

Newcastle Borough

Enhanced Joint Strategic Needs Assessment 2012



A Local Picture of Health and Wellbeing



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Introduction

Newcastle Partnership provides the overarching strategic direction for the borough. The Newcastle Partnership work together to develop and implement strategies to improve outcomes and reduce inequalities in relation to a wide range of issues including health, wellbeing, crime, community safety, economy and community engagement. The partnership work together with local residents to identify local approaches and solutions to deal with agreed shared priorities.

During the last 12-months, the partnership arrangements have been considerably revised and streamlined. The Partnership processes now include a single Strategic Partnership Board for the Borough and agreement across the Partnership on two single high-level priorities: Vulnerability and Economic Growth. The Borough has also made considerable contributions to countywide collaboration on community issues, including initiating a number of cross district projects and supporting the move towards single joint commissioning arrangements for countywide domestic violence support provision, voluntary and community sector infrastructure and debt advice. In partnership we look forward to working together in future on further countywide collaboration and commissioning efforts, delivering against our shared priorities and problem factors whilst also continuing to deliver against our resident's concerns and local issues.

The Marmot Review into health inequalities in England was published on 11 February 2010. It proposes an evidence based strategy to address the social determinants of health, the conditions in which people are born, grow, live, work and age and which can lead to health inequalities. A key message from the review is that action is required across a range of cross-cutting issues and themes. The report titled "Fair Society, Healthy Lives¹" suggests that:

"Inequalities in health arise because of inequalities in society. Taking action to reduce inequalities in health does not require a separate health agenda, but action across the whole of society."



Furthermore; the What makes us healthy? ²report, highlights that:

"Health inequalities are driven by underlying social factors and action is required to address these causes of causes. This includes early years care, education and training, housing and place-shaping, work and employment, transport and the environment and prevention. It requires robust partnership working at a national and local level.

The new partnership structures that have been developed across the borough and that have also created links and governance arrangements with the borough's locality working structure ensures that the partnership is in the best position possible to deliver improved health outcomes for and with the residents of Newcastle-under-Lyme

¹ "Fair Society, Health Lives, a Strategic Review of Health Inequalities in England Post-2010 – Executive Summary. UCL Institute of Health Equity.

² What makes us healthy? The asset approach in practice: evidence, action, evaluation, Jane Foot, 2012.

What is the enhanced Joint Strategic Needs Assessment (eJSNA)?

Background

The enhanced Joint Strategic Needs Assessment (JSNA), or eJSNA is a national requirement placed on Health and Wellbeing Boards. It is expected that the eJSNA will build upon the existing JSNA document to inform the future joint Health and Wellbeing Strategy.

The approach in Staffordshire is to develop the eJSNA using more local perspectives. To achieve this all District and Borough Councils have been asked to develop their elements of an eJSNA, whilst a Staffordshire wide eJSNA working group will bring this all together to make the ejSNA as comprehensive as possible to make informed strategic decisions.

What should be included?

The JSNA will be the responsibility of the County Council and the relevant Clinical Commissioning Groups and this duty will be discharged by Health and Wellbeing Boards. The JSNA is very much open to interpretation and can cover data from many sources. However, there is an explicit requirement to involve district councils, local people, and local Healthwatch. At a local level, the task is to represent locally relevant health and wellbeing data in such a way as to ensure that it can influence local priorities. Some principles of JSNA and eJSNA are as follows:

- Strategy They are strategic documents that are expected to take account of current and future health and social care needs of the entire population.
- Assets They should move beyond needs to a focus on "assets", the intention
 of this asset approach would be to identify synergies and opportunities for
 joining up services.
- Inequalities Inequalities are a key factor and the range of factors that could be considered include: housing, worklessness or crime.
- Pooled resources A focus on areas where things can be done together e.g. to enable greater pooling of resources
- Key issues Prioritise the issues that require the greatest attention.

The eJSNA will inform the Health and Wellbeing Strategy, which will in turn influence and shape commissioning plans, promote joint working and encourage greater integration.

 The existing Staffordshire JSNA already provides some data at local level, this has also been enhanced by the Newcastle Health Profile, which aggregates health information at a more local level, in some cases down to ward level. The JSNA does not, yet, include a number of other potential sources of local information.

The eJSNA is, therefore, expected to reflect this wider landscape of information and will take an 'Asset Based Approach'.

Asset Based Approach

A glass half-full: how an asset approach can improve community health and well-being³, is a publication commissioned by the Improvement and Development Agency's (IDeA) Healthy Communities Programme. It explains that the 'Asset Approach': "values the capacity, skills, knowledge and potential in a community. It doesn't only see the problems that need fixing and the gaps that need filling. In an asset approach the glass is half-full father than half empty" – in effect it focuses on the positive and potential rather than the more familiar 'deficit approach'.

It goes on to suggest that: "A health asset is any factor or resource which enhances the ability of individuals communities and populations to maintain and sustain health and wellbeing. These assets can operate at the level of the individual, family or community as protective and promoting factors to buffer against life's stresses"

Assets can include:

- the resources of public, private and third sector organisations that are available to support a community
- the physical and economic resources of a place that enhance well-being.
- the networks and connections known as 'social capital' in a community, including friendships and neighbourliness
- the practical skills, capacity and knowledge of local residents
- the passions and interests of local residents that give them energy for change

Newcastle Borough Assets

Locality Action Partnerships are considered an asset across the borough, they provide the opportunity for the local community to engage with service providers to help identify local priorities and also to identify potential solutions to these issues. An exercise has been undertaken to map the assets across the borough. Assets have been mapped on a locality basis and borough wide assets have also been identified. The next step in this process will be to share this information with Locality Action Partnerships for the data to be enhanced. The initial scoping of assets has already identified a significant amount of resource across the borough. Details of the mapping exercise can be found in **Appendix one**.

The major physical assets across the borough include; Jubilee 2 Health and Wellbeing Centre, University Hospital North Staffordshire, Chesterton Vision, Morston House Walk-in Centre, Newcastle College, Keele University and the Community Fire Stations.

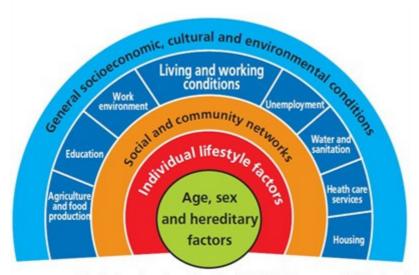
In addition there is a whole range of local services providing support and engagement opportunities for residents, many provided by public

sector organisations, however, a significant number also delivered by voluntary and community sector groups.

³ A glass half-full, how and asset approach can improve community health and well-being, IDeA, Healthy Communities Programme.

Wider Determinants of Health

Social, environmental and economic factors all impact on the health of our local communities. The Dahlgren and Whitehead diagram below, highlights the number of factors and wider determinants that can have an influence on health outcomes.



The Determinants of Health (1992) Dahlgren and Whitehead

"The Commission on Social Determinants of Health concluded that social inequalities

in health arise because of inequalities in the conditions of daily life and the fundamental drivers that give rise to them; inequities in power, money and resources."⁵

The Government White Paper; Healthy Lives, Healthy People and the subsequent Health and Social Care Act 2012 adopts many of the recommendations of the Marmot Review and in recognition of the effect of the wider social determinants on health inequalities has transferred public health functions to local authorities. This transition will be challenging, however, offers the opportunity to

join up planning, commissioning and services in order that the wider determinants of health can be improved and therefore reducing health inequalities and other cross cutting issues including vulnerability, crime and community safety.

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⁴ The Determinants of Health (1992). Dahlgren and Whitehead, Bridging the Gap, NHS, Scotland website

⁵ Marmot Review, Executive Summary, "Fair Society, Health Lives", 2010

An introduction to Newcastle-under-Lyme, Staffordshire

Newcastle-under-Lyme's name derives both from being the location of a 'new' castle, built in the 12th century and the extensive lyme forests that covered the area in the medieval period.

The borough of Newcastle-under-Lyme forms part of the conurbation of North Staffordshire, lying approximately half way between Manchester to the north and Birmingham to the south. The borough has an approximate population of 123,900⁶ Newcastle's Black and Ethnic Minority (BME) population has increased since 2001 to 5%⁷. The east of the borough is dominated by urban wards, whilst the west is a predominantly rural area. There are two main towns consisting of Newcastle and Kidsgrove. The borough shares boundaries with the city of Stoke-on-Trent and has important links with the City. Newcastle-under-Lyme is a two-tier authority being one of eight of the districts that make up Staffordshire.

There are significant variations in the level of employment, health, economic wellbeing, housing and overall living standards, with the borough experiencing areas of considerable affluence, however also having three wards that have pockets of deprivation that fall into the 10 per cent most deprived in the country. Rural deprivation is also a key issue within Newcastle-under-Lyme.

Newcastle-under-Lyme has good transport links and is served by the M6 motorway to the south and west of Newcastle and by the A500 road to the north and east. The



A34 road runs through Newcastle from North to South. There is a large bus station in the town centre.

The industrial base has changed significantly in the last century, with the closure of local mines and the development of the distribution and

manufacturing sectors. The presence of the university at Keele, together with the development of its Science Park and Medical School demonstrate the potential and vibrancy of the area as do the developments of Newcastle College. Madeley and

Millrise Extra Care Facilities, Newcastle Community Fire Station, Blue Planet and Jubilee 2 Health and Wellbeing Centre.



⁶ ONS Census 2011

⁷ ONS population estimates 2009

<u>Lifestyle – Marmot Review</u>

As previously raised, The Marmot Review, suggests health inequalities exist from the social inequalities in which people are born, grow, live, work and age. The following provides data surrounding these key themes for Newcastle-under-Lyme.

Born

Fertility rates in the Borough are lower than the national average with around 1,220 live births annually. Around 8% of babies in the Borough are born with low birthweight (below 2500 grams), this is slightly higher than England average.

Rates of perinatal mortality and infant mortality in Newcastle are higher than the England average whilst stillbirth rates are similar to national levels. Infant mortality rates in the Borough saw a significant increase between 2004-2006 and 2006-2008, although rates do appear to have reduced slightly (not significantly) in 2008-2010.

Various estimates suggest that 17% to 20% of pregnant women in Newcastle continue to smoke throughout pregnancy, higher than the England average. Also sources of information on breastfeeding suggest that there is low breastfeeding prevalence in Newcastle, both in terms of initiation at birth and at aged six to eight weeks.

Grow

The number of young people (aged under 14) has reduced since the last Census in 2001 however, projections suggest an increase in the numbers of children aged under 16 over the next 25 years (4% increase compared with 13% increase nationally).

Newcastle has 40 primary schools within its boundaries. Attainment at Key Stage 2 in the Borough is good with around 76% of children achieving Level 4 or above in English and Maths, compared to a county average of 74% (based on 2011 figures).

Of the 9 secondary schools in the Borough, 5 have specialist status covering sports, media and arts, business and language, technology and science. Results at GCSE (5 A*-C GCSEs, incl English and Maths) are better than average with around 59% of young people reaching this level of attainment compared with 56% across the rest of the county.

The Borough is also home to Newcastle under Lyme College, which is consistently in the national top 25% of further education colleges nationally for success rates in AS/A level and and advanced vocational courses and has excellent progression rates to Higher Education. The proportion of students who live in Newcastle who achieve 2 or more A level or equivalent passes in further education is in the top quartile.

In 2009, nearly one in five children in Newcastle were defined as living in poverty, lower than the national average although this varies significantly across the district from 3% in Keele to 36% in Knutton and Silverdale.

The Child Well-being Index is derived from 29 indicators that assess; material well-being, health and disability, education, crime, housing and environment from the perspective of children and young people and it also assesses the prevalence of

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children in need. In Newcastle, only five of the 81 Lower Super Output Areas fall into the fifth most deprived areas in England. These areas are in the Cross Heath, Chesterton, Kidsgrove and Knutton & Silverdale wards and account for around 7% (around 1,450 children) of the under 16 population in the Borough.

Around 1 in 5 offenders suspected or accused of crime in Newcastle are male and aged between 15 and 19 years old. These offenders are most likely to be responsible for committing serious acquisitive crimes such as theft from motor vehicles and robbery of personal property.

