

**MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD HELD AT THE  
COUNCIL OFFICES, STATION ROAD, WIGSTON ON WEDNESDAY, 23 JANUARY 2019  
COMMENCING AT 1.30 PM**

**PRESENT**

Councillor J Kaufman (Chair)

**COUNCILLORS**

G A Boulter  
Mrs S Z Haq

**OFFICERS IN ATTENDANCE**

C Clarke (Sports Development Assistant)  
Mrs A Lennox MBE (Head of Leisure & Wellbeing Services)  
K Radford (Physical Activity Coordinator)

**OTHERS IN ATTENDANCE**

Claire Bradshaw (LCC Libraries)  
Debra Cunningham (LCC Public Health)  
Natalie Davison (Public Health Business Partner)  
Penny Fielden (B& OW Forum and Ministry of Nordic Walks)  
Hussein Khan (School Sports Partnership, LSLSSP)  
Manjit Rai-Taylor (Buddhi & Sikh Association)  
Vivienne Robins (Consultation in Public Health)  
Kaseem Vindhani (Leicestershire Life Links)

**15. WELCOME BY CHAIRMAN, COUNCILLOR JEFFREY KAUFMAN**

The Chair, Cllr Jeffrey Kaufman, welcomed attendees to the meeting.

**16. APOLOGIES FOR ABSENCE**

Cllr Bhupendra Dave  
Mary Flynn (Local Areas Coordinator South Wigston)  
Lesley Green (Mental Health Forum/Oadby Food Bank)  
Cllr Helen Loydall  
Cllr Kevin Loydall  
James Naylor (Everyone Active)  
Debbie Preston (First Contact Plus)  
Sharon Rose (Locality Manager, East Leicestershire CCG)  
Dr Vivek Varakantam (East Leicestershire CCG and GP Lead for O&W)

**17. MINUTES OF THE PREVIOUS MEETING**

The minutes of the meeting of the HWBB held on 10 October 2018 to be taken as read, confirmed and signed by the Chair.

**17a. ACTIONS FROM THE LAST MINUTES**

There were no actions outstanding from the last meeting.

## **18. INEQUALITIES IN LIFE EXPECTANCY BETWEEN OADBY AND WIGSTON**

Vivienne Robins (Consultation in Public Health) and Natalie Davison (Public Health Business Partner) gave a presentation on the current findings and concerns around the inequalities in life expectancy between Oadby and Wigston. A copy of the presentation slides can be found in **Appendix 1**. The full Life Expectancy report can be found in **Appendix 2**.

The presentation confirmed that **Oadby and Wigston has the 4th largest inequality in male life expectancy at birth in England, at 13.5 years**. The inequality in male life expectancy has been increasing over time. In 2010-12, the inequality in life expectancy at birth was 5.2 years, increasing to 6.3 years in 2011-13, 8.7 years in 2012-14 and 13.5 years in 2014-16. Nationally, the inequality in life expectancy at birth (based on national deprivation deciles) was 9.3 years in males in 2014-16

In females the inequality in life expectancy at birth has increased year on year since 2010-12. In 2010-12, the inequality in life expectancy at birth was 2.4 years, increasing to 3.6 years in 2011-13, 4.4 years in 2012-14, 6.7 years in 2013-15 and the latest data for 2014-16, shows Oadby and Wigston has an **inequality in female life expectancy at birth of 9.5 years**. Nationally, the inequality in life expectancy at birth (based on national deprivation deciles) was 7.3 years in females in 2014-16.

Vivienne and Natalie confirmed the data is updated annually. The data can provide a starting point, but they confirmed the inequalities agenda is complicated. They further confirmed that they are fortunate to have the support from the CCG and the Council's Head of Leisure & Wellbeing as well as the Chair of the Health & Wellbeing Board in helping to drive this matter forwards. Public Health deliver a range of services including Health Checks at GP surgeries; one of the aims will be to improve the uptake of these checks.

A meeting on health inequalities will be held at the end of February by invitation only, invitees include local GP's, health professional and those organisations it is felt can begin to address the inequalities identified. Feedback will be provided to the Oadby and Wigston Health and Wellbeing Board at its next meeting.

## **19. UPDATE - OADBY & WIGSTON PRIORITY 1. AGEING WELL**

The "Ageing Well" health focused meeting held in July identified a desire to set up a sub-group of like-minded organisations, to take forwards this agenda. As a result, a sub-group met on 7 November. A number of actions came out of this meeting to take forwards.

- To investigate a central 'living' database for promotional purposes, which organisations can update as and when activities /services change. This piece of work is currently on going.
- To make contact with Rutland CC about their information service.
- To look into the wider delivery of the Letterbox newspaper e.g. GP surgeries and better distribution in flats and the Sheltered accommodation buildings.

## **20. UPDATE - OADBY AND WIGSTON PRIORITY 2. HEALTHY WEIGHT**

The meeting held on 10 October 2018 was dedicated to discussing Healthy Weight. A number of organisations confirmed how they were addressing this important agenda, which included:

- Community cooking programmes
- Referring individuals to a dietician
- Educating families about healthy food options
- Encouraging individuals to take up physical activity
- And signposting local residents to local sessions

The range of organisations also confirmed that they would like further support with promotion and educational opportunities for families. Funding is also 'key' in order to continue to address this agenda.

**21. OADBY AND WIGSTON PRIORITY 3. MENTAL HEALTH (DISCUSSION/WORKSHOP)**

The Chair introduced priority 3; Mental Health. This is the Board's final health focused meeting for this year. The aim of this part of the meeting was to gain some feedback from attendees on how they are currently addressing mental health issues locally; what the plans are for 2019/2020; what the challenges are; and what support they require from the HWBB.

Attendees split into 2 working groups; each group answered the above key questions in relation to Mental Health, facilitated by two lead Officers. At the end of the 40 minute Workshop feedback was provided by the two individual groups. The combined findings can be found in **Appendix 1**.

The Chair, Councillor Jeffrey Kaufman, thanked attendees for their input and ideas on Mental Health.

**22. ANY OTHER BUSINESS**

The National Literacy Trust, last autumn, released a report detailing how children and young people's mental wellbeing is related to their reading and writing experiences.

To find out more visit: <https://literacytrust.org.uk/research-services/research-reports/mental-wellbeing-reading-and-writing/>

**23. FUTURE MEETING**

The next meeting of the Health & Wellbeing Board is the Board's Health Summit, details below:

- Wednesday 3 April 2019 – Annual Health Summit

Meeting to be held at the Oadby and Wigston Borough Council Offices, starting at 1:30 p.m.

**THE MEETING CLOSED AT 3.30 PM**



Chair

Wednesday, 03 April 2019

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# Inequality in Life Expectancy between Oadby & Wigston

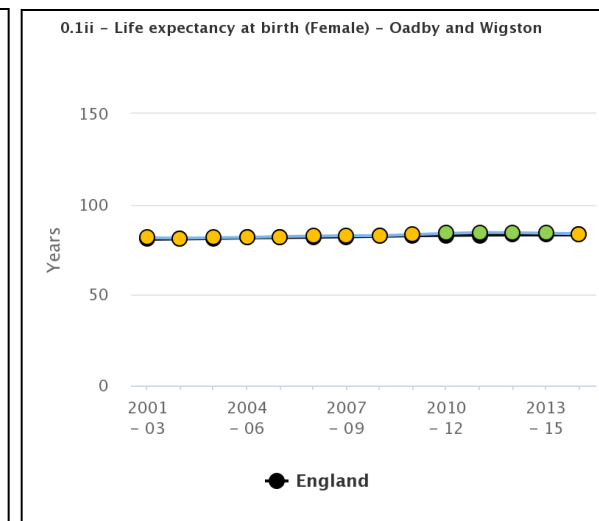
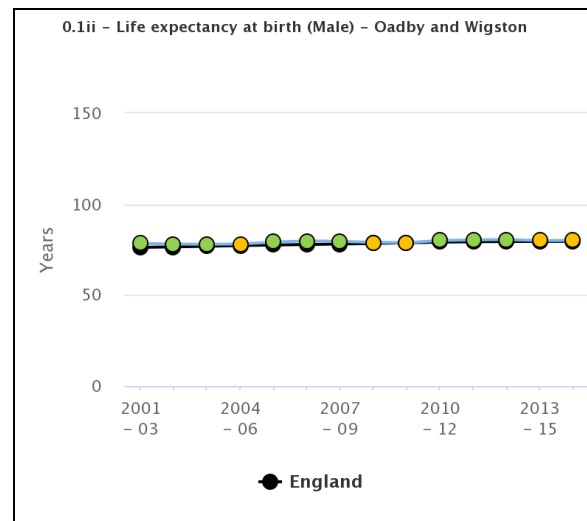
Natalie Davison & Vivienne Robbins  
Leicestershire County Council



# Introduction

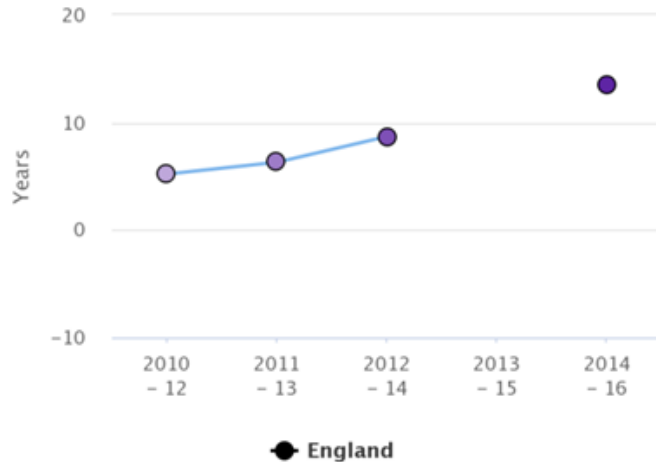
- The inequality in life expectancy examines the range in years of life expectancy across the social gradient (from most to least deprived areas) within each local authority.
- The latest data for 2014-16, published as part of the Public Health Outcomes Framework shows that Oadby and Wigston has the 4th largest inequality in male life expectancy at birth in England, at 13.5 years.
- This is behind only Stockton-on-Tees (14.9 years), Kensington and Chelsea (13.8 years) and Blackpool (13.6 years).

- Pages 3
- Latest data for life expectancy at birth for males (80.1) and females (83.8) performs similar to the national average (79.5, 83.1).
  - Life expectancy in females has declined consecutively for the last three time periods.

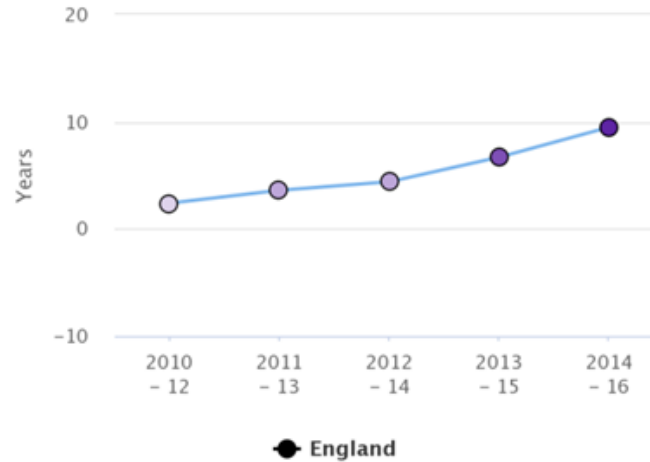


# Trend in Inequality in LE

0.2iii - Inequality in life expectancy at birth LA (Male) - Oadby and Wigston



0.2iii - Inequality in life expectancy at birth LA (Female) - Oadby and Wigston

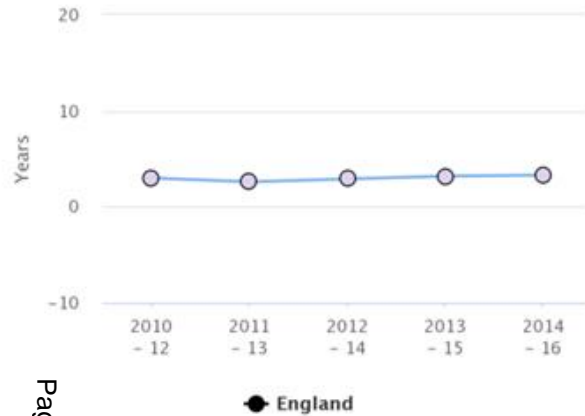


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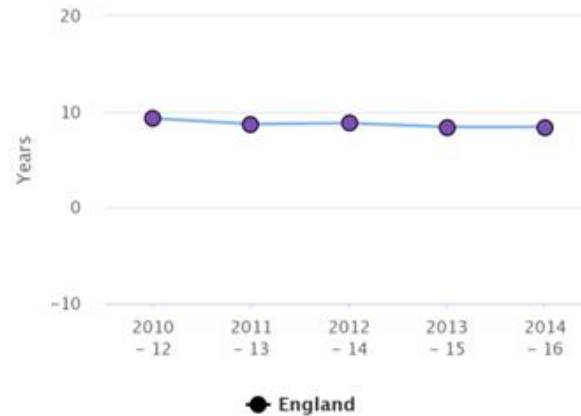
- Nationally, the inequality in life expectancy at birth (based on national deprivation deciles) was 9.3 years in males and 7.3 years in females in 2014-16.
- The national trend of inequality in life expectancy has been slowly increasing for both genders. In males, the inequality has increased from 9.1 years in 2010-12 to 9.0 years in 2011-13, 9.1 years in 2012-14 and 9.2 years in 2013-15. In females from 6.8 years in 2010-12 to 6.9 years in 2011-13, 6.9 years in 2012-14 and 7.1 years in 2013-15.
- At a county level, the inequality in life expectancy at birth (based on national deprivation deciles) lies at 6.2 years in males and 5.3 years in females.

