A focus on Lichfield 2015

October 2015

Document details

Title	A Focus on Lichfield, 2015
Description	A comprehensive, local evidence base, to support Lichfield District Council's development of their strategic plan. This is the reference document; there is also a summary of the key issues.
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Produced by	Insight, Planning and Performance Team, Staffordshire County Council
Contributors	Phillip Steventon (Insight, Planning and Performance) Rachel Caswell (Insight, Planning and Performance) Members of the working group (multi-partner)
Contact	Phillip Steventon, Public Health Analyst, Insight Team phillip.steventon@staffordshire.gov.uk 01785 276529
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Contents

Glossary of terms

Definitions of some terminology that is used within the work are described below.

- **Age-standardised rate (ASR)**
  These are used in sections of the document to allow direct and fair comparisons of disease or mortality to be made between different areas or groups which may have very different age structures. The method adjusts the crude rate by eliminating the effect of differences in age structure. Throughout the profile, age-specific rates of the local population are applied to a standard population. The overall rate provides a summary rate of what would occur in the local population if it had the standard population's age structure.

- **Confidence intervals and statistical significance**
  The document uses upper and lower limits to indicate the uncertainty or variability of the value and also for comparison purposes. The upper and lower limits have been calculated to a 95% confidence level. Therefore when a value has lower and upper limits, we can be 95% sure that the value will be within this range.

  Throughout this document, confidence intervals are used to compare different values so it is possible to compare a local value to a national one to see if it is statistically similar, lower or higher. These confidence intervals are displayed on some of the charts at the end of the bar to illustrate the possible variability of the value. If the confidence interval overlaps the England (or other comparator) interval, the difference is not statistically significant. If it does not overlap the difference is statistically significant.

- **Prevalence**
  Prevalence is a snapshot of the proportion of individuals in a population who have a disease or condition at a particular point in time.

1 Purpose of this work

To inform Lichfield District Council's (LDC) strategic direction Staffordshire County Council's Insight & Planning and Performance Team was commissioned to produce a new evidence base; with a strong link to local data and evidence, to support the identification of local priorities, inform local decision making and lay the ground work for future research.

This work focusses on the priority issues identified from existing intelligence and the expert judgement of the multi-organisational working group which was set up to steer the research. As such it does not attempt to take account of everything that happens in Lichfield, children and families, for example, whilst very important are not addressed in any detail here. The work will complement and strengthen the wider evidence base around Lichfield's priorities and potential actions that LDC needs to inform their strategic direction with confidence for the forthcoming years.

2 Approach

To focus the new evidence base, a review of existing plans and analyses was undertaken to develop a number of lines of enquiry that could be explored in more detail; including Lichfield's Locality and Health and Wellbeing profiles[1]. Issues were identified when Lichfield was statistically worse than a comparator (normally England) and emerging concerns were identified when trends over time suggested a worsening situation. The profiles also highlight inequalities in health and wellbeing outcomes. For example, there are marked gaps in life expectancy between different communities at ward level for both men and women.

The lines of enquiry were then considered by the working group who reflected on the following key questions:

- Do these suggested lines of enquiry fit with local intelligence concerning high-priority issues in Lichfield?
- What local data is available that would allow us to better understand these lines of enquiry?
- Being mindful of LDC's role in helping to deliver or maintain services in relation to these issues, who do they need to work with, what do they need to do to achieve and also what the public can do for themselves?

There was much discussion early in the process about how to frame the work to best answer the questions raised by the working group and to reflect the cross-cutting nature of much of the evidence. But for the purposes of summarising the key messages and evidence it was agreed that the work would be framed around the following domains:

- Demography
- Business, employment and prosperity (including transport)
- Education & skills
- Health
- Housing
- Crime and anti-social behaviour
- Environment
- Leisure & tourism

Links with existing local plans were considered; these included the new Lichfield District Local Plan Strategy 2015, Lichfield District Housing Strategy (2013-2017) and Lichfield District Homelessness Strategy & Review 2013-2018.

To support this work a literature review was undertaken which considered potential local action around these lines of enquiry. The research showed that there are many examples from other areas which have either been evaluated and shown to be effective, or are considered to be an example of effective action. These have been shared as case studies in this report to inspire further action.

[1] *Lichfield District Council's Locality Profile (March 2015) and Health and Wellbeing Profile (2015).*

3 Context

Having a strong evidence base to identify priorities and support local action is more important than ever. All councils are facing a tough and complex set of pressures – cuts in funding, rising demand for services and economic growth challenges. Councils have already responded quickly with what can be considered more traditional approaches[2] and more sophisticated and transformational action; but further cuts loom. If councils are to continue to achieve the level of savings required of them they will have to shift towards the latter more supported by strong leadership[3].

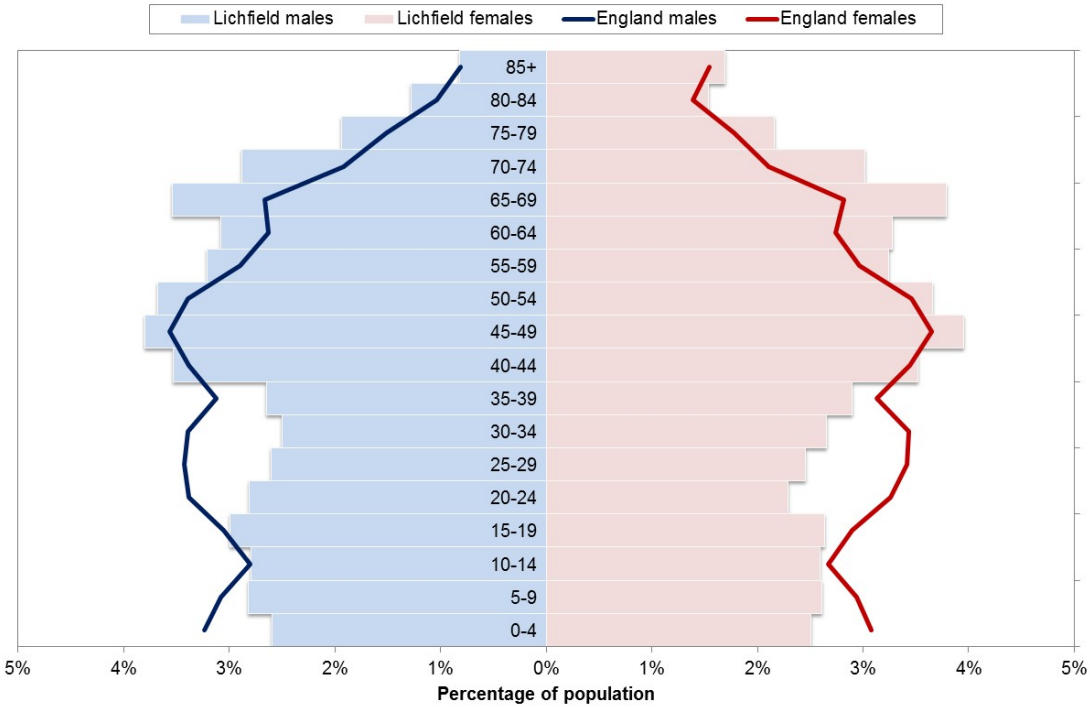
Going forwards robust evidence-based insight and intelligence, and engaging with and understanding the needs of residents and communities, will be critical for councils as they attempt to translate priorities into smarter interventions, choices and ways of working.

4 Demography

4.1 Population age structure

Of the 102,100 who live in Lichfield (2014) 17,400 (17%) are children and young people (0-16) and 23,100 (23%) are older people aged 65 and over. These proportions are lower and higher than the national averages respectively (19% and 18%). Compared with England there are fewer children and adults aged less than 40 years. There are however more adults aged over 40 in Lichfield compared to the national average (Figure 1).

Figure 1 Population structure of Lichfield, 2014



Source: 2014-mid-year population projections, Office for National Statistics, Crown copyright.

Most wards (22 out of 26) have higher proportions of older people aged 65+ than England. Armitage with Handsacre, Boley Park, Chasetown, Fazeley, King's Bromley, Leomansley, Little Aston,

[2] *These include salary freezes and changes to staff terms and conditions, reducing the number of tiers of senior and middle management and shared services to reduce overheads.*

[3] *Good Practice in Local Government Savings, Shared Intelligence and Grant Thornton UK LLP Department for Communities and Local Government, © Queen's Printer and Controller of Her Majesty's Stationery Office, December 2014.*

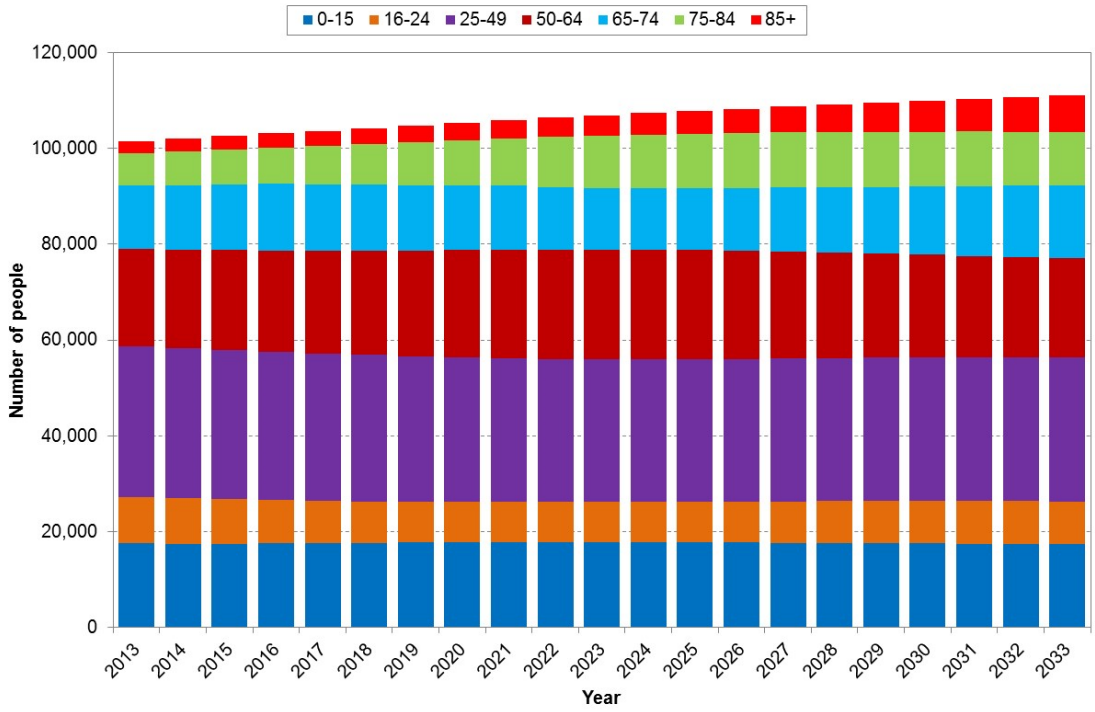
Shenstone and Stowe also have higher proportions of people aged 85 or over. Only three wards, Alrewas and Fradley, Chadsmead and Summerfield have high proportions of children under 16.

4.2 Population projections

Latest ONS population projections are trend-based and use the 2012 mid-year population estimates as the base year. They provide an indication of expected levels of population growth over a 20 year period; making assumptions about future levels of fertility, mortality and migration based on levels observed over a five year reference period. Therefore they show what the future population, by age and sex, might be if recent trends continue. However, they take no account of the potential impact of policy, or development plans of local authorities.

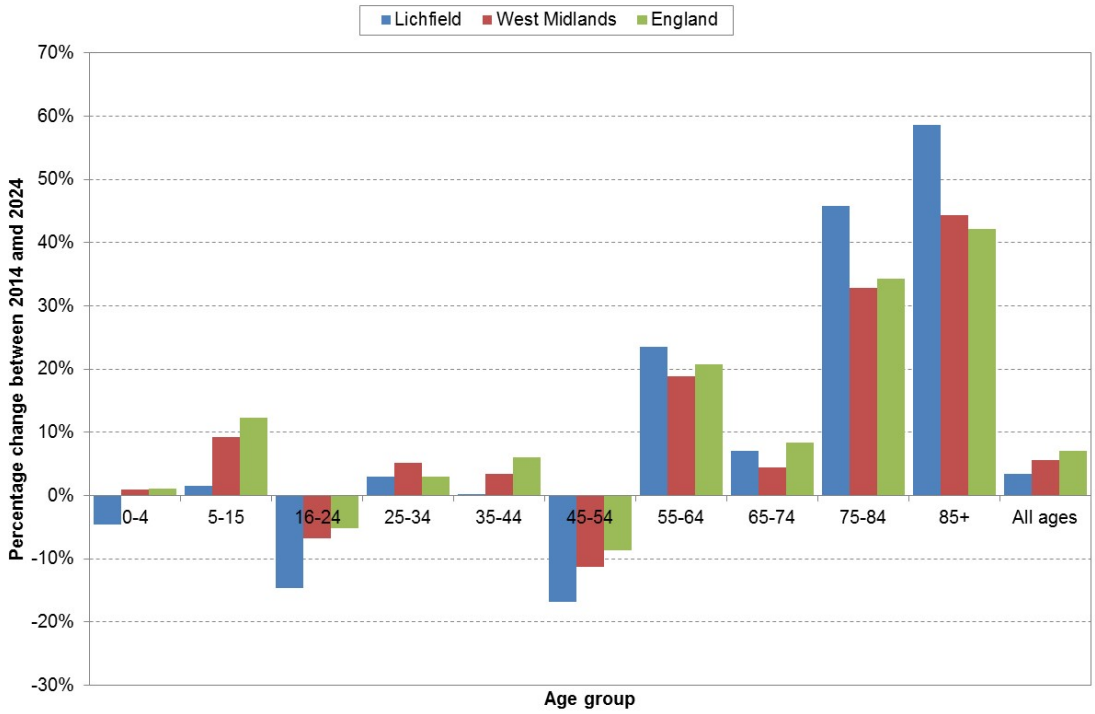
The overall population for Lichfield is projected to increase by around 5,300 (5%) between 2014 and 2024 (from 102,100 to 107,400). The population is projected to see a significant growth in people aged 65 and over (28,500, 23%) and in particular those aged 85 and over (4,500, 74%) (Figure 2). The rate of increase in the number of older people in Lichfield is faster than the England average and equates to 6,000 additional residents aged 75 and over by 2024 (Figure 3).

Figure 2 Population projections for Lichfield, 2013-2033



Source: 2012-based population projections, Office for National Statistics, Crown copyright.

Figure 3 Projected population change between 2014 and 2024



Source: 2012-based population projections, Office for National Statistics, Crown copyright.

4.3 Social inclusion

Loneliness and social isolation are key issues for the health and social care system. Marmot's 2011 Review[4] included reducing social isolation across the social gradient as a priority objective. In 2012 the Government's Care and Support White Paper also recognised loneliness and social isolation as a large problem for society as a whole[5].

4.3.1 Loneliness and isolation

According to 2011 Census 12.2% (5,032) of people aged 65 or over live alone in Lichfield, this is similar to the national average (12.4%) (Table 1).

[4] *Marmot Review. Fair Society, Healthy Lives: Strategic Review of Health Inequalities in England Post 2010. London: Marmot Review; 2010.*

[5] *Caring for our future: reforming care and support , Department of Health White Paper, The Stationery Office, 2012, London.*

Table 1 Lone pensioner households, 2011

	Number	Percentage	Statistical difference to England
Cannock Chase	4,636	11.4%	Lower
East Staffordshire	5,862	12.4%	Similar
Lichfield	5,032	12.2%	Similar
Newcastle-under-Lyme	7,115	13.5%	Higher
South Staffordshire	5,932	13.3%	Higher
Stafford	7,123	12.8%	Higher
Staffordshire Moorlands	5,637	13.5%	Higher
Tamworth	3,434	10.9%	Lower
Staffordshire	**44,771**	**12.6%**	**Higher**
West Midlands	**289,571**	**12.6%**	**Higher**
England	**2,725,596**	**12.4%**	

Source: Census, 2011.

Four wards in Lichfield have high proportions of households with lone pensioners – Boney Hay (199, 15.1%), Chasetown (265, 16.4%), Leomansley (488, 15.9%) and Stowe (409, 17.6%). Of these lone pensioners 59.5% (2,992) have a long term health problem or disability - this is similar to the national average (59.6%). The percentage of lone pensioners with a long term health problem or disability is significantly higher than England in two wards; Burntwood Central (106, 67.9%) and Chasetown (191, 72.1%).

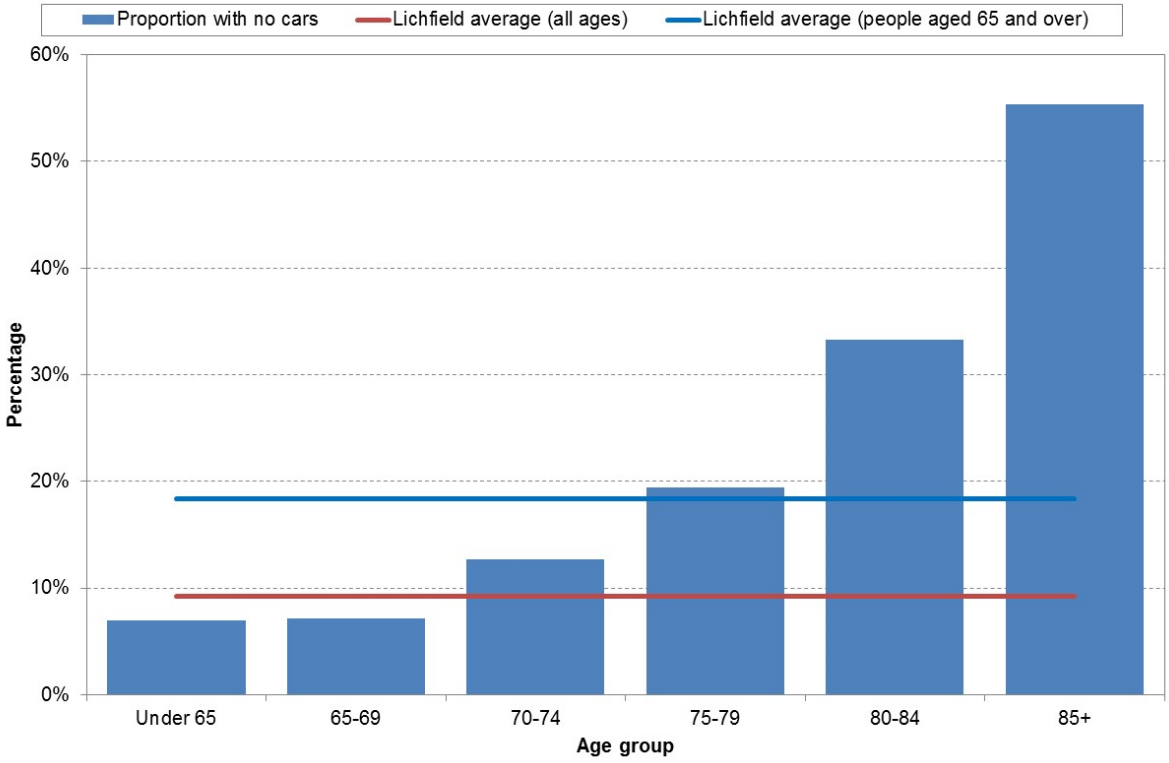
Using 2014 mid-year population figures for Lichfield it has been estimated that around 500 residents aged 65+ are at risk of loneliness.

4.3.2 Connectivity

Reliable and affordable public transport is in the top ten issues mentioned by residents aged 65 years and over. Responses included 'to be able to get about as cheaply as possible', 'bus passes for the elderly', 'access to transport to avoid isolation' and 'access to the services I need'[6]. In Lichfield around 18% of people aged 65 and over have no private transport (i.e. access to a car). This increases to 55% of people aged 85 and over (Figure 4).

[6] *Campaign for Older People: Insight and Evidence supporting the strategic approach (SCC, 2012).*

Figure 4 Access to private transport: proportion of residents who have no car or van by age, 2011



Source: Census, 2011.

4.4 Movement of people in and out of Lichfield

This section looks at internal migration in the year ending June 2014 by age, gender and area. An internal migrant is an individual who moved into the Lichfield area from England or Wales or out of the Lichfield region to the rest of England or Wales. International moves into or out of Lichfield are not included. Movements are categorised as inflows, outflows and net flows. Appendix 1 gives a short explanatory note around each category.

Over the previous 12 months 10,110 people moved between Lichfield and other local authorities in England or Wales; 5,180 people came to live in Lichfield and 4,720 left. This resulted in a net inflow of 250 people and Lichfield is one of four districts in Staffordshire with a net inflow (Table 2).

Table 2 Moves between Staffordshire districts and rest of England and Wales; all persons, all ages, registered during the year ending June 2014

Area	Inflow	Outflow	Balance
Male			
Cannock Chase	1,740	1,710	30
East Staffordshire	2,170	2,210	-40
Lichfield	2,420	2,410	10
Newcastle-under-Lyme	3,180	3,140	40
South Staffordshire	2,650	2,360	290
Stafford	2,830	3,080	-250
Staffordshire Moorlands	1,920	1,640	280
Tamworth	1,330	1,580	-250
West Midlands	**52,730**	**54,070**	**-1,340**
England	**594,580**	**599,930**	**-5,350**
Female			
Cannock Chase	1,890	1,910	-20
East Staffordshire	2,270	2,360	-90
Lichfield	2,740	2,550	190
Newcastle-under-Lyme	3,450	3,430	20
South Staffordshire	2,780	2,620	160
Stafford	2,670	2,580	90
Staffordshire Moorlands	2,060	1,800	260
Tamworth	1,390	1,630	-240
West Midlands	**56,410**	**58,030**	**-1,620**
England	**650,200**	**653,870**	**-3,670**
Persons			
Cannock Chase	3,630	3,640	-10
East Staffordshire	4,420	4,540	-120
Lichfield	5,180	4,930	250
Newcastle-under-Lyme	6,640	6,550	90
South Staffordshire	5,430	4,970	460
Stafford	5,490	5,680	-190
Staffordshire Moorlands	3,950	3,440	510
Tamworth	2,700	3,180	-480
West Midlands	**109,160**	**112,080**	**-2,920**
England	**1,244,740**	**1,253,810**	**-9,070**

Note: Due to rounding it is possible that figures in this table may not add up to column or row totals. This rounding is applied to each flow to preserve the highest level of precision possible while avoiding disclosure.

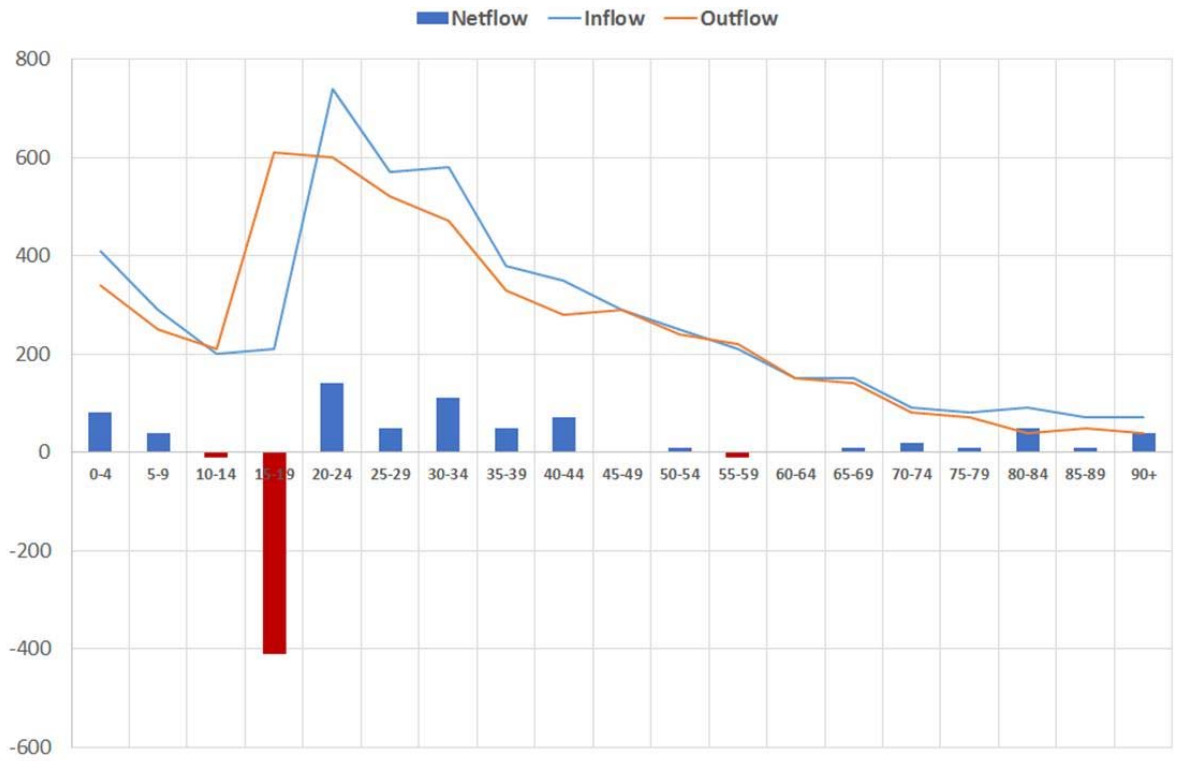
Source: Office for National Statistics, Crown Copyright 2015.