The level of youth re-offending in Newcastle is the highest in the county, although the low number of young offenders within the cohort means that this difference is not significant. There were 26 young offenders from Newcastle Borough included within the youth re-offending cohort tracked during 2010/11, 13 of which (50%) went on to re-offend within nine months (compared with 31% across Staffordshire county).

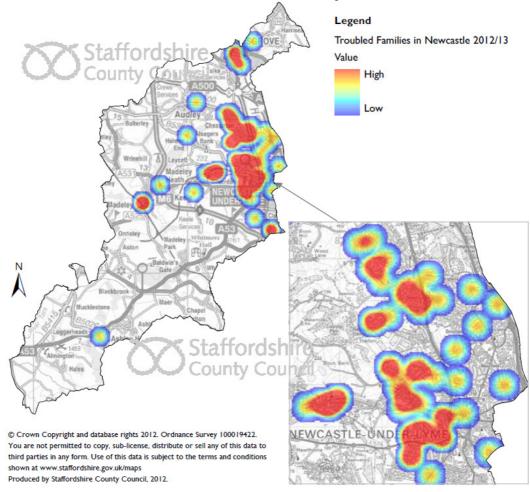
A 'Troubled Family' is defined by the Department for Communities and Local Government as a household where individuals:

- are involved in crime and anti-social behaviour,
- have children not in school.
- have an adult on out of work benefits, and
- cause high costs to the public purse.

Any family that meets all of the first three criteria should automatically be considered to be part of the troubled families project. Work has been undertaken in Staffordshire to map the actual number of troubled families with the aim of identifying, and engaging with, one third of families in 2012/13 and the remainder in 2013/14.

Across the county, 476 families have been identified that meet all three of the first criteria, or two out of three criteria plus local discretion data sets. **76** of these families (16% of the total) live in Newcastle under- Lyme Borough, equal to a rate of 1.4 families per 1,000 households. The location of these families is shown on the map over the page.



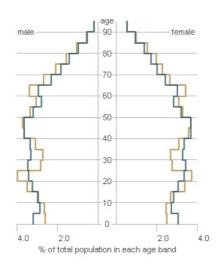


Live

The population is generally older than England. Newcastle also has a large proportion of young adults aged 20-24 (most likely due to the student population in Keele). There are lower proportions of children under 10 and adults aged 25-39 years.

Of the 24 wards in Newcastle, 18 have high proportions of older people aged 65 and over. Chesterton, Holditch and Knutton and Silverdale wards have high proportions of children under 16 compared with England.

2011 Census: population estimates for England and Wales



England Total population: 53,012,456 Newcastle-under-Lyme Total population: 123,871

Source: 2011 Census, 2001 Mid-Year Population Estimates
Graphic by ONS Data Visualisation Centre

According to the 2011 Census there are 52,600 occupied households in Newcastle. The 2008 Private Sector House Condition Survey estimated that 44,042 homes were in private ownership, either owner-occupied or privately rented. The Survey suggested that private housing conditions in Newcastle are better than the national average with around 38.2% of these homes being categorised as 'non-decent'. 18.6% of private homes exhibited Category 1 hazards (risk of falls, excess cold, electrical and fire hazards). Homes with this type of hazard were more prevalent in the area around the town centre, in May Bank, Wolstanton and Porthill and in the north of the Borough, i.e. in and around Kidsgrove. 3.2% of private dwellings were deemed as 'unfit' at the time of the survey, these homes were more prevalent in and around the town centre area.

The Borough Council invests in the the Newcastle in Bloom campaign which is a borough wide partnership which includes residents, businesses, schools, community groups and a wide range of volunteers. The campaign aims to get more people involved to help improve their local area. More than just a floral competition, the campaign makes a contribution to promoting the local economy and increasing civic pride. It also helps improve the environment, particularly in disadvantaged areas, builds good relationships in the community and addresses important issues like sustainability and energy conservation. Newcastle has a long history of success in the national Britian in Bloom competition which reflects the investment and commitment of both the council and local residents in the local environment.

Over the last 12 months just over 18,000 (14.5%) of the Borough's residents used the council's recreational facilities, including the state of the art Jubliee 2 leisure centre that opened in early 2012. The highest proportions of users live in the Town, May Bank, Westlands, Cross Heath and Chesterton wards. Usage by residents in the Kidsgrove and Talke areas is lower than average.

In the five month period from April to August 2012 there were 143 fire incidents in Newcastle, most of which (125) were deliberate, secondary fires. Around 17% of the deliberate fires occurred in Halmerend and there were also a high proportion of incidents in Keele, Audley and Bignall End, Clayton and Wolstanton.

Work

As at September 2012, the rate of Job Seeker's Allowance claimants in Newcastle was 2.7%. This was lower than the national rate of 3.8%, however there are variations across the wards and in smaller areas of the Borough. Cross Heath had a claimant count rate of 4.9% - and in one area in this ward the rate was as high as 9.8%. The rate of JSA claimants in Loggerheads and Whitmore was 1.5%.

Young people are disproportionately suffering from unemployment across the country, and this is also true in some areas of Newcastle. In September 2012 the overall rate of youth unemployment (young people under the age of 24 claiming JSA) in the Borough was 3.8%; this is lower than the Staffordshire rate 4.7% and the rate across the country 5.8%. The following five wards have significantly higher rates of youth unemployment than is the average in the Borough:

Holditch	6.7%
Silverdale & Parksite 6.6%	
Cross Heath	5.8%
Ravenscliffe	5.8%
Talke	5.7%

Job Seeker's Allowance only gives us an indication of the number of people who are available for work but who cannot find a job. Worklessness due to incapacity is also an important measure and one which also gives an insight into the health of Newcastle's residents. In February 2012 the overall rate of people claiming benefits due to their incapacity to work because of ill-health was 7.5%. As is the case with JSA, there are significant differences in the rate of claims across the Borough with rates ranging from 11.7% in Holditch, to just 0.6% in Keele. Generally between one third and a half of all claimants are receiving their benefit due to a mental health condition.

Just over 50,000 people work in the Borough of Newcastle, of which around 6,000 are self-employed - this proportion is lower than the average across the Country. A 70:30 split between full-time and part-time workers closely reflects the national pattern.

Around 30% of employment in Newcastle is in the retailing and hospitality sector, a further 25% in the local government, education and health sector. Manufacturing accounts for the lowest proportion of employment at around 9%.

The local resident workforce is slightly better qualified than the rest of the country, for example, around 32.% are qualified to degree level compared to 31.3% of the rest of Great Britain. Despite this the proportion of residents with no formal qualifications is still slightly higher than for Great Britain as a whole.

Earnings in the Borough fall behind the national average with the median annual pay for full-time workers in 2010 at £20,429, which is only 78.6% of the Great Britain figure.

Age

The population of Newcastle is generally older than England and over the next 25 years there is expected to be a growth in people aged 65 and over (54% compared with 65% nationally), with particular growth in the numbers of people aged 75 and over (73% compared to 81% nationally).

It is estimated that around 16% of older people over the age of 60 in Newcastle are living in income deprivation, this is lower than the England average. There are however, significant differences between the level of income deprivation in smaller areas in the Borough. For example in Cross Heath, 28% of older people are living in income deprivation compared to 7% in Westlands.

Residents in the Borough who are disabled, have mobility or health issues or who are becoming frail in their later years are offered assistance with their waste collection. At present around 3% of households in Newcastle, that's about 1,500 homes, receive an assisted collection.

MOSAIC

MOSAIC is a customer segmentation tool developed by Experian.

MOSAIC 'segments' the population into 69 types, each with their own set of characteristics based upon data from a wide range of sources: census, financial institutions and things like store cards, loyalty cards, and customer surveys etc. All of this data is pulled together and can, at a household level determine the likelihood of the people living there to have those characteristics. The information can also be aggregated at ward level to give an overall 'type' of resident in that ward. Obviously the higher level of the geography used, the less accurate the picture, as it is more of a generalisation.

Amongst half of the Borough's population can be categorised into one of three MOSAIC Groups:

Around 18% of residents fall into **Group K**: Residents with sufficient incomes in right-to-buy social housing. This Group is likely to contain hard working families who may not have many formal qualifications but live comfortable lifestyles and have possibly bought their homes from the local council.

16% of residents are classified as **Group J**: Owner occupiers in older-style housing in ex-industrial areas. Group J residents are likely to have below average incomes, be approaching retirement from jobs in manual roles or manufacturing.

A further 12% of residents are considered to be **Group E**: Middle income families living in moderate suburban semis. These residents are more likely to be married with children and live in comfortable, affordable homes and work in manual or white collar jobs.

Locality Matters – Our Locality Approach

As many public health functions are transferred from the NHS to local councils the What makes us healthy report considers this a "positive move, opening up opportunities for local authorities to lead local partnerships in finding local solutions which empower local people and communities by creating the conditions within which they can exercise greater control over their lives and health."

The Newcastle Partnership engages with 11 Locality Action Partnerships (LAPs) across the Borough to offer potential opportunities for residents and communities to get involved in activities, engagement and decision-making in their area. LAPs represent the Partnership's established infrastructure for the delivery of locality working and offer communities enhanced and focused access to a range of partners in order to address and deliver against local priorities.

"Working with communities as equal partners that bring strengths and asses to the table, rather that seeing them as places of need and deficiency, helps to mobilise all the resources in an area to promote and protect sustainable health and wellbeing." and "Effective local delivery requires effective participatory decision-making at a local level. This can only happen by empowering individuals and local communities." are key messages from both the What makes us healthy? report and the Marmot Review, "Fair Society, Health Lives" 2010. The locality working structure for Newcastle-under-Lyme again gives us an exciting opportunity to work as partners with our local communities to improve outcomes across the wider social determinants.

Nationally, locality working has been developed in different ways with the key aim of transferring some aspects of control currently exercised by local authorities and other public sector organisations to local communities and thereby effectively acknowledging the concept that 'one size doesn't fit all'. In Newcastle-under-Lyme, LAPs were initiated to give local people and communities more influence over how to improve their lives and a role in decision making and policy formulation, development and implementation. In addition, LAPs can assist in community engagement and empowerment and can play a major part in the achievement of improved health improvement, stronger communities and community cohesion.

Another substantial asset of the local community is the strength of partnership working across the borough and the potential for LAPs to be empowered to directly deliver and commission services. An example of a project delivered through a LAP is Warm and Safe in Audley which has worked with a local charity to target vulnerable and isolated groups to ensure they are being charged on the correct tariff by utilities companies. This project has resulted in individual annual savings ranging from £28.16 to £243.39, five households have been provided with home safety measures and two households referred for full benefit advice. Promotion of the project has recently been distributed through flu jab clinics and is generating increased referrals. Other LAPs feel that they could also deliver projects similar to this. There are a number of other projects being delivered by LAPs that are also having an impact on improved health outcomes.

There are 11 Locality Action Partnerships across 10 areas:

- 1 (Two LAPs) Kidsgrove, Butt Lane, Newchapel, Ravenscliffe and Talke
- 2 Audley, Bignall End and Halmer End
- 3 Balterley, Betley, Wrinehill and Madeley
- 4 Chapel and Hill Chorlton, Loggerheads, Maer and Whitmore
- 5 Keele, Silverdale and Parksite
- 6 Chesterton and Holditch
- 7 Wolstanton, May Bank, Bradwell and Porthill
- 8 Knutton and Cross Heath
- 9 Poolfields, Town and Thistleberry
- 10 Clayton, Seabridge and Westlands



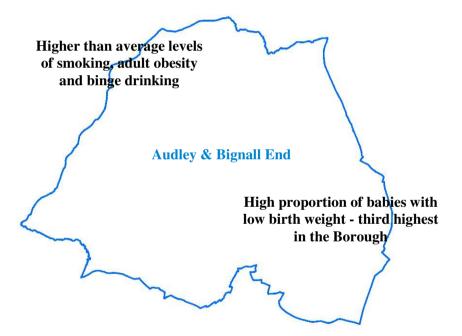
The following data sets have been collated by Locality Action Partnership area. The eJSNA has been approached in this manner as some data when collated to county or borough levels, hides pockets of deprivation; this is also true when looking at a LAP level, therefore, where possible, data has been provided at the lowest level available to help identify some of the potentially hidden issues.

In the future and as part of the development of this strategic assessment, data profiles and assessments will be provided to LAPs to help decision making and empower to get involved in local priority setting and identifying local solutions to issues identified.