# Trend in Inequality in LE

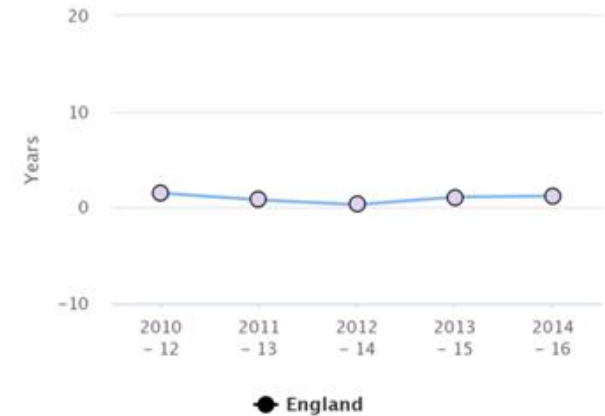
0.2iii - Inequality in life expectancy at birth LA (Male) - Blaby



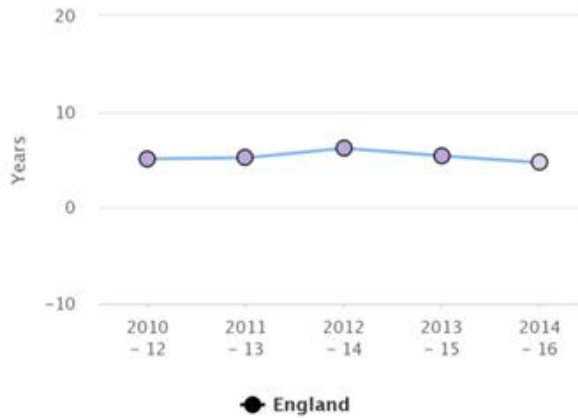
0.2iii - Inequality in life expectancy at birth LA (Male) - Charnwood



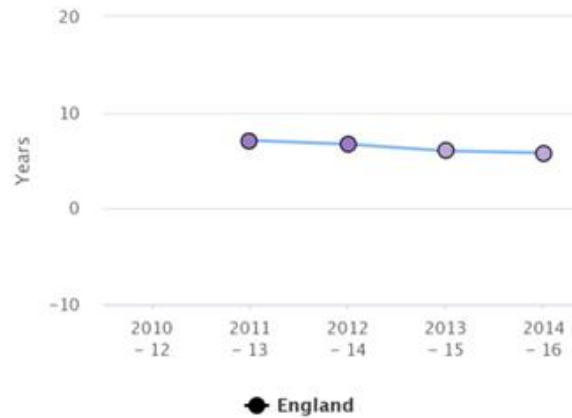
0.2iii - Inequality in life expectancy at birth LA (Male) - Harborough



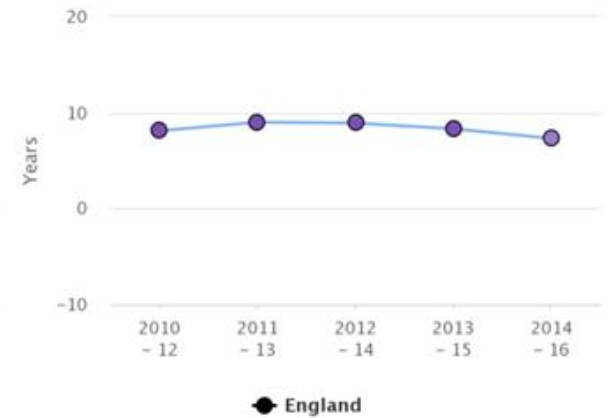
0.2iii - Inequality in life expectancy at birth LA (Male) - Hinckley and Bosworth



0.2iii - Inequality in life expectancy at birth LA (Male) - Melton



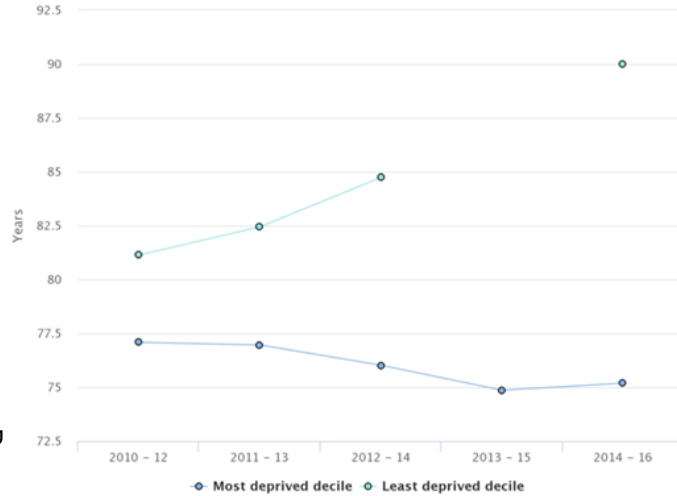
0.2iii - Inequality in life expectancy at birth LA (Male) - North West Leicestershire



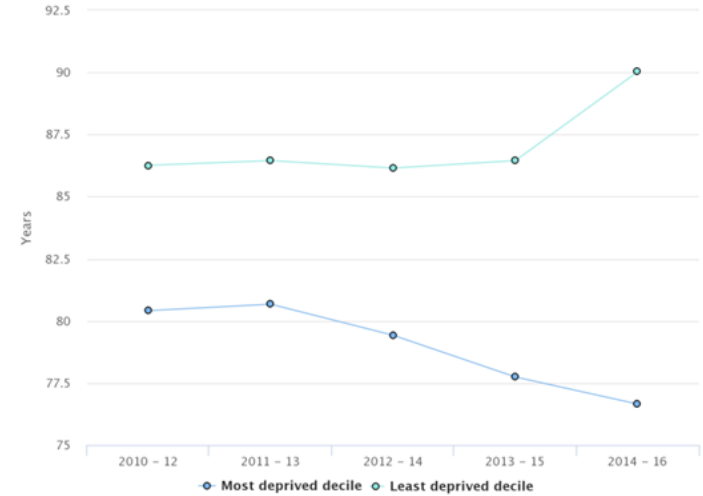


# Where is the gap?

## O&W - males

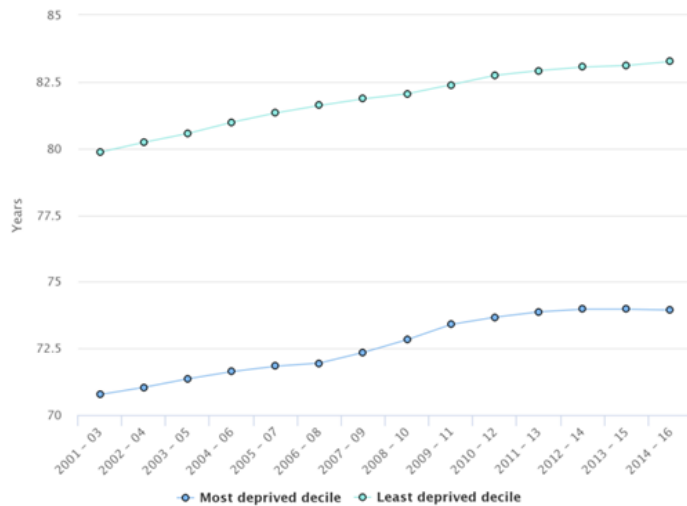


## O&W - females

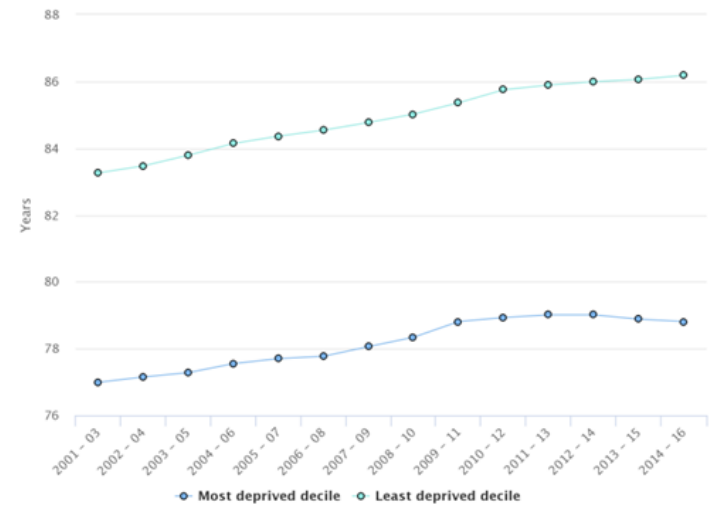


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## National – males

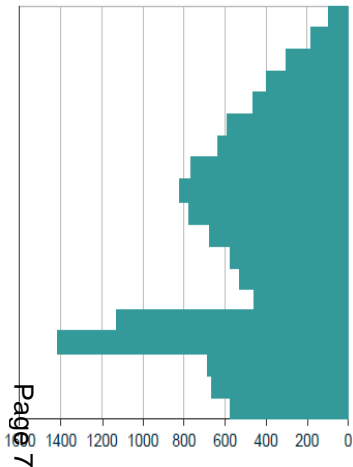


## National - females

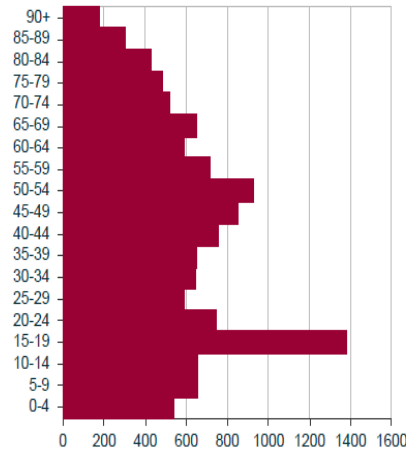


# Population of O&W

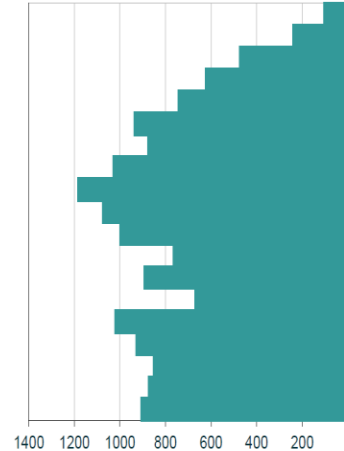
*Oadby Male*



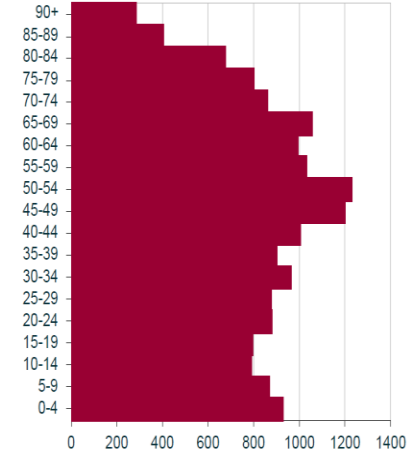
*Oadby Female*



*Wigston Male*



*Wigston Female*



- Wigston has an older population than Oadby and Leicestershire as a whole:
- In Wigston 22.7% of its residents are aged 65 years and over compared to 19.1% of the residents in Oadby. Wigston has a higher percentage of its population aged 65 and above compared to Leicestershire (19.8%) whereas Oadby has a lower percentage.
- When examining those aged 85 years and above both Oadby and Wigston have a higher percentage than the Leicestershire average (2.5%) at 3.1% and 3.3% respectively.

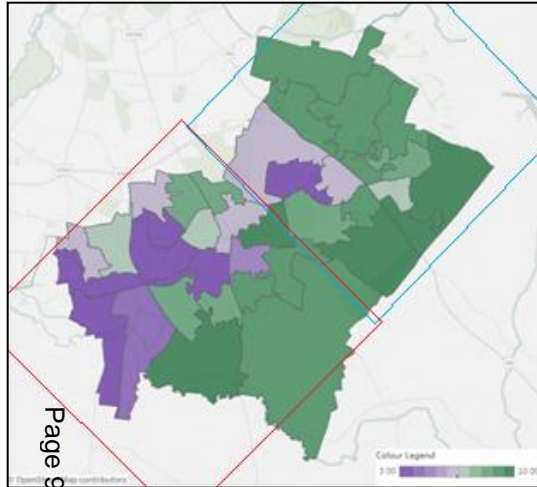
# Ethnicity of O&W

	Oadby		Wigston		Leicestershire		England	
	Count	%	Count	%	Count	%	Count	%
BME population	11,324	47.5	3,835	11.9	55,722	8.6	7,731,314	14.6
Not 'White UK' ethnicity	11,953	50.1	4,583	14.2	72,057	11.1	10,733,220	20.2
Cannot speak English well or at all	588	2.5	235	0.8	4,426	0.7	843,845	1.7

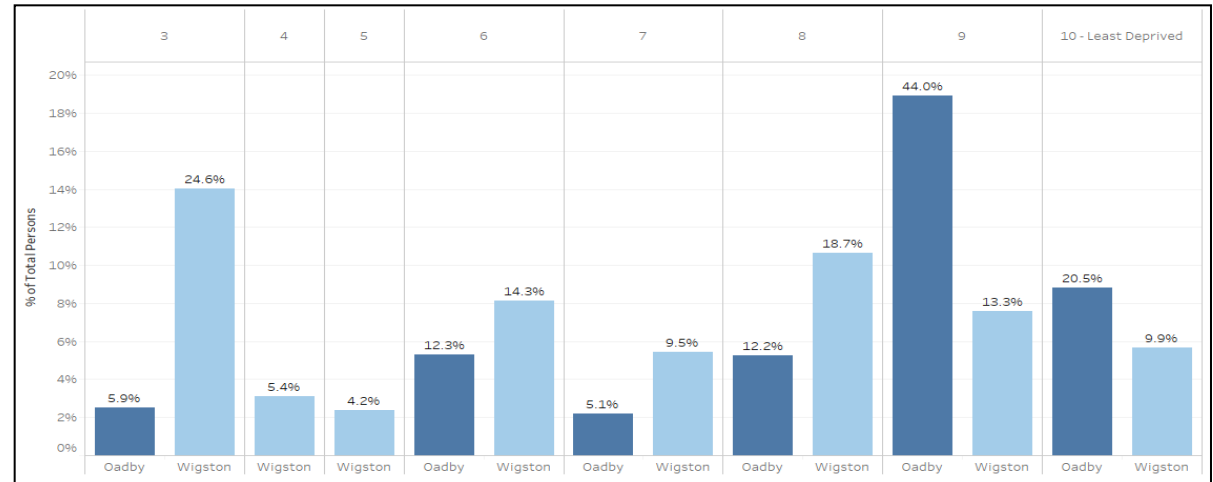
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 In Oadby almost half (47.5%) of the population are from a Black and Minority (BME) ethnic group compared to 11.6% in Wigston. Both these percentages are higher than the county (8.6%) and national (14.6%) average.
- When examining the population whose ethnicity is not 'White UK,' 14.2% of all residents from Wigston fall into this category compared to over half in Oadby (50.1%).
- The proportion of the population who cannot speak English well or at all is higher in Oadby (2.5%) and Wigston (0.8%) compared to the Leicestershire average (0.7%).