Figure 5 shows the number of people who had moved into and out of Lichfield by age band over the past 12 months. The blue line shows the number of people who moved in to Lichfield (inflow) and the orange line shows the number of people who moved out of Lichfield (outflow). The bars show the netflow and when the figure for netflow is positive, more people came to Lichfield than left. For people aged 15-19 there was a net outflow of 410. Overall this is similar to the rest of Staffordshire

and is likely to be explained by young adults moving out of Lichfield for higher education; there is no university in the City.

Levels of movement into Lichfield remain comparatively high through the 20s, 30s and 40s. The netflow for people aged between 45 and 64 is fairly low and from 65 onwards more people move to Lichfield than leave, especially after 80. This may reflect people moving into the area to start a family, becoming settled in their employment, and in relationships, as well as because they have school-age children and then more older people move to Lichfield maybe for care homes[7]. There is net inflow of people aged 20-44 (420) and of those aged 65+ (140).

Figure 5 Movement of people in and out of Lichfield by age, year ending June 2014



Source: Office for National Statistics, Crown Copyright 2015.

Of the 10,110 moves between Lichfield and the rest of England & Wales during the year ending June 2014; a total of 5,290 (52%) were females and 4,830 were males (48%). This means that for every 100 female movers, there were 91 male movers.

Split by gender, the patterns for both sexes were very similar. Across all ages, although for females in their 20s to mid-30s there were more inflows than outflows and therefore a greater overall netflow to Lichfield. For all ages, partially because of this, the net inflow is 10 for males and 190 for females. For males and females aged 15-19, net outflow was 210 higher than net inflow for males and 200 higher for females.

Over the past four years there appears to be a consistent net inflow from other parts of England and Wales into Lichfield. Traditionally, most of the net migration into Lichfield is from Birmingham and Walsall. In terms of net outflow migration from Lichfield to other parts of England and Wales, there is a large movement each year towards East Staffordshire (Table 3).

[7] *Once children are at school moves are much less common, potentially because of the disruption it would cause the children as well as the parents.*

Table 3 Internal migration moves into and out of Lichfield, by region, 2011-2014

Area	Inflows	Outflows	Net migration
2011			
Cannock Chase	570	550	20
Birmingham	810	420	390
Tamworth	490	350	140
East Staffordshire	200	340	-140
Walsall	390	280	110
Stafford	90	110	-20
Other regions	*1,800*	*1,880*	*-80*
Total	**4,350**	**3,930**	**420**
2012			
Cannock Chase	620	570	50
Birmingham	780	460	320
Tamworth	450	430	20
East Staffordshire	200	290	-90
Walsall	420	250	170
South Derbyshire	70	120	-50
Other regions	*1,810*	*2,110*	*-300*
Total	**4,350**	**4,230**	**120**
2013			
Cannock Chase	710	640	70
Birmingham	770	470	300
Tamworth	540	420	120
East Staffordshire	210	280	-70
Walsall	510	270	240
South Derbyshire	50	110	-60
Other regions	*1,860*	*1,900*	*-40*
Total	**4,650**	**4,090**	**560**
2014			
Cannock Chase	650	650	0
Birmingham	880	520	360
Tamworth	510	440	70
East Staffordshire	190	360	-170
Walsall	480	320	160
Stafford	110	120	-10
Other regions	*2,110*	*2,310*	*-200*
Total	**4,930**	**4,720**	**210**

Note: Taken from Square Matrix of internal migration moves between English regions, Wales, Scotland and Northern Ireland, Year Ending 2011 – 2014.

Source: Office for National Statistics: Migration Statistics Unit, © Crown copyright 2015.

4.5 Geodemographic profile

Mosaic Public Sector 6, released in 2014, is a way of analysing people by where they live in terms of an individual's demographics, lifestyles and behaviours. It allows interventions to be targeted more effectively in an appropriate style and language which is suited to the different lifestyle groups.

The most common groups across Lichfield making up 62% of the population fall within five Mosaic groups:

- B Prestige Positions (17.5%)
- D Domestic Success (12.6%)
- H Aspiring Homemakers (11.7%)
- F Senior Security (10.6%)
- A Country Living (9.8%)

Some wards have high proportions of their populations in a single segmentation group, for example, Colton and Mavesyn Ridware, King's Bromley, Longdon and Mease and Tame wards are mostly made up of the "Country Living" group. Boley Park and Little Aston residents are mostly from the "Prestige Positions" group.

Table 4 Mosaic lifestyle groups in Lichfield

Mosaic group	Lichfield	Staffordshire	West Midlands	England
A Country Living	**9.8%**	**9.3%**	6.8%	5.9%
B Prestige Positions	**17.5%**	8.6%	6.9%	**7.6%**
C City Prosperity	0.1%	0.0%	0.3%	4.5%
D Domestic Success	**12.6%**	**10.1%**	6.8%	**9.0%**
E Suburban Stability	9.6%	**10.9%**	7.1%	6.2%
F Senior Security	**10.6%**	**9.8%**	**8.7%**	**7.8%**
G Rural Reality	6.4%	5.8%	3.6%	5.3%
H Aspiring Homemakers	**11.7%**	**12.8%**	**11.1%**	**10.0%**
I Urban Cohesion	0.2%	0.6%	**8.0%**	6.7%
J Rental Hubs	1.8%	2.0%	4.3%	6.9%
K Modest Traditions	4.6%	7.1%	6.4%	4.3%
L Transient Renters	3.1%	6.4%	**7.1%**	6.0%
M Family Basics	6.0%	8.5%	**11.6%**	**8.8%**
N Vintage Value	4.1%	4.7%	6.5%	4.7%
O Municipal Challenge	1.0%	2.5%	4.2%	5.5%
U Unclassified	*0.9%*	*0.8%*	*0.5%*	*0.6%*
Total population	**100.0%**	**100.0%**	**100.0%**	**100.0%**

Key: Highlights top five groups

Key features for the 15 groups are shown in Table 5.

Table 5 Key features of Mosaic groups

Mosaic group	Key features
A Country Living	Rural locations, well-off homeowners, attractive detached homes, higher self-employment, high car ownership, high use of internet
B Prestige Positions	High value detached homes, married couples, managerial and senior positions, supporting students and older children, high assets and investments, online shopping and banking
C City Prosperity	High value properties, central city areas, high status jobs, low car ownership, high mobile phone spend, high internet use
D Domestic Success	Families with children, upmarket suburban homes, owned with a mortgage, three or four bedrooms, high internet use, own new technology
E Suburban Stability	Older families, some adult children at home, suburban mid-range homes, three bedrooms, have lived at same address some years, research on internet
F Senior Security	Elderly singles and couples, homeowners, comfortable homes, additional pensions above state, don't like new technology, low mileage drivers
G Rural Reality	Rural locations, village and outlying houses, agricultural employment, most are homeowners, affordable value homes, slow internet speeds
H Aspiring Homemakers	Younger households, full-time employment, private suburbs, affordable housing costs, starter salaries, buy and sell on eBay
I Urban Cohesion	Mature age, homeowners, affordable housing, kids are grown up, suburban locations, modest income
J Rental Hubs	Elderly, living alone, low income, small houses and flats, need support, low technology use
K Modest Traditions	Aged 18-35, private renting, singles and sharers, urban locations, young neighbourhoods, high use of smartphones
L Transient Renters	Settled extended families, city suburbs, multicultural, own three bedroom homes, sense of community, younger generation love technology
M Family Basics	Social renters, low cost housing, challenged neighbourhoods, few employment options, low income, mobile phones
N Vintage Value	Families with children, aged 25 to 40, limited resources, some own low cost homes, some rent from social landlords, squeezed budgets
O Municipal Challenge	Private renters, low length of residence, low cost housing, singles and sharers, older terraces, few landline telephones

4.6 Emerging observations, implications and possible solutions

An ageing population is a global and local trend, whilst birth rates across the world have declined over the last century; improvements in health, lifestyles and living standards have meant that people are generally living much longer. The number of people living in Lichfield aged 65 and over has already exceeded the number of children under the age of 16; projections suggest Lichfield will continue to get older and bigger.

It is clearly positive that individuals are living longer, and it should be celebrated, as the growing number of older people may create new economic and social opportunities. However, this demographic change also presents many challenges to Lichfield, and although people are living longer more time is being spent in ill-health. Living longer brings challenges such as increasing demand on health services and long-term care and reinforces the importance of prevention. Going forwards councils will not be able to afford to carry on doing things the way they have always done in the way they have always done them, not least because there's limited funding. Lichfield is no different and is experiencing the same pressures: The dependency ratio for older people in Lichfield (measures the number of people aged over 65 who depend on people of working age (16-64)) is 38 older people for every 100 people of working age. This is higher than the England average and of the 26 wards in Lichfield, 23 also have higher than average dependency ratios for older people. This suggests that in the future there will be an even greater responsibility on working age people to support older (and sicker) adults than in any previous generation.

Older people are particularly vulnerable to social isolation, and loneliness, this can be due to loss of friends and family, mobility and/or income. Social isolation and loneliness have a negative impact on an individual's health and wellbeing. As well as links to physical and emotional health, loneliness can lead to individuals visiting their GP more frequently and losing their independence at an earlier age

than average. Lone pensioners are particularly at risk of loneliness and social isolation, and Lichfield has a similar than average number of lone pensioner households, with numbers projected to increase further. Given that almost three in five lone pensioners also have a limiting long-term illness there may be in an increase in the demand for more formal care.

Loneliness is a bigger problem than simply an emotional experience. Research shows that loneliness and social isolation are harmful to our health: lacking social connections is a comparable risk factor for early death as smoking 15 cigarettes a day, and is worse for us than well-known risk factors such as obesity and physical inactivity[8].

Some practical ideas to support an ageing population and a positive ageing experience in Lichfield are put forward in Table 6.

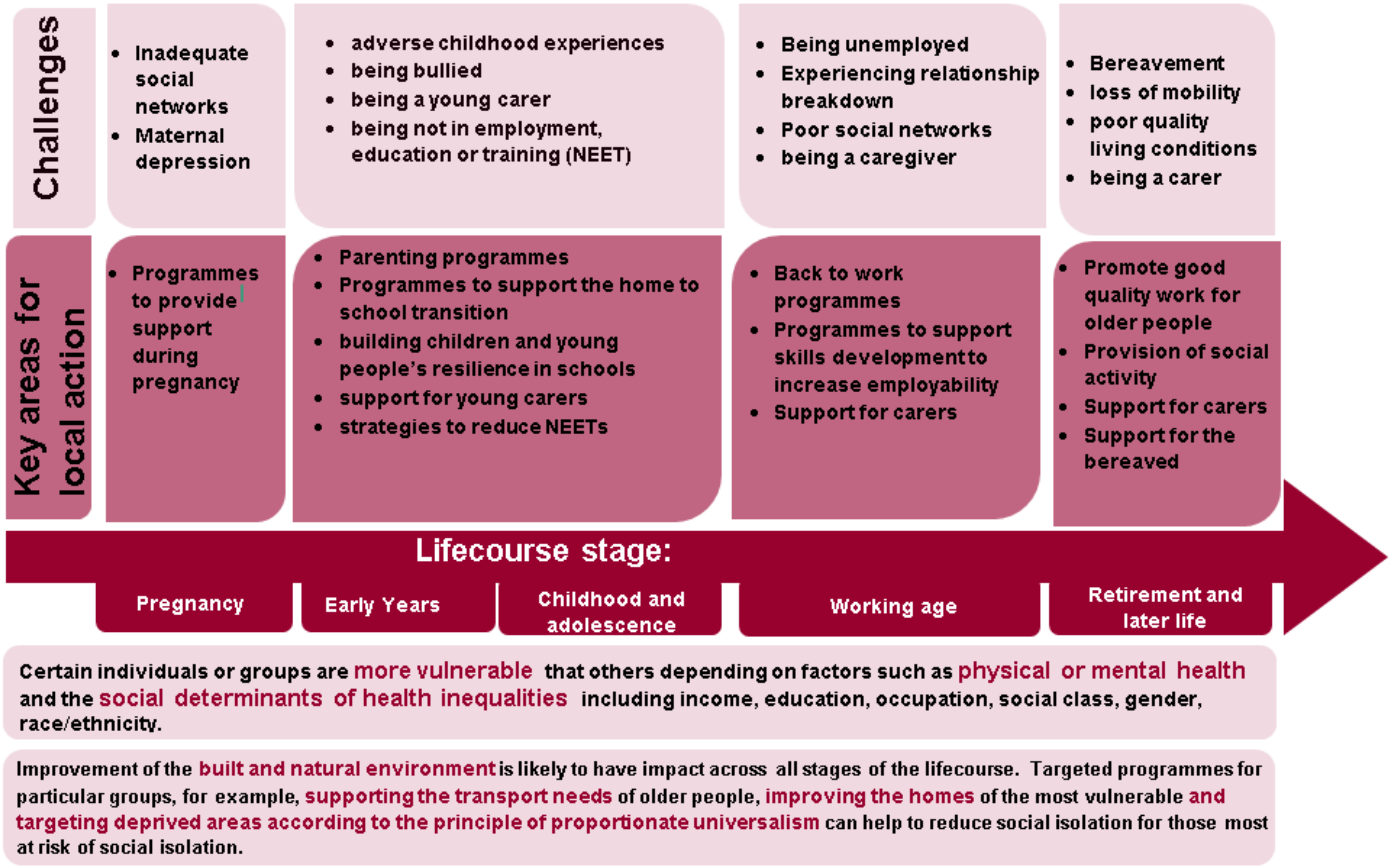
Table 6 Practical ideas to support an ageing population in Lichfield

- **All local plans / strategies** – build 'healthy ageing' into the details and priorities of the plan
- **Use knowledge about your local population and their health and wellbeing needs** –current and predicted
- **Use local powers** - to influence and challenge planning applications - e.g. housing developments must address changing needs across the life-course
- **Design in 'age' and adapt facilities in the area** – e.g. seats, toilets, pavements, raised beds for community gardening and allotments
- **Local green space** – Are adaptations needed to make it accessible, attractive, and safe?
- **Promote volunteer community schemes** such as Village Agents to connect with older people in the community and tackle isolation
- **Promote health and wellbeing schemes** in the area – e.g. Walking for Health, Growing and Gardening Schemes
- **Community and volunteer transport**
- **Dementia friendly environments**
- **Ongoing engagement and events with partners and older people**

Anyone can experience social isolation and loneliness. Figure 6 illustrates when and how social isolation can impact on the individual across key stages of the life course, as well as the key components of an effective intervention for each life course stage.

[8] Campaign to end loneliness - connections in older age.

Figure 6 The impact of social isolation across the life-course



Source: Public Health England and UCL Institute of Health Equity. 2015. Local action on health inequalities: Reducing social isolation across the life-course.

Learning from local areas and organisations already addressing social isolation shows that much can be done to tackle social isolation using existing community assets − particularly relevant in view of local spending constraints coupled with increasing demands for health and social care. An example of improving social connectedness among older people is the LinkAge programme in Bristol (Table 7).

Table 7 Case Study – LinkAge, Bristol

Description: The LinkAge programme aims to promote and enhance the lives of older people (aged 55-plus) through the facilitation and the development of a range of activities. Its approach includes fostering social awareness and encouraging older people to share their skills with volunteers, young people and others within their community. LinkAge aims to inspire older people and others to share their time and experiences with other older people who for one reason or another have become isolated. The goal of LinkAge is for older people to have improved physical health through activities, and improved social connectedness through befriending.

Target groups: People aged 55 and over, with a particular focus on older people from ethnic minority groups.

Type of intervention: The intervention provides a range of services focused on befriending and encouraging physical activity.

Impact: The Centre for Social Justice and the University of the West of England conducted an analysis of the service which found that it was beneficial to participants. The Centre for Social Justice described it as, *"an excellent example of such an approach from which many other local authorities could learn".*

Surveys of service recipients found both increased physical activity and social connectedness. When asked about frequency of exercise upon joining the service, 26.7% or respondents said they exercised seven days a week. In the follow-up survey this had increased to 40%.

When asked about social connectedness on joining the service, the average score was 14.5 (on a scale where 0 = very socially isolated and 24 = very or highly socially connected). In the follow-up survey six months later, the average was 22.8 – a considerable improvement.

Service users' comments included: *"LinkAge is a saviour. I gave up work six months ago and it was incredibly important in helping me make the transition"* – participant in Tai Chi class.

"LinkAge was a godsend – I could be not only active, I could be doing and helping" – advisory group member and volunteer.

Evidence on costs: An evaluation in the Whitehall and St George area found that for every £1 invested there was a social return on investment (SROI) of £1.20. Cost saving benefits for the NHS come through early intervention, saving money from avoiding later stage (and more expensive) interventions. By far the biggest added value that the project brings into the hub is the large amount of unpaid volunteer time provided by individuals to help support its activities. Costs incurred included staffing and renting spaces for activities.

This SROI was deemed to be both considerable and an underestimate, the rationale being that the hub was only in its first year of existence at the time of evaluation. A considerable amount of time was spent bedding down activities and developing beneficiary confidence in the activities and the approach. Therefore a lot of volunteer and community development worker time was spent in start-up rather than delivery.

Source: Public Health England and UCL Institute of Health Equity. 2015. Local action on health inequalities: Reducing social isolation across the life-course and Centre for Social Justice. Linkage Evaluation, 2013.

Housing within the District will need to reflect what will be a very different demographic in twenty years' time. Analysis has already highlighted the ageing population in Lichfield. Many young people (aged 15-19) choose to leave the district rather than stay but there is a net inflow of younger adults (20-29). It is not known how much of this movement is job-related/due to availability of affordable

housing but there is a desire in LDC's Local Plan[9] to retain younger people, economically active people and promote mixed and balanced communities throughout Lichfield by, in part, addressing housing and housing affordability issues.

5 Business, employment and prosperity (including transport)

This section shows a range of indicators associated with business and employment in Lichfield, from unemployment and worklessness, to earnings and commuting patterns. These issues have a big influence on the quality of life of Lichfield's residents. Unemployment, for example, can lead to a number of social and psychological disadvantages. People who are unemployed tend to have higher levels of premature mortality and poorer general health than those who work.

5.1 Nature of employment in Lichfield

The nature of employment in the District has changed significantly over time with the decline of traditional engineering industries. There has been a substantial increase in distribution activities, particularly with the development of employment at Fradley airfield, however the significance of Lichfield as a centre for administration and professional services has continued (Table 8).

Table 8 Employment by Sector in Lichfield, 2013

Employee Jobs by Industry	Number of Employees	Percentage
Primary Services (Agriculture and Mining)	100	0.1%
Energy and Water	500	1.2%
Manufacturing	4,600	11.3%
Construction	2,400	5.8%
Services	33,500	81.6%
Wholesale and Retail (including Motor Trades)	*6,800*	*16.6%*
Transport Storage	*1,800*	*4.5%*
Accommodation and Food Services	*3,600*	*8.9%*
Information and Communication	*1,000*	*2.5%*
Financial and Other Business Services	*7,900*	*19.2%*
Public Admin, Education and Health	*9,300*	*22.7%*
Other Services	*3,000*	*7.3%*

Source: ONS business register and employment survey.

5.1.1 Tourism and leisure

Tourism and leisure is a wide ranging sector containing traditional tourism industries such as accommodation establishments, museums, historical buildings, gardens and theme parks. It also contains primarily based leisure based industries such as libraries and sport/fitness facilities that largely cater for local residents rather than visitors to the area.

It is a major economic driver in Lichfield District and is something the district council and partners are committed to supporting. During 2014/15 the number of visitors to Lichfield and the estimated visitor spend was £2,918,915 and £96,324,195 respectively; a 3% increase on the previous year. These figures given an overview of the health of the tourism market and the impact of the Council's tourism activities are having in generating visitors to the district[10].

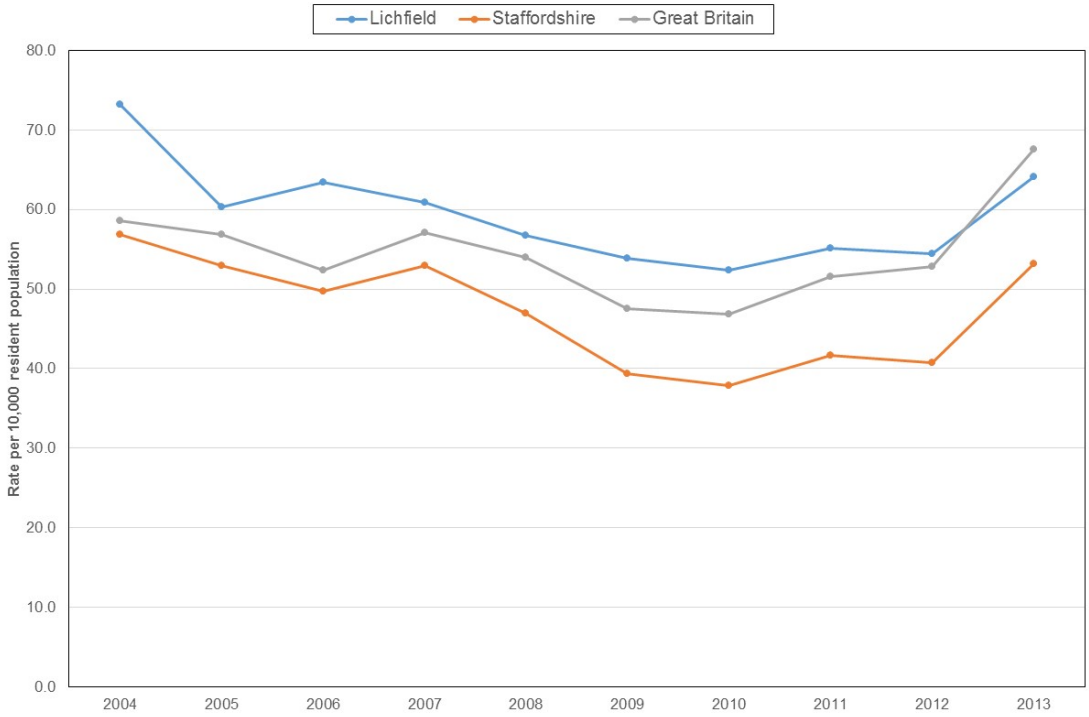
[9] *Lichfield District Council's Local Plan Strategy, 2008-2029, adopted February 2015.*
[10] *End of Year Performance Overview, 2014/15, for Development Services, June 2015.*

5.2 Business start-ups and survival rates

Lichfield businesses are vital to the prosperity of the local area. Business creation, local jobs, incomes and skilled workers will be key to driving up productivity and making Lichfield competitive as well as attracting companies and inward investment to the area.

When looking at the enterprise of an area, it is important to consider business start-up and survival rates. An area may have high start-up rates, but if survival rates are low, there is little gain in the overall number of businesses and therefore limited sustainability and stability in the local business market. Lichfield has a high level of business start-ups when compared to the Staffordshire rate. In 2013 there were 64 business start-ups per 10,000 resident population in Lichfield, compared to 53 across Staffordshire. It is only slightly lower than the rate for Great Britain as a whole (67.5). The start-up rate in Lichfield since 2004 has fluctuated each year but overall has performed favourably when compared to Staffordshire and Great Britain (Figure 7).

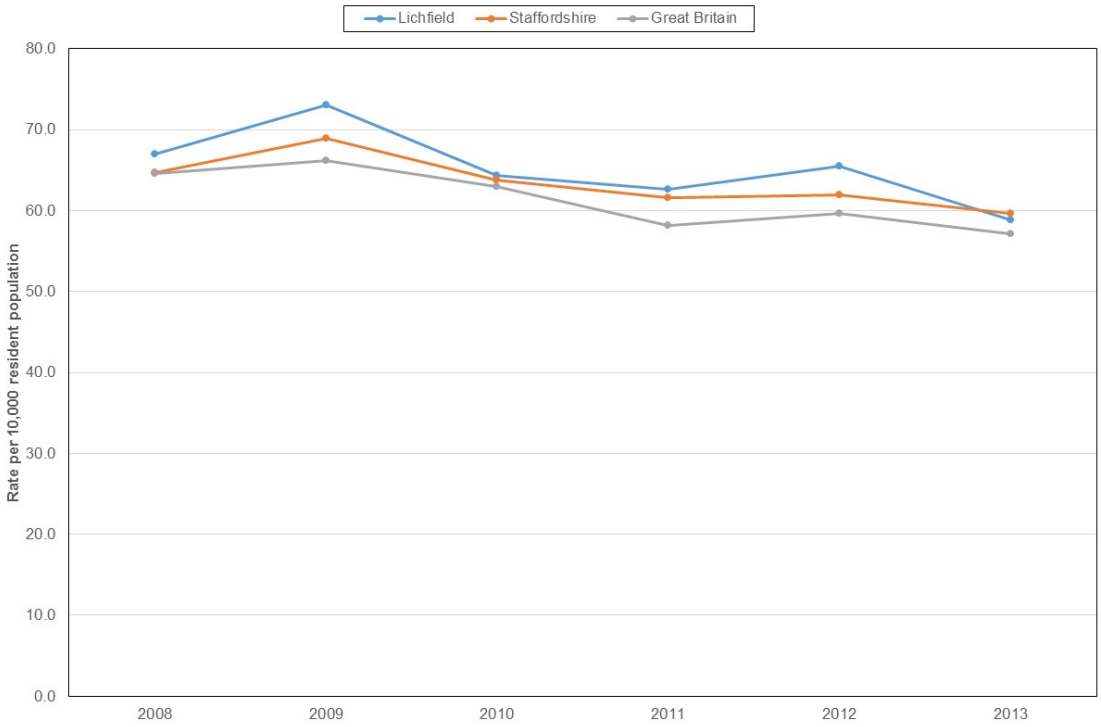
Figure 7 Business start-up rates in Lichfield, 2004-2013



Source: ONS Business Demography, 2014.