LAPs will also be presented with the Asset mapping information to build on this for future reference and use.

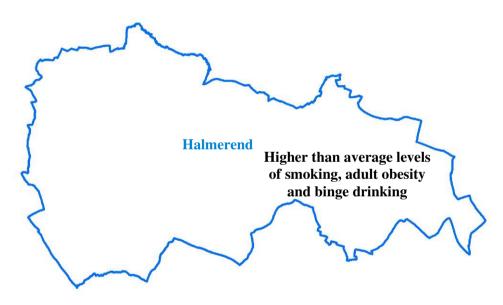
AUDLEY LOCALITY ACTION PARTNERSHIP





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Newcastle Under Lyme Borough Council - 100019654 - 2012.



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NB - Only the Alsager's Bank area of the Halmerend ward falls into the Audley LAP

WIDER DETEI	RMINANTS OF HEALTH	- Audley Deed		SIGNALL END	Audley	HALMEREND	Newcastle
	Claim Inconceity Panefit	Audley Road 6%	Wood Lane 8%	Bignall End	Audley 8%	Alsager's Bank	00/
	Claim Incapacity Benefit ¹	6%	8%	6%	8%	7%	8%
Health	Have Limiting Long Term Illness ²	19%	21%	22%	25%	24%	21%
	Smoke ³			approx 24.0 - 32.3%			22%
	Deprivation (decile, 1=worst) ⁴	7	7	6	-		
	Get at least 5 GCSE's A*-C⁵ [*]		67	82%	59%		
Education	Young people unemployed (aged 16-24) ⁶	3.0%	3.2%	3.4%	8.4%	5.3%	2.7%
Education	Not in Employment, Education or Training (aged 16-19) ⁷		6.4	4.23%	4.37%		
	Claim Free School Meals ⁸	8.3	11.6	11.4	25.4	11.7	16%
	Become a professional or manager ⁹	27%	24%	19%	14%	19%	34%
Work	Are employment deprived ¹⁰	8%	11%	10%	15%	9%	12%
	Live on benefits ¹¹	9%	11%	9%	17%	10%	12%
	Live in poverty as a child12	7%	11%	9%	25%	14%	17%
	Live in income deprived households ¹³	7%	9%	9% 6%		10%	12%
Home and family	Go home to a council house14	10%	15%	2%	38%	12%	19%
	Are part of a lone parent family15	7%	7%	9%	13%	7%	9%
	Have no car or van ¹⁶	18%	18%	18%	34%	22%	25%
	All crime ¹⁷	51.4	25.8	34.	.7	32.7	54.3
Experience of crime	Anti social behaviour18	39.5	16.1	20.	.5	18.1	32.6
	Burglary ¹⁹	1.3	3.9	1.4	4	1.1	2.5
	Live alone as a pensioner ²⁰	16%	13%	16%	17%	20%	15%
And finally	Live in poverty when they at 60+21	12%	13%	10%	27%	14%	16%
	Men live to the age of ²²		77	7.5		77.9	77.6
	Women live to the age of ²³		85	5.0		82.1	81.8

 $^{^{*}}$ NB - 'x' indicates that the value for that area has been suppressed

POPULATION

The size of the population in the area has increased slightly since 2001 (an increase of around 340 residents).

The increase in population has been concentrated in residents over retirement age where there has been an increase of over 200 residents.

The overall black and minority ethnic (bme) population is generally lower than district average of 2%. The area with the highest number of bme residents is Audley Rural with around 1.22% residents. In the Bignall End area only around 0.2% of residents are from bme groups. Most non-white residents in the area are of mixed heritage.

About 75% of the area's population fall into two MOSAIC Groups:

Group K (52%); Residents with sufficient incomes in right-to-buy social housing, and

Group J (24%); Owner occupiers in older-style housing in ex-industrial areas

MATERNAL AND INFANT HEALTH

The General Fertility Rate (GFR) in both wards is lower than the national average. The proportion of babies born with a low birth weight in Audley is the third highest in the Borough at 13.7%.

MORTALITY AND ILL HEATH

Disability

Around 490 residents in the locality are in receipt of Disability Living Allowance, this is about 6% of the population, which is pretty much in line with the Borough average.

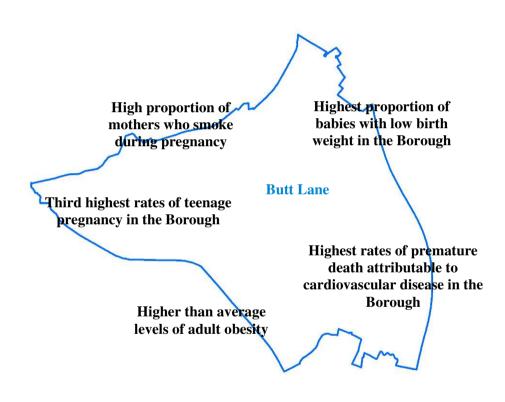
LIVING WELL

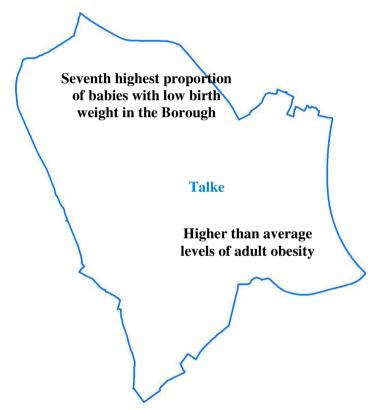
It is estimated that a slightly higher than average proportion of the adult population in the two wards smoke, are prone to binge drinking and are obese.

COMMUNITY VOICE – LAP Action Plan issues

- Provision for the elderly Warm and Safe in Audley, Fuel Poverty, Financial Inclusion
- Youth Provision
- Environmental Clean in Audley
- Community Engagement with LAP







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	_ _	BUTT	LANE	_ _		TALKE	_ _		
WIDER DETER	MINANTS	Clough Hall	Butt Lane	Butt Lane 2	Clough Hall Estate	Talke	Talke Roundabout	Talke Pits	Newcastle
	Claim Incapacity Benefit ¹	8%	9%	9%	15%	9%	10%	12%	8%
Health	Have Limiting Long Term Illness ²	22%	23%	21%	30%	19%	25%	24%	21%
Heatti	Smoke ³			арт	orox 18.5%-24%				22%
	Deprivation (decile, 1=worst) ⁴	4	4	5	2	6	5	3	-
	Get at least 5 GCSE's A*-C ⁵		5	1%			54%		59%
Education	Young people unemployed (aged 16-24) ⁶	6.8%	9.2%	3.8%	18.3%	4.5%	3.8%	13.0%	2.7%
Education	Not in Employment, Education or Training (aged 16-19) ⁷			5.26%		4.37%			
	Claim Free School Meals ⁸	11%	31%	24%	35%	22%	7%	22%	16%
	Become a professional or manager9	19%	11%	15%	12%	19%	17%	10%	34%
Work	Are employment deprived ¹⁰	14%	14%	11%	21%	11%	12%	17%	12%
	Live on benefits ¹¹	14%	19%	14%	25%	12%	13%	20%	12%
	Live in poverty as a child ¹²	16%	31%	18%	33%	9%	20%	29%	17%
	Live in income deprived households ¹³	12%	21%	12%	28%	7%	9%	21%	12%
Home and family	Go home to a council house ¹⁴	24%	35%	8%	55%	8%	7%	46%	19%
	Are part of a lone parent family ¹⁵	6%	17%	10%	17%	6%	6%	12%	9%
	Have no car or van ¹⁶	20%	34%	27%	40%	13%	17%	32%	25%
	All crime ¹⁷	54.	2	53	.8	29.4	67.	.6	54.3
Experience of crime	Anti social behaviour ¹⁸	61.	4	40).7	19.1	33.	.0	32.6
	Burglary ¹⁹	1.1		3.	1	2.4	1.9	9	2.5
And finally	Live alone as a pensioner ²⁰	18%	17%	14%	18%	10%	15%	17%	15%
	Live in poverty when they at 60+21	15%	21%	16%	41%	11%	7%	25%	16%
	Men live to the age of ²²		7	6.4			7.69		77.6

Women live to the age of ²³	81.6	82.7	81.8

POPULATION

The size of the population in the area has remained fairly static since 2001 (a decrease of around 200 residents).

There are around 200 fewer young people under the age of 16 in the area than in 2001. The number of residents over retirement age has increased by a similar number.

The area's residents are predominantly white British (or from other white backgrounds), and there are resident's of mixed heritage living in almost all areas in the locality. There is a small population of black and asian residents in the Talke area.

Almost 80% of the area's population fall into three MOSAIC Groups: Group K (44%); Residents with sufficient incomes in right-to-buy social housing Group J (21%); Owner occupiers in older-style housing in ex-industrial areas, and

Group B (14%); Residents of small and mid-sized towns with strong local roots

MATERNAL AND INFANT HEALTH

The percentage of mothers in Butt Lane who are still smoking when they deliver their baby is the fourth highest rate in the Borough but this rate is statistically similar to the regional average.

The proportion of babies born with a low birth weight in Butt Lane is the highest in the Borough at 14.2%. The rate in Talke is the seventh highest (9.7%)

MORTALITY AND ILL HEATH

Disability

Around 740 residents in the locality are in receipt of Disability Living Allowance, this is about 8% of the population, and the two wards have the fourth highest (Talke) and sixth highest (Butt Lane) claim rates in Newcastle.

Premature Mortality Rates (Cardiovascular Disease)

Premature deaths are those that occur before the age of 75. In Newcastle the premature mortality rate has fallen steadily since the mid-90's but still remains higher than the national average. The all cause premature mortality rate for both wards is similar to the national and district rates.

Between 1995-1997 and 2008-2010, premature motality rates attributable to cardiovascular disease have reduced by 58% across Newcastle as a whole.

Premature deaths attributable to cardiovascular disease are higher in Butt Lane than in any other ward in the Borough.

LIVING WELL

Obesity

It is estimated that a higher proportion than average of the adult population in the two wards are obese.

Teenage Pregnancy

During the period 2007-2009, the rate of under-18 conceptions in Butt Lane were the third highest in the Borough.

COMMUNITY VOICE – LAP Action Plan issues

- Teenage Pregnancy
- Alcohol Harm Reduction
- Provision for Elderly Local campaigns to support elderly and awareness of services Bogus Officials project
- Environmental Derelict sites and Allotments project.







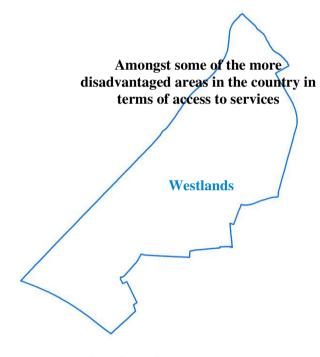
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WIDER DET	ERMINANTS		CLAYTON						
OF HEALTH		Clatyon	Lyme Valley	Northwood	Westbury Park North	Seabridge Lane	Gatehouse	Westbury Park South	Newcastle
	Claim Incapacity Benefit ¹	10%	5%	4%	3%	6%	13%	2%	8%
Health	Have Limiting Long Term Illness ²	29%	22%	19%	13%	20%	27%	9%	21%
120	Smoke ³	c 18.5 - 22.9%	c 11.8 - 18.4%	c 18.5	- 22.9%	C 11.8 - 18.4%	c 18.5 - 22.9%	c 11.8 - 18.4%	22%
	Deprivation (decile, $l=worst$) ⁴	4	6	8	10	7	3	10	-
	Get at least 5 GCSE's A*-C (incl English and Maths ⁵		44%			59%			
Education	Young people unemployed (aged 16- 24) ⁶	7.7%	5.2%	2.7%	-	8.1%	11.8%	4.9%	2.7%
	Not in Employment, Education or Training (aged 16-19) ⁷		2.05%				4.37%		
	Claim Free School Meals ^{8*}	25%	15%	9%	х	10%	24%	x	16%
	Become a professional or manager ⁹	15%	25%	24%	37%	28%	13%	32%	34%
Work	Are employment deprived ¹⁰	15%	8%	6%	5%	9%	18%	4%	12%
	Live on benefits ¹¹	17%	9%	5%	5%	8%	24%	4%	14%
Home and family	Live in poverty as a child ¹²	23%	20%	10%	3%	7%	28%	3%	17%
	Live in income deprived households ¹³	17%	11%	7%	3%	7%	21%	3%	12%

 $^{^{\}ast}$ NB - 'x' indicates that the value for that area has been suppressed

WIDER DET	TERMINANTS		CLAYTON	_		_			
OF HEALTH		Clatyon	Lyme Valley	Northwood	Westbury Park North			Westbury Park South	Newcastle
	Go home to a council house ¹⁴	36%	9%	11%	2%	13%	46%	1%	19%
	Are part of a lone parent family ¹⁵	8%	7%	6%	6%	5%	9%	6%	9%
	Have no car or van ¹⁶	35%	16%	16%	6%	16%	39%	6%	25%
	All crime ¹⁷	29.6		15.1		19.1	54.3		
Experience of crime	Anti social behaviour ¹⁸	15.7		9.8		21.0	3.1	32.6	
	Burglary ¹⁹	0.7		-	1.2			3.1	2.5
	Live alone as a pensioner ²⁰	23%	19%	16%	7%	15%	20%	4%	15%
And finally	Live in poverty when they are 60+21	22%	12%	12%	7%	10%	22%	8%	16%
	Men live to the age of ²²		75.7			76	.7		77.6
	Women live to the age of ²³		84.4				81.8		

POPULATION

The size of the population in the area has remained fairly static since 2001 (a decrease of around 70 residents). There have been increases in the population aged 16-24 and amongst residents of retirement age, 405 and 321 residents respectively.

