnic differences in patterns of mental illness and the interplay between ethnicity, social deprivation and mental illness. While the authors cautioned against drawing premature conclusions from its findings, including in relation to the quality of mental health care services, the report recommended that the reasons for the patterns observed should be established 'as a matter of urgency'. Other recommendations were made for the mandatory recording of ethnicity information by providers of mental health care services and to improve the quality of information collected in the NHS mental health minimum data set. The census is to be repeated during 2006 and will be extended to include inpatients with a learning disability.

The current national target is that at least 60% of mental health care spells should have a complete ethnicity coding recorded within their minimum data set. At the time of writing, this target was being reported as 'red' for Telford & Wrekin Primary Care Trust (as commissioner), with only 44% of care spells being coded for ethnicity. The new five-year strategy for the development of adult mental health services in Telford & Wrekin (described earlier in this report) has signaled that new services or significant remodeling is required within local mental health care services to better meet the needs of black and minority ethnic populations. However, it will not be possible to monitor the impact of this strategy on an ethnic basis, including the quality of care and outcomes of local mental health care services, until the coding situation improves.

RECOMMENDATION

The impact of the Telford & Wrekin Strategy for Adult Mental Health Care on the mental health needs of the black and minority ethnic population should be monitored by the Primary Care Trust through the Local Implementation Team for Mental Health

RECOMMENDATION

The Primary Care Trust should ensure that active measures are being taken to improve the quality of ethnic recording in mental health care activity data. The Primary Care Trust Board should receive a progress report on this issue from the Local Implementation Team for Mental Health before the end of 2006

5 Health Promotion for People from Black and Minority Ethnic Groups

The Telford & Wrekin health promotion team leads on a range of generic and targeted activity for people from black and minority ethnic communities. This is underpinned by needs assessment work with local communities which aims to improve the response to health issues, including access to preventive services. Consultation has been carried out with faith groups, voluntary organisations and in small group work. Health promotion training is offered to other staff already working with black and minority ethnic communities. Sessional workers have been recruited from within black and minority ethnic communities and following training, can deliver project work using their own language. In addition, a group has been established to improve the coordination, evaluation and development of interagency health promotion work with black and minority ethnic communities in Telford & Wrekin. Links have been established with the Primary Care Trust's Equality and Diversity Group.

The Sikh Women's Group

A number of older women living in the Hadley area, including some with mobility and other health problems, were expressing feelings of isolation at home during the week, while family members were out at work. Working in partnership with the Sikh temple and Age Concern, a volunteer group was established and a programme of activities devised in consultation with the women themselves. The programme consists of social activities and support from community workers who provide information on health services, welfare benefits and opportunities for social activity. The group was also supported in applying for external funding and is now self-supporting, with around 25 women attending on a regular basis. The model has been adapted and used to develop similar groups for older people from the Black African and Black Caribbean communities in Wellington and Hadley.

Urban Girlz

This group was set up to encourage Asian girls aged 5 to 13 years to increase their participation in physical activity. Recent developments have included input from a sports coach and from the local community food project. To date, 45 girls have enrolled with the group and have together attended nearly 1,400 sessions. The model will now be expanded through the Let's Get Physical programme, to better meet the needs of young people from black and minority ethnic communities in other parts of Telford & Wrekin.

Xindge Zinna Ka Bethera Thrika (Looking Good, Feeling Better)

This project, currently in the pilot phase, was established to address poor attendance at the mainstream lifestyle change health promotion services by women from black and minority ethnic groups. In the first phase, the project aims to support Pakistani women in improving their diet and increasing their levels of physical activity, recognising the cultural sensitivity around mixing with men in some social situations. So far, over 30 women have attended four evening sessions (largely delivered in the Mirpuri language) encompassing issues such as routine health checks and healthy eating. An optional exercise class was also available. Evaluation of the sessions has indicated a need for more practical information about healthy Asian cooking and more opportunities for exercise, including walking groups. Other recent developments include women-only aerobics classes targeting South Asian women, a women's walking group in Hadley and women-only swimming sessions, developed in partnership with Telford & Wrekin Leisure Services.

References

Adams J, Wain S. The Telford & Wrekin Strategy for Adult Mental Health Services. Telford & Wrekin NHS Primary Care Trust, Borough of Telford & Wrekin. August 2005

Association of Public Health Observatories, 2005, Indications of Public Health in the English Regions, 4 Ethnicity and Health, APHO; 2005

Brown MJ. Hypertension and Ethnic Group. British Medical Journal 2006; 332: 833-6

Department of Health. Sickle Cell and Thalassaemia Screening Programme, National Health Service; 2004

Department of Health. National Service Framework for Diabetes. December 2005

Department of Health. Practical Guide to Ethnic Monitoring in the NHS and Social Care, Department of Health; 2005