Three year business survival rates are seen as a key success factor for a newly formed business and in Lichfield the three year survival rate has in the main exceeded both the Staffordshire rate and the rate for Great Britain as a whole. This suggests that businesses created in Lichfield are more likely to survive than the majority of other areas in the country. However, compared to 2012 the rate has seen a 6.7 point decrease so it is something to monitor (Figure 8). Retail vacancy levels are used as a measure of the vitality and viability and both Lichfield City (8.3%) and Burntwood (6.25%) are lower than the England average (12%) as at December 2014.

Figure 8 Three Year Business Survival Rates in Lichfield, 2008-2012



Source: ONS Business Demography, 2014.

5.3 Characteristics of the workforce in Lichfield

This section considers some of the key characteristics of Lichfield's workforce; their employment, income and commuting patterns comparing with the national picture where possible. Their skills and qualifications will be discussed in Section 6.

5.3.1 Employment rates (including unemployment rates and benefits)

The economic activity of residents in Lichfield District is higher than the regional and national averages, although it is not statistically significant. The employment rate for 2014/15 (77.2%) shows that just over three quarters of the Lichfield District population are in employment. However, unemployment levels may hide issues of underemployment where people are working part-time and not able to work more hours. This has implications for the income levels in these households.

The claimant count is a key measure of unemployment and measures those people claiming Jobseeker's Allowance (JSA). In April 2015, the proportion of the working age population (16-64) claiming JSA in Lichfield is 0.6% (approximately 360 people) and is significantly lower than the England average (1.8%).

Levels in youth unemployment are now lower in Lichfield than those seen at the peak of the recession. Between January 2015 and April 2015 it has fallen further from 1.7% to 1.3% (down from approximately 130 to 100) and is significantly lower than the England average. Falling levels in youth unemployment are clearly an encouraging sign within Lichfield. Feeling the Difference (FDS)[11] survey results demonstrated that nearly a fifth (16%) of respondents felt that employment opportunities make somewhere a good place to live. However less than one in ten (7%) believe that it is something that most needs improving in Lichfield.

[11] *Feeling the Difference survey is a public confidence survey carried out in twice yearly 'waves' by Staffordshire Police which explores local quality of life issues, perceptions on crime and safety and the effectiveness of the police and other services. The findings within this report come from Waves 15-18 compiled.*

5.3.2 Earnings

Levels of earnings help to identify areas of relative affluence and deprivation, with low levels of earnings indicating that individuals may struggle to attain a good quality of life. Lichfield's median gross annual and gross monthly salary in 2014 was £23,357 and £1,946 respectively; both were the highest earning levels across Staffordshire and it's reasonable to assume that this is partially a reflection of the out-commuting to higher paid jobs.

5.3.3 Household income

Household income levels are important given the current economic climate and increasing costs of living. As well as earnings, household income can also include money incurred from investments, sales of property and social security benefits. It is recognised that the income of individuals is one of the most important factors influencing an area's overall prosperity.

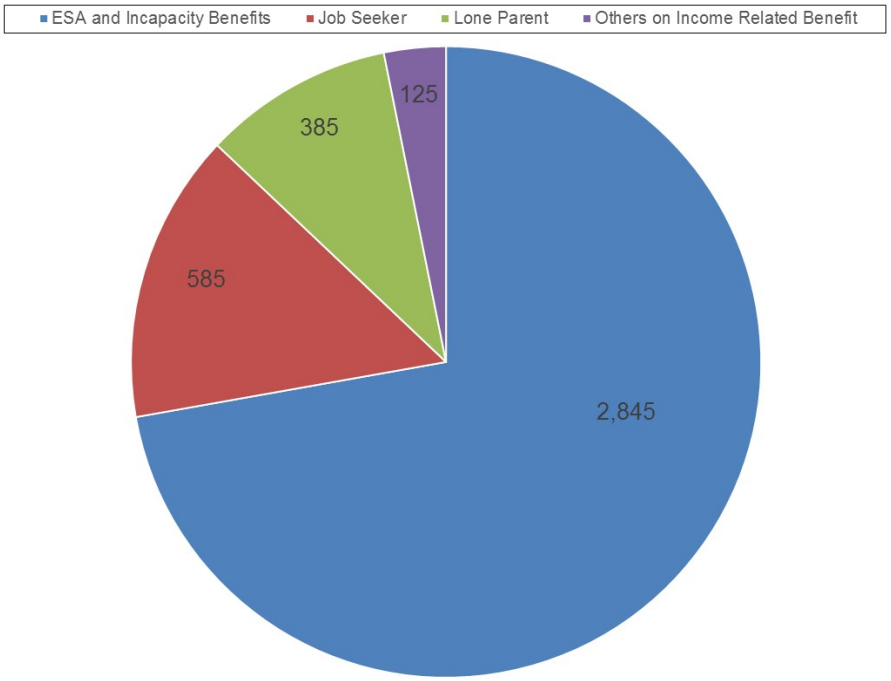
The average household income for Lichfield was £45,900 which is slightly more than the Great Britain average (£40,000) but varies at ward level from £28,000 in Summerfield to £73,000 in Little Aston. The proportion of households in Lichfield with an income of under £20,000 is lower than England (27% compared with 38%). Five wards are however worse than the national average (35%): Boney Hay (43%), Chadsmead (46%), Chasetown (44%), Curborough (38%) and Summerfield (43%).

5.3.4 Worklessness

As well as understanding overall levels of worklessness it is also important to consider the reasons why people are claiming out-of-work benefits. Figure 9 shows the breakdown of the benefit groups that make up out-of-work benefits in Lichfield in February 2015.

Claimants of Incapacity Benefit and its successor Employment and Support Allowance (ESA) represent the vast majority of the workless caseload. In Lichfield there were over 2,800 people claiming ESA and Incapacity Benefits in February 2015, well over half of all out-of-work benefit claimants.

Figure 9 Breakdown of out-of-work benefits in Lichfield, February 2015



Source: Department of Work and Pensions.

5.3.5 Travel to work

Commuting patterns are important indicators of travel patterns as well as demonstrating the dynamics and economic links within an area, showing where residents work and where workers live[12]. Over time commuting patterns have become more of an important consideration as people are more willing and able to travel further to work, and employment opportunities have become more dispersed[13].

This analysis has examined the main commuting flows into, out of and within Lichfield, the Stoke-on-Trent and Staffordshire Local Enterprise Partnership (LEP) and the surrounding areas. Using workplace statistics from the 2011 census special interest will be placed on people who live and work in Lichfield (self-containment) as well as flows into and out of Lichfield. For further detail around the definitions used refer to Appendix 2.

There are 24,467 (49.8%) working age residents who live in Lichfield and work within Lichfield itself; whilst the remaining 8,293 (16.9%) live in Lichfield but work in the wider areas of the Stoke-on-Trent and Staffordshire Local Enterprise Partnership (LEP). Together there are 32,940 working age residents in Lichfield who are self-contained. A further 16,399 (33.4%) working age residents commute to areas outside of Lichfield and the wider LEP, the most popular being Birmingham (37.1%, 6,076); Walsall (19.5%, 3,197) and North Warwickshire (6.1%, 1,007) (Table 9).

Table 9 Top 10 outflows from Lichfield to areas outside the Stoke-on-Trent and Staffordshire Local Enterprise Partnership, 2011

Workplace destination	Number of outflows	Percentage of all outflows
Birmingham	6,076	37.1%
Walsall	3,197	19.5%
North Warwickshire	1,007	6.1%
Sandwell	691	4.2%
Wolverhampton	632	3.9%
Solihull	625	3.8%
Coventry	311	1.9%
South Derbyshire	310	1.9%
Derby	307	1.9%
North West Leicestershire	209	1.3%
Other	*3,034*	*18.5%*
Total	**16,399**	**100.0%**

Source: Census, 2011.

The main method of travelling to work for residents who work in Lichfield and the wider LEP is a car, be it as a driver or passenger (66%, 21,694). A further 19% (6,262) mainly work at home whilst 10% (3,133) commute to work on foot. Only 2% (548) use a bicycle. In terms of outflows around 87% (14,132) commute using a car whilst 9% (1,486) use the train.

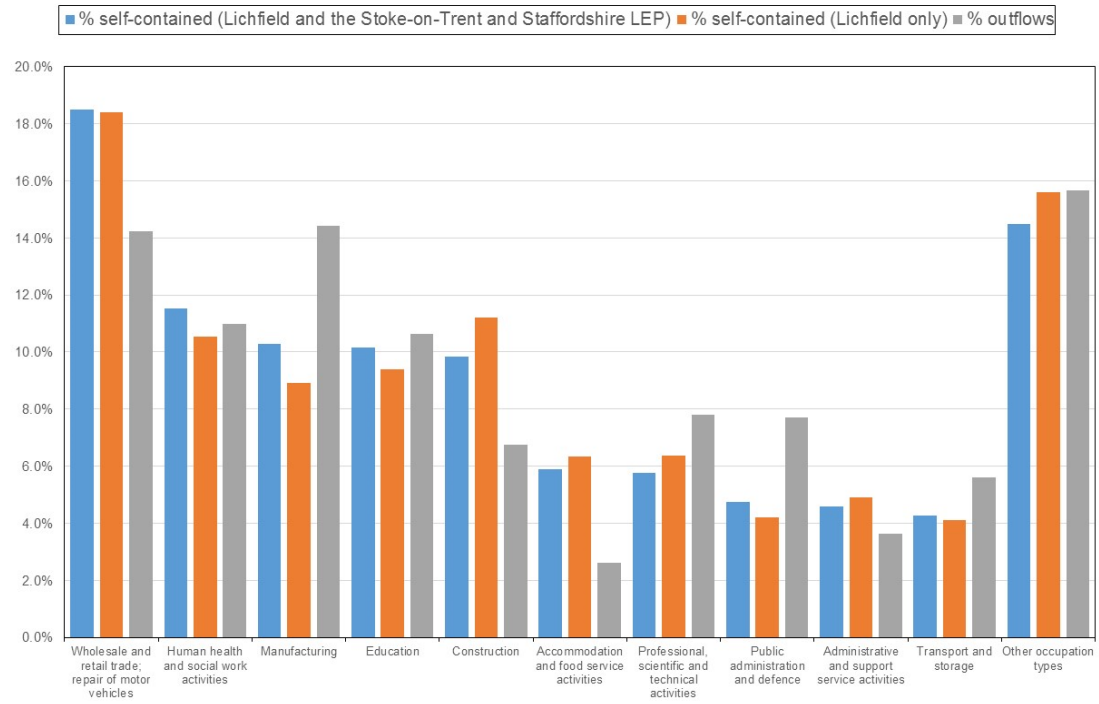
Overall, wholesale & retail trade; repair of motor vehicles and motorcycles account for the largest employment industry in Lichfield and Lichfield and the Stoke-on-Trent and Staffordshire LEP (18.4% and 18.5% respectively). Construction and human health and social work activities also employ 11.2% and 10.5% of residents in Lichfield; whilst human health and social work activities and

[12] Following the National Travel Survey in 2006, it was identified that one fifth of all distances travelled within the UK were related to commuting (Department for Transport 2006). Travel to work flows are known to vary regionally and are due to a number of factors such as mode of transport and industry as well as geographic, demographic and socio-economic factors.
[13] Travel flow information was an important consideration in the formation of Local Enterprise Partnerships, with Staffordshire forming an "economic area" with Stoke-on-Trent although recognising the importance of all the areas that surround the County and beyond.

manufacturing accounted for 11.5% and 10.3% of employment in Lichfield and the wider LEP combined.

A similar pattern is also observed for individuals who live in Lichfield but leave the district and the wider LEP for work; manufacturing accounts for 14.4%, wholesale & retail trade; repair of motor vehicles and motorcycles accounts for 14.2% and human health and social work activities accounts for 11.0% (Figure 10).

Figure 10 Main industry type for Lichfield residents (working-age) by travel to work type, 2011



Source: Census, 2011.

Some 9,490 working age residents commute into Lichfield from districts outside of Lichfield and the wider LEP, the most popular being Walsall (24.4%, 2,311); Birmingham (23.3%, 2,207) and North Warwickshire (7.0%, 666) (Table 10).

Table 10 Top 15 inflows from an area of residence outside of Lichfield and the Stoke-on-Trent and Staffordshire Local Enterprise Partnership, 2011

Area of residence	Number of inflows	Percentage of all inflows
Walsall	2,311	24.4%
Birmingham	2,207	23.3%
North Warwickshire	666	7.0%
South Derbyshire	540	5.7%
Sandwell	347	3.7%
Wolverhampton	294	3.1%
Derby	276	2.9%
Solihull	231	2.4%
Dudley	171	1.8%
North West Leicestershire	165	1.7%
Telford and Wrekin	137	1.4%
Nuneaton and Bedworth	118	1.2%
Shropshire	111	1.2%
Coventry	109	1.1%
Hinckley and Bosworth	107	1.1%
Other	*1,700*	*17.9%*
Total	**9,490**	**100.0%**

Source: Census, 2011.

Analysis by occupation type illustrates that of these 9,490 working age wholesale & retail trade; repair of motor vehicles and motorcycles (19.5%, 1,849), manufacturing (12.5%, 1,186) and human health and social work activities (11.9%, 1,130) are the main types of industry.

5.4 Engagement in volunteering and other community activities

5.4.1 Volunteering

Geodemographic profiling suggests that the proportion of the Lichfield population who are willing to volunteer for a good cause is higher than both county and national figures. This is reinforced when comparing the percentages of the population who have given unpaid help in the last 12 months as the figure for Lichfield is higher than county figures.

Results from the latest FDS suggest that one in five residents in Lichfield had carried out unpaid help to pubs and clubs; and nearly two out of five residents had undertaken unpaid help to friends or neighbours.

Active People Survey (APS) results suggest that 8.4% of adults in Lichfield are regular sports volunteers compared to the national average of 6.0%.

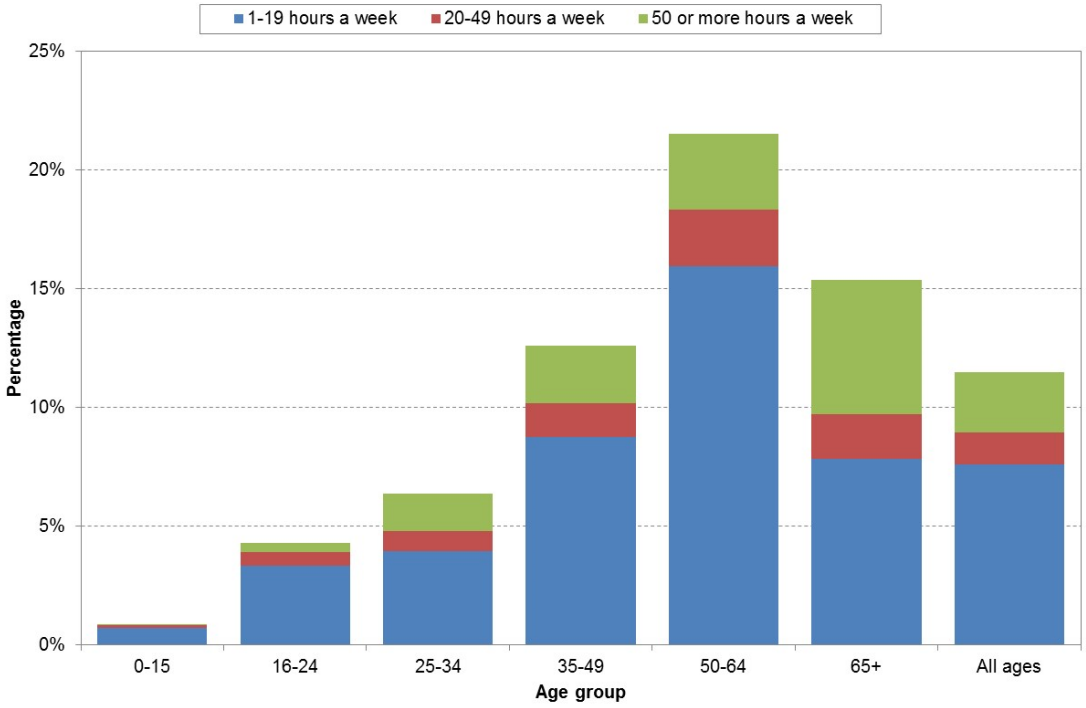
Respondents in a recent consultation[14] felt that local communities could be involved in services such as maintenance, street cleaning and gritting; and that the District Council should consider the use of volunteers, the third sector, people who are out of work and/or people doing community service.

[14] *Fit for the Future Consultation Report, Lichfield District Council, May-July 2014, Staffordshire County Council. 1,148 responses were received to the consultation overall. 321 to the web survey, 665 to the postal survey and 162 to the street interviews. This is a statistically robust number of responses based on the population of the Lichfield District. The margin of error is +/-2.9 at the 95% confidence level.*

5.4.2 Carers

Unpaid care in Lichfield (all ages) rose from 10,298 (11.0%) in 2001 to 11,569 (11.5%) in 2011; which is significantly higher than the England average (10.2%). There are 3,112 residents aged 65 and over (15.4%) who are providing unpaid care which is also higher than England (13.8%). Nearly half (48.1%) of unpaid care provided is between 1 and 19 hours a week; around one in ten carers (8.8%) aged 50 and over are providing 50 or more hours per week of unpaid care (Figure 11). The economic value of carers (65+) in Lichfield is estimated to be £47,489,120.

Figure 11 Percentage unpaid care by hours and age for Lichfield, 2011



Source: Census, 2011.

The number of older people in Lichfield who are unable to manage at least one domestic task, or one self-care activity on their own (includes dressing and undressing, bathing and showering) is expected to rise by half between 2014 and 2030 (between 9,090 & 14,289, 57% and 7,472 & 11,734, 57% respectively). This data suggests that an estimated 26,000 people aged 65 and over will need additional support and this is often provided by a carer. Table 11 shows a large increase in the number of older people who are likely to become carers, at a stage in life when they may be struggling to look after themselves. It is expected that there will be an increase of over 30% in the number of unpaid carers aged 65 and over by 2030 to around 4,800 in 2030. For those over the age of 85 providing unpaid care this will more than double across all three care types.

Table 11 Growth in numbers of older people providing unpaid care in Lichfield, 2014-2030

Age & care type	2014	2030	Percentage change
Providing 1-19 hours of unpaid care			
People aged 65-69	867	901	3.9%
People aged 70-74	478	509	6.5%
People aged 75-79	278	383	37.8%
People aged 80-84	153	296	93.5%
People aged 85 and over	65	161	147.7%
Providing 20-49 hours of unpaid care			
People aged 65-69	167	174	4.2%
People aged 70-74	126	134	6.3%
People aged 75-79	75	104	38.7%
People aged 80-84	48	93	93.8%
People aged 85 and over	32	79	146.9%
Providing 50+ hours of unpaid care			
People aged 65-69	357	371	3.9%
People aged 70-74	352	375	6.5%
People aged 75-79	295	407	38.0%
People aged 80-84	239	462	93.3%
People aged 85 and over	133	333	150.4%

Source: Projecting Older People Population Information System, Crown Copyright, 2014.

5.5 Emerging observations, implications and possible solutions

There is a relationship between employment, health and wellbeing - having a job is better for health than no job. As well as the obvious links to low income and worklessness, detachment from the labour market can lead to a number of social and psychological disadvantages. People who are unemployed tend to have higher levels of premature mortality and poorer general health than those who work. People who have been unemployed for a long duration also tend to visit their GP more frequently and have higher hospital admission rates.

Many of the economic indicators for Lichfield compare favourably to national trends but there are inequalities. LDC would be advised to consider their contribution to creating the right environment and conditions to facilitate the growth of new/small business into larger more sustainable enterprises.

To both retain younger people in the area and encourage the economically active across the life course into the District there must be good quality employment opportunities[15,16]. This includes both the provision of a minimum and fair income, and good workplace health. The National Institute for Health and Care Excellence (NICE) recommends that employers promote work wellbeing through motivating employees, and providing training and support to develop performance and job satisfaction[17]. Other workplace recommendations for improved mental wellbeing, and therefore satisfaction and engagement with the district, include physical activity in the workplace, smoking cessation support, healthy eating provision and support, and flexible working.

LDC is well placed to lead by example, and support local employers to follow suit. Support and advice can include how to implement effective policies and interventions, promoting best practice, and

[15] *Marmot. 2010. Fair Society, Healthy Lives.*
[16] *Public Health England and UCL Institute of Health Equity. 2014. Local action on health inequalities: Increasing employment opportunities and improving workplace health*
[17] *NICE. 2009. Promoting mental wellbeing at work.*

rewarding or accrediting local organisations[18]. London boroughs have created an accredited scheme on healthy lifestyle factors, Healthy Workplace Charter, where boroughs (or districts) provide support to local businesses to accredit them against a framework[19]. Mental Health First Aid also run courses that are open to all in England, aiming to raise awareness of mental health, and give participants the confidence to spot the signs, provide support and signpost to appropriate services. This is a course that can be funded or supported at a district level, and course outcomes nationally include improved knowledge and confidence, in support of healthier workplaces and healthy lifestyles[20].

The volume of commuting in general – and the number of outflows in particular – is one of the headlines that emerge from this analysis. There is a need to acknowledge that some of it is to immediately surrounding areas, and within the Stoke-on-Trent and Staffordshire LEP. Whilst some residents will always commute longer distances to work, LDC could support the creation of more high quality jobs locally so that some real local alternatives are available. It is also noticeable that much of the travel to work, self-contained and outflows, is very car dependent. Nearly 80 per cent of car trips under five miles could be replaced by walking, cycling or using public transport[21]. Figure 12 and Figure 13 provide some practical ideas how LDC could promote active forms of travel among their staff, and work with local employers to do the same.