The overall black and minority ethnic (bme) population was is generally slightly higher than district average of 2%. The area with the highest number of bme residents is the Sutherland Drive area with around 8.2% belonging to non-white ethnic groups. In the Northwood area only around 0.9% of residents are from bme groups.

Around two thirds quarters of the area's population fall into three MOSAIC Groups:

Group D (24%) - Successful professionals living in suburban or semi-rural homes

Group E (15%) - middle income families living in moderate suburban semis

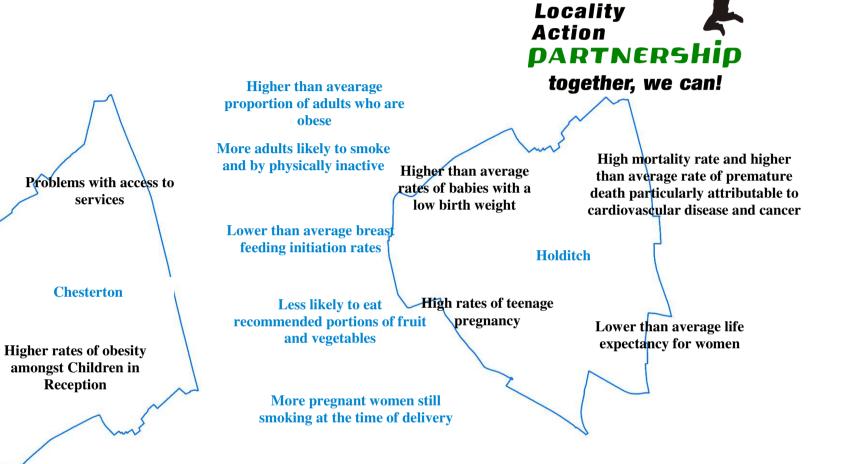
Group K (15%) - residents with sufficient incomes in right-to-buy social housing

Group B (13%) - Residents of small and mid-sized towns with strong local roots

Residents in parts of the Westlands and Clayton wards are defined as living in the most disadvantaged quintile nationally for geographical access to services.

COMMUNITY VOICE – LAP Action Plan issues

- Highways Parking and speeding
- Community Pride Clean up events
- Youth Provision
- Anti-Social Behaviour



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Greater

Chesterton

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WIDER DET	ERMINANTS			CHESTERTON				HOLDITCH		
OF HEALTH		Dean's Lane	Mitchell's Wood	Waterhayes	Crackley	Audley Road	Beasley	Loomer Road	Hollows Farm	Newcastle
	Claim Incapacity Benefit ¹	5%	6%	2%	15%	16%	11%	15%	10%	8%
	Have Limiting Long Term Illness ²	14%	18%	8%	26%	25%	25%	29%	23%	21%
Health	Smoke ³		c 11.8 - 18.4%		c 32.4	- 37.2%	c 24.0 - 32.3%	c 32.4	- 37.2%	22%
	Deprivation (decile, $l=worst$) ⁴	8	6	9	2	1	2	2	4	-
	Get at least 5 GCSE's A*-C (incl English and Maths ⁵			68	%			59%		
Education	Young people unemployed (aged 16- 24) ⁶	4.8%	5.7%	5.6%	7.9%	13.2%	9.3%	7.5%	5.5%	2.7%
	Not in Employment, Education or Training (aged 16-19) ⁷			4.7	6%				4.37%	
	Claim Free School Meals ^{8*}	4%	9%	6%	27%	42%	24%	31%	19%	16%
	Become a professional or manager ⁹	26%	14%	27%	9%	11%	11%	10%	10%	34%
Work	Are employment deprived ¹⁰	6%	9%	5%	19%	24%	17%	19%	13%	12%
	Live on benefits11	6%	10%	5%	23%	29%	19%	24%	16%	14%
Home and family	Live in poverty as a child ¹²	5%	15%	9%	41%	50%	37%	29%	21%	17%
	Live in income	6%	9%	5%	27%	31%	26%	23%	14%	12%

^{*} NB - 'x' indicates that the value for that area has been suppressed

WIDER DET	ERMINANTS			CHESTERTON	Ţ	_		HOLDITCH		NI d
OF HEALTH	I	Dean's Lane	Mitchell's Wood	Waterhayes	Crackley	Audley Road	Beasley	Loomer Road	Hollows Farm	Newcastle
	deprived households ¹³									
	Go home to a council house ¹⁴	9%	13%	2%	19%	45%	41%	47%	19%	19%
	Are part of a lone parent family ¹⁵	6%	10%	8%	18%	15%	12%	15%	12%	9%
	Have no car or van ¹⁶	10%	18%	2%	46%	48%	38%	42%	20%	25%
	All crime ¹⁷	30).6		67.1		5:	5.9	90.8	54.3
Experience of crime	Anti social behaviour ¹⁸	22	2.1		63.8		5:	5.0	68.1	32.6
	Burglary ¹⁹	0.	.7	2.9			1	.6	0.7	2.5
	Live alone as a pensioner ²⁰	8%	7%	1%	11%	16%	17%	15%	9%	15%
And finally	Live in poverty when they are 60+ ²¹	22%	12%	11%	28%	34%	26%	26%	18%	16%
	Men live to the age of ²²			77.4		-		75.7		77.6
	Women live to the age of ²³			81.2	81.2			79.6		81.8

POPULATION

The size of the population in the area has increased slightly since 2001 (an increase of around 470 residents).

The largest population increases have been evident amongst residents of middle age (between 50 and retirement age) and to a lesser degree amongst residents aged between 16 and 24. There has also been a small increase in the number of residents of retirement age.

The overall black and minority ethnic (bme) population in the locality was generally slightly lower than district average of 2%. The area with the highest proportion of bme residents is the Waterhayes area with around 3.5% belonging to non-white ethnic groups.

Almost three quarters of the area's population fall into three MOSAIC Groups: Group K (22%) - residents with sufficient incomes in right-to-buy social housing Group O (22%), families in low-rise social housing with high levels of benefit need Group F (16%) - couples with young children in comfortable modern housing, and Group I (11%) - lower income workers in urban terraces in often diverse areas

MATERNAL AND INFANT HEALTH

The proportion of pregnant women who are smoking at the time they deliver their baby is higher in both wards than is the regional average.

Babies weighing less than 2,500 grams at birth are considered to have a low birthweight. Low birthweight is one of the leading causes of infant illness, disability and death and is a good indicator of poor health experience in both early and later life. The rate of babies born with a low birth weight in Holditch is the second highest in the Borough and is also higher than the national average

The percentage of mothers who initiate breast feeding in Holditch is the third lowest rate in the Borough and in Chesterton the rate is the fifth lowest. These rates are both lower than the England average.

According to data collected in 2009, Chesterton and Holditch wards both have higher levels of childhood poverty compared to other areas in the country.

MORTALITY AND ILL HEATH

All Age, All Cause Mortality Rates

The mortality rate in Holdtich is higher than the England average and is the 5th highest rate in the Borough. Life expectancy for women in this ward is lower than average.

Premature Mortality Rates

Premature deaths are those that occur before the age of 75. In Newcastle the premature mortality rate has fallen steadily since the mid-90's but still remains higher than the national average. The all-cause premature mortality rate in Holditch is higher than the national and district rates and is the second highest in the Borough.

Between 1995-1997 and 2008-2010, premature motality rates attributable to cardiovascular disease have reduced by 58% across Newcastle as a whole. Holditch has the 2nd highest rates of premature death attributable to cardiovascular disease and also cancer.

LIVING WELL

Healthy Lifestyles

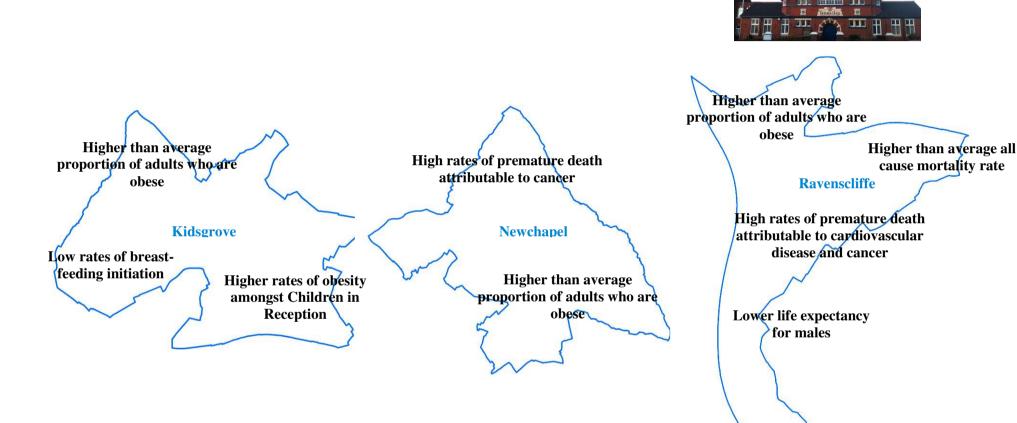
Estimates suggest that fewer adults in the two wards eat the recommended 5 portions of fruit and vegetables each day than is the average. It is also more likely that adults in Chesterton and Holditch are smokers and do not take part in regular exercise. Levels of obesity amongst adults in these areas is also likely to be higher than average. The proportion of children in Reception class in the Chesterton ward who are overweight is also higher than average.

Teenage Pregnancy

The under-18 conception rate in Newcastle is higher than the national average and in Holditch this rate is even higher. The rate in this ward is the fifth highest rate in the Borough and is almost double the national average rate.