# Deprivation of O&W

(i) IMD 2015 National Deciles



(ii) Population by IMD 2015 National Decile in Oadby and Wigston



- Broadly speaking, the map shows Oadby has much fewer areas classified in the most deprived areas nationally compared to Wigston. There are six LSOAs in Oadby and Wigston that are in the 30% most deprived areas nationally, one of these LSOAs is in Oadby (Oadby Industrial Estate) whereas five are in Wigston.
- The graph shows almost two-thirds (64.5%) of the population in Oadby live in the most affluent 20% areas nationally compared to 23.3% of the population in Wigston.
- Almost a quarter (24.6%) of the population in Wigston live in the 30% most deprived areas nationally compared to just 5.9% of the population in Oadby.

# Health Status in O&W

- A practice in Wigston has the highest GP recorded smoking prevalence out of all practices in ELR CCG and is the only practice in the borough that has continued to perform significantly higher than the national average. All other GP practices have performed significantly lower than the national average.
- Wigston has similar levels of binge drinking and obesity compared to England. Oadby has lower levels of each health behaviour compared to England.
- The 2011 Census reported a higher percentage of the population were limited because of health or disability problems in Wigston (18.8%) compared to Oadby (15.3%).
- The percentage of patients with cancer, as recorded on each GP practice disease registers, has been increasing both nationally and locally. A surgery in Wigston has continued to have a significantly higher prevalence than the national average since 2009/10. All other practices in the borough have performed similar to the national prevalence over the last eight years.

# Premature Mortality in O&W

- Premature mortality examines all deaths under the age of 75 years. Between 2011–2015 when examining the SMRs of premature deaths from all causes compared to the national average, Oadby performed significantly better (lower) than the national average whereas Wigston performed similar to the national average.
- In Wigston, almost half (46.2%) of all premature deaths were from cancer, a higher proportion compared to Oadby (40.9%), Leicestershire (44.0%) and England (41.3%).

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	Oadby		Wigston		Leicestershire		England	
	Count	%	Count	%	Count	%	Count	%
All causes (U75)	220		491		8,642		752,670	
All cancer (U75)	90	40.9%	227	46.2%	3,801	44.0%	310,786	41.3%
All circulatory (U75)	50	22.7%	112	22.8%	1,940	22.4%	166,529	22.1%
CHD (U75)	33	15.0%	63	12.8%	1,080	12.5%	91,057	12.1%

# Recommendations

- Commissioners and providers should be aware of the high level of inequality throughout the Oadby and Wigston district and raise awareness of the relative invisibility of this statistic to colleagues.
- Oadby and Wigston Health and Wellbeing Board and CCG to support the ongoing partnership work to increase the life expectancy of residents living in the most deprived quintile of the borough.
- LCC Public Health department to consider how uptake of key prevention services (including NHS health checks and the Stop Smoking Service) can be improved by residents of Wigston.
- To review the equity of access and resource to health services for Oadby and Wigston residents and ensure health budgets are aligned to these findings.
- Arrange a half day workshop in February/March 2019 for all wider health partners of Oadby & Wigston to attend. Feedback from all partners will be sought and a tangible action plan will be drafted from the findings of this event.

# Inequalities in Life Expectancy between Oadby and Wigston

December 2018



## **Public Health Intelligence**

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Produced by the Strategic Business Intelligence Team at Leicestershire County Council.

Whilst every effort has been made to ensure the accuracy of the information contained within this report, Leicestershire County Council cannot be held responsible for any errors or omission relating to the data contained within the report.

## EXECUTIVE SUMMARY

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- This paper explores the potential reasons why Oadby and Wigston has the 4th largest inequality in male life expectancy at birth in England, at 13.5 years. This is behind only Stockton-on-Tees (14.9 years), Kensington and Chelsea (13.8 years) and Blackpool (13.6 years).
- In 2015 the population of Leicestershire was 675,309, of these 24,011 residents (3.6%) lived in Oadby and 31,822 residents (4.7%) lived in Wigston. Wigston has an older population than Oadby and Leicestershire as a whole. In Wigston 22.7% of its residents are aged 65 years and over compared to 19.1% of the residents in Oadby.
- Oadby and Wigston has the 4th largest inequality in male life expectancy at birth in England, at 13.5 years. The inequality in male life expectancy has been increasing over time. In 2010-12, the inequality in life expectancy at birth was 5.2 years, increasing to 6.3 years in 2011-13, 8.7 years in 2012-14 and 13.5 years in 2014-16. Nationally, the inequality in life expectancy at birth (based on national deprivation deciles) was 9.3 years in males in 2014-16
- In females the inequality in life expectancy at birth has increased year on year since 2010-12. In 2010-12, the inequality in life expectancy at birth was 2.4 years, increasing to 3.6 years in 2011-13, 4.4 years in 2012-14, 6.7 years in 2013-15 and the latest data for 2014-16, shows Oadby and Wigston has an inequality in female life expectancy at birth of 9.5 years. Nationally, the inequality in life expectancy at birth (based on national deprivation deciles) was 7.3 years in females in 2014-16.
- For both genders, life expectancy at birth has been increasing for those living in the least deprived decile while decreasing for those living in the most deprived decile, hence widening the gap of inequality in life expectancy. This rate of change in life expectancy in the most and least affluent areas in Oadby and Wigston is much faster than the pattern witnessed nationally. Over the last five time periods, the life expectancy in the least deprived decile in Oadby and Wigston has increased by 8.9 years in males and 3.7 years in females. This is substantially smaller than the increases witnessed nationally of 0.7 years in males and 0.4 years in females. In the most deprived decile, locally life expectancy has decreased by 1.9 years in males and decreased by 3.7 years in females, whereas at a national level, life expectancy has increased by 0.2 years in males and decreased by 0.1 years in females.
- Wigston has an older population than Oadby and Leicestershire as a whole. In Wigston

22.7% of its residents are aged 65 years and over compared to 19.1% of the residents in Oadby. Wigston has a higher percentage of its population aged 65 and above compared to Leicestershire (19.8%) whereas Oadby has a lower percentage.

- There are clear differences between Oadby and Wigston with regards to the ethnic groups living in the area. In Oadby almost half (47.5%) of the population are from a Black and Minority (BME) ethnic group compared to 11.6% in Wigston.
- Almost two-thirds (64.5%) of the population in Oadby live in the most affluent 20% areas nationally compared to 23.3% of the population in Wigston. Almost a quarter (24.6%) of the population in Wigston live in the 30% most deprived areas nationally compared to just 5.9% of the population in Oadby.
- Between 2011–2015 Wigston had a similar Standardised Mortality Ratio (SMR) of 100.5 for all causes compared to England, whereas Oadby performed significantly better (lower) than the national average. Examining broad cause of deaths in Wigston, Leicestershire and in England, all cancers were the leading cause of death followed by circulatory diseases and respiratory diseases. In Oadby, circulatory diseases were the leading cause of death followed by cancer and Coronary Heart Disease.
- Premature mortality examines all deaths under the age of 75 years. Between 2011–2015 when examining the SMRs of premature deaths from all causes compared to the national average, Oadby performed significantly better (lower) than the national average whereas Wigston performed similar to the national average. In Wigston, almost half (46.2%) of all premature deaths were from cancer, a higher proportion compared to Oadby (40.9%), Leicestershire (44.0%) and England (41.3%).
- The percentage of patients with cancer, as recorded on each GP practice disease registers, has been increasing both nationally and locally. Bushloe Surgery, situated in Wigston, is the only practice in the borough that has continued to have a significantly higher prevalence than the national average since 2009/10. All other practices in the borough have performed similar to the national prevalence over the last eight years.
- The prevalence of GP recorded COPD is increasing over time for all practices in Oadby and Wigston, apart from The Central Surgery, where the prevalence has been declining for the past three years. Bushloe Surgery, situation in Wigston, is the only practice in the borough that has a significantly higher prevalence than the national average since the recording (in 2009/10). Three practices in Oadby have continued to perform significantly lower than the national prevalence since 2009/10.
- The 2011 Census reported a higher percentage of the population were limited because of

health or disability problems in Wigston (18.8%) compared to Oadby (15.3%). Wigston performed significantly worse (higher) than the national average (17.6%) whereas Oadby performed significantly better (lower) than the national average.

- South Wigston Health Centre has the highest GP recorded smoking prevalence out of all practices in ELR CCG and is the only practice in the borough that has continued to perform significantly higher than the national average. All other GP practices have performed significantly lower than the national average. Over time, nationally the smoking prevalence is declining, a pattern which is largely reflected in the GP practices in the borough, apart from South Wigston Health Centre and The Central Surgery where the prevalence appears to have stabilised.
- Wigston has similar levels of binge drinking and obesity compared to England. Oadby has lower levels of each health behaviour compared to England.
- Wigston has a higher level of access to acute care than Oadby in the two indicators examined. The monthly trend in A&E attendances by GP practice between April 2016 to September 2018 shows all GP practices in Oadby have an A&E attendance rate lower than the Oadby and Wigston average, whereas all GP practices in Wigston have an A&E attendance rate higher than the Oadby and Wigston average. Examines the trend in emergency hospital admissions in the same time period shows South Wigston Health Centre has the highest emergency admission rate out of the borough followed by Bushloe Surgery, both in Wigston. The lowest rates were seen in Severn Surgery and Rosemead Drive Surgery in Oadby.

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## 1. Purpose

This paper explores the potential reasons why Oadby and Wigston has the 4th largest inequality in life expectancy at births in males nationally in 2014-16. This is due an increasing life expectancy at birth for those living in the least deprived decile and a decreasing life expectancy for those living in the most deprived decile. This divergence in Oadby and Wigston has occurred at a much faster rate than national and warrants attention.

The Local Authority Health Profiles are annual profiles published every July, available here: <https://fingertips.phe.org.uk/profile/health-profiles>. The inequalities in life expectancy indicators are included in these profiles as supporting information. A paper examining this newly updated data was presented to Leicestershire County Council's Public Health's Senior Leadership Team (SLT) in August which highlighted the performance of Oadby and Wigston around this indicator. Public Health SLT appreciated the need for further understanding in this area and made contact with the partners to discuss this further. This paper is the output of discussions with various health and local government colleagues.

## 2. Introduction/Background

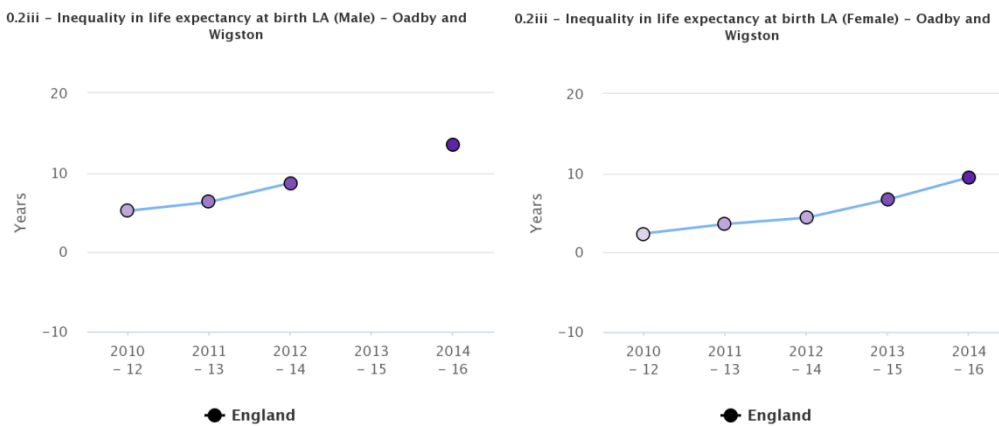
The inequality in life expectancy examines the range in years of life expectancy across the social gradient (from most to least deprived areas) within each local authority. The latest data for 2014-16, published as part of the Public Health Outcomes Framework (<https://fingertips.phe.org.uk/profile/public-health-outcomes-framework>) shows that Oadby and Wigston has the 4<sup>th</sup> largest inequality in male life expectancy at birth in England, at 13.5 years. This is behind only Stockton-on-Tees (14.9 years), Kensington and Chelsea (13.8 years) and Blackpool (13.6 years).

Nationally, the inequality in life expectancy at birth (based on national deprivation deciles) was 9.3 years in males and 7.3 years in females in 2014-16. The national trend of inequality in life expectancy has been slowly increasing for both genders. In males, the inequality has increased from 9.1 years in 2010-12 to 9.0 years in 2011-13, 9.1 years in 2012-14 and 9.2 years in 2013-15, and in females from 6.8 years in 2010-12 to 6.9 years in 2011-13, 6.9 years in 2012-14 and 7.1 years in 2013-15.

At a county level, the inequality in life expectancy at birth (based on national deprivation deciles) in Leicestershire is lower than nationally, at 6.2 years in males and 5.3 years in females in 2014-16. The trend of inequality in life expectancy has stabilised for males, at 6.1 years in 2010-12 to 6.2 years in 2011-13, 6.2 years in 2012-14 and 6.1 years in 2013-15. In females between 2010-12 to 2013-15 the rate stabilised at 4.9 years to 4.7 years to 4.8 years and 4.8 years. The inequality gradient increased to 5.3 years for the latest data in 2014-16.