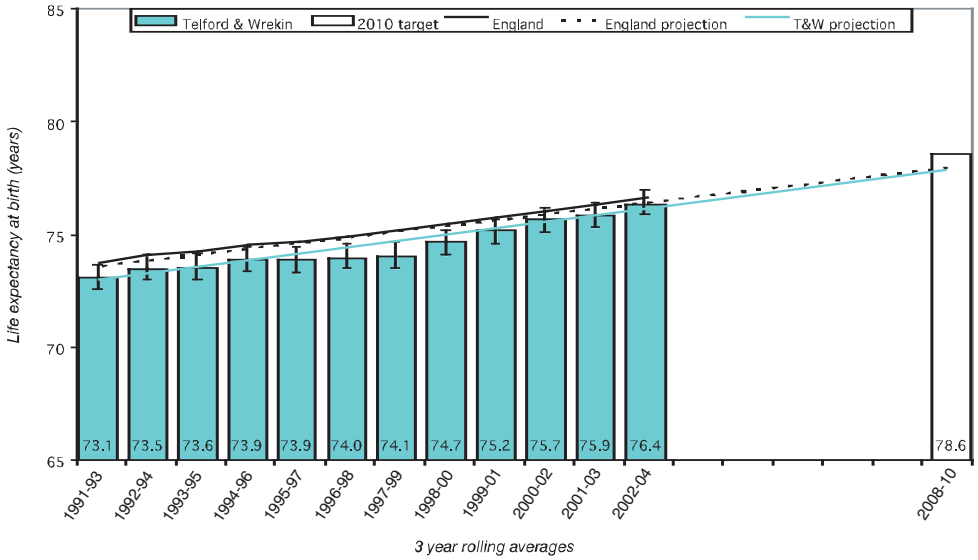
Department of Health. Towards Race Equality in Health: A Guide to Policy and Good Practice for Commissioning Services. April 2006

Health Care Commission and National Institute for Mental Health in England, Count-Me-In Mental Health and Ethnicity Census, Mental Health Act Commission. December 2005

London Health Observatory. Diversity Counts, Ethnic Health Intelligence in London So Far. October 2003

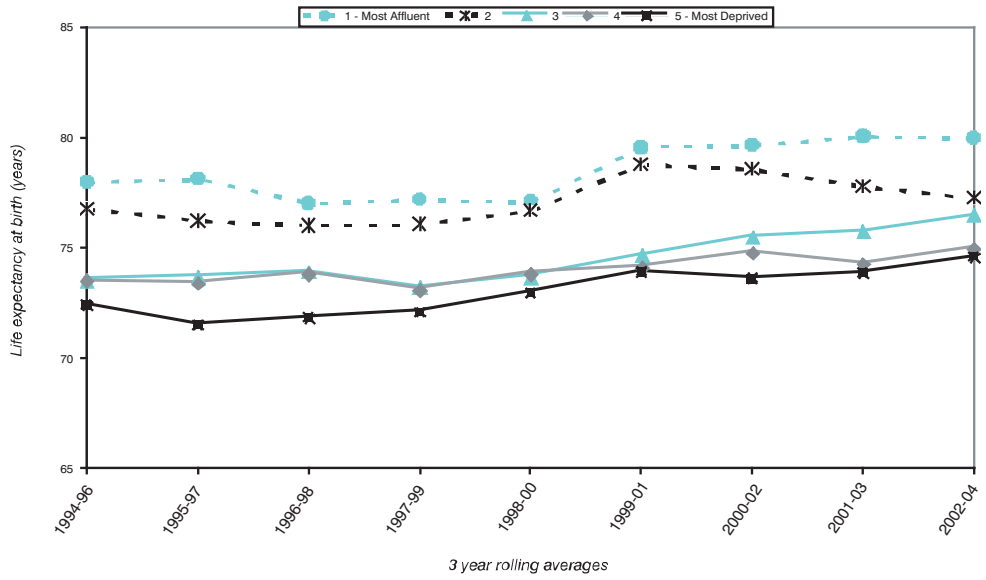
Social Exclusion Unit. Improving Services, Improving Lives: Evidence and Key Themes, Office of the Deputy Prime Minister. London. October 2005

Male Life Expectancy



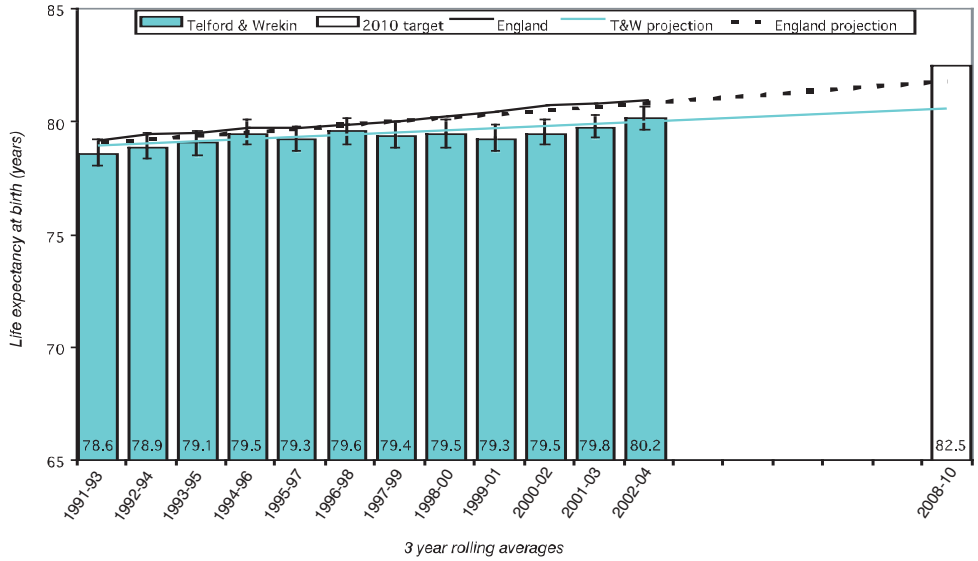
Source: Office for National Statistics Life Expectancy Statistics © Crown Copyright Health and Social Care Information Centre