COMMUNITY VOICE – LAP Action Plan issues

- Community engagement Roadshows
- Community Pride clean up events, include financial inclusion.
- Holiday youth provision
- Domestic Abuse project
- Anti-social Behaviour
- Employment and academic achievement
- Green spaces
- Health provision locally



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Kidsgrove LAP

WIDER DET	ERMINANTS	_		KIDSGROVE		_	NEWC	HAPEL	$^{-}$ R	AVENSCLIFE		
OF HEALTH	· · · · · ·	Maryhill	Dove Bank	Trubshaw	Galley's Bank	Whitehill	Rookery	Mow Cop	Acres Nook	Kidsgrove Bank	Town	Newcastle
	Claim Incapacity Benefit ¹	9%	10%	4%	8%	4%	5%	5%	6%	5%	10%	8%
	Have Limiting Long Term Illness ²	23%	24%	13%	18%	10%	18%	19%	17%	19%	19%	21%
Health	Smoke ³	c 32.4	- 37.2%	c 18.5 - 22.9%	c 32.4 - 37.2%	c 18.5 - 22.9%	c 18.5	- 22.9%	C	: 18.5 - 22.9%	6	22%
	Deprivation (decile, $l=worst$) ⁴	2	3	8	7	9	6	6	9	8	4	-
	Get at least 5 GCSE's A*-C (incl English and Maths ⁵	41%					55	5%		59%		
Education	Young people unemployed (aged 16- 24) ⁶	8.5	7.8%	3.3%	3.6%	-	3.0%	3.0%	4.5%	3.7%	4.5%	2.7%
	Not in Employment, Education or Training (aged 16-19) ⁷	7.11%				4.67%			5.50%		4.37%	
	Claim Free School Meals ^{8*}	30%	15%	x	13%	5%	10%	11%	9%	10%	22%	16%
	Become a professional or manager ⁹	13%	8%	26%	15%	24%	18%	21%	23%	18%	15%	34%
Work	Are employment deprived ¹⁰	17%	17%	7%	10%	6%	10%	8%	6%	8%	13%	12%
	Live on benefits ¹¹	19%	17%	7%	11%	6%	9%	8%	7%	8%	15%	14%
Home and family	Live in poverty as a child ¹²	43%	24%	2%	8%	6%	11%	10%	4%	6%	14%	17%
	Live in income deprived households ¹³	25%	19%	4%	7%	5%	9%	8%	3%	4%	13%	12%

^{*} NB - 'x' indicates that the value for that area has been suppressed

WIDER DET	FERMINANTS	KIDSGROVE					NEWC	HAPEL	R			
	OF HEALTH		Dove Bank	Trubshaw	Galley's Bank	Whitehill	Rookery	Mow Cop	Acres Nook	Kidsgrove Bank	Town	Newcastle
	Go home to a council house ¹⁴	8%	38%	6%	12%	3%	4%	8%	2%	1%	25%	19%
	Are part of a lone parent family ¹⁵	12%	18%	6%	6%	7%	7%	6%	5%	5%	8%	9%
	Have no car or van ¹⁶	32%	30%	10%	18%	4%	14%	15%	7%	15%	30%	25%
Experience of crime	All crime ¹⁷	57	'.5	15.1			24.6		12.9	37.5		54.3
	Anti social behaviour ¹⁸	31	31.4		16.1			7.8		30).5	32.6
	Burglary ¹⁹	1.	.4	1.2				.2	0.7	0	.4	2.5
	Live alone as a pensioner ²⁰	10%	12%	6%	14%	3%	12%	15%	7%	12%	17%	15%
And finally	Live in poverty when they are 60+ ²¹	17%	21%	7%	13%	11%	14%	13%	6%	5%	25%	16%
	Men live to the age of ²²			80.0			79	9.1	75.9			77.6
	Women live to the age of ²³			85.1			80.8		82.6			81.8

POPULATION

The size of the population in the area has decreased slightly since 2001 (a decrease of around 200 residents).

There are around 360 fewer young people under the age of 16 in the area than in 2001. The number of residents over retirement age has increased significantly - by around 820 residents.

The area's residents are predominantly white British (or from other white backgrounds), and there are resident's of mixed heritage living in all areas in the locality.

Around 80% of the area's population fall into four MOSAIC Groups:

Group J (31%); Owner occupiers in older-style housing in ex-industrial areas

Group K (18%); Residents with sufficient incomes in right-to-buy social housing

Group B (17%); Residents of small and mid-sized towns with strong local roots, and

Group E (15%); Middle income families living in moderate suburban semis

MATERNAL AND INFANT HEALTH

The fertility rates in Kidsgrove and Newchapel are lower than the national average.

The percentage of mothers who initiate breast feeding in Kidsgrove is the fourth lowest rate in the Borough, but the rate is similar to the England average.

MORTALITY AND ILL HEATH

All Age, All Cause Mortality Rates

The mortality rate in Ravenscliffe is higher than the England average and is the 6th highest rate in the Borough. Life expectancy for men in this ward is lower than average.

Premature Mortality Rates

Premature deaths are those that occur before the age of 75. In Newcastle the premature mortality rate has fallen steadily since the mid-90's but still remains higher than the national average. The all-cause premature mortality rate for each of the three wards is similar to the national and district rates.

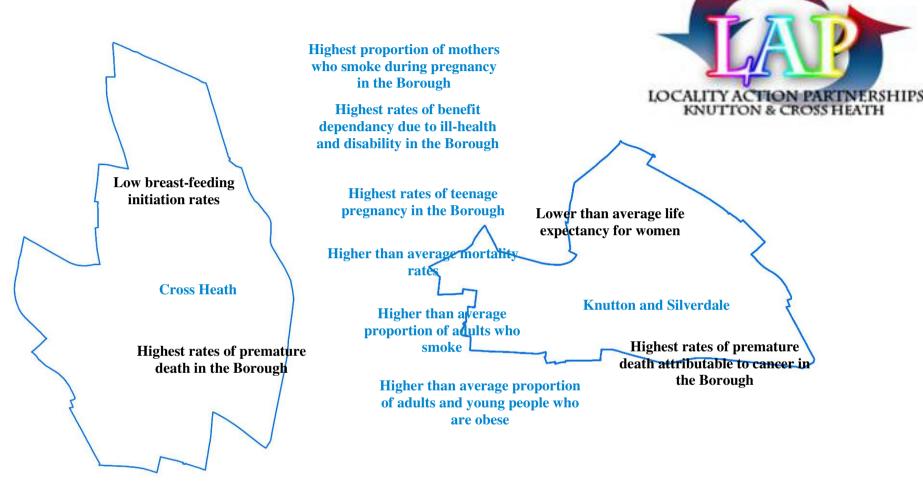
Between 1995-1997 and 2008-2010, premature mortality rates attributable to cardiovascular disease have reduced by 58% across Newcastle as a whole. Ravenscliffe has the 5th highest rate attributable to cardiovascular disease. The ward also has the 7th highest premature mortality rate attributable to cancer and Newchapel has the 8th highest rate.

LIVING WELL

Obesity

It is estimated that a higher proportion than average of the adult population in the three wards are obese. The proportion of children in Reception class in the Kidsgrove ward who are overweight is also higher than average.

- CCTV in hotpsot locations
- Alcohol Harm Reduction
- Town Centre Development including Business Crime
- Teenage Pregnancy project with Butt Lane



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WIDER DETE	RMINANTS OF		CROS	S НЕАТН		KNUT'	RDALE		
HEALTH		Upper Milehouse	Cross Heath	Lower Milehouse	Ashfields	Saints	Silverdale	Knutton Village	Newcastle
	Claim Incapacity Benefit	8%	12%	22%	7%	14%	9%	12%	8%
Health	Have Limiting Long Term Illness	27%	24%	30%	22%	23%	26%	24%	21%
Health	Smoke				approx 35%				22%
	Deprivation (decile, 1=worst)	4	2	1	4	1	3	3	-
	Get at least 5 GCSE's A*-C		3	33%			37%		59%
The state	Young people unemployed (aged 16-24)	6.9%	9.9%	17.1%	7.5%	11.8%	7.7%	5.6%	2.7%
Education	Not in Employment, Education or Training (aged 16-19)		10	0.55%			9.70%		4.37%
	Claim Free School Meals	19%	29%	44%	22%	36%	13%	30%	16%
	Become a professional or manager	21%	21%	17%	28%	15%	25%	18%	34%
Work	Are employment deprived	13%	20%	27%	13%	22%	13%	16%	12%
	Live on benefits	15%	22%	40%	14%	29%	15%	19%	12%
	Live in poverty as a child	16%	32%	40%	25%	53%	13%	27%	17%
	Live in income deprived households	13%	24%	33%	17%	36%	14%	19%	12%
Home and family	Go home to a council house	23%	44%	63%	29%	73%	22%	23%	19%
	Are part of a lone parent family	12%	14%	14%	13%	21%	8%	9%	9%
	Have no car or van	27%	37%	56%	38%	52%	29%	34%	25%
	All crime	44.4	1	104	4.3	72.9	89.	.7	54.3
Experience of crime	Anti social behaviour	31.8	3	51	.3	20.7	81.	.9	32.6
	Burglary	1.7		4.	5	6.1	4.′	7	2.5
	Live alone as a pensioner	16%	17%	21%	16%	11%	17	17%	15%
And finally	Live in poverty when they at 60+	21%	26%	37%	28%	30%	26%	26% 21%	
	Men live to the age of		7	74.9			77.6		
	Women live to the age of		7	75.0			81.8		

The size of the population in the area has remained fairly static since 2001 (a decrease of around 100 residents) despite a considerable amount of housing clearance in the Lower Milehouse area.

There are around 200 fewer young people under the age of 16 in the area than in 2001. There has been a slight increase in the older population (over 50).

Whilst the area's residents are predominantly white British (or from other white backgrounds), the other broad ethnic groups are all represented to varying degrees, with a particular concentration of residents of Asian heritage in the Lower Milehouse area.

70% of the area's population falls into three MOSAIC Groups:

K (30%) - Residents with sufficient incomes in right-to-buy social housing

O (20%) - Families in low-rise social housing with high levels of benefit need

J (19%) - Owner occupiers in older-style housing in ex-industrial areas

MATERNAL AND INFANT HEALTH

Fertility rates in Knutton and Silverdale are the highest in the Borough and are higher than the national average. Cross Heath rates are higher than in most other wards but are in line with the national picture.

Fewer mothers in the two areas access maternity services in the first 13 weeks of pregnancy than in the rest of the Borough.

The percentage of mothers in the two wards who are still smoking when they deliver their baby is the highest in the Borough and is higher than the regional average.

Breast feeding initiation rates in Cross Heath are the second lowest in the Borough and are lower than the regional average.

MORTALITY AND ILL HEATH

General Health

Health in the locality is worse than the average for the district with around 25% of residents reporting that they had a Limiting Long Term Illness (LLTI) at the time of the 2001 Census. In the Lower Milehouse area, the proportion is almost one third, this was the third highest proportion of any area across the Borough.

III Health

Knutton and Silverdale and Cross Heath have the highest percentages of working age residents who are in receipt of either Incapacity Benefit/Severe Disablement Allowance or Employment Support Allowance in the Borough. In Lower Milehouse, one fifth of working age residents are in receipt of one of these benefits.

In both wards, around half of claimants are receiving benefit support for a mental health condition.

Disability

Around 900 residents in the locality are in receipt of Disability Living Allowance, this is about 9% of the population, and the two wards have the two highest claim rates in Newcastle.

Lower Milehouse has the highest rate of claimants at just over 13%, this is the highest rate in the Borough.

Life Expectancy

Life expectancy is used as a high level indicator of the overall health of the population and is a national health inequality target.

Life expectancy is lower than the England average across the two wards.

Mortality Rates

All age all cause mortality rates are used as an alternative measure for life expectancy. The mortality rate in both wards is higher than both the England and district averages. For the period 2006-10 the mortality rate in Knutton and Silverdale was the second highest in the Borough, and the Cross Heath rate was fourth highest.

Premature Mortality Rates (All Causes)

Premature deaths are those that occur before the age of 75. In Newcastle the premature mortality rate has fallen steadily since the mid-90's but still remains higher than the national average.

The premature mortality rate for both wards is higher than the national and district rates. Cross Heath has the highest premature death rate in the Borough, Knutton and Silverdale has the third highest rate.

Premature Mortality Rates (Cancer)

The incidence (newly diagnosed cases) of cancers both locally and nationally continues to increase with the ageing population and around 640 new cases of cancer are diagnosed each year in Newcastle. The most common types of cancer in Newcastle are breast cancer, lung cancer and colorectal cancer.

Premature deaths attributable to cancer are highest in Knutton and Silverdale with a rate that is higher than another other ward in the Borough.

LIVING WELL

Smoking

It is estimated that just over a third of adults in the two wards are smokers, this proportion is higher than the average across Newcastle.

Obesity

The proportion of children in Year 6 in Knutton and Silverdale who are obese is higher than the England average.

It is also estimated that a higher proportion than average of the adult population in the two wards are obese.