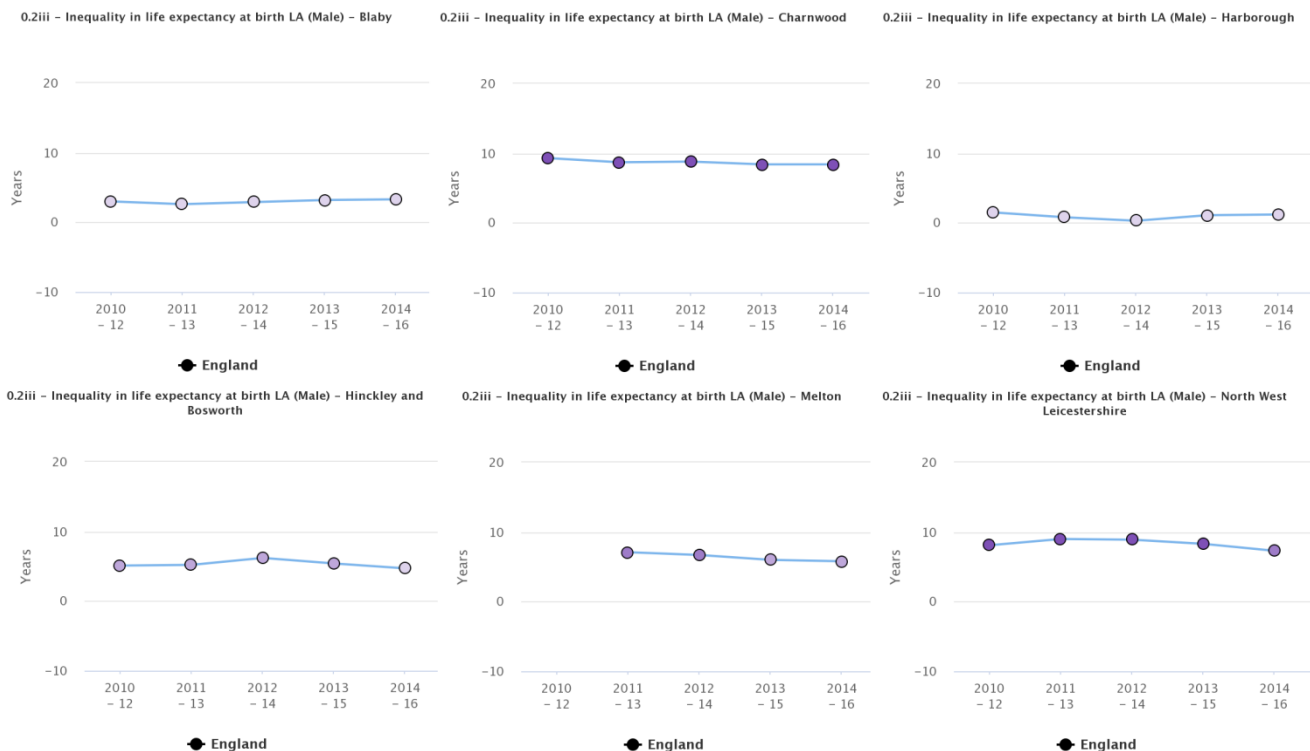
Like nationally, the inequality in male life expectancy has been increasing over time in Oadby and Wigston, however at a much faster rate. In 2010-12, the inequality in life expectancy at birth was 5.2 years, increasing to 6.3 years in 2011-13, 8.7 years in 2012-14 and 13.5 years in 2014-16. Please note no data was available for 2013-15. It is important to note that this pattern is not confined to males. In females the inequality in life expectancy at birth has increased year on year since 2010-12 from 2.4 years to 3.6 years in 2011-13, 4.4 years in 2012-14, 6.7 years in 2013-15 and the latest data for 2014-16, shows Oadby and Wigston has an inequality in female life expectancy at birth of 9.5 years. This is 22<sup>nd</sup> worst performing district/unitary authority out of 326 areas in England. Between 2010-12 and 2014-16, the inequality in life expectancy in Oadby & Wigston has increased by 8.3 years in males and 7.1 years in females. This year on year increase in inequality in life expectancy for both genders is not reflected in any other district in Leicestershire as shown by Figure 2 and Figure 3.

**Figure 1: Trend in inequality in life expectancy at birth by gender**

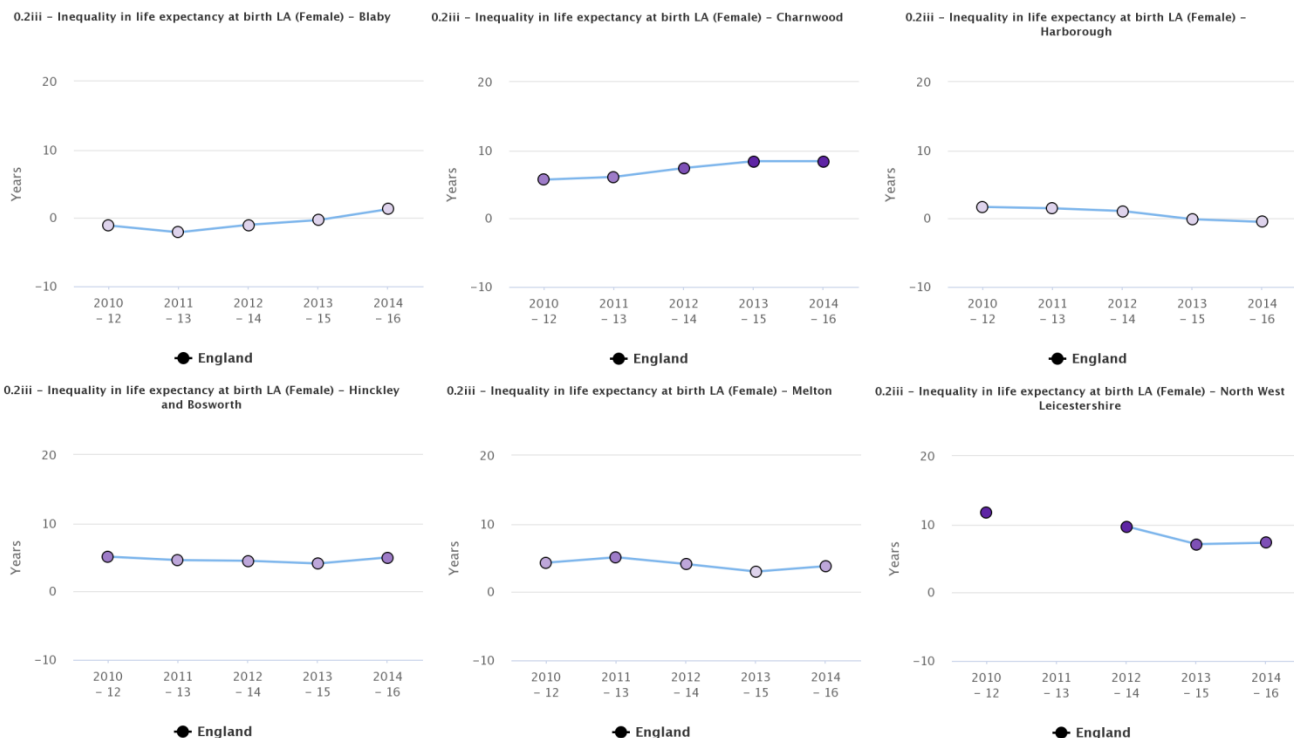




**Figure 2: Inequality in life expectancy at birth LA (Male) in Leicestershire districts**



**Figure 3: Inequality in life expectancy at birth LA (Female) in Leicestershire districts**

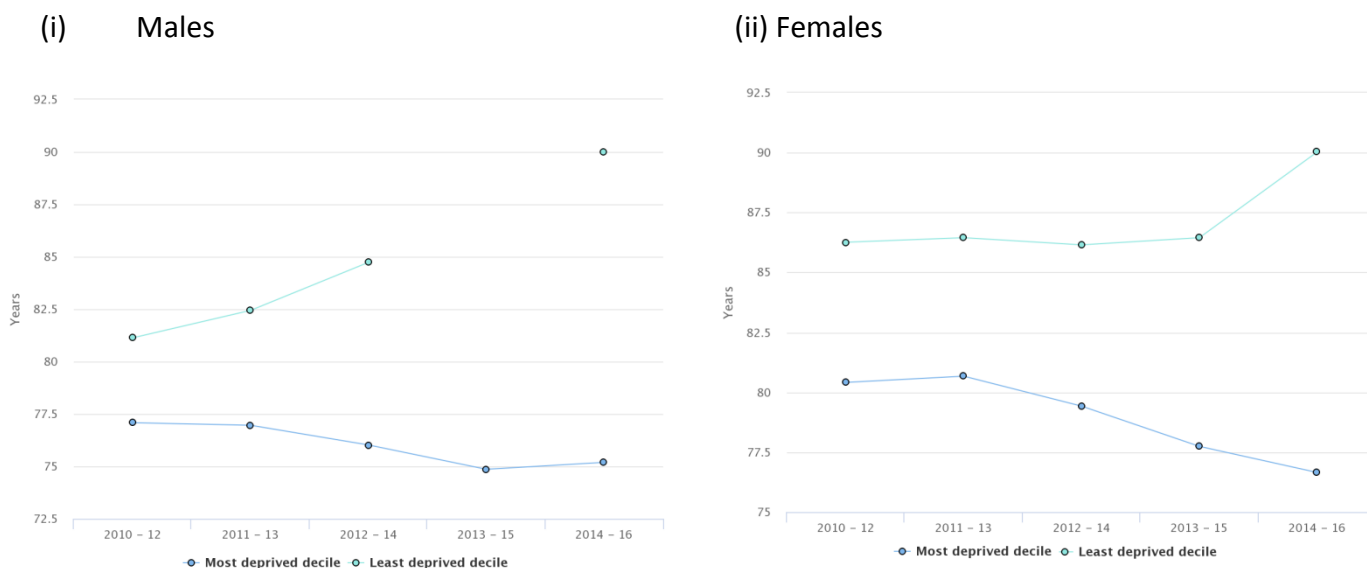


To understand why the inequality in life expectancy is increasing, we can examine the trend in life expectancy at birth of those living in the most deprived decile and those living in the least deprived decile. Deprivation deciles are defined using the Index of Multiple Deprivation 2015. They are created

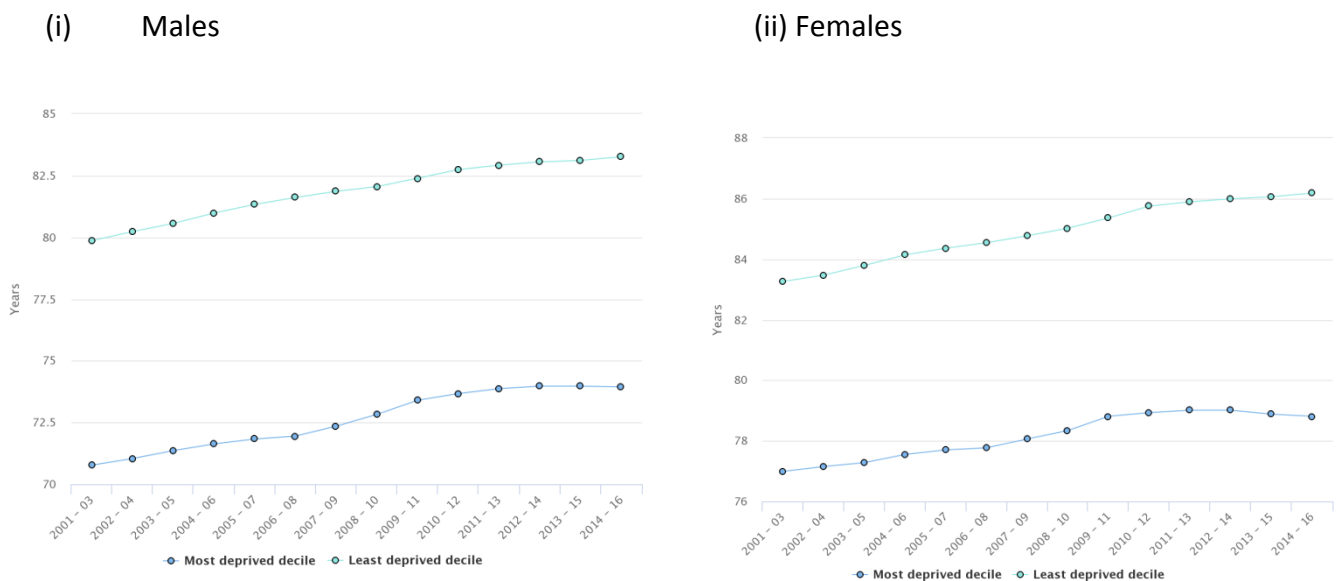
by ranking lower super output areas (LSOA) within each area from most to least deprived and dividing these into ten categories with approximately equal numbers of LSOAs in each. Figure 4 broadly shows in Oadby and Wigston for both genders, life expectancy at birth has been increasing for those living in the least deprived decile while decreasing for those living in the most deprived decile, hence widening the gap of inequality in life expectancy locally. Figure 5 examines the national trend and shows life expectancy in the least deprived decile is increasing for both genders, while in the most deprived decile is stabilising in males and slowly decreasing in females.

The rate of change in life expectancy in the most and least affluent areas in Oadby and Wigston is much faster than the pattern witnessed nationally. Over the last five time periods, the life expectancy in the least deprived decile in Oadby and Wigston has increased by 8.9 years in males and 3.7 years in females. This is substantially smaller than the increases witnessed nationally of 0.7 years in males and 0.4 years in females. In the most deprived decile, locally life expectancy has decreased by 1.9 years in males and decreased by 3.7 years in females, whereas at a national level, life expectancy has increased by 0.2 years in males and decreased by 0.1 years in females.

**Figure 4: Trend in life expectancy at birth by most deprived and least deprived decile in Oadby and Wigston, Males and Females**



**Figure 5: Trend in life expectancy at birth by most deprived and least deprived decile in England, Males and Females**



In Oadby and Wigston the latest data for 2014-16 shows for both genders, life expectancy at birth in the most deprived decile performs significantly worse than the national average, whereas life expectancy at birth for the two least deprived deciles in Oadby and Wigston performs significantly higher than the national average. In males, life expectancy at birth in the least deprived decile is 90.0 years compared to 75.2 years in the most deprived decile. In females, life expectancy at birth in the least deprived decile is 90.0 years compared to 76.7 years in the most deprived decile.

### 3. Demographics of Oadby and Wigston

It is well known that the demographics between the populations living in Oadby and Wigston (separately) vary greatly. The following sections examine the differences in terms of population, health status and health service utilisation between the two areas.

#### 3.1. Population by Age

In 2015 the population of Leicestershire was 675,309, of these 24,011 residents (3.6%) lived in Oadby and 31,822 residents (4.7%) lived in Wigston. Table 1 shows that Wigston has an older population than Oadby and Leicestershire as a whole. In Wigston 22.7% of its residents are aged 65 years and over compared to 19.1% of the residents in Oadby. Wigston has a higher percentage of its population aged 65 and above compared to Leicestershire (19.8%) whereas Oadby has a lower percentage. When examining those aged 85 years and above both Oadby and Wigston have a higher percentage than the Leicestershire average (2.5%) at 3.1% and 3.3% respectively.

