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Response to the pre consultation proposals on the reconfiguration of the Worcestershire Acute Hospital Trust maternity and paediatrics units

Report

The Redditch Partnership welcomes the opportunity to be involved in the pre consultation event to discuss the possible reconfiguration of the Worcestershire Acute Hospital Trust Services.

The Redditch Partnership urges the Worcestershire Acute Hospital Trust to reconsider its proposals to centralise the maternity and paediatrics units at Worcester Royal.

We strongly urge the Worcestershire Acute Hospital Trust to poverty proof its proposals before anything is agreed and implemented.

Combating social exclusion is one of the Government's highest priorities. The Government's Social Exclusion Unit defines social exclusion as "a shorthand term for what can happen when people or areas suffer from a combination of linked problems such as unemployment, poor skills, low incomes, poor housing, high crime environments, bad health, poverty and family breakdown."

The Redditch Partnership urges the Worcestershire Acute Hospital Trust to do a comprehensive Health Impact Assessment on the proposals to reconfigure services to reduce the likelihood of increasing health inequalities within the most deprived part of Worcestershire, namely Redditch.

To help the Worcestershire Acute Hospital Trust to re-examine its proposals we have highlighted a number of socio-economic and demographic factors that need to be taken into account.

Background

National context

The Cabinet Office Social Exclusion Unit report, 'Reaching Out: An Action Plan on Social Exclusion', highlights how vital pregnancy and early years of life are for child development. Long before a child enters school, behaviours

are established and risks experienced that profoundly influence a child's life chances – for better or worse.

Children born into disadvantaged households have a higher chance of experiencing similar problems to their parents¹ - this is known as the inter-generational cycle of disadvantage. It is a pattern seen across many of the most at risk groups in society, including teenage parents, children in care and those with poor educational attainment and those engaging in anti-social behaviour and offending.

Evidence has also demonstrated that individuals from the most disadvantaged backgrounds are at a greatly increased risk of the most acute combinations of problems. Longitudinal evidence from New Zealand² (see table below) shows that, for children born to the most advantaged 50% of the population, only around 2 in 1,000 will end up with multiple problems at 15. Yet for children born to the 5% most disadvantaged families, more than 216 in 1,000 will end up with multiple problems at 15 – an increase risk of more than 100-fold. Similar patterns are found in the UK.³

Risk of multiple problems at age 15 by family background		
	Five or more problems at 15	One of more problems at 15
50% most advantaged family backgrounds	0.2%	18.7%
5% most disadvantaged family backgrounds	21.6%	86.8%

Inequalities in outcomes in early years are driven by a range of factors, including household poverty and poor maternal health, and it is well established that the home environment, family life and parenting are all particularly important factors in helping to achieve later positive outcomes for children.

Parents and carers hold primary responsibility for their child's development. Parents' own personal circumstances and how they care for and interact with their children over this period, can have dramatic long-term consequences for both the child and for the parents themselves. For example, stress during pregnancy, post natal depression and financial difficulties are strongly associated with negative outcomes later in life, including anti-social behaviour and offending, during adolescence.

¹ Social Exclusion Unit (2004) Breaking the Cycle – Taking Stock of Progress and Priorities for the Future

² Fergusson, D *et al* (1994) *ibid*

³ Social Exclusion Unit, Reaching Out – An Action Plan on Social Exclusion, September 2006, pp. 17-18

Local context

Redditch has the highest proportion of children and young people compared to other parts of the County (25.4%). Redditch also has the greatest proportion of younger children (age 0-9).

The population forecasts from 2006-2011 indicate that Redditch will have an increase of younger children and a decrease in older children.

Ethnicity for children and young people aged 0-19 taken from the 2001 census indicates that Redditch has the greatest proportion of ethnic population of nearly 9% of those aged 0-19 which is above the national average (7.9%), 4.3% are Asian origin and 3.1% are mixed race.

2 wards have a very high proportion of non-white 0-19 year olds. Abbey (19.42%) and Central (24.19%)

Deprivation

Redditch differs from its neighbours in the County, in being a former New Town, designated in 1964 in the second wave of New Towns.

It has been highlighted that three quarters of the 20 English New Towns are among the 50% most deprived authorities, with two in the worst 10%. All but two are more deprived than the County in which they reside⁴.

Redditch is 31% more deprived than the rest of Worcestershire, and lies just outside the top third of all deprived local authorities.⁵ This is based on the Index of Multiple Deprivation 2004.