Teenage Pregnancy

During the period 2007-2009, the rate of under-18 conceptions in Knutton and Silverdale and Cross Heath were the highest and second highest in the Borough respectively

- Health Promotion through events.
- Older persons event intergenerational activity
- Support early cancer detection project
- Dog Fouling
- Energy Saving and Fuel Poverty



WIDER DET	ERMINANTS		THISTL	EBERRY	_		TOWN	-	
OF HEALTH	· · · · · · ·	Orme Road	Higherland	Thistleberry	Paris Avenue	London Road	Lancaster Rd	Town Centre	Newcastle
	Claim Incapacity Benefit ¹	10%	11%	4%	4%	9% 11%		14%	8%
Health	Have Limiting Long Term Illness ²	25%	28%	22%	23%	24%	21%	32%	21%
	Smoke ³	c 32.4	- 37.2%	c 18.5 - 22.9%	c 32.4 - 37.2%		c 24.0 - 32.3%		22%
	Deprivation (decile, 1=worst) ⁴	2	4	9	8	3	4	2	-
	Get at least 5 GCSE's A*-C (incl English and Maths ⁵		7′.	2%				59%	
Education	Young people unemployed (aged 16- 24) ⁶	7.0%	3.0%	7.9%	3.7%	2.6%	7.1%	8.9%	2.7%
	Not in Employment, Education or Training (aged 16-19) ⁷		6.0	01%			6.16%		4.37%
	Claim Free School Meals ^{8*}	27%	25%	x	5%	15%	15%	16%	16%
	Become a professional or manager ⁹	15%	23%	31%	42%	25%	28%	24%	34%
Work	Are employment deprived ¹⁰	16%	13%	7%	7%	11%	15%	18%	12%
	Live on benefits ¹¹	18%	16%	8%	7%	13%	18%	23%	14%
Home and family	Live in poverty as a child ¹²	37%	24%	7%	7%	25%	9%	21%	17%
	Live in income deprived households ¹³	23%	20%	5%	7%	13%	12%	20%	12%
	Go home to a council	53%	40%	2%	15%	14%	29%	42%	19%

^{*} NB - 'x' indicates that the value for that area has been suppressed

Newcastle Borough Enhanced Joint Strategic Needs Assessment – DRAFT 2012

WIDER DET	FERMINANTS		THISTL	EBERRY						
OF HEALTI	H	Orme Road	Higherland	Thistleberry	Paris Avenue	London Road	Lancaster Rd	Town Centre	Newcastle	
	house ¹⁴									
	Are part of a lone parent family ¹⁵	19%	9%	7%	4%	9%	6%	8%	9%	
	Have no car or van ¹⁶	45%	34%	15%	21%	37%	39%	51%	25%	
	All crime ¹⁷		58.5		24.8	16	0.9	536.2	54.3	
Experience of crime	Anti social behaviour ¹⁸		31.7		20.7	51	1.0	264.9	32.6	
	Burglary ¹⁹		3.0		5.5	7	.3	5.0	2.5	
	Live alone as a pensioner ²⁰	19%	24%	16%	24%	21%	18%	24%	15%	
And finally	Live in poverty when they are 60+21	28% 27% 7%		7%	7%	17% 22%		36%	16%	
	Men live to the age of ²²	76.2				75.2				
	Women live to the age of ²³		82	2.4			81.8			

The size of the population in the area has increased since 2001 (an increase of just over 700 residents). The population increase has been evident amongst residents between the ages of 16 and 49, with the biggest rise in population amongst those aged 16-24.

The overall black and minority ethnic (bme) population was slightly higher than district average of 2%. Around 3.5% of residents in this area were from non-white backgrounds. The area with the highest number of bme residents is the Paris Avenue area with 4.8%. Most non-white residents in the area are of Asian heritage.

The Town Centre locality is one of the most diverse in the Borough with all but one of the 15 MOSAIC groups represented. Just under two thirds of the population in this are belong to one of the following five Groups:

Group I (17%) - lower income workers in urban terraces in often diverse areas

Group M (15%) - Elderly people reliant on state support

Group G (12%) - Young, well-educated city dwellers

Group B (10%) - Residents of small and mid-sized towns with strong local roots

Group K (10%) - Residents with sufficient incomes in right-to-buy social housing

MORTALITY AND ILL HEATH

All Age, All Cause Mortality Rates

The mortality rate in the Town ward is higher than the England average and is the third highest rate in the Borough. Life expectancy for both men and women in this ward is lower than the national average.

Premature Mortality Rates

Premature deaths are those that occur before the age of 75. In Newcastle the premature mortality rate has fallen steadily since the mid-90's but still remains higher than the national average. The all-cause premature mortality rate in the Town is higher than the national and district rates and is the fourth highest in the Borough.

LIVING WELL

Healthy Lifestyles

Estimates suggest that, in general, more adults in the locality are likely to smoke than is the average. Residents in the Town ward are more likely to be prone to binge drinking and people living in the Poolfields area of the Thistleberry ward are less likely to eat the recommended portions of fruit and vegetables or to take part in regular physical activity.

- Community Engagement
- Parking
- Safer Nights
- Economic Development Town Centre Partnership
- Youth provision during holidays
- Health Event raising awareness of health promotion activities.

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NB - Only the Betley/Balterley area of the Halmerend ward falls into the Madeley LAP

WIDER DETE	RMINANTS OF	HALMEREND		MADELEY		N
HEALTH		Betley/Balterley	Madeley Heath	Madeley	Madeley Rural	Newcastle
	Claim Incapacity Benefit ¹	3%	2%	7%	5%	8%
Health	Have Limiting Long Term Illness ²	18%	17%	23%	23%	21%
Health	Smoke ³		approx 11	.8 - 18.4%		22%
	Deprivation (decile, 1=worst) ⁴	8	10	5	8	-
	Get at least 5 GCSE's A*-C ^{5*}	82%		60%		59%
D1 (*	Young people unemployed (aged 16-24) ⁶	5.7%	2.8%	6.8%	6.5%	2.7%
Education	Not in Employment, Education or Training (aged 16-19) ⁷	4.23%		3.18		4.37%
	Claim Free School Meals ⁸	6%	5%	17%	14%	16%
	Become a professional or manager9	44%	37%	23%	30%	34%
Work	Are employment deprived ¹⁰	5%	5%	13%	8%	12%
	Live on benefits ¹¹	6%	6%	14%	8%	12%
	Live in poverty as a child12	5%	5%	26%	15%	17%
	Live in income deprived households ¹³	5%	5%	16%	9%	12%
Home and family	Go home to a council house ¹⁴	9%	4%	37%	7%	19%
	Are part of a lone parent family ¹⁵	6%	7%	11%	10%	9%
	Have no car or van ¹⁶	11%	10%	27%	15%	25%
	All crime ¹⁷	32.7	24	1.1	34.6	54.3
Experience of crime	Anti social behaviour ¹⁸	18.1	28	3.6	21.2	32.6
	Burglary ¹⁹	1.1	1	.5	0.7	2.5
	Live alone as a pensioner ²⁰	13%	11%	18%	15%	15%
And finally	Live in poverty when they at 60+ ²¹	7%	11%	2%	11%	16%
And finally	Men live to the age of ²²	77.9		77.6		
	Women live to the age of ²³	82.1		85.1	81.8	

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^{*} NB - 'x' indicates that the value for that area has been suppressed

The size of the population in the area has increased slightly since 2001 (an increase of around 190 residents).

The increase in population has been concentrated in residents over retirement age where there has been an increase of over 230 residents.

The overall black and minority ethnic (bme) population in the area was generally lower than district average of 2%. The area with the highest number of bme residents is Madeley Heath with around 1.49% residents.

Almost two thirds of the area's population fall into three MOSAIC Groups:

Group D (27%); Successful professionals living in suburban or semi-rural homes

Group B (21%); Residents of small and mid-sized towns with strong local roots, and

Group A (15%); Residents of isolated rural communities

LIVING WELL

It is estimated that a slightly higher than average proportion of the adult population in the area are prone to binge drinking.

- Housing site allocations
- Highways and speeding
- Youth Provision
- Anti-social Behaviour
- Work with Troubled Families and Families First.

Less likely to eat recommended portions of fruit and vegetables and to be physically inactive

Bradwell

Highest mortality rate in the Borough and higher than average rate of premature death particularly attributable to cardiovascular disease

Lower than average life expectancy for men and

women

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Estimated higher than

average levels of binge drinking

May Bank

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Estimated higher than

average levels of binge

drinking

Porthill

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Estimated higher than average levels of binge drinking Wolstanton

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East Newcastle Locality Action Partnership

WIDER DET	WIDER DETERMINANTS	_	WOLST	ANTON	_	_						
OF HEALTH		Ellison Street	Park Avenue	Marshlands	Retail Park	Sparch Hollow	Brampton Road	Basford Park Road	Basford Lights	Newcastle		
	Claim Incapacity Benefit ¹	7%	4%	7%	12%	5%	11%	5%	4%	8%		
	Have Limiting Long Term Illness ²	18%	17%	20%	26%	18%	28%	19%	15%	21%		
Health	Smoke ³	c 23.0	- 23.9%	c 18.5 - 22.9%	c 23.0 - 23.9%	c 18.5 - 22.9%	c 24.0 - 32.3%	c 18.5 -	22.9%	22%		
	Deprivation (decile, I=worst) ⁴	6	7	8	3	8	5	8	9	-		
	Get at least 5 GCSE's A*-C (incl English and Maths ⁵		65	5%		65%						
Education	Young people unemployed (aged 16- 24) ⁶	7.9%	6.6%	4.8%	6.9%	2.6%	6.8%	3.8%	4.9%	2.7%		
	Not in Employment, Education or Training (aged 16-19) ⁷		4.3	2%			2.1	8%		4.37%		
	Claim Free School Meals ^{8*}	18%	7%	8%	20%	8%	8%	9%	8%	16%		
	Become a professional or manager ⁹	17%	27%	23%	15%	21%	31%	22%	28%	34%		
Work	Are employment deprived ¹⁰	8%	8%	8%	16%	7%	13%	6%	6%	12%		
	Live on benefits ¹¹	12%	9%	9%	19%	8%	17%	8%	7%	14%		
Home and family	Live in poverty as a child ¹²	14%	5%	5%	16%	8%	22%	7%	7%	17%		
	Live in income deprived households ¹³	10%	7%	5%	14%	6%	6% 13% 7% 5%		5%	12%		

 $^{^{\}ast}$ NB - 'x' indicates that the value for that area has been suppressed

WIDER DET	WIDER DETERMINANTS		WOLST	ANTON		MAY BANK					
OF HEALTI		Ellison Street	Park Avenue	Marshlands	Retail Park	Sparch Hollow	Brampton Road	Basford Park Road	Basford Lights	Newcastle	
	Go home to a council house ¹⁴	7% 2% 3%		39%	2%	31%	9%	2%	19%		
	Are part of a lone parent family ¹⁵		8%	8%	11%	7%	4%	7%	8%	9%	
	Have no car or van ¹⁶	28%	19%	19%	43%	17%	32%	22%	13%	25%	
	All crime ¹⁷		57.6			60.6		32	54.3		
Experience of crime	Anti social behaviour ¹⁸		33.7			38.8		14	3	32.6	
	Burglary ¹⁹		1.5			1.7		4.	2.5		
	Live alone as a pensioner ²⁰	14%	14%	13%	23%	14%	17%	19%	11%	15%	
And finally	Live in poverty when they are 60+ ²¹	21% 14% 10%		10%	23%	9%	15%	14%	5%	16%	
	Men live to the age of ²²		78	3.1			77	7.7	77.6		
	Women live to the age of ²³		80).1	82.4					81.8	

WIDER DET	TERMINANTS	_	BRAD	WELL	_				
OF HEALTH	I	High Carr	Crematorium	Bradwell Lane	Bradwell Lane Hospital		Boulton Street	Watlands	Newcastle
	Claim Incapacity Benefit ¹	6%	9%	15%	7%	5%	5%	5%	8%
Health	Have Limiting Long Term Illness ²	19%	22%	32%	25%	24%	19%	16%	21%
	Smoke ³	c 11.8 - 18.4%		c 24.0 - 32.3%			22%		
	Deprivation (decile, $l=worst$) ⁴	8	4	3	6	6	7	6	-
	Get at least 5 GCSE's A*-C (incl English and Maths ⁵		64	1 %			57%		59%
Education	Young people unemployed (aged 16- 24) ⁶	6.7%	7.7%	5.6%	6.0%	7.2%	8.5%	2.7%	2.7%
	Not in Employment, Education or Training (aged 16-19) ⁷		3.9	5%			4.37%		
	Claim Free School Meals ^{8*}	4%	22%	21%	15%	9%	7%	7%	16%
	Become a professional or manager ⁹	19%	13%	12%	19%	21%	20%	21%	34%
Work	Are employment deprived ¹⁰	8%	13%	12%	19%	21%	20%	21%	12%
	Live on benefits11	9%	15%	21%	10%	10%	9%	9%	14%
Home and family	Live in poverty as a child ¹²	4%	23%	22%	14%	13%	6%	8%	17%
	Live in income deprived households ¹³	4%	15%	20%	10%	14%	7%	8%	12%
	Go home to a council house ¹⁴	1%	23%	43%	12%	22%	7%	3%	19%

 $^{^{\}ast}$ NB - 'x' indicates that the value for that area has been suppressed

Newcastle Borough Enhanced Joint Strategic Needs Assessment – DRAFT 2012

WIDER DE	ΓERMINANTS		BRAD	WELL			PORTHILL		
OF HEALTI	H	High Carr	Crematorium	Bradwell Lane	Hospital	First Avenue	Boulton Street	Watlands	Newcastle
	Are part of a lone parent family ¹⁵	5%	9%	10%	7%	6%	8%	9%	9%
	Have no car or van ¹⁶	13% 27% 38% 24%				28%	22%	21%	25%
	All crime ¹⁷	44.3		53.1		39	9.5	36.8	54.3
Experience of crime	Anti social behaviour ¹⁸	25.7		33.0		22	20.1	32.6	
	Burglary ¹⁹	0.6		1.8		1	.5	0.7	2.5
	Live alone as a pensioner ²⁰	12%	17% 19% 17%		17%	21% 18%		15%	15%
And finally	Live in poverty when they are $60+^{21}$	9%	18%	26%	13%	28%	15%	11%	16%
	Men live to the age of ²²		75	5.7			81.0		77.6
	Women live to the age of ²³		78	3.2			81.8		

The size of the population in the area has increased slightly since 2001 (an increase of around 400 residents).