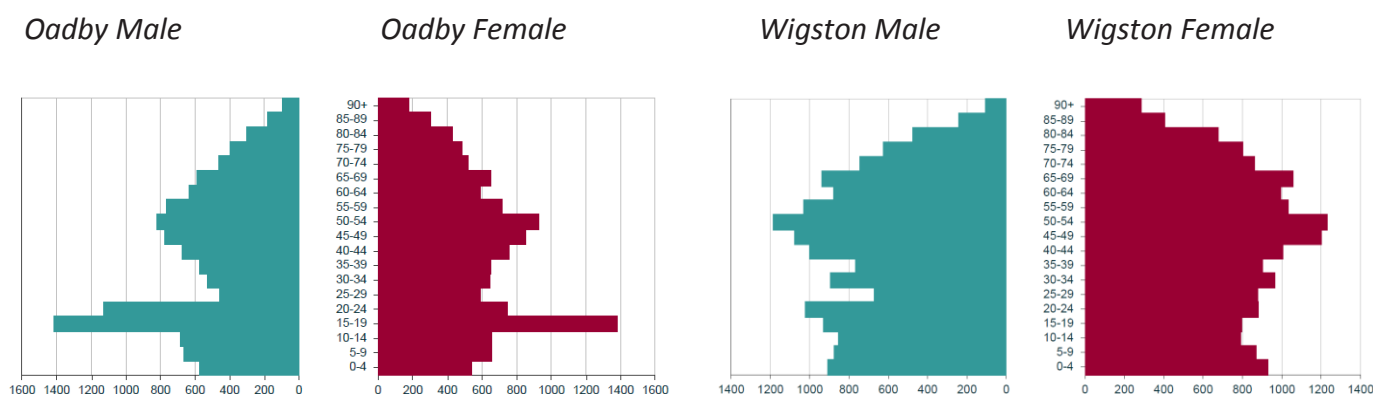
Examining the younger age groups shows that both Oadby and Wigston have a similar proportion of the population aged under 16 years at 17.1% at 17.5%. Both areas have a lower proportion compared

to the county (17.7%) and the national average (19.0%). Differences lie between the two areas when examining the 16 to 24 years age range. In Oadby, almost one-fifth (18.1%) of the population is made up by this age group compared to 10.4% in Wigston. This difference is likely to reflect the student population of University of Leicester and De Montfort University living in the Oadby area. The population pyramids presented in Figure 6 show the five-year age structure of the two areas being examined.

**Table 1: Population by aged group, 2015**

	Oadby		Wigston		Leicestershire		England	
	Count	%	Count	%	Count	%	Count	%
Under 16	4,117	17.1	5,557	17.5	119,643	17.7	10,405,114	19.0
16-24	4,334	18.1	3,307	10.4	78,797	11.7	6,192,870	11.3
25-64	10,962	45.7	15,728	49.4	343,436	50.9	28,476,771	52.0
65-84	3,843	16.0	6,189	19.4	116,340	17.2	8,416,283	15.4
85+	755	3.1	1,041	3.3	17,093	2.5	1,295,289	2.4

**Figure 6: Population pyramid for Oadby and Wigston, 2015**



### 3.2. Population by Ethnic Group

Data from the 2011 Census shows there are clear differences between Oadby and Wigston with regards to the ethnic groups living in the area. In Oadby almost half (47.5%) of the population are from a Black and Minority (BME) ethnic group compared to 11.6% in Wigston. Both these percentages are higher than the county (8.6%) and national (14.6%) average. When examining the population whose ethnicity is not 'White UK,' 14.2% of all residents from Wigston fall into this category compared to over half in Oadby (50.1%). The proportion of the population who cannot speak English well or at all is higher in Oadby (2.5%) and Wigston (0.8%) compared to the Leicestershire average (0.7%).

**Table 2: Ethnicity and language indicators, 2011**

	Oadby		Wigston		Leicestershire		England	
	Count	%	Count	%	Count	%	Count	%
BME population	11,324	47.5	3,835	11.9	55,722	8.6	7,731,314	14.6
Not 'White UK' ethnicity	11,953	50.1	4,583	14.2	72,057	11.1	10,733,220	20.2
Cannot speak English well or at all	588	2.5	235	0.8	4,426	0.7	843,845	1.7

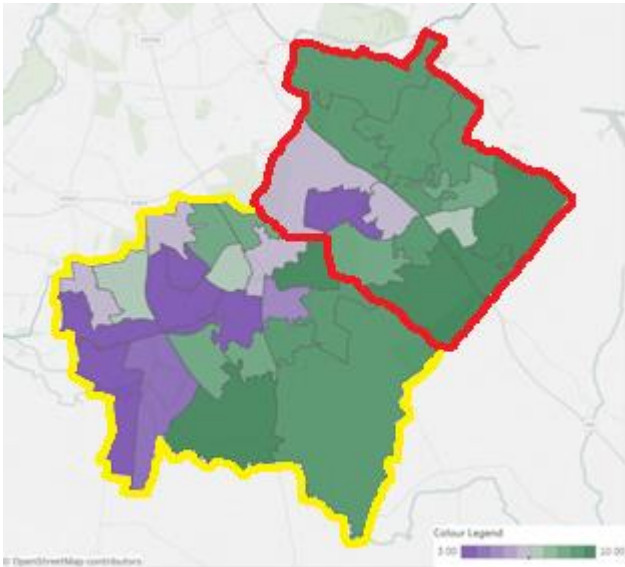
### 3.3. Indices of Multiple Deprivation 2015

The English Indices of Deprivation 2015 are based on 37 separate indicators, organised across seven distinct domains of deprivation which are combined, using appropriate weights, to calculate the Index of Multiple Deprivation 2015 (IMD 2015). This is an overall measure of multiple deprivation experienced by people living in an area and is calculated for every Lower layer Super Output Area (LSOA) in England. Each LSOA in England are then ranked according to their overall score and split into national deciles, from the most deprived 10% areas nationally (National Decile 1) to the least deprived 10% areas nationally (National Decile 10). It is important to note that these statistics are a measure of relative deprivation, not affluence, and to recognise that not every person in a highly deprived area will themselves be deprived. Likewise, there will be some deprived people living in the least deprived areas.

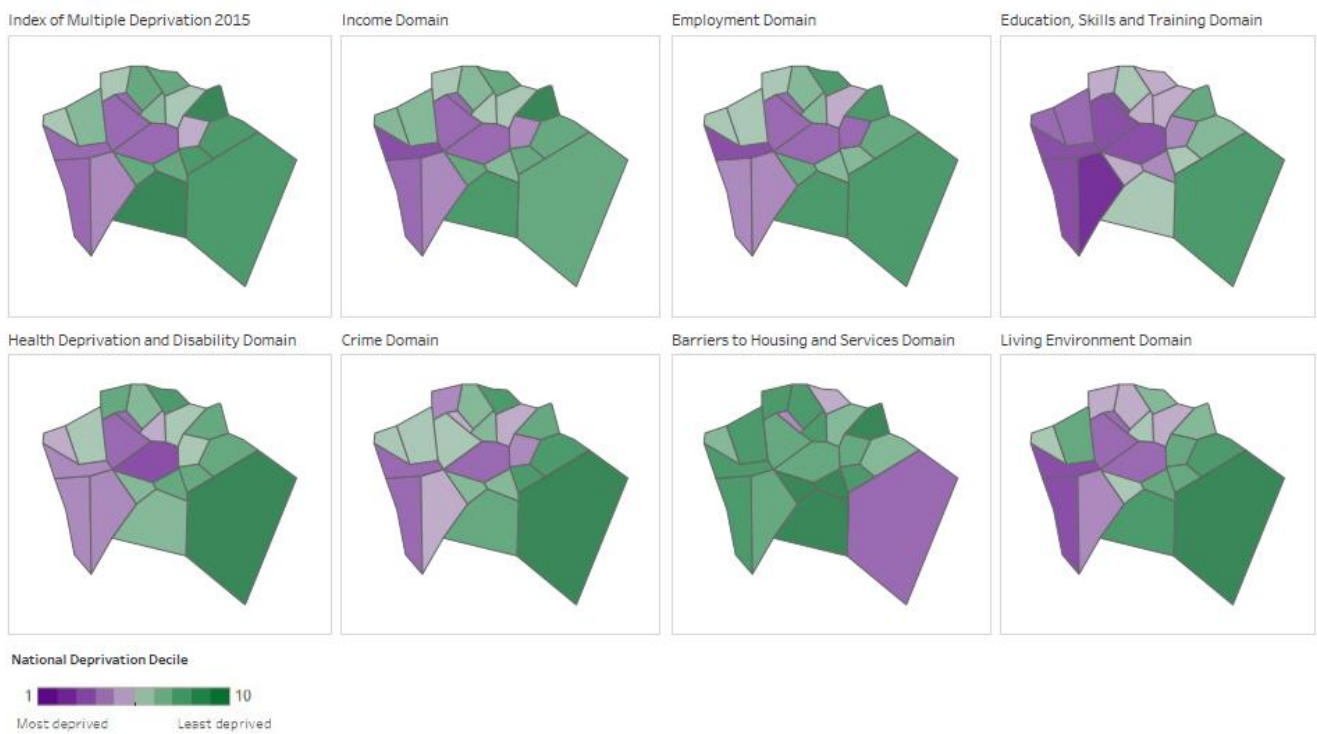
Figure 7 examines which IMD 2015 national deciles each LSOA in Oadby and Wigston falls into. The purple areas represent more deprived areas and green areas represent the more affluent areas. The most deprived LSOAs in Oadby and Wigston are in the 30% most deprived areas nationally. Broadly speaking, the map shows Oadby has much fewer areas classified in the most deprived areas nationally compared to Wigston. There are six LSOAs in Oadby and Wigston that are in the 30% most deprived areas nationally, one of these LSOAs is in Oadby (Oadby Industrial Estate) whereas five are in Wigston (South Wigston Blaby Road and Saffron Road; South Wigston Countesthorpe Road; Guthlaxton College and Wigston Police Station; Wigston Rolleston; and Chartwell Drive Industrial Estate. It is worth noting that there are nine LSOAs in Oadby compared to five in Wigston that are ranked in the 20% least deprived areas nationally. Oadby is made up of 15 LSOAs whereas Wigston is made up of 21 LSOAs reflecting a larger proportion of LSOAs in Oadby in classified as least deprived areas nationally.

When examining each IMD 2015 deprivation domain, Figure 8 and Figure 9 show a higher level of deprivation is broadly witnessed throughout Wigston (highlighted yellow) compared to Oadby (highlighted red). In Wigston, there are several areas that appear to be in the most deprived deciles for several domains, these are mainly in South Wigston and the Wigston All Saints area. In Oadby, Oadby Industrial Estate looks to be the most deprived LSOA. Table 3 and Table 4 below show the counts of LSOA in each national decile split by Oadby and Wigston (separately). Despite the larger count of LSOAs in Wigston, the Barriers to Housing and Services domain is the only domain which has a higher count of LSOAs in the 20% least deprived areas in Wigston compared to Oadby.

**Figure 7: Map of IMD 2015 National Deciles in Oadby and Wigston**



**Figure 8: IMD 2015 National Deprivation Decile in Wigston LSOAs by Index of Multiple 2015 Deprivation Domains**



**Figure 9: IMD 2015 National Deprivation Decile in Oadby LSOAs by Index of Multiple 2015 Deprivation Domains**



**Table 3: Counts of LSOAs in Wigston by National Deprivation Decile and Index of Multiple 2015 Deprivation Domain**

Domain	1 - Most Deprived	2	3	4	5	6	7	8	9	10 - Least Deprived
IMD			5	1	1	3	2	4	3	2
Income		1	4	2		3	4	5	1	1
Employment		1	4	2	1	3	4	2	4	
Education, Skills and Training	1	5	2	2	5	3	1	1	1	
Health Deprivation and Disability		1	2	3	2	3	3	5	1	1
Crime			3	2	3	3	4	2	3	1
Barriers to Housing and Services			1	1	1		3	4	7	4
Living Environment		2	3	1	3	3	2	4	2	1

**Table 4: Counts of LSOAs in Oadby by National Deprivation Decile and Index of Multiple 2015 Deprivation Domain**

Domain	2	3	4	5	6	7	8	9	10 - Least Deprived
IMD		1			2	1	2	6	3
Income	1				3	2	5	2	2
Employment		1		3	2	1	2	3	3
Education, Skills and Training			1	1	1	3	4	2	3
Health Deprivation and Disability		1		1	2	1	4	5	1
Crime		1	1	1	1	2	5	2	2
Barriers to Housing and Services	1			3	2	1	1	6	1
Living Environment				2	3	2	2	4	2

Figure 10 below highlights the difference in the percentage of the population living in each national deprivation decile in Oadby and Wigston. The graph shows almost two-thirds (64.5%) of the population in Oadby live in the most affluent 20% areas nationally compared to 23.3% of the population in Wigston. Almost a quarter (24.6%) of the population in Wigston live in the 30% most deprived areas nationally compared to just 5.9% of the population in Oadby.