The Index of Multiple Deprivation 2004 indicates that as a whole there are low levels of deprivation in Worcestershire which is ranked 116th out of 149 County Councils in England (where 1 is most deprived). By district Redditch has the highest score ranking 146th out of 354 (where 1 is most deprived) and has 17% of its Super Output Areas (SOAs) falling within the most deprived areas in England.

IMD 2004 Scores by District

	Average IMD 2004 Score	Rank of Average Score (out of 354)	% of SOAs falling in most deprived 20% of SOAs in England
Bromsgrove	10.14	293	0.00
Malvern Hills	13.06	241	1.00
Redditch	19.44	146	17.00
Worcester	17.68	165	13.00

⁴ A Regeneration & Renewal Special Report: The New Towns, Joey Gardiner, Regeneration & Renewal, October 2004, p. 19.

⁵ A Regeneration & Renewal Special Report: The New Towns, Joey Gardiner, Regeneration & Renewal, October 2004, p. 21.

Wychavon	11.31	272	1.00
Wyre Forest	17.77	162	9.00
Worcestershire	14.8	116 (out of 149)	7.00

Growing up in poverty damages children’s health and well being. This adversely affects their future health and life chances as adults.

Ensuring a good environment in childhood, especially early childhood, is important. A considerable body of evidence links adverse childhood circumstances to poor child health outcomes and future adult ill health. Disadvantaged childhood conditions have both direct and indirect impacts on child health and adult health.

In Redditch around 20% or more of families with dependent children experience income deprivation. In five areas it is higher than 40%. *A child is considered dependent when they are less than 16 years old.*

As a consequence a greater percentage of children and young people who reside in Redditch are more likely to live in relative poverty, and will have a greater risk of poor health and well-being.

Impact of poverty

Financial difficulties can adversely affect peoples’ health and well being in a direct and indirect manner.

Longitudinal surveys – which follow the life histories of people over time – have revealed a small proportion of people who experience particularly deep and persistent problems throughout their lifetimes. For example, international evidence shows that around 2.7% of 15 year olds – 27 in 1,000 – can be described as having multiple problems, including alcohol and drug misuse, educational failure, contact with the police, early sexual activity and/or mental health problems.⁶

Low household income in childhood can be at the root of many of the cycles of deprivation. Difficulties in early years can lead to poor educational attainment; thus making adjusting to adult life – especially harder. This situation may be made worse by low self-esteem, low aspiration and low expectations.

Educational attainment

The percentage of the 16-60 population in Redditch with poor numeracy skills is above the national average, at 27.4%. This is in sharp contrast to other districts in Worcestershire.

⁶ Fergusson, D *et al* (1994) The childhoods of multiple problem adolescents: a 15 year longitudinal study in Child, J. Psychology Psychiatrist Vol. 35, No. 6, pp. 1125-1140

Similarly, the percentage of the 16-60 population in Redditch with poor literacy skills is above the national average, at 26.54%. This is in sharp contrast to other districts in Worcestershire

The number of individuals without qualifications is higher in Redditch at 31% than Worcestershire where 28.5% of the population possess no qualifications.

Based on the GCSE Results for Worcestershire and England for 2005 it can be seen that the majority of pupils that go to Redditch schools do not reach the Government's benchmark of 5 A*-C grade GCSES. Only 48.5% reach this within Redditch. This is the lowest percentage for all Districts within Worcestershire. The average for the County is 55.7% and for England 56.3%

Alcohol and drug misuse

People with drug and alcohol problems have higher rates of other mental health problems.

Between 2004 and 2005 there was a rise in the number of alcohol related offences across Redditch and Bromsgrove, resulting in a total of 1347 offences in 2005. Within this are a wide variety of offences, but the most common, accounting for over one third, is assault resulting in actual bodily harm. A proportion of these offences would have been committed by individuals less than 18 years of age.

Death rates from cirrhosis and alcohol related death, although low in number, are increasing and are higher in Redditch than the rest of the County, particularly for men. However, due to the long-term nature of alcohol misuse, death rates may considerably lag behind other indicators of misuse such as emergency admissions, offences – the scale of the problem may be much greater than death data suggests.