Male Life Expectancy: Trend and Deprivation



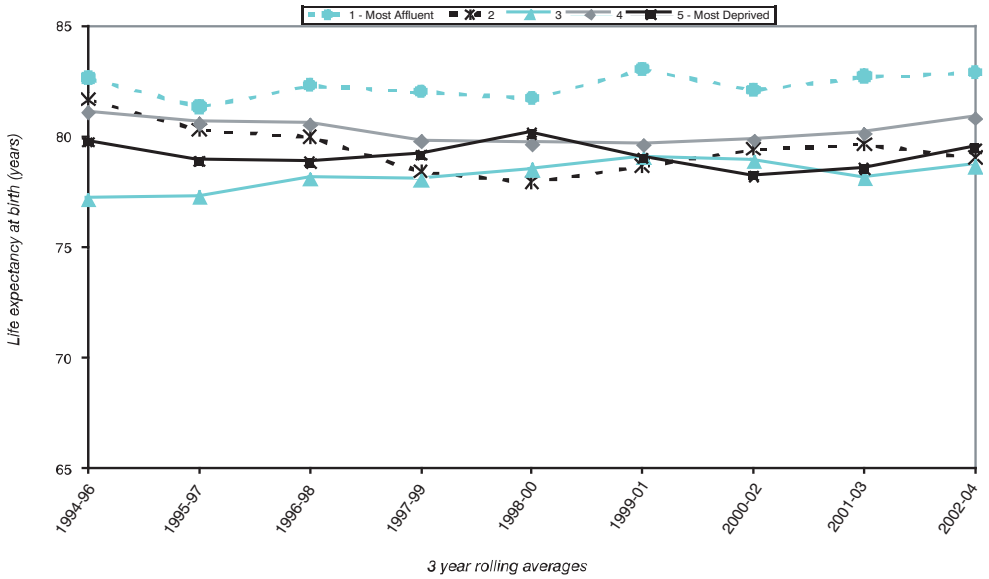
Source: Office for National Statistics Mortality Statistics © Crown Copyright ,Telford & Wrekin PCT General Practice Population Register, Office of the Deputy Prime Minister The English Indices of Deprivation 2004 © Crown Copyright (www.odpm.gov.uk)

Female Life Expectancy



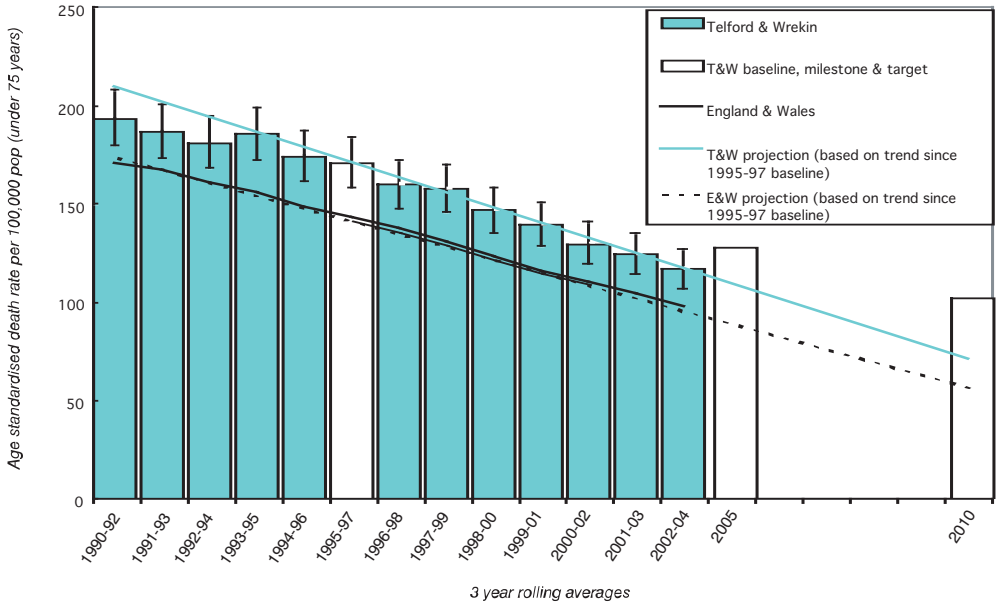
Source: Office for National Statistics Life Expectancy Statistics © Crown Copyright Health and Social Care Information Centre

