

SLOUGH BOROUGH COUNCIL

REPORT TO: Slough Wellbeing Board

DATE: 15 May 2013

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WARD(S): Foxborough

PART I

FOR CONSIDERATION AND DECISION

FOXBOROUGH WARD – HEALTH DEPRIVATION

1. **Purpose of Report**

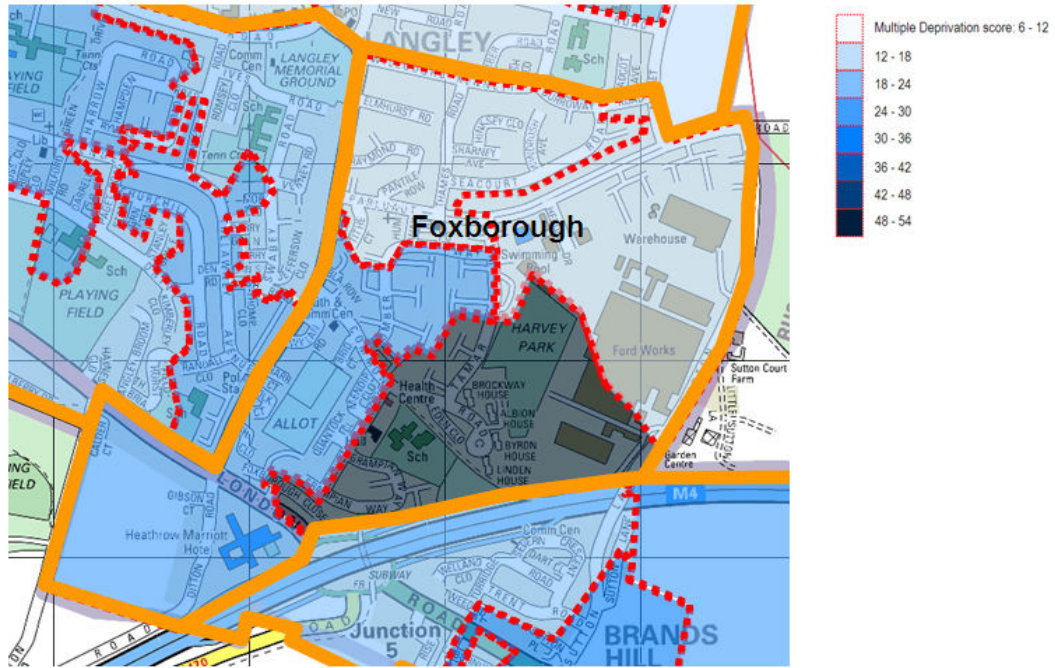
To put before the Slough Wellbeing Board the recommendation from the Overview and Scrutiny Committee's Task and Finish Group concerning the levels of health deprivation in the Foxborough Ward.

2. **Recommendation(s)/Proposed Action**

That the Slough Wellbeing Board considers reviewing levels of health deprivation in Lower Super Output Area EO1016490 and that its findings are provided to the Overview and Scrutiny Committee.

3. **Background Information**

- 3.1 In May 2012, the Overview and Scrutiny Committee formed a Task and Finish Group to review the Indices of Multiple Deprivation 2010 information for the Foxborough Ward. The Task and Finish Group was asked to create a ward profile for Foxborough, so that it could gain a better understanding of the issues relating to deprivation in the ward, and what actions could be taken to improve the situation.
- 3.2 The reason behind the choice of Foxborough for this work was that one of the Lower Super Output Areas (LSOA) within the Ward was ranked in the 10% most deprived nationally for overall deprivation (the only LSOA in Slough to rank this poorly for overall deprivation).
- 3.3 The Foxborough Ward is made up of four LSOAs, but the focus of the T&F Group's work looked at LSOA EO1016490 (shown on the map below), as this particular area ranked poorly in all categories.



