Title of Report:	**West Berkshire Ward Profiles and assessing health and wellbeing needs across the district.**
Report to be considered by:	The Health and Wellbeing Board
Date of Meeting:	27th November 2014

Purpose of Report:

To make the Board aware of the West Berkshire Ward profiles and demonstrate how they could be used to identify health and wellbeing needs at the ward level, in order to address inequalities across the district.

Recommended Action:

The Board will become familiar with the ward profiles and will advocate a programme of targeting activities and resources to the most deprived communities in order to address inequalities in health and wellbeing.

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1. Background

The Joint Strategic Needs Assessment (JSNA) Electoral Ward profiles have been produced by Public Health Services for Berkshire on behalf of the local councils. The purpose of the ward profiles is to identify areas for further investigation and to provoke discussion with commissioners and elected members.

The profiles display a range of indicators which should be considered as a whole picture of the Ward rather than focusing on individual indicators in isolation.

Information about the age structure and deprivation of the Ward is provided at the beginning of the profiles and this context is essential for interpreting the rest of the profiles, in particular when comparing the Ward to other areas in the district.

The profiles should be used as a guide to provoke further discussion and investigation. The data cannot be used in isolation and should be supplemented with further data to delve deeper into any issues of interest.

2. The ward profiles structure

The demographic data in the profiles provides the contextual information about the Ward. It tells us something of the basic characteristics of the people living in the Ward and should be considered when looking at the rest of the profiles. This data is all taken from the Census 2011.

The population pyramid shows how the age/gender structure of the Ward population compares, on average, to the rest of the local authority.

The index of multiple deprivation (IMD) (including access to services (access to GP, food shops, primary school etc)) is a measure of relative deprivation which ranks each area in the country on a number of measures of deprivation including but not limited to income deprivation. These are:

- Income,
- employment,
- health deprivation and disability,
- educations skills and training
- barriers to housing and services
- crime and disorder
- living environment
- income deprivation affecting children
- income deprivation affecting older people

The Ward profiles show where each ward ranks within the local authority.

Child poverty figures show the percentage of 0 to 19 year olds living in households in receipt of Child Tax Credits where income is below 60% of median income or in households in receipt of Income Support/Job Seekers Allowance.

Benefit data is shown as at November 2013. It is important to note that the numbers of benefit claimants may be alter based on the month of the data. All further data included in the economy and enterprise section is sourced from the Census 2011.

Education data was requested at Ward level from each local authority. Where the authority was able to provide this data then this appears in the profiles. This data will only show children who are resident within the Authority and are educated in State maintained schools located within the Authority.

West Berkshire was unable to provide this data so published Department for Education small area data was used. This data is based on the residence of the child and includes all State Maintained schools. This data is published at Lower Super Output Area level and was aggregated to Electoral Ward. Lower Super Output Area (LSOA) is an average of roughly 1,500 residents and 650 households. Measures of proximity (to give a reasonably compact shape) and social homogeneity (to encourage areas of similar social background) are also included.

3. Health data

The first section shows health outcome data such as hospital admissions and deaths. Due to the large differences in these outcomes based on age and gender, these factors have been taken into account using a process call 'indirect standardisation'. This takes data for a particular indicator (for example, deaths) from a reference population (England) split by age and gender. These figures are then applied to the population of the Ward in order to calculate what we would expect the death rates to be in the Ward. We can then compare the actual Ward value against the expected Ward value.

The second section looks at lifestyle data (obesity, binge drinking, and healthy eating). There were three stages to calculating Ward level data.

The original source is the individual level Health Survey for England data.

The results of the survey have then been calculated to MSOA (Middle Super Output Area) level by the Association of Public Health Observatories (now under Public Health England). MSOAs have a minimum size of 5,000 residents and 3,000 households with an average population size of 7,500. They fit within local authority boundaries. The Health Survey data was modeled to the local population using a number of variables such as age, ethnicity, gender, deprivation etc.

These MSOA level estimates were then calculated to ward level for the Public Health England Local Health tool. They used weighted-populations to disaggregate from MSOA to ward level.

- Housing
- All housing data was sourced from the Census 2011.
- Community safety

All data was sourced from Thames Valley Police and is shown as a rate per 1,000 all age population.

- Environment

The urban/rural classification of an area is provided by the Office for National Statistics (ONS).

There are six urban/rural classifications; defined as follows:

- Major Urban: districts with either 100,000 people or 50 per cent of their population in urban areas with a population of more than 750,000

- Large Urban: districts with either 50,000 people or 50 per cent of their population in one of 17 urban areas with a population between 250,000 and 750,000

- Other Urban: districts with fewer than 37,000 people or less than 26 per cent of their population in rural settlements and larger market towns

- Significant Rural: districts with more than 37,000 people or more than 26 per cent of their population in rural settlements and larger market towns

- Rural-50: districts with at least 50 per cent but less than 80 per cent of their population in rural settlements and larger market towns

- Rural-80: districts with at least 80 per cent of their population in rural settlements and larger market towns

Land use statistics are provided from the General Land Use Database in square metres.

Domestic energy consumption is sourced from Office for National Statistics Neighbourhood Profiles and is shown in total megawatt hours over three years.

The aim of this presentation is to show how the ward profiles can be utilised to highlight key health and wellbeing needs at ward level. Elected Members and commissioners will gain a better understanding of local needs and will be able to work in partnership, targeting resources and initiatives to better meet these needs and tackle inequalities in health.

On occasions particular data may not be available for a Ward. This will be indicated by a missing bar on a chart or will be indicated in the text. This is due to the data containing numbers of less than five. To comply with data protection, these numbers cannot be included due to the risk of identifying individuals who may not wish to be identified.

Appendices

Appendix 1 - Small area statistics

Consultees

Local Stakeholders:

Officers Consulted:

Trade Union: