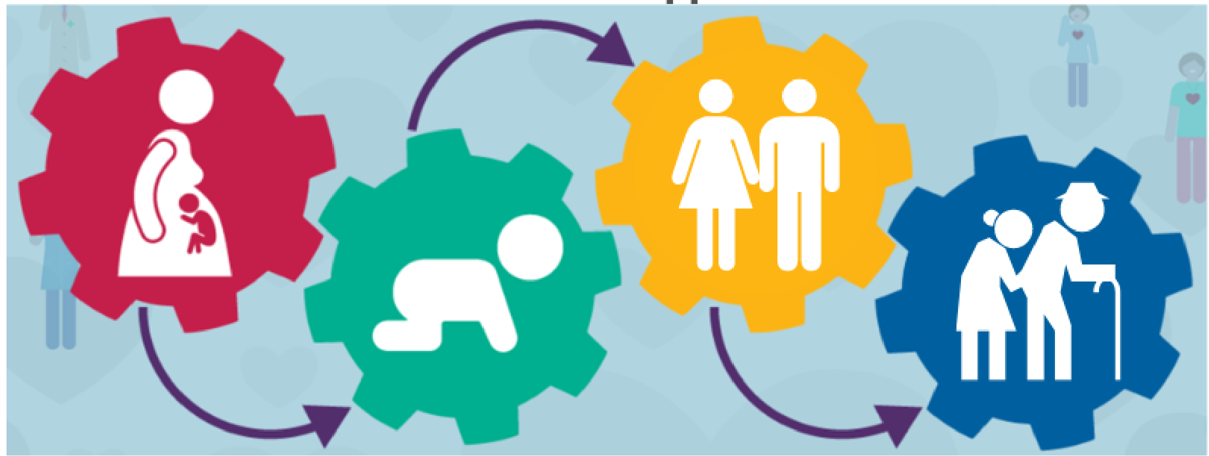
Joint Strategic Needs Assessment Annual Summary September 2019

A life course approach



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Executive Summary

1. The JSNA process collectively paints the 'big picture' view of current and future health, wellbeing and care needs of people in Worcestershire. This section summarises key findings from the JSNA annual summary report, which has been presented using a 'life course' approach.

2. Worcestershire is a relatively affluent county with a growing economy. The Worcestershire economy grew between 2012 and 2017 and the Worcestershire Enterprise Partnership is listed as one of the top five performing LEPs in the country by the Office for National Statistics. This is good news as there is a strong association between income and health.

3. Compared to England, Worcestershire performs well on many measures of health and wellbeing. Life expectancy, an overarching indicator, is higher than the England average for both females and males, and deaths from causes considered preventable are significantly lower in Worcestershire than England. However, where measures are better than England this shouldn't stifle ambition to continue to improve them.

4. Where Worcestershire performs better than England, this can mask underlying differences in outcomes between the most and the least affluent residents. This leads us to continue seeing preventable, unfair and unjust differences in health that arise from the unequal distribution of social, environmental and economic conditions.

5. The following table summarises topics that may be an issue in Worcestershire and worthy of further investigation or action.

Table 1. Potential Issues in Worcestershire

Newly identified issues include:	Persistent issues include:
Inequalities in life expectancy at birth are increasing for males and females – more deprived people are living shorter lives than the least deprived people	**Antibiotic Prescribing in Primary Care** has been consistently higher than England, but is showing a declining trend
Killed or Seriously Injured on the Roads is showing an upwards trend and this rise needs to be understood fully to implement appropriate action.	**Air Quality** is linked to poor health outcomes, and there are persistent areas of poor air quality in Worcestershire
Cancer Screening is significantly better than England, yet there is a possible declining trend and wide variation in uptake between GP practices.	**Inequality in School Readiness** between the least affluent and more affluent children in Worcestershire is persistently worse than England average.

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Emergency Re-admissions are showing an upward trajectory as with England, some of which may be avoidable.	**Educational Outcomes** for those with free school meal status compared with more affluent children in Worcestershire is persistently worse than England average
Smoking in Pregnancy has shown an upward trajectory in the last two years which increases risk of health problems for mothers and babies.	**Children Needing Social Care** are continuing to rise
Excess Weight in Adults is trending upwards, and significantly higher in Worcestershire than England.	**Children's Oral Health** inequality has increased in recent years, with the most deprived children having poorer oral health than the least deprived children.
	Breastfeeding Initiation rates are poor compared with England
	Deaths from Drugs Misuse is showing an upward trend and system action is needed to tackle this rise.

A Growing and Ageing Population

6. The population of Worcestershire in 2019 is estimated to be 592,057 people. The population is projected to increase by 26,443 people in the next ten years. This is an increase of 4.5%.

7. Worcestershire has an ageing population and this trend is projected to continue. In future years there is expected to be a large increase in the number of older people and in particular in the very oldest age groups.

8. Worcestershire has an ageing population and this trend is projected to continue. In future years there is expected to be a large increase in the number of older people and, in particular, the very oldest age groups.

Housing as a Determinant of Health

9. Measures to improve someone's home or housing circumstances can be effective in reducing demand for health and social care services and are an important means of improving health outcomes.

10. With the Worcestershire population projected to increase, a significant number of additional homes will be needed, of the right type, in the right place and with the right amenities.

11. The condition of the housing stock is important, and data suggests that some areas of Worcestershire have a higher proportion of non-decent housing than the nation as a whole.

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Social Care Services

12. In Worcestershire social care services are delivered by Worcestershire County Council.

13. Approximately 27,000 referrals were received by Adult Services and 1,799 safeguarding concerns were reported to the council in 2017/18.

Learning Disabilities

14. 1,440 adults with a learning disability receive long-term support from the council and over 350 adults with a learning disability live in supported living units to help them be more independent.

15. People with learning disabilities experience inequalities across many areas of their lives and particularly in relation to their health. They have more healthcare needs and life expectancy for people with learning difficulties is much lower than for the overall population. Reducing this gap is a key priority for Worcestershire.

Starting Out: Mothers, Babies, Children, Young People, Early Help and Prevention

16. Worcestershire has a high percentage of mothers smoking at the time of delivery (12.5% compared to 10.8% England average) and a consistently higher rate of premature births.

17. The rate of infant mortality has decreased for the latest period and is now similar to the national average (against a backdrop of increasing infant mortality seen in 2018)

18. Growing up in poverty damages children's health and wellbeing, adversely affecting their future health and life chances. The latest figures suggest that there are 16,250 children living in poverty related to low income in Worcestershire.

19. In Worcestershire children who live in low-income families are less likely to have reached a good level of development before they start school than children from better off families. There is a 21 percentage-point gap compared with a 15 percentage-point gap nationally.

20. In 2018 there were 868 children with autism known to Worcestershire schools. This is a lower rate than England and the average rate for similar local authorities. There could be a number of reasons for this which may warrant further investigation.

21. Childhood vaccination saves lives. For a vaccination programme to be effective the rate of uptake needs to be 95%. Worcestershire has historically performed better than the England average for childhood immunisations. However, for the last two

years, rates have been falling and they are below the 95% target coverage rate for many types.

22. The rate of vaccination for Measles, Mumps and Rubella (MMR) in Worcestershire has fallen and is now at 92.2%, and there is wide variation across GP practices. This is lower than the rate required to limit disease spread.

23. In educational attainment, there is a 10 percentage-point difference in GCSE attainment between boys and girls, with 60% of boys obtaining a grade 4 or above in English and Maths compared to 70% of girls.

24. Around 170 young people aged 16 to 24 were accepted as homeless in 2017/18. This is a higher rate than the England average.

25. 146 young people aged 10-17 were first-time entrants into the Youth Justice System in 2018. This is higher than the rate for England as a whole but there has been a downward trend year-on-year since 2015.

26. In Worcestershire the rate of Alcohol Specific Hospital Admissions for under 18s is similar to the England average (31.9 vs 32.9 per 100,000). After a period of falling rates year-on-year since 2006-7 rates have remained relatively static over the last two periods.

27. In Worcestershire the rate of self-harm in children and young people is lower than for England as a whole and this has been the case for the last couple of years.

Being Well: Health of Adults

28. Worcestershire has a similar rate of physically active adults to England.

29. It is estimated that 65% of adults in Worcestershire are carrying more weight than is healthy. This is higher than the national estimate.

30. In Worcestershire the overall rate of smoking has been declining and it is estimated that currently around 12% of adults smoke. This is lower than the national rate.

31. Smoking is still a major driver of avoidable differences in health between groups of people. Almost a quarter (24%) of Worcestershire residents who work in routine or manual occupations are thought to smoke. This is twice the proportion who smoke in the overall adult population.

32. Each year around 48 people die prematurely from alcoholic liver disease in Worcestershire.

33. In Worcestershire it is estimated that 80.1% cases of diabetes have been diagnosed. This is similar to the national rate.

34. Between 2014 and 2019 around 50% of eligible people aged 40-70 received an NHS England Check. This is higher than the national rate. Analysis suggests lower uptake

where the need is greatest - in people who live in the most deprived areas of Worcestershire.

35. Waiting times for, and the proportion of people completing alcohol treatment, are both better in Worcestershire than nationally.

36. In Worcestershire the proportion of people who successfully complete drug treatment has increased.

37. Worcestershire is currently seeing high levels of deaths from drug misuse. The rate has been increasing for a number of years.

38. Worcestershire generally has good sexual health outcomes with lower rates of sexually transmitted infections (STIs), HIV, unintended pregnancies and abortions than England. However, there are differences by district.

39. Most cervical cancer is thought to be caused by Human Papilloma Virus (HPV). A vaccine for HPV is available and there is a national vaccination programme with the potential to prevent many cases of HPV-related cancers. In Worcestershire the uptake of the vaccine is above the target coverage rate of 90% for the first dose but below it for uptake of the second.

40. Although Worcestershire has higher rates of screening coverage than England as a whole the recent trend in breast and cervical cancer screening has been downward and many Worcestershire practices are not meeting national targets.

Ageing: People Aged 65 Years and Over

41. Although Worcestershire performs well on many measures that relate to ageing there are some exceptions, these include fuel poverty and the rate of dementia diagnosis.

42. Approximately 29,000 households in Worcestershire (11.5%) are living in fuel poverty, this is above the national rate. The issue disproportionately affects older people. Nationally, a fifth of households affected by fuel poverty have household members that are all over 60. If Worcestershire follows this pattern 5,000 households would fall into this category.

43. In Worcestershire dementia will be a significant issue in future years as the population in the oldest age groups grows.

44. The number of people with dementia in Worcestershire is forecast to increase by 56% between 2019 and 2035 from 9,560 to 14,905.

45. The estimated dementia diagnosis rate for those aged 65 and over in 2018 at 59.7% was lower than the England level (67.5%). A timely diagnosis helps people living with dementia, their carers and healthcare staff to plan ahead and work together to improve health and care outcomes.

46. Falls are often the reason that someone has to leave their own home. There are over 2,300 falls per year in the over 65s in Worcestershire.

47. 13,287 people registered with Worcestershire GPs are recorded as having had a stroke or transient ischaemic attack (TIA).

48. Deaths due to stroke are higher than nationally.

49. Nearly half of older people in Worcestershire have an illness that affects their daily activities. This equates to 63,000 people currently and numbers are projected to increase by 38% in the next 15 years.

50. Depression is estimated to affect 11,630 people over the age of 65 in Worcestershire.

51. The number of people aged 65 and over living alone in Worcestershire is estimated to be 15,160 males and 28,350 females. It is expected that these numbers will rise by 36% for both genders. Whilst living alone does not always mean someone is lonely it can clearly be a contributory factor.

52. It is estimated that in 2019, 20,110 people aged 65 and over were providing unpaid care in Worcestershire, this is forecast to grow by 28% to 25,670 by 2035.

Introduction

This report provides a high-level summary of health and wellbeing information for Worcestershire. The report aims to highlight potential health and wellbeing issues which may need further investigation and action as well as providing an update on Health and Wellbeing Board priorities. The audience for this report is wide ranging and includes decision makers, commissioners and anyone with an interest in health and wellbeing in Worcestershire.

The structure of this year's annual summary has been revised to summarise information on wider determinants of health (including economy, environment, housing, community crime and safety), and sets out to provide current information on indicators across the 'life course', including:

- Starting out: mothers, babies, children, early help and prevention
- Young people
- Adults
- Ageing: people over 65 years

The report also sets out a brief description of district level issues and provides 'infographics' for most chapters which are new for this year's report.

About the Joint Strategic Needs Assessment

The Joint Strategic Needs Assessment (JSNA) is a statutory duty of the Health and Wellbeing Board. The local JSNA is an ongoing process which seeks to provide a strategic overview of health and wellbeing for Worcestershire. This overview includes the wider factors that are key to the population's health and wellbeing, for example, education, employment, environment, income and crime to name just a few. It is also important that the JSNA identifies future health and wellbeing needs.

Both the local authority and the NHS have duties under the Health and Social Care Act 2012 to have regard to reducing health inequalities and the JSNA is an important means of fulfilling this duty.

This report should be read in conjunction with other JSNA publications which provide more in-depth analysis on specific topics and together build a comprehensive picture of health and wellbeing needs for Worcestershire. More detailed information on specific topics, including needs assessments, can be found on the JSNA website.[1]

There are several elements to Worcestershire's JSNA process:

1. A multi-agency JSNA working group to collectively agree priorities and oversee the production of JSNA outputs
2. Multi-agency contributions to understanding the health and wellbeing of Worcestershire residents

[1] http://www.worcestershire.gov.uk/info/20122/joint_strategic_needs_assessment

3. Provision of information and intelligence to the Health and Wellbeing Board, commissioners and the public about health and social care needs
4. Production and publication of briefings, profiles and needs assessments (published at http://www.worcestershire.gov.uk/jsnapublications)
5. Production and publication of up to date interactive information dashboards through the JSNA website (including dashboards to support the Health and Wellbeing Board's priorities)
6. Production of a JSNA Annual Summary

Where Worcestershire Performs Well

In general, the population of Worcestershire is healthy and there are many health-related measures where Worcestershire performs consistently better than the national average (Figure 1 and Appendix). However, there are some pockets of Worcestershire where people's health is not good and the average masks inequality. To take one example, although on average Worcestershire has a lower proportion of children in low income families than England as a whole, this is not the case in Wyre Forest District.

Figure 1. Where Worcestershire Performs Well

Indicator	Worcestershire	England
FEMALE HEALTHY LIFE EXPECTANCY (2015-2017)	67.2	63.8
MALE HEALTHY LIFE EXPECTANCY (2015-2017)	65.7	63.4
HOSPITAL ADMISSIONS FOR VIOLENCE RATE PER 100,000 (2015-2018)	24.0	43.4
CHILDREN IN LOW INCOME FAMILIES % (2016)	14.1	17.0
COMPLAINTS ABOUT NOISE RATE PER 1,000 (2015-16)	3.9	6.3
HOUSEHOLDS IN TEMPORARY ACCOMMODATION RATE PER 1,000 (2017-18)	0.4	3.4
EMERGENCY HOSPITAL ADMISSIONS DUE TO FALLS IN PEOPLE AGED 65 AND OVER RATE PER 100,000(2017-18)	1,732	2,170
MORTALITY FORM CAUSES CONSIDERED PREVENTABLE RATE PER 100,000 (2015-17)	165.7	181.5
HEALTH RELATED QUALITY OF LIFE FOR OLDER PEOPLE SCORE (2016-17)	0.76	0.74

Data Source: Public Health England, Public Health Outcomes Framework
Images from the Noun Project ("Falling" by Andrew Doane, "Life Saver" by Nicole Macdonald, "Accommodation" by Symbolon, "Children" by Musmellow, "Noise" by Peter K., "Leaves" by Rivercon, "Old" by 1516, Hospital by ibrandify)
All other images from Canva.com

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Newly Identified and Persistent Issues

Public Health England produce **The Public Health Outcomes Framework**.[2] This is a set of measures that provides a vision for the public's health by supporting two overarching aims, namely:

- Increased years lived in good health termed Healthy Life Expectancy
- Reduced differences in life expectancy and years lived in good health between communities

The Public Health Outcomes Framework has been used to help identify topics that may be an issue in Worcestershire and worthy of further investigation or action.

Table 2 summarises topics newly identified as issues for Worcestershire and gives the reason for their selection. Table 3 summarises issues identified in the previous JSNA Annual Summary and that remain a concern. More detailed information for each issue is available in the body of this report and signposting is provided.

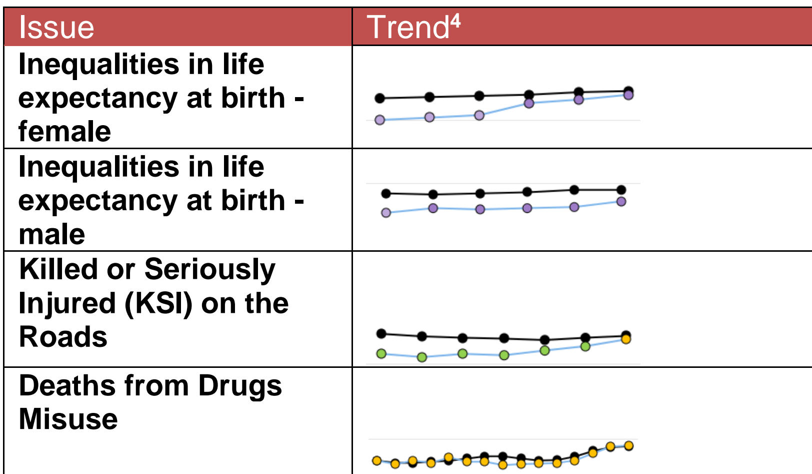
Table 2: Newly Identified Issues

Reason for Inclusion

There is a social gradient in life expectancy. People living in deprived areas have shorter lives than those who live in more affluent areas.

For females in particular this difference has increased in recent years and it is now larger than in 2010-12. For males, although the difference is similar to 2010-12, there is some evidence of a widening gap since 2012-14.[3]

See p98 for more information.



Issue	Trend[4]
Inequalities in life expectancy at birth - female	
Inequalities in life expectancy at birth - male	
Killed or Seriously Injured (KSI) on the Roads	
Deaths from Drugs Misuse	

[2] https://fingertips.phe.org.uk/profile/public-health-outcomes-framework
[3] Life expectancy at birth is calculated for each deprivation decile of lower super output areas (LSOAs) within each area and then the slope index of inequality (SII) is calculated based on these figures. The SII is a measure of the social gradient in life expectancy
[4] Black line = England, Green = statistically better than England, Yellow= statistically similar to England, Red = statistically worse than England, Purple/Mauve = not compared.

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Cancer screening Breast	
Cancer screening Cervical	
Cancer screening Bowel	
Emergency Re-admissions	
Smoking in Pregnancy	
Excess weight in adults	

Table 3: Persistent Issues

Issue	Trend	Reason for Inclusion
Antibiotic Prescribing in Primary Care	South Worcestershire CCG Redditch and Bromsgrove CCG Wyre Forest CCG	In Worcestershire antibiotics are prescribed in primary care at a higher rate than nationally. However, sustained improvement on this measure is being seen in all three Clinical Commissioning Groups (CCGs). See p18 for more information.
Air Quality	Fine Particulate Matter:	In Worcestershire there are persistent hot spots for poor air quality - particularly in Worcester City. As a largely rural county Worcestershire also has agricultural activities that generate particulate matter that can contribute to this issue.
Breastfeeding initiation		Worcestershire has lower rates of women who start breastfeeding within two days of giving birth than the national average and this has been the case for some time. Rates are lowest amongst younger mothers, mothers of white ethnicity and

		those living in more deprived localities - particularly in Wyre Forest and Redditch. See p61 for more information.
Inequality in School Readiness		Locally in 2017/18 only half of children who were eligible for free school meals had reached a good level of development by the time they started school. This is in comparison to 71.2% of all children. See p67 for more information.
Educational Outcomes	GCSE Attainment for Pupils with Free School Meal Status	**Key Stage 1:** Disadvantaged children - those eligible for free school meals - performed poorly in all areas compared to the England average for this group of children. **Key Stage 2:** In 2018 all areas of Worcestershire, with the exception of Bromsgrove, had lower percentages of pupils who reached the expected standards in reading, writing and mathematics than nationally. Percentages were even lower for children who were disadvantaged (eligible for free school meals). **GCSE Results (KS4):** In Worcestershire a higher proportion of

		pupils achieved a grade 4 or above in GCSE Maths and English than in England overall. But, disappointingly, we are still seeing disadvantaged children having poorer educational outcomes in Worcestershire when compared to the same group of children in England, although there has been an improvement since 2017. See p69 for more information.
Children Needing Social Care		The numbers of children who receive additional help or protection from Children's Social Care is continuing to rise. See p73 for more information.
Children's Oral Health	Proportion of five years olds free from dental decay: Worcester Wyre Forest Bromsgrove	Inequality in children's oral health has increased in recent years. There are differences by council district, with Worcester and Wyre Forest districts emerging as having poorer oral health for children than other districts. See p77 for more information.

Review of Issues Identified in 2018

Antibiotic Prescribing in Primary Care

Data on antibiotic prescribing in Primary Care is available for a rolling 12-month period. The data is adjusted to account for the characteristics of the population to allow fair comparison between areas. A lower value is better.[5]

Table 4 shows that although all Worcestershire CCGs met an NHS England target of 1.161 items prescribed per STAR-PU at the end of 2018/19 they did not meet a more aspirational 0.965 target.

Table 4. Twelve Month Total Number of Prescribed Antibiotic Items Per STAR-PU March 2019

Area Name	Value	Compared to goal*
England	0.95	Green
West Midlands	0.98	Amber
NHS Redditch And Bromsgrove CCG	1.14	Amber
NHS South Worcestershire CCG	1.03	Amber
NHS Wyre Forest CCG	1.03	Amber

Source: Public Health England, AMR Local Indicators Profile.[6]

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[5] STAR-PU is weighted units adjusted by the age and sex of patient distribution of each practice. An item is an antibiotic (from British National Formulary Section 5.1) that is prescribed in a primary care setting. The lower the value, the fewer antibiotics have been prescribed.

[6] Available at: https://fingertips.phe.org.uk/profile/amr-local-indicators *The value (items per STAR-PU) is benchmarked against the Quality Premium 2017/19 scheme target of equal to or below England 2013/14 mean performance value of 1.161 items per STAR-PU and an additional reduction of value equal to or below 0.965 items per STAR-PU (England's 2015/16 mean performance) for 2018/19.

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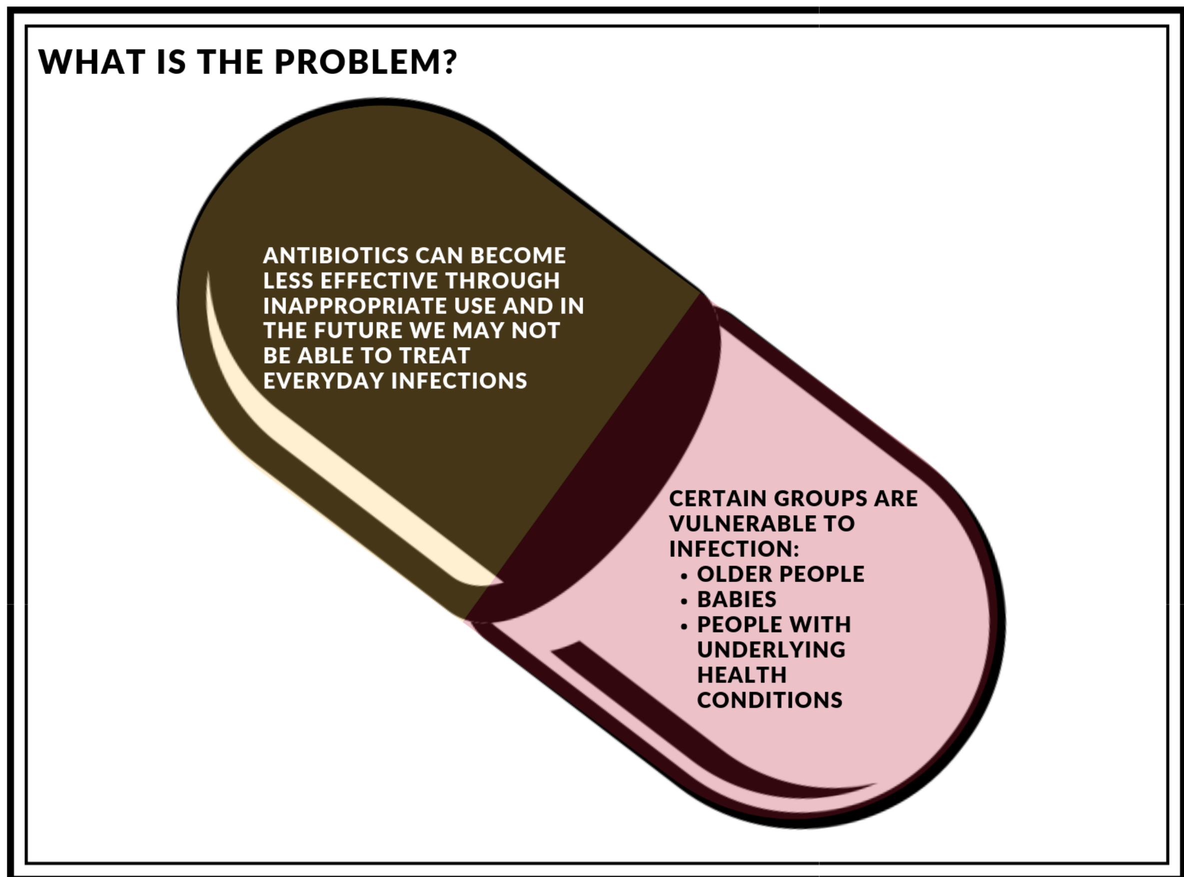
Figure 2. Antibiotic Prescribing in Primary Care

WHAT IS THE PROBLEM?



WHAT IS HAPPENING LOCALLY?

ALL THREE WORCESTERSHIRE CCGS HAVE HIGHER RATES OF ANTIBIOTIC PRESCRIBING IN PRIMARY CARE THAN ENGLAND

IMPROVEMENT IS BEING SEEN I.E. RATES ARE DECLINING

FURTHER GUIDANCE

PUBLIC HEALTH ENGLAND HAVE PUBLISHED "ANTIMICROBIAL RESISTANCE (AMR): APPLYING ALL OUR HEALTH". THIS IS A RESOURCE TO HELP FRONT-LINE HEALTH AND CARE STAFF USE THEIR TRUSTED RELATIONSHIPS WITH PATIENTS, FAMILIES AND COMMUNITIES TO PROMOTE THE BENEFITS OF PREVENTING ANTIMICROBIAL RESISTANCE (AMR).

Graphic created by the Public Health Team using Canva and images from the NounProject.com ("Pill" by Rick, "Pills" by Evgeny Filatov and "Decrease" by dilakuscan).

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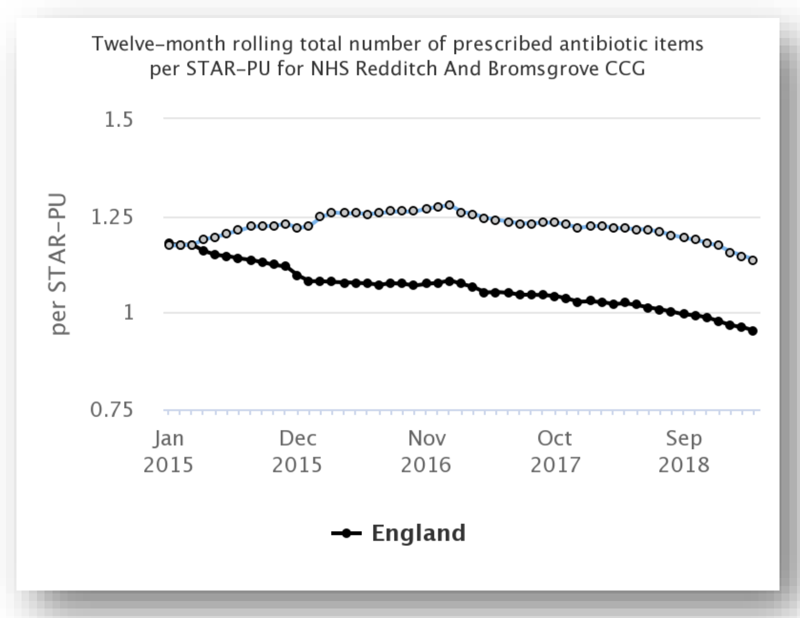
In March 2019, compared to 10 similar CCGs Redditch and Bromsgrove CCG had the highest 12-month rate of antibiotic prescribing in primary care. However, since January 2017 there has been consistent improvement. Of Redditch and Bromsgrove's similar CCGs, Vale Royal CCG has seen the steepest decline in antibiotic prescribing rate in primary care.[7]

Figure 3. Twelve-Month Rolling Total Number of Prescribed Antibiotic Items Per STAR-PU. Redditch and Bromsgrove CCG.



Source: Public Health England, AMR Local Indicators Profile.[8]

Since March 2017 South Worcestershire CCG has seen a steady decline in antibiotic prescribing in primary care although it still has a rate which is higher than the NHS England target rate. The rate of decline is like that of similar CCGs.

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[7] From 2015/16 onwards out-of-hours antimicrobial prescribing for the whole county has been reported into the R&B CCG cost centre. This extra volume of prescribing without an associated countervailing patient cohort denominator continues to skew the R&B picture.

[8] Available at: https://fingertips.phe.org.uk/profile/amr-local-indicators

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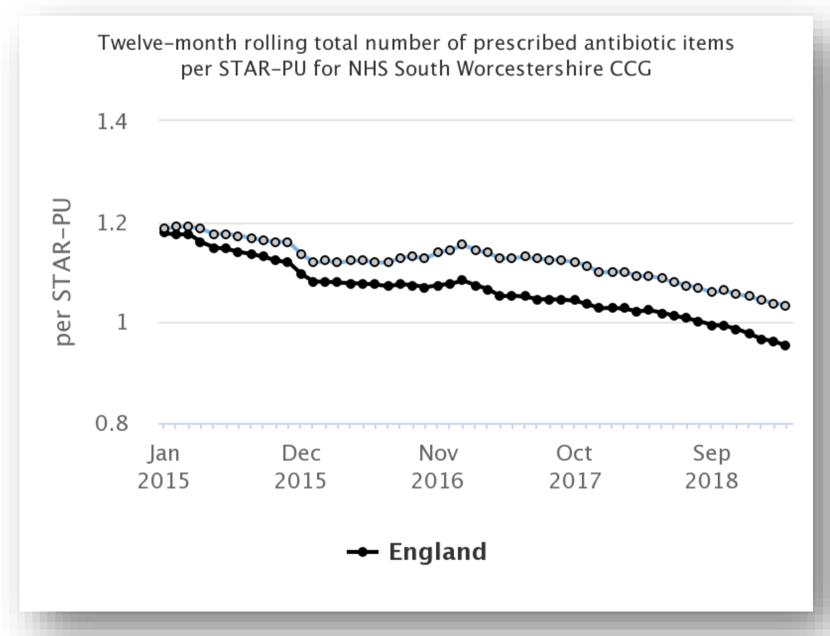
Figure 4. Twelve-Month Rolling Total Number of Prescribed Antibiotic Items Per STAR-PU. South Worcestershire CCG.

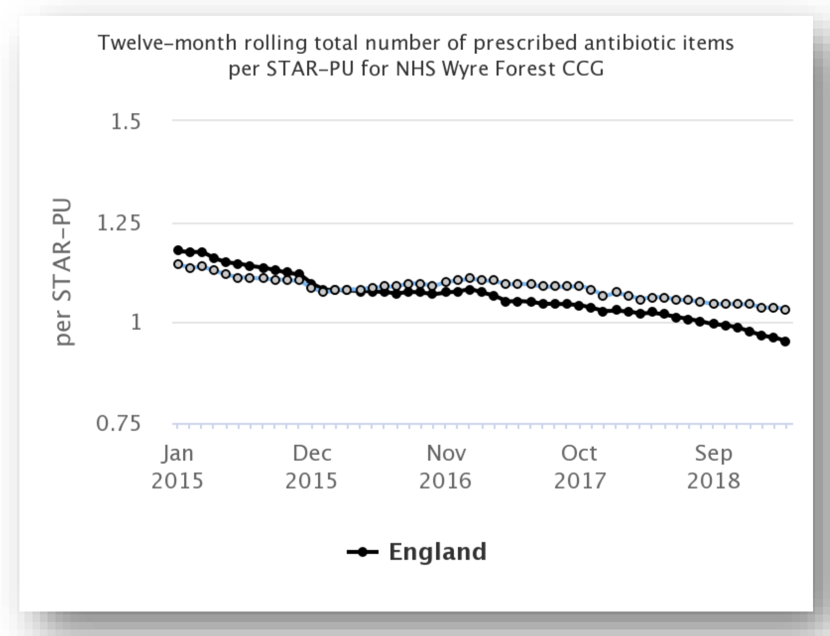


Source: Public Health England, AMR Local Indicators Profile.[9]

Since May 2017 Wyre Forest CCG has also seen a steady decline in the rate of antibiotic prescribing in primary care but the rate is still higher than the NHS England target rate and amongst Wyre Forest's similar CCGs West Lancashire has seen a steeper decline.

[9] Available at: https://fingertips.phe.org.uk/profile/amr-local-indicators

Figure 5. Twelve-Month Rolling Total Number of Prescribed Antibiotic Items Per STAR-PU. Wyre Forest CCG.



Source: Public Health England, AMR Local Indicators Profile.[10]

Best Practice

This year the Department of Health and Social Care published a five-year action plan for antimicrobial resistance (2019-2024) which supports a 20-year vision. The plan sets out the actions needed across all sectors to respond to the challenge.[11]

In June 2019 Public Health England updated Antimicrobial Resistance (AMR): applying All Our Health.[12] This is a resource which will help front-line health and care staff use their trusted relationships with patients, families and communities to promote the benefits of preventing antimicrobial resistance).

Key Areas of Work

The Worcestershire CCGs Medicines Commissioning Team continue to monitor antimicrobial prescribing in primary care, provide GP practices with access to prescribing

[10] Available at: https://fingertips.phe.org.uk/profile/amr-local-indicators

[11] HM Government (2019). Tackling antimicrobial resistance 2019–2024. The UK's five-year national action plan. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/784894/UK_AMR_5_year_national_action_plan.pdf

[12] Public Health England (2019). Antimicrobial resistance (AMR): applying All Our Health. Available at: https://www.gov.uk/government/publications/antimicrobial-resistance-amr-applying-all-our-health/antimicrobial-resistance-amr-applying-all-our-health

support software to facilitate compliance with local guidance, distribute regular prescribing messages via newsletters and report concerns to individual practices and host providers where they arise.

The widespread use of broad-spectrum antibiotics (co-amoxiclav, cephalosporins and quinolones) outside of a limited range of specific clinical indications is associated with an increase in antimicrobial resistance. The proportion of prescribed items of these antibiotics compared to the overall number of prescribed antibiotic items over a rolling 12-month period is another key NHS England measure. The NHS England target for this is for the proportion to be below 10%.

GP practices in South Worcestershire CCG were identified as being outliers with respect to this measure and were asked to perform a comprehensive audit during quarter one of 2018/19. The audit required them to interrogate prescribing of broad-spectrum antibiotics with respect to local guidance and then produce and submit individual action plans to address non-compliance with guidance. As a result of this audit South Worcestershire CCG figures for this measure fell over the next few months as indicated in the Table 5 and now lie below the NHS England target of 10%.

Table 5. Proportion of Antibiotics Prescribed in South Worcestershire CCG that were Broad-Spectrum

12 MONTH PRESCRIBING TO END	APRIL 18	MAY 18	JUNE 18	JULY 18	AUG 18	SEP 18	OCT 18
% co-amoxiclav, cephalosporins and quinolones	**10.36**	**10.36**	**10.28**	**10.23**	**10.16**	**10.06**	**9.94**

Source: Worcestershire CCGs Medicines Commissioning Team

12-month rolling co-amoxiclav, cephalosporin and quinolone figures for the three Worcestershire CCGs are given in the Table 6. Note all CCGs have hit the 10% target.

Table 6. Proportion of Antibiotics Prescribed in Worcestershire CCGs that were Broad-Spectrum (March 2019; 12-month Rolling Figures)

Clinical Commissioning Group	% co-amoxiclav, cephalosporins and quinolones
REDDITCH & BROMSGROVE	8.48
SOUTH WORCESTERSHIRE	9.29
WYRE FOREST	7.73

Source: Worcestershire CCGs Medicines Commissioning Team

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Redditch and Bromsgrove
Clinical Commissioning Group

South Worcestershire
Clinical Commissioning Group

Moving forward, it is anticipated that further audits and workstreams will be undertaken.

Air Quality

Poor air quality is a major public health risk, ranking alongside cancer, heart disease and obesity. It shortens lives and damages quality of life for many people.

Both short and long-term exposure to air pollution can affect health. Short-term exposure to elevated levels of air pollution can cause a range of health impacts, including effects on lung function, exacerbation of asthma, increases in respiratory and cardiovascular hospital admissions and mortality. Long-term exposure reduces life expectancy, mainly due to cardiovascular and respiratory diseases and lung cancer.[13]

Many pollutants affect air quality, but the five most damaging pollutants are:

- Particulate Matter (PM2.5),
- Ammonia,
- Sulphur Dioxide,
- Nitrogen Dioxide (NO_2) and
- Non-Methane Volatile Organic Compounds (NMVOCS)

Pollutants can travel long distances and combine with each other to create different pollutants. Of the five pollutants listed above, data is available for PM2.5 and NO_2 in a format that allows comparisons to be made.

Fine Particulate Matter (PM2.5)

Annual concentration of human-made fine particulate matter (PM2.5) in Worcestershire is 8.6 micrograms per cubic metre (μg/m^3). This means Worcestershire has better than average air quality by this measure (it is in the second-best quintile in England).

However, the average PM2.5 concentration varies across the county. The highest concentration is recorded in Bromsgrove at 9.1 μg/m^3, this is followed by Redditch (8.9 μg/m^3), Worcester (8.8 μg/m^3), Wychavon (8.4 μg/m^3), Wyre Forest (8.3 μg/m^3) and Malvern Hills (7.8 μg/m^3).

[13] Public Health England. Health Matters: Air Pollution Nov 18. Available at: https://www.gov.uk/government/publications/health-matters-air-pollution/health-matters-air-pollution

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Redditch and Bromsgrove Clinical Commissioning Group

South Worcestershire Clinical Commissioning Group

Figure 6. Air Pollution: Fine Particulate Matter - Worcestershire

Source: Public Health England, Public Health Outcomes Framework

Nitrogen Dioxide (NO_2)

Worcestershire has small pockets, called Air Quality Management Areas (AQMAs) where the local air quality is unlikely to meet the Government's national NO_2 thresholds.[14] Across the county, there are seven AQMAs including three in Bromsgrove, one in Worcester, one in Wychavon and two in Wyre Forest. In June 2019 the whole area within the political boundary of Worcester City was declared an AQMA.

In 2017, 0.3% of the Worcestershire population was living in an AQMA, which is higher than the England average of 0.2%. The changes to the Worcester AQMA have contributed to an increase in this figure.

Recently the Worcestershire Public Health Team studied the strength of association between average NO_2 levels and hospital admissions for conditions amenable to poor air quality[15] and cardio-vascular admissions[16]. The results of this investigation are shown in Figure 7.

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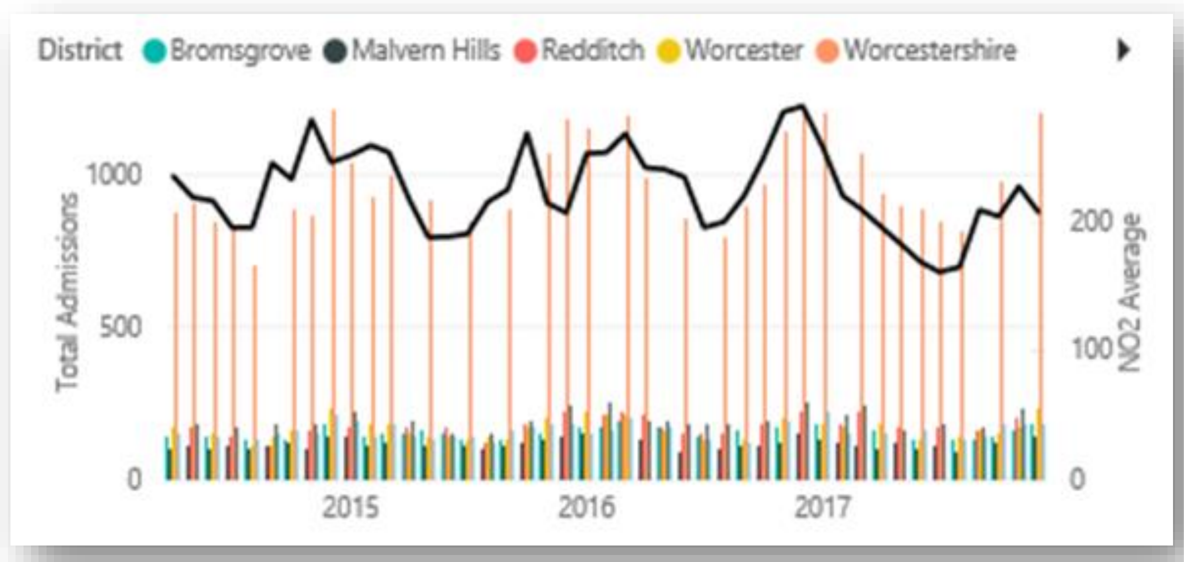
[14] There are two air quality objectives for nitrogen dioxide. The long-term objective is 40 µg/m3 averaged over a year and the short-term objective is 200 µg/m3 averaged over one hour.

[15] ICD 10: 100-109

[16] ICD 10: J00-J99

Figure 7. Total Admissions and NO_2



In 2016 there was a strong association between NO_2 levels and hospital admissions at county level and in 2017, data for Bromsgrove, Wychavon, Malvern and Redditch showed a strong association between hospital admissions and NO_2 concentrations.

The Clean Air Strategy published in January 2019 sets out comprehensive actions required across all parts of government and society to improve air quality.[17]

Public Health England has published a review of actions providing local practitioners and policy-makers with an indication of the range of interventions that can be used to address problems arising from different sources of air pollution.[18] A partnership group to consider the implementation of these actions at a local level has recently been set up by the Public Health Team.

[17] Department of Environment, Food and Rural Affairs. Clean Air Strategy 2019. Available at: https://www.gov.uk/government/publications/clean-air-strategy-2019

[18] https://www.gov.uk/government/publications/improving-outdoor-air-quality-and-health-review-of-interventions

The Worcestershire Picture

Population, Economy, Environment, Housing, Community, Crime and Safety

Worcestershire is a county in the West Midlands made up of six districts: Bromsgrove, Malvern Hills, Redditch, Worcester, Wychavon and Wyre Forest. This section provides an overview of Worcestershire in terms of population, economy, environment, community, housing and crime and safety in order to better understand the factors that influence people's health.

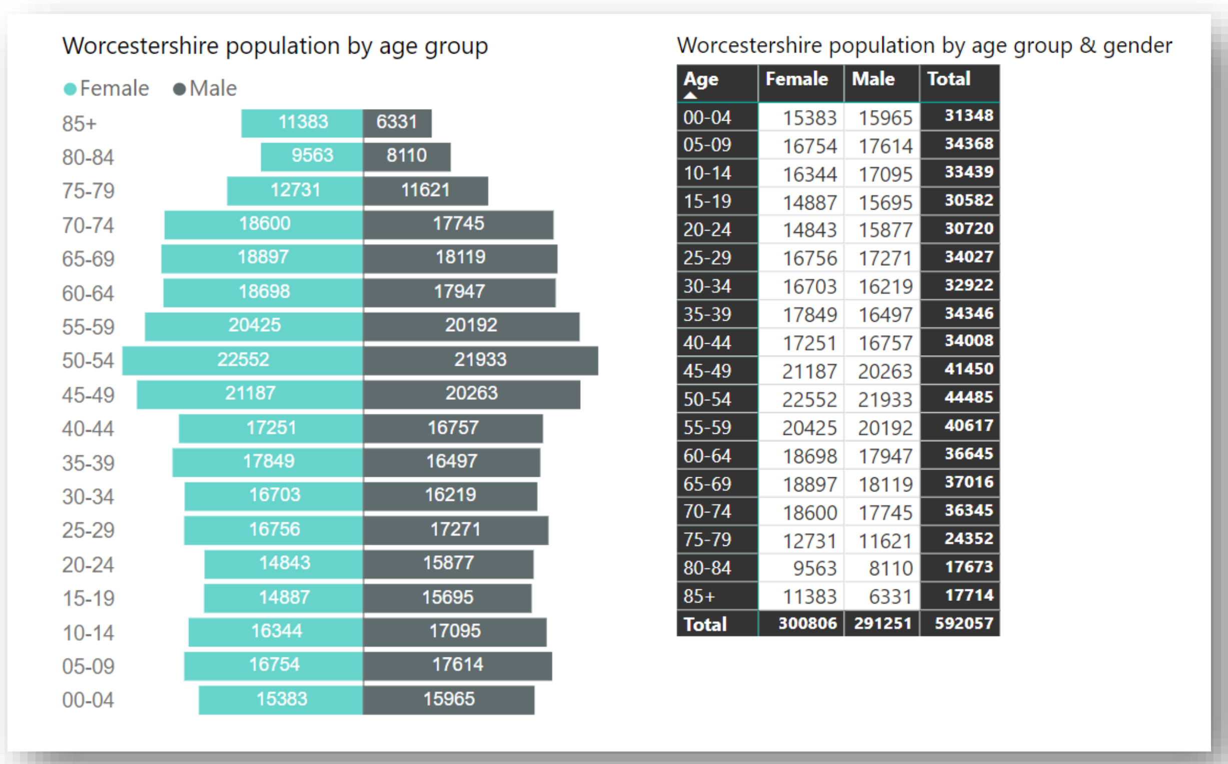
Population

The current population of Worcestershire is estimated to be around 592,057 - an increase of 0.6% from the previous year based on the ONS mid-year 2018 population estimates. Overall the population growth has slowed compared to the previous year.

Wychavon district has the largest proportion of the total population in the county and Malvern Hills the smallest. Wyre Forest and Worcester have similar populations (101,062 and 101,891 respectively).

Worcestershire has an ageing population and a large proportion of the population is in the 45 plus age groups (Figure 8). By 2035 this age structure is expected to translate into a large increase in the older age groups and, in particular, the very oldest age groups (Figure 9).

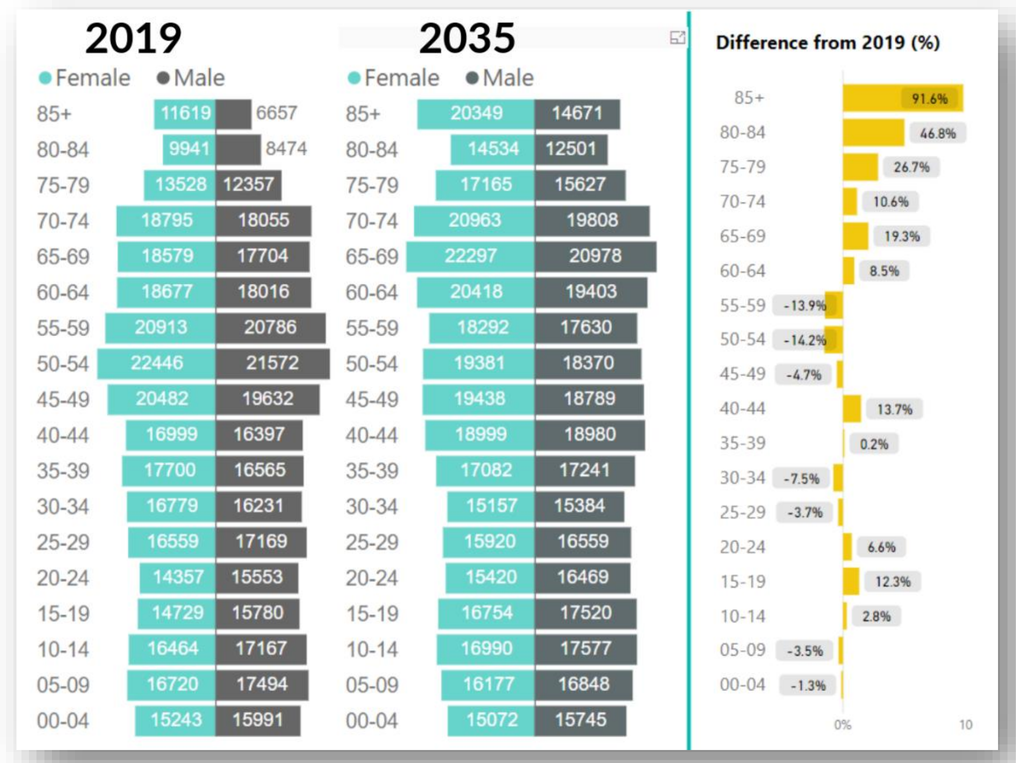
Figure 8. Worcestershire Population Estimate



Age	Female	Male	Total
00-04	15383	15965	31348
05-09	16754	17614	34368
10-14	16344	17095	33439
15-19	14887	15695	30582
20-24	14843	15877	30720
25-29	16756	17271	34027
30-34	16703	16219	32922
35-39	17849	16497	34346
40-44	17251	16757	34008
45-49	21187	20263	41450
50-54	22552	21933	44485
55-59	20425	20192	40617
60-64	18698	17947	36645
65-69	18897	18119	37016
70-74	18600	17745	36345
75-79	12731	11621	24352
80-84	9563	8110	17673
85+	11383	6331	17714
Total	300806	291251	592057

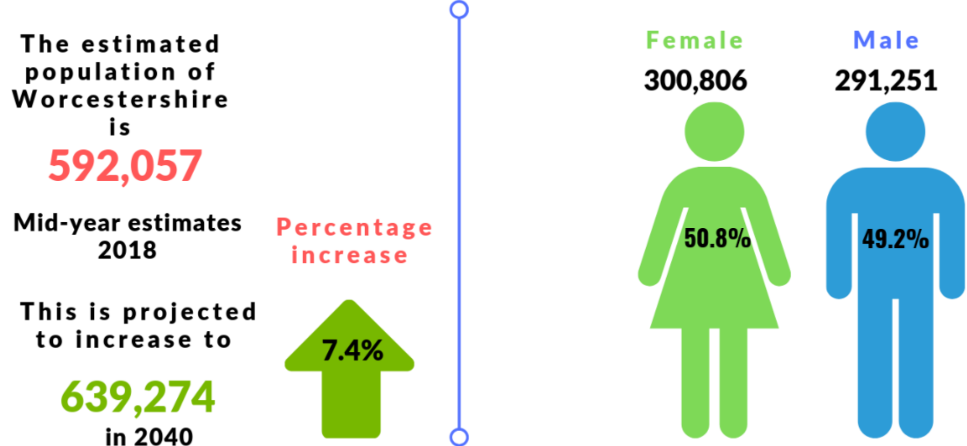
Source: Worcestershire Public Health Team based on Office for National Statistics population estimates Mid-Year 2018

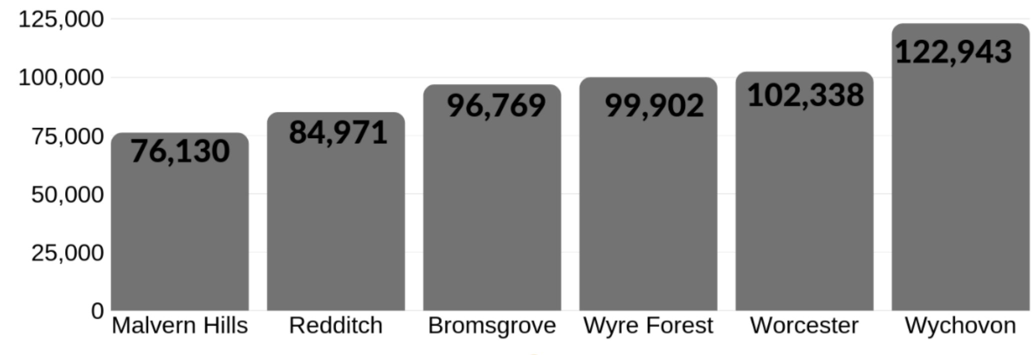
Figure 9. Projected Population Based on 2018 Mid-Year Population



Source: Worcestershire Public Health Team based on Office for National Statistics population projections Mid-Year 2018

Figure 10. Worcestershire's Population: Key Facts





01 **0-19 Age Group**
Between 20-24% of the population in each of the six districts are children and young people. Redditch has the highest percentage at 24%.

02 **20-64 Age Group**
More than half of the population (50-60%) in each of the districts are adults. Worcester has the highest percentage at 60%

03 **65 plus Age Group**
Between 17-29% of the population in the six districts are older people.
Malvern Hills has the highest percentage at 29%

Worcestershire has a predominantly white population (95.7%)
7060 people with an ethnicity of Mixed (1.2%)
14,121 people with an ethnicity of Asian (2.4%)
2,353 people with an ethnicity of Black (0.4%)
1,765 people with an ethnicity of Other (0.3%)

Data source: Public Health England, Public Health Outcomes Framework
All images from: Canva.com

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Economy

There is a strong association between income and health with many health outcomes improving incrementally as income rises.[19]

Employment is one of the most important determinants of physical and mental health. The long-term unemployed have a lower life expectancy and worse health than those in work.[20] Unemployment does not just affect individuals, but lack of income, may influence a child's early development and educational opportunities, which in turn can affect their future employment opportunities and income.[21]

The contribution of Worcestershire's economy to Gross Domestic Product (GDP) can be quantified by measuring Gross Value Added (GVA).[22] Two approaches can be used to calculate GVA:

- GVA P - The production approach estimates the value of an output (goods or services) less the value of the inputs used in the production process for each economic unit.
- GVA I - The income approach measures the incomes of individuals (e.g. wages) and corporations (e.g. profits) in the production of outputs (goods or services).

[19] Public Health England: Social Determinants of Health https://www.gov.uk/government/publications/health-profile-for-england/chapter-6-social-determinants-of-health#fn:18

[20] Bartley M, Ferrie J, Montgomery SM. (2005) Chapter 5: Health and labour market disadvantage: unemployment, non-employment and job insecurity. Social Determinants of Health 2nd Edition. Oxford University Press: Oxford.

[21] Joseph Rowntree Foundation. (2014) How Does Money Influence Health? Accessed 12 August 2019

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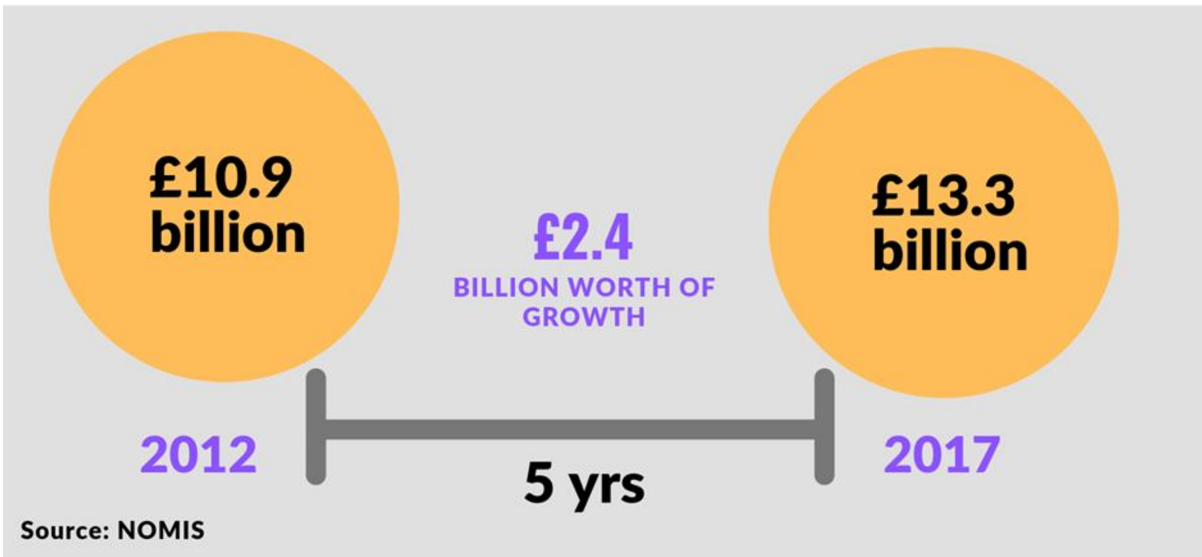
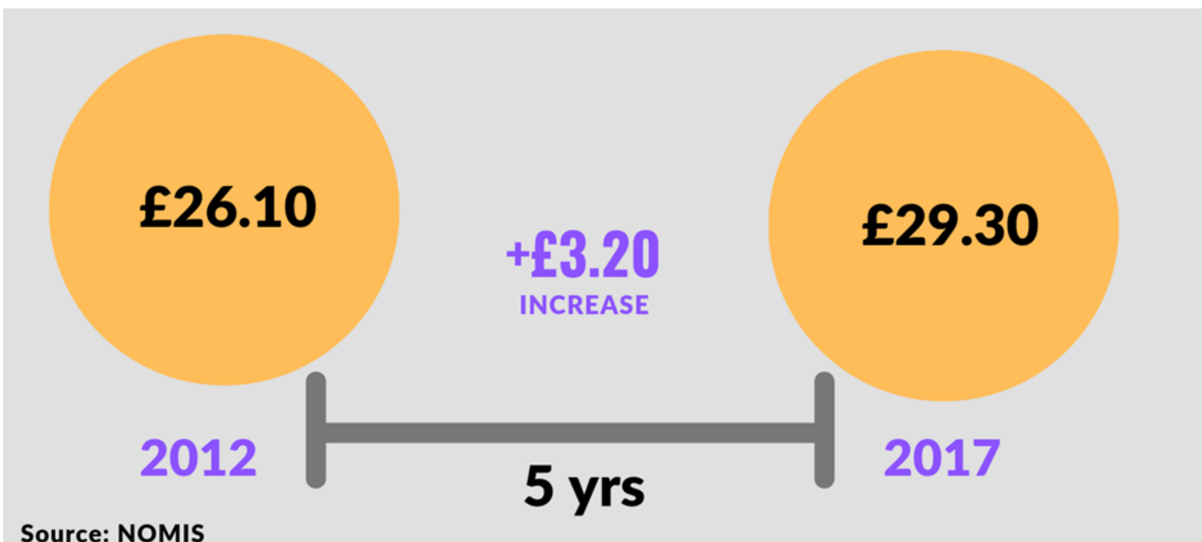
Figure 11. Gross Value Added (GVA)



The total output of the Worcestershire economy grew by 22% between 2012 and 2017. This equates to about 4.4% yearly growth.

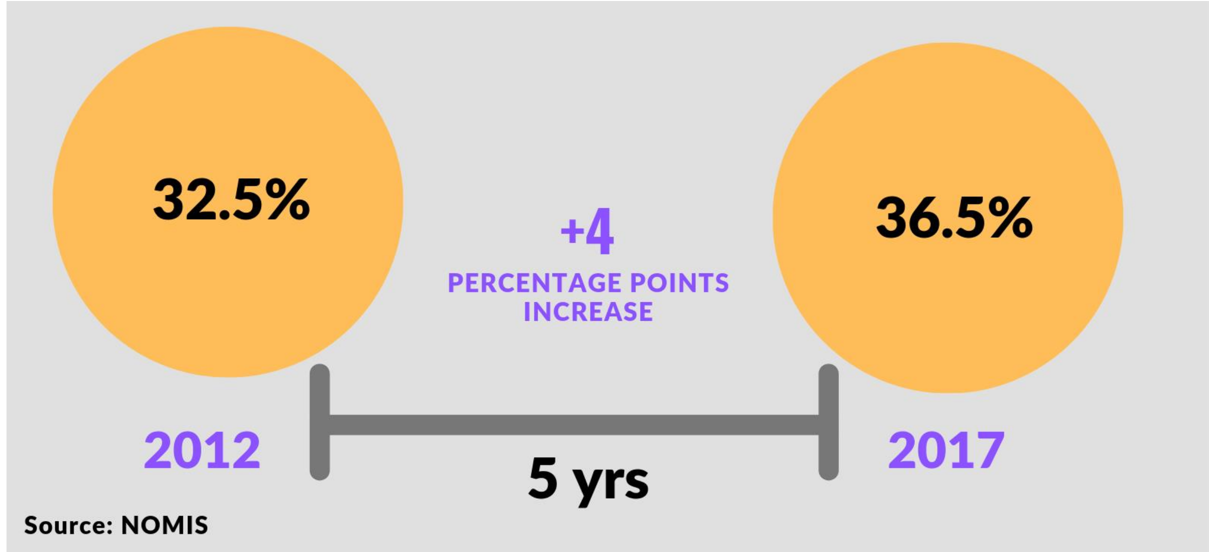
Figure 12. GVA per hour worked



The value translates to approximately 2.5% average annual increase over 5 years.

Worcestershire Local Enterprise Partnership (LEP) is listed by the Office for National Statistics as one of the top five performing LEPs by real GVA growth since 2009.[23]

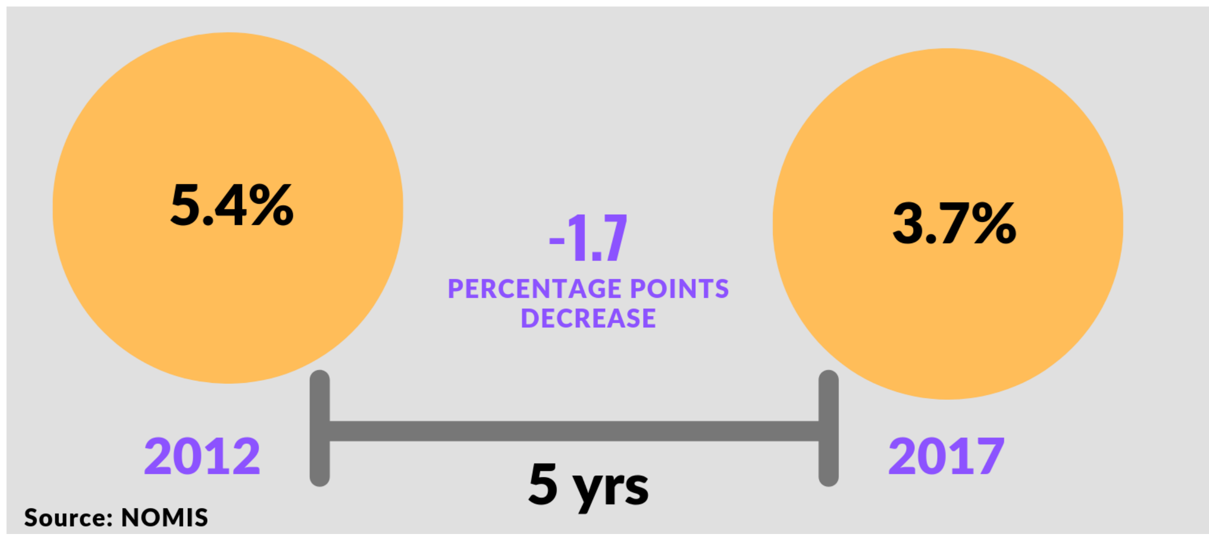
Figure 13. Workforce skills NVQ level 4 plus



Employers require specific skills sets to maximise productivity. NVQ level 4 is a suitable qualification required by the workforce to fulfil the objective of a highly skilled knowledge economy. The percentage of the workforce who had skills at NVQ level 4 plus improved by 4 percentage points between 2012 and 2017.

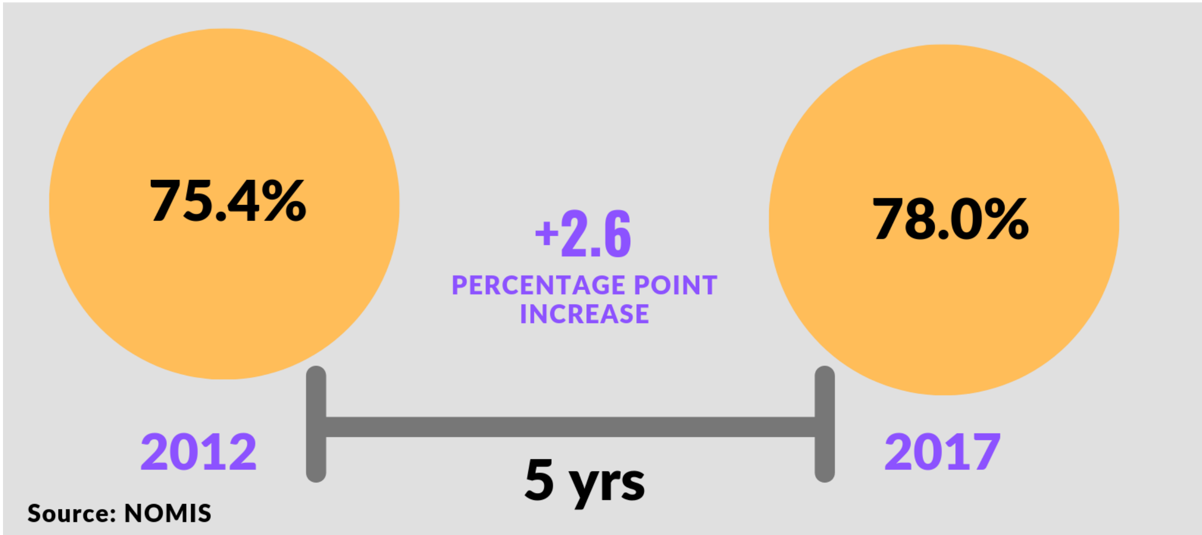
[23] https://www.ons.gov.uk/economy/grossvalueaddedgva/bulletins/regionalgrossvalueaddedbalanceduk/1998to2017

Figure 14. Unemployment-Worcestershire



Unemployment is associated with an increased risk of ill health and mortality. Between 2012 and 2017 unemployment in Worcestershire decreased by 45.9%.

Figure 15. Employment-Worcestershire



The percentage of people in employment has been increasing and was consistently better than the England average over the five-year period 2012-2017.

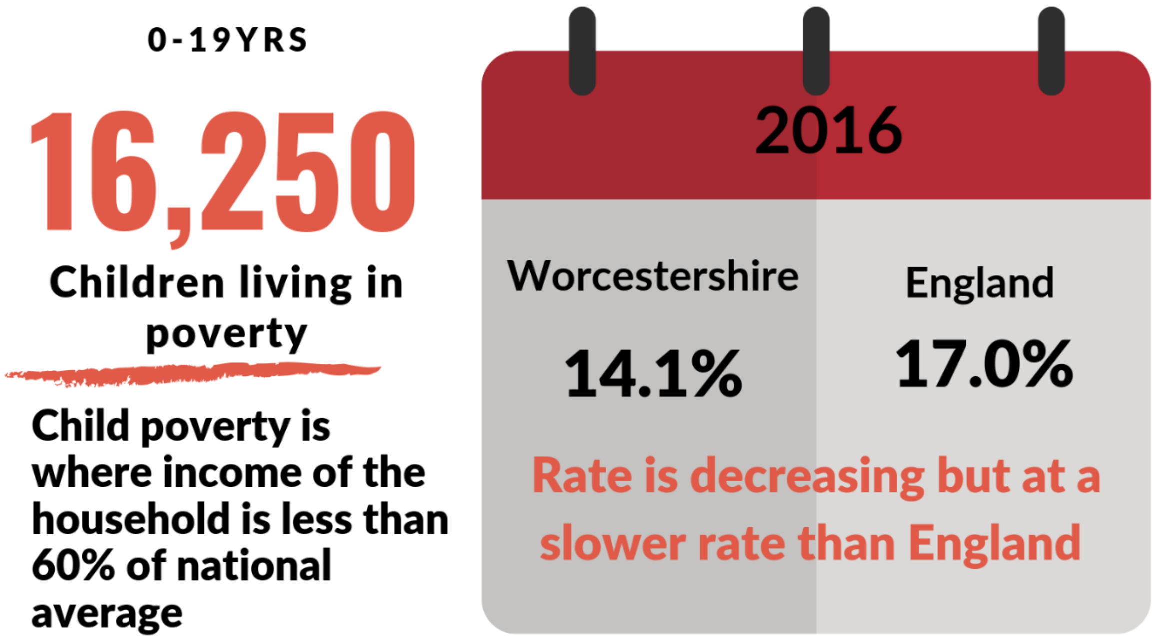
Child Poverty

Growing up in poverty damages children's health and wellbeing, adversely affecting their future health and life chances. Ensuring a good environment in childhood, especially early childhood, is important. A considerable body of evidence links adverse childhood circumstances to poor child health outcomes, future adult ill health and premature mortality. There is also a wide variety of evidence to show that children who live in poverty are exposed to a range of risks that can have a serious impact on their mental health. Reducing the numbers of children who experience poverty should improve these adult health outcomes and increase healthy life expectancy.[24]

The latest available figures show that in Worcestershire 14.1% of children live in poverty related to low income. Compared to similar local authorities, Worcestershire is worse than the average (which is 13%).

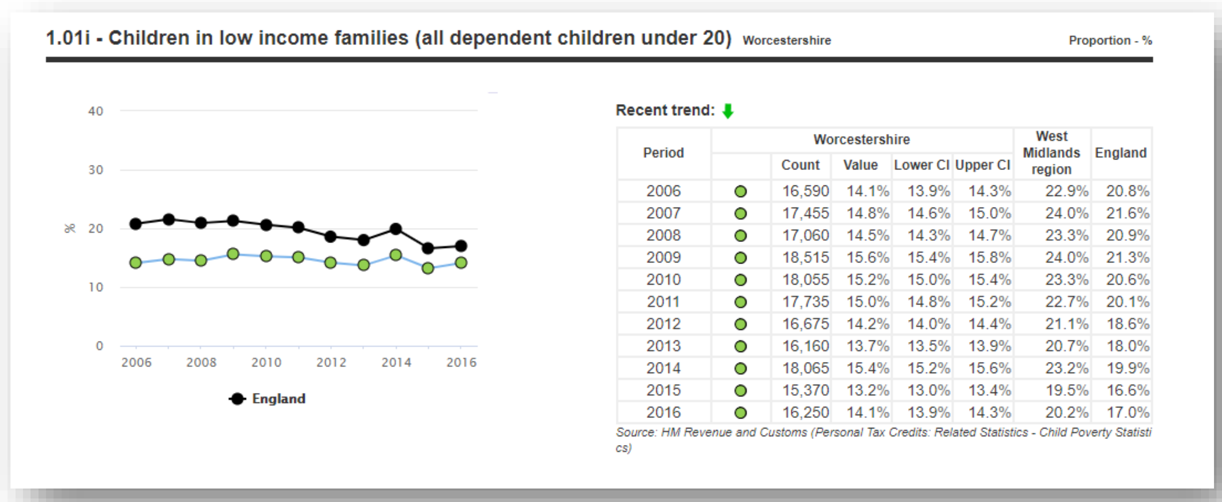
The rate is decreasing although at a slower pace than England.

Figure 16: Children in Low Income Families (All Dependent Children Under 20) 2016



[24] Marmot Review report – 'Fair Society, Healthy Lives: https://www.local.gov.uk/marmot-review-report-fair-society-healthy-lives

Figure 17. Trend for Worcestershire - Children in Low Income: Under 20



Period		Worcestershire				West Midlands region	England
		Count	Value	Lower CI	Upper CI		
2006	●	16,590	14.1%	13.9%	14.3%	22.9%	20.8%
2007	●	17,455	14.8%	14.6%	15.0%	24.0%	21.6%
2008	●	17,060	14.5%	14.3%	14.7%	23.3%	20.9%
2009	●	18,515	15.6%	15.4%	15.8%	24.0%	21.3%
2010	●	18,055	15.2%	15.0%	15.4%	23.3%	20.6%
2011	●	17,735	15.0%	14.8%	15.2%	22.7%	20.1%
2012	●	16,675	14.2%	14.0%	14.4%	21.1%	18.6%
2013	●	16,160	13.7%	13.5%	13.9%	20.7%	18.0%
2014	●	18,065	15.4%	15.2%	15.6%	23.2%	19.9%
2015	●	15,370	13.2%	13.0%	13.4%	19.5%	16.6%
2016	●	16,250	14.1%	13.9%	14.3%	20.2%	17.0%

Source: HM Revenue and Customs (Personal Tax Credits: Related Statistics - Child Poverty Statistics)

Source: Public Health England

Environment

Worcestershire has safe high-quality green spaces that are utilised for sports and leisure. The county possesses a variety of accessible natural environment in and around towns and cities, including parks, canals and nature areas and countryside including farmland, woodland, hills and rivers. These provide a great way of getting out in the fresh air, exercising and making new friends.

The proportion of the population who live in a rural area varies greatly between districts. Malvern Hills and Wychavon are the two Worcestershire districts which have the largest proportion of their population living in a rural area and Redditch and Worcester have the lowest proportion.

Figure 18. Percentage of People Who Live in a Rural Area

Worcester City, unlike the other districts is entirely urban

2% of people living in Redditch live in a rural area

19% of people living in Bromsgrove live in a rural area

21% of people living in Wyre Forest live in a rural area

51% of people living in Malvern Hills live in a rural area

58% of people living in Wychavon live in a rural area

0
20
40
60

Worcester
Redditch
Bromsgrove
Wyre Forest
Malvern Hills
Wychavon

Graph developed using :Canva.com

Community

There is growing recognition that although disadvantaged social groups and communities have a range of complex and inter-related needs, they also have assets at the social and community level that can help improve health and strengthen resilience to health problems.[25]

To build social capital and utilise community-based assets to improve health and well-being, local authorities can:

- Support volunteering opportunities,
- Focus upon reducing social isolation,
- Support creation of informal social networks through groups and activities
- Map and develop community assets.[26]

The 2017-2018 Director of Public Health Annual Report for Worcestershire, **'Prevention is Better than Cure'**, advocates engaging with local communities to build local health assets by bringing people together, with the support of all sectors, to build resilient communities with informed residents who can help themselves and each other.[27]

The report points to the use of asset-based approaches across the county to strengthen community engagement and contribute towards positive health and well-being. These approaches seek to bolster well-being at individual and community levels, helping to increase resilience to the wider corrosive effects of the social determinants of health and risky behaviours.[28]

Recognising assets helps value community strengths and ensure everyone has access to them. It builds on the positives and ensures that health action is co-produced equally between communities and services.

Public health England have produced guidance on community-centered approaches targeting the following:

- Community Strengthening
- Volunteer and Peer Roles
- Collaborations and Partnerships
- Access to Community resources[29]

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[25],[6,7] The Kings Fund: https://www.kingsfund.org.uk/projects/improving-publics-health/strong-communities-wellbeing-and-resilience

[27] Director of Public Health Report 2018 http://www.worcestershire.gov.uk/info/20122/joint_strategic_needs_assessment/1498/jsna_director_of_public_health_annual_reports

[29] Public Health England Guidance: https://www.gov.uk/government/publications/health-matters-health-and-well-being-community-centred-approaches/health-matters-community-centred-approaches-for-health-and-well-being

Loneliness and social isolation are a risk factor particularly amongst the elderly population.

In Worcestershire only half (49%) of adult social care users have as much social contact as they would like. A similarly low figure of adult carers have as much social contact as they would like (38.4%). Although, Worcestershire is not unusual as these rates are similar to what is seen nationally.

"Interventions to improve the home or housing circumstances can be effective in preventing and reducing demand for health care and social care. To be successful we need everyone to think 'home and health'. Collaboration between local professionals - from environmental health and housing to allied health, public health and social care - is central to integrate housing as a means to improve health outcomes and reduce health inequalities".

Professor Kevin Fenton, National Director of Health and Wellbeing at Public Health England

Housing

Housing contributes to people's health and well-being.[30] A healthy home is one that enables individuals to:

- manage their own health and care needs, including long-term conditions
- live independently, safely and well in their own home for as long as they choose
- complete treatment and recover from substance misuse, tuberculosis or other ill health
- move on successfully from homelessness or another traumatic life event
- access and sustain education, training and employment
- participate and contribute to society

With the population projected to increase, particularly amongst the elderly age groups, the challenge for Worcestershire is finding a balance between demand and supply. The annual delivery rate across the county will need to be approximately 2,600 per year from 2021 to 2030 to deliver both the required numbers and any short fall from previous delivery. This is an unprecedented number for the county.

Currently all districts, apart from Bromsgrove and Redditch, are delivering over their accumulated targets. Bromsgrove and Redditch have under-delivered by approximately 1,600 homes since 2011.

The Housing stock condition information from 2011 indicates that Malvern Hills, Wyre Forest and Wychavon had a higher proportion of non-decent housing than that seen nationally. This is linked to houses being older properties and owner occupier's inability to address issues despite positive economic growth over the same period.[31]

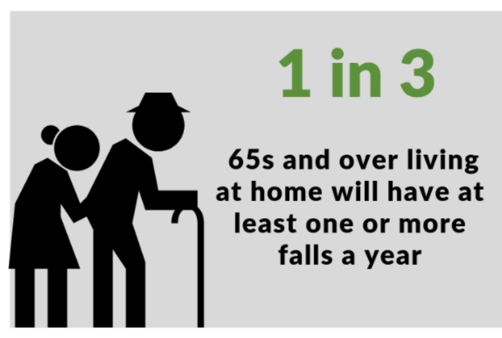
[30] Dahlgren G, Whitehead M (1991*). Policies and strategies to promote social equity in health,* Stockholm Institute for Further Studies
[31] Worcestershire County Council: http://www.worcestershire.gov.uk/info/20044/research_and_feedback/673/worcestershire_county_economic_summary

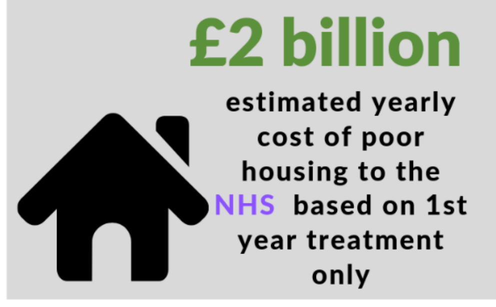
Figure 19. Relating Housing to Health and Wider Effects

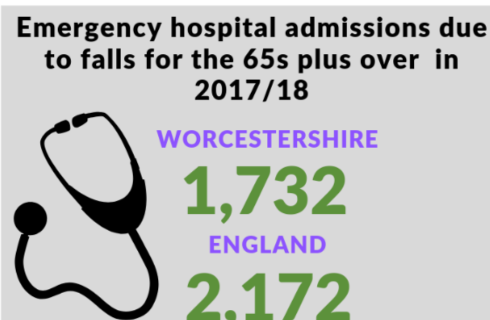
Hazard	Health Impact	Wider Effects
Slips, Trips and Falls	Injury or death from accidents and fires	Healthcare costs
Air quality, Damp and Moulds	Respiratory symptoms asthma,	Environmental targets CO2
Fuel poverty	Hypothermia, lack of money	Educational attainment
Overcrowding	Sleep deprivation, stress	Community stability
Crime and Violence	Depression, stress	Crime and Disorder Costs
Radon	Lung Cancer	Environmental clean up costs

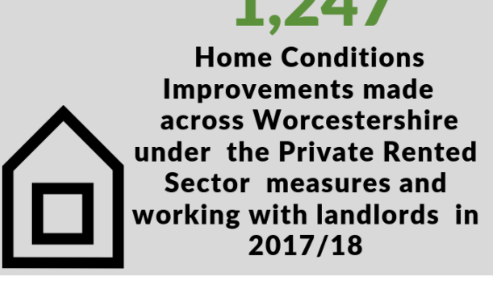
Created by Public Health Team using: Canva.com
Data source: Public Health England

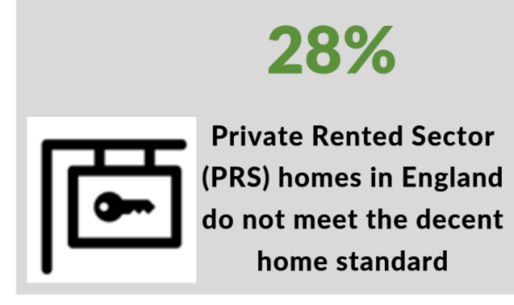
Figure 20. Housing Stats and numbers

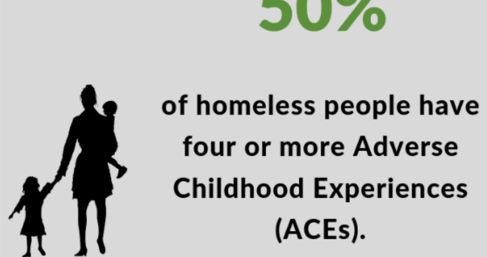


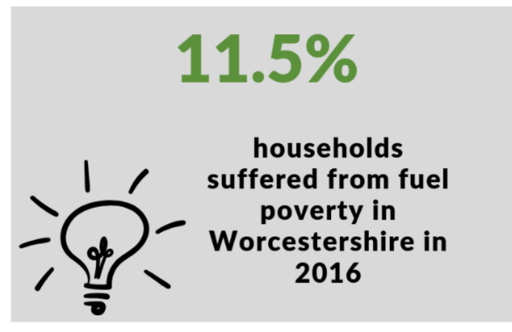












Created by Public Health Team using: Canva.com
Data source: Public Health England

In Worcestershire the rate of homeless young people (18-24) is 0.68 per 1,000. This is significantly higher than the England average (0.52 per 1,000). There is an improving trend with numbers of homeless young people reducing from 186 in 2016/17 to 170 in 2017/18[32].

[32] PHE, https://fingertips.phe.org.uk/search/homeless#page/0/gid/1/pat/6/par/E12000005/ati/202/are/E10000034

Violent Crime (Including Sexual Violence)

Crime is an important feature of deprivation that has major effects on individuals and communities.[33] Worcestershire has a deprivation score of -0.28 which means that it is safer on average than England.[34]

Crime data is often semi-anonymized and put into broad crime categories that include one of the following 12 types: anti-social behaviour, burglary, other crime (consisting of shoplifting, drugs, criminal damage and arson, public disorder and weapons, other theft), robbery, vehicle crime, and violent crime.[35]

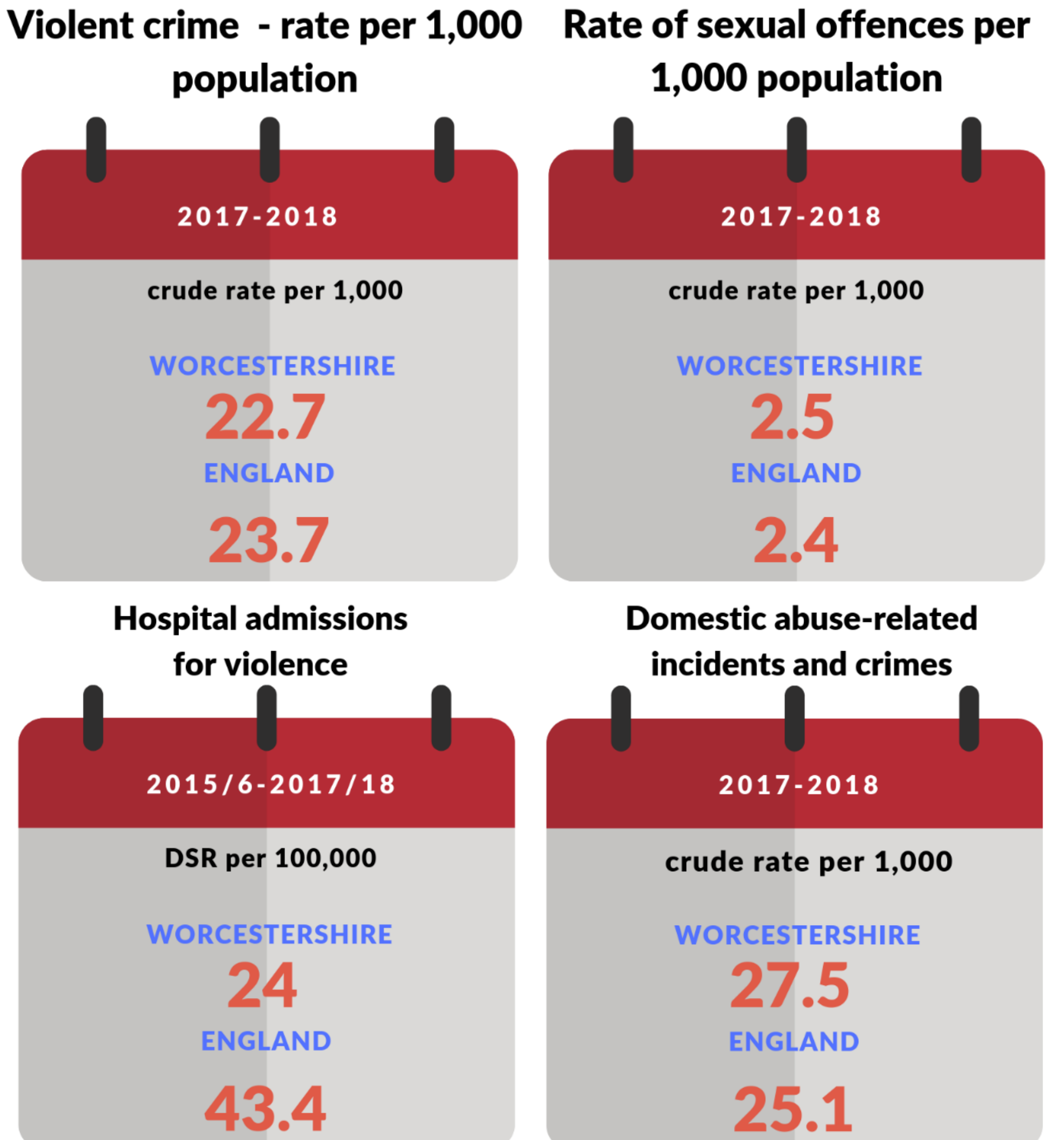
Violence and abuse are closely connected to other issues such as poor health, child poverty, social exclusion and economic and educational disadvantage. The Worcestershire Domestic Violence Strategy 2017-20 seeks to address all forms of violence and abuse regardless of age, gender and sexual orientation.

[33] PHE: https://fingertips.phe.org.uk/search/crime#page/6/gid/1/pat/6/par/E12000005/ati/102/are/E10000034/iid/92635/age/-1/sex/-1

[34] England-wide crime deprivation distribution scores range from -3.23 to 3.28 with a mean value of 0. The further away the score is from zero in the negative direction the safer the place and the further away the score is in the positive direction the more unsafe.

[35] UK crime stats: http://www.ukcrimestats.com/Subdivisions/CTY/2246/

Figure 21. Crime: Key Facts



Data source: Public Health England
Image source: Canva.com

Wyre Forest Clinical Commissioning Group

Redditch and Bromsgrove Clinical Commissioning Group

South Worcestershire Clinical Commissioning Group

Autism

Autism Spectrum Disorder (ASD) is a life-long developmental disability that affects how a person communicates with and relates to other people, and how they experience the world around them. Prevalence studies of ASD indicate that 1.1% of the population may have autism. This equates to approximately 726,447 people in the UK.[36]

National data shows that boys are much more likely to be diagnosed with autism than girls.[37] Special Educational Need (SEN) data shows boys are four and a half times more likely to have a primary or secondary need of ASD compared to girls.

There are no estimates of the overall numbers of people with ASD in Worcestershire, using the national prevalence of 1.1% and population estimate for 2018, this would mean that there are estimated to be approximately 6,513 people living in Worcestershire with ASD. However, schools do submit data on the number of children recorded as having ASD as a primary SEN to the Department of Education.

National data collected by the Special Educational Needs and Disability school census, shows that there were 868 children in Worcestershire in 2018 who had autism and who were known to schools. This is a rate of 10 per 1,000 population which is significantly lower than both the England average of 13.7 per 1,000 population and the average for similar local authorities to Worcestershire (CIPFA nearest neighbours) which is 12.7 per 1,000 population. The data is likely to be an under-estimate of the actual numbers as it refers only to children with ASD as a primary type of need and does not include independent schools.

A profile of Special Educational Needs and Disabilities (SEND)[38] in Worcestershire was produced in 2018. The latest published data shows that Worcestershire had a proportion of children with ASD as a primary need in primary, secondary and special schools of 7.6%. This is significantly lower than both England at 8.6% and the West Midlands at 8.8%. Comparisons with similar local authorities reveal there is some variation. Both Warwickshire at 11.1% and Suffolk at 12.0% had a significantly higher proportion of children with ASD as a primary need than Worcestershire but Gloucestershire has a significantly lower proportion at 4.7%. There could be a number of reasons for this which may warrant further investigation including under-diagnosis of ASD in Worcestershire, inappropriate referrals, or issues relating to service access.