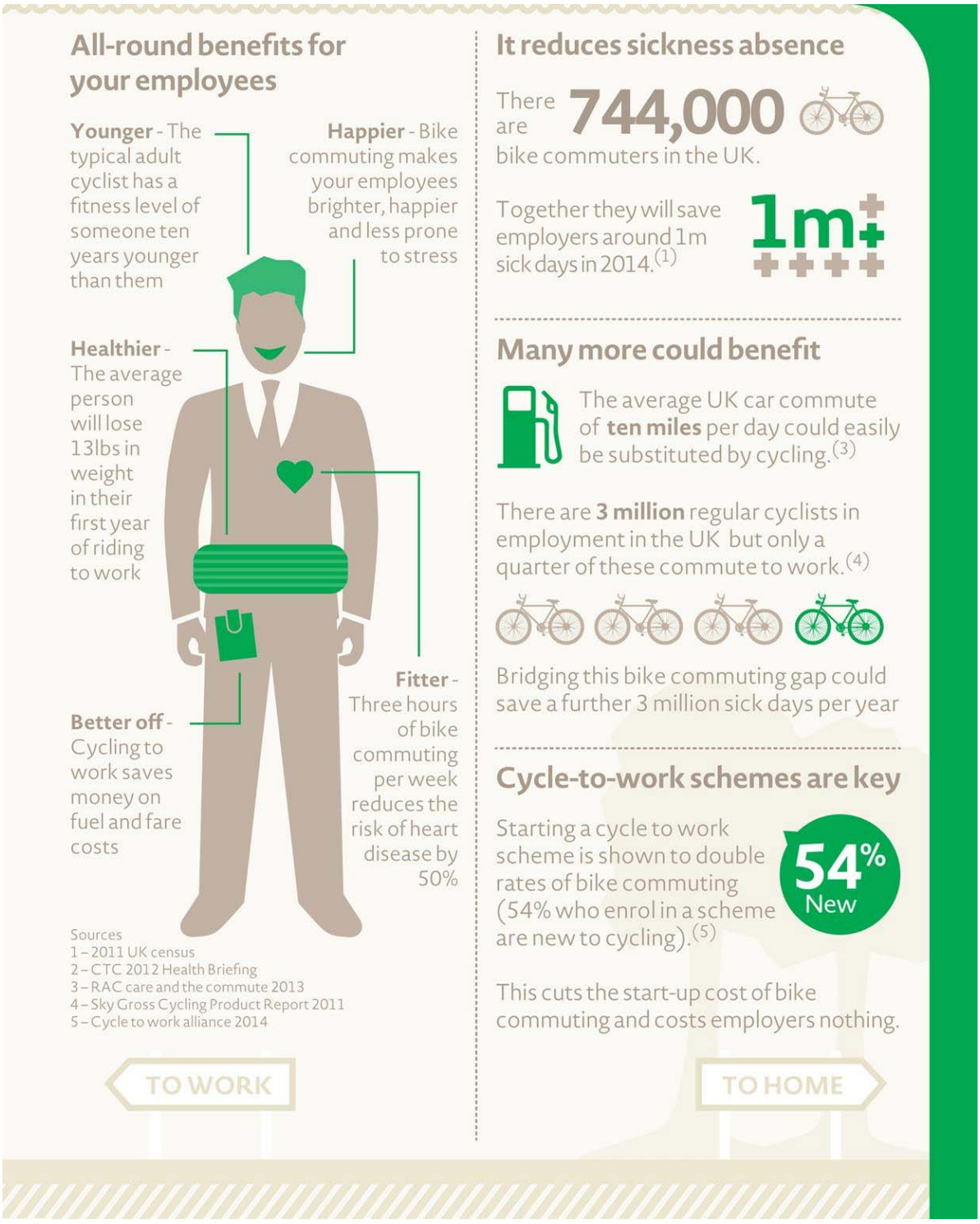
Figure 12 Promoting active forms of travel in Lichfield

- Work with employers to promote cycling to work, which reduces the risk of cardiovascular disease and obesity, and leads to better general health, resulting in lower absenteeism.
- Change public perceptions about cycling being dangerous by promoting the message that its health (and cost) benefits outweigh the risk of accidents.
- learn lessons from other successful schemes:
  - the **Cycling Demonstration Towns programme**, for example, succeeded in reversing the national trend of a gradual decline in cycling levels for the first time in the United Kingdom outside London.
  - the **Cycling City and Towns programme**, implemented across 18 local authorities, included infrastructure improvements and cycle training for children and adults (Department for Transport 2012).
  - In the private sector, GlaxoSmithKline's **Cycle to Work scheme**, for example, greatly increased the number of employees cycling to work, from 50 to 450, through a combination of incentives and improved facilities.
- Promote the **Cycle to Work scheme** (Department for Transport 2011) – which reduces the upfront costs of buying a bike for commuting purposes – among local authority staff, and encourage local businesses to do the same.
- Work with clinical commissioning groups to jointly commission effective cycling and walking interventions, which will deliver savings for NHS budgets.

Source: Improving the public's health: A resource for local authorities , Copyright the King's Fund, 2013.

[18] *NICE. 2009. Promoting mental wellbeing at work.*
[19] *Greater London Authority. Accessed on 21.08.2015 https://www.london.gov.uk/priorities/health/focus-issues/london-healthy-workplace-charter*
[20] *Mental Health First Aid England. 2012. Mental Health First Aid England: is improving the mental health literacy of the population contributing to a public health priority?*
[21] *Cabinet Office Strategy, Unit 2009.*

Figure 13 Bike commuting in the UK, why it matters to you?



Source: www.cyclescheme.cco.uk

Being in good quality work supports health and wellbeing because work generally provides the income needed to live a healthy life, is a source of social status, and offers opportunities to participate fully in society. As already noted demographic changes in Lichfield are resulting in an ageing

population one that is faced with prospect of working to older ages. Good quality employment opportunities for older people are essential.

LDC has a role as an employer and as a local leader in improving employment opportunities and job retention for older people. As poor working conditions contribute to early retirement better working conditions are likely to increase the chances of retaining older staff[22]. Effective action to address the barriers that may prevent older people from finding and staying in work should also help to improve health and wellbeing within this group. Barriers faced by older people at work include discrimination and negative perceptions among employers, for example, relating to performance and training opportunities, and caring responsibilities.

Table 12 Case studies – age positive employers

Hertfordshire County Council's approach to managing its older workforce provides an example of policies and practices that local authorities can implement, such as flexible retirement options including phased retirement and flexible working and management training on age-related issues. These approaches have brought a range of benefits including reduced turnover and recruitment costs, positive employee feedback and retaining and transferring key skills and experience. B&Q, a large private sector employer, employs over 39,000 people; its approach to employment is "based on a philosophy of attitude, not age". Adopting an age positive approach it has identified a number of benefits in employing older workers and has made deliberate efforts to remove barriers that might restrict who they recruit, retain or promote. The company has removed the default retirement age and provides flexible retirement options. It has a range of contract types, which offer hours to suit all individuals, and an age-related criteria has been removed from their rewards and benefits. It has a learning and development framework for all customer advisers that offer choice and flexibility around how and when to learn. Flexible working is offered to everyone, irrespective of age, length of service or caring responsibilities. Over 62% of company employees work flexibly.

Source: Public Health England and UCL Institute of Health Equity. 2014. Local action on health inequalities.

In terms of volunteering, whilst government appears to have retracted from its push towards 'Big Society' as a means of encouraging volunteers the evidence in Lichfield would suggest that the District Council is well placed to encourage greater involvement of volunteers across a range of service areas that could include walking and cycling groups, working with children with learning disabilities; and address specific neighbourhood needs. Volunteering in schools to support children's academic achievement, serving as health or job coaches to young adults, mentoring vulnerable youth or immigrant families, or working with parents and young children on preschool readiness are just a few of the many roles older adults could play in their communities. Similarly, young people could teach technology to elders, provide respite support to families caring for frail elders, and perform chore services to help older neighbours remain independent[23].

6 Education and skills

A good education and a high level of skills can help people achieve better outcomes and adapt to changes they may encounter in their everyday lives, but more particularly in the work place. This is especially important in difficult economic times when the ability to adapt can be advantageous. Key findings for attainment at Key Stage 2, GCSE results, qualifications, apprenticeships and higher level adult skills are shown below.

[22] *Public Health England and UCL Institute of Health Equity. 2014. Local action on health inequalities.*
[23] *Communities for All Ages: A life course approach to strengthening communities in Northern Ireland, Ark Ageing Programme, 2015.*

6.1 GCSE attainment

In 2014, 63% (626) of Lichfield pupils achieved five or more A*-C grades at GCSE level including English and Maths. This is higher than the England average. However there are inequalities within the district with achievement ranging from 40% in Chasetown ward to 80% in Little Aston ward.

6.2 Young people not in education, employment or training (NEETs)

The proportion of young people aged 16-18 not in education, employment or training (NEET) is a Government priority as it not only measures youth unemployment but also those young people who are not being prepared for work as an adult and most at risk from exclusion from the labour market. Being NEET between the ages of 16-18 is seen as a major predictor of later unemployment, low income, depression, involvement in crime and poor physical and mental health.

It is acknowledged that in reducing the number of young people who are NEET, there are likely to be consequent positive outcomes around improved community safety, better health among young people and, of course, an improved academic and vocational skills base.

The proportion of young people who were NEET at the start of January 2015 for Lichfield was 3% (around 100 young people). This is similar to the Staffordshire average. But, two wards in Lichfield however have particularly high levels of young people who are NEET: Armitage with Handsacre and Chadsmead.

6.3 No qualifications

Data extracted from NOMIS suggests that 22.4% of Lichfield residents aged 16 and over have no qualifications. This is similar to the national average (22.5%). For residents aged 16-24 Lichfield is significantly higher than the national average (12.1% compared to 10.4%). There is variation and inequality at ward level for this age group; ranging from 6.0% in Little Aston to 19.4% in Colton & Mavesyn Ridware. Of Lichfield's 26 wards six wards are significantly higher than the national average: Bourne Vale (18.6%), Chadsmead (18.7%), Colton & Mavesyn Ridware (19.4%), Curborough (16.4%), Fazeley (14.0%) and Summerfield (13.6%).

6.4 Further education (NVQ and apprenticeships)

Overall the proportion of the working age population (16-64) in Lichfield qualified to NVQ Level 3 compares favourably to the County, LEP, Regional and National averages. However, higher level adult skills are an issue across the LEP, including Lichfield, with the proportion of the working age population qualified to National Vocational Qualification (NVQ) Level 4 and above below the national average (Table 13).

Table 13 Adult Qualification Levels – Proportion of the working age population (16-64), Jan-Dec 2014

	% with NVQ4+	% with NVQ3+	% with NVQ2+	% with NVQ1+	% with other qualifications	% with no qualifications
Lichfield	31.0	57.9	74.3	87.2	3.5	9.3
Staffordshire	28.4	53.3	73.3	83.5	5.0	11.5
Staffordshire and Stoke-on-Trent LEP	26.7	50.9	70.3	80.9	5.9	13.3
West Midlands	29.4	50.1	67.4	79.9	7.0	13.2
England	35.7	56.5	73.2	85.1	6.2	8.6

Source: ONS Annual Population Survey.

The government has talked a lot about apprenticeships and getting young people ready and equipped for the workplace. Apprenticeship success rates in Lichfield are higher than the LEP area, regional and national averages although the district does demonstrate the same decrease in success rates in 2013/14 when compared to the previous year (Table 14).

Table 14 Apprenticeship success rates in Lichfield, 2012/13 – 2013/14

Area	2012/13		2013/14	
	Starts	Success Rate	Starts	Success Rate
Lichfield	930	76.7%	1,030	70.8%
Staffordshire & Stoke-on-Trent LEP	13,360	71.7%	11,330	67.7%
West Midlands	62,430	72.3%	52,410	69.7%
England	504,200	72.3%	434,600	68.9%

Source: Apprenticeship success rates, www.gov.uk.

6.5 Emerging observations, implications and possible solutions

Good literacy and numeracy are key to further study and employability. Improving performance in these is important as areas with low educational attainment and skills are often associated with high levels of worklessness, deprivation and poor health. Pupils' attaining good GCSEs and equivalent level qualifications is an important indicator since they are more likely to continue with some form of structured learning, leading to higher levels of skills and improved employability. There are areas within Lichfield of low qualifications, high levels of young people who are NEET and high out-of-work benefits. A good education and a high level of skills can also help people achieve better outcomes and adapt to changes they may encounter in their everyday lives, including the workplace. As an example if youth unemployment is not actively targeted then there is a distinct possibility that young people who are unemployed at present may become economically inactive in the long term.

As well as building the foundations of Lichfield's future workforce in terms of skills and qualifications, tackling skills issues in the working age population in the area is equally important. Higher level adult skills are an issue in Lichfield, and across the LEP, with the proportion of the working age population qualified to NVQ Level 4 or above below the national average. LDC has made the pursuit of economic growth one of its priorities; and if the Liberty Park Growth Deal[24] is set to make available a large number of jobs reliant on a highly skilled workforce it needs to promote and support investment and employment, at the site ensuring local people have the right skills to take advantage of these new jobs.

This positive economic activity will not only secure employment opportunities for local residents but also demonstrate to parents the opportunities these jobs can bring and potentially inspire career choices at an early age in a child's education.

Local residents need to be aware of these opportunities coming, and how they can potentially access these jobs, and training opportunities. An important part of enabling the success of this development will be bringing employers and education providers together to ensure residents have the skills and training that they and businesses need to drive the economy forward. LDC could operate as a broker to help identify the emerging needs of these businesses and to ensure nearby schools, colleges and universities are developing those required skills. The District Council could look to work with Job Centre Plus and other partners (including Bromford Housing Association) to identify how they can try and attract as many local people into the employment opportunities that will arise as possible. Not just engagement with NEETs; but given the low levels of unemployment in the area those who could take advantage of these opportunities could be the workless, inactive or those who have multiple barriers to address before they work.

[24] *Lichfield's Liberty Park is one of five initial Growth Deal sites identified in the Stoke-on-Trent and Staffordshire City Deal; and lies within 2 miles of Lichfield city centre. It is estimated that this development will generate 1,100 jobs when complete. 'Skilled trades' and 'process, plant and machine operatives' are expected to be the most common occupations at Liberty Park, accounting for around 500 jobs in total. This is to be expected given the significant amount of manufacturing activity that it is anticipated will be present on the site.*

7 Housing in Lichfield

Housing is a basic need and the relationship between health and housing is well documented - the environment we live in can be an important influence on the demand for health and social care.

Certain characteristics, such as overcrowding, sanitation and poor heating can have adverse effects on an individual's health. Overcrowding is linked to a number of health problems including TB, dysentery, heart attacks, chest problems and poor mental health conditions. Damp and cold homes are linked to asthma, wheezing, chest infections and hypothermia and are also one of the major causes for excess winter deaths in the older population.

Home ownership is an aspiration for many people across the country and the single biggest investment that most will make. As well as housing tenure, this summary also considers housing affordability and the issues of fuel poverty and homelessness.

7.1 Housing stock in Lichfield

There are three main housing sectors in Lichfield as shown in Table 15. Around 76% of households are owner occupied, 13% socially rented and 10% rented privately whilst a smaller proportion live rent free. The proportion of owner occupation in Lichfield (76%) is higher than the national average (64%) and there are fewer socially rented households (13%) than the national average (18%) in all but five wards.

The total number of dwellings in Lichfield increased steadily from 37,500 in 2001 to 41,224 in 2011. The growth is mainly due to private rented housing which has increased by nearly 50% from 2,708 to 3,932 households.

Table 15 Housing tenure, 2011

	Owner occupied households	Privately rented households	Socially rented households	Rent free households
Lichfield	31,397 (76%)	3,932 (10%)	5,446 (13%)	449 (1%)
England	**14,148,784 (64%)**	**3,715,924 (17%)**	**3,903,550 (18%)**	**295,110 (1%)**

Source: 2011 Census, Office for National Statistics, Crown copyright.

Based on 2014 dwelling stock there were around 43,900 dwellings in Lichfield, of which 87% were in the private sector and 13% by a socially registered provider (housing association).

Household projections published by the Department for Communities and Local Government can be used as an estimate of overall housing need. Lichfield had 42,300 households in 2014 which is projected to rise to 48,700 by 2035 (a 15% increase compared with 20% nationally) (Table 16). The average household size is projected to decrease from 2.41 persons to 2.29 persons over the same period.

Table 16 Housing projections in Lichfield, 2014-2035

	Population	Households	Average house size
2014	102,093	42,314	2.41
2015	102,595	42,708	2.40
2020	105,308	44,491	2.37
2025	107,853	46,098	2.34
2030	109,925	47,510	2.31
2035	111,714	48,686	2.29

Source: Household projections for England and local authority districts, Neighbourhood Analysis Division, Department for Communities and Local Government, Crown copyright.

7.1.1 Occupancy (include overcrowding)

The number of households in Lichfield considered to be overcrowded (a household with one or more bedrooms too few) was 2.4% (976) which is significantly lower than the England average (4.6%)[25]. Two wards have higher levels of overcrowding and these are Chadsmead (5.7%, 88) and Curborough (5.0%, 105). The former is significantly higher than the England average.

Over 19,000 households in Lichfield (46.1%) have an occupancy rating (bedrooms) of +2 or more. This implies that they have two or more spare bedrooms and is significantly higher than the national average (34.3%). There is variation at ward level; ranging from 27.7% in Chasetown to 67.3% in Little Aston. Only the former is lower than the England average; 23 of the 26 wards in Lichfield are significantly higher than the England average. Possible reasons for this include children moving out of the family home and home owners continuing to live there, and considerations of having children in the future when buying homes.

7.1.2 Vacant dwellings

Vacant homes can cause problems for neighbours, depressing the value of adjacent properties and attracting nuisance, squatting and criminal activity.

The reasons homes are left empty are often complex – and can include inheritance, the cost of financing repairs, inability to achieve a desired sale or rental price and stalled redevelopment or a decision to retain the property to benefit from house price increases. The impact of empty homes is, however, felt very directly by the people living closest to them, so tackling empty homes is best achieved by locally led interventions.

A high proportion of vacant homes are deemed as wasted resource as they could be a home someone could be living in. However vacant homes are sometimes empty for a good reason and can be expensive to bring back.

During 2014 around 1,000 dwellings were vacant in Lichfield (just over 2% of all dwellings). This is lower than the national average of 3%[26]. Around 320 dwellings in Lichfield were empty for more than six months (long-term vacant dwellings).

7.2 Housing affordability

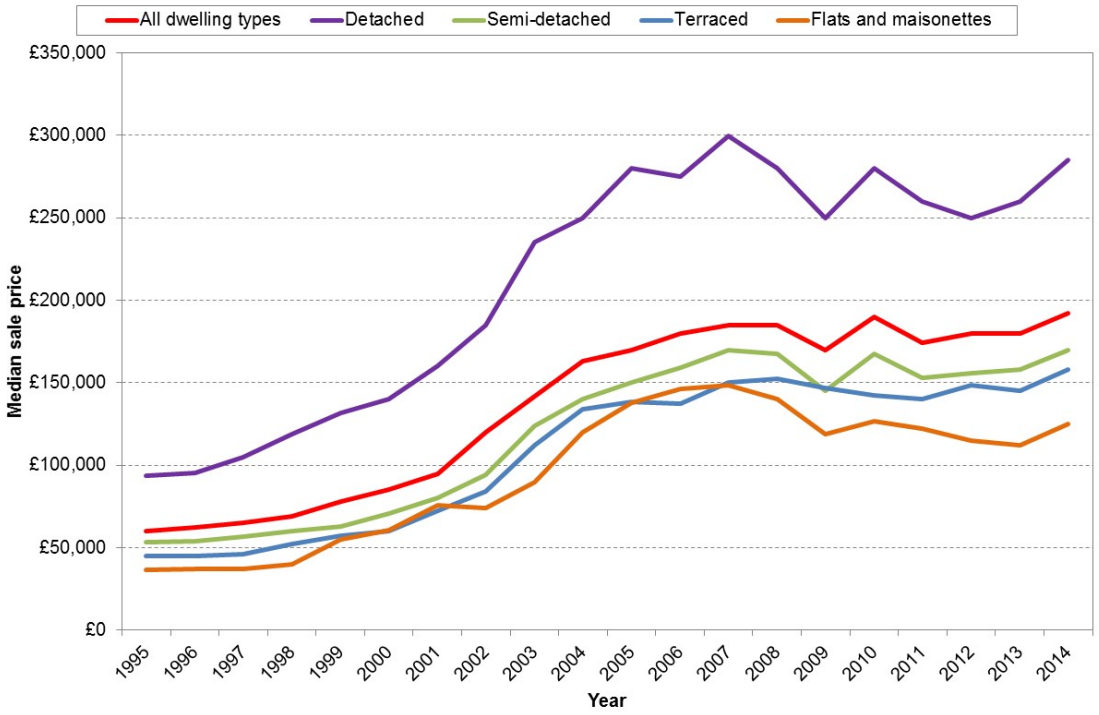
One in four of Lichfield respondents in the latest FDS identified affordable decent housing as one of the top ten factors that influence a good place to live. Residents also identified affordable, decent housing as one of the top ten factors that most need improving in their area.

There are a number of measures available to assess housing affordability in Lichfield. Sale prices across all dwelling types in Lichfield have increased significantly over the last two decades (Figure 14). The average (median) house price in 2014 was £192,000, an increase of 69% from 1995. The median house price for England and Wales overall in 2014 was £194,955. At a middle layer super output area (MSOA) level median sale prices vary from £115,000 to £385,500 in Lichfield (Table 17).

[25] *Census, 2011*

[26] *Local authority housing statistics data returns for 2013 to 2014*.

Figure 14 Median sale price by dwelling type in Lichfield



Source: Housing Summary Measures Analysis, Office for National Statistics.

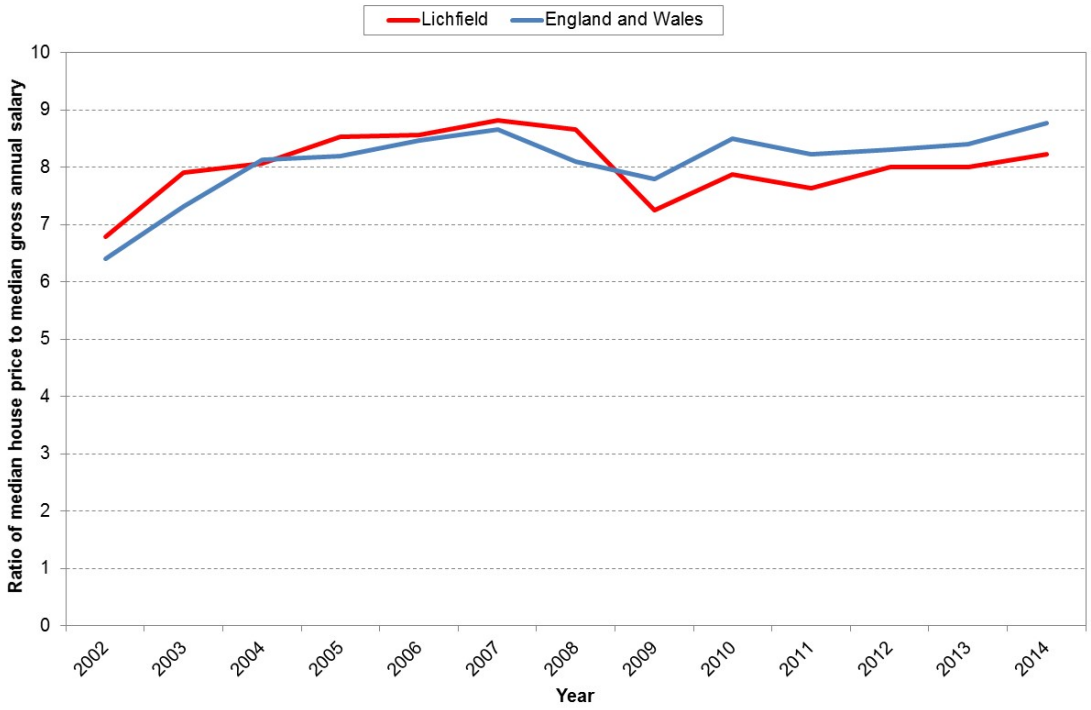
Table 17 Median sale price by dwelling type in Lichfield, 2014

MSOA	All dwelling types	Detached	Semi-detached	Terraced	Flats & Maisonettes
Lichfield 001	£159,950	£206,475	£154,975	£148,000	£108,500
Lichfield 002	£245,000	£299,950	£203,500	£207,500	:
Lichfield 003	£249,750	£309,000	£185,250	£165,000	£113,000
Lichfield 004	£170,000	£340,000	£173,000	£170,000	£132,625
Lichfield 005	£225,000	£279,000	£176,000	£175,000	£77,000
Lichfield 006	£151,000	£209,500	£136,000	£121,000	:
Lichfield 007	£207,000	£337,475	£205,000	£179,975	£140,500
Lichfield 008	£245,000	£330,000	£205,000	£203,225	:
Lichfield 009	£160,000	£190,000	£154,000	£147,500	£97,000
Lichfield 010	£115,000	£199,000	£129,000	£109,000	:
Lichfield 011	£385,500	£512,500	£274,975	£232,000	£305,000
Lichfield 012	£153,250	£290,000	£167,500	£142,250	£125,000
Lichfield	**£192,000**	**£285,000**	**£169,950**	**£157,750**	**£125,000**

Source: House Price Statistics for Small Areas in England and Wales, 1995 to 2014, Office for National Statistics.

The ratio of median house prices to median annual salary help illustrate relative affordability of owner occupied housing. In 2014, the ratio was 8.2 compared with 8.8 across England and Wales. The ratio of house price to salary in Lichfield has increased by 21% between 2002 and 2014 compared to 37% nationally (Figure 15). The lowest quartile house price was however 7.1 times the lowest quartile income which is higher than the averages for Staffordshire (6.1), West Midlands (5.4) and England (6.5) (Figure 16). Both rates highlight possible affordability issues in Lichfield.

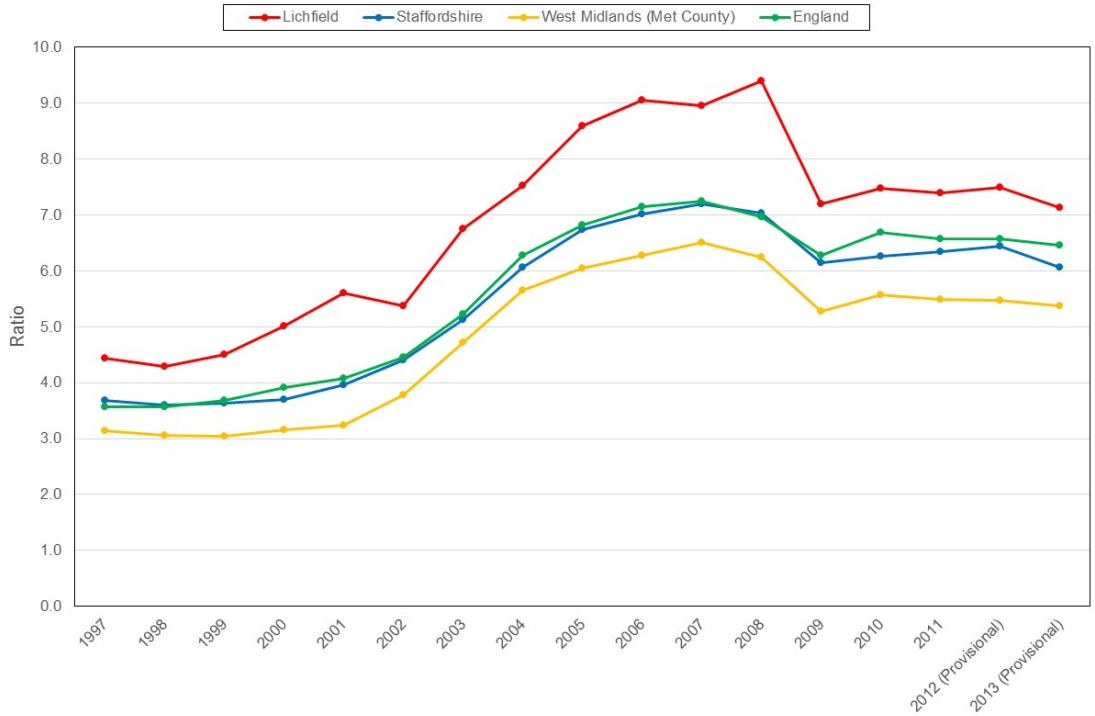
Figure 15 Ratio of median house price to median gross annual salary**



***Note: No published data for Lichfield for 2013, 2012 data has been carried forwards.*

Source: Housing Summary Measures Analysis, Office for National Statistics.