Comparison of rates across Worcestershire of mental health admissions to Acute Trusts for mental and behavioural disorders in 0-19 Years due to use of alcohol (pooled data 2002/2003 to 2004/2005) indicated that Redditch and Bromsgrove PCT have more than double the rate of admissions, 20.5 per 10,000 (86 admissions) compared to either South Worcester (54 admissions) or Wyre Forest (23 admissions) PCT's. These figures reflect both the observed increase in alcohol related emergency admissions in Worcestershire for 10-19 year olds from 79 in 2002/2003 (12 per 10,000 0-19 population) to 119 in 2004/2005 (18 per 10,000 0-19 population), an increase of 51% and the fact that Redditch (LA) has a high rate of alcohol related deaths (13.8 per 100,000 population, pooled data 2001-2003) within Worcestershire. These figures highlight the need to focus upon preventative action in relation to alcohol use in Redditch, in particular the under 16 years age group.

Mental Health

Although the numbers are small, the levels of suicide have increased in Redditch since the production of the last Community Strategy in 2003.

Children of lone parents are twice as likely to have a mental health disorder as those living with married or cohabiting couples (16% Vs 8%).

Redditch has the highest percentage of lone parent households across the county, 6.4% of households are lone parent households with dependent children compared to 5% in Worcestershire.

Methods of deliberate self-harm include overdosing, hitting, cutting or burning one's own body, hair pulling and excessive alcohol and substance use. It is often carried out in private, and attempts made to keep the act secret due to feelings of shame and guilt. Whilst suicide has a clear intent, the reasons for deliberate self-harm are varied. It may be to prevent a more drastic act such as suicide from occurring, to release emotions, to express self-hatred through physical punishment.

Research suggests that presentation to a hospital (and therefore admission to hospital) represents only "the tip of the iceberg" of deliberate self-harm in adolescents. A survey using anonymous self-report questionnaires to pupils aged 15-16 years in 41 schools in England in 2000-2001 reported that 6.9% of participants reported an act of deliberate self-harm in the previous year, but only 12.6% of episodes had resulted in presentation to hospital. This study also found that deliberate self-harm was more common in females than males (11.2% of girls aged 15-16 reporting an episode of deliberate self-harm in the previous year, compared to 3.2% of boys aged 15-16). In this study, the main methods used for deliberate self-harm were cutting (65%) and poisoning (31%), but hospital admission occurred more often for overdoses than for cutting.

The Office of National Statistics calculates that just over 1% of 5-10 years olds have ever reported trying to harm, hurt or kill themselves, and about double this number of 11-15 year olds.

In Redditch and Bromsgrove, there were 123 admissions over the 3 years for intentional self harm, accounting for 11% of these admissions of children aged 1-16 with external injury codes. This is marginally more than for Worcestershire as a whole.

There is a very marked relationship to age: less than 5 admissions of 1-9 year-olds with the external injury codes were in this category (0%), but this rose to 16% in the 10-14 year-old group (compared to 12% for Worcestershire as a whole) and 31% in the 15-16 year-old group.

Thus, of the 960 admissions of young people aged 15-16 across Redditch & Bromsgrove over the three-year period, 56 (5.8%) of these were related to intentional self-harm.

The most common cause of self-harm was overdosing on simple analgesics, accounting for 55% of cases. Overall, over 80% of self-harm was due to overdosing on drugs (legal and illegal). The next most common means was intentional self-harm by a sharp object, accounting for 15%. This is double the rate seen across Worcestershire – Redditch and Bromsgrove young people

who self harm in this way account for three quarters of the county's total, although the numbers are small.

Domestic violence

Between January 2001 and December 2003 there were 2,065 incidents of domestic violence in Redditch. Approximately 16.7% of all domestic violence in Worcestershire in this period was recorded in Redditch. This percentage is higher than the proportion of the county that lived in Redditch during that time.

West Mercia Police statistics show a 107% increase in the number of domestic violence incidents in North Worcestershire, between April to July 2004 (408) and April to July 2005 (845).

Domestic violence accounts for approx. a third of wounding offences (there were 972 wounding offences in 2005/06)

Based on Home Office research alcohol is likely to contribute to intimate partner violence in a variety of ways. Levels of consumption relate to the likelihood and severity of violence. Alcohol appears to be particularly important in escalating existing conflict. Victims are also more likely to have alcohol related health issues- this is often assumed to be a coping mechanism or response to domestic violence.

Based on March 2006 figures, Redditch has the second highest number of children on the Child Protection Register in Worcestershire. Across Worcestershire neglect remains the highest category for registration. Domestic violence is the prime reason for concern, parental alcohol misuse and its impact on the children the second and parent mental health and its impact on parenting capacity the third.