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36 NHS Digital. Estimating the Prevalence of Autism Spectrum Conditions in Adults - Extending the 2007 Adult Psychiatric Morbidity Survey. Available at: https://digital.nhs.uk/data-and-information/publications/statistical/estimating-the-prevalence-of-autism-spectrum-conditions-in-adults/estimating-the-prevalence-of-autism-spectrum-conditions-in-adults-extending-the-2007-adult-psychiatric-morbidity-survey

37 National Children's Bureau (2016) Gender and children and young people's emotional and mental health: Manifestations and responses: a rapid review of the evidence. [Online]. Available from: http://www.going4growth.com/downloads/NCB_evidence_review_-_gender_and_CYP_mental_health_-2.pdf

38 Worcestershire County Council (2018) 2018 Profile on Special Educational Needs and Disabilities, [Online], Available from: http://www.worcestershire.gov.uk/download/downloads/id/10643/2018_children_with_send_profile.pdf

Wyre Forest
Clinical Commissioning Group

Redditch and Bromsgrove
Clinical Commissioning Group

South Worcestershire
Clinical Commissioning Group

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Learning Disabilities

People with learning disabilities experience inequalities across many areas of their lives and particularly in relation to their health. These health inequalities often start early in life and result, to an extent, from barriers they face in accessing timely, appropriate and effective health care. This can be due to a number of reasons including: lack of transport links, staff not understanding learning disability, failure to recognise a person with learning disability is unwell, inadequate after care or follow-up and not enough involvement allowed from carers.

Health Care Needs

People with learning disabilities have more healthcare needs than the general population. Approximately half of people with learning disabilities will have at least one significant health problem. Rates of epilepsy and dementia are higher in people who have learning disabilities than in the general population. Over 20 times higher for epilepsy and four times higher for dementia.[39]

People with learning disabilities are also more likely to have difficulties with eating, drinking and swallowing (dysphagia) and because of this they are more likely to experience respiratory infections.

Reducing the Life Expectancy Gap

Life expectancy for people with learning disabilities is much lower in comparison to the overall population; 18 years lower for females and 14 years lower for males. Reducing this life expectancy gap is a key priority area for Worcestershire's Sustainability and Transformation Partnership (STP) and also part of Worcestershire's Learning Disability Strategy.

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The Learning Disability Mortality Review (LeDeR) Programme has been in place across Worcestershire since the summer of 2017. The aim of the programme is to reduce premature mortality and address identified health inequalities for people with a learning disability. When someone with a learning disability dies a review is undertaken to help clarify contributory factors for the causes of death; identify variation and best practice; and identify key recommendations where there is opportunity to influence outcomes.

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[39] The rate of dementia is 22% compared to 6% in the general population.

A multi-stakeholder steering group, that includes commissioners, providers, family carers and Public Health, consider the recommendations arising from each review and agree local action. During 2019 five Priority Action Work Groups have started to focus on responding to key themes identified following case review analysis. A web-based information hub is in development in Worcestershire to support the steering group to share progress and learning.

The latest LeDeR Annual Report identified that nationally the causes of death most frequently recorded were pneumonia (25%), aspiration pneumonia (16%) and sepsis (7%). These are all conditions which are potentially treatable if caught in time.

A particular concern raised by the report was the identification of diagnostic over-shadowing - misreading symptoms of illness as being due to a person having learning disabilities rather than a treatable medical condition. This can be symptomatic of a lack of understanding, or a disregard for people with learning disabilities; an attitude that devalues their lives, makes ill-founded assumptions about their quality of life, and perpetuates health and other inequalities. Unconscious bias remains in the provision of care for people with learning disabilities. For example, some people had their cause of death recorded as ‘learning disabilities’ and others had the rationale for a Do Not Attempt Cardiopulmonary Resuscitation (DNA CPR) order as being ‘learning disabilities’ or an associate condition.

Learning Disability Briefings can be found on the JSNA website.[40]

[40] Available at:
http://www.worcestershire.gov.uk/info/20122/joint_strategic_needs_assessment/1473/jsna_publications_by_category

Figure 22. Learning Disabilities in Worcestershire: Key Facts

IN WORCESTERSHIRE

10,900

INDIVIDUALS AGED 18+ ARE ESTIMATED TO HAVE A LEARNING DISABILITY.

IN WORCESTERSHIRE

3,684

CHILDREN AND YOUNG PEOPLE AGED 4-19 IDENTIFIED AS HAVING A LEARNING DISABILITY.

People with learning disabilities are more likely to experience poorer health across a range of different indicators. Approximately 50% of people with learning disabilities will have at least one significant health problem

They are more likely to experience poorer self-rated health, psychological distress, arthritis, diabetes, epilepsy or multiple disease

THE AVERAGE LIFE EXPECTANCY FOR PEOPLE WITH A LEARNING DISABILITY IS

18 years

Shorter for women and

14 years

Shorter for men

Compared to the general population

KEY ISSUES:

RISK FACTORS FOR POOR HEALTH:

A number of risk factors for poor health were more common for people with learning disabilities including obesity, lower grip strength and poor lung function.

BEHAVIOURAL RISK FACTORS:

Behavioural risk factors were also more common such as poor diet, low levels of physical activity, smoking, alcohol use and hospital admission for a newly diagnosed condition

WIDER DETERMINANTS OF HEALTH:

People with learning disabilities experience significant socioeconomic inequality and are less likely to be in employment, have financial stability and to have two or more friends when compared with those without learning disabilities

The Confidential Inquiry into Premature Deaths of People with Learning Disabilities found that **38% of people with a learning disability died from an avoidable cause, primarily relating to the lack of provision of good quality health care,** compared to 9% in the general population

£80 MILLION

is spent each year on services for people in Worcestershire who have a Learning Disability

Worcestershire County Council spends about £65 million each year on services for people with learning disabilities. Some of this money is spent on our own services but most of the money is spent on services we buy from other people (external providers).

The three Clinical Commissioning Groups spend about £15 million on services for people with learning disabilities who need health services.

Data sources: 2019 Briefing on Health and Care of People with Learning Disabilities, 2018 Briefing on Learning Disabilities, Worcestershire County Council JSNA http://www.worcestershire.gov.uk/info/20122/joint_strategic_needs_assessment

Graphic created by Public Health Team using Canva

Wyre Forest Clinical Commissioning Group

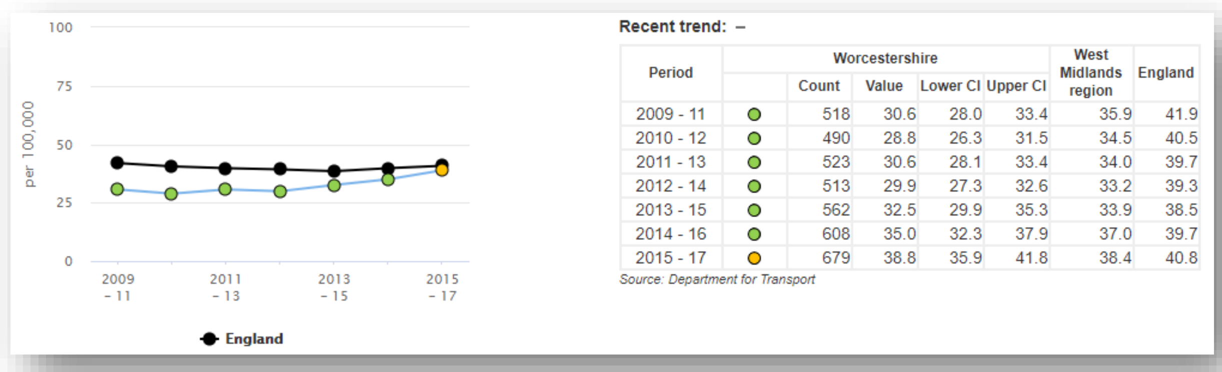
Redditch and Bromsgrove Clinical Commissioning Group

South Worcestershire Clinical Commissioning Group

Killed or Seriously Injured on the Roads

Since 2012 the rate of people Killed or Seriously Injured (KSI) on Worcestershire roads has gradually increased and is now similar to England. If the increasing trend continues the rate may become worse than the England average.

Figure 23. Killed or Seriously Injured (KSI) on Roads – Worcestershire, Rate Per 100,000



Recent trend: –

Period	Worcestershire					West Midlands region	England
		Count	Value	Lower CI	Upper CI		
2009 - 11	Green	518	30.6	28.0	33.4	35.9	41.9
2010 - 12	Green	490	28.8	26.3	31.5	34.5	40.5
2011 - 13	Green	523	30.6	28.1	33.4	34.0	39.7
2012 - 14	Green	513	29.9	27.3	32.6	33.2	39.3
2013 - 15	Green	562	32.5	29.9	35.3	33.9	38.5
2014 - 16	Green	608	35.0	32.3	37.9	37.0	39.7
2015 - 17	Yellow	679	38.8	35.9	41.8	38.4	40.8

Source: Department for Transport

Source: Public Health England, Public Health Outcomes Framework, 19/06/19 (Data: Department for Transport). Key: Green= better than the England rate, Yellow=similar to the England rate.

Road traffic collisions can be avoided through improved education, awareness, road infrastructure, traffic law enforcement and vehicle safety.

Figure 24. Killed or Seriously Injured on the Roads: Key Facts

Traffic accidents are a major cause of preventable early death particularly for children and young people

Nationally for children and men between 20-64 years mortality from traffic accidents is higher in lower socio-economic groups

In Worcestershire the rate of people reported Killed or Seriously Injured on the Roads has been rising since 2012

Between 2015 and 2017 there were 679 people reported Killed or Seriously Injured on Worcestershire's roads

The local rate of reported killed or seriously injured on the roads is 38.8 per 100,000 population

Locally there are higher rates in the 16-25 age group and an emerging increase in 41-55 year old age group with particulary high rates on two wheeled vehicles

Data Sources: Public Health England, Public Health Outcomes Framework and West Mercia Police. Graphic created by Public Health Team using Canva and incorporating Crown Copyright images and "Slow" by Gregor Cresner from the Nounproject.com

Emergency Hospital Re-admissions within 30 Days[41]

Figure 25. Emergency Hospital Re-admissions: Key Facts

NHS Digital publish statistics on emergency re-admissions within 30 days of discharge from hospital. These are available by Clinical Commissioning Group (CCG).

The indicator will be reported annually and is a percentage adjusted by various factors to allow comparisons to be made between CCGs.

Nationally, the rate of emergency re-admissions has been increasing. This trend has also been seen locally and all Worcestershire Clinical Commissioning Groups (CCGs) have seen a significant increase in emergency re-admissions since 2013.

This indicator requires careful interpretation and should be considered alongside information from other indicators and alternative sources such as patient feedback, staff surveys and similar material.

Graphic created by the Public Health Team using Canva. Images from the nounproject.com: "Repeat" by Puput Nugroho, "Increase" by Vectorstall, "Emergency" by Logan and "Investigation" Adrien Coquet

Table 7. Percentage Emergency Re-admissions within 30 Days of Discharge (Indicator 3.2)

Period	England	Redditch and Bromsgrove CCG	South Worcestershire CCG	Wyre Forest CCG
2013/14	12.5	11.3 (10.8-11.8)	11.6 (11.2-12.0)	11.1 (10.5-11.8)
2014/15	12.8	11.9 (11.5-12.5)	12.1 (11.7-12.5)	10.6 (10.0-11.3)
2015/16	13.2	13.3 (12.8-13.8)	12.4 (12.0-12.8)	12.2 (11.5-12.9)
2016/17	13.3	14.1 (13.5-14.6)	13.0 (12.5-13.4)	12.7 (12.0-13.4)
2017/18	13.8	14.1 (13.6-14.7)	13.1 (12.7-13.5)	12.8 (12.1-13.5)

Source: NHS Digital[42]

Further work to understand these figures is needed.

[42] https://digital.nhs.uk/data-and-information/publications/clinical-indicators/nhs-outcomes-framework/current/domain-3-helping-people-to-recover-from-episodes-of-ill-health-or-following-injury-nof/3b-emergency-readmissions-within-30-days-of-discharge-from-hospital

Care of Adults

Worcestershire Health and Care Trust (WHCT) is the main provider of all-age community services. These include health visiting, speech and language and physical and mental health care for children and young people. The trust provides a range of services for adults and older people, including occupational therapy, physiotherapy, dementia care and learning disability services. WHCT manage four community hospitals, based in Malvern, Evesham, Bromsgrove and Tenbury, as well as GP units in Pershore and Worcester City. WHCT employs around 4,000 staff and is rated ‘Good’ by the Care Quality Commission.

The recent development of integrated neighbourhood teams is aligned with the implementation of the Adult Social Care ‘Three Conversation Model’ and adult Social Care continues to work closely with all partners in the ongoing development of the Sustainability and Transformation Programme (STP) for Herefordshire and Worcestershire.

Worcestershire County Council supports carers through the commissioning and provision of overnight short break services and has invested, with health, £1.87m to the Carers' Hub. The Carer’s Hub is delivered by Worcestershire Association of Carers, who recorded 12,500 carers in the County during 2017/18.

There has been an approximate 7% growth in Mental Health patients over the last three years. This includes people with complex needs transferring to social care.

Figure 26 Care of Adults in Worcestershire: Key Facts

Health Visiting

Mental Health Care

Occupational Therapy

Speech, Language & Physical Therapy

Learning Disability services

Dementia Care

NHS Worcestershire Health and Care NHS Trust

IS THE MAIN PROVIDER OF ALL-AGE COMMUNITY SERVICES IN WORCESTERSHIRE

WHCT manage four community hospitals, based in Malvern, Evesham, Bromsgrove and Tenbury, as well as GP units in Pershore and Worcester City.

THE NUMBER OF PEOPLE LIVING WITH A LIFE-LIMITING LONG TERM ILLNESS is expected to rise over the next 15 years by

41%

and

THE NUMBER OF PEOPLE AGED 65+ LIVING ALONE IS EXPECTED TO INCREASE BY

7,100

BY 2035

People are **living longer** and life expectancy is increasing but we also know that the **number of years spent in poorer health is increasing.**

The population aged 65+ in Worcestershire is projected to grow by a third by 2030

with the increase concentrated in the oldest age groups

In Worcestershire, Dementia is set to be a significant issue in future years

In Worcestershire SOCIAL CARE SERVICES are delivered by worcestershire county council

27,000

REFERRALS ARE RECIEVED EACH YEAR BY ADULT SERVICES

1,799 safeguarding concerns were reported in 2017-18

There has been a 7% increase in Mental Health patients in the last three years, including people with complex needs transferring to social care

2,000 people are receiving nursing or residential care and a further 2,200 people are receiving domiciliary care

1,440

adults with a learning disability receive long term support from the Council

Over 350 Adults with a Learning Disability in Worcestershire live in Supported Living units to support them to be more independent.

1,200

people receive direct payments

Data sources: Worcestershire Health and Care Trust. Images from TheNounProject.com (Community By Gan Khoon Lay)
Graphic created by Public Health Team using Canva

Wyre Forest
Clinical Commissioning Group

Redditch and Bromsgrove
Clinical Commissioning Group

South Worcestershire
Clinical Commissioning Group

Starting Out: Mothers, Babies, Children, Young People, Early Help and Prevention

Figure 27. Starting Out in Worcestershire: Key Facts

TEENAGE CONCEPTIONS

Rate is consistently falling in Worcestershire and is at lowest level since the 1998 baseline

SMOKING IN PREGNANCY

1.7 percentage points higher than England and rising

MATERNAL OBESITY

Mothers living in the most deprived quintile are more likely to be obese (30% in 2017/18) than mothers living in the least deprived quintile (18% in 2017/18)

PREMATURE BIRTH RATE

87.3 Worcestershire

80.6 England

Premature births per 1000 births

LOW BIRTHWEIGHT

High percentage of low birthweight births in Worcestershire due to preterm births

BIRTH RATE

Higher birth rate in most deprived areas of Worcestershire than in the most deprived areas of England

BREASTFEEDING

Lower percentage of mothers initiating in Worcestershire

but higher percentage continuing at 6-8 weeks than England

INFANT MORTALITY

Rate of Infant Deaths has decreased in 2017 in Worcestershire following 3 years of rising figures.

CHILD DEVELOPMENT

Children reviewed at the two and a half year check were above the expected level across all 5 domains in Worcestershire

Created with Canva by the Public Health Team, images courtesy of the Noun Project (Pregnant Woman Smoking by Gan Khoon Lay, Breastfeeding by Luis Prado)

Wyre Forest
Clinical Commissioning Group

Redditch and Bromsgrove
Clinical Commissioning Group

South Worcestershire
Clinical Commissioning Group

Smoking in Pregnancy

Smoking is still the single biggest identifiable risk factor for poor birth outcomes. Figure 28 shows the proportion of mothers smoking at the time of delivery. Until 2015/16 there had been a downwards trend for Worcestershire, in line with the national picture, however, since then the rate has started to increase again. In 2017/18, the percentage of mothers who are smoking at the time of delivery is higher than England at 12.5% (625 women). This overall rate hides local variation. When split by district, five out of the six districts have similar percentages, between 11.5% and 11.9%. These rates are slightly higher than the England average but only Wyre Forest has a rate that is consistently significantly higher than the national average at 15.6% (160 women).

Figure 28: Smoking Status at Time of Delivery - Worcestershire

Recent trend: ↓

Period	Worcestershire					West Midlands region	England
		Count	Value	Lower CI	Upper CI		
2010/11	●	943	15.8%	14.9%	16.8%	16.0%	13.6%
2011/12	●	976	16.4%	15.5%	17.3%	15.6%	13.3%
2012/13	●	859	14.1%	13.3%	15.0%	14.4%	12.8%
2013/14	●	770	14.6%	13.7%	15.6%	13.3%	12.2%
2014/15	●	665	12.9%	12.0%	13.8%	12.9%*	11.7%
2015/16	●	581	10.8%	10.0%	11.6%	11.9%*	11.0%
2016/17	●	626	12.0%	11.1%	12.9%	11.8%	10.7%
2017/18	●	625	12.5%	11.6%	13.4%	11.9%	10.8%

Source: Calculated by PHE from the NHS Digital return on Smoking Status At Time of delivery (SAT OD)

Source: Public Health England, Fingertips, Local Tobacco Profiles

Provisional analysis of 2018/19 indicates that the rate has risen once again across Worcestershire and is likely to be over 13%.

The Tobacco Control Plan for England includes a target to reduce the prevalence of smoking in pregnancy in England to 6% or less by 2022.

Smoking in pregnancy was also highlighted in the Chief Medical Officers Annual Report of 2018 which has resulted in a recommendation that NHS England and Local Authorities commit to halving existing inequalities in smoking in pregnancy by geography by 2024.

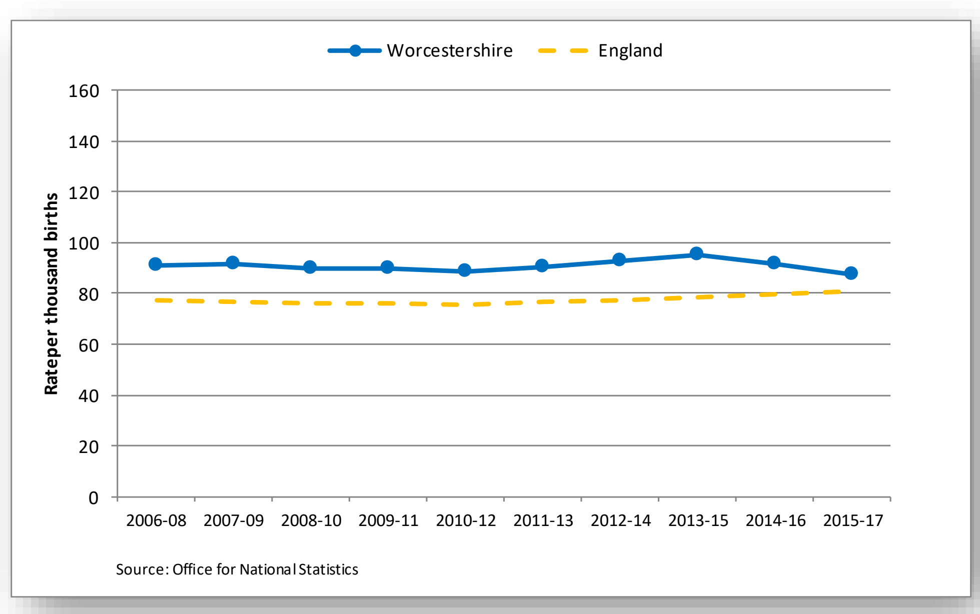
In order to try and achieve these ambitious targets locally Public Health have been working closely with the Local Maternity System (LMS) and Worcestershire Acute Hospitals Trust (WAHT) who are committed to lowering smoking in pregnancy rates, both at booking and time of delivery. A Sustainability and Transformation Partnership (STP)-wide workstream is focussed on implementing a system-wide approach to review current pathways and systems to improve outcomes for pregnant women. In 2019 WAHT will be piloting the use of public health Maternity Support Workers (MSWs) to proactively provide face-to-face smoking cessation support and pharmacotherapy for pregnant women and members of their household. The face-to-face, midwifery-based service will be working closely with the

existing telephone support service, to offer choice and a greater level of joined up support for pregnant smokers.

Premature Births

Globally premature birth is the leading cause of death for children under the age of five. There are greater health risks for premature births and the earlier the birth the greater the risk. Worcestershire has historically had a higher premature birth rate than England (Figure 29). Preventing deaths and complications from pre-term birth starts with a healthy pregnancy, healthy diet and optimal nutrition. There is substantial evidence that smoking in pregnancy can lead to premature births.

Figure 29: Premature Birth Rate - Worcestershire[43]



Following a number of years of high rates in Worcestershire, a local audit of premature births was carried out in 2018 in conjunction with the local acute trust. Findings are currently being analysed and have been passed back to the Acute Trust for their comments.

Low Birthweight

Low birthweight is an important public health measure as it indicates whether the baby was able to grow as expected while in the womb. Being born at low birthweight is an

[43] Definition: Number of births at less than 37 weeks gestation per 1,000 total births.

important marker along the trajectory of early child development, indicating an increased risk of poor health outcomes from birth onwards.

The percentage of all births in Worcestershire with a recorded birth weight under 2,500g has consistently been higher than the national average. However, this figure includes premature births - which are likely dominating the statistics. If we look at another indicator for low birthweight, low birthweight at full-term of pregnancy, this interpretation is further strengthened as Worcestershire has consistently had a lower percentage than England.