The population increase has been evident amongst residents of retirement age and to a slightly lesser degree amongst residents aged between 16 and 24.

The overall black and minority ethnic (bme) population was generally slightly lower than district average of 2%. The area with the highest number of bme residents is the Watlands area with just over 3.0% belonging to non-white ethnic groups. In the Marshlands area only around 0.75% of residents are from bme groups. Most non-white residents in the area are of mixed heritage, however in First Avenue the most predominant group is those with Asian heritage and in the Watlands area there is a higher proportion of residents with Chinese or other heritage.

About three quarters of the area's population fall into three MOSAIC Groups: Group J (28%) - Owner occupiers in older-style housing in ex-industrial areas Group E (26%) - Middle income families living in moderate suburban semis Group K (12%) - residents with sufficient incomes in right-to-buy social housing Group I (11%) - lower income workers in urban terraces in often diverse areas

MORTALITY AND ILL HEATH

All Age, All Cause Mortality Rates

The mortality rate in Bradwell is higher than the England average and is the highest rate in the Borough. Life expectancy for both men and women in this ward is lower than the national average.

Premature Mortality Rates

Premature deaths are those that occur before the age of 75. In Newcastle the premature mortality rate has fallen steadily since the mid-90's but still remains higher than the national average. The all-cause premature mortality rate in Bradwell is higher than the national and district rates and is the sixth highest in the Borough.

Between 1995-1997 and 2008-2010, premature mortality rates attributable to cardiovascular disease have reduced by 58% across Newcastle as a whole. Bradwell has the 3rd highest rates of premature death attributable to cardiovascular disease in the Borough.

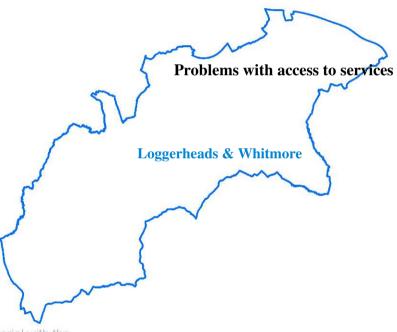
LIVING WELL

Healthy Lifestyles

Estimates suggest that fewer adults in Bradwell eat the recommended 5 portions of fruit and vegetables each day than is the average. It is also more likely that adults in this ward do not take part in regular exercise. Levels of binge drinking in Porthill, May Bank and Wolstanton are estimated to be higher than average.

- Improving business and household recycling
- Youth Provision
- Health Promotion event
- Community Safety Calendar





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WIDER DETE	RMINANTS OF	LOGGERHEADS & WHITMORE								
HEALTH		Loggerheads	Whitmore	Ashley	Ashley Heath	Newcastle				
	Claim Incapacity Benefit ¹	9%	4%	6%	4%	8%				
Health	Have Limiting Long Term Illness ²	20%	16%	18%	14%	21%				
пеанн	Smoke ³		approx 11	1.8 - 18.4%		22%				
	Deprivation (decile, 1=worst) ⁴	5	8	7	9	-				
	Get at least 5 GCSE's A*-C ⁵		79	9%		59%				
Education	Young people unemployed (aged 16-24) ⁶	7.4%	3.5%	2.7%						
Education	Not in Employment, Education or Training (aged 16-19) ⁷		1.5	53%		4.37%				
	Claim Free School Meals ⁸	10%	3%	14%	2%	16%				
	Become a professional or manager9	28%	43%	44%	44%	34%				
Work	Are employment deprived ¹⁰	11%	5%	7%	5%	12%				
	Live on benefits ¹¹	12%	6%	9%	5%	12%				
	Live in poverty as a child12	12%	5%	12%	3%	17%				
	Live in income deprived households ¹³	10%	4%	9%	3%	12%				
Home and family	Go home to a council house ¹⁴	11%	4%	10%	2%	19%				
	Are part of a lone parent family15	7%	6%	5%	5%	9%				
	Have no car or van ¹⁶	12%	6%	5%	5%	25%				
	All crime ¹⁷	43.4	28.8	19	9.9	54.3				
Experience of crime	Anti social behaviour18	6.1	2.0	13	3.0	32.6				
	Burglary ¹⁹	2.0	1.2	2	.0	2.5				
	Live alone as a pensioner ²⁰	12%	12%	14%	10%	15%				
And finally	Live in poverty when they at 60+21	13%	6%	11%	6%	16%				
And imany	Men live to the age of ²²		79	9.2		77.6				
	Women live to the age of ²³		86	6.3		81.8				

The size of the population in the area has increased slightly since 2001 (an increase of around 390 residents).

The increase in population has been concentrated in residents over retirement age where there has been an increase of over 500 residents.

The overall black and minority ethnic (bme) population was is generally in line with the district average of 2%. The area with the highest number of bme residents is Ashley Heath with 2.3%. Most non-white residents in the area are of Asian heritage, however in the Loggerheads and Ashley Heath areas the most predominant group is those with mixed heritage.

Over 80% of the area's population falls into three MOSAIC Groups:

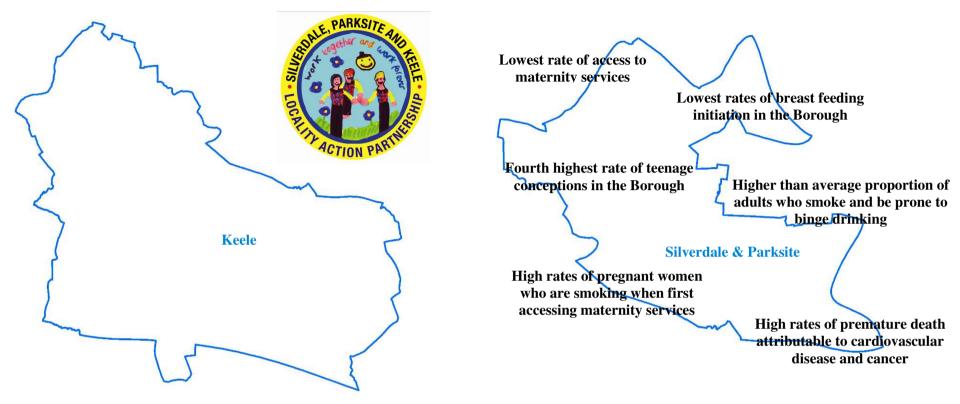
Group D (49%); Successful professionals living in suburban or semi-rural homes

Group A (26%); Residents of isolated rural communities, and

Group C (8%); Wealthy people living in the most sought after neighbourhoods

The Loggerheads and Whitmore area is amongst some of the most disadvantaged areas in the country in terms of access to services such as GP surgeries, schools, Post Offices, general stores and supermarkets.

- Highways speeding, road safety and winter gritting.
- Provide maps for walkers to use.
- Intergenerational activity



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NB - The Silverdale, Parksite and Keele LAP includes part of one LSOA that falls into the Knutton and Silverdale ward (referred to in the table as 'Knutton'). Data for this LSOA is given where it is available, however complete data for this area is found in the Knutton Cross Heath LAP profile.

	RMINANTS OF	KEELE	KNUTTON & SILVERDALE	SILVERDALI	E & PARKSITE	- Newcastle
HEALTH		Keele	Knutton	Parksite	Silverdale	Tiew custic
	Claim Incapacity Benefit ¹	1%	9%	12%	10%	8%
Health	Have Limiting Long Term Illness ²	8%	26%	24%	26%	21%
nealth	Smoke ³	c 24.0-32.3%	c 32.4-37.2%	c 24.0	0-32.3%	22%
	Deprivation (decile, 1=worst) ⁴	10	4	2	5	-
	Get at least 5 GCSE's A*-C ^{5*}	X	37%	3	59%	
Education	Young people unemployed (aged 16-24) ⁶	0.17%	7.7%	8.2%	8.8%	2.7%
Education	Not in Employment, Education or Training (aged 16-19) ⁷	X	9.70%	13.	38%	4.37%
	Claim Free School Meals ⁸	X	13.4%	29.8%	17.1%	16%
	Become a professional or manager ⁹	36%	17%	12%	15%	34%
Work	Are employment deprived ¹⁰	1%	13%	20%	12%	12%
	Live on benefits ¹¹	1%	15%	22%	16%	12%
	Live in poverty as a child ¹²	5%	13%	39%	14%	17%
	Live in income deprived households ¹³	2%	14%	26%	10%	12%
Home and family	Go home to a council house ¹⁴	16%	22%	37%	17%	19%
	Are part of a lone parent family ¹⁵	9%	8%	14%	8%	9%
	Have no car or van ¹⁶	16%	29%	36%	28%	25%
	All crime ¹⁷	49.9	89.7	7	1.9	54.3
Experience of crime	Anti social behaviour ¹⁸	6.5	81.9	5	6.2	32.6
	Burglary ¹⁹	11.2	4.7	5	5.1	2.5
	Live alone as a pensioner ²⁰	12%	17%	15%	17%	15%
And finally	Live in poverty when they at 60+21	11%	26%	24%	13%	16%
And mianty	Men live to the age of ²²	79.4	75.0	7	6.0	77.6
	Women live to the age of ²³		79.1	8	1.8	81.8

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^{*} NB - 'x' indicates that the value for that area has been suppressed

The size of the population in the area has increased slightly since 2001 (an increase of around 230 residents).

The increase in population has been concentrated in residents aged between 16 and 24 and amongst residents over retirement age.

Understandably, due to the University campus, Keele has the most diverse population in the locality, and indeed the borough, with a bme population of around 10%. The rest of the locality has a fairly small bme population - either in line with or lower than the borough average.

Almost three quarters of the area's population fall into four MOSAIC Groups: Group K (28%); Residents with sufficient incomes in right-to-buy social housing Group J (21%); Owner occupiers in older-style housing in ex-industrial areas Group I (13%); Lower income workers in urban terraces in often diverse areas, and Group O (12%); Families in low-rise social housing with high levels of benefit need

MATERNAL AND INFANT HEALTH

Fertility rates in Silverdale and Parksite are the second highest in the Borough and are higher than the national average.

Fewer mothers in the Silverdale area access maternity services in the first 13 weeks of pregnancy than in the rest of the Borough, and the percentage of mothers in the ward who were smoking when they book in for maternity services is higher than the regional average.

Breast feeding initiation rates in Silverdale and Parksite are the lowest in the Borough and are lower than the regional average.

MORTALITY AND ILL HEATH

General Health

Overall health in the locality is better than the average for the district with around 17% of residents reporting that they had a Limiting Long Term Illness (LLTI) at the time of the 2001 Census. However, this lower average is due to the particularly low levels of LLTI in the Keele area. Rates in Silverdale and Parksite are higher than average at around 25%.

