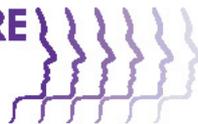




LEICESTERSHIRE
together 

LEICESTERSHIRE JOINT STRATEGIC NEEDS ASSESSMENT



MELTON DISTRICT PROFILE

JANUARY 2010

JSNA District Level Report

JSNA findings for Melton

1. Demography

In 2007 there were an estimated 49,200 people resident in Melton.

95% of the population is white British, 2% is white other.

Melton is slightly affected by socio-economic deprivation than Leicestershire as a whole with 9% of the population living in neighbourhoods that have been classified as deprived nationally (4th quintile). However there are no residents within the most deprived quintile within this district. Whilst this is slightly higher than the value for Leicestershire it is below the national average of 20% of people.

Priority Neighbourhoods

Melton has three priority neighbourhoods, all within Melton Mowbray. Maps of the priority neighbourhoods are available on the Leicestershire Statistics and Research Online website:

http://www.lsr-online.org/reports/leicestershire_laa_priority_neighbourhoods



2. Housing and accommodation needs

Melton Borough is particularly susceptible to an outward, generalised impression of wealth when looking at average incomes or house prices. In fact, this disguises a significant number of lower income households who are highly likely to need assistance in the local housing market.

In some of the rural areas privately rented housing exists as an intermediate form of affordable housing, often with links to large landed estates within the borough.

Melton Borough is a largely rural area and. Local people are at risk of being priced out of owner occupation in rural areas because of over development of large, executive houses marketed at a high premium to wealthy commuters.

There is evidence of erosion of the local economies in rural centres due to lack of use, made worse by service providers such as shop workers, cleaners, and traders being unable to afford to live in the area.

There is an undersupply of suitable smaller sized dwellings for shrinking households, exacerbating under-occupation and tying up larger family houses.

There is a risk of some polarisation of communities due to middle and lower income households being unable to access housing in the most expensive and sparsely populated rural areas.

There is strong evidence of geographical splits relating to housing and income in Asfordby and Long Clawson, where wealthy people live on one side, and poorer people on the other. The lack of supply in rural areas may also result in increased pressure on the Melton Mowbray housing market, as people may try to access housing there rather than move away from the borough altogether. Controls need to be established to protect the borough (particularly the smaller rural settlements) from over development of large executive housing, and to encourage a balanced supply of suitable family housing (for middle and lower incomes), as well as housing for smaller households (both starter homes and for downsizing). Care must be taken with the design of new provision to ensure that the homes provided will be appropriate and desirable for their target markets – there is mounting evidence that if housing is inappropriate, undersized or overpriced it will remain empty. This is particularly true of new build identikit apartments in urban centres, but the relative indications about misreading the market should be well noted when planning any new development

The planned urban extension for Melton Mowbray will provide the opportunity for an increase in housing including affordable provision, which will require careful planning and especially awareness of other growth points which will compete with it, and phasing so that there is no oversupply in any size, type or tenure, which is more possible in a smaller and more separated settlement.

The key priorities for housing are across Leicestershire:

- Housing and older people
- Achieving decent homes in the private sector
- The provision of more floating support to vulnerable people
- Tackling fuel poverty, anti-social behaviour and drug activity
- Housing adaptations for disabled people

3. Staying Healthy

Overall life expectancy in Melton is 79.3 years for men and 82.4 years for women. Both of these figures are in keeping with the average for England.

Within Melton there are inequalities in life expectancy across communities. The people living in the deprived parts of the district can expect to live almost 4 years less than the average for males and 1 year less for females.

The main causes of health inequalities for Melton have been identified as circulatory disease, respiratory disease and 'other'. The key to reducing these inequalities lies in supporting people to make informed choices about their health and well-being. Some of the key lifestyle factors facing the people of Melton are listed below.

In Melton it is estimated that

- 9,664 adults are obese
- Only 27.8% of adults eat 5 portions of fruit or vegetables per day
- Only 23% of the adult population exercise for 30 minutes or more at least 3 times per week
- There are an estimated 6,686 binge drinkers, 7,700 hazardous drinkers, 1,500 harmful drinkers
- 9,702 adults smoke

4. Children's health and well-being

In 2007 there were an estimated 11,600 people aged 19 years and under in Melton, 24.3% of the total population.

- Between 1993 and 2006 mortality rates amongst children and young people (aged under 15) have steadily reduced, in line with East Midlands and National trends.
- Diagnosis of children (aged 15 years and under) with Autistic Spectrum Conditions (ASC) has increased ten-fold in the last 10 years.
- Across Leicester, Leicestershire and Rutland, two in every 1,000 people under 20 years old are registered with Mental Health Services. Registration rates are on average three times higher for females.
- Children in care are much more likely to suffer from mental health problems.
- In 2007, Leicestershire's under 18 conception rate increased by 4.3% which was greater than the national average increase of 2.6%.
 - Between 2004 and 2006 there were 84 teenage conceptions in Melton

- Alcohol consumption rates for girls (aged 11-15) are continuing to rise nationally, whilst consumption rates for boys has stabilised. In most areas of Leicestershire girls (aged 11-15) have a higher alcohol consumption rate than boys.
- 18% of Leicestershire pupils in year eight and 10 reported using drugs, which is slightly higher than the national average of 16%.
- In 2006, 14% of 'vulnerable young people' in Leicestershire had either significant or critical issues in relation to substance misuse, with the highest rates being reported in Coalville and Hinckley.
- By 2050, it is predicted that 25% of under 20 year olds will be obese.
- By 2050, it is predicted that 70% of girls could be overweight or obese, with only 30% in the healthy Body Mass Index (BMI) range. For boys, it is predicted that approximately 55% could be overweight or obese, with around 45% in the healthy BMI range.
- For Melton
 - 11.8% of reception age children are obese, 25.5% are overweight or obese
 - 13.8% of year 6 children are obese, 30.1% are overweight or obese
- For each of the four areas identified as priority areas for children and young people (i.e. mental health, substance misuse, obesity and teenage pregnancy) there is a strong link between deprivation and prevalence. There is therefore a need to consider ways of targeting resources to further support young people in deprived areas such as North West Leicestershire/ Charnwood/ Melton/ and Hinckley & Bosworth, whilst ensuring that young people in other areas also have good access to services. Overall, children and young people in Leicestershire are healthier and safer than national averages.