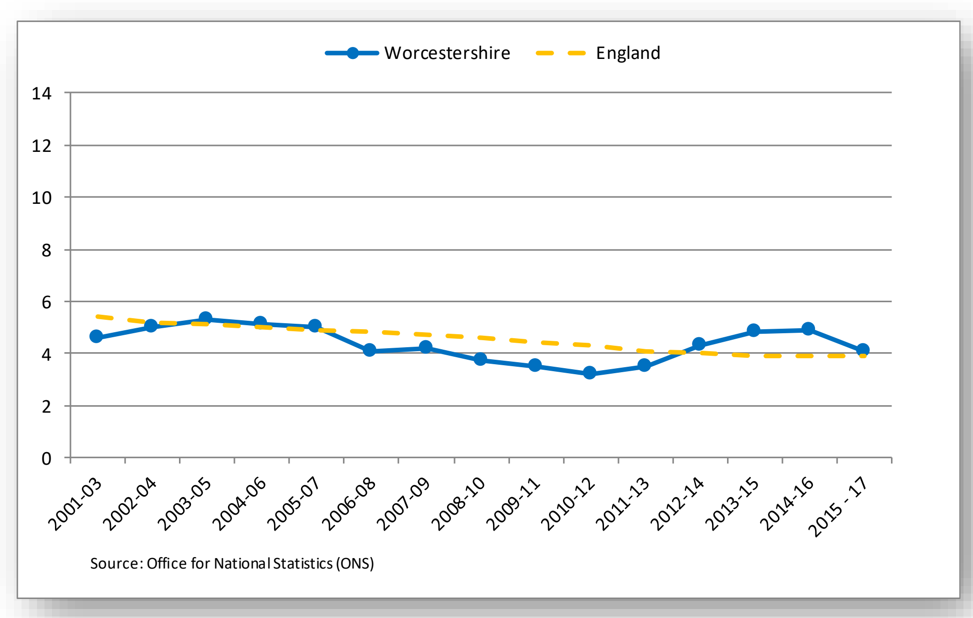
Infant Mortality

Infant mortality covers all deaths within the first year of life. The majority of these are neonatal deaths which occur during the first month and the main cause is related to prematurity and pre-term birth, followed closely by congenital abnormalities. Nationally and in Worcestershire, the number of infants who die is relatively small and subject to considerable variation from year to year. As a result, the data are often considered on a three-year rolling average basis.

The infant mortality rate in Worcestershire increased during the period 2012 to 2016 and became, for the first time, statistically significantly higher than the England average for the period 2014 to 2016. This was in contrast to the national decrease during the same period. The rate has since decreased for the period 2015 to 2017 and is now similar again to the England average. Caution should be applied when interpreting these figures because numbers are small.

The infant mortality rate in Worcestershire increased during the period 2012 to 2016 and became, for the first time, statistically significantly higher than the England average for the period 2014 to 2016. This was, in contrast to the national decrease during the same period. The rate has since decreased for the period 2015 to 2017 and is now similar again to the England average. Caution should be applied when interpreting these figures because numbers are small.

Figure 30. Infant Mortality Rate - Worcestershire[44]



Breastfeeding

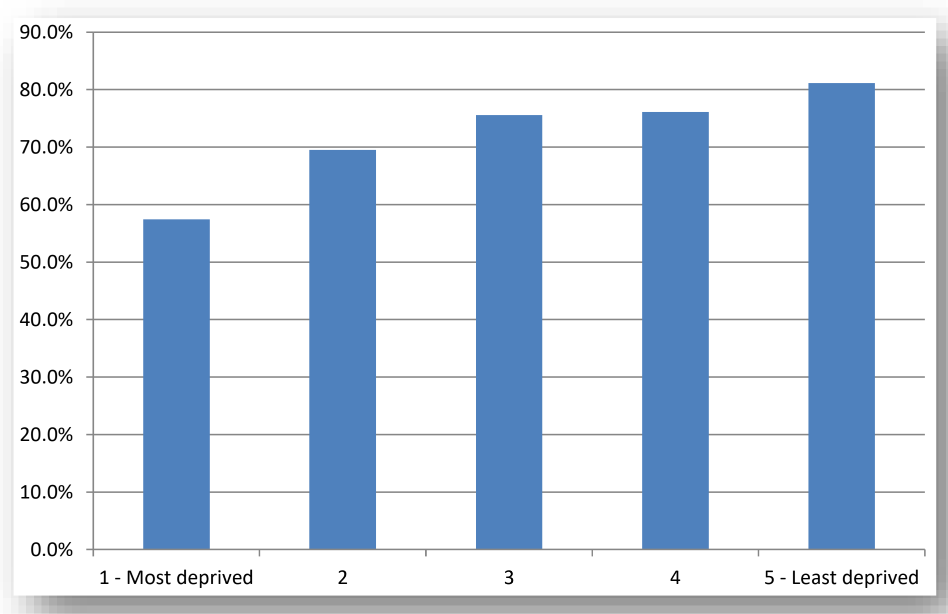
Breastfeeding provides the best possible nutritional start in life for a baby, protecting the baby from infection and offering important health benefits for the mother. The government's advice is that infants should be exclusively breastfed, receiving only breastmilk for the first 6 months of life.

In Worcestershire, breastfeeding initiation rates (breastfeeding within 48 hours of delivery) have been lower than the national average. However, locally the Trust has suggested that the figures submitted nationally are missing some records and that the true figures are higher.

Local analysis has shown that breastfeeding rates are lowest amongst younger mothers, mothers of white ethnicity and those living in more deprived localities. Breastfeeding initiation in Worcestershire is lowest in Wyre Forest and Redditch Districts. Figure 31 highlights the relationship of breastfeeding initiation rates to deprivation.

[44] Definition: Deaths under one year of age per 1,000 live births

Figure 31: Breastfeeding Initiation by IMD - Worcestershire (2017/18)



Source: NHS Digital/Maternity Dataset/Bespoke Public Health Analysis

The national definition of breastfeeding initiation for statistical purposes has recently changed and trusts are now monitored on a 'First Feed' definition. Currently trusts are struggling to provide the information to NHS Digital and consequently data is not very reliable. The Worcestershire figures that are available, are still looking on the low side. Encouraging mothers to continue breastfeeding exclusively until the child is 6 months old is a priority. In Worcestershire, once breastfeeding has started, maintenance rates are consistently good compared to national figures and the breastfeeding rate at 6-8 weeks has increased over the last 3 years. Encouragingly, there has also been an improvement on this measure for infants from more deprived areas.

Excess Weight in Childhood

In England, the height and weight of children in Reception and Year 6 is measured in school settings and the Body Mass Index (BMI) calculated via the National Child Measurement Programme (NCMP). In Worcestershire this is undertaken by the School Health Service. The results from the annual NCMP survey are used both nationally and locally to support the planning and delivery of services for children.

In Worcestershire, 22.4% of children in Reception year were classified as having excess weight in 2017/18. Encouragingly this is the lowest percentage since recording began back in 2007. These results whilst encouraging still mean that more than 1 in 5 children starting school are overweight. By year 6, the number with excess weight has risen to almost 1 in 3 children.

These overall numbers mask some real differences. In both age groups boys are more likely to be overweight than girls and children living in the most deprived areas of Worcestershire have higher rates of excess weight than those living in the least deprived areas. The gap between the most and least deprived areas increases with the age of the child.

Childhood Immunisation

Vaccination is one of the most important public health interventions because it stops people from becoming ill, stops spread of infection and ultimately saves lives. For a vaccination programme to be effective vaccination coverage (how many people have the vaccination) needs to be high, this is set at 95%. At a 95% coverage rate, transmission of disease is significantly reduced, which means less outbreaks of infection and also has the added benefit of protecting those who cannot be vaccinated, such as people undergoing treatment for cancer, the very young, or those who are immunocompromised, this is called herd immunity. Vaccination coverage is the best indicator of the level of protection a population will have against vaccine preventable communicable diseases. Coverage is closely linked to levels of disease.

In England, the highest coverage rates were 2012-13, across the majority of childhood vaccinations, rates have been declining year on year, which is a concerning trend. In 2017-18, coverage declined in nine of the 12 routine vaccinations measured at ages 12 months, 24 months or five years in England compared to the previous year[45].In 2017-18, DTaP/IPV/Hib coverage at 12 months declined for the fifth year in a row, decreasing 1.6% since 2012-13 and is at its lowest since 2008-09. However, coverage at 24 months has remained above the 95% target since 2009-10[45]. Coverage for the Measles Mumps and Rubella (MMR) vaccine as measured at two years decreased in 2017-18 for the fourth year in a row. Coverage for this vaccine is now at 91.2%, the lowest it has been since 2011-12[45].There were 971 laboratory confirmed cases of measles during 2018, this is three times higher than 2017, where there were 259 cases[46]. Now is not a time for complacency, this summer in 2019, the U.K lost the measles elimination status, which had been held for three years due to falling vaccination rates and ongoing outbreaks.

Worcestershire has historically performed better than the England average for childhood immunisations. However, for the last two years, rates have been falling and they are below the 95% target coverage rate for many types.

The MMR coverage for the first dose (children 2 years and younger) has declined over the past 2 years in Worcestershire with current coverage of 92.4%, but remains significantly better than the England average.

The MMR coverage for the first dose (children 5 years and younger) has increased significantly since 2012/13, and has remained stable over the last 2 years with current coverage of 97.3%. This is significantly better than England and meets the coverage target of 95%.

[45] NHS Digital (2018) Childhood Vaccination Coverage Statistics- England 2017-18, [Online], Available from: https://digital.nhs.uk

[46] Public Health England (2019) Measles cases in England: January to December 2018, [Online] Available from: https://www.gov.uk/government/publications/measles-mumps-and-rubella-laboratory-confirmed-cases-in-england-2018/measles-cases-in-england-january-to-december-2018

The MMR coverage for 2 doses (children 5 years and younger) has increased significantly since 2012/13, and has remained stable over the last 2 years with current coverage of 92.2%. This is significantly better coverage than England.

There is also wide variation across GP practice areas. To take Measles, Mumps and Rubella (MMR) at first dose 2 years as an example across Worcestershire in 2017-18:

- A quarter (25.6%) of GP Practices in Worcestershire were below the England average (17 out of 66).
- The best performing practice had a 100% coverage rate and at the worst performing practice the rate was 76.3%.
- This means that for MMR at 2yrs (1st dose) 446 children are considered to be at risk because they have not been immunised.

Figure 32. Childhood Immunisation: Key Facts

After clean water, vaccination is the most effective public health intervention in the world.

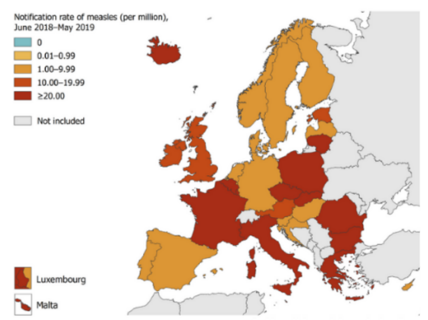
Public Health England, 2018

is a highly infectious disease which can only be controlled by vaccination.

Why does it matter?

01 **Vaccination Rates are Falling**

across the World, UK and Europe. This means that the virus is able to transmit more easily



Source: https://www.ecdc.europa.eu

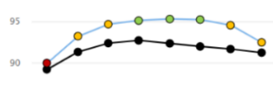
02 **Falling vaccination rates have led to more outbreaks**

In the UK in 2018, there were 991 cases of measles. Compared to 284 in 2017.

03 **The MMR vaccination rate has fallen significantly in Worcestershire**

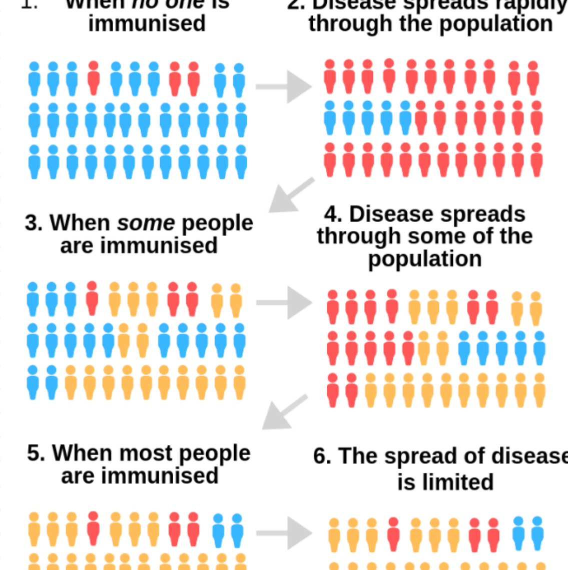
In England, the MMR vaccination is given in 2 doses - thefirst dose is given at 12-13 months, and the second dose is given at 3 yearsand 4 months.

First dose MMR at Age 2 has declined over the past 2 years in Worcestershire with current coverage of 92.4%, but remains significantly better than the England average.



2nd dose MMR at Age 5 has increased significantly since 2012/13, and has remained stable over the last 2 years with current coverage of 92.2%. This is significantly better coverage than England.

How does vaccination work?



Not Vaccinated but healthy | Vaccinated & healthy | Not Vaccinated, sick, contagious

FOR A VACCINATION PROGRAMME TO BE EFFECTIVE THE UPTAKE RATE NEEDS TO BE

95%

at this level, protection is also provided for people who cannot be vaccinated

including babies or those with a weakened immune system, such as people undergoing cancer treatment.

Data sources: Public Health Outcomes Framework, https://fingertips.phe.org.uk, COVER Immunisation Statistics, www.gov.uk, Herd Immunity Diagram adapted from https://medium.com/@gidmk/herd-immunity-is-pretty-cool-adbc52630f9f
Graphic created by Public Health Team using Canva

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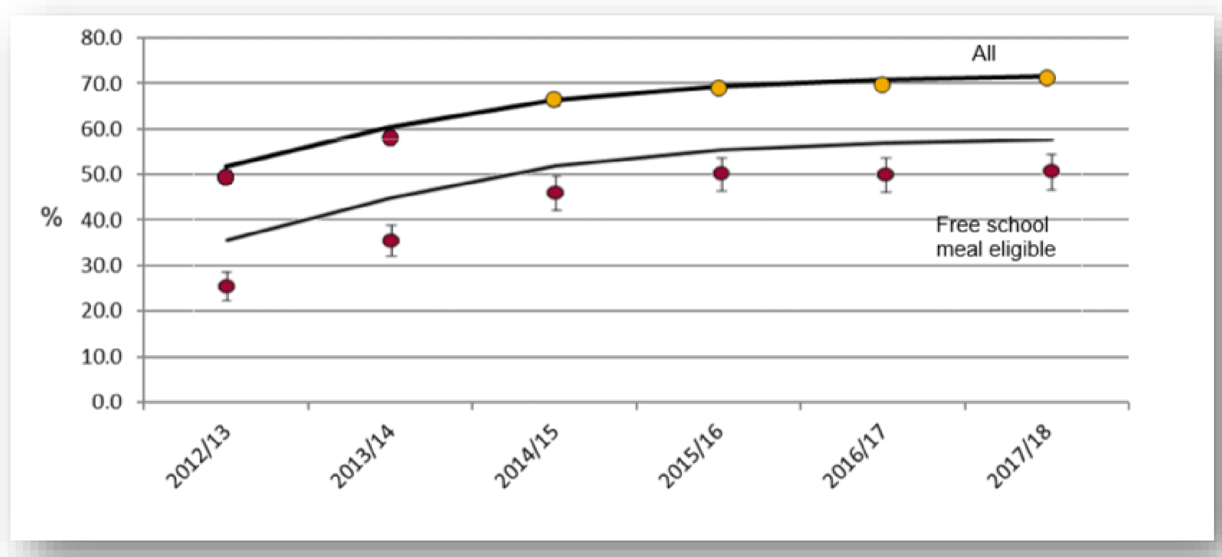
School Readiness

School readiness is a key measure of early years development across a wide range of developmental areas. Children from deprived backgrounds are more at risk of poorer development and the evidence shows that differences by social background emerge early in life.

The gap in school readiness between free school meal eligible children and other children continues to be an issue in Worcestershire and in Worcestershire this gap is persistently larger than the national gap. In 2017/18 the proportion of 4-5 year olds in Worcestershire who achieved a good level of development was 71.2% (similar to the national average). However, the proportion of 4-5 year-olds eligible for free school meals with a good level of development was significantly lower at 50.1%.

Figure 33. Children with Free School Meal Status Achieving a Good Level of Development at the End of Reception - Worcestershire[47]



Data Source: Public Health England

47 Notes 1. District and county data is not official data but should be reasonably accurate. 2. Green is significantly better than England, red=significantly worse than England.

Table 8. Trends in the Percentage Point Gap in Children Achieving a Good Level of Development who are Free School Meal Eligible and all Children - England and Worcestershire

Year	Worcestershire	England
2012/13	22.8	15.5
2013/14	22.1	15.6
2014/15	20.8	15.1
2015/16	19.5	14.9
2016/17	20.4	14.7
2017/18	21.1	14.9

Source: Public Health England

Table 9 shows that Wyre Forest, Bromsgrove and Wychavon have the lowest percentage achieving a good level of development for free school meal eligible pupils, while all districts except Worcester have a bigger gap between non free school meal eligible and free school meal eligible children.

Table 9. Percentage with Good Level of Development by Free School Meal Eligibility - Worcestershire Districts (2017/18)

District	% GLD for those not eligible for FSM	% GLD for those eligible for FSM	Gap
Bromsgrove	75	49	26
Malvern Hills	79	53	26
Redditch	71	53	18
Worcester	70	57	13
Wychavon	76	51	25
Wyre Forest	73	41	32
Worcestershire	74	50	24
England	74	57	17

Source: Calculated from SFR data. England data calculated from Public Health England Health Profiles

Educational Outcomes

Key Stage 1 (KS1): Worcestershire has an equal or higher percentage of pupils reaching the expected standards for all four areas tested at KS1 level. This masks the poor performance of children eligible for free school meals who, in all areas, have considerably lower performance than the England averages for this cohort of children.

Key Stage 2 (KS2): All areas of Worcestershire, with the exception of Bromsgrove, had lower percentages than the national average of pupils who reached the expected standards in reading, writing and mathematics in KS2 in 2018. These percentages were even lower for children who are classed as disadvantaged or eligible for free school meals.

KS4 results (GCSEs): Across the general population in Worcestershire a higher percentage achieved a grade 4 or above in English and Mathematics GCSEs than the average across England. In the new grading system, students are graded 9 (highest) to 1 (lowest) where a grade 4 is equivalent to a 'C' in the previous scale. However, disappointingly we are still seeing disadvantaged children having poorer educational outcomes in Worcestershire when compared to the same cohort of children in England, although there has been an improvement since 2017

How Does Worcestershire Compare to England?

When looking at inequalities across a number of different pupil characteristics and each of the Key Stages, there is variation in comparison to the England average.

Worcestershire performs higher than the England average for KS1 writing, maths and science for pupils who English is not their first language and for children receiving Free School Meals achievement at KS4 is higher than the national average.

Children Looked After (CLA), Children in Need (CiN), Children with SEND support and those with an EHCP/Statement all performed lower than the national average.

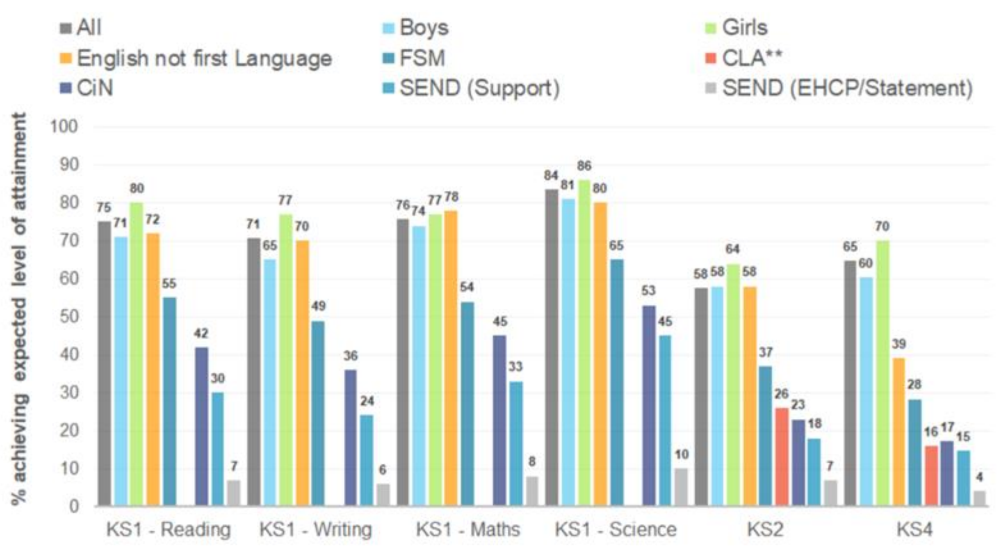
Figure 34. Attainment at Each Key Stage by Pupil Characteristics for Worcestershire (2017-18)

	KS1- Reading		KS1 Writing		KS1 Maths		KS1 - Science		KS2		KS4	
Pupil Characteristics	W	E	W	E	W	E	W	E	W	E	W	E
All	75	75	71	70	76	76	84	83	58	65	65	64
Boys	71	71	65	63	74	75	81	80	58	61	60	61
Girls	80	80	77	77	77	77	86	85	64	69	70	68
English not first Language	72	73	70	69	78	75	80	79	58	65	39	43
FSM	55	60	49	53	54	63	65	69	37	46	28	22
CLA**		51		42		49		58	26	35	16	18
CiN	42	48	36	41	45	49	53	57	23	34	17	19
SEND (Support)	30	33	24	25	33	36	45	46	18	24	15	17
SEND (EHCP/Statement)	7	13	6	9	8	13	10	15	7	9	4	5

W = Worcestershire, E = England

Data sources: Department for Education, Schools Pupils and their Characteristics 2018, Children Looked After in England 2018, Characteristics of Children in Need 2017 to 2018

Figure 35. Attainment at Each Key Stage by Pupil Characteristics for Worcestershire (2017-18)



21% is the average gap in attainment at KS1 for Children receiving Free School Meals

43% is the average gap at KS1 for Children requiring SEND Support

26% is the average gap at KS4 for Children who do not speak English as thier first language

48/49% is the average gap at KS4 for Children in Need and Looked After Children (LAC)

FSM - Free School Meals, **CLA** - Children Looked After, **CiN** - Children in Need, **SEND (Support)** - Children receiving SEND support without statement, **SEND (EHCP/Statement)** - Education, Health and Care Plan or Statement of Need

Data sources: Department for Education, Children Looked After in England 2018, Characteristics of Children in Need 2017 to 2018
Graphic created by Public Health Team using Canva

Gender: Gender differences in education are present at all stages of education, on average boys consistently perform lower compared to girls across all key stages. The difference in attainment gap between boys and girls in Worcestershire at KS1 was highest for reading (9%) and writing (12%), and lowest for science (3%) and mathematics (5%). Difference in attainment was lowest at KS2 (6%) and highest at KS4 (10%).