III Health

Silverdale and Parksite has the fifth highest percentage of working age residents who are in receipt of either Incapacity Benefit/Severe Disablement Allowance or Employment Support Allowance in the Borough. Just under half of claimants are receiving benefit support for a mental health condition.

Disability

Around 480 residents in the locality are in receipt of Disability Living Allowance, this is about 5% of the population. Again, the particularly low rates in the Keele ward slightly mask the higher rates in the Silverdale and Parksite ward where the overall rate is around 8%.

Premature Mortality Rates (All Causes)

Premature deaths are those that occur before the age of 75. In Newcastle the premature mortality rate has fallen steadily since the mid-90's but still remains higher than the national average.

The premature mortality rate for Silverdale and Parksite is higher than the national and district rates and is the fifth highest rate in the Borough.

Premature Mortality Rates (Cardiovascular Disease)

Between 1995-1997 and 2008-2010, premature motality rates attributable to cardiovascular disease have reduced by 58% across Newcastle as a whole.

Premature deaths attributable to cardiovascular disease are the fourth highest in Silverdale and Parksite than in any other ward in the Borough.

Premature Mortality Rates (Cancer)

The incidence (newly diagnosed cases) of cancers both locally and nationally continues to increase with the ageing population and around 640 new cases of cancer are diagnosed each year in Newcastle. The most common types of cancer in Newcastle are breast cancer, lung cancer and colorectal cancer.

Premature deaths attributable to cancer in Silverdale and Parksite are the third highest in the Borough.

LIVING WELL

Smoking and Binge Drinking

It is estimated that over a quarter of adults in this locality are smokers, this proportion is higher than the average across Newcastle. It is also estimated that a similar proportion of the population in the locality are prone to binge drinking. Again, this is a higher rate than the national average.

Teenage Pregnancy

During the period 2007-2009, the rate of under-18 conceptions in Silverdale and Parksite were the fourth highest in the Borough with a rate that was higher than the national average.

- Community Pride linked to circus skills, fly tipping
- Engagement with students from Keele University
- Family Employment Initiative communicate through community jobs event.
- Property voids and CCTV.

		Audley & Bignall End	Bradwell	Butt Lane	Chesterton	Clayton	Cross Heath	Halmerend	Holditch	Keele	Kidsgrove	Knutton & Silverdale	Loggerheads & Whitmore	Madeley	May Bank	Newchapel	Porthill	Ravenscliffe	Seabridge	Silverdale & Parksite	Talke	Thistleberry	Town	Westlands	Wolstanton	NEWCASTLE
	Claim Incapacity Benefit	6.9%	9.3%	10.2%	8.3%	6.4%	11.5%	5.6%	11.7%	0.6%	6.9%	11.3%	5.5%	4.7%	5.9%	4.9%	5.2%	7.1%	5.9%	11.1%	10.3%	7.6%	11.4%	5.8%	7.6%	7.5%
Health	Have Limiting Long Term Illness	22%	25%	24%	18%	24%	25%	22%	26%	8%	18%	24%	17%	20%	20%	19%	20%	18%	17%	25%	22%	25%	26%	18%	20%	21%
Health	Smoke																									22%
	Deprivation (decile, 1=worst)	6	5	4	5	6	3	7	3	6	10	3	8	8	8	6	6	7	7	4	5	6	3	9	6	
	Get at least 5 GCSE's A*-C (incl English and Maths	67%	64%	51%	68%	44%	33%	82%	63%	х	41%	37%	79%	60%	65%	55%	57%	62%	73%	39%	54%	72%	57%	84%	65%	59%
Education	Young people unemployed (aged 16-24)	5.4%	5.1%	5.3%	5.3%	4.2%	5.8%	4.0%	6.7%	0.2%	3.9%	4.6%	3.2%	5.2%	3.7%	3.0%	3.4%	5.8%	4.3%	6.6%	5.7%	4.2%	4.2	2.5%	2.5%	3.8%
Education	Not in Employment, Education or Training (aged 16-19)	6.47%	3.95%	4.80%	4.76%	2.05%	10.55%	4.23%	13.33%	0	7.11%	9.70%	1.53%	3.18%	2.18%	4.67%	6.10%	5.50%	3.72%	13.38%	5.26%	6.01%	6.16%	0.51%	4.32%	4.37%
	Claim Free School Meals	15.3%	16.3%	28.3%	18.3%	16.0%	28.4%	10.4%	25.3%	X	14.2%	27.0%	6.4%	11.2%	8.1%	10.7%	7.8%	14.9%	9.9%	25.0%	18.8%	17.1%	15.1%	5.5%	13.8%	16.0%
	Become a professional or manager	21%	16%	15%	19%	21%	14%	28%	10%	36%	18%	13%	40%	31%	25%	20%	21%	19%	29%	14%	16%	28%	26%	41%	21%	23%
Work	Are employment deprived	11%	13%	15%	12%	10%	17%	8%	16%	1%	11%	17%	7%	8%	8%	9%	9%	9%	9%	16%	14%	11%	15%	7%	10%	11%
	Live on benefits	12%	14%	18%	14%	10%	21%	9%	19%	1%	12%	20%	8%	9%	10%	8%	10%	11%	10%	19%	15%	13%	18%	8%	12%	6%
	Live in poverty as a child	13%	16%	26%	25%	16%	28%	11%	30%	5%	17%	33%	7%	15%	10%	10%	9%	9%	11%	28%	23%	21%	18%	6%	11%	17%
	Live in income deprived households	10%	13%	18%	15%	11%	21%	8%	21%	2%	12%	22%	6%	10%	8%	9%	10%	6%	8%	18%	12%	14%	15%	5%	9%	12%
Home and family	Go home to a council house	16%	20%	29%	24%	22%	40%	11%	36%	16%	14%	36%	6%	15%	12%	6%	10%	11%	16%	25%	21%	27%	29%	10%	13%	19%
	Are part of a lone parent family	9%	8%	12%	12%	7%	13%	7%	13%	9%	10%	12%	6%	9%	6%	6%	8%	6%	7%	11%	8%	10%	8%	6%	10%	9%
	Have no car or van	22%	26%	30%	27%	25%	40%	18%	34%	16%	19%	37%	8%	16%	22%	14%	24%	18%	18%	31%	21%	29%	43%	15%	28%	25%
Empiones	All crime	25.0	51.0	54.0	52.3	24.4	73.9	32.7	67.0	49.9	32.1	84.6	28.0	27.8	48.9	24.6	38.6	29.4	29.1	71.9	55.4	50.1	286.5	21.3	57.6	54.3
Experience of crime	Anti social behaviour	24.2	31.2	50.6	46.9	13.6	41.4	18.1	59.1	6.5	22.2	63.3	7.7	26.0	28.7	7.8	21.6	23.0	16.0	56.2	28.6	28.9	122.6	11.6	33.7	39.4
	Burglary	2.0	1.5	2.2	2.0	0.5	3.1	1.1	1.3	11.2	1.3	5.1	1.7	1.2	2.6	1.2	1.2	0.5	1.7	5.1	2.0	3.6	6.5	1.6	1.5	2.5
	Live alone as a pensioner	16%	16%	17%	9%	20%	18%	18%	14%	12%	9%	15%	12%	14%	16%	13%	18%	12%	12%	16%	14%	21%	21%	17%	16%	15%
And finally	Live in poverty when they are 60+	15%	17%	21%	23%	17%	28%	11%	24%	11%	15%	25%	9%	13%	11%	13%	19%	12%	12%	17%	13%	15%	25%	7%	17%	16%
	Men live to the age of	77.5	75.7	76.4	77.4	75.7	74.9	77.9	75.7	79.4	80.0	75.0	79.2	80.4	77.7	79.1	81.0	75.9	76.7	76.0	76.9	76.2	75.2	84.1	78.1	77.6
	Women live to the age of	85.0	78.2	81.6	81.2	84.4	78.2	82.1	79.6	91.6	85.1	79.1	86.3	85.1	82.4	80.8	81.3	82.6	84.7	81.8	82.7	82.4	80.1	86.0	80.1	81.9

Summary and Next Steps

This document and appendix, highlights the positive work already taking place across the borough. It confirms that the borough is in a good position to further develop their community engagement work through the Newcastle Partnership and the Locality Action Partnership structure. This eJSNA will be shared with the Staffordshire Health and Wellbeing board, in order that they can use it to help identify priorities and develop a joint strategy; it will also be used by the Newcastle Partnership to identify potential local solutions and by Newcastle Borough Council in the production of their Health and Wellbeing Strategy.

This assessment is a starting point and it will need to be developed in partnership with the local community. Additional work will take place through the Newcastle Partnership to enhance the information further, including the mapping of local community assets.

The eJSNA will be added to over the next few years and new ways will be sought to present the information. The partnership will engage further with the community in order to identify local priorities and solutions to those issues, this approach will enable us to have a true shared focus on the wider determinants of health.

The following are suggestions of how this document is intended to be developed over the next two years:

- Engagement with the LAPs and wider community to map assets that impact on health inequalities in the locality and across the borough.
- The locality data profiles will be shared with LAPs in order that they can use the local data to identify local priorities.
- The wider partnership will be engaged in this process to ensure that as much local data as possible is incorporated into the strategic assessment.
- The partnership will investigate opportunities to publish this information and ultimately to make it available on-line for regular and easy access to the data by local communities and partners.

Appendices

Appendix One - Asset Mapping; Excel Spreadsheet

References

- 1. The Marmot Review 2010, "Fair Society, Healthy Lives", a strategic review of health inequalities in England post-2010, Executive Summary, www.ucl.ac.uk/marmotreview
- 2. What makes us healthy? The asset approach in practice: evidence, action evaluation, Jane Foot, 2012 (The follow-up to 'A glass half-full')
- 3. A glass half-full: how an asset approach can improve community health and well-being, Improvement and Development Agency (IDeA), Healthy Communities Programme.
- 4. Wider Determinants of Health, Dahlgren and Whitehead 1992, <u>www.bridgingthegap.scot.nhs.uk/understanding-health-inequalities/intorducing-the-wider-determinants-of-health.aspx</u>

Newcastle Borough Enhanced Joint Strategic Needs Assessment – DRAFT 2012

Data Sources:

1	Claim Incapacity Benefit	NOMIS, February 2012. ONS, Mid-year population estimates 2010
2	Have Limiting Long Term Illness	ONS, Census 2001
3	Smoke	Staffordshire Observatory/NHS North Staffordshire - Health and Wellbeing Profile for Newcastle under Lyme 2012 (APHO, Estimates of adults' health and lifestyle (2008-08))
4	Deprivation	DCLG, IMD 2010 - Multiple Index
5	Get at least 5 GCSE's A*-C	NeSS, GCSE and equivalent results based on pupil residency 2009/10
6	Young people unemployed (aged 16-24)	NOMIS, January 2012. ONS, Mid-year population estimates 2010
7	Not in Employment, Education or Training (aged 16-19)	Staffordshire County Council, Monthly NEET Report June 2012
8	Claim Free School Meals	Staffordshire Observatory, School Census 2012
9	Become a professional or manager	ONS, Census 2001
10	Are employment deprived	DCLG, IMD 2010 - Employment Domain
11	Live on benefits	NOMIS, February 2012. ONS, Mid-year population estimates 2010
12	Live in poverty as a child	DCLG, IMD 2010 - Income Deprivation Affecting Children Index (IDACI)
13	Live in income deprived households	DCLG, IMD 2010 - Employment Domain
14	Go home to a council house	ONS, Census 2001
15	Are part of a lone parent family	ONS, Census 2001
16	Have no car or van	ONS, Census 2001
17	All crime	Staffordshire Police, Crime Rates 20011/12. ONS, Mid-year population estimates 2010
18	Anti social behaviour	Staffordshire Police, Crime Rates 20011/12. ONS, Mid-year population estimates 2010
19	Burglary	Staffordshire Police, Crime Rates 20011/12. ONS, Mid-year population estimates 2010
20	Live alone as a pensioner	ONS, Census 2001
21	Live in poverty when they at 60+	DCLG, IMD 2010 Income Deprivation Affecting Older People Index (IDAOPI)
22	Men live to the age of	Staffordshire Observatory/NHS North Staffordshire - Health and Wellbeing Profile for Newcastle under Lyme 2012 (Death extracts, Office for National Statistics, Mid-year population estimates, Office for National Statistics)
23	Women live to the age of	