5. Older people

In 2008 there were an estimated 8,600 people age 65 and over. This is projected to rise to 12,500 by 2025. This is an increase of 45.3%.

Healthy life expectancy for people aged 65 and over is 13.5 years in Melton. This is 0.9 years above the national average.

In 2008 3,621 people over 65 had a limiting long term illness. This is projected to rise to 5,980 people in 2025, a rise of 65.1%.

In 2008 there were 2794 people over 65 years unable to self care. This is projected to rise to 4664 people in 2025.

Across Leicestershire as a whole the need and demand for services is predicted to increase. This pattern will be true for Melton with its rise in older people.

Table 31: Projections for service use

	2008	2010	2015	2020	2025
Number of people 65 and over helped to live at home	7,452	7,907	9,308	10,343	11,426
Number of households receiving intensive home care for people aged 65 and over (10 hours or more, 6 or more visits per week)	1,220	1,295	1,524	1,694	1,871
Number of people aged 65 and over receiving community-based services	11,202	11,886	13,992	15,548	17,176
Total number of people aged 65 and over in residential and nursing care during the year	3,047	3,233	3,806	4,229	4,672

Source: www.poppi.org.uk

Future service use will need to be focused towards:

- Reduced use of residential care and more people helped to live at home or supported living
- Personalisation of services
- Preventative services
- Voluntary service provision

6. Planned Care

Two thirds of referrals for planned care for people from Leicestershire County and Rutland are referred to University Hospitals Leicester. Surgical and medical specialties account for 77% of all out patient attendances.

Older people over the age of 65 years are the group most likely to have a planned in-patient stay in hospital with an admission rate more than twice the rest of the population. This reflects the higher level of chronic disease and disability associated with these age groups.

For every age group except 17-24 year olds, neoplasm was the most common or second most common reason for admission. Prevention by facilitating lifestyle changes would have a significant impact on the health care services.

The level of planned care (as measured by hospital admissions) for the population of Leicestershire County and Rutland is greater than one would expect compared with the national population. Understanding the reasons for this would help reduce unnecessary episodes of planned care, especially as out patient attendances are expected to increase by 7% and planned in patient stays are expected to increase by 8% by 2012/13 even though the population in Leicestershire County and Rutland is expected to increase by only 5%.

7. Cancer

The number of new cases of cancer (incidence) is anticipated to increase over the next few years due to the increasing numbers of older people. Reducing risk factors, in particular smoking, will help reduce the rate of increase in the medium to long-term.

The falling rates in premature mortality for those who have cancer are expected to continue. The primary care trust has challenging targets to reduce premature mortality from cancer linked to the national target to reduce this by 20% by 2010 from the 1995-97 baseline.

The combined effect of increasing incidence and survival means that cancer services are likely to see an increasing demand for their expertise in the forthcoming years.

Increasing the uptake of cancer screening will increase the number of new cancers (although cervical cancer screening detects pre-cancerous changes rather than the cancer itself) and further increase the demand on cancer services. This is likely to be marginal as the uptake in Leicestershire County and Rutland is already greater than 80%.

Across Leicestershire County and Rutland:

- 64% of men diagnosed with cancer are alive at 1 year
- 71.2% of women diagnosed with cancer are alive at 1 year
- For men, 1 year survival is highest for prostate cancer at 94.4%, it is 74.5% for colorectal cancer and drops to 26.4% for lung cancer
- For women, 1 year survival is highest for breast cancer at 96.3%, it is 67.2% for colorectal cancer and drops to 31.3% for lung cancer
- 42.7% of men diagnosed with cancer are alive at 5 years
- 55.6% of women diagnosed with cancer are alive at 5 years
- For men, 5 year survival is highest for prostate cancer at 75.2%, it is 53.8% for colorectal cancer and drops to 5.9% for lung cancer
- For women, 5 year survival is highest for breast cancer at 83.9%, it is 48.9% for colorectal cancer and drops to 8.4% for lung cancer

In Melton:

- Between 2003 and 2005 705 people were registered with cancer through cancer registries. The cancer incidence rate is lower than the national average.

- Between 2005 and 2007 369 people died from cancer. 179 of these were aged less than 75 years. The mortality rates from cancer are similar to the national average.
- In Melton, the incidence of lung cancer is 41.5 per 100,000 for males and 25.6 per 100,000 for females. Both are lower than the Leicestershire County and Rutland average.
- Melton has a higher incidence of breast cancer than the primary care trust average (133.2 per 100,000 compared to 129.3)
- Melton has a similar incidence of colorectal cancer in males (51.7 per 100,000) than the county average. Rates in females are below average.
- Melton has the lowest incidence of prostate cancer in the County and Rutland area (75.6 per 100,000 compared to 94.7).

8. End of life care

Most people supported at home wish to die in their home with appropriate help from services. The high proportion of deaths that occur in hospital, which currently stands at 56%, needs to be reduced to reflect these views.

Between 2005 and 2007 approximately 19% of deaths occurred at home. The Primary Care Trust has plans to increase this to 23.5% by 2013. Although some events in the year prior to death are unanticipated and would be expected to lead to unscheduled hospital admissions, patients with cancer have a diagnosis that is already known and could have a care plan based on their likely prognosis. With prior planning, it would be expected that patients with cancer would have fewer hospital admissions in the year prior to their death than other patients. The fact that older people with cancer had higher rates of hospital admissions during the year prior to their death than all older people raises questions regarding the planning and support of cancer patients in the community.