Redditch has the highest hospital admission rate per 1000 for Intentional Self-Harm (Apr 02-Mar 05) for 10-14 and 17-19 age groups in Worcestershire.

Self harming behaviour increases markedly where there is a known mental health problem in the child, with increasing numbers of stressful life events, in lone parent families, where the parent has poorer mental health and where there is family discord.

Lone parent households

Debt and financial worries are a common cause of relationship tension. This tension can lead to relationship and family breakdown, which can make financial problems worse as money has to stretch further.

New data has been made available which looks at the number and value of county court judgements (CCJs) as a proxy measure for personal consumer debt. As this is a new dataset no time series is available.

Worcester City (20.0) and Redditch (18.4) have the highest rates, with Malvern Hills (10.5) and Wychavon (10.9) the lowest.

County Court Judgements by District, 2004

Total CCJs	Rate per 1000 people*		Average Value of CCJs
Bromsgrove	696	11.3	1,994
Malvern Hills	663	10.5	1,374
Redditch	1400	18.4	1,551
Worcester	1519	20.0	1,502
Wychavon	1041	10.9	1,945
Wyre Forest	1292	15.9	1,743

Source: *National Statistics, 2006*

*Using 2005 mid year population estimates for 16+

People with incomes of less than £200 per week are over twice as likely to have depression or panic disorders compared to those with higher incomes⁷.

Children in the poorest households are three times more likely to have mental health problems than children in well off households.

Based on the information from the Annual Survey of Hours and Earnings, 2004, throughout the country, the median level of gross weekly earnings for full time females was lower than those for full time males.

The difference between male and female earnings gross weekly earnings in Worcestershire was £110.10 in 2004. This was higher than the corresponding figure for the West Midlands region (£105.70) and England and Wales (£107.10).

There is a marked variation across the districts in terms of the difference between male and female earnings. There is £148.70 difference between male and female earnings in Redditch.

⁷ Mental Health, Advice and Financial Services, Fact Sheet 11, Social Exclusion Unit, Office of the Deputy Prime Minister, 2004.

Area	Males	Females	Difference (£) Male to Female
Bromsgrove	567.50	445.80	121.70
Malvern Hills	509.90	361.20	148.70
Redditch	422.80	308.80	114.00
Worcester	455.80	364.70	91.10
Wychavon	437.00	307.90	129.10
Wyre Forest	386.70	299.00	87.70
Worcestershire	455.40	345.30	110.10
West Midlands	435.50	329.80	105.70
England & Wales	468.40	361.30	107.10

Source: Annual Survey of Hours and Earnings, 2004

Mothers' earnings are critical to families, especially lone parent families – where they are overwhelmingly headed by women and are the only source of earned income.

Redditch has the highest percentage of lone parent households across the county, 6.4% of households are lone parent households with dependent children compared to 5% in Worcestershire.

Culture

Increased material poverty, leading to social exclusion, is only part of the extent of poverty. Social exclusion is also affected by massive inequalities in cultural recognition and social diversity, as well as huge inequalities relating to and reinforced by unequal access to information and education.

People who are currently referred to as 'socially excluded' are not only financially poor, they are also from social groups whose ethnicity, culture and identity carry the least amount of recognition, influence and power in society. They are likely to be the least well educated and the most disenfranchised when it comes to active participation in civil and democratic society.

Ethnicity for children and young people aged 0-19 taken from the 2001 census indicates that Redditch has the greatest proportion of ethnic population of nearly 9% of those aged 0-19 which is above the national average (7.9%), 4.3% are Asian origin and 3.1% are mixed race.

2 wards have a very high proportion of non-white 0-19 year olds. Abbey (19.42%) and Central (24.19%)

Pakistani families in Redditch have limited experiences of the provision of children's services and how to access these. Language in particular plays a large part in the lack of take up of children's services in Redditch amongst Pakistani families. For example, just under 30 per cent of the Pakistani population in Redditch has limited English ability.

The Health Poverty Index

The Health Poverty Index in association with the Department of Health issued information through its website to highlight a number of factors facing Redditch. Although this data is from 2003 it does provide some useful insights into local conditions.