**Figure 10: Mid-2016 Population by IMD 2015 National Decile in Oadby and Wigston**

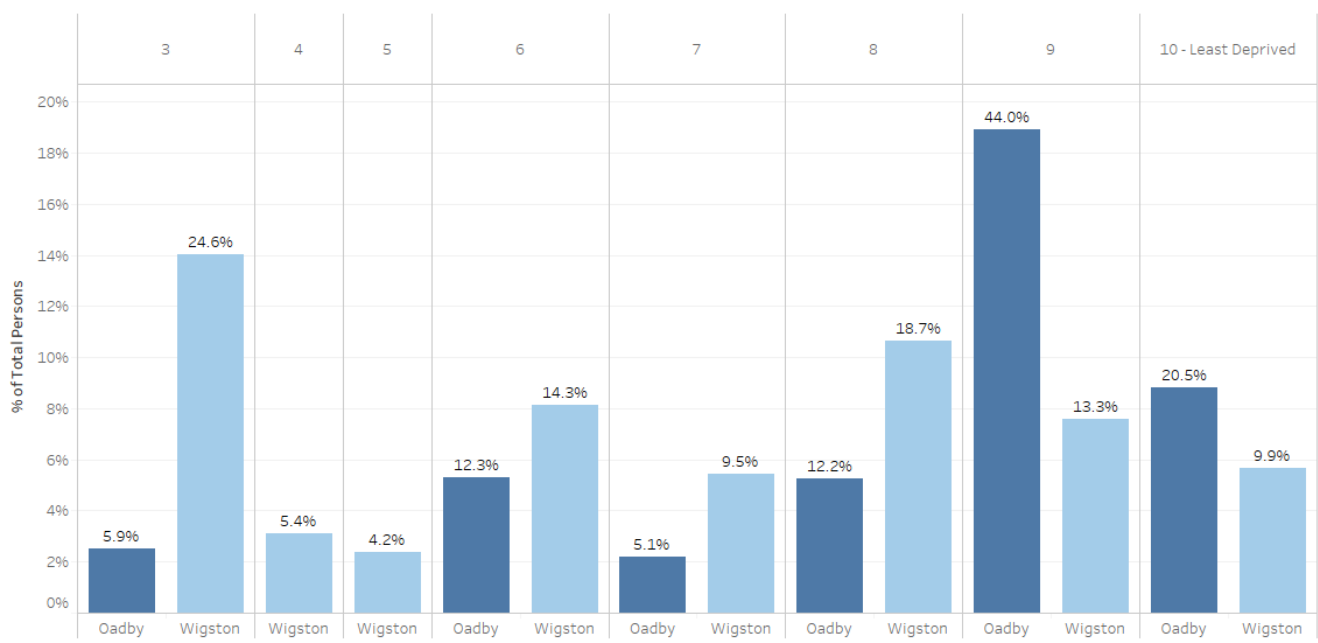
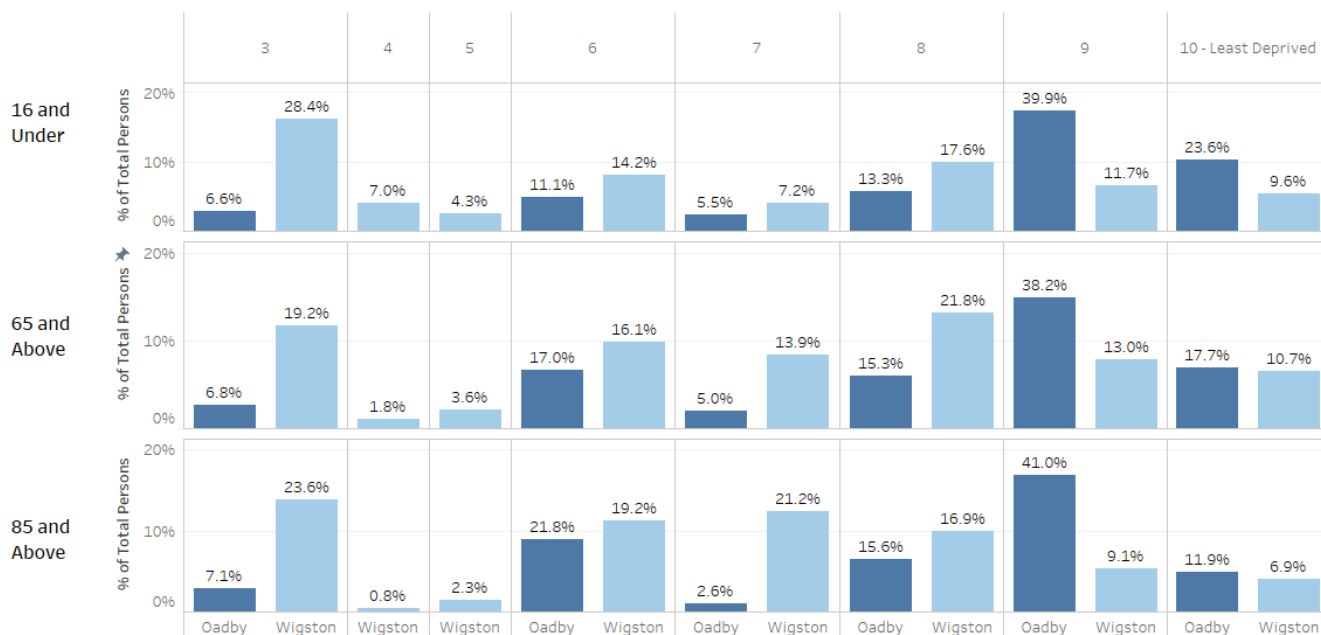


Figure 11 below examines the percentage of the population split by age living in each national deprivation decile in Oadby and Wigston. The graphs shows over a quarter (28.4%) of children aged 16 and under live the areas classified as the 30% most deprived nationally in Wigston. This is higher than the percentage for the entire population (24.6%) representing children and families from Wigston are more likely to live in these more deprived areas. Older people from Oadby were less likely to live in the most affluent areas than the entire population. Almost two-thirds (64.5%) of the population in Oadby live in the most affluent 20% areas nationally, compared with 55.9% of the 65 and over population and 52.9% of the 85 and over population.



**Figure 11: Mid-2016 Population by IMD 2015 National Decile and Age in Oadby and Wigston**



#### 4. Mortality

##### 4.1. All Ages

Between 2011–2015 Wigston had a similar Standardised Mortality Ratio (SMR) of 100.5 for all causes compared to England, whereas Oadby performed significantly better (lower) than the national average. When examining the SMR for all cancers compared to the national average, Oadby performed significantly better (lower) than the national average whereas Wigston performed similar to the national average.

Table 5 below examines broad cause of deaths in Oadby, Wigston, Leicestershire and England between 2011-2015. In Wigston, Leicestershire and in England, all cancers were the leading cause of death followed by circulatory diseases and respiratory diseases. In Oadby, circulatory diseases were the leading cause of death followed by cancer and Coronary Heart Disease.

**Table 5: Causes of deaths - all ages, 2011-2015**

	Oadby		Wigston		Leicestershire		England	
	Count	%	Count	%	Count	%	Count	%
All causes	1,045		1,792		28,888		2,357,381	
All cancer	274	26.2%	535	29.9%	8,469	29.3%	666,658	28.3%
All circulatory	292	27.9%	459	25.6%	7,848	27.2%	646,138	27.4%
CHD	136	13.0%	205	11.4%	3,599	12.5%	289,738	12.3%
Stroke	75	7.2%	124	6.9%	1,877	6.5%	165,375	7.0%
Respiratory diseases	125	12.0%	248	13.8%	3,769	13.0%	325,764	13.8%

#### 4.2. Premature mortality (under 75)

Between 2011–2015 when examining the SMRs of premature deaths from all causes compared to the national average, Oadby performed significantly better (lower) than the national average whereas Wigston performed similar to the national average. The SMR for premature deaths from all cancers in Wigston was similar to the national average whereas Oadby performed significantly better (lower) than the national average.

Table 6 below examines broad cause of premature deaths in Oadby, Wigston, Leicestershire and England between 2011-2015. In Wigston, almost half (46.2%) of all premature deaths were from cancer, a higher proportion compared to Oadby (40.9%), Leicestershire (44.0%) and England (41.3%).

**Table 6: Causes of deaths - under 75, 2011-2015**

	Oadby		Wigston		Leicestershire		England	
	Count	%	Count	%	Count	%	Count	%
All causes (U75)	220		491		8,642		752,670	
All cancer (U75)	90	40.9%	227	46.2%	3,801	44.0%	310,786	41.3%
All circulatory (U75)	50	22.7%	112	22.8%	1,940	22.4%	166,529	22.1%
CHD (U75)	33	15.0%	63	12.8%	1,080	12.5%	91,057	12.1%

To further understand the variation in premature mortality between the two areas, we have used local deaths data to examine the most prevalent underlying cause of death in Wigston and compared this to Oadby. Please note, as local data has been used, this is more readily available and so a more recent time period of 2013-2017 has been examined.

**Table 7: Underlying cause of death - under 75, 2013-2017**

	Oadby		Wigston	
	Count	%	Count	%
Malignant neoplasm of bronchus and lung	15	6.5%	53	10.4%
Chronic ischaemic heart disease	19	8.2%	45	8.8%
Acute myocardial infarction	11	4.7%	30	5.9%
Other chronic obstructive pulmonary disease	9	3.9%	30	5.9%
Malignant neoplasm of breast	13	5.6%	17	3.3%
<b>Total premature deaths</b>	<b>232</b>		<b>511</b>	

Table 7 examines the underlying cause of premature deaths in Oadby and Wigston between 2013-2017. In Wigston, over one in ten (10.4%) of all premature deaths were from lung cancer, a higher proportion compared to Oadby (6.5%). In the top five causes of premature death in the district, breast cancer was the only diagnosis which had a higher percentage of premature deaths in Oadby compared

to Wigston.

The age-standardised mortality rates for premature deaths from lung cancer in Wigston was 35.4 per 100,000 population aged under 75, over twice the rate and significantly higher than the DSR in Oadby of 15.7 per 100,000 population aged under 75. The age-standardised mortality rates for premature deaths from chronic ischaemic heart disease, acute myocardial infarction and breast cancer showed no significant difference in rates between the two areas. The age-standardised mortality rates for premature death from other chronic obstructive pulmonary disease in Oadby was unable to be calculated due to the small numbers involved (counts <10).

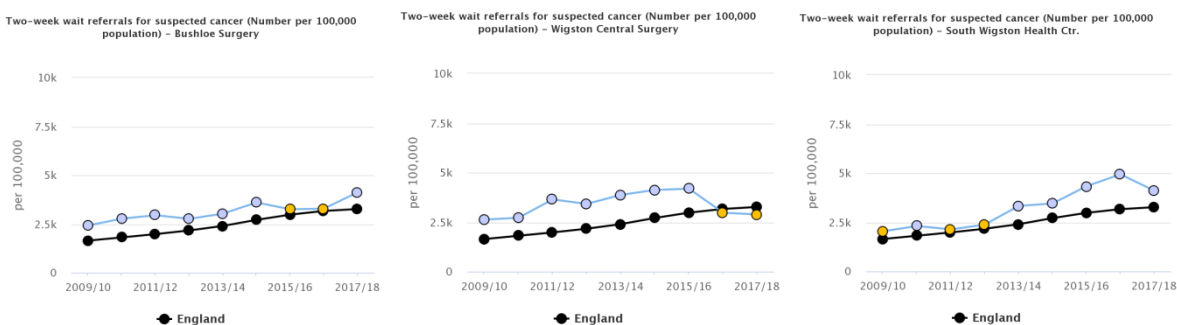
## 5. Morbidity

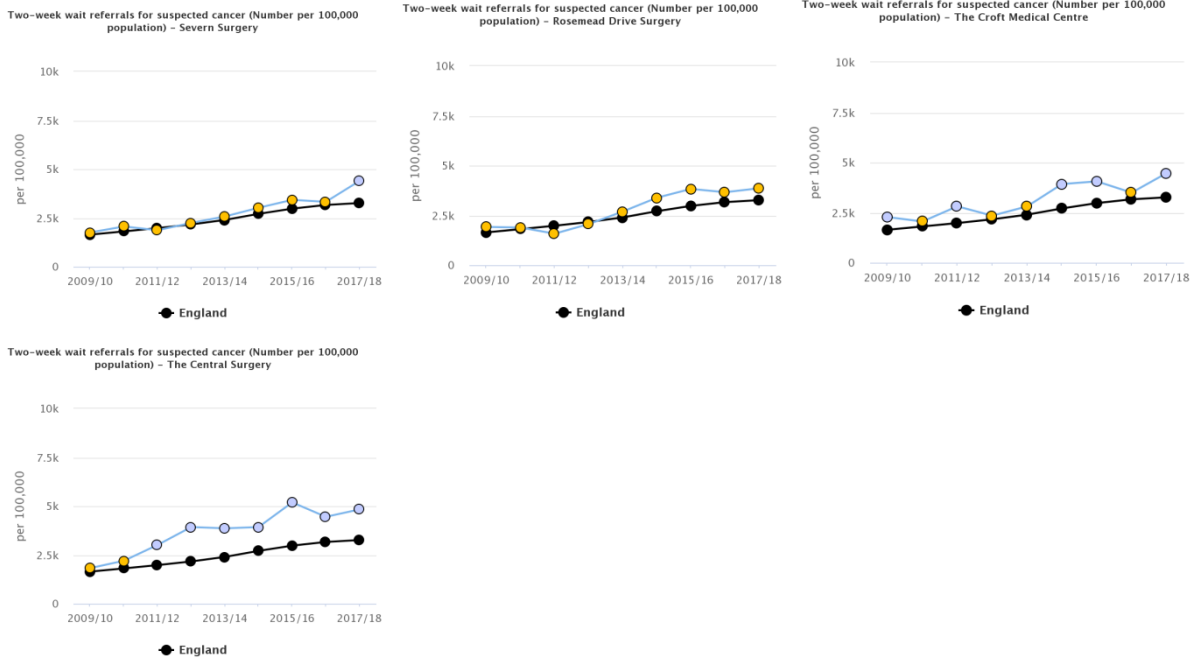
### 5.1. Cancer

#### 5.1.1. Suspected cancer

Two Week Wait (urgent GP) referrals are used where cancer is suspected for patients. The trend in the crude rate of two week wait referrals per 100,000 persons registered at each GP practice is examined in Figure 12. Since 2009/10, all three practices in Wigston and The Central Surgery and The Croft Medical Centre in Oadby have had significantly higher rates of two week wait referrals than the national average for a numerous time periods. The Rosemead Drive Surgery is the only GP practice that has performed not significantly different to the national average over time.