At present most deaths in England occur in NHS hospitals (58%), with deaths at home (18%) and in care homes (17%) collectively accounting for around 35% of all deaths (based on ONS figures for 2004). Hospices account for around 4% of deaths, with around 3% occurring in other locations.

When people were asked about their preferences, the main findings were that:

- Most people would prefer to be cared for at home, as long as high quality care can be assured and that they do not place too great a burden on their families and carers;
- Some people, (particularly older people) who live alone, wish to live at home for as long as possible, although they wish to die elsewhere where they can be certain not to be alone;
- Some people however, would not wish to be cared for at home, and would prefer to be cared for in a hospice;

- Most, but not all, people would prefer not to die in a hospital – although this is where most people do die.

9. Acute care

Unscheduled care refers to NHS care in hospitals that is either emergency or unplanned (non-elective) care. On an individual basis, the episodes of care are unanticipated. However, at a population level, there are consistent patterns of care provided to groups within the population.

This chapter is based on NHS data for activity that took place during 2007/08 for the population of NHS Leicestershire County and Rutland.

- The age group most likely to attend the accident and emergency department at Leicester Royal Infirmary is 15 - 24 years, and men are more likely to attend than women
- However, in terms of unscheduled hospital admissions, the age group most likely to be admitted is 75 years plus with an admission rate three times higher than the rest of the population
- The diagnostic group “symptoms signs and abnormal conditions not elsewhere classified” accounted for 17% to 24% of non pregnancy related admissions amongst all age groups, and may reflect the uncertainty in the clinical presentations that require investigation and observation unavailable in the community
- The diagnostic group “injury poisoning and external causes” accounted for 11% to 25% of non pregnancy related admissions amongst all age groups. This is mainly related to trauma in various forms. Home safety and transport safety are key issues for public health and health inequalities.
- The diagnostic group “factors influencing health status” accounted for 12% to 28% of non pregnancy related admissions in the under 65 age groups. Further work should take place to understand why such a high proportion appears in this diagnostic group
- The level of unscheduled care (as measured by hospital admissions) for the population of Leicestershire County and Rutland is greater than one would expect compared with the national population. Understanding the reasons for this would help reduce unnecessary unscheduled hospital admissions, especially as unscheduled hospital admissions are expected to increase by 8% by 2012/13 even though the population in Leicestershire County and Rutland is expected to increase by only 5%.

10. Long term conditions

Long-term conditions refer to a group of illnesses that, at present, cannot be cured but can be controlled by medication and other therapies. Once diagnosed with a long-term condition, a patient’s life is forever altered. However, by supporting patients with a long-term condition to manage their condition and their risk factors,

the NHS and social care can support the patient to attain better health outcomes and quality of life, slow disease progression and reduce disability.

There are a large group of diseases that are considered to be long-term conditions. Within this section there is an overview of the common long term conditions that are managed largely within primary care and through GP registers.

Nationally, it is known that:

- People with long-term conditions are more likely to see their GP, be admitted to hospital, and stay in hospital longer than people without long-term conditions.
- Three out of every five people aged over 60 in England suffer from a long-term condition.
- Due to the ageing population the number of people in England with a long-term condition is set to rise by 23% over the next 25 years.
- Patients with long-term conditions are very intensive users of health care services. Those with long-term conditions account for 31% of the population, but use 52% of all GP appointments and 65% of all outpatient appointments.
- It is estimated that the treatment and care of those with long-term conditions accounts for 69% of the primary and acute care budget in England.

In Melton:

- 1,545 people are on GP diabetes registers. This is significantly lower than the estimated number of people with diabetes for the area (2,043).
- The estimated prevalence of diabetes is 4.19% of the population which is similar to the PCT average (4.13%).
- Between 2005 and 2007 17 people died from diabetes
- Across Leicestershire County and Rutland diabetes prevalence is estimated at 4.1% in 2008 (27,532 people). This is modelled to increase to 5.2% in 2015 (36,563 people) and 6.3% by 2025 (46,840). This is an overall increase of 70% in the number of people living with diabetes by 2025.
- In 2008 there were 476 people on GP registers with chronic obstructive pulmonary disease (1.45% of the adult population)
- Estimates of chronic obstructive pulmonary disease are closer to 1087 people or 2.69% of the adult population
- Mortality rates from chronic obstructive pulmonary disease are lower than the national average
- It is estimated that the prevalence of chronic obstructive pulmonary disease will grow over time, both nationally and locally. In 2008 prevalence nationally

was estimated at 3.5%. This is expected to rise to 3.7% in 2015 and 3.8% by 2025.

- Melton has a similar premature mortality rate to Leicestershire County and Rutland for cardiovascular diseases. Between 2004 and 2006 there were 122 premature deaths from cardiovascular diseases
- In 2008 there were 4945 people on GP registers with diagnosed hypertension, 15% of the adult population.
- The estimated level of hypertension is 12,386 people or 30.6%
- In 2008 it is estimated that there are 163,776 people with hypertension in Leicestershire County and Rutland. This is 1 in 3 of the adult population. This is predicted to rise to 198,585 by 2020, a total increase of 21.5% on the 2008 levels.
- In 2008 there were 1270 people on GP registers with coronary heart disease, 3.9% of the adult population
- Estimates of coronary heart disease predict actual prevalence to be 2148 people or 5.3%
- In 2008 there were 585 people on GP registers with a diagnosis of stroke, 1.8% of the adult population
- The estimated prevalence of stroke is 1013 people, 2.5%
- Across Leicestershire County and Rutland prevalence is estimated at 2.4% in 2008 (13,271 people). This is modelled to increase to 2.6% in 2015 (15,579 people) and 2% by 2020 (17,313). This is an overall increase of 30% in the number of patients affected by stroke by 2020s

11. Maternal and newborn health

In 2007 there were 512 births in Melton. The birth rate is lower than England average and higher than the PCT average.