There are 25 indicators used by the Health Poverty Index. Each indicator has been scaled linearly with reference to scores across all the groups being compared (i.e. all LADs in England). For each indicator, a score of zero indicates the best situation in terms of health poverty and a score of 1 the worst situation. In other words, an area with a score near zero for a particular indicator has lower levels of health poverty in that domain than an area with a score near one. This information can be accessed via the following website: http://www.hpi2.org.uk/start_here.php

There are four indicators that really stand out when an analysis is done for Redditch. These are:

Gross Value Added per capita.

Gross Value Added (GVA) measures the contribution to the economy of each individual producer, industry or sector in the United Kingdom (ONS, 2002), and has recently replaced Gross Domestic Product (GDP) as the preferred indicator of regional economic prosperity.

Figure for Redditch	(2003)	0.914874
Figure for England	(2001)	0.842548

Wealth

This measures high value dwelling stock and house prices.

Figure for Redditch	(2003)	0.907264
Figure for England	(2001)	0.813231

These figures would suggest that property prices are not keeping pace with other areas across England.

People's choice of future healthcare may be limited by the value of disposal assets, such as properties in terms of accessing services, downsizing or living elsewhere around England.

Social Care Resourcing

This measures expenditure on personal social services.

Figure for Redditch	(2003)	0.837482
Figure for England	(2001)	0.788606

These figures suggest that people in Redditch may not have the same level of personal social services compared to people living in other parts of England.

This may have implications on attracting inward investment into the area from the private sector. It may also have implications on Redditch being able to attract people to relocate and live and work in the area.

It would seem depending on where you live will determine the quality of health care you receive.

Health Capital

This measures levels of obesity, blood pressure, cholesterol and low birth weight.

Figure for Redditch	(2003)	0.744268
Figure for England	(2001)	0.628087

This has implications for the future health of the local population and demand on services.

The New Policy Institute proxy health indicators

The New Policy Institute supported by the Joseph Rowntree Foundation has identified a range of proxy health indicators to monitor the effects of poverty. This enables policy makers to determine whether things are improving or not. This information can be accessed via this website:

<http://www.poverty.org.uk/intro/index.htm>

These indicators cover the following areas:

Low birth weight	Drug use
Infant mortality	Premature death
Dental health	Working age long-standing illness/disability
Accidental deaths	Mental health
Underage Pregnancies	Obesity
Suicides	Excess winter deaths
	Older people long-standing illness/disability

The picture for Redditch using these headings shows there are areas where there is a strong correlation between poverty and health inequalities.

Low birth weight

Nationally, babies born to parents from manual social backgrounds continue to be more likely to have a low birth weight than those born to parents from non-manual social backgrounds.

Babies born to lone parents are more likely to be of low birth weight than babies born to couples.

The rates of death and illness associated with low birth weight reflect both its immediate and its long-term health risks to the infant. It is closely correlated with poor health in the first four weeks of life, and with death before the age of

two years; there are also associations with premature death from coronary artery disease⁸.

Low birth weight is also associated with delayed physical and intellectual development in early childhood, and in adolescence⁹.

The percentage of low birth weight babies in Redditch (8.1) is greater than the national average (7.9) but less than the West Midlands as a whole (8.8.)

One of the key influences on the health of a child in its early life is the health of its mother during pregnancy. Poor health, poor nutrition and smoking during pregnancy can lead to low birth weight, which is also related to socio-economic deprivation and to prematurity.

Birth Weight <2500g as % of all Births 2003 & 2004

	2003	2004
England	8.1 (8.0-8.2)	7.9 (7.9-8.0)
West Midlands Region	9.1 (8.9-9.3)	8.8 (8.6-9.0)
West Midlands South SHA	8.4 (8.0-8.8)	8.1 (7.7-8.5)
Bromsgrove	6.2 (4.7-8.1)	7.3 (5.8-9.2)
Malvern Hills	8.4 (6.4-10.9)	7.6 (5.7-9.9)
Redditch	7.5 (6.0-9.4)	8.1 (6.6-9.9)
Worcester	9.6 (8.0-11.4)	8.3 (6.9-10.0)
Wychavon	8.0 (6.5-9.8)	7.1 (5.7-8.7)
Wyre Forest	8.8 (7.1-10.7)	9.6 (7.9-11.6)

Source: Compendium of Clinical and Health Indicators / Clinical and Health Outcomes

The percentage of low birth weight babies in the West Midlands South SHA area (Worcestershire, Warwickshire, Coventry & Herefordshire) is greater than the national average but less than the West Midlands as a whole.