Ethnicity: Attainment gap at each of the Key Stages is variable across different ethnic groups. At KS1 reading and writing children of Asian, Mixed and Black ethnicity, perform higher than average. Children of Chinese ethnicity perform lower than average in reading (11%) and writing (7%). The attainment gap for Science and mathematics is much smaller at around 2-5% lower for children of mixed/black/Asian and Chinese ethnicity. At KS4 there are more pronounced differences with children of black ethnicity having a gap 23% lower than average and children of Chinese ethnicity having a gap 28% higher than average.

English Not First Language: "First Language" is the language to which a child was initially exposed during early development and continues to be exposed to in the home or in the community. In Worcestershire, children who do not have English as their first language, perform similar at KS1 and KS2, but at KS4 they have a gap that is lower by 26%

Free School Meals: Children from poorer backgrounds are more at risk of poorer development and the evidence shows that differences by social background emerge early in life. Although the gap is closing and improving each year there is still a difference of attainment gap when compared to the Worcestershire average around 21% at KS1 and 37% at KS4.

Children Looked After (CLA): The attainment gap between children in care and the Worcestershire average was 32% at KS2 and 49% at KS4. The reasons for this are complex but include, placement instability which has been strongly linked to school instability[48] and can be particularly disruptive to learning and achievement.

Children in Need: Nationally, one in ten pupils would have been a child in need at some point. The issues faced include, persistent absenteeism and more likely to be excluded. Children with more complex factors, such as those in need of social care services were 50% less likely to achieve a strong pass in English and Maths GCSEs[49]. The attainment gap between children in need and the average for Worcestershire was 48% at KS4.

SEND: (Support or EHC/Statement): In Worcestershire, children receiving SEND support without a statement of need, have an attainment gap at all key stages, for example

[48] Children's Commissioner (2018) Stability Index 2018 – Overview and Findings, [Online], Available from: https://www.childrenscommissioner.gov.uk/wp-content/uploads/2018/05/Childrens-Commissioners-2018-Stability-Index-Overview.pdf

[49] Department for Education (2019) Children in need of help and protection [Online], Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/809108/CIN_review_final_analysis_publication.pdf

KS1 (43%) and KS4 (50%) compared to the average. For children with a statement of need or EHC plan the gap is much wider, for example KS1 (69%) and KS4 (61%).

Special Educational Needs and Disabilities (SEND)[50]: In Worcestershire in 2018, there were a total of 13,450 (15.4%) children with a Special Educational Need and Disability. This was higher than the national average (14.6%). 10,959 were receiving SEN support and 2,491 had a statement of need or EHCP plan. The proportion of children in Primary School with a SEND was higher (14.7%) than England (13.8%). For all children with a SEND, Speech Language and Communication Needs were higher (43.0%) compared to the national average (29.8%).

Analysis of local data in 2017 identified that there appeared to be a strong relationship between SEND status and deprivation, with the highest levels in the most deprived areas. There appears to be a strong association with deprivation for the following SEND categories: Social, emotional and mental health difficulties, Speech, language and communication needs and Moderate learning difficulties.

Special Educational Needs and Disability (SEND) and Education, Health and Care Plans (EHCPs).

In Worcestershire, the proportion of children with no Special Educational Needs (SEN) support who achieved a good level of development by the end of reception was the same as the England average at 76%. For children in Worcestershire with SEN support this was 32% overall, nationally this was 28%. Data was not available for those children with a SEN statement or Education, Health and Care Plan (EHCP) plan.[51] However, we know that nationally this is around 4% for children who have a statement or EHCP plan.

[50] Further information can be found in the SEND Profile - Further information can be found in the SEND Profile - http://www.worcestershire.gov.uk/info/20122/joint_strategic_needs_assessment/1473/jsna_publications_by_category/2

[51] An education, health and care (EHC) plan is for children and young people aged up to 25 who need more support than is available through special educational needs support. EHC plans identify educational, health and social needs and set out the additional support to meet those needs.

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Children Needing Social Care

The numbers of children who receive additional help or protection from Children's Social Care is continuing to rise. Numbers of children looked after (CLA) and those subject to child protection plans (CPP) have continued to increase. For the first time in a four-year period there has been a reduction in the number of children assessed as children in need (CIN).

Children in Care (Children Looked After)

Under the Children Act 1989, a child is looked after by a local authority if he or she falls into one of the following categories: is provided with accommodation for a continuous period of more than 24 hours, is subject to a care order, placement order or has one of a number of youth justice legal statuses.

- There has been an increase in the number of children in care in Worcestershire between 2017[52] (767) and 2018[53] (793).
- The rate of children in care has increased and since 2016 and since this time the rate has been higher than the England average.
- Worcestershire has a higher proportion of children in care with a Special Educational Need (59.9%) than England (55.5%).
- GCSE attainment for children in care in Worcestershire[54] (16.0%) is similar to the England average (13.8%), but there is a significant gap between this group of children and all children overall in Worcestershire where the proportion of young people achieving 5 GCSEs A*-C was 60.9%.

Children in Need

- In 2018, the rate per 10,000 children aged under 18 identified as being ‘in need’ following referral to social services in Worcestershire (535.4) was lower than the England rate (635.2).
- There were a higher proportion of children with a disability identified as being a child in need (17%; 561) compared to the England average (12.3%).
- Worcestershire has a higher proportion of cases that were open for two years or more (44%; 1,483) compared to the England average (31%). Worcestershire has a higher proportion of cases that were open for two years or more (44%; 1,483) compared to the England average (31%).

Child Protection

Worcestershire has a higher proportion of cases that were open for two years or more (44%; 1,483) compared to the England average (31%). Worcestershire has a higher proportion of cases that were open for two years or more (44%; 1,483) compared to the England average (31%). At an initial child protection conference, the decision will be made

[52] As at 31/03/2017
[53] As at 31/03/2018
[54] Definition of numerator: Number of children who have been looked after continuously for at least 12 months as at 31 March (excluding those children in respite care) at end of Key Stage 4 in schools maintained by the local education authority achieving 5 or more GCSEs at grades A* to C or equivalent, including English and maths GCSE.

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as to whether the child needs to become the subject of a child protection plan. When a child becomes the subject of a plan, the initial category of abuse is recorded. There has been an decrease in the number of children who were subject to a child protection plan between 2017[52] (517) and 2018[53] (424). Worcestershire has a higher proportion of cases that were open for two years or more (44%; 1,483) compared to the England average (31%).

Worcestershire has a higher proportion of cases that were open for two years or more (44%; 1,483) compared to the England average (31%). Worcestershire has a higher proportion of cases that were open for two years or more (44%; 1,483) compared to the England average (31%). At an initial child protection conference, the decision will be made as to whether the child needs to become the subject of a child protection plan. When a child becomes the subject of a plan, the initial category of abuse is recorded. There has been a decrease in the number of children who were subject to a child protection plan between 2017 (517) and 2018 (424). Worcestershire has a higher proportion of cases that were open for two years or more (44%; 1,483) compared to the England average (31%).

Figure 36. Vulnerable Children in Worcestershire

	2018	%
Children Looked After*	793	0.7
On Child Protection Register*	682	0.6
Children in Need*	3386	2.9
Vulnerable Children (Other)	36984	31.4
Total vulnerable	**41845**	**35.5**
Total Children (0-17)	117783	

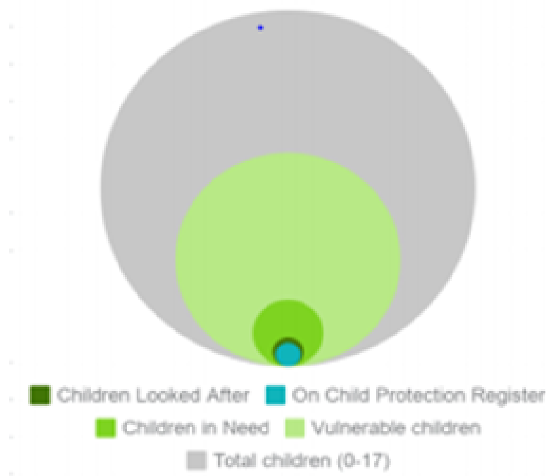


Figure 37. Children Needing Social Care: Key Facts

Children in Care

AS AT 31ST MARCH 2018
THERE WERE

793

CHILDREN IN CARE

There is a higher rate of children in care compared to England

WORCESTERSHIRE: 68/10,000 0-17YRS

ENGLAND: 64/10,000 0-17YRS

When a child is referred to children's social care, an assessment is carried out to identify if the child is in need of services, These services can include, for example, family support, leaving care support, adoption support or disabled children's services

CHARACTERISTICS OF CHILDREN IN NEED

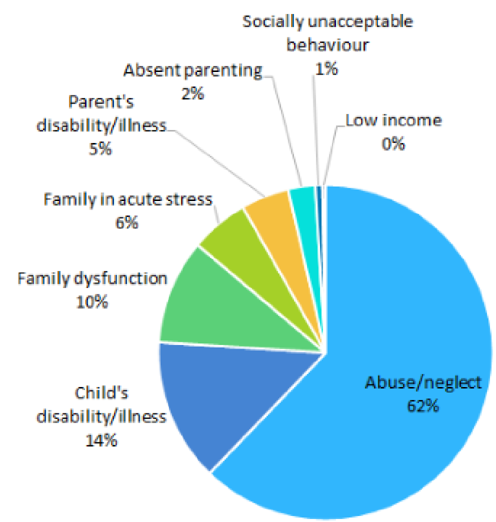
Children in Need

AS AT 31ST MARCH 2018
THERE WERE

3,386

CHILDREN IN NEED

Primary Need at Assessment



Child Protection

AS AT 31ST MARCH 2018
THERE WERE

682

CHILDREN WERE SUBJECT TO A CHILD PROTECTION PLAN

Data sources: Department for Education, Children Looked After in England 2018, Characteristics of Children in Need 2017 to 2018
Graphic created by Public Health Team using Canva

Children’s Oral Health

Tooth decay is the most common oral disease among children in England – affecting one in four children by the time they start school - and it is the most common reason for hospital admission for children aged 5 to 9 years old - yet it is largely preventable. The Government Green Paper, **‘Advancing our Health: Prevention in the 2020s’**, states that “to give our children a good start in life, we need to do much better on oral health”.

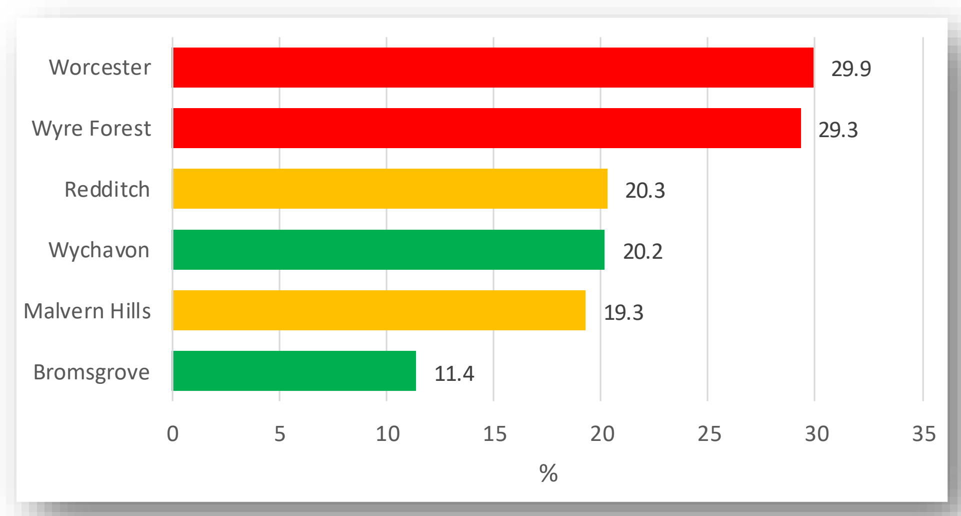
Overall, dental health for 5-year olds in Worcestershire is better than the national average. In 2016/17, 21.8% of 5-year olds in Worcestershire had evidence of tooth decay. This is statistically significantly lower than the England value of 23.3%.

The average number of decayed, missing or filled teeth (DMFT) was 0.62 in Worcestershire in 2016/17, significantly better than England (0.78).

However, inequalities within the county have become increasingly evident in recent years. There are differences in oral health across the county by Council District, with Worcester City and Wyre Forest emerging as having poorer oral health for children and the best area for child oral health being Bromsgrove district. In Worcestershire one in five children enter school with evidence of tooth decay.

The chart below highlights dental decay in 5-year olds in Worcestershire districts in 2016/17. The percentage of 5-year olds with any dental decay varies by district, and the two worst areas, Worcester and Wyre Forest, have seen increases between 2014/15 – 2016/17 (from 27.3% to 29.9%, and 23.6% to 29.3% respectively).

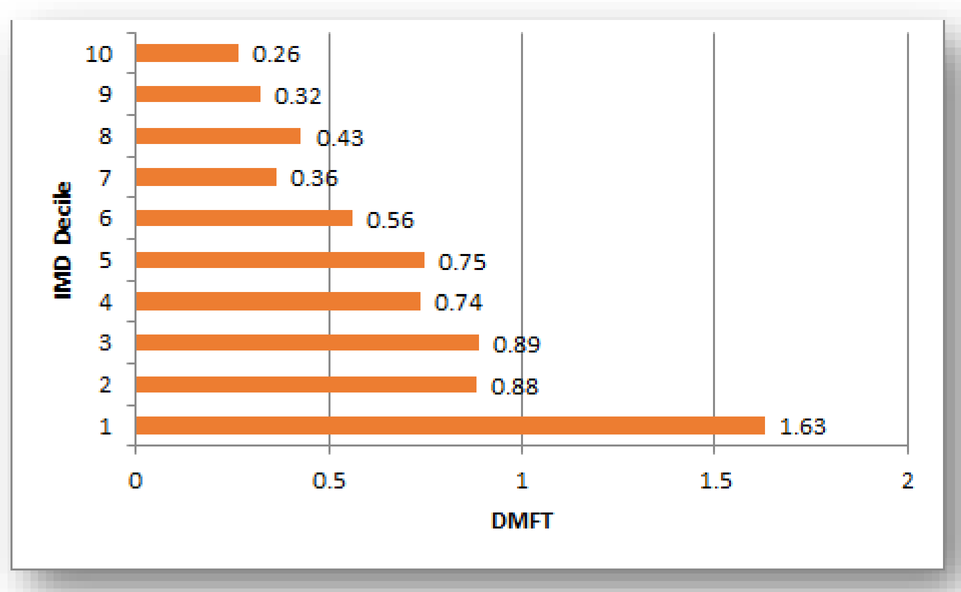
Figure 38. Percentage of Five-Year Olds With any Dental Decay (2016/17)



Source: Dental Public Health Epidemiology Programme for England: oral health survey of five-year-old children 2017

Part of the variation observed between districts is due to differences in deprivation levels. There is a clear relationship between child oral health and deprivation. Figure 39 shows that the average number of decayed missing and filled teeth per child varies considerably by deprivation of residence. The average in decile 1 (the most deprived decile) is nearly double that in decile 2, while for the remaining deciles the variation is less marked, but still present.

Figure 39: Average Number of Decayed Missing and Filled Teeth per Child by Deprivation Decile – Worcestershire (2016/17)



Source: Dental Public Health Epidemiology Programme for England: oral health survey of five-year-old children 2017 Notes: IMD deciles refer to the deprivation rank of the area of residence, IMD1 refers to areas in the 10% most deprived nationally, IMD10 refers to the 10% least deprived. DMFT=decayed, missing and filled teeth

A number of actions are underway to tackle poor oral health in children in Worcestershire including:

Several actions are underway to tackle poor oral health in children in Worcestershire including:

- A supervised tooth brushing scheme and provision of toothbrushes and toothpaste in Worcester City, an area with high levels of tooth decay.
- Support to NHSE and PHE oral health campaigns, for example ‘A little trip to the dentist’, which encourages parents to take their babies to the dentist even before their first teeth appear, in order to familiarise them with the surgery.
- Promotion of good oral health through social media and other channels.
- Review of the Community Dental Service.

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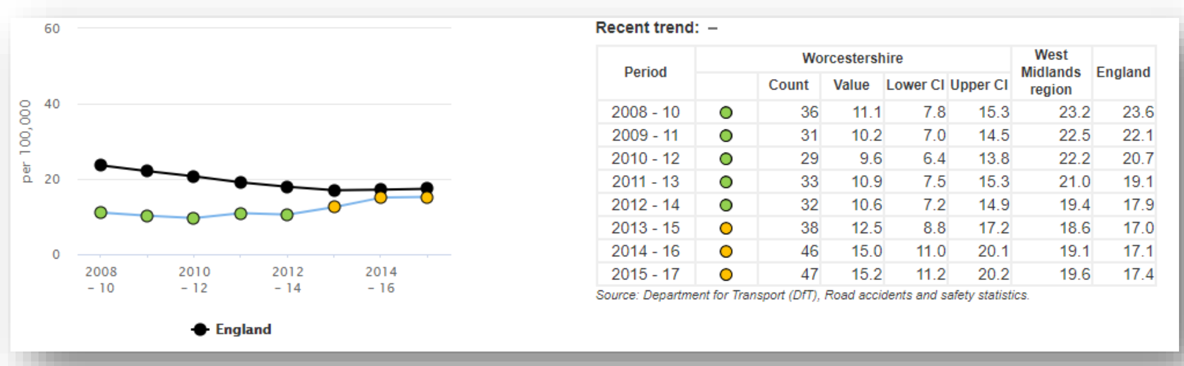
Children Killed or Seriously Injured on the Roads

The rate of Killed or Seriously Injured (KSI) on the roads in children is similar to England. Historically, in Worcestershire this rate has been better than the national average but since 2008 the national rate has fallen whilst the local rate has not.

Figure 40. Children (0-15) Killed or Seriously Injured (KSI) on the Roads, Crude Rate per 100,000 Population



Period	Worcestershire					West Midlands region	England
		Count	Value	Lower CI	Upper CI		
2008 - 10	●	36	11.1	7.8	15.3	23.2	23.6
2009 - 11	●	31	10.2	7.0	14.5	22.5	22.1
2010 - 12	●	29	9.6	6.4	13.8	22.2	20.7
2011 - 13	●	33	10.9	7.5	15.3	21.0	19.1
2012 - 14	●	32	10.6	7.2	14.9	19.4	17.9
2013 - 15	●	38	12.5	8.8	17.2	18.6	17.0
2014 - 16	●	46	15.0	11.0	20.1	19.1	17.1
2015 - 17	●	47	15.2	11.2	20.2	19.6	17.4

Source: Department for Transport (DfT), Road accidents and safety statistics.

Source: Public Health England, Public Health Outcomes Framework, 19/06/19. Data source Department for Transport (National Statistics). Green= better than the England rate, Yellow=similar to the England rate.

Public Health England in partnership with ROSPA and the Child Accident Prevention Trust (CAPT) have produced guidance on reducing unintentional injuries on the roads among children and young people under 25 years.[55] Priority actions from this guidance are summarised in Figure 41.

[55] Public Health England, ROSPA and Child Accident Prevention Trust (2018). Reducing unintentional injuries on the roads among children and young people under 25 years. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/695781/Reducing_unintentional_injuries_on_the_roads_among_children_and_young_people_.pdf

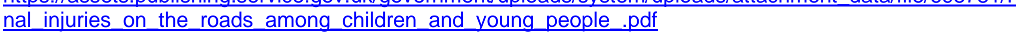


Figure 41. Priority Actions for Reducing Injuries on the Roads for Children and Young People.

1) Improving safety for children travelling to and from school

2) Introducing 20mph speed limits and zones in priority areas

3) Co-ordination of action through strong local partnerships

Graphic created by the Public Health Team using Canva. Images from the nounproject.com: "Children" by Musmellow and "Partnership" by ST.

Not in Education, Employment or Training (NEET)

Young people who are not in education, employment or training are at greater risk of a range of negative outcomes, including poor health, depression or early parenthood. The Government recognises that increasing the participation of young people in learning and employment not only makes a lasting difference to individual lives but is also central to the Government's ambitions to improve social mobility and stimulate economic growth.[56]

Worcestershire has a significantly lower proportion of young people who are Not in Education, Employment or Training (NEET). Between 2016 and 2017 there was an increase from 4.7% to 5.1%. This means there were 30 more young people who were NEET. This contrasts with Worcestershire's three most similar local authorities: Warwickshire, Gloucestershire and Suffolk, who all saw numbers of NEET reduce during this period.

These figures mask inequalities, however, with 45% of care leavers in Worcestershire who were Not in Education, Employment or Training (NEET) in 2017 compared to 5.1% of the overall population. This is a worse percentage than both England as a whole and our statistical neighbours. Only 4% of care leavers entered higher education by the age of 19 compared to 39% of the general population.

These figures mask inequalities, however, with 45% of care leavers in Worcestershire who were Not in Education, Employment or Training (NEET) in 2017 compared to 5.1% of the overall population. This is a worse percentage than both England as a whole and our statistical neighbours. Only 4% of care leavers entered higher education by the age of 19 compared to 39% of the general population.

Mental Health of Children and Young People[57]

Nationally it is estimated that 50% of those with a lifetime mental illness will experience symptoms by the age of 14 and 75% will experience symptoms by the age of 24. Around 10% of children aged 5-16 suffer from a clinically significant mental health illness and just 25% of children who need treatment, go on to receive it.

There are differences by gender, boys aged 11-15 are 1.3 times more likely to have a mental illness compared to girls aged 11-15 years.

In a national report, Mental Health of Children and Young People in England (2017) it is estimated that in the UK:

- Around one in eight (12.8%) children and young people had a diagnosable mental health disorder.
- The prevalence for Emotional Disorders was 5.8% for children aged 5-15 years, this increased significantly for ages 17-19 where around one in four girls (22.4%) had an emotional disorder, of this proportion, around half had also self-harmed.