The proportion of low birth weight babies is lower than PCT average

12. Adult and older persons mental health

Predicted prevalence of mental health problems in Melton 2008 and 2025:

- In 2008 there were 776 people predicted to have depression, rising by 3.1% in 2025.
- 5,001 people were predicted to have a neurotic disorder, rising by 1.4%.
- 1,338 people were predicted to have a personality disorder rising by 2.0%.

- 167 people predicted to have a psychotic disorder rising by 1.8%

Population aged 65 and over with predicted depression:

- In 2008, it is estimated that between 860 and 1290 people in Melton have depression.
- It is estimated that there are between 258 and 430 people with severe depression

Melton - People aged 18-64 predicted to have a mental health problem, by gender, projected to 2025

Condition	Gender	2008	2010	2015	2020	2025	%
Depression	Males	350	354	356	359	361	3.1
Depression	Females	426	426	420	426	426	0.0
	All	776	780	776	785	787	3.1
Neurotic disorder	Males	2,052	2,079	2,093	2,106	2,120	3.3
Neurotic disorder	Females	2,949	2,949	2,910	2,949	2,949	0.0
	All	5,001	5,028	5,003	5,055	5,069	1.4
Personality disorder	Males	821	832	837	842	848	3.3
Personality disorder	Females	517	517	510	517	517	0.0
	All	1,338	1,349	1,347	1,359	1,365	2.0
Psychotic disorder	Males	91	92	93	94	94	3.3
Psychotic disorder	Females	76	76	75	76	76	0.0
	All	167	168	168	170	170	1.8

www.pansi.org.uk

13. Learning disabilities

There are 143 known people aged 19 and over in Melton with learning disabilities. This is considerably fewer than the estimated number of 910 people.

The majority of people with learning disabilities are aged between 20 and 29 years.

The majority of people with learning disabilities in Leicestershire live with their parents (35.3%) followed by those living in residential accommodation (21%)

In Melton:

- 19 people have downs syndrome
- 304 people have autistic spectrum disorder (18-64)

The number of adults with learning disabilities is predicted to increase in the future by 8.3% in Leicestershire. This is an increase from an estimated 9,828 adults with learning disabilities in 2008 to 10,643 adults with learning disabilities living in Leicestershire in 2025.

People with learning disabilities often have increased health needs, in comparison to the non disabled population. For example, people with learning disabilities are more likely to experience: psychiatric problems, gastrointestinal problems,

respiratory problems, orthopaedic problems, dermatological problems, cerebral palsy, epilepsy, sensory impairments and obesity.

14. Young disabled adults – physical disability

- The population of moderately to seriously physically disabled people aged 18-64 is set to rise from 42,113 in 2008 to 45,786 in 2025, a rise of 8.7%. This rises and falls in line with the overall 18-64 years population in Leicestershire.
- On average there are three times as many people with moderate physical disabilities than serious disabilities.
- Of the total number of physically disabled people, there are predicted to be 3,546 people who will need assistance with personal care, which will rise to 3,850 by 2025, a rise of 8.5%. In 2008, there was a total population of 21,056 physically disabled people who were likely to be able to work.
- The number of community care assessments completed by Leicestershire County Council Adult Social Care Service with physically disabled people has increased by 31.2% between 2006 and 2008 and will continue to rise in line with population increases.
- 12,200 people in Leicestershire with a disabling neurological condition with 3,050 needing help with daily living
- 5,790 people registered as deaf or hard of hearing
- 14,550 people in Leicestershire who are blind or partially sighted

15. Carers

Melton is estimated to have 4,766 carers, 9.9% of the population

Carers will need more (and different types of) support due to an expected increase in the numbers of people living in the community with long-term life limiting conditions

Carers are requesting more and more earlier support from community health services and primary care services, including official recognition as a 'carer'

Information for carers and for social care and health staff who interface with carers (about carers rights and the availability of support) needs to be improved

Support for young carers of adults needs to be better co-ordinated across the Adult Social Care Service and Children and Young People Service

To date, there has been little focus on assistive technology as a support mechanism for carers

Consultation with carers has highlighted that they are keen to support service planning and service reviews. These should not only considers their own support

needs but also wider services that address the support needs of the person being cared for

16. Personalisation

During 2008/9 in excess of 17,500 Leicestershire people used services provided by Leicestershire County Council's Adult Social Care Service. The Government has set a target of 30% of the existing people receiving services to have an Individual Budget by 2011 (as defined by NI130). In Leicestershire this equates to over 5,000 people receiving an individual or personal budget by 2011. In 2008/9 approximately 1,300 people used the County Council's Direct Payments Service. These people have largely directed their own care and support and will be migrated onto an Individual Budget during 2009/10.

Personalisation is the biggest change to the way Adult Social Care Services are organised since the introduction of Community Care. It will challenge all of the major systems both in terms of direct service delivery and all back office functions. Major change will be required to the care pathway and to the culture of the department in terms of empowering citizens to take control of their lives.

Developing social capital – there needs to be further recognition that how people behave towards each other in communities, as formal volunteers or informally looking after their neighbours, impacts on the social care and support needed by individuals (which can reduce the need for statutory provision). We need to value the contribution that all individuals can make to society, including meaningful roles for people in receipt of services who wish to volunteer as part of their contribution to society.

Prevention and early intervention – we must identify the gaps in existing health and social care provision and be able to meet those needs differently. We need system-wide transformation, developed and owned by local partners that promote early intervention, prevention and re-ablement so that people are supported early on and in a way that's right for them.

In line with national trends, people in Leicestershire have told us they want (and rightly expect) more choice, control, and access to universal services wherever possible, rather than people with particular needs having to accept what services are offered. Consequently, commissioners and providers need to promote access to universal information, advice and advocacy.