**Figure 12: Rate of Two Week Wait (urgent GP) referrals where cancer is suspected (Number per 100,000 registered population)**

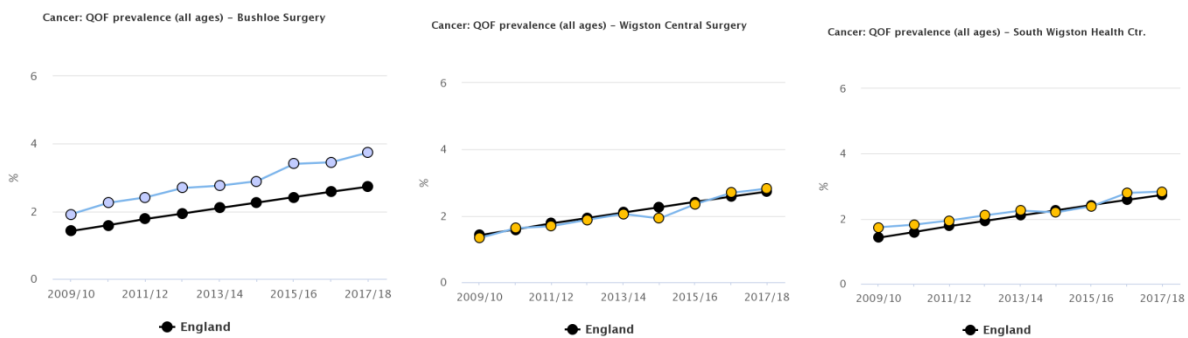


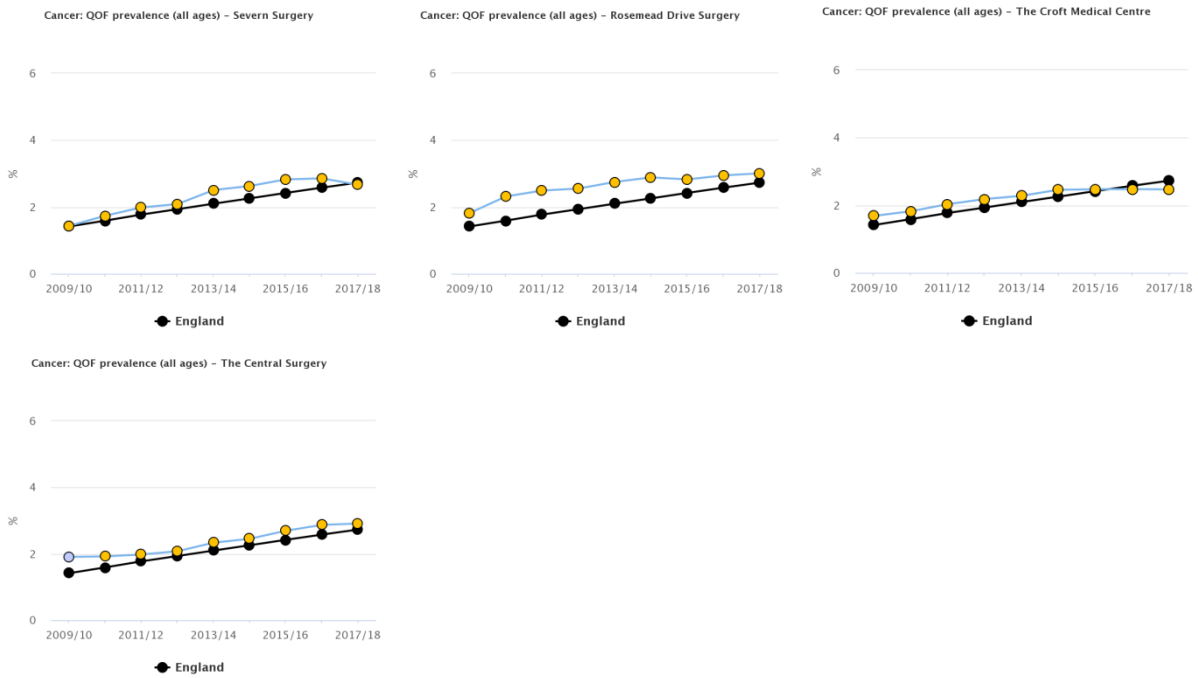


### 5.1.2. Cancer prevalence

Figure 13 examines the percentage of patients with cancer, as recorded on each GP practice disease registers (register of patients with a diagnosis of cancer excluding non-melanotic skin cancers from 1 April 2003). It shows both nationally and locally, the trend in cancer prevalence is increasing. Bushloe Surgery, situation in Wigston, is the only practice in the borough that has continued to have a significantly higher prevalence than the national average. All other practices in the borough have performed similar to the national prevalence over the last eight years.

**Figure 13: Cancer QOF prevalence (all ages) in Oadby & Wigston General Practices**





### 5.1.3. Cancer incidence

Between 2011– 2015, Wigston had a Standardised Incidence Ratio (SIR) of 98.7 for all cancer incidence which was similar to the national average. Oadby performed significantly better (lower) than the national average.

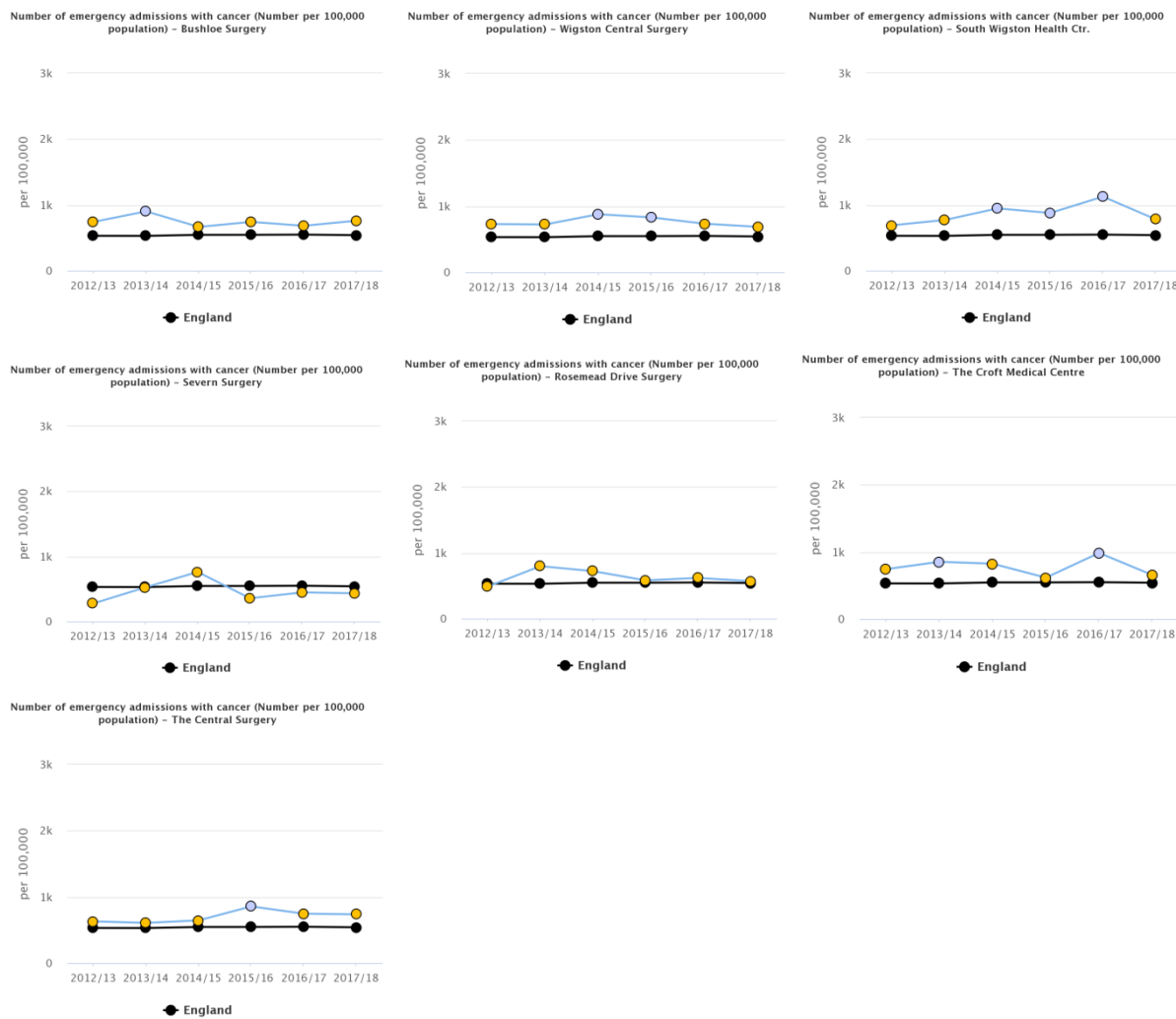
#### 5.1.3.1. Lung cancer incidence

Between 2011– 2015, Wigston had a similar SIR of 106.5 for lung cancer incidence compared to the national average. Oadby performed significantly better (lower) than the national average with a SIR of 64.9.

### 5.1.4. Emergency admissions with cancer

Figure 14 examines the trend in the crude rate of inpatient or day-case emergency admissions with a diagnostic code that includes cancer by GP practice in the borough. Although three of highest four latest rates in the borough are from the Wigston practices, examining statistical significance compared to the national average shows no consistent trend over time exists in all GP practices in Oadby & Wigston.

**Figure 14: Rate of emergency admissions with cancer (Number per 100,000 registered population)**

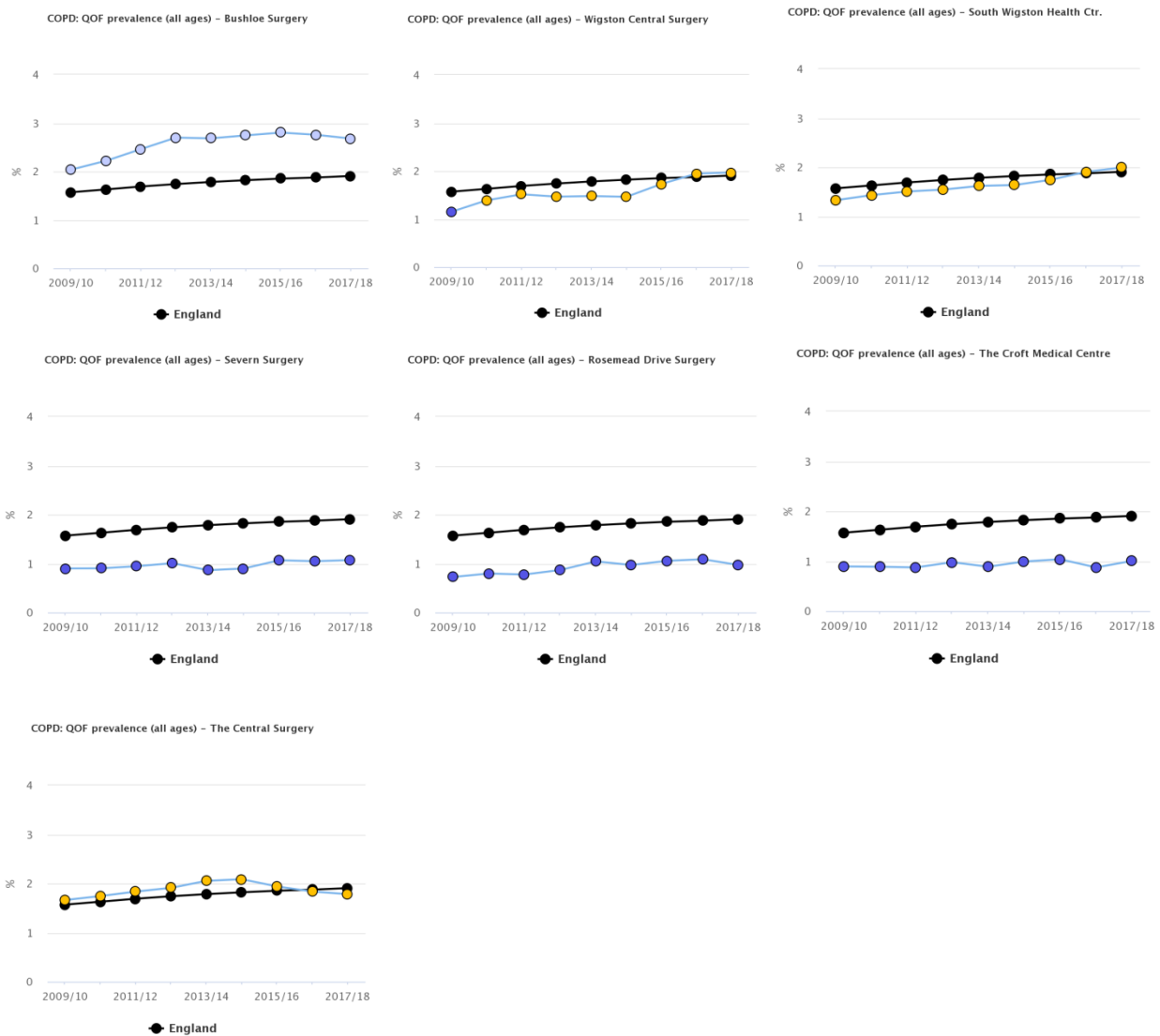


## 5.2. Chronic Obstructive Pulmonary Disease (COPD)

### 5.2.1. COPD Prevalence

Chronic Obstructive Pulmonary Disease (COPD) is a common disabling condition with a high mortality. The most effective treatment is smoking cessation. Figure 15 examines the trend in the percentage of patients with COPD, as recorded on each GP practice disease registers. It shows the trend in COPD prevalence is increasing for all practices in Oadby and Wigston, apart from The Central Surgery, where the prevalence has been declining for the past three years. Bushloe Surgery, situation in Wigston, is the only practice in the borough that has a significantly higher prevalence than the national average since the recording (in 2009/10). Three practices in Oadby have continued to perform significantly lower than the national prevalence since 2009/10.

**Figure 15: COPD QOF prevalence (all ages) in Oadby & Wigston General Practices**



### 5.2.2. Emergency hospital admissions for COPD

Between 2013/14 – 2015/16, Wigston had a significantly worse (higher) Standardised Admission Ratio (SAR) of 117.8 for emergency hospital admissions for COPD compared to the national average. Oadby performed significantly better (lower) than the national average in this time period.

### 5.3. Hip and knee replacements (planned)

Between 2011/12 – 2015/16, Wigston had a similar SAR of 96.5 for elective hospital admissions for hip replacement compared to the national average. Oadby performed significantly better (lower) the national average.

Between 2011/12 – 2015/16, Wigston had a significantly worse (higher) SAR of 114.4 for elective hospital admissions for knee replacement compared to the national average. Oadby performs similar to the national average.