Figure 16 Housing affordability ratio, 1997-2013 (ratio of lower quartile house prices to lower quartile earnings) **



*** Figures for 2012 and 2013 are provisional and may change when the table is updated.*

Source: Annual Survey of Hours and Earnings, Office for National Statistics, Crown Copyright, 2014.

Lichfield has a smaller than average private rented sector and the median monthly private sector rents in 2014 were £595; the highest in Staffordshire and is around 31% of the median gross salary in Lichfield. LDC's Housing Strategy[27] identifies that market demand for private sector rents is strong.

The average weekly social housing rent for private registered providers in Lichfield during 2014 was £85, which is slightly lower than the England average of £92. Lowest earning workers are most likely to live in social rented accommodation with the gross weekly salary in the lowest 10% decile being £122. This means that around 70% of the tenth percentile gross weekly salary is spent on housing which is similar to the England average (73%).

Only 0.2% of social housing in Lichfield was vacant in 2014, this compares with 0.4% in 2010. Around 1,600 households were on the Lichfield waiting list as at 1 April 2014. The shortfall in social housing is identified as the number of households on a social housing waiting list minus vacant social housing, expressed as a percentage of the overall social housing stock. During 2014 the shortfall in social housing in Lichfield was 27%.

7.2.1 Homelessness

Households that are accepted as being homeless or are in temporary accommodation often have greater health needs than the average population. Statutory homelessness is one of the key public health outcomes indicators.

Homelessness in Lichfield has decreased from 2.9 per 1,000 households in 2011/12 which was higher than the national average to 1.5 per 1,000 households in 2013/14 (62 households). There were also 21 households in temporary accommodation during 2013/14. Whilst the rate is significantly

[27] Lichfield District Council's Housing Strategy, 2013-2017

lower than the national average (0.5 compared to 2.6) Lichfield is the highest user of temporary accommodation in Staffordshire with only Staffordshire Moorlands being higher (15).

LDC's Homelessness Strategy[28] said relationship breakdown has remained consistently the highest cause of homelessness within the district for the past 5 years and it is the most common reason that people make a housing enquiry. For 2012/13 43% of enquiries from householders were due to relationship breakdown, loss of tenancy being the second highest reason at 26%.

7.3 Housing and health

The relationship between health and housing is well documented and the environment we live in can be an important influence on health and wellbeing and the demand for health and social care. Certain characteristics, such as trip hazards, overcrowding, sanitation and poor heating can have adverse effects on an individual's health.

7.3.1 Non-decent homes

A home is assessed as being decent if it meets the following criteria:

- is free from category 1 hazards as assessed by the Housing Health and Safety Rating System (HHSRS)
- is in a reasonable state of repair
- has reasonably modern facilities and services
- provides a reasonable degree of thermal comfort

There has been significant improvement in social sector homes, but less than 50% of privately rented homes were considered decent in a national survey conducted across England in 2008. Estimates from a Building Research Establishment (BRE) study on housing suggest that around a third of private dwellings (around 10,600) would not meet the decent homes standard in Lichfield. There is considerable variation at ward level and estimates for six wards are statistically higher than the England average (36%). These are Shenstone (39%, 460), Longdon (49%, 360), Kings Bromley (50%, 300), Mease & Tame (50%, 610), Colton & Mavesyn Ridware (52%, 310) and Bourne Vale (53%, 330).

7.4 Cold homes and health

7.4.1 Fuel poverty

Fuel poverty is influenced by household income, costs of energy, and the homes energy efficiency. Fuel poverty itself can cause financial stress to households and lead to increases in poor mental wellbeing. A household is said to be in fuel poverty if it needs to spend more than 10% of its income on fuel in order to maintain a satisfactory heating regime. This is generally defined as 21°C in the main living room and 18°C in all other rooms. It is worth highlighting that fuel poverty does not measure actual expenditure on fuel, rather it shows the relationship between expected fuel costs and household incomes.

Health risks

Fuel poverty associated health risks include respiratory problems, mental health (all age groups), accidents and injuries in the home e.g. falls amongst older people as their dexterity is affected, and there is a higher mortality risk (Department of Health 2010).

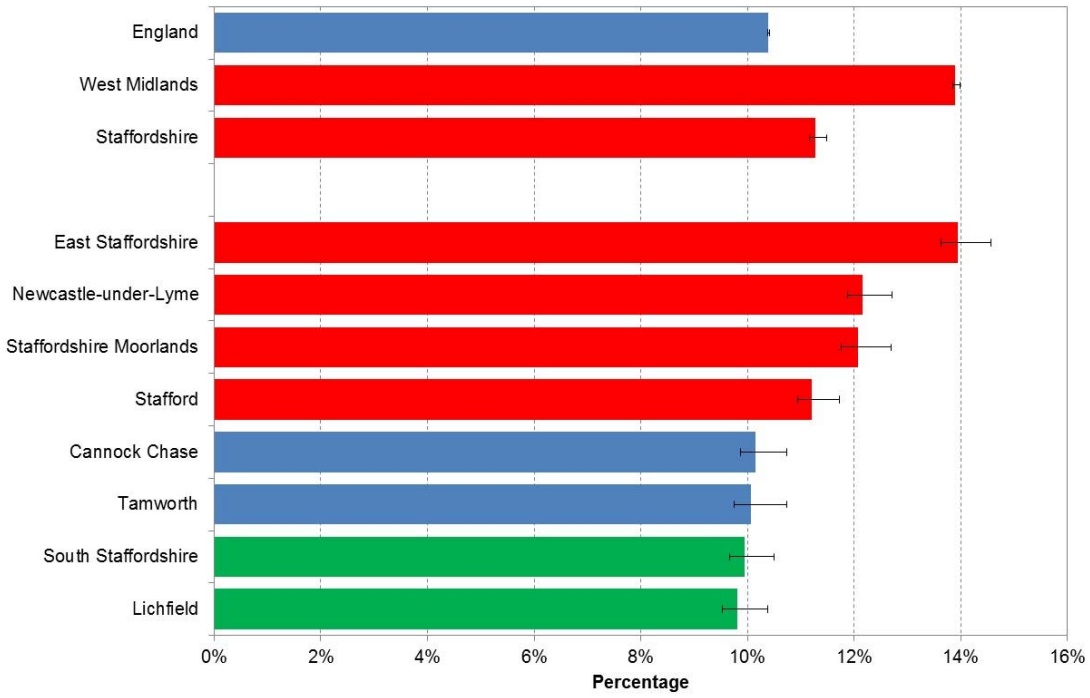
The four main groups of people likely to experience particularly negative health impacts of fuel poverty are older people, infants, disabled people and those living with long term sickness[29]; these households spend more time at home. There are higher levels of fuel poverty in owner-occupied and privately rented housing, and in rural areas; these homes are more energy inefficient as a result of their age, construction and lack of access to mains gas.

[28] Lichfield District Council's Homelessness Strategy and Review 2013-2018

[29] Hills Fuel Poverty report states that 34 % of fuel poor households contain someone with a disability or long-term illness; 20 % cent have a child aged 5 or under; 10 % cent a person aged 75 or over.

Latest fuel poverty data (2013) for all districts across Staffordshire shows Lichfield as having the lowest percentage of households thought to be in fuel poverty (9.8%, around 4,100 households). This is significantly lower than the England average (10.4%) (Figure 17).

Figure 17 Fuel Poverty in Staffordshire, 2013



Key: Statistically better than England; statistically worse than England.

Source: Sub-regional fuel poverty levels, England, 2014, Department of Energy & Climate Change and Public Health Outcome Framework, Public Health England, http://www.phoutcomes.info/.

However, it is an issue across seven of the 59 LSOAs (four of the 26 wards) in Lichfield (Table 18).

Table 18 Fuel poverty in Lichfield, 2013

LSOA code	Ward name	All Households	Fuel Poor Households	Percent Fuel Poor
E01029492	Chadsmead	769	100	13.0%
E01029494	Chase Terrace	649	96	14.8%
E01029499	Curborough	740	94	12.7%
E01029501	Curborough	615	91	14.8%
E01029502	Fazeley	647	86	13.3%
E01029503	Fazeley	646	84	13.0%
E01029515	Longdon	778	101	13.0%

Source: Sub-regional fuel poverty levels, England, 2014, Department of Energy & Climate Change and Public Health Outcome Framework, Public Health England, http://www.phoutcomes.info/.

There are around 670 households in Lichfield (1.6%) that do not have central heating; this is lower than the England average (2.7%). At ward level this ranges from 0.3% (3 households) in Little Aston to 3.4% (53 households) in Summerfield. Compared to the national average no ward is significantly higher.

7.5 Emerging observations, implications and possible solutions

7.5.1 Housing and affordability

Improving housing choice and access to a wide range of affordable homes is one of four priorities in Lichfield's Housing Strategy[30]. For examples of other affordable housing strategies see Salford and Stevenage.

Whilst high house prices often reflect desirable places to live, housing affordability remains a concern in Lichfield and home ownership is out of reach to many, particularly for the young and the lowest paid workers in the economy. Lichfield has delivered 205 'affordable' homes since 2008; and improving housing choice and access to a wide range of affordable homes is a priority in two LDC strategies[31]. However it has identified that there is a limited supply of new affordable housing because like other areas the recession has led to a slowdown in house building and the reduction in affordable housing.

A possible area of future research is to try and explore further the inaccessibility of housing, to young people in particular, in Lichfield. Consultation and engagement with young people may generate new insights about how much of an issue affordable housing is to them.

7.5.2 Housing and health

Housing is at the centre of health, one of the key reasons, is due to the proportion of our lives that we spend in them:

*"According to research, we spend **90% of our time indoors** and **65% of that time is spent at home**; it's vital that the houses we provide are built to high standards that will aid or improve quality of life."*[32]

There is abundant evidence indicating links between an individual's environment (including both the home and wider built environment) and their immediate and long-term health and wellbeing outcomes[33]. Affordable and suitable, warm, safe and secure homes are essential to a good quality of life for all ages; those homes that do not meet these criteria have a negative impact on health and wellbeing drives health inequalities and places an unnecessary burden on public resources. Poor housing in England costs the NHS between £1.4 and £2.5 billion a year. This equates to between £2.6-4.7 million every year in Lichfield[34].

LDC's Housing Strategy[35] stressed the need to support older and vulnerable people to live as independently and healthily as possible; it also identified the need to ensure there are warm, healthy, well maintained homes in the district, reducing fuel poverty in the district and cutting carbon emissions. However a good home should also include adequate space for playing and physical activity.

In supporting older people to remain healthier and independent, it is important to note differences in organisational responsibilities, and where they can work in partnership. For example, falls prevention is a priority for the NHS in those aged over 65 years, to prevent injury from falls, and associated losses in confidence and independence[36], but district and borough councils can provide physical activity opportunities for older people, through organised classes or through well-lit accessible green spaces to support physical and mental wellbeing. For example, The Green Exercise programme targeted people (including older people) in eight different regions across the UK who were not

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30 *Lichfield District Housing Strategy 2013-2017.*

31 *Lichfield District Council Local Plan Strategy 2008-2029, adopted February 2015, and Lichfield District Housing Strategy 2013-2017.*

32 *M, England. (2013, January 2014). Research into housing and health will improve critical link between services. Retrieved August 24, 2015, from The Guardian: http://www.theguardian.com/housing-network/2013/jan/24/research-social-housing-health-improve-services*

33 *Marmot, M. (2010) Fair Society, healthy lives: The Marmot Review. London: The Marmot Review [Online] Available at http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review.*

34 *Applying Local Government Association (LGA) and BRE methodologies to 2014 mid-year population estimates the cost of poor housing in Lichfield is either £4.7million (LGA, 2014) or £2.6million (BRE, 2015).*

35 *Lichfield District Housing Strategy 2013-2017.*

36 *NICE. 2013. Falls: assessment and prevention of falls in older people.*

accessing green spaces or taking regular physical activity[37]. Physical activity opportunities included conservation tasks and walking programmes, and participants reported a number of other benefits in addition to increased physical activity, such as improved social skills, confidence, wellbeing and community belonging. It also helped to identify barriers, some of which can be influenced at a district level; maintenance of green spaces, fear for personal safety, and knowledge on facilities and green spaces available.

Fuel poverty is a key local authority (including district) responsibility. Older people are particularly vulnerable to fuel poverty, especially during the winter months in the UK as they become at increased risk of heart attacks, strokes, respiratory disease, flu and falls[38]. The Cold Weather Plan for England 2014 provides guidance for district councils and partner organisations on reducing the risks to health from cold weather. At district level, advice is predominately focused on identification of those at risk, raising awareness and supporting preventative actions, and signposting vulnerable people to support[39]. The following case studies provide examples of local authorities that have implemented active campaigns to raise awareness of fuel poverty and cold homes through tailored education programmes, improve access to support and assistance, as well as help with other related issues such as debt (Table 19, Table 20 and Table 21).

Table 19 Case study 1 - Improving energy efficiency in the home

An example at district level includes Nottingham City Council who invested in energy efficiency improvements to 21,080 council homes in the social rented sector (all ages)[40]. This included central heating system upgrades and double glazing installation in meeting the decent homes standards. Tenants have reduced their risk of fuel poverty, saving an estimated £3.5m on fuel bills annually. Savings can be further reduced through the provision of tailored education programmes; Worthing, East Sussex, found that households (all ages) saved £233.44 on its annual fuel bill when only attending a tailored education programme, whilst those receiving retrofitting works saved £38.00. Those receiving a combination saved the most; £367.72 annually. The West Midlands Later Life Forum, a charity that supports later life, provides further ideas and case examples; http://www.wmllf.org.uk/ including information on the annual UN "Older People's Day" on 1st October.

Source: Public Health England and UCL Institute of Health Equity. 2014. Local action on health inequalities: Fuel Poverty.

[37] *Public Health England and UCL Institute of Health Equity. 2014. Local action on health inequalities: Improving access to green spaces*
[38] *Public Health England and UCL Institute of Health Equity. 2014. Local action on health inequalities: Fuel Poverty*
[39] *Cold Weather Plan for England, Department of Health, 2014.*
[40] *Public Health England and UCL Institute of Health Equity. 2014. Local action on health inequalities: Fuel Poverty*

Table 20 Case study 2 - 'Beat the cold this winter' campaign, Essex

Essex County Council worked in partnership with NHS North East Essex and ten Essex Citizens Advice Bureaux to deliver an initiative based on the Citizens Advice Bureau's Reach Out pilot project in the Tendring district of the county. The Reach Out pilot supported hundreds of clients in Tendring to apply for £49,980-worth of benefits and helped them manage £102,000-worth of debt. Essex County Council then scaled up the initiative to deliver it across the entire county.

The county-wide project aimed to engage with disadvantaged, socially excluded and vulnerable people in order to address some of the underlying health-related issues they may experience. Qualified advisers were sent out to knock on doors and engage with residents of deprived communities.

As part of this community engagement, advisers used this opportunity to introduce a 'Beat the cold this winter' information pack and engage with clients about action that could be taken to reduce fuel poverty and prevent ill-health during the winter months. Depending on the client's response, advisers would then proceed with follow-up appointments or pass the client on to relevant agencies.

Over a four week period in the winter of 2011-12, the project successfully engaged with 2,100 clients, providing free, independent, confidential and impartial advice. A number of outcomes were recorded including:

- 1,545 people reduced their fuel poverty
- 1,007 signposts and referrals
- £318,601-worth of benefits claimed and other financial gains made
- £210,100-worth of debt managed
- £95,000-worth of debt written off

The initiative was part of collaboration between Essex County Council, NHS North East Essex and Essex Citizens Advice Bureau and was funded by the Warm Homes Healthy People Fund. The campaign was launched in the winter of 2011-12 and the organisations have continued to work together to provide advice and support since then.

Source: Public Health England and UCL Institute of Health Equity. 2014. Local action on health inequalities: Fuel Poverty.

Table 21 Case study 3 – Partnership working in Worthing, East Sussex, to meet the Decent Homes standard and reduce carbon emissions,

The Residents 4 Low Impact Sustainable Homes (Relish) project was launched in 2009 and is based in Worthing, West Sussex. It is supported by a number of local partners including housing associations. The initial pilot aimed to retrofit homes in a cost-effective way, to meet the Decent Homes standard and reduce carbon emissions, by spending no more than £6,500 on home improvements per household.

The work undertaken by the project includes:

- insulation improvements and repairs
- fire safety
- security improvements
- a wide range of other home improvements
- tailored education programme

Evaluation of a select number of homes during the 12-month pilot scheme found that:

- a household that received retrofitting works and the education programme saved £367.72 on its annual fuel bill (29.08% reduction).
- a household that received only retrofitting works saved £38.00 on its annual fuel bill (3.88% reduction).
- a household that received only the education programme saved £233.44 on its annual fuel bill (18.06% reduction).

Relish was pioneered by Worthing Homes in association with support from local surveying and construction companies.

Source: Public Health England and UCL Institute of Health Equity. 2014. Local action on health inequalities: Fuel Poverty.

7.5.3 Supporting the local economy

The ambition to develop and grow the local economy in Lichfield will also require the right mix of housing for workers and improvements to infrastructure to address any existing issues and to accommodate future growth.

Good quality and choice of housing helps to drive economic growth as it makes the area more attractive which helps to both retain the able and young and also attract people with entrepreneurial qualities and inward investors. The right housing in the right places can also have environmental benefits by reducing the need for long commutes and allowing people to live closer to the areas in which they work. In particular it is recognised that the provision of affordable housing can help to create more balanced and integrated communities, and makes employment opportunities more accessible to the less well paid and enables businesses to fill vacancies.

8 Health

According to the World Health Organisation, health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity[41]. This section presents a summary of some of the key health issues in Lichfield.

8.1 Teenage pregnancy

Being a teenage parent can have adverse effects on an individual's life chances, for example, teenage mothers often have poor educational attainment and reduced employment opportunities.

[41] *World Health Organisation, 1948.*

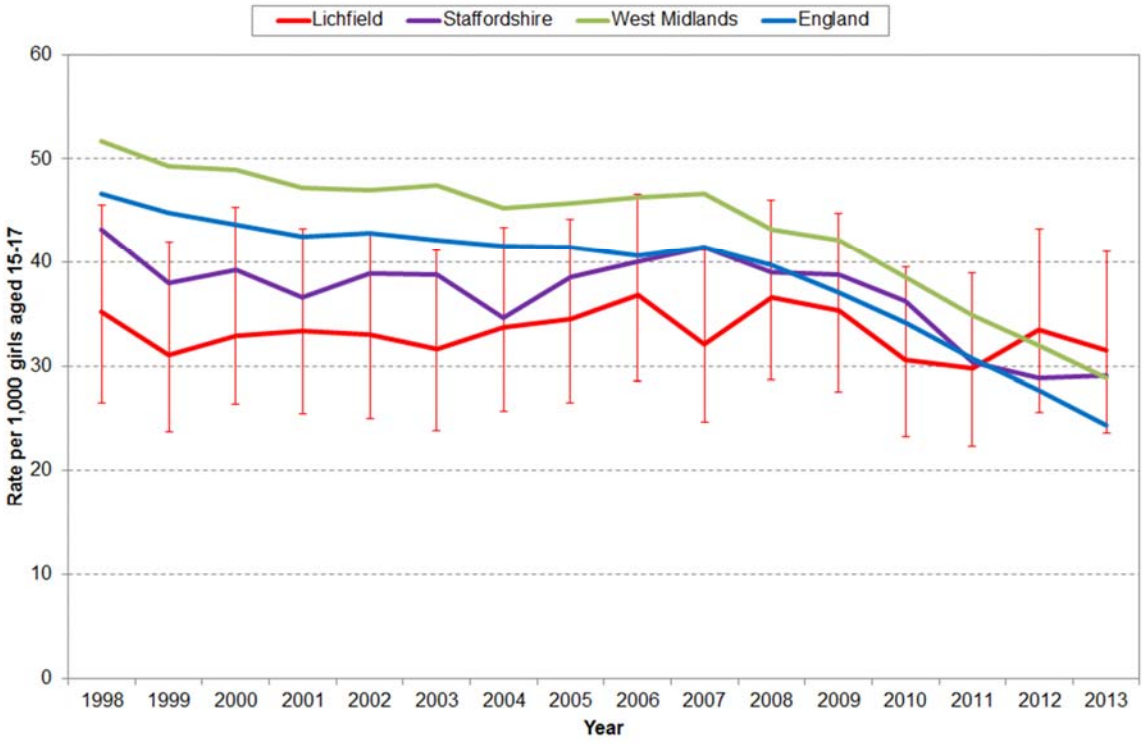
Being a teenage mother also has an additional risk of increased mortality and morbidity for both mother and infant.

During 2013 there were around 50 teenage pregnancies in Lichfield. Teenage pregnancy rates in Lichfield are not falling as fast as the national rate: between 1998 and 2013 under-18 conception rates in Lichfield only reduced by 11% compared with a 33% reduction in Staffordshire and 48% in England (Figure 18). Whilst overall rates in Lichfield remain similar to the national average they do fall within the worst quartile nationally (Figure 19).

Under-16 conceptions make up around one in five under-18 pregnancies in Lichfield with rates being similar to England (Figure 20).

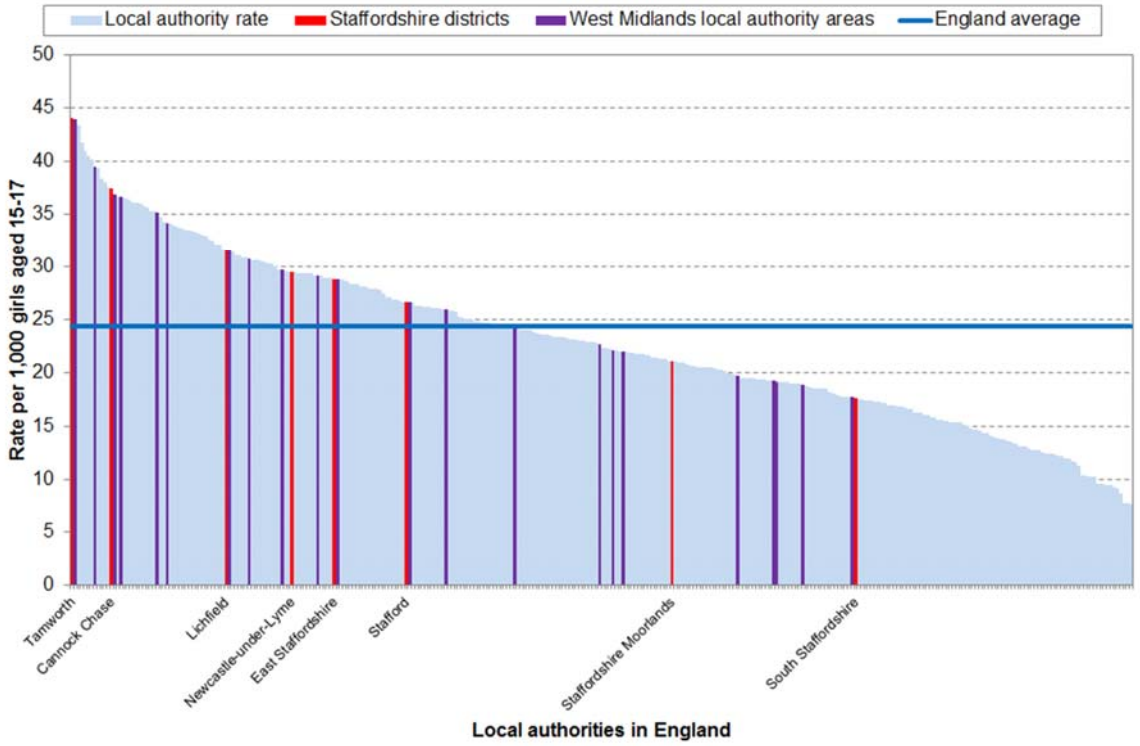
Teenage pregnancy rates are higher than average in Boney Hay, Chadsmead, Curborough and Summerfield wards.