Female Life Expectancy: Trend and Deprivation



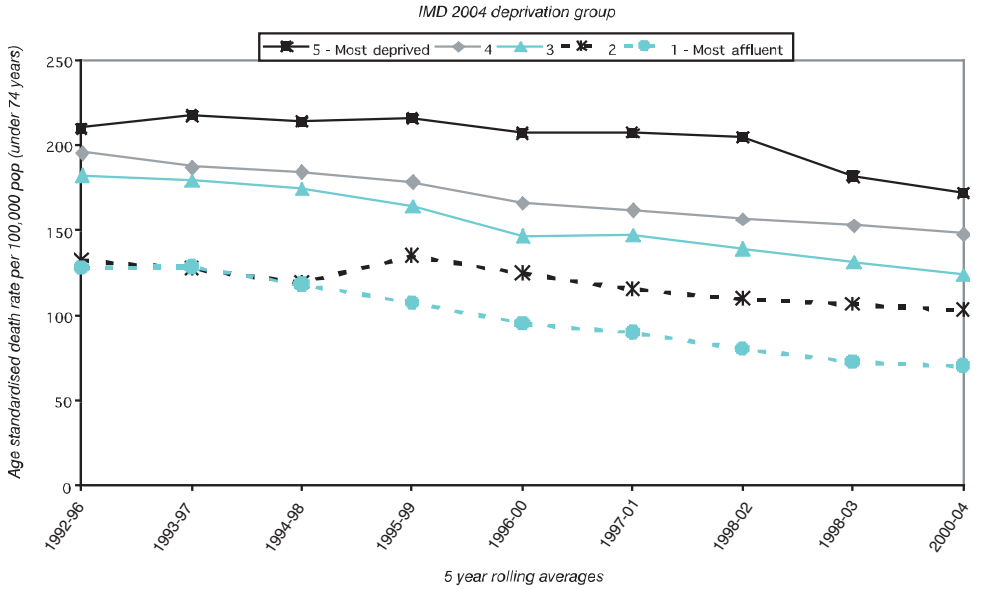
Source: Office for National Statistics Mortality Statistics © Crown Copyright ,Telford & Wrekin PCT General Practice Population Register, Office of the Deputy Prime Minister The English Indices of Deprivation 2004 © Crown Copyright (www.odpm.gov.uk)

Premature Mortality from Circulatory Disease



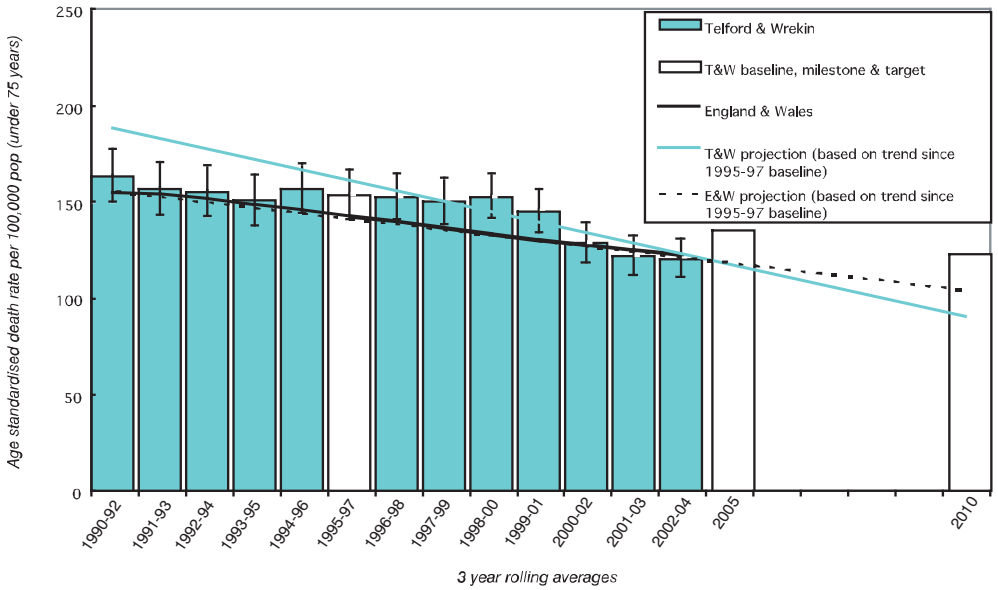
Source: Office for National Statistics Mid Year Population Estimates and Mortality Statistics © Crown Copyright

Premature Mortality from Circulatory Disease: Trend and Deprivation



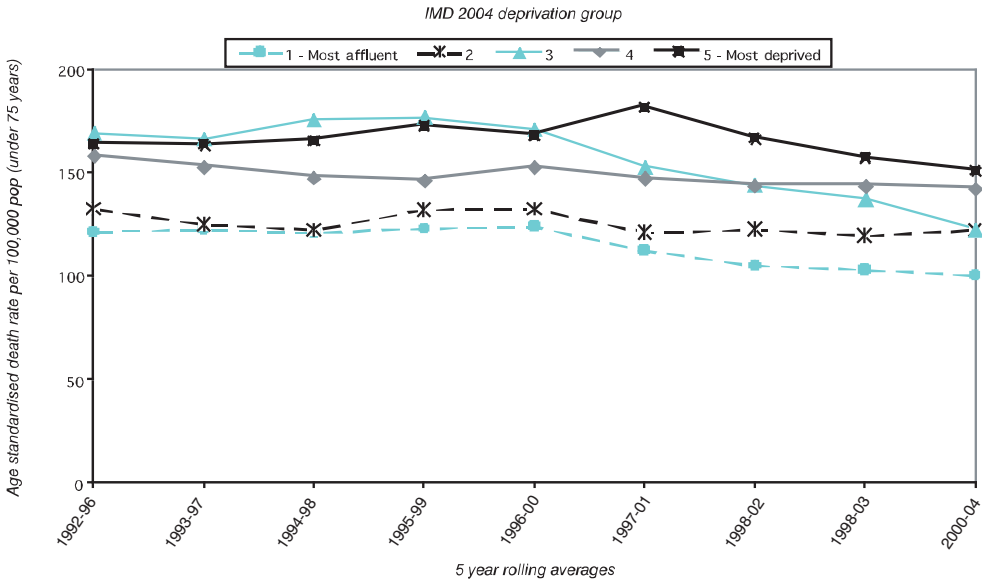
Source: Office for National Statistics Mortality Statistics © Crown Copyright ,Telford & Wrekin PCT General Practice Population Register, Office of the Deputy Prime Minister The English Indices of Deprivation 2004 © Crown Copyright (www.odpm.gov.uk)