17. Offender health

There are 4 prisons in Leicestershire County and Rutland covering a prison population of 2,850. There is not a prison in Melton. However there will be a population of offenders living in the community in the district.

The numbers of people on community orders and suspended sentence orders in Leicestershire and Rutland at any one time is in the region of 2000.

Offenders have significant health inequalities compared to the general population. Their issues with mental health and substance misuse may contribute to their

offending behaviour. It is therefore important to target this group of people both to improve their own health and to support reductions in re-offending.

The overall aim is to improve health and wellbeing, improve life expectancy, reduce health inequalities and reduce re-offending in this group. To date work has focused on:

- Improving access to a comprehensive range of mental health services.
- Improving access to drug and alcohol assessment and treatment services.
- Providing access to appropriate services in prison.
- Improving access to health improvement activities including smoking cessation, diet, exercise and health education.

18. Primary Care

Melton GPs cover a registered patient population of 48,900 patients. There are 2 GP practices, 5 dental practices, 6 opticians and 6 pharmacies in the district.

Some people living in Melton would need to travel more than 7.5 miles to get to a GP practice within Leicestershire County and Rutland. However the people living on the border of Melton may go across the border to a practice outside of Leicestershire County and Rutland. Patients may also be able to access primary care through branch surgeries. This pattern is repeated for opticians, dentists and pharmacies.

Melton contains one community hospitals – Melton Mowbray Hospital.

Melton is largely rural and large parts of the district are affected by deprivation associated with barriers to housing and services (IMD 2007)

The key issues facing the Primary Care Trust with respect to primary care are:

- To address remaining variation to achieve the 18 week standard across all services and specialties. This will ensure that no patient has to wait more than 18 weeks from referral to treatment.
- To continue to improve and expand primary care opening hours.
- To ensure that there is year-on-year improvement in patient satisfaction with GP services.

Melton

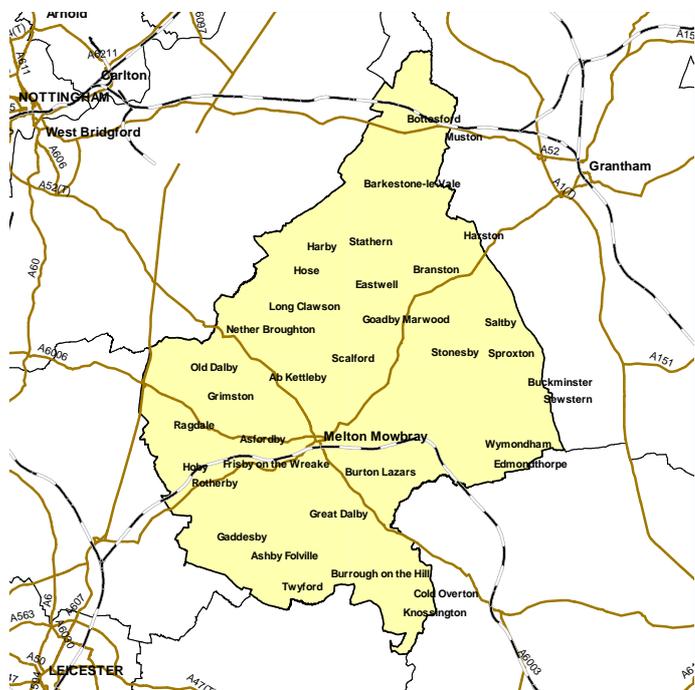
This profile gives a snapshot of health in your area. It is designed to help local government and primary care trusts tackle health inequalities and improve people's health.

Health Profiles are produced annually by the Association of Public Health Observatories and funded by the Department of Health.

Visit the Health Profiles website to:

- View profiles for other areas
- Use interactive maps
- Access updated information
- See more indicator data

www.healthprofiles.info



Based on Ordnance Survey material. © Crown Copyright. All rights reserved.
DH 100020290 2009. Other map data © Collins Bartholomew.