## **6. Wider Determinants of Health**

### **6.1. Education**

Examining the available education indicators shows that Oadby performs better than Wigston with regards to this subject area. In 2013/14, the percentage of children in Wigston with a good level of development (including communication, language, physical development, literacy, maths, personal, social and emotional development) was 48.4%, this was significantly worse than the national average of 60.4%. In Oadby, the figure was 65.5%, which was similar to the national average. In the same time period, the percentage of children achieving GCSEs (5A\*-C inc. English and Maths) in Oadby and Wigston was 58.5%. When broken down by area, Wigston (46.7%) performed significantly worse than the national average (56.6%) for GCSE achievement, whereas Oadby (74.4%) performed significantly better than the national average. At a county level, Leicestershire performs similar to the national average with 57.7% of pupils achieving GCSEs (5A\*-C inc. English and Maths).

### **6.2. Provision of unpaid care**

As the population ages, the provision of unpaid care is becoming increasingly common. The 2011 Census reported that 10.9% of the population of Leicestershire, 11.5% of the population in Oadby and 11.1% of the population in Wigston reported they were providing at least one hour per week of unpaid care. All areas are significantly worse (higher) than the national average of 10.2%. However in Wigston a higher proportion of the population (2.6%) reported providing 50 hours or more unpaid care per week compared to Oadby (2.1%). This proportion in Oadby was significantly better (lower) than the England average (2.4%) whereas Wigston performed significantly worse (higher) than the national average (2.4%). In Leicestershire, 2.2% of the population reported providing 50 hours or more unpaid care per week, this is significantly better (lower) than the national average.

### **6.3. Health Status**

As part of the 2011 Census, data was collected regarding people's health status and whether it was very bad or bad or very bad (combined). In Leicestershire, 4.3% of the population stated their health was very bad or bad, this is significantly better (lower) than the national average (4.3%). In Wigston a higher percentage of the population (5.4%) stated their health was bad or very bad compared to Oadby (4.0%). The same pattern is true when examining very bad health status only at 1.3% and 0.8% of the population respectively. For both indicators, Wigston performed similar to the national average while Oadby performed significantly better (lower) than the national average.

The 2011 Census reported a higher percentage of the population were limited because of health or disability problems in Wigston (18.8%) compared to Oadby (15.3%). Wigston performed significantly worse (higher) than the national average (17.6%) whereas Oadby performed significantly better (lower) than the national average. At a Leicestershire level, the percentage of the population limited because of health or disability problems was 16.2%, also significantly better (lower) than the national



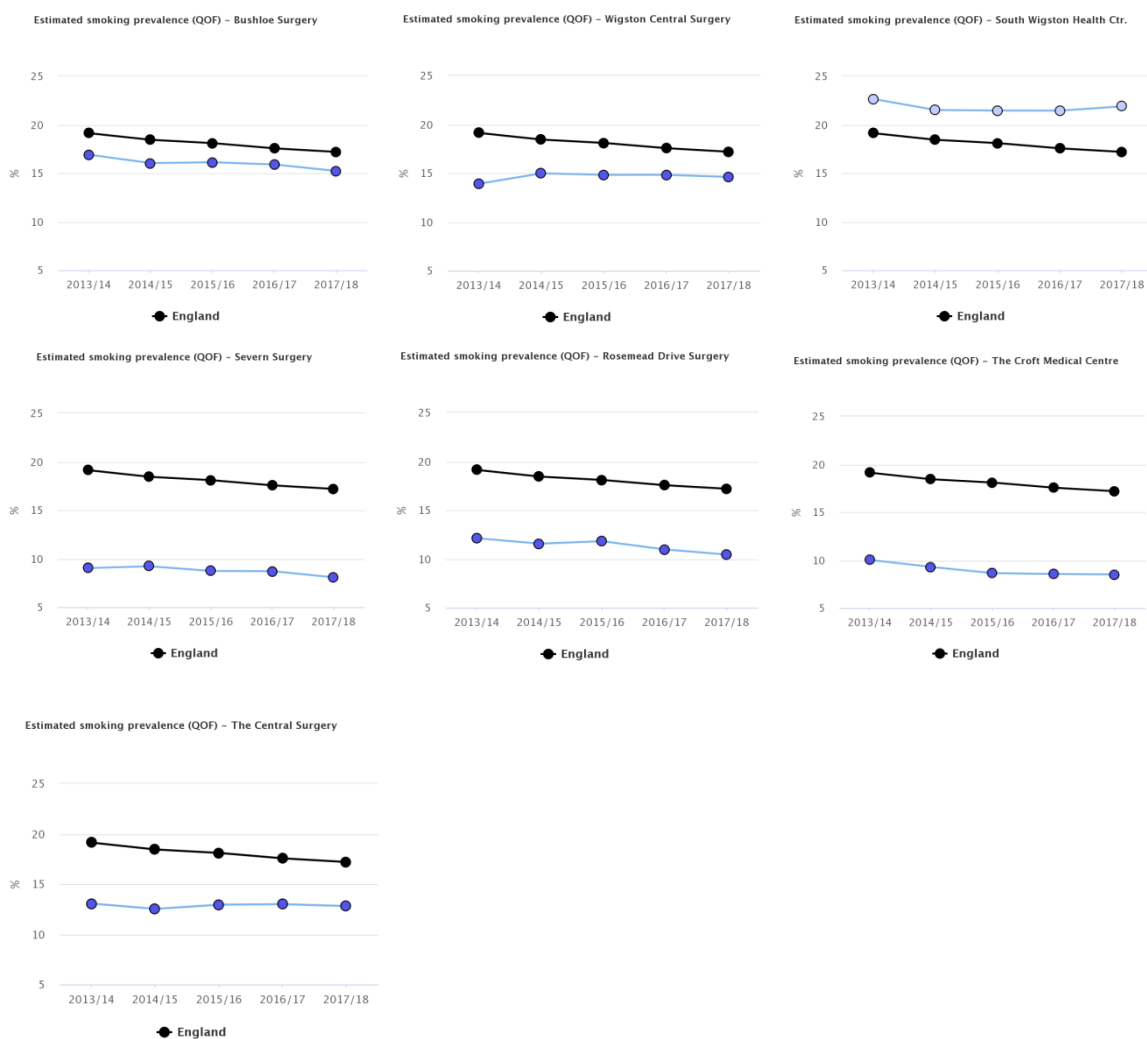
average.

## 6.4. Lifestyle behaviours

### 6.4.1. Smoking

Figure 16 examines the smoking prevalence from QOF as the proportion of patients recorded as smokers on GP practice disease registers. South Wigston Health Centre has the highest smoking prevalence out of all practices in ELR CCG and is the only practice in the borough that has continued to perform significantly higher than the national average. All other GP practices have performed significantly lower than the national average. Over time, nationally the smoking prevalence is declining, a pattern which is largely reflected in the GP practices in the borough, apart from South Wigston Health Centre and The Central Surgery where the prevalence appears to have stabilised.

**Figure 16: Estimated QOF smoking prevalence (aged 15+) in Oadby & Wigston General Practices**



### **6.4.2. Obesity**

Estimates from Middle Super Output Area (MSOA) level data in 2006-2008 showed the population aged 16 years and above who were regarded as obese (with a body mass index of 30 or more) was 23.7% in Oadby and Wigston. Examining this indicator by each area showed 27.1% of the population (7,363 adults) were obese in Wigston, higher than Oadby where 19.0% of the population (3,632 adults) were obese. Wigston performed similar to the national average (24.1%) whereas Oadby performed significantly better (lower) than the national average. At a county level, almost a fifth (24.3%) of residents in Leicestershire were classified as obese adults, similar to the national percentage.

### **6.4.3. Drinkers**

Binge drinking is a significant public health problem in the UK and is associated with a wide range of health problems. Estimates from Middle Super Output Area (MSOA) level data in 2006-2008 showed almost a fifth (19.2%) of adults in Leicestershire were binge drinkers. This is similar to the national percentage (20.0%). In Wigston had almost a fifth (18.2%) of its adult (16 years and above) population were classified as binge drinkers compared to 11.7% in Oadby. For this indicator, Wigston performed similar to the national average (20.0%) whereas Oadby performed significantly better (lower) than the national average.

#### **6.4.3.1. Hospital admissions for alcohol related harm**

Between 2013/14 – 2015/16, Wigston had a similar Standardised Admission Ratio (SAR) of 105.7 for hospital stays for alcohol related harm compared to the national average. Oadby and Leicestershire as a whole performed significantly better (lower) than the national average.

## **7. Access to Services**

### **7.1. General Practice**

There are four General Practices situated in Oadby and three practices situated in Wigston. These are:

- C82048 - Rosemead Drive Surgery, Oadby
- C82021 - The Central Surgery, Oadby
- C82067 - The Croft Medical Centre, Oadby
- C82112 - Severn Surgery, Oadby
- C82013 - Bushloe Surgery, Wigston
- C82079 - South Wigston Health Ctr., Wigston
- C82071 - Wigston Central Surgery, Wigston

The GP Practice Profile for each of these practices can be found in the Appendix.

## **7.2. A&E attendances**

Examining the trend in A&E attendances by GP practice between April 2016 to September 2018 shows all GP practices in Oadby have an A&E attendance rate lower than the Oadby and Wigston average, whereas all GP practices in Wigston have an A&E attendance rate higher than the Oadby and Wigston average.

### **7.2.1. A&E attendances in the under 5s**

Between 2013/14 – 2015/16, Leicestershire had a significantly better (lower) rate of A&E attendances of 0-4 year olds compared to the national rate. However, both Oadby and Wigston had a significantly worse (higher) rate of A&E attendances of 0-4 year olds compared to the national rate. When comparing the two areas, in Wigston the rate was 740.2 per 1,000 population aged 0-4 years, higher than the rate in Oadby of 626.5 per 1,000 population aged 0-4 years. The national rate was 551.6 per 1,000 population aged 0-4 years.

## **7.3. Emergency hospital admissions**

Examining the trend in emergency hospital admissions by GP practice between April 2016 to September 2018 found that the two highest rates of emergency admissions in the borough were found in GP practices in Wigston and the two lowest rates were seen in GP practices in Oadby.

Between 2013/14 – 2015/16, Wigston had a similar SAR of 101.1 for emergency hospital admissions for all causes compared to the national average. Oadby and Leicestershire as a whole performed significantly better (lower) than the national average.

## **8. Conclusion and Recommendations**

- Commissioners and providers should be aware of the high level of inequality throughout the Oadby and Wigston district and raise awareness of the relative invisibility of this statistic to colleagues.
- Oadby and Wigston Health and Wellbeing Board and CCG to support the ongoing partnership work to increase the life expectancy of residents living in the most deprived quintile of the borough.
- LCC Public Health department to consider how uptake of key prevention services (including NHS health checks and the Stop Smoking Service) can be improved by residents of Wigston.
- To review the equity of access and resource to health services for Oadby and Wigston residents and ensure health budgets are aligned to these findings.
- Arrange a half day workshop in February/March 2019 for all wider health partners of Oadby & Wigston to attend. Feedback from all partners will be sought and a tangible action plan will be

drafted from the findings of this event.

# Minute Item 21

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HWBB priority area: Mental Health
<p><b>1. What is your organisation currently doing to address Mental Health issues locally?</b></p> <p>Richmond fellowship- lifelines</p> <ul style="list-style-type: none"> <li>- Identify where residents can access local provision</li> <li>- X2 recovery workers attend and give out info based on a range of subjects</li> <li>- mental health referral for additional support</li> </ul> <p>BOW – mental health forum</p> <ul style="list-style-type: none"> <li>- Meets quarterly – range of professional services</li> <li>- Aiming to put on a multi-agency events to provide information to residents</li> </ul> <p>Wigston Councillor confirmed there is an armed forces working group</p> <ul style="list-style-type: none"> <li>- Veterans breakfast – mental health</li> <li>- Housing officers looking to identify mental health issues locally</li> </ul> <p>Mental health JSNA – Commissioned services such as Richmond fellowship</p> <p>LSSP – Mental health awareness in primary schools is very good, however secondary schools in both Oadby and Wigston ( particularly the academies) do not engage.</p> <ul style="list-style-type: none"> <li>- Look to put on school festivals that promote mental health. The festival will look to set up information stands that will be used to sign-post pupils to the most appropriate support group depending on their situation for example, “Turning Point” an organisation for drug and alcohol related issues, and “Worth-it” an evidence-based positive psychology, and coaching approaches that prevent mental health problems and improve the mental wellbeing of children and young people.</li> <li>- Teachers being trained to be mental health 1<sup>st</sup> aid qualified</li> </ul> <p>Budhhi – host lots of school assemblies and seminars on mindfulness, whilst also promoting important dates in the year, revolving around mental health.</p> <p>National literacy trust – studies show that children engaging with more literacy tend to have significantly more positive mental wellbeing. With this knowledge, libraries are promoting more access to books that can give guidance to mental well-being. The main campaign for literacy is “Shelf Help” which is a national reading scheme to support mental health for young people.</p>
<p><b>2. What are your plans to address Mental Health issues in 2019/2020?</b></p> <p>The plan to address mental health issues in 2019/2020 is to support ongoing projects instead of creating lots of new ones, which will invariably compete with current projects. To support ongoing projects we must bring more awareness to secondary schools as these pupils deal with lots of adversities at this age, yet secondary schools appear to be doing very little to support these issue, despite alarming stories of student being diagnosed with a form of mental illness or who have self-harmed. To support these projects we must create better relationships with schools and encourage them to gain access to mental health assistance.</p>
<p><b>3. What are the challenges?</b></p> <ul style="list-style-type: none"> <li>• The lack of interaction with some schools in the area</li> <li>• The difficulty in reaching the parents of youngsters with a mental health issue</li> <li>• Better partnership working – to increase footfall at mental health sessions/events</li> <li>• Improved exposure of the services available</li> <li>• Confusion and varying messages portrayed in the media, thus making it harder for the general public to understand mental illness, or where to go if they have a problem.</li> </ul>
<p><b>4. What support do you need from the HWBB?</b></p> <p>The help needed from the HWBB is primarily around general support, funding, backing and promotion - including raising awareness of ongoing local initiatives, in order to engage with more individuals.</p> <p>The BOW Mental health group confirmed they would like to invite a representative from the Council to their next group meeting, to help with planning their next event.</p>