Infant mortality

The childhood mortality rates for and within Worcestershire are similar to national rates. The rates by district should be treated with caution due to the very small numbers of actual deaths.

Lower birth weight babies are at a higher risk of dying in the first year of life. Data from Alexandra Hospital in Redditch indicate that babies born to smoking mothers weigh on average 0.5kg less than those born to non smoking mothers.

⁸ Spencer, N, *Poverty and Child Health*, Radcliffe Press, 1996, p. 112.

⁹ Carr-Hill, R, *The Measurement of Inequalities in Health: Lessons from the British Experience*, *Social Science and Medicine*, 31 (3), 1990, pp.393-404.

Although the number of deaths is small the infant mortality rate in Redditch is in the bottom quartile nationally. This is based on the Audit Commission's Area Profile for Redditch using ONS 2003 data.

There are on average 58 deaths each year in Worcestershire (age 0-19), over half (55%) within the first year of life. The leading cause of death in under 5s occurs in the neonatal period¹⁰.

It is estimated that about 20% of mothers and 50% of teenage mothers continue to smoke during pregnancy, about 3% of Worcestershire pregnant women are currently referred to the Smoking Cessation Service¹¹.

Suicides

Suicides (including undetermined deaths / open verdicts) only account for 1% of total deaths. However in terms of the percentage of years of life lost, a measure of premature mortality, suicide accounts for 6% of years of life lost. Similarly, land transport accidents account for a much higher percentage of years of life lost (5%) compared to the percentage of deaths that they account for (1%). Another example is chronic liver disease and cirrhosis, which account for 5% of years of life lost but only 1% of deaths. These are significant as potentially preventable causes of premature mortality¹².

Number of deaths by Year of Registration and Council District of Residence

	2001	2002	2003	2004	2005	5 year total
Bromsgrove	8	4	5	5	12	34
Malvern Hills	7	4	6	5	7	29
Redditch	13	6	5	8	9	41
Worcester City	6	5	11	6	5	33
Wychavon	5	8	14	12	16	55
Wyre Forest	13	11	19	10	7	56
Worcestershire	52	38	60	46	56	252

Although the numbers are small, the levels of suicide have increased in Redditch since the production of the last Community Strategy in 2003.

¹⁰ *Children and Young People in Worcestershire Assessment of Need*, South Worcestershire Primary Care Trust, 2006, p.1.

¹¹ *Children and Young People in Worcestershire Assessment of Need*, South Worcestershire Primary Care Trust, 2006, p.3.

¹² *Annual Report of the Director of Public Health, Redditch & Bromsgrove PCT Profile*, 2004, p.17

Drug use

The Redditch Crime Audit 2004 has highlighted that very few residents have actually witnessed drug misuse in their neighbourhood, although most residents feel that the 'drug problem' in Redditch is getting worse/more serious. This highlights a 'fear' of drug misuse rather than actual experience. However, there has been an increase in the supply of class A drug offences detected.

Consultation events with young people have highlighted a number of issues that cause concern in tackling anti-social behaviour. Of those surveyed 68% have been drunk and 38% have tried illegal drugs¹³

There are similarities with recent consultation findings and the comments generated during the development of the Redditch Community Strategy in 2002.

Young people indicated during the development of the Redditch Community Strategy that drug and alcohol use amongst young people in Redditch is on the increase and can contribute to the level of youth crime and nuisance.

Based on recent evidence it would appear that issues around drugs and alcohol usage is still as pertinent now as it was then in 2002.

Premature death

For 2004/5 each general practice in Redditch had to submit the number of people currently on specific disease registers, and this disease prevalence is expressed as the percentage of the practice's population with the specific disease or condition.

Nearly 12% of the population are being looked after for high blood pressure. Diabetes and heart disease affect similar numbers of patients. Conditions such as cancer and epilepsy are actually relatively uncommon¹⁴.

Generally each condition is similar to England overall, although we may have more asthma than expected and possibly less serious mental illness.

It is worth noting that life expectancy in Redditch based on comparison to the England average (78.5 years) in 2004 is lower in the most deprived wards compared to the more affluent parts of the Borough. The Association of Public Health Observatories has estimated that life expectancy within the lowest fifth of wards is 76.4 years compared with 82.3 years for the highest fifth.

¹³ Redditch Youthink Results, Youthworcs., Worcestershire Youth Service, 2005.

¹⁴ Healthy Lifestyles in Redditch and Bromsgrove, Public Health Annual Report, 2005, pp.64-5

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