POPULATION 49,200

Mid-2007 population estimate

Source: National Statistics website: www.statistics.gov.uk



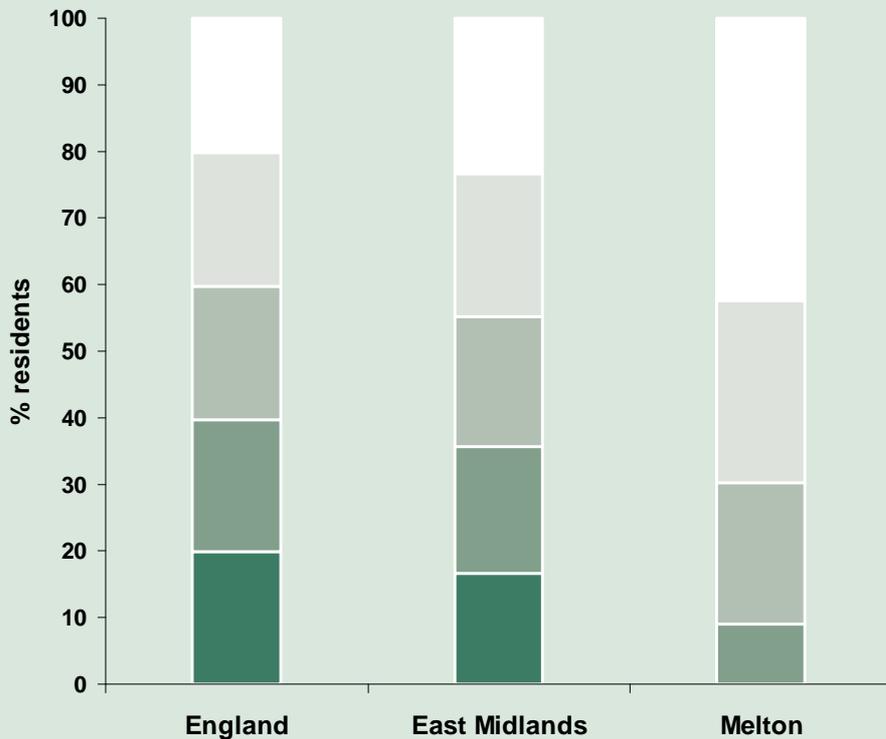
Melton at a glance

- The health of people in Melton is generally better than or similar to the England average. Life expectancy is higher for men living in Melton compared to the England average. Levels of deprivation, violent crime, drug misuse, hospital stays for alcohol related harm, people diagnosed with diabetes and deaths from smoking are all better than the average for England.
- There are health inequalities within Melton by gender and level of deprivation. For example, men from the least deprived areas can expect to live almost 4 years longer than those in the most deprived areas.
- Over the last ten years, rates of deaths from all causes for men, early deaths from cancer and early deaths from heart disease and stroke have improved, and are better than the England average.
- Children's health in Melton appears generally better than the England average. Levels of children in poverty, physical activity in children and teenage pregnancy are better than the average for England.
- GCSE achievement is lower in Melton than the England average.
- The rate of incapacity benefits for mental illness is better than the average for England.
- The Leicestershire Local Area Agreement has prioritised tackling drug misuse, alcohol misuse, early deaths from heart disease and stroke, physical activity, smoking, and teenage pregnancy.
- For further information, refer to the Joint Strategic Needs Assessment at www.leicestershiretogether.org



Deprivation

This chart shows the proportion of residents within England, the region and the local authority living in neighbourhoods belonging to each of the five national deprivation quintiles. These quintiles were derived by arranging all the small areas (Lower Super Output Areas) in England in rank order according to the deprivation scores in the Index of Multiple Deprivation 2007 and dividing them into five equal groupings. The resident numbers are based on the 2005 population figures.



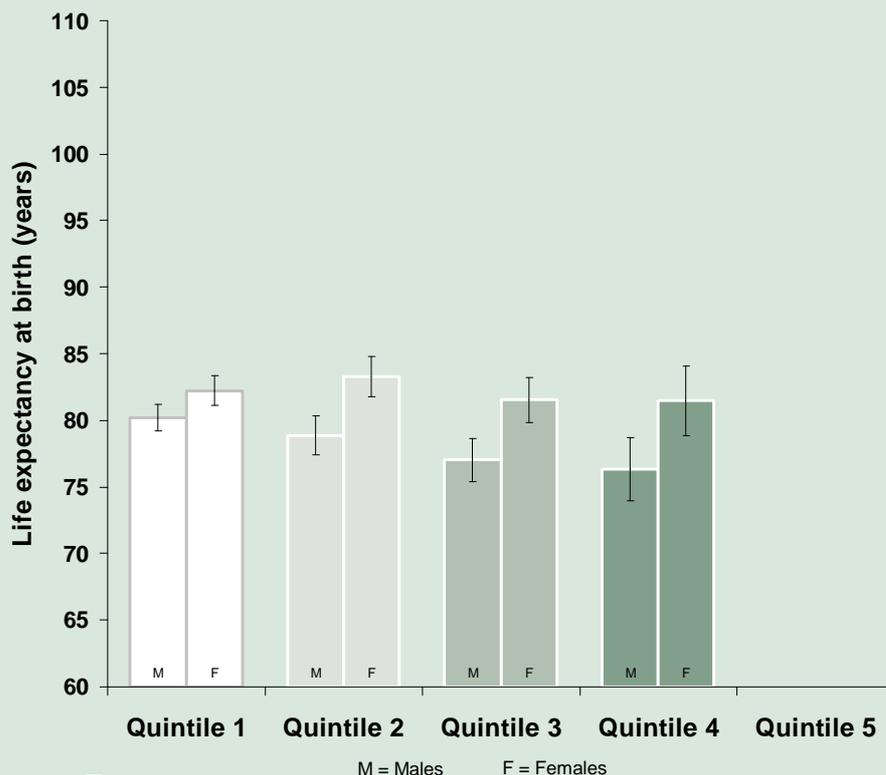
- 1 - least deprived quintile
- 2
- 3
- 4
- 5 - most deprived quintile

Quintile	Residents %	Residents Number
1	42.4	20,685
2	27.3	13,332
3	21.3	10,377
4	9.0	4,386
5	0.0	0
All	100.0	48,780

Melton

Health inequalities: life expectancy

This chart shows the life expectancy at birth for males and females (2003-2007) within the local authority by national deprivation quintiles. Note the figures in this chart are based on data for five years. The life expectancy figures presented in the health summary chart are based on data for three years.



- 1 - least deprived quintile
- 2
- 3
- 4
- 5 - most deprived quintile

Quintile	Male Years	Female Years
1	80.2	82.2
2	78.9	83.3
3	77.0	81.5
4	76.3	81.5
5		
All	78.9	82.4

Melton

Where the total male or female population (2003-2007) is less than 5,000 the life expectancy figures are not shown (n/a).

95% confidence interval. These indicate the level of uncertainty about each value on the graph. Longer/wider intervals mean more uncertainty.

Health inequalities: changes over time

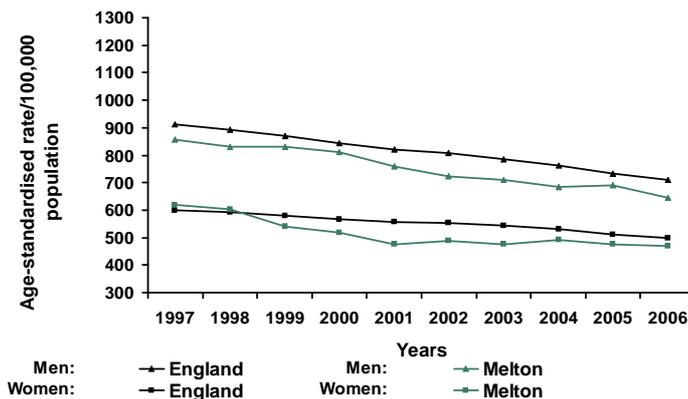
These trend graphs show how changes in health for this local authority compare with changes for the whole of England. Data points are mid-points of 3 year moving averages of annual rates e.g. 1997 represents the 3 year period 1996-98.