Figure 18 Teenage pregnancy trends: under-18 conception rates



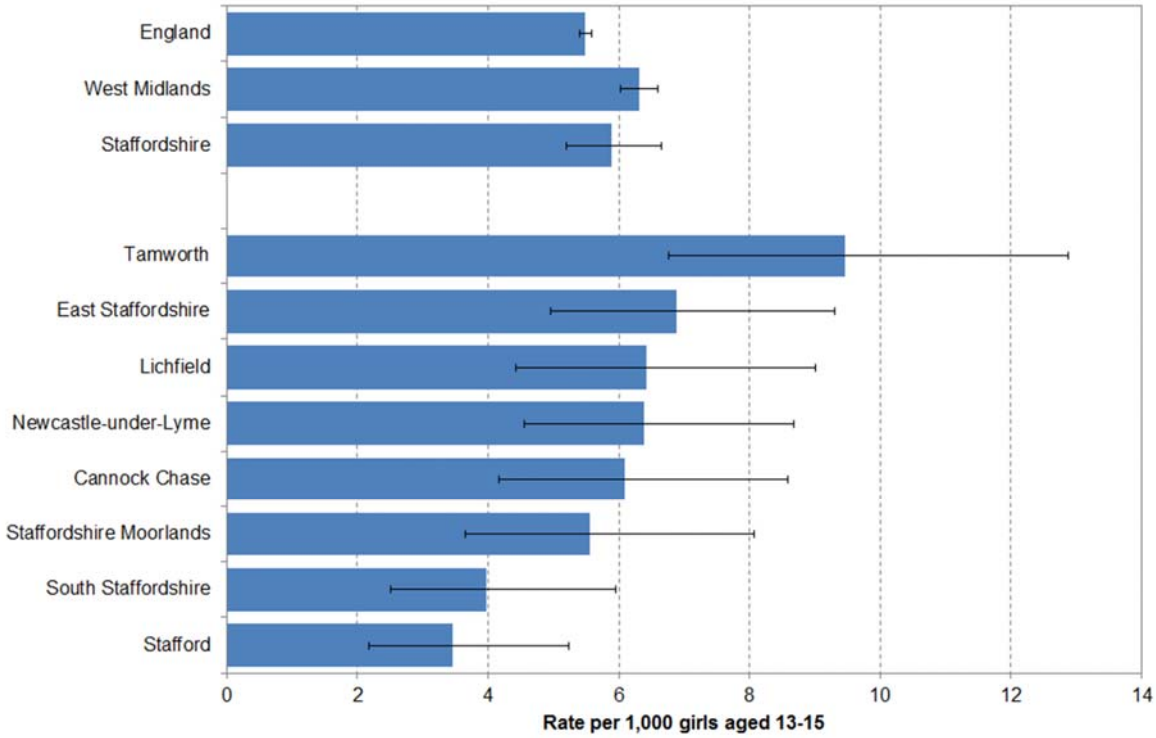
Source: Office for National Statistics.

Figure 19 Teenage pregnancy trends: under-18 conception rates, 2013



Source: Office for National Statistics.

Figure 20 Teenage pregnancy: under-16 conception rates, 2011-2013



Source: Office for National Statistics.

8.2 Lifestyles

People's lifestyle choices can have a profound impact on their health. Smoking for example is the biggest preventable cause of disease and death in England and remains a key health and wellbeing challenge. The misuse of alcohol has been shown to contribute to a number of health problems and is also linked to social problems such as anti-social behaviour, crime and domestic violence. Being obese increases the risk of diseases such as diabetes, hypertension (high blood pressure), cancer and heart disease, and can lead to social and psychological problems. A healthy diet can help reduce the risk of developing heart disease, some cancers, reduce the risk of diabetes, high cholesterol and blood pressure levels and also reduce excess weight. People who have a physically active lifestyle reduce the risk of cardiovascular disease, some cancers and diabetes. Being active can also improve musculoskeletal conditions, reduce excess weight and improve an individual's wellbeing.

8.2.1 Alcohol

During 2013/14 there were around 640 alcohol-related admissions in Lichfield with rates being similar to the national average (606 age-standardised rate per 100,000 population compared to 645). Provisional rates for 2014/15 show a continued reduction in rates.

Trend analysis of under 18s admitted to hospital with alcohol specific conditions in Lichfield shows a 50% change between 2006/07-2008/09 (73 crude rate per 100,000 population) and 2011/12-2013/14 (37 crude rate per 100,000 population).

Findings from a recent survey[42] show that 60% of respondents have had an alcoholic drink. Drinking would 'normally' take place at a party or at home with the family; whilst an overwhelming majority (166 respondents) got alcohol from parents with their permission. Nearly two thirds of all respondents (63%) claimed it was easy to get alcohol. Around half of respondents (41%) think drinking is ok as long as it doesn't affect their health or school work.

Violent crime is lower than England for Lichfield overall but higher in Chasetown and Stowe and most violent crime is associated with alcohol. A child under the age of 16 is 85% more likely to be involved in violence if drunk[43].

8.2.2 Excess weight

Children with excess weight (in Reception) aged 4-5 years for the period 2012/13 was significantly higher than the national average. Latest excess weight analysis 2013/14 indicates that it's now similar to the national average for Reception children (22.3%, around 250) and lower for Year 6 (30.0%, around 290).

Results from the APS suggest two-thirds of Lichfield adults have excess weight (either obese or overweight) and about a quarter are obese; both similar to the England average (Table 22).

[42] *Lichfield District from the School Alcohol and Drugs Survey (May 2015). Commissioned by ENTRUST and produced by the Insight Team, Staffordshire County Council. The Survey "Have your say" was completed in the spring term 2015 by pupils in years 7 to 12. The purpose of the survey was to provide organisations with an understanding of Staffordshire young peoples' views and experiences of alcohol and drugs, with a view to informing long term harm reduction strategies. For Lichfield District, 6 schools and 414 pupils from Years 7 to 12 participated.*

[43] *Drink Aware (https://www.drinkaware.co.uk/check-the-facts/underage-drinking)*

Table 22 Excess weight in adults in Staffordshire, 2012 Sport England, Active People Survey

Area Name	% Under-weight	% Healthy weight	% Overweight (not including obese)	% Obese	% Excess weight
Cannock Chase	0.6%	36.9%	32.3%	30.3%	62.5%
East Staffordshire	0.4%	28.0%	40.6%	31.0%	71.6%
Lichfield	0.4%	32.9%	43.2%	23.5%	66.7%
Newcastle-under-Lyme	0.3%	36.4%	45.4%	18.0%	63.4%
South Staffordshire	0.6%	29.9%	46.3%	23.2%	69.5%
Stafford	0.1%	30.3%	48.2%	21.4%	69.6%
Staffordshire Moorlands	0.3%	29.7%	46.0%	24.1%	70.0%
Tamworth	0.3%	29.0%	43.4%	27.4%	70.7%
Staffordshire	**0.4%**	**31.7%**	**43.5%**	**24.4%**	**67.9%**
West Midlands	**1.1%**	**33.2%**	**41.2%**	**24.5%**	**65.7%**
England	**1.2%**	**35.0%**	**40.8%**	**23.0%**	**63.8%**

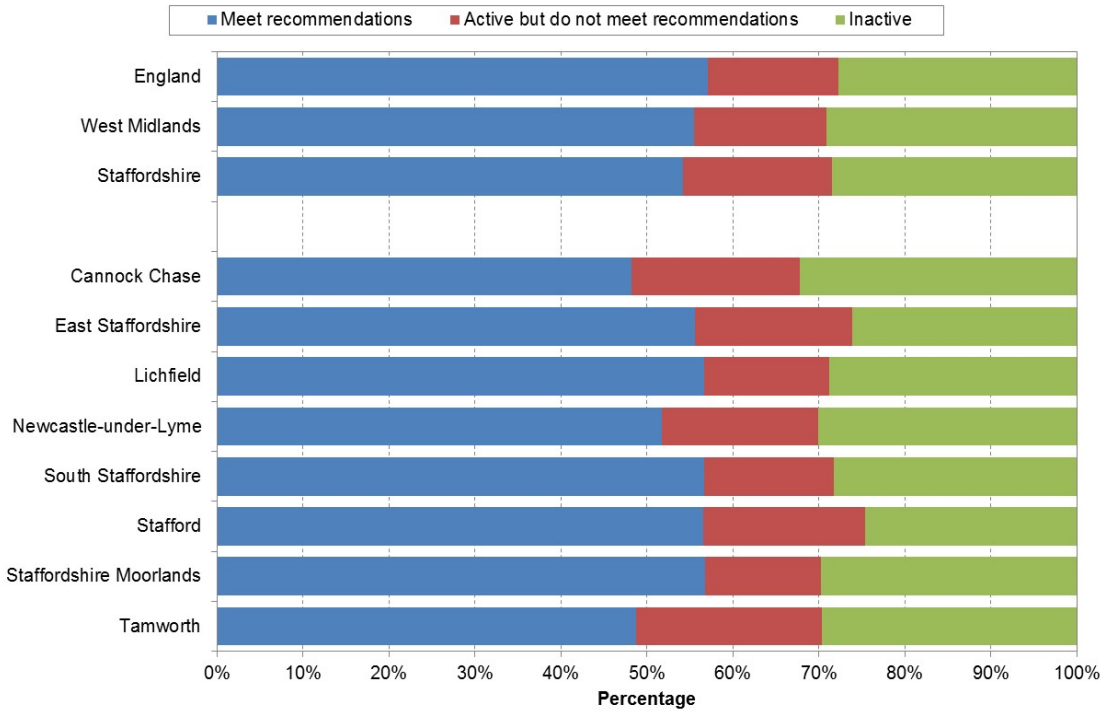
Key: Red = worse than England, green = better than England, black = similar to England.

Source: Sport England, Active People Survey.

8.3 Being active

The Chief Medical Officer recommended that adults undertake 150 minutes of moderate intensity activity over a week in bouts of 10 minutes or more. Around 57% of Lichfield adults met recommended levels of physical activity in 2014 which is similar to the England average of 57%. Over a quarter (29%) of Lichfield adults are inactive and nearly 15% are active but do not meet the recommendations (Figure 21). However a recent Sport England survey estimates that nearly 40% of adults who are inactive want to take part in sport demonstrating there is an opportunity to increase participation.

Figure 21 Activity Levels, 2014



Source: Sport England, Active People Survey.

Estimates suggest that 38.1% take part in organised sport by belonging to a club, receiving tuition or taking part competitively, compared to 33.6% nationally.

The most popular sports for adults in Lichfield are swimming, cycling, gym, athletics and fitness & conditioning.

8.4 NHS health checks

The NHS health check programme is key in reducing health inequalities and increasing life expectancy from preventable cardiovascular (CVD) conditions. It aims to help prevent CVD by offering everyone between the ages of 40 and 74 a health check that assesses their risk of heart disease, stroke, kidney disease, diabetes and dementia and gives them support and advice to reduce that risk.

In Lichfield there are 33,800 patients who are eligible to be invited for an NHS health check over a five year period (around 70% of the population aged 40-74). Between April 2013 and March 2014, about 7,600 invites were sent to Lichfield residents, which is 22% of the eligible population and higher than the national average of 18%. During this period around 3,400 patients received an NHS health check which is an uptake rate of 44%, lower than the national average of 49%.

8.5 Long term conditions

The 2011 Census found that 18.1% (18,300 people) had a limiting long-term illness (LLTI) in Lichfield. This is higher than the England average of 17.6%. The proportion of people who have a LLTI also increases with age: around 48% (9,400) of people with 65 and over and 67% (5,100) of people aged 75 and over have a LLTI.

In Lichfield 12 of 26 wards also have higher proportions of people with LLTI than the England average.

The prevalence of long-term conditions is projected to increase given the ageing population and increase in unhealthier lifestyles placing an increased burden on future health and social care

resources. By applying percentages of people with a limiting long-term illness in 2011 to projected population figures Table 23 suggests that between 2014 and 2030 the number of people 65 and over in Lichfield with a LLTI will have increased by nearly 50%. That is greater than Staffordshire (47%), West Midlands (39%) and England (44%).

Table 23 People aged 65 and over in Lichfield with a limiting long-term illness, projected to 2030

Area	2014	2015	2020	2025	2030
Lichfield	10,691	11,070	12,717	14,404	16,028
Staffordshire	88,288	90,744	102,763	116,028	129,331
West Midlands	533,213	544,339	600,386	667,880	743,060
England	4,661,284	4,762,523	5,271,765	5,955,584	6,693,865

Note: Figures may not sum due to rounding.

Source: Projecting Older People Population Information System, Crown Copyright, 2014.

GP disease registers show that the long-term conditions with the highest prevalence in Lichfield are hypertension (15%), obesity (10% of people aged 16 and over), diabetes (6% of people aged 17 and over), asthma (6%) and depression (6% of people aged 18 and over) (Table 24).

The numbers of patients recorded on general practice disease registers when compared with the expected numbers of people on registers with specific conditions shows that there are potentially large numbers of undiagnosed or unrecorded cases for osteoporosis, learning disabilities, peripheral arterial disease, palliative care conditions, dementia, heart failure, chronic kidney disease, hypertension and chronic obstructive pulmonary disease.

Higher numbers of cases on the registers than would be expected are recorded for cancer, hypothyroidism and severe mental health conditions. Some of these differences may be due to the model used for expected numbers, particularly in cases such as the cancer and hypothyroidism which are noted as underestimating the true prevalence.

Table 24 Summary of actual and expected prevalence for selected long-term conditions in Lichfield, 2013/14

	Recorded prevalence (QOF 2013/14)	Expected prevalence (2013/14)	Estimated under recording (percentage)
Asthma	5,462 (5.9%)	8,501 (9.2%)	36%
Atrial fibrillation	1,675 (1.8%)	1,846 (2.0%)	9%
Cancer	2,316 (2.5%)	822 (0.9%)	-182%
Chronic kidney disease (age 18+)	2,687 (3.6%)	5,280 (7.1%)	49%
Chronic obstructive pulmonary disease	1,614 (1.7%)	2,783 (3.0%)	42%
Coronary heart disease	3,469 (3.8%)	4,917 (5.3%)	29%
Dementia	475 (0.5%)	1,171 (1.3%)	59%
Depression (age 18+)	4,327 (5.8%)	6,067 (8.2%)	29%
Diabetes (age 17+)	4,886 (6.5%)	5,060 (6.7%)	3%
Epilepsy (age 18+)	566 (0.8%)	666 (0.9%)	15%
Heart failure	723 (0.8%)	1,603 (1.7%)	55%
Hypertension	14,165 (15.3%)	25,022 (27.1%)	43%
Hypothyroidism	3,342 (3.6%)	2,076 (2.2%)	-61%
Learning disabilities (age 18+)	294 (0.4%)	1,561 (2.1%)	81%
Mental health	621 (0.7%)	375 (0.4%)	-66%
Obesity (age 16+)	8,015 (10.5%)	17,964 (23.5%)	55%
Osteoporosis (age 50+)	106 (0.3%)	1,051 (2.8%)	90%
Palliative care	219 (0.2%)	635 (0.7%)	66%
Peripheral arterial disease	611 (0.7%)	2,834 (3.1%)	78%
Rheumatoid arthritis (16+)	709 (0.9%)	615 (0.8%)	-15%
Stroke	1,745 (1.9%)	2,077 (2.3%)	16%

Source: Quality and Outcomes Framework (QOF) for April 2013 - March 2014, GPES and CQRS database - 2013/14 data as at end of June 2014, Copyright © 2014, Health and Social Care Information Centre. All rights reserved, NHS Comparators, NHS Doncaster QOF Benchmarking Tool, Public Health England, 2014 dementia calculator, Primary Care Web Tool and GP registered populations, Midlands and Lancashire Commissioning Support Unit (CSU).

8.6 Mental health conditions in Lichfield

People with mental ill-health are a marginalised and vulnerable group that can experience considerable barriers when accessing health services and suffer from poorer health outcomes than the general population. At least one in four people will experience a mental health problem at some point in their life and one in six adults have a mental health problem at any one time.

The estimated number of people suffering mental ill-health in the community is between 21,900 and 26,100 people.

In Lichfield around 6% of adults aged 18 and over were on GP depression registers in 2013/14 which is slightly lower than the national average.

In terms of severe mental health conditions (schizophrenia, bipolar disorder or other psychoses), the recorded prevalence in Lichfield was 0.7% in 2013/14 which is lower than the England average of 0.9%.

Estimates and future projections of people with mental health conditions are shown in Table 25.

Table 25 Estimates of mental health conditions in Lichfield aged 18-64

	2014	2015	2020	2025	2030
Common mental disorder	9,447	9,447	9,472	9,415	9,306
Borderline personality disorder	264	264	265	263	260
Antisocial personality disorder	206	206	207	205	202
Psychotic disorder	235	235	235	234	231
Two or more psychiatric disorders	4,226	4,226	4,240	4,212	4,162

Source: Projecting Adult Needs and Service Information (PANSI).

8.7 People with learning disabilities in Lichfield

Learning disability is one of the most common forms of disability and is a lifelong condition. It is acquired before, during or soon after birth and affects an individual's ability to learn. Compared to the general population, people with learning disabilities face challenges and prejudice every day, particularly around employment, housing, social isolation and poorer health.

- Approximately 290 people with a learning disability are registered with a GP in Lichfield with around 200 care users in 2013/14. The actual numbers of people with a learning disability are estimated to be considerably higher (1,900) and projected to increase (Table 26).

The nature of accommodation for people with a learning disability has a strong impact on their safety and overall quality of life and the risk of social exclusion. National research suggests that less than a third of people with a learning disability have some choice of who they live with, and less than half have some choice over where they live.

- Around 88% of Lichfield adults with learning disabilities live in their own home or with their family which is higher than the national average (75%). In addition only 6% of Lichfield residents with a learning disability are employed which means they are more likely to be on low incomes and as a consequence has less choice about where they can live.

It is also recognised that a number of people with learning disabilities with moderate needs are currently living and looked after by older parents and family member or carers who have their own needs. This means there may be a number of people with housing, health and care needs in the future.

Table 26 People with learning disabilities in Lichfield

	2014	2015	2020	2025	2030
Learning disability	1,909	1,927	1,973	2,022	2,073
Moderate or severe learning disability	392	394	396	401	407
Severe learning disability (adults aged 18-64)	85	85	84	84	84
Moderate or severe learning disability and be living with a parent (adults aged 18-64)	113	113	110	109	110
Learning disability, predicted to display challenging behaviour (adults aged 18-64)	27	27	26	26	26
Down's syndrome	37	37	37	37	36
Autistic spectrum conditions	808	812	839	860	881

Source: Projecting Adult Needs and Service Information (PANSI) and Projecting Older People Population Information (POPPI).

8.8 Dementia

Around 480 people in Lichfield had a recorded diagnosis of dementia on GP registers during 2013/14.

A new dementia prevalence calculator was published in 2014. As well as the age-sex structure of the population, this takes into account the higher proportion of dementia cases found for care home residents. Using this tool only four of 10 Lichfield residents with dementia are diagnosed which is considerably lower than the national average of 54%.

8.9 Accidents

Unintentional and deliberate injuries are the leading cause of admissions for children and are often higher for children from more deprived areas. They are also one of the main causes of death in children and young people.

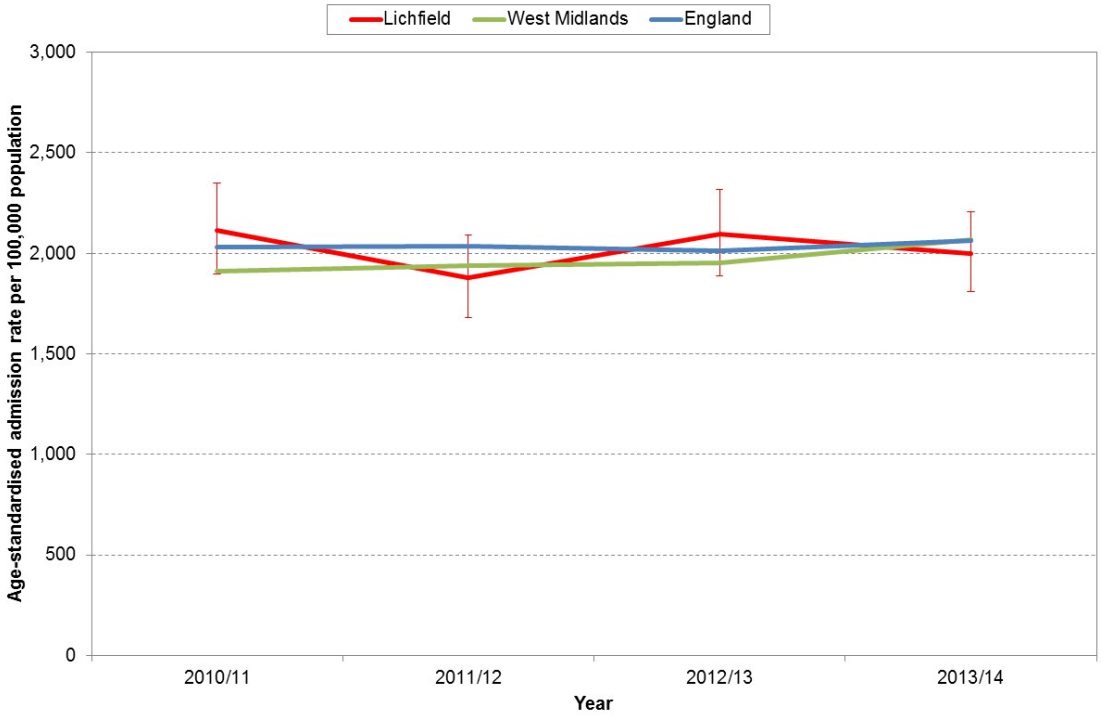
Around 160 children aged under 15 in Lichfield were admitted to hospital due to unintentional and deliberate injuries during 2013/14, with rates being lower than the England average. During 2013/14 around 120 children and young people aged 15-24 were also admitted for unintentional and deliberate injuries (Figure 22).

Figure 22 Trends in hospital admissions caused by unintentional and deliberate injuries in children and young people

Source: Public Health Outcomes Framework, Public Health England, http://www.phoutcomes.info ./

There were almost 1,900 ambulance calls for falls among people aged 65 and over in Lichfield during 2014/15 of which 840 were transported to an A&E department. Around 440 people aged 65 and over in Lichfield were admitted to hospital (inpatient) for a fall-related injury during 2013/14 with rates falling slightly (Figure 23). Similar to the national trend rates for women and people aged over 80 are particularly high. Around three in five of falls that resulted in a hospital admission occurred in the home in Lichfield.

Figure 23 Trends in falls admissions in people aged 65 and over



Source: Public Health Outcome Framework, Public Health England, http://www.phoutcomes.info/

National research indicates that only one in three people who have a hip fracture return to their former level of independence and one in three have to leave their own home and move to long-term care (resulting in social care costs). During 2013/14 there were 120 hip fracture admissions to people aged 65 and over in Lichfield, with rates being similar to the England average.

Accidental deaths account for around 30 deaths per year in Lichfield with rates being higher than the England average. Common causes of accidental mortality are falls (53%) and road traffic accidents (8%). Accidental death rates in older people aged 65 and over and from accidental falls are also both higher than England.

8.10 Mortality

8.10.1 Life expectancy

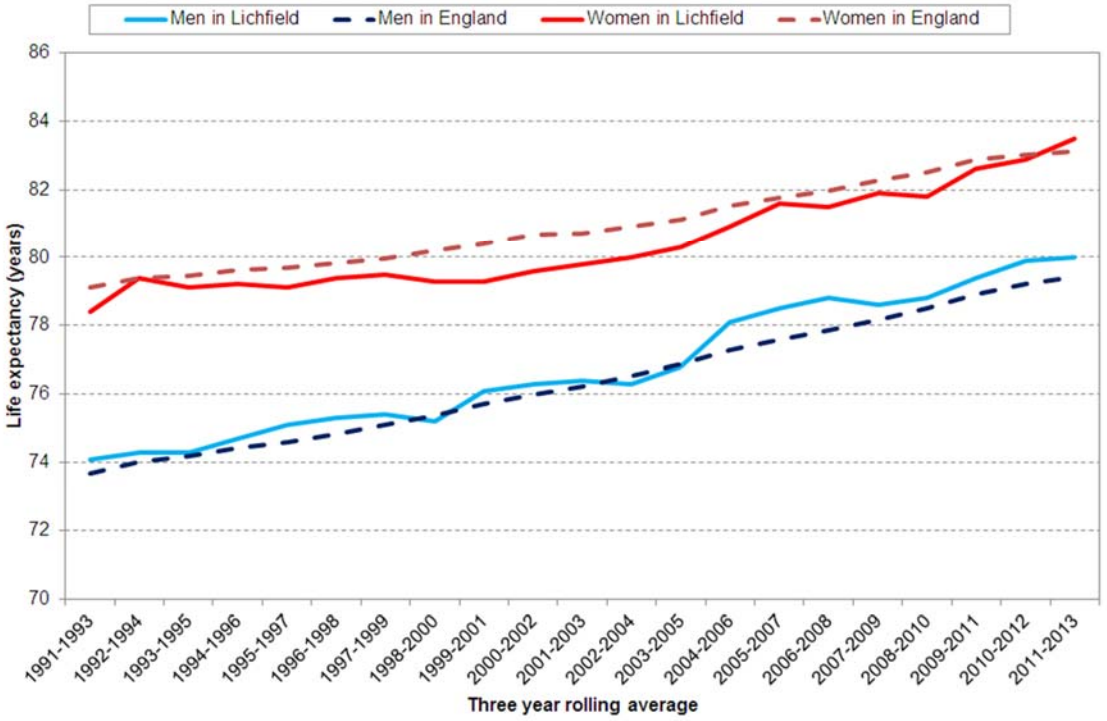
Overall life expectancy at birth continues to increase both nationally and locally (Figure 24). Overall life expectancy at birth in Lichfield is 80 years for men and 84 years for women, both similar to the national average. However men and women living in the most deprived areas of Lichfield live five and 10 years less than those living in less deprived areas.