The following table provides the scores for LSOA EO1016490:

National	Income	Employment	Health	Education	Housing	Crime	Living Environment
7	12	13	16	29	1	3	24

3.4 Looking at these scores, the T&F Group decided to focus its investigations on the areas of Housing, Crime and Employment. More information on its findings regarding these domains can be found under the agenda for the Overview and Scrutiny Committee's 9 April 2013 meeting.

4. Health and Disability Domain

4.1 With ill health limiting an individual's ability to participate fully in society it is a very important element in determining deprivation.

4.2 The Health Deprivation and Disability domain measures premature death and impairment of quality of life by poor health, incorporating both physical and mental health for a particular LSOA. However, while this domain looks at morbidity, disability and premature mortality it does not cover aspects of behaviour and environment which could be useful for Public Health in looking at prevention programmes.

4.3 This domain aims to capture unexpected deaths or levels of ill health by using age and sex standardised data, in order to exclude the generally accepted risk of ill health and death that is associated with aging, as this could not be considered socially unjust.

4.4 The domain is constructed through the following indicators:

- a) Years of Potential Life Lost (makes up 27% of indicator)
 - Age and sex standardised measure of premature death (premature death being defined as death before the age of 75, and includes all causes of mortality)
 - This indicator compares the actual number of deaths or the level of morbidity in an area to what would be expected given the area's age and gender structure.
 - The level of unexpected mortality is also weighted so that the unexpected death of a younger person would have a greater impact on the overall score than that of an older person.

- b) Comparative Illness and Disability Ration (makes up 30% of indicator)
 - Age and sex standardised rates of morbidity and disability. This is done by using a non-overlapping count of individuals receiving benefits (such as Disability Living Allowance, Severe Disablement Allowance, Incapacity Benefit, Attendance Allowance and the disability premium of Income Support) due to ill health against the total population for the area to gain an understanding of the levels of work-limiting morbidity and disability for each LSOA.

- c) Acute Morbidity (makes up 19% of indicator)
 - Age and sex standardised rate for emergency admissions to hospital: the numbers admitted in an emergency and lasting more than a calendar day against the total population.
 - For the purposes of this indicator Emergency Admissions are defined as cases where 'admission is unpredictable and at short notice because of clinical need,' including through Accident and Emergency, directly onto a ward or into theatre, and the emergency transfer of patients between hospitals. All emergency admissions of greater than one day in length (incurring an overnight stay) are included, and only data from NHS hospitals was used.

- d) Mood and Anxiety Disorders (makes up 24% of indicator)
 - The rate of mood and anxiety disorders in the population, with rates prescribed based on practice population distribution, total population for an LSOA or the known working age population for an LSOA depending on the data in question:
 - Prescribing data
 - Hospital episode data
 - Suicide mortality data
 - Health benefits data
 - As there is not an individual dataset which allows for the measurement of mood and anxiety disorders, these four

datasets are combined to represent a large proportion of those suffering mental ill health.

- 4.5 The results of LSOA EO1016490 in this domain demonstrate the high levels of health deprivation present amongst the population. This needs to be further developed in order to understand the underlying causes and potential mitigation that could be put in place to combat the problems being faced by the population.

5. **Conclusion**

Health deprivation undermines an individual's quality of life and ability to fully participate in society. The LSOA EO1016490 in Foxborough ranks especially poorly in terms of levels of health deprivation, and an exploration of the underlying reasons for this could assist in identifying possible solutions to the problems in this area.

6. **Background Papers**

- 1 - Indices of Multiple Deprivation 2010 (Department for Communities and Local Government)
- 2 - Indices of Multiple Deprivation 2010: Technical Report (Department for Communities and Local Government)
- 3 - Indices of Deprivation in Slough (Report to Overview and Scrutiny Committee, 6 December 2011)
- 4 - Indices of Deprivation (Report to Overview and Scrutiny Committee, 31 May 2012)
- 5 - Foxborough Ward: Profile of Deprivation (Task and Finish Group Report to Overview and Scrutiny Committee, 9 April 2013)