Premature Mortality from Cancer (All Cancers)



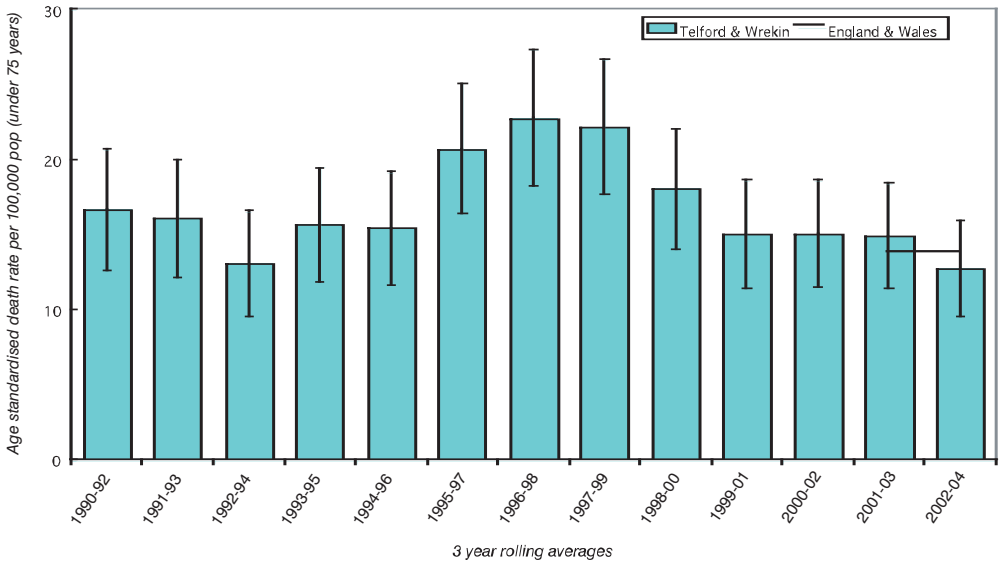
Source: Office for National Statistics Mid Year Population Estimates and Mortality Statistics © Crown Copyright

Premature Mortality from Cancer (All Cancers): Trend and Deprivation



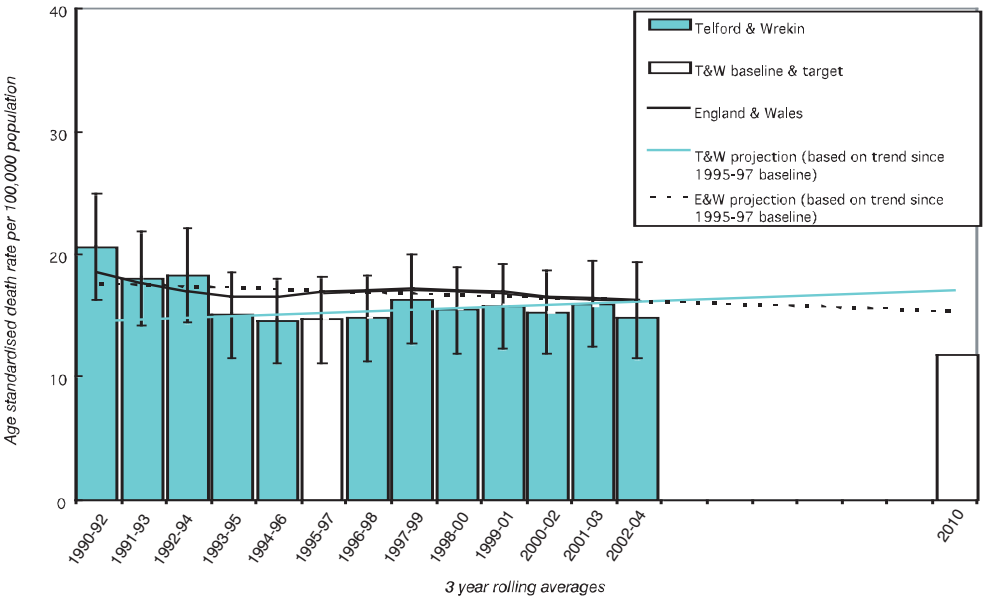
Source: Office for National Statistics Mortality Statistics © Crown Copyright , Telford & Wrekin PCT General Practice Population Register, Office of the Deputy Prime Minister The English Indices of Deprivation 2004 © Crown Copyright (www.odpm.gov.uk