Map 1 shows there are also marked gaps in life expectancy between different communities at ward level for both men and women:

For men the difference in life expectancy between the ward with the lowest life expectancy and the ward with the highest life expectancy in the district is over six years (varying between 76 years in Chadsmead and 83 years in Burntwood Central).

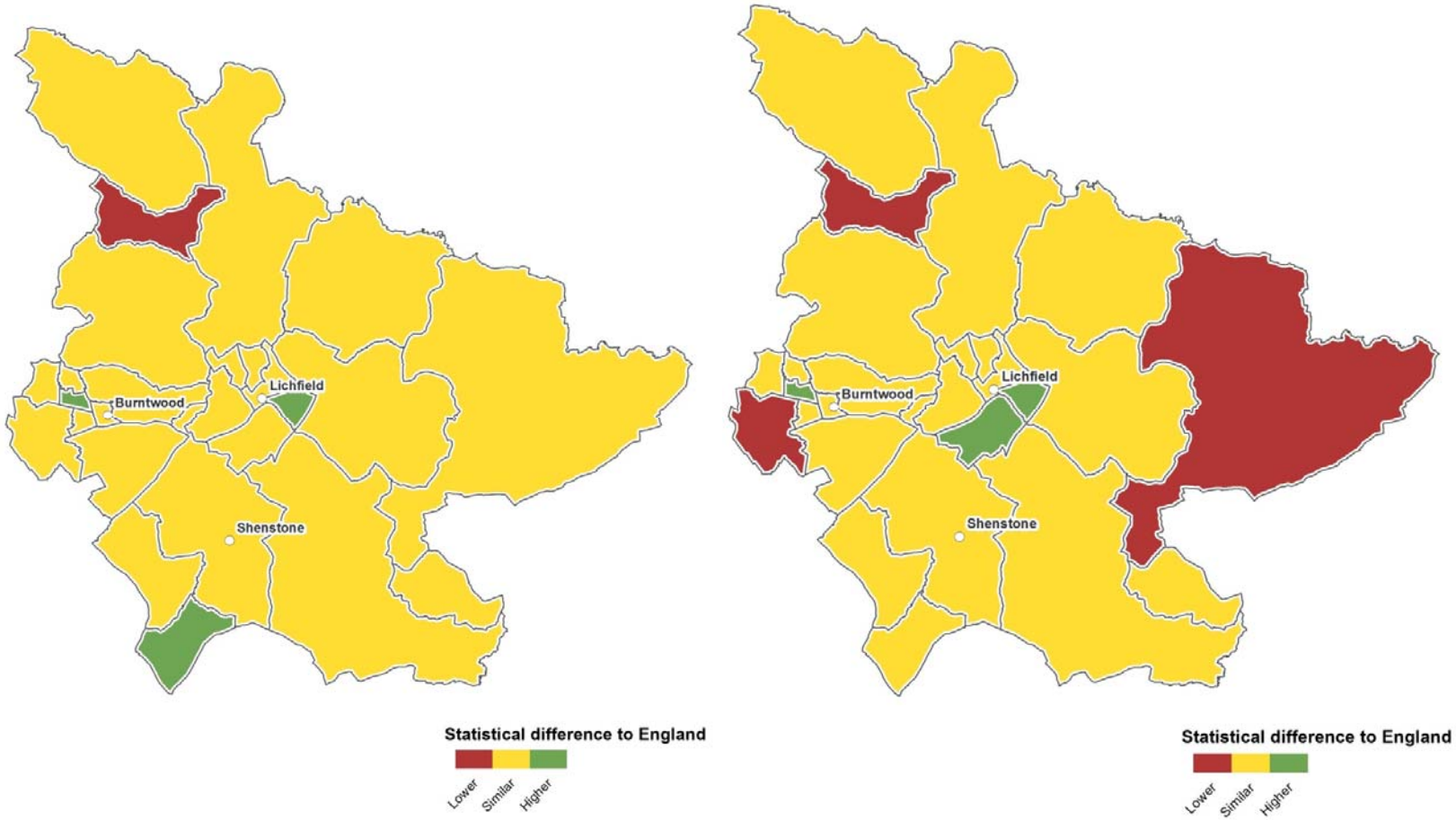
For women the difference in life expectancy between the ward with the lowest life expectancy and the ward with the highest life expectancy in the district is over 12 years (varying between 79 years in Chasetown and 91 years in St John's).

Figure 24 Trends in life expectancy at birth



Source: Office for National Statistics, Crown Copyright.

Map 1 Life expectancy at birth for men (left) and women (right), 2009-2013

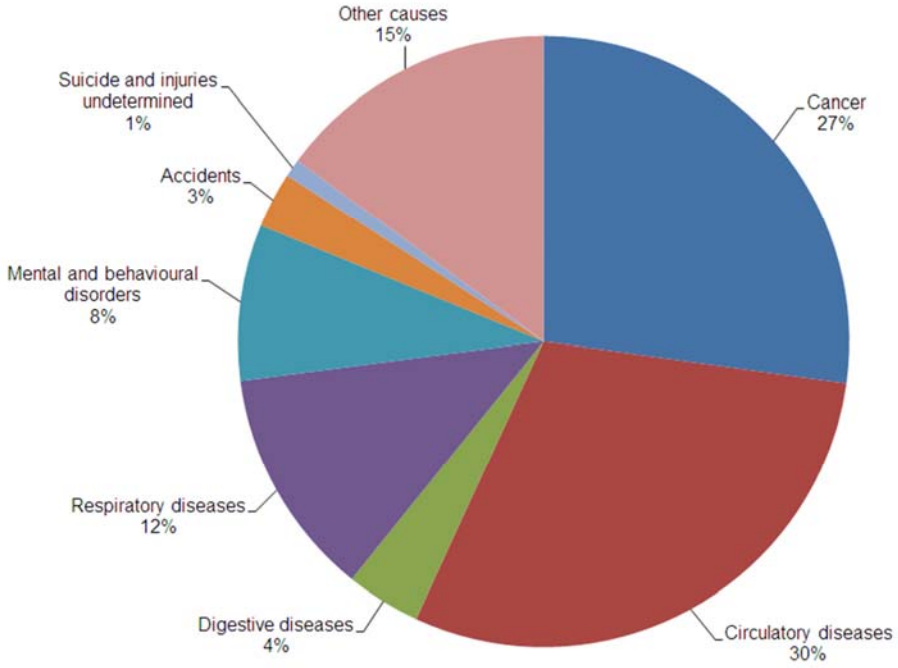


Source: Primary Care Mortality Database and Death extracts, Office for National Statistics, Mid-year population estimates, Office for National Statistics, Crown copyright and Vital statistics Table 3, Office for National Statistics, Crown copyright.

8.10.2 Main causes of death

Around 980 Lichfield residents die every year with the most common causes of death being circulatory disease (290 deaths, 30%), cancer (270 deaths, 27%), and respiratory disease (120 deaths, 12%) (Figure 25).

Figure 25 Common causes of deaths in Lichfield, 2011-2013



Source: Public Health Mortality Files and Death extracts, Office for National Statistics.

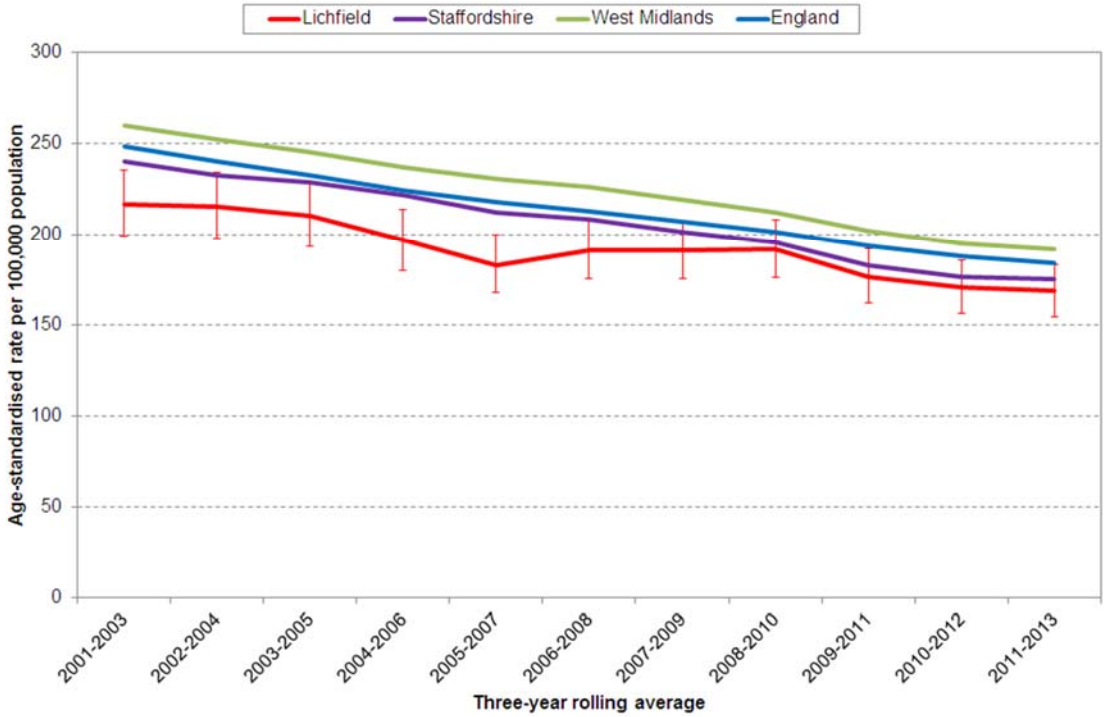
8.10.3 Preventable mortality

The major causes of preventable deaths can be attributed to the roots of ill-health, for example education, employment and housing as well as lifestyle risk factors such as smoking, drinking too much alcohol, unhealthy diets, physical inactivity and poor emotional well-being.

Around 19% of Lichfield residents die from causes that are largely thought to be preventable, equating to around 190 deaths every year with overall rates being similar to the national average.

The numbers of people dying from preventable deaths across the district have reduced significantly by 22% between 2001-2003 and 2011-2013 compared with 26% for England (Figure 26). The rate of preventable mortality in Fazeley is higher than England.

Figure 26 Mortality rates from causes considered preventable



Source: Public Health Outcome Framework, Public Health England, http://www.phoutcomes.info/

- **Cancer** - Every year around 130 Lichfield residents die prematurely (i.e. before 75) from cancer, accounting for 43% of all premature deaths. Rates of premature mortality from cancer have fallen by 20% between 2001-2003 and 2011-2013 which is faster than England (15%) with the Lichfield rate being similar to England.

- **Circulatory disease** - Every year around 70 Lichfield residents die prematurely (i.e. before 75) from circulatory disease, accounting for 22% of all premature deaths. Rates of premature mortality from circulatory disease have fallen by 42% between 2001-2003 and 2011-2013 which is similar to England (44%) with the Lichfield rate also being similar to England.

- **Respiratory disease** - Respiratory disease is the third biggest cause of death and about 20 people die prematurely in Lichfield every year making up around 7% of all premature deaths. Rates in Lichfield have been decreasing and are lower than England.

- **Liver disease** - Around 20 Lichfield residents die from liver disease every year, accounting for 2% of all deaths. Around 80% of these deaths occur to people who are under 75 with about 40% of these due to alcoholic liver disease. Unlike the reductions seen in under 75 mortality from cancer and cardiovascular disease, rates of people dying early as a result of liver disease have increased by 45% between 2001-2003 (25 deaths) and 2011-2013 (41 deaths). This may be a result of increased alcohol consumption and consequently increased alcohol-related harm within the district.

- **Communicable diseases** - Around 50 Lichfield residents die from a communicable disease every year with rates being lower than average.

8.10.4 Excess winter deaths

The excess winter deaths index (EWD index) indicates whether there are higher than expected deaths in the winter compared to the rest of the year. There were around 60 excess winter deaths between August 2012 and July 2013 in Lichfield. During this period the EWD index in Lichfield was similar to England. However,

the majority of excess winter mortality (EWM) is amongst older people (85+) and this has risen from 39% of all excess winter deaths in 2006/07 to 85% in 2012/13.

However, using five-year pooled data ward level analysis highlights significant variation. For all ages the EWD index in Bourne Vale and Fazeley is higher than England; whilst for those 65+ the EWD index is higher in Boney Hay, Bourne Vale and Fazeley.

8.11 Emerging observations, implications and possible solutions

It is widely argued that we must strengthen ill health prevention and thereby increase healthy life expectancy[44,45]. The Okinawans are known to have a lifestyle that is underpinned by good nutrition and remaining physically active, resulting in long healthy lives. By learning from such examples elsewhere we can promote healthy behaviours at all ages to prevent or delay the development of chronic disease.

A recently published Public Health England paper states that around 40% of early deaths are due to lifestyles[46]. In Lichfield excess weight affects two-thirds of adults and a third of children by the time they reach age 10-11; whilst not a statistical outlier it is still a large enough issue to warrant further work/analysis. Alcohol-related harm, smoking and sexual health and wellbeing also remain key priorities. Being physically active, eating a healthy diet, avoiding harmful use of alcohol and not smoking can reduce the risk or onset of chronic disease which is key to preventing ill health in later years.

The demographic analysis demonstrates that Lichfield has an ageing population so it's about keeping them healthy for as long as possible. Enabling people to adopt healthy lifestyles will empower them both to change behaviour and to effectively manage their own health, including self-care of long-term conditions. Appropriate preventative support services should also be available for people at key transition or risk points such as retirement, bereavement, becoming a carer or diagnosis of long-term condition.

At a local level, LDC can play a key community role in knowing what the local population need to lead a healthy and active lifestyle. Fundamental to this is the knowledge of county services[47] and how to signpost and refer individuals to services as required such as smoking cessation, weight management, alcohol and substance misuse, mental health, screening, etc., which are all in support of a healthy and active lifestyle. Staffordshire County Council (SCC) has just launched the Healthy Staffordshire Hub and the Lifestyle Service. The hub enables residents to do things for themselves; provides telephone and web-based healthy lifestyle information, advice and guidance, and provides links to local community nutrition, physical activity and alcohol reduction programmes available in each of the Staffordshire districts. The Lifestyle Service provides a 'one-stop shop' service delivering tailored support built around the needs of individuals; offering help around losing weight, stopping smoking and reducing alcohol intake. Let's Work Together provides an ideal opportunity to promote these services and support from SCC is available.

A new project led by the New Local Government Network (NLGN)[48] explores how councils and housing associations can collaborate for impact. By applying its recommendations to Lichfield, LDC and Bromford Housing Association could work together through long-term collaboration to achieve better health and wellbeing outcomes. As an example, 'Making every contact count' is a joint initiative by New Charter Housing Association and Tameside Council that centres on health advice discussions with customers to help them make positive lifestyle changes[49].

Working more closely with the local community and addressing the social determinants of health can support residents to have a healthy and active lifestyle across the life course. The Healthy Lives, Healthy People report makes a number of recommendations at a local level; providing children with the best start in life, encouraging active aging and sustainable communities, working with local organisations to support healthy lifestyles, and providing employment opportunities[50]. Reducing people's potential to snack and eat on the move through the provision, time and space to eat meals at work for example, or through a fruit snack policy,

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[44] *Marmot. 2010. Fair Society, Healthy Lives.*
[45] *NHS. 2014. Five Year Forward View.*
[46] *From evidence into action: opportunities to protect and improve the nation's health, Public Health England, October 2014 (https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/366852/PHE_Priorities.pdf).*
[47] *Public Health and Wellbeing, Staffordshire County Council.*
[48] *A Design for Life: How Councils and Housing Associations Can Collaborate for Impact.*
[49] *Tim Brown, 2015. Housing and Health - HQ Network.*
[50] *Department of Health. 2010. Healthy Lives, Healthy People.*

is a small modification that can have a big impact on healthier lifestyles[51]. Extracting takeaway intelligence from local Environmental Health, expanding the definition to include 'restaurants' like McDonalds and Burger King, could be mapped with child obesity prevalence. The analysis could be used to inform Lichfield's commissioned healthy eating activities in those geographical areas where there is high obesity and a concentration of takeaways. Additional promotion/work with local businesses could be explored if it's relevant.

Further work around young people and normalisation of drinking alcohol in Lichfield could be explored. Alcohol-related crime and anti-social behaviour from drunkenness in Lichfield is of little concern; this may be because much of the consumption appears to be in the family home. Alcohol-related mortality in Lichfield is high and this could be a consequence of young people and families normalising drinking at home particularly when it is consumed in excess. Alcohol is also a contributory factor to obesity when moderate volumes are consumed regularly. At what point does a young person understand that alcohol might affect their health and what habits are being created for later life – a glass of wine with dinner every night, or a binge every Friday and Saturday?

Methods to reduce stress through relaxation, work-life balance, healthy eating or being active can also be supported at a district level. The case studies outlined in Table 27 provide examples of local measures which have been implemented to improve access to green spaces and being active. Note that many of the case studies and evidence under the other points will help to answer this question too, as they all contribute to a healthy and active lifestyle.

Table 27 Case studies - Increasing the use of good quality green space and amenities

Dudley Healthy Towns encourages families to use local outdoor parks, walking and cycling paths, outdoor gyms and play areas[52]. Through improved services and promotion there has been an increase in frequency and duration of these areas and self-reported increased physical activity. **At two secondary schools in London**, pupils have been offered incentives to walk to school using a point based online game[53]. As a result there was an 18% increase in walking, and a 48% reduction in police time due to overcrowding at bus stops and buses and related incidents. **Clissold Park** in the London Borough of Hackney have improved facilities to include an organic food growing area, multi-use games area, children's play area, aviary and animal enclosures, and pond and river areas[54]. Visitor numbers have increased as a result, improving population and community health and wellbeing.

Source: Public Health England and UCL Institute of Health Equity. 2014. Local action on health inequalities: Improving access to green spaces and Healthy Lives, Healthy People, Department of Health 2010.

8.11.1 NHS Health Checks

The more LDC can encourage residents to attend for their health check the greater will be the benefits. Despite the relatively low (NHS) health check uptake in Lichfield in the last two years 486 people have been identified as at risk of cardiovascular disease. Of those 326 have been referred for weight management, 324 have been treated for high cholesterol (using statins), 144 diagnosed and treated for high blood pressure and 29 diagnosed with Diabetes. It's important to remember that the health check is about catching things early so they can be prevented altogether or treated and managed early with better individual health outcomes over time. For most people this will mean a positive experience which is about healthy lifestyle support and signposting to help if they need it; 2,631 Lichfield residents have had supportive advice and signposting to help them be more active in the last 2 years.

LDC can encourage individuals to use the health check invitation letter as a prompt for action and attend for a check. It's also important to note that residents do not have to wait for the invite; everyone aged 40-74 years has the right to ask if they are eligible for a check at their GP (about 70% are eligible as they will not have already identified Cardio vascular disease or risks such as high blood pressure).

[51] *Foresight. 2007. Tackling obesities: future choices – project report.*
[52] *Public Health England and UCL Institute of Health Equity. 2014. Local action on health inequalities: Improving access to green spaces.*
[53] *Department of Health. 2010. Healthy Lives, Healthy People*
[54] *Public Health England and UCL Institute of Health Equity. 2014. Local action on health inequalities: Improving access to green spaces.*

8.11.2 Reducing the risk of winter mortality

Reducing the risk of mortality in winter amongst all residents, and especially amongst people aged 65 and over, is a complex multi-faceted problem. There are several approaches for tackling EWD due to the combination of factors which can contribute to this issue. The Department of Health has produced a best practice guide on reducing the risk of EWD among older people, which includes housing and other interventions[55]. Table 28 puts forward some examples; where possible detail around local action has been included.

[55] *Health and Inequalities National Support Team 2010.*

Table 28 Practical ideas to reducing the risk of winter mortality in Lichfield residents

1. People should be encouraged to make use of home insulation and energy efficiency grants although it needs to be recognised eligibility is getting much tighter; local authorities should maintain standards for home insulation and new build housing and monitor the uptake of schemes. In Lichfield there is Warmer Homes, Greener District. Run by Marches Energy Agency (MEA) and Beat the Cold they provide energy saving advice/offer routes to funding for measures and installations to residents. In terms of loft/cavity wall installation there were only 10 completions in 2014/15 due to a difficult funding environment. Through resources such as the House Condition Survey, interventions can be targeted at those most vulnerable.
2. Ensuring good coverage through joint promotion with Clinical Commissioning Groups (CCGs) of the seasonal influenza and pneumococcal immunisation programme for those people over 65 years of age, especially those made vulnerable by existing health conditions. In Lichfield during 2014/15, 70% of people over the age of 65 took up the free seasonal flu vaccination but this was lower than the national average (73%). 68% during this time took up the pneumococcal vaccination, also lower than the national average (70%).
3. Ensuring good take up of winter fuel payments for those over 65 and other applicable allowances and benefits support that people are entitled to.
4. It is also important, through working in partnership with all agencies, to ensure a knowledge base is maintained of the location of vulnerable people aged 75 and over and those living alone. Via a service level agreement between LDC, MEA and Beat the Cold they are able to offer home visits to vulnerable people (often elderly) to assist with energy bills, how to use heating systems effectively, apply for discounts and better tariffs. Beat the Cold also has a boiler replacement scheme available for Lichfield residents using energy company funding, topped up by District Council grants. They are Lets Work Together (LWT) trained and their staff use the LWT Warning Bells to look for other vulnerabilities; signposting and referring customers into other relevant local services.
5. Consideration needs to be given to those who, while not necessarily identified as socially and economically disadvantaged, may still struggle to maintain their home to a satisfactory state due to the size of the home and its construction. Home Repair Assistance grants in Lichfield are dispensed through Revival HIA; some referrals come to the HIA from the Warmer Homes Greener District service. These grants give priority to older, vulnerable people on low incomes to ensure that their homes are warm, safe and secure. Advice around downsizing can also be given.
6. Indirectly LDC could contribute towards reducing the risk of ill health and mortality in winter by raising awareness about the relationship between energy efficiency and cold homes; to refer residents to a wide range of partner agencies for wider health and wellbeing services such as befriending, falls prevention, diet and nutrition, exercise, debt advice and substance misuse. Previously a pack of information under the heading *'Keep Warm It's Winter'* collected information, advice and advertising from a range of local partners aimed at signposting older residents towards services that could help them stay healthy, warm and safe during winter. These will be distributed by Warmer Homes Greener District partners this winter, as they try to promote services widely.

9 Crime and anti-social behaviour

Crime and Anti-Social Behaviour (ASB) can often rank highly in the public's concern and as a result can a have a big impact on a person's quality of life in Lichfield. It is considered to be one of the most important things in making somewhere a good and safe place to live.

9.1 Violent crime

During 2013/14 there were around 760 recorded incidents of violent crime with rates in Lichfield being lower than the England average. However there are two wards with significantly high rates of violent crime: Chasetown and Stowe.

9.2 Anti-social behaviour

There were around 1,900 reported incidents of anti-social behaviour during 2013/14 with rates being lower than the England average. However Chasetown and Stowe wards have significantly high rates of anti-social behaviour.

9.3 Sexual assault

People who have experienced sexual assault have multiple on-going sexual health needs including addressing pregnancy risk, risks of infection and psychosocial impacts. During 2013/14 there were around 70 sexual offences reported to the police in Lichfield with rates being lower than the national average.

9.4 Re-offending

The percentage of juvenile re-offenders in Lichfield was 30%, similar to the national average. The re-offending rate for adults is lower at 18%, which is also lower than the England average.

Note: Emerging findings from Lichfield's Community Safety Assessment will be released during October 2015.