Trend 1 compares death rates (at all ages and from all causes) in this local authority with those for England.

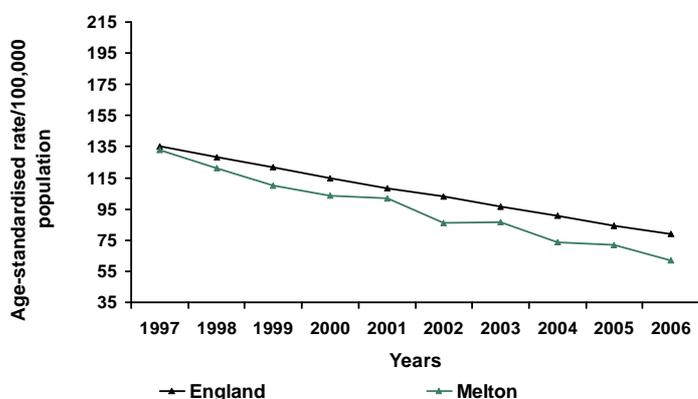
Trend 2 compares rates of early death from heart disease and stroke (in people under 75) in this local authority with those for England.

Trend 3 compares rates of early death from cancer (in people under 75) in this local authority with those for England.

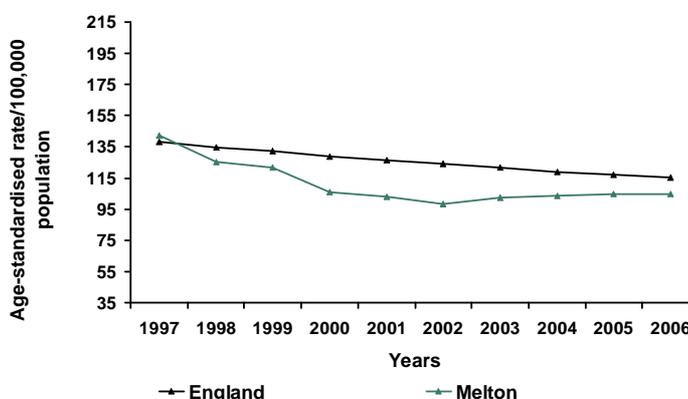
Trend 1: All age, all cause mortality



Trend 2: Early death rates from heart disease and stroke

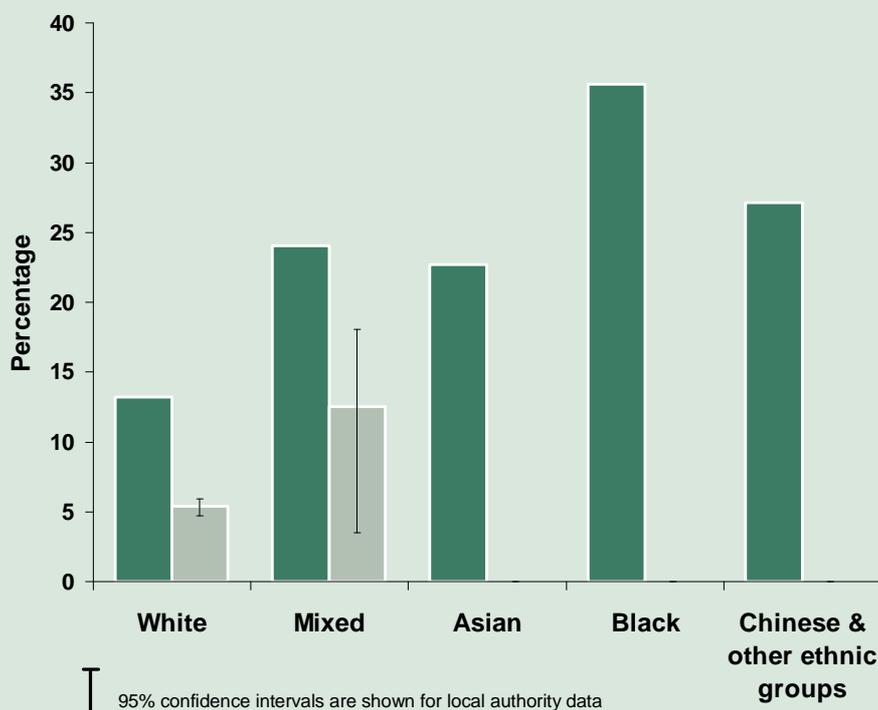


Trend 3: Early death rates from cancer



Health inequalities: ethnicity

This chart compares the percentage of children in each ethnic group who are eligible for free school meals (2008). Eligibility for free school meals is an indicator of deprivation, and people who suffer more deprivation tend to have poorer health. Comparing deprivation by ethnic group helps identify potential health inequalities between the groups.



Legend:
■ England
■ Melton

Ethnic Groups	% eligible	Number eligible
White	5.4	310
Mixed	12.5	10
Asian	n/a	n/a
Black	n/a	n/a
Chinese/other	n/a	n/a

All numbers are rounded to the nearest 10. Where the total school population in an ethnic group in the local authority is less than 30, or the number eligible is less than 5, the table shows n/a.

Health summary for Melton

The chart below shows how people's health in this local authority compares to the rest of England. The local result for each indicator is shown as a circle, against the range of results for England which is shown as a bar. A green circle may still indicate an important public health problem.