Premature Mortality from Chronic Obstructive Pulmonary Disease



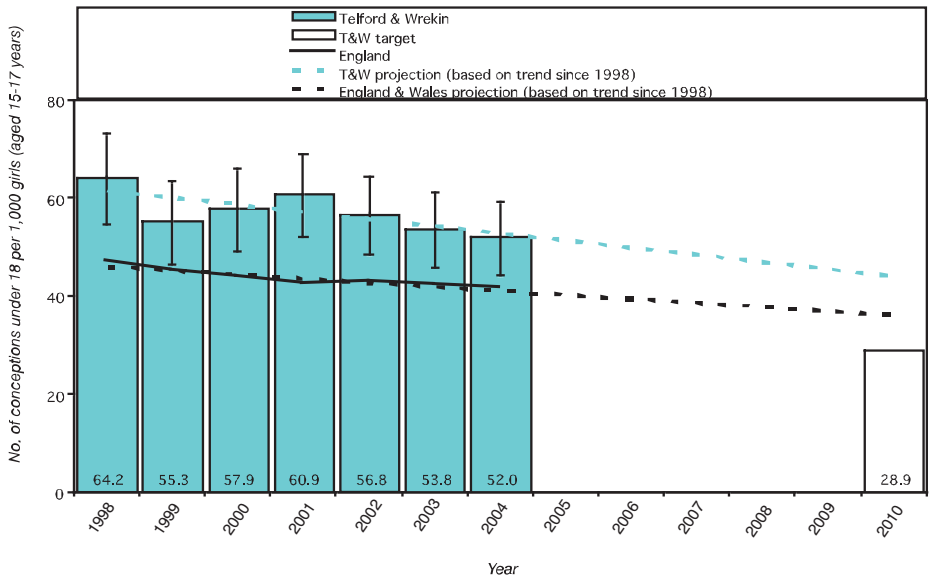
Source: Office for National Statistics Mid Year Population Estimates and Mortality Statistics © Crown Copyright

Mortality from Accidents



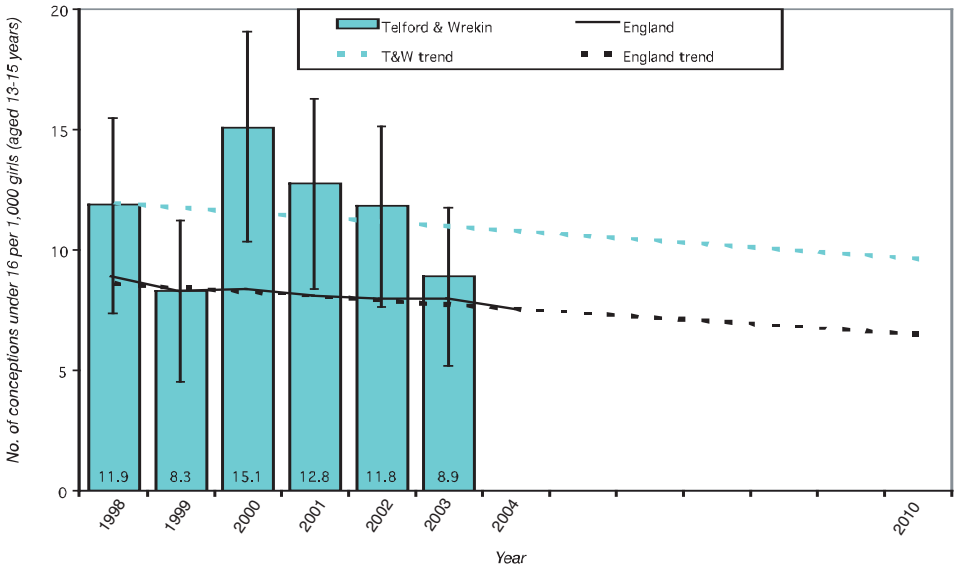
Source: Office for National Statistics Mid Year Population Estimates and Mortality Statistics © Crown Copyright

Under 18 Conceptions



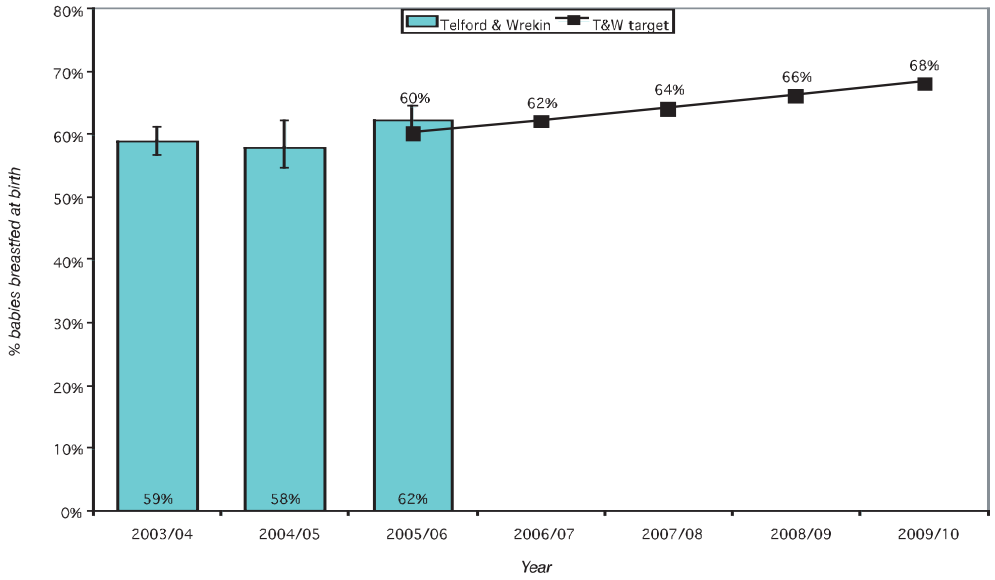
Source: Office for National Statistics Conception Statistics © Crown Copyright