9.5 What do residents says

- Around two thirds of respondents in the FDS identified level of crime as the top factor that influences a good place to live.
- Nearly one in four of Lichfield respondents identified level of crime as one of the top five factors that most need improving.
- Based on data from the FDS, 25% of Lichfield respondents thought that they were likely to be a victim of crime, higher than the Staffordshire average of 13%. However, only 14% of the Lichfield respondents had experienced crime (either as a victim or a witness to a crime), similar to the Staffordshire average.
- Feedback gathered from older people about the issues they face when out and about in their local neighbourhoods highlighted safe well-lit streets[56]. This is reflected in FDS data where nearly 99% or respondents felt they were safe to go outside in the local area during the day, but perception of safety fell to just over 80% after dark.
- Nearly three quarters of respondents in the FDS expressed satisfaction with the Police; but only one in two were satisfied with other criminal justice services.
- In Lichfield, 2014/15 victim satisfaction data stated that nearly nine out of ten residents (87%) who completed the survey were satisfied with their experience; this included ease of contact, police actions, that they were kept informed and police treatment.

9.6 Emerging observations, implications and possible solutions

Crime can have a direct impact on health, for example, through violence and injury to an individual and it may also be alcohol or drug-related. Furthermore it can affect wellbeing, for example, feeling socially isolated due to the fear of crime and a reluctance to participate in the life of communities. There is a need to identify opportunities to tackle this by working in partnership with the police, community groups and residents themselves.

[56] *Help the Aged, 2008.*

There are a number of identified influences on the perceptions of crime – some of these are specific to an individual or family (personal experience victimisation), nuisance and anti-social behaviour in the area may also increase fear of crime, with low-level offences making people worried and more afraid about crime than they perhaps need to be.

LDC and partners need to make sure that all the various problems are taken into account and identify how best to tackle fear of crime in their area to avoid implementing measures that result in an increase in fear of crime rather than a reduction in both the fear of crime and in crime itself. The activities listed below have formed part of the work of the Community Development Associates, who have shared knowledge, skills and techniques to develop safer communities. They have been developed in conjunction with local community safety partnership plans:

Table 29 Reducing the fear of crime – effective communications

Understanding the local problems

- Conducting a local survey of perceptions of crime to identify the specific issues concerning residents, business people and visitors to the area
- Scanning the area for significant fear of crime issues - social and environmental
- Conducting 'face the people meetings' with residents and other stakeholder in the area
- Reviewing local crime and disorder data - including historical information

Improving the Local Environment

- Repairing broken and vandalised facilities, removing litter and generally improving the appearance of a local area can have a big impact on reducing fear of crime
- Target-hardening measures such as increased lighting, home security upgrades and CCTV can all help reduce crime and fear of crime. For example, research conducted on behalf of the Home Office found that the three key things the public think would make a car park safe from crime are regular patrols/high visibility of staff, CCTV coverage and increased lighting

Community Capacity Building

- Developing community engagement in crime and disorder reduction
- Developing Neighbourhood Management schemes which include Neighbourhood Policing and local community safety objectives
- Using 'Planning for Real' techniques to involve local people in identifying areas that make them feel unsafe and help develop measures to reduce their fear
- Developing Neighbourhood Watch and Street Warden programmes

Improving Local Communications and Knowledge of Crime and Disorder Reduction

- Developing and implementing a communications action plan
- Developing positive campaigns with local newspapers/radio stations
- Holding local crime prevention and community safety surgeries

Source: http://www.community-safety.info/21.html

10 Environment

The environment covers a vast number of topics, many of which can have an impact on quality of life of Lichfield residents. Factors such as air quality can affect health and the wider environment and be particularly harmful for the more vulnerable members of society.

An unspoiled, well planned environment is a source of satisfaction, improves mental wellbeing, allows people to recover from the stress of everyday life and to perform physical activity. Having access to green spaces for example, is seen as an essential part of quality of life.

10.1 Deprivation

The Index of Multiple Deprivation 2010 (IMD 2010) is a way of identifying deprived areas. There are 2 lower super output areas (LSOAs) that fall within the most deprived national quintile in Lichfield, making up 4% of the total population (3,800 people). These areas fall within Chadsmead and Curborough.

Note: The last Index of Multiple Deprivation was produced in 2010, and includes information that is relatively out of date. In the Summer of 2015 a revised version of the index will be published, and will help us understand the effects of the economic downturn and whether communities have become relatively more or less deprived over the last five years.

10.2 Rurality

Living in a rural area has a positive association with people's satisfaction. However it can also present difficulties in accessing services. In addition the structural demographic change towards an older population is the single most significant factor in an increasing prevalence of rural isolation.

- Based on the 2011 Rural and Urban Classification more of Lichfield's population live in a rural area (29%) compared with 17% nationally (Table 30).

- More rural populations tend to have a lower population density – Lichfield has 307 people per square kilometre compared with 413 for England as a whole.

Table 30 Rural and urban populations in Staffordshire, 2013

	Urban			Rural			
	Urban conurbation	Urban city and town	Urban total	Rural town and fringe	Rural village and dispersed	Rural total	2013 population
Cannock Chase	62,400 (64%)	26,600 (27%)	89,000 (91%)	7,400 (8%)	1,700 (2%)	9,100 (9%)	98,100 (100%)
East Staffordshire	0 (0%)	89,800 (78%)	89,800 (78%)	12,200 (11%)	13,000 (11%)	25,200 (22%)	114,900 (100%)
Lichfield	28,900 (28%)	42,900 (42%)	71,800 (71%)	18,500 (18%)	11,500 (11%)	30,000 (29%)	101,800 (100%)
Newcastle-under-Lyme	0 (0%)	99,700 (80%)	99,700 (80%)	11,500 (9%)	14,100 (11%)	25,600 (20%)	125,200 (100%)
South Staffordshire	64,700 (59%)	1,500 (1%)	66,300 (60%)	32,700 (30%)	11,300 (10%)	44,000 (40%)	110,300 (100%)
Stafford	0 (0%)	90,000 (68%)	90,000 (68%)	17,700 (13%)	24,400 (18%)	42,100 (32%)	132,100 (100%)
Staffordshire Moorlands	0 (0%)	67,900 (70%)	67,900 (70%)	6,600 (7%)	22,900 (24%)	29,600 (30%)	97,400 (100%)
Tamworth	0 (0%)	77,200 (100%)	77,200 (100%)	0 (0%)	0 (0%)	0 (0%)	77,200 (100%)
Staffordshire	**156,000 (18%)**	**495,500 (58%)**	**651,500 (76%)**	**106,700 (12%)**	**98,700 (12%)**	**205,500 (24%)**	**857,000 (100%)**
West Midlands	**2,604,000 (46%)**	**2,233,100 (39%)**	**4,837,100 (85%)**	**379,300 (7%)**	**458,300 (8%)**	**837,600 (15%)**	**5,674,700 (100%)**
England	**21,159,400 (39%)**	**23,499,900 (44%)**	**44,659,400 (83%)**	**4,970,200 (9%)**	**4,236,200 (8%)**	**9,206,500 (17%)**	**53,865,800 (100%)**

Note: Numbers may not add up due to rounding.

Source: The Rural and Urban Classification 2011, Office for National Statistics, Crown copyright and 2013 mid-year population estimates, Office for National Statistics, Crown copyright.

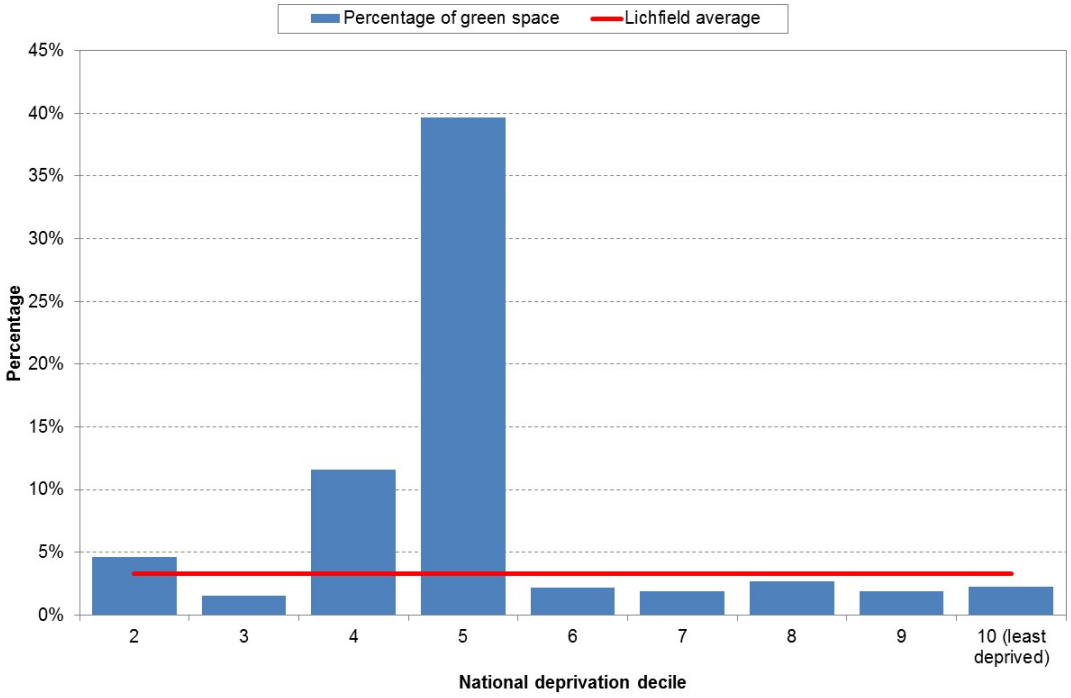
10.3 Green space utilisation

There is a wide variety of types of open space in England. They include areas of greenery such as local parks, public gardens and playing fields, but also 'spaces' such as streets where there are trees planted, and cycle ways. 'Accessible' green space is considered to be that which is located close to residents' homes, easy to walk to, physically accessible, safe to use, and provides well maintained facilities.

Around 3.3% of Lichfield is defined as being freely accessible green space, whilst the proportion of freely accessible green space in Staffordshire is 7.2%.

National research shows there is a correlation between green space and deprivation with deprived areas having little publicly accessible green space. However in Lichfield, the provision of freely accessible green space does not correlate with the level of deprivation in an area (Figure 27); with people in deprived areas having just as much, if not more, freely accessible green space as those in less deprived areas.

Figure 27 Deprivation and percentage of freely accessible green space in Lichfield



Source: Indices of Deprivation 2010, Communities and Local Government, Crown Copyright 2010, Staffordshire District and Borough Councils, Staffordshire County Council, Canals and Rivers Trust, Wildlife Trust and Natural England.

10.4 Air quality in Lichfield

Poor air quality is a significant public health issue. The burden of particulate air pollution in the UK in 2008 was estimated to be equivalent to nearly 29,000 deaths at typical ages and an associated loss of population life of 340,000 life years lost.

Inclusion of this indicator in the Public Health Outcomes Framework (PHOF) will enable local health and wellbeing groups to prioritise action on air quality in their area to help reduce the health burden from air pollution.

Figure 28 displays the fraction of annual all-cause adult mortality attributable to anthropogenic (human-made) particulate air pollution (measured as fine particulate matter, PM2.5). This suggests that around 5% of Lichfield's mortality is attributable to air pollution which is similar to the national picture.

Figure 28 Mortality attributable to air pollution (adults aged 30 and over)

Area	2011 (%)	2012 (%)
Cannock Chase	5.0	4.8
East Staffordshire	4.9	4.8
Lichfield	5.1	5.0
Newcastle-under-Lyme	4.8	4.6
South Staffordshire	4.9	4.8
Stafford	4.7	4.6
Staffordshire Moorlands	4.4	4.2
Tamworth	5.4	5.2
Staffordshire	**4.9**	**4.7**
Stoke-on-Trent	**5.2**	**4.9**
West Midlands	**5.3**	**5.1**
England	**5.4**	**5.1**

Source: Public Health Outcome Framework, Public Health England, http://www.phoutcomes.info/

Note: A briefing to support Lichfield District Council in their local air quality management duties under Part IV of the Environment Act 1995 was published in 2015 and is available on request. The analysis helped officers evaluate the link between health and poor air quality in Air Quality Management Areas (AQMAs), and provide a benchmark to evaluate the effectiveness of measures implemented to address air quality. It also provided supporting evidence in bids to access external funding streams to implement such measures.

10.5 What do residents say?

- Latest FDS data suggest that the percentage of residents (89%) satisfied with local area as a place to live is decreasing. This is the lowest satisfaction rating across Staffordshire; and also lower than the county average overall (93%).
- Nearly two out of three respondents were satisfied with LDC.
- Findings from a recent consultation undertaken by LDC[57] stressed that all statutory services provided by LDC included in the consultation were regarded as important by the majority of respondents but universal services, including recycling and rubbish/fly tipping, were the services that residents considered the most important of all.
- Respondents were keen to protect discretionary services too; including the brown bins/composting service, the provision and maintenance of toilets and the management and maintenance of parks and open spaces. Any changes to these services would be unpopular.

10.6 Emerging observations, implications and possible solutions

An unspoiled environment is a source of satisfaction, improves mental well-being, allows people to recover from the stress of everyday life and to perform physical activity.

Accessible green space has long since been recognised as a wider environmental determinant of good health, and having access to green spaces such as parks and public gardens can improve the quality of life for local people. National and local studies have shown that investment in parks to ensure that they provide high quality environments with a range of accessible facilities such as toilets, refreshments, informal and formal recreational facilities, activities and events will result in increased usage, and therefore increased opportunities for health improvement.

[57] *Fit for the Future Consultation Report, Lichfield District Council, May-July 2014, Staffordshire County Council. 1,148 responses were received to the consultation overall. 321 to the web survey, 665 to the postal survey and 162 to the street interviews. This is a statistically robust number of responses based on the population of the Lichfield District. The margin of error is +/-2.9 at the 95% confidence level.*

"Access to a park or green space can have wide-ranging benefits for our health and wellbeing. A safe, natural environment can be a break from our busy lives – a place to get some fresh air, to exercise or play – a place to go and relax"[58]

LDC can play a vital role in protecting, maintaining and improving local green spaces and can create new areas of green space to improve access for all communities. Such efforts require joint work across different parts of the district and beyond, particularly public health, planning, transport, and parks and leisure. Table 31 offers some practical ideas to improve the health and wellbeing of residents through environment and living space improvements:

Table 31 Practical ideas to improve the health and wellbeing of residents in Lichfield through environment and living space improvements

- To actively engage community groups and volunteers in the management and maintenance of green spaces. The 'green gym' scheme, for example, run by The Conservation Volunteers (2013), encourages people to improve their local environment and their health at the same time.
- Feeling good about the way we live project in Greenwich focussed on two deprived estates (one control group) to improve mental wellbeing through environment and living spaces improvements. One prominent example found that wild flower planting helped people to enjoy their immediate surroundings. Another factor found to improve mental wellbeing was through the installation of desk spaces in young people's bedrooms providing a space for them to study, and therefore in support of their education.
- A similar community-asset based approach at Dorset County Council worked to bring older people together to create service improvements. The Partnership for Older People Project developed a network of sustainable local support services and social activities, including gardening and exercise classes[59]. Community leaders were given funding and evaluation responsibilities to create community projects that are valuable to them.
- But there needs to be a clear assessment of need, desired outcomes and attitudes - for example, a scheme to increase community participation in Derbyshire's forests saw thousands more people visiting, but most were from high-income groups, thus reinforcing inequalities (O'Brien and Morris 2009).

Source: Local Government Association. 2014. The social determinants of health and the role of local government, and Dorset Partnership for Older People Project. 2008. Final Local Evaluation Report.

Note: This document does not address the issues surrounding 'blue space', which is defined as publicly accessible bodies of water such as rivers, lakes or canals. However, many of the issues with green and blue space overlap, and there is evidence that blue space has positive impacts on health[60].

Within the evidence linking green spaces with health improvements, there are some gaps that present opportunities for further research (Table 32).

[58] *Faculty of Public Health, 2010.*
[59] *Dorset Partnership for Older People Project. 2008. Final Local Evaluation Report.*
[60] *White M, Smith A, Humphryes K, Pahl S, Snelling D, Depledge M. Blue space: The importance of water for preference, affect and restorativeness ratings of natural and built sciences. Journal of Environmental Psychology. 2010;30(4):482-93.*

Table 32 Areas for further research

- There is no indication about the proximity to, amount and type of green space that produces specific health benefits. More research would be needed to establish links between access to green space and improved health outcomes more precisely.
- Evaluation of interventions in this area often fall short of measuring impact over long periods of time and rely on survey data and self-reported measures of success. For stronger designs, studies should gather information on long-term outcomes of improved access to green space and include outcome measures that can be directly attributed to improvements in health. For example, interventions could monitor changes in the number of visits to see the GP, weight loss or levels of engagement in weekly recommended levels of physical activity.
- In addition, there is a lack of evidence from evaluations that demonstrates the cost-effectiveness of access to green space interventions in improving health outcomes. The majority of interventions present a number of outputs, such as increased usage of green spaces, but rarely include data on whether or not increased usage of green space has resulted in improved health outcomes.

Source: Public Health England and UCL Institute of Health Equity. 2014. Local action on health inequalities: Improving access to green spaces.

Feedback gathered from older people about the issues they face when out and about in their local neighbourhoods highlighted better meeting places and green spaces, public seating, better accessible and clean public toilets, local shops and services within easy reach and somewhere to turn for advice . Concerted efforts are necessary to create these places and spaces where young, middle aged and older people from all walks of life can interact and build mutual respect. Examples of shared spaces include schools that function as centres for lifelong learning, or offer cross-generational activities, adult-child day care centres, all age community centres rather than youth or older adult centres, and public parks that support healthy development for all ages. However space alone is not enough to foster trust and build relationships. Programming that intentionally fosters social connectedness and reflects an understanding of generational interests and preferences is needed to overcome the negativity and ageist attitudes that prevail in many communities[61].

11 Leisure and recreation

Leisure and recreation opportunities are essential to everyone's health and wellbeing. Leisure and sports facilities and outdoor green spaces help us to enjoy more active and healthy lives whilst also making our local areas more attractive places to live.

People who have an active and healthy lifestyle reduce the risk of cardiovascular disease, some cancers and diabetes. Physical activity can improve musculoskeletal conditions such as osteoarthritis and low back pain, osteoporosis and falls, control body weight and help reduce obesity, reduce symptoms of depression and anxiety and improve general mental wellbeing.

Opportunities for people to be active exist in their day-to-day lives: at work (especially if the job involves manual labour), transport (for example, walking or cycling to work), at home (for example, housework or gardening) or in leisure time (for example walking or participating in sports or recreational activities).

11.1 Leisure centres

In their recent Sport Profiles (2014), Sport England reported 63.6% satisfaction with sporting provision in the area compared to 60.3% nationally.

[61] *Communities for All Ages: A life course approach to strengthening communities in Northern Ireland, Ark Ageing Programme, 2015.*

Using Sport England's Market Segmentation Tool LDC have demonstrated that there is an interest in (or demand for) keep fit/gym and swimming. Other popular activities included cycling, golf, football, tennis and badminton.

In the last 12 months total footfall to council-commissioned leisure facilities is 619,611 visits. Broken down by leisure centre:

- Burntwood Leisure Centre – 406,700 visits
- Friary Grange Leisure Centre – 165,730 visits
- King Edwards VI Leisure – 47,181 visits

A further breakdown of usage at these facilities for the period 1st January 2014 – 31st December 2014 is as follows:

- At Burntwood Leisure Centre during the same period, there were 2,034 active Inspire Gym memberships. There were 2,186 swimming members accessing the pool. There were a total of 46,258 visits from casual users of the swimming pool. Sport hall usage is predominantly for badminton; combined with usage of the squash courts there were 37,076 visits during 2014.
- At Friary Grange, there were 800 active Evolve Gym memberships. There were 789 swimming members accessing the pool. Sport hall usage is predominantly for badminton; combined with usage of the squash courts there were 10,765 visits during 2014.
- Usage of the sports hall and squash courts at King Edwards VI Leisure Centre accounted for 13,301 visits during the period defined.

A total of 84 local clubs used the facilities across all three centres; including sports halls, swimming pools, synthetic pitches, grass pitches, tennis courts and squash courts.

Findings from a recent consultation[62] suggested that the majority of respondents (96%) have used at least one leisure service or amenity service within the district. However, regular usage (monthly or more) of leisure centres in Chasetown and Burntwood was relatively low (Table 33).

Table 33 Usage of Lichfield District Council's Leisure Centres, 2014

Leisure Centre	Service usage		
	Monthly or more	Less Often	Never
Burntwood	138 (12.2%)	167 (14.8%)	825 (73.0%)
Friary Grange	114 (10.1%)	199 (17.6%)	819 (72.3%)
King Edward VI	62 (5.5%)	143 (12.7%)	923 (81.8%)

Source: Fit for the Future Consultation Report, Lichfield District Council, May-July 2014, Staffordshire County Council.

It was suggested that leisure facilities needed to be more accessible and attractive e.g. bus routes, parking and extended opening hours. It was also felt that usage could be increased, and income generated, by targeting pensioners during the day time.

Just under half of Lichfield respondents in the FDS identified facilities and activities for young people as one of the top five factors that influence a good place to live. One in three respondents identified parks and opens spaces. More than 1 in 3 of Lichfield respondents identified facilities and activities for young people as one of the top five factors that most need improving.

11.2 Active travel; walking and cycling in Lichfield

According to recent Sport England figures (2013/14) nearly 4% of Lichfield adult residents cycle any length for any purpose 3 times per week; 2% cycle 5 times.

[62] *Fit for the Future Consultation Report, Lichfield District Council, May-July 2014, Staffordshire County Council. 1,148 responses were received to the consultation overall. 321 to the web survey, 665 to the postal survey and 162 to the street interviews. This is a statistically robust number of responses based on the population of the Lichfield District. The margin of error is +/-2.9 at the 95% confidence level.*

For walking, for any length of purpose for at least ten minutes, the same survey reports that nearly three quarters (74.7%) of adults in Lichfield walk once a week; and nearly half (48.9%) walk three times a week.

11.3 Emerging observations, implications and possible solutions

Local insight has suggested that leisure facilities need to be more accessible and attractive, for example, bus routes, parking and extended opening hours. More than one in three of Lichfield respondents identified facilities and activities for young people as one of the top five factors that most need improving.

Data to understand leisure and recreation in Lichfield at the time of writing was limited. The activity data provided leads to questions around whether gym/swimming memberships are running at capacity, retention rates, whether individual classes are running at capacity and if the centre space is used efficiently. Profiling leisure centre memberships could help LDC understand who uses leisure services. Consideration should also be given to role of these services within the broader context of increasing people's levels of physical activity.

Emerging findings from LDC's Leisure Centre Review may answer some of the above, challenge some of the views in existing published surveys and consultations and provide additional intelligence and insight.

To increase usage at LDC's Leisure Centres the Council could proactively plan the use of leisure facilities to maximise local residents' health. Birmingham's Be Active programme, for instance, offered free use of leisure centres during working hours and at weekends. More than half of those who signed up through the scheme were overweight or obese, and one-fifth reported poor or very poor health. North Dorset District Council's move to running leisure centres through partnerships with private companies and parish councils, with input from local communities, demonstrated a shift away from historical ways of working when faced with financial pressures towards a wider, more collaborative approach (Table 34).

Table 34 Case study – North Dorset Leisure Centres

In the face of acute financial pressures North Dorset District Council has fundamentally reviewed its services, particularly discretionary services. Its approach to the funding and management of leisure centres has been very responsive to local needs and capacity. The council has saved £556,000 per year from the new approach to two leisure centres. In Gillingham, the council provided a local partnership with a capital grant to re-build the leisure centre. The partnership now runs the centre, has enhanced its facilities and is developing a business case for a community hall. In Blandford, the council responded to a local campaign to save the leisure centre by contracting with a private company to run the centre. The costs are met by the district, county, town and parish councils. The company's commitment to working closely with the local community was a key factor in its appointment. A key factor in both cases was the effort the council put into developing and maintaining links with other local interested parties. The changing role of user groups – from campaigning to monitoring delivery has also been important. All of this takes time and requires a level of trust. *"The way members have worked together on this and been clear about what the council can and cannot do has been a key factor in what we have done." (Senior Officer)*

Source: Good Practice in Local Government Savings, Department for Communities and Local Government, Copyright Queen's Printer and Controller of Her Majesty's Stationary Office, December 2014.

12 Observations and emerging recommendations

The emerging issues in this work have been derived from the interpretation of quantitative and qualitative analysis. The understanding of local issues and priorities, in relation to health and wellbeing and also where people live could be strengthened considerably through effective consultation with residents.

The following key themes emerged through this work.

1. The need for age-friendly / positive planning and activities
2. A move towards more partnership working to achieve better outcomes for people of Lichfield
3. A better understanding of community wants, needs and perceptions
4. Maximise value of LDC data

Appendices

Appendix 1 Migration flows - explanatory note

Inflow is the number of people arriving in an area.
Outflow is the number of people leaving an area.
Net flow is the difference between inflow and outflow.
Net Outflow is where there are more people leaving than arriving in an area.
Net Inflow is where there are more people arriving than leaving an area.

Appendix 2 Travel to work definitions

Self-containment is where an individual lives and works within Lichfield and the Staffordshire and Stoke-on-Trent Local Enterprise Partnership (LEP).
Outflow is where an individual lives in Lichfield but leaves the area for work.
Inflow is where an individual travels into Lichfield for work but does not live in the area.