- Significantly worse than England average
- Not significantly different from England average
- Significantly better than England average
- No significance can be calculated

* relates to National Indicator Set 2009



Domain	Indicator	Local No. Per Year	Local Value	Eng Avg	Eng Worst	England Range	Eng Best
Our communities	1 Deprivation	0	0.0	19.9	89.2	[Bar with green circle]	0.0
	2 Children in poverty *	961	10.4	22.4	66.5	[Bar with green circle]	6.0
	3 Statutory homelessness	51	2.4	2.8	8.9	[Bar with yellow circle]	0.0
	4 GCSE achieved (5A*-C inc. Eng & Maths) *	243	44.1	48.3	26.5	[Bar with red circle]	73.3
	5 Violent crime *	591	12.1	17.6	38.4	[Bar with green circle]	4.8
	6 Carbon emissions *	441	9.0	7.2	15.7	[Bar with white circle]	4.6
Children and young people's health	7 Smoking in pregnancy			14.7	37.8	[Bar with diamond]	3.7
	8 Breast feeding initiation *			71.0	32.5	[Bar with diamond]	92.2
	9 Physically active children *	5638	98.7	90.0	77.5	[Bar with green circle]	100.0
	10 Obese children *	52	11.8	9.6	16.2	[Bar with yellow circle]	3.9
	11 Children's tooth decay (at age 5)	n/a	1.3	1.5	3.2	[Bar with white circle]	0.0
	12 Teenage pregnancy (under 18) *	27	29.2	41.2	79.1	[Bar with green circle]	15.0
Adults' health and lifestyle	13 Adults who smoke *	n/a	24.4	24.1	40.9	[Bar with yellow circle]	13.7
	14 Binge drinking adults	n/a	16.8	18.0	28.9	[Bar with yellow circle]	9.7
	15 Healthy eating adults	n/a	27.8	26.3	15.8	[Bar with yellow circle]	45.8
	16 Physically active adults	n/a	11.1	10.8	4.4	[Bar with yellow circle]	17.1
	17 Obese adults	n/a	24.1	23.6	31.2	[Bar with yellow circle]	11.9
Disease and poor health	18 Over 65s 'not in good health'	1310	16.6	21.5	32.5	[Bar with green circle]	13.5
	19 Incapacity benefits for mental illness *	350	11.7	27.7	59.4	[Bar with green circle]	8.7
	20 Hospital stays for alcohol related harm *	622	1039.2	1472.5	2615.1	[Bar with green circle]	639.9
	21 Drug misuse	275	8.6	9.8	27.5	[Bar with green circle]	1.3
	22 People diagnosed with diabetes	1919	3.9	4.1	6.3	[Bar with green circle]	2.6
	23 New cases of tuberculosis	n/a	n/a	15.0	102.1	[Bar with diamond]	0.0
	24 Hip fracture in over-65s	43	400.4	479.8	699.8	[Bar with yellow circle]	219.0
Life expectancy and causes of death	25 Excess winter deaths	19	13.1	17.0	30.3	[Bar with yellow circle]	4.0
	26 Life expectancy - male *	n/a	79.3	77.7	73.2	[Bar with green circle]	83.7
	27 Life expectancy - female *	n/a	82.4	81.8	78.1	[Bar with yellow circle]	87.8
	28 Infant deaths	2	3.3	4.9	9.6	[Bar with yellow circle]	1.3
	29 Deaths from smoking	66	167.3	210.2	330.2	[Bar with green circle]	134.4
	30 Early deaths: heart disease & stroke *	36	62.0	79.1	130.5	[Bar with green circle]	39.6
	31 Early deaths: cancer *	60	105.0	115.5	164.3	[Bar with yellow circle]	75.7
	32 Road injuries and deaths *	27	54.7	54.3	188.3	[Bar with yellow circle]	18.4

Notes (numbers in bold refer to the above indicators)

1 % of people in this area living in 20% most deprived areas of England 2007 2 % of children living in families receiving means-tested benefits 2007 3 Crude rate per 1,000 households 2007/08 4 % at Key Stage 4 2007/08 5 Recorded violence against the person crimes crude rate per 1,000 population 2007/08 6 Total end user CO2 emissions per capita (tonnes CO2 per resident) 2006 7 % of mothers smoking in pregnancy where status is known 2007/08 8 % of mothers initiating breast feeding where status is known 2007/08 9 % 5-16 year olds who spent at least 2 hours per week on high quality PE and school sport 2007/08 10 % of school children in reception year 2007/08 11 Average number of teeth per child age 5 which were actively decayed, filled or had been extracted 2005/06 12 Under-18 conception rate per 1,000 females (crude rate) 2005-2007 13 %. Modelled estimate from Health Survey for England 2003-2005 14 %. Modelled estimate from Health Survey for England 2003-2005 15 %. Modelled estimate from Health Survey for England 2003-2005 16 % aged 16+ 2006/07 17 %. Modelled estimate from Health Survey for England 2003-2005 18 % who self-assessed general health as 'not good' (directly age and sex standardised) 2001 19 Crude rate per 1,000 working age population 2007 20 Directly age and sex standardised rate per 100,000 population 2007/08 21 Crude rate per 1,000 population aged 15-64 2006/07 22 % of people on GP registers with a recorded diagnosis of diabetes 2007/08 23 Crude rate per 100,000 population 2004-2006 24 Directly age-standardised rate for emergency admission 2006/07 25 Ratio of excess winter deaths (observed winter deaths minus expected deaths based on non-winter deaths) to average non-winter deaths 1.08.04- 31.07.07 26 At birth, 2005-2007 27 At birth, 2005-2007 28 Rate per 1,000 live births 2005-2007 29 Per 100,000 population age 35+, directly age standardised rate 2005-2007 30 Directly age standardised rate per 100,000 population under 75 2005-2007 31 Directly age standardised rate per 100,000 population under 75 2005-2007 32 Rate per 100,000 population 2005-2007

More information is available in The Indicator Guide: www.healthprofiles.info For information on your area contact your regional PHO: www.apho.org.uk

You may use this profile for non-commercial purposes provided the source is acknowledged. 'Source: APHO and Department of Health. © Crown Copyright 2009.'