Under 16 Conceptions



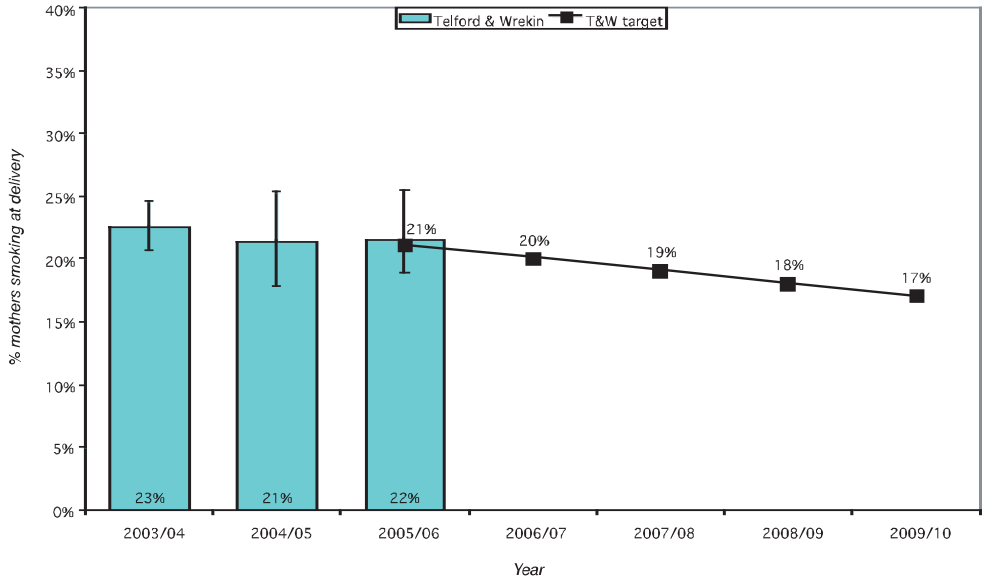
Source: Office for National Statistics Conception Statistics © Crown Copyright

Breastfeeding Initiation



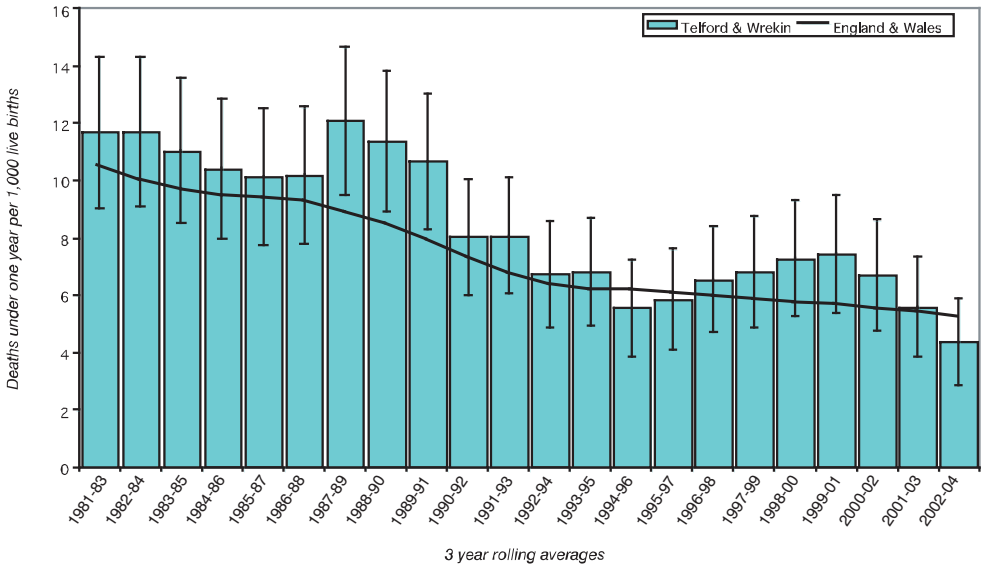
Source: Shropshire and Telford Hospitals NHS Trust Maternity Services

Smoking in Pregnancy



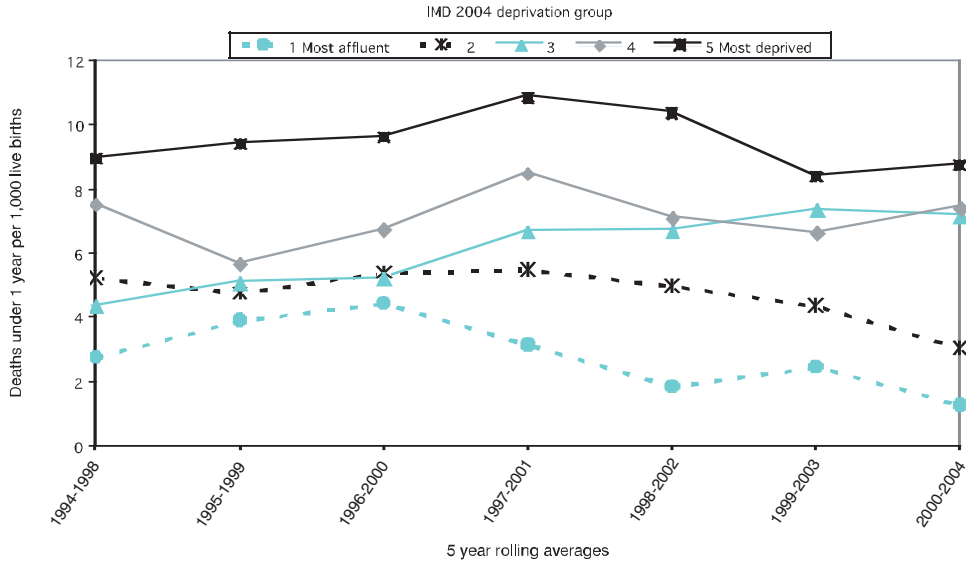
Source: Shropshire and Telford Hospitals NHS Trust Maternity Services

Infant Mortality



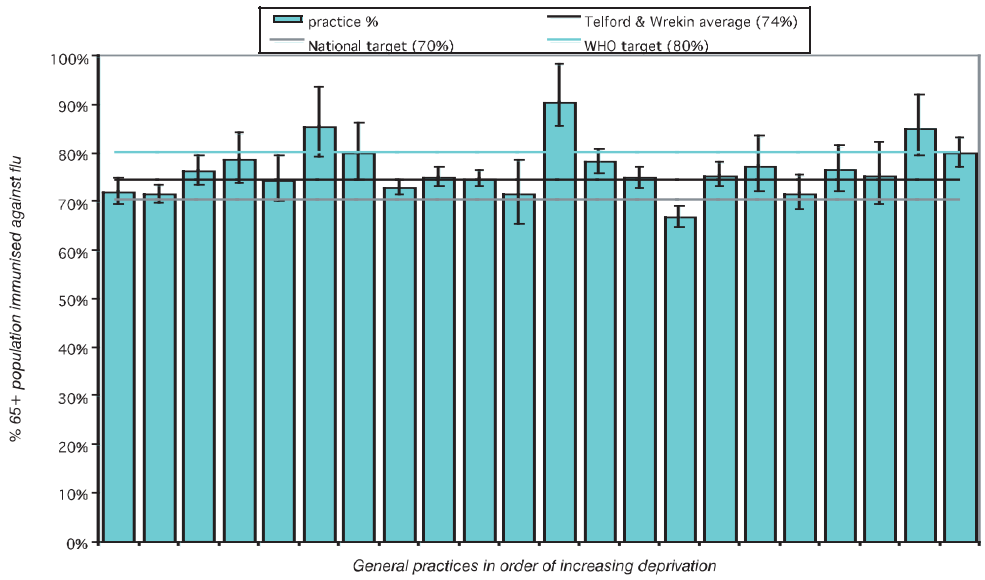
Source: Office for National Statistics Birth and Mortality Statistics © Crown Copyright

Infant Mortality: Trend and Deprivation



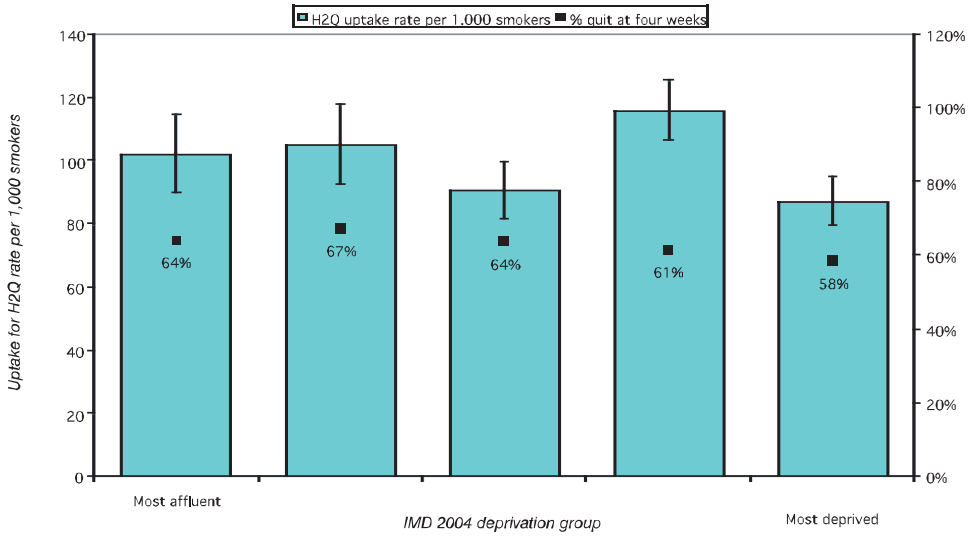
Source: Office for National Statistics Mortality and Birth Statistics © Crown Copyright ,
Office of the Deputy Prime Minister The English Indices of Deprivation 2004 © Crown Copyright (www.odpm.gov.uk)

Uptake of Influenza Immunisation



Source: Health Protection Agency 2005, Telford & Wrekin PCT General Practice Register 2005, Office of the Deputy Prime Minister The English Indices of Deprivation 2004 © Crown Copyright (www.odpm.gov.uk)

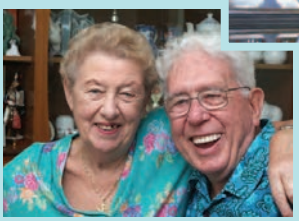
Help 2 Quit: Age, Uptake and Outcomes



Source: Help 2 Quit

NOTES

NOTES



www.lgdprint.com
LGDavis 0121 430 9000