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[56] Public Health England (2019) Indicator Definitions and Supporting Information: 16-17 year olds not in education, employment or training, [Online] Available from: https://fingertips.phe.org.uk Indicator No: 93203

[57] Worcestershire County Council (2018) Early Help Needs Assessment, [Online], Available from: http://www.worcestershire.gov.uk/info/20122/joint_strategic_needs_assessment/1473/jsna_publications_by_category/2

- Around 1 in 20 young people had self-harmed (5.5%). Rates of self-harm were over twice as high in girls in comparison to boys (7.3% compared to 3.6%). Increasing to around one in five in girls aged 17-19 (21.5%) and one in ten for boys aged 17-19 (9.7%).
- Around one in three (34%) children with an emotional disorder had ever self-harmed or attempted suicide.
- Mental health disorders were found to be associated with low income, parental mental health, adverse life events, lower levels of social support and participation and less healthy family functioning.
- An association was found between daily social media use and having a mental health disorder. Those with a disorder were more likely to use social media on a daily basis and for longer periods of time, compared to those without.
- In the last year one in five children and young people aged 11 to 19 had been bullied online in the past year, rates were higher in girls (25.8%) in comparison to boys (16.7%) and those young people with a mental disorder were twice as likely to have experienced this as those without a disorder.

Young People and Homelessness

Homelessness has a serious impact on both the young people affected and the wider society. Young people describe their lives as being 'on hold' while they are homeless, making it much harder for them to achieve their goals and ensure their own well-being. Homeless young people are much more likely to be not in education, employment or training. Homeless young people often experience a disrupted education. Poverty and desperation mean some homeless young people turn to crime, which further decreases the chances of them finding work and escaping their situation. Homeless young people are also more likely to be victims of crime, as their situation puts them at risk of exploitation, particularly if they become homeless at a very young age. The often chaotic and unstable lives of homeless young people mean that poor physical and mental health is common, as is substance misuse (Centrepoint)[58].

Young people can become homeless when parents/relatives are no longer willing to accommodate them. Another key reason involves the person living in a hostel or sleeping rough. In Worcestershire there were 170 young people aged 16-24 who were accepted as homeless in 2017-18. The rate in Worcestershire is higher than the England average (0.68 compared to 0.52 per 1,000 households). A full profile on homelessness in Worcestershire was produced by the Public Health Team.[59]

Young Offenders

[58] Public Health England (2018) Indicator Definitions and Supporting Information: Homeless Young People aged 16-24, Available from: fingertips.phe.org.uk
[59] Available here: http://www.worcestershire.gov.uk/info/20122/joint_strategic_needs_assessment

Children and young people at risk of offending or within the youth justice system often have greater mental health needs than other young persons.[60] In Worcestershire there were a total of 146 young people aged 10-17 who were a first-time entrants into the Youth Justice System in 2018. The rate of young people entering the Youth Justice System for the first time is higher in Worcestershire (284.8 per 100,000) when compared to England (238.5 per 100,000) but there has been a downward trend year-on-year since 2015.

Under 18 Alcohol Related Hospital Admissions

Nationally, consumption rates of alcohol are falling in the 16-24 age group and of all the age groups they are the least likely to drink alcohol, however, when they do, they are more likely to drink to excess compared to other age groups.

In Worcestershire the rate of Alcohol Specific Hospital Admissions for under 18s is similar to the England average (31.9 vs 32.9 per 100,000). After a period of falling rates year-on-year since 2006-7 rates have remained relatively static over the last two periods.

Self-Harm

In England, hospital admissions for self-harm in children have increased in recent years, with admissions for young women being much higher than admissions for young men. With links to other mental health conditions such as depression, the emotional causes of self-harm may require psychological assessment and treatment.[61]

In Worcestershire, the rate of admissions for self-harm for children and young people aged 10-24 years in 2017-18 was lower (344.1 DSR per 100,000 population) than the England average (421.2 DSR per 100,000 population) and this has been the case for the last two financial years.

[60] Public Health England (2018) Indicator Definitions and Supporting Information: First time entrants to the Youth Justice System Available from: fingertips.phe.org.uk

[61] Public Health England (2018) Indicator Definitions and Supporting Information: Hospital admissions as a result of self-harm (10-24 years), Available from: fingertips.phe.org.uk

Being Well: Health of Adults

Physical Activity

Regular physical activity has many health benefits - it can reduce the risk of a range of conditions (Table 10).[62]

Table 10. Health Benefits of Regular Physical Activity

Disease Risk	Risk Reduction
Hip fractures	68%
Type 2 diabetes	40%
Cardiovascular diseases	35%
All-cause mortality	30%
Colon cancer	30%
Depression	30%
Dementia	30%
Breast cancer	20%

Source: Public Health England

Currently 66.6% of adults in Worcestershire are estimated to be physically active.[63] This is similar to the England average.

[62] Physical Activity: Applying all our health-https://www.gov.uk/government/publications/physical-activity-applying-all-our-health/physical-activity-applying-all-our-health

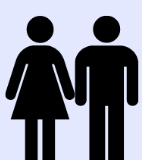
[63] From Sport England's Active Lives Survey. The number of respondents aged 19 and over, with valid responses to questions on physical activity, doing at least 150 moderate intensity equivalent (MIE) minutes physical activity per week in bouts of 10 minutes or more in the previous 28 days expressed as a percentage of the total number of respondents aged 19 and over.

Figure 42. Physical Activity Guidelines

Any physical activity is better than none, it is never too late to get active to improve health

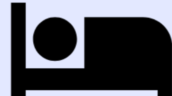
60 plus minutes everyday targeting muscle and bone strengthening activities

150 minutes of moderate physical activity spread throughout the week for pregnant women



Adults - 150 minutes of moderate intensity physical activity each week,

150 minutes weekly targeting muscle strengthening, balancing and coordination



Minimise the amount of time spent sedetary for extended periods

Graphic created by Public Health Team using : Canva.com

Weight

Excess weight is a significant public health concern which results in long-term negative social, psychological and physical ill-health often leading to poor quality of life and reduced life expectancy. Common health conditions associated with obesity in adults include: type 2 diabetes, hypertension, coronary artery disease and stroke, respiratory effects and cancers.

In adults, a simple index of weight-for-height called Body Mass Index (BMI) is used to classify overweight and obesity. The World Health Organisation defines overweight and obesity in adults as follows:

- Overweight is a BMI greater than or equal to 25; and
- Obesity is a BMI greater than or equal to 30.

In 2017/18, according to the Sport England Active Lives Survey, the percentage of adults in Worcestershire estimated to be overweight or obese rose to 65%. This is higher than the England value of 62%.

Looking at obesity specifically, all three Worcestershire Clinical Commissioning Groups (CCGs) have higher recorded rates than England and related to this there has been an upward trend in recorded diabetes for all three.

Smoking

Smoking is the most important cause of preventable ill health and premature mortality in the UK. It is a major risk factor for many diseases, such as lung cancer, chronic obstructive pulmonary disease (COPD) and heart disease and is also associated with cancers in other organs, including lip, mouth, throat, bladder, kidney, stomach, liver and cervix.

In Worcestershire 11.8% of people are estimated to be smokers. This is lower than the England average. The estimated proportion of the population who smoke has fallen in recent years both nationally and locally.

Smoking is a major driver of avoidable differences in health between groups and people who work in routine and manual occupations have a much higher odds of smoking than those in managerial and professional posts.

Locally, it is estimated that 23.5% of people in routine and manual occupations smoke. This is twice the proportion of all adults estimated to smoke which is 11.8%.

Figure 43. Smoking: Key Facts

Smoking is a Major Risk Factor for many diseases including

Lung cancer,
Chronic Obstructive Pulmonary Disease (COPD)
Heart Disease

Smoking is responsible for around 16% of all deaths each year

Key Facts

In 2018 there were an estimated

55,000

smokers in worcestershire

It is estimated that smoking costs Worcestershire **£144 MILLION PER YEAR** **in lost productivity illness & early death**

11.8% OF ADULTS SMOKE IN WORCESTERSHIRE

23.5% OF ROUTINE AND MANUAL WORKERS SMOKE, THIS TWICE AS HIGH AS THE GENERAL POPULATION

12.8% OF PREGNANT WOMEN SMOKE. THIS IS SIGNIFICANTLY HIGHER THAN THE ENGLAND AVERAGE, AND IS INCREASING.

32.0% OF PEOPLE USED E-CIGARETTES AS THEIR PREFERRED METHOD OF QUITTING, THIS WAS HIGHER THAN NICOTINE REPLACEMENT THERAPY

Data sources: Public Health England, www.fingertips.phe.org.uk
Graphic created by Public Health Team using Canva

Alcohol

Alcohol can have a significant impact upon an individual both physically and psychologically. Drinking above the recommended levels increases the risk of certain types of cancer including liver, breast and oral. It is a risk factor for liver disease, heart disease, depression, suicide, unsafe sex and injuries. Harmful drinking also has wider effects including impacts upon children and families, domestic and partner violence, employment, housing, crime, violence and road traffic accidents.

In Worcestershire, hospital admissions for alcohol related conditions are similar to the national rate. In 2017/18 there were 3,820 admissions which is a standardised[64] rate of 629 per 100,000 people.

The rate of people dying prematurely (aged under 75) from alcoholic liver disease in Worcestershire is also similar to the national rate. During 2015-17 there were 144 premature deaths due to alcoholic liver disease which is a standardised rate of 8.7 per 100,000 people.

Figure 44. Alcohol: Key Facts

48 People a year die from Alcoholic Liver Disease in Worcestershire before the age of 75

3800 People are admitted each year to hospital due to an alcohol related condition

67% Reduction in alcohol related hospital admissions in Under 18s but reduction has stalled recently

Data sources: Public Health England, www.fingertips.phe.org.uk
Graphic created by Public Health Team using Canva

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[64] Adjusted for the age and gender characteristics of the population to allow comparison with other areas.

Substance Misuse (including treatment for alcohol addiction)

Drug misuse has the potential to cause a wide range of harms to the individual, those close to them, and wider society. This includes impacts on individuals physical and mental health and increased risk of unemployment, homelessness and criminal activity.

Treatment

In Worcestershire, 1,390 adults accessed structured drug treatment in 2017-18.

When engaged in treatment, people use alcohol and illegal drugs less, commit less crime, improve their health, and manage their lives better. This clearly benefits both the individual and the local community. Preventing unplanned drop out and keeping people in treatment long enough to benefit contributes to improved outcomes. As people progress through treatment, the benefits to them, their families and their community start to accrue.

Since 2015 Swanswell Charitable Trust (part of Cranstoun Group) have delivered an integrated substance misuse service across Worcestershire and during this time the proportion of drug users successfully completing treatment has increased significantly.

Alcohol Treatment

People who need alcohol treatment need prompt help if they are to recover from dependence and keeping waiting times short will play a vital role in supporting recovery from alcohol dependence.

In Worcestershire in 2017-18, 99.9% of all people waiting for treatment were seen within 3-6 weeks of being referred. This was slightly higher than the national average of 98%. In 2015, 26% of people successfully completed alcohol treatment. In 2017, this had increased to 45% and the proportion of people completing alcohol treatment was higher than the England average for the first time in a six-year period.

Drug Treatment

Service users accessing drug treatment are often divided in to two categories, opiate users, people who are dependent on or have problems with opiates (mainly heroin) and non-opiates, people who have problems with non-opiate drugs, such as cannabis, crack and ecstasy.

In Worcestershire, it is evident that the percentage of opiate users successfully completing drug treatment and not representing to treatment within 6 months has increased from 4.8% in 2014/15 to 8.0% in 2017/18. This improvement has ensured Worcestershire's performance, against a Public Health Outcome Framework measure, has improved from being worse than the national average to being better. In a comparable timeframe, the England performance has decreased, from 7.4% in 2014/15 to 6.5% in 2017/18.

The percentage of non-opiate users successfully completing drug treatment and not representing to treatment within six months has increased from 30.3% in 2014/15 to 42.1% in 2017/18. During this time, the England average has decreased from 39.2% in

2014/15 to 36.9% in 2017/18. The Worcestershire performance for non-opiate is now also better than the national average.

Figure 45. Drugs: Key Facts

THERE HAS BEEN AN
Significant
INCREASE IN PEOPLE COMPLETING DRUG TREATMENT IN WORCESTERSHIRE

OPIATES 4.8% IN 2013-14 8.0% IN 2017-18

NON-OPIATES 18.4% IN 2013-14 41.2% IN 2017-18

THERE WAS A
60% INCREASE
In drug misuse deaths compared to 51% in England
between 2011-13 and 2016-18

Deaths from drug misuse are
TWO TIMES HIGHER
in Males compared to Females
6.1
2.6

Data sources: Public Health England, www.fingertips.phe.org.uk
Graphic created by Public Health Team using Canva

Deaths from Drugs Misuse

Locally, both the rate and number of deaths from drugs misuse has been increasing for a number of years. This is also the case nationally but in Worcestershire it is unexpected.[65]

In Worcestershire there were a total of 72 deaths from drug misuse in the period 2016-18. The rate was 4.3 per 100,000 which is similar to the national rate of 4.5.

During this period the rate of deaths from drugs misuse was over two times higher in males than in females (6.1 vs 2.6 per 100,000 respectively). There were also differences at district level. The highest numbers of deaths from drug misuse were in Worcester and Wyre Forest districts which saw 17 deaths each.

Between 2011 and 2018 the number of deaths from drug misuse increased by 60% in Worcestershire. However, between 2014 and 2018 the rate and numbers have shown little change. It is too early to say if this represents a slowdown in the rise.

A national inquiry into drug deaths conducted by Public Health England identified two factors that might contribute to the rising drug deaths:

- Increase in availability and purity of heroin
- Ageing heroin users

Many heroin users started to use heroin in the 1980s and 1990s and are now experiencing cumulative physical and mental health conditions that make them more susceptible to overdose. A majority of these users may not be engaging in drug treatment where they could be protected.

Worcestershire has a large population of older drug users in treatment, who may experience a number of health issues consistent with older-age drug use. There is a need for a whole system approach and aligned commissioning, addressing health inequalities and providing better access to supportive physical healthcare and psychiatric care, along with other support which could include housing and employment. There is also a need to address the reasons why people are not accessing treatment and make treatment more attractive to this cohort.

[65] The definition of a drug misuse death is one where either the underlying cause is drug abuse or drug dependence, or the underlying cause is drug poisoning and any of the substances controlled under the Misuse of Drugs Act 1971 are involved as well as deaths from drug abuse and dependence. These figures include accidents and suicides involving drug poisonings as well as complications of drug abuse (such as deep vein thrombosis or septicaemia from intravenous drug use (Office for National Statistics (2018) Deaths related to drug poisoning in England and Wales Deaths related to drug poisoning in England and Wales: 2017 registrations, [Online], Available from: www.ONS.gov.uk).

Sexual Health

Sexual health outcomes in Worcestershire continue to be largely better than the national average.

The rate of all new sexually transmitted illness (STI) diagnoses, excluding diagnoses of chlamydia for under 25s, in Worcestershire for 2018 was 417 per 100,000 population. This is less than half the national rate of 851. The rate has been improving since 2014 when the rate was 569.

Late diagnosis of HIV has a significant effect on outcomes. In Worcestershire late diagnosis of HIV has shown a considerable improvement in recent years – the rate was 43.9% in 2015-17 - a fall from 60.9% in 2011-13 (the national level is 41.1% and the target is 50%).

Prescribing of long-acting reversible contraception (LARC) is better than the national rate (56.7 per 1,000 in 2017 compared to 47.4 for England). This method of contraception is highly effective as it does not rely on daily compliance and is more cost effective than condoms or the pill.

There are differences by district, and within the county sexual health outcomes are poorer in Worcester and Redditch districts, with higher STI and teenage conception rates and lower rates of contraceptive and long-acting reversible contraception (LARC) prescribing compared to other districts.

In comparison Wyre Forest has similar STI and teenage conception rates as the rest of the county and has high rates of contraception and LARC prescribing.

The Worcestershire JSNA Briefing on Sexual Health, 2016 provides more detailed information on sexual health outcomes.[66]

Sexual Health

Worcestershire generally has good sexual health outcomes. There are lower rates of sexually transmitted infections (STIs), HIV, unintended pregnancies and abortions than England and high rates of prescribing of all methods of contraception.

There are differences by district, and within the county sexual health outcomes are poorer in Worcester and Redditch districts, with higher STI and teenage conception rates and lower rates of contraceptive and long-acting reversible contraception (LARC) prescribing compared to other districts.
In comparison Wyre Forest has similar STI and teenage conception rates as the rest of the county and has high rates of contraception and LARC prescribing.

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[66] http://www.worcestershire.gov.uk/info/20122/joint_strategic_needs_assessment/1473/jsna_publications_by_category/8

which **is less than half the national rate** of 851. It has been improving since 2014, when the rate was 569 (Public Health England).

Human Papilloma Virus (HPV) Vaccination Programme

Globally, Human Papilloma Viruses (HPV) are responsible for 5% of cancers worldwide. HPV is thought to be responsible for over 99% of cervical cancer as well as 90% of anal, about 70% of vaginal and vulvar cancers and more than 60% of penile cancers.

In the UK a national programme for HPV Vaccination started in 2008. Since that time 10 million girls have been given the vaccination - over 80% of women aged 15-24 years. It is estimated that by 2058 in the UK the HPV vaccine currently being used may have prevented up to 64,138 HPV-related cervical cancers and 49,649 other HPV-related cancers.[67]

The HPV vaccination is delivered in two doses. The first dose is a priming dose and the second dose is required for full protection. In Worcestershire uptake of the HPV Vaccination for first dose has improved significantly in the last two years from 84.8% in 2015-16 to 90.3% in 2017-18, which is above the national target coverage rate of 90%.

For second dose HPV vaccination, the rate is above the England average at 85.8% but still below the 90% target coverage rate.

The HPV vaccination rate in Worcestershire is lower than Warwickshire (our most similar local authority according to CIPFA) but uptake rates are higher than Gloucestershire and Suffolk (second and third most similar authorities).

From September 2019, the HPV vaccination will be offered routinely to all boys in Year 8.

[67] Public Health England (2019) Press Release: HPV Vaccine could prevent over 100,000 cancers [Online], Available from: https://www.gov.uk/government/news/hpv-vaccine-could-prevent-over-100-000-cancers

Screening

Cancer Screening

The main NHS cancer screening programmes are for bowel, breast and cervical cancers. The current rates of cancer screening coverage in Worcestershire are:

- Bowel (60-74 years) 61.9%
- Breast (53-70 years) 79.0%
- Cervical (25-64 years) 74.9%

(2018, Public Health England)

Although Worcestershire has higher rates of screening coverage than England as a whole the recent trend in breast and cervical cancer screening has been downward and many Worcestershire practices are not meeting national targets.
Although Worcestershire has higher rates of screening coverage than England as a whole; the recent trend in breast and cervical cancer screening has been downward and many Worcestershire practices are not meeting national targets.
The national screening target for breast and cervical cancer is set at 80% coverage and for bowel cancer screening the target is 60% coverage.

Cervical Cancer Screening: 55 out of 70 (78.6%) practices in Worcestershire did not meet the national screening target of 80%. This means across Worcestershire, a total of 7,384 screens are required to meet the target.

Breast Cancer Screening: 55 out of 70 (78.6%) practices in Worcestershire did not meet the national screening target of 80%. This means across Worcestershire, a total of 3,117 screens are required to meet the target.

Bowel Cancer Screening: 21 out of 70 (30.0%) practices in Worcestershire did not meet the national screening target of 60%. Across all of the CCG areas in Worcestershire, the national screening target of 60% was met in 2017-18. This demonstrates there is practice level variation.

Figure 46. NHS Cancer Screening Programme: Key Facts

1,300 WOMEN'S LIVES ARE SAVED EACH YEAR IN THE UK THROUGH BREAST SCREENING

1,800 - 2,400 LIVES ARE SAVED EACH YEAR IN THE UK THROUGH BOWEL SCREENING

5,000 WOMEN'S LIVES ARE SAVED EACH YEAR IN THE UK THROUGH CERVICAL SCREENING

All CCGs in Worcestershire have higher screening rates than the national average overall

HOWEVER, THERE IS SIGNIFICANT VARIATION IN UPTAKE BETWEEN GP PRACTICES

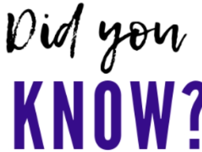
SOME PRACTICES HAVE SCREENING UPTAKE THAT IS WELL BELOW THE NATIONAL AVERAGE

Practice Uptake:

Breast Cancer
Highest: 83.8%
Lowest: 77.3%

Bowel Cancer
Highest: 70.3%
Lowest: 35.8%

Cervical Cancer
Highest: 84.5%
Lowest: 53.0%



Cervical Screening uptake rates for women with a Learning Disability in Worcestershire are less than half that of women who don't have a learning disability

There is an association between deprivation and screening uptake

We also know death rates from all three types of cancer are higher in more deprived areas

Wyre Forest Clinical Commissioning Group

Redditch and Bromsgrove Clinical Commissioning Group

South Worcestershire Clinical Commissioning Group

Abdominal Aortic Aneurysm (AAA) screening

Abdominal Aortic Aneurysm (AAA) screening aims to reduce AAA related mortality among men aged 65 to 74. Worcestershire currently has a higher screening rate for AAA than England as a whole. The current rate of coverage is 86.4% and there has been little change in this rate for a number of years.

Diabetes

Diabetes can cause complications that include cardiovascular, kidney, foot and eye diseases. Approximately 90% of cases are Type 2 diabetes which is partially preventable by lifestyle changes (exercise, weight loss, and healthy eating). Earlier detection of Type 2 diabetes followed by effective treatment reduces the risk of developing complications.

In Worcestershire it is estimated that 80.1% cases of diabetes have been diagnosed. This is similar to the national rate.

NHS Health Checks

The NHS Health Check is a health check-up for adults in England aged 40-74. It is designed to spot early signs of stroke, kidney disease, heart disease, type 2 diabetes or dementia. As people age, they have a higher risk of developing one of these conditions. An NHS Health Check helps find ways to lower this risk.

It is estimated 89,400 (49.8%) of the eligible population aged 40-74 in Worcestershire received an NHS Health Check between 2014/15 and 2018/19. This is higher than the national rate which was 43.3%.

Analysis of local data suggests lower take up of health checks in populations living the most deprived areas of Worcestershire. Yet the need in these areas is greatest as amongst this group we see a higher than average diagnosis rate for all the major health conditions identified by health checks.

Living Longer and in Good Health

Life Expectancy and Healthy Life Expectancy

Life expectancy at birth for both females and males living in Worcestershire is higher than the England average. It is currently 83.9 years for females and 79.9 years for males. However, these figures don't tell the whole story.

The difference between the number of years someone could be expected to live in good health, healthy life expectancy, and total life expectancy is sometimes referred to as the 'Window of Need'. In Worcestershire the 'Window of Need' is 16.7 years for females and 14.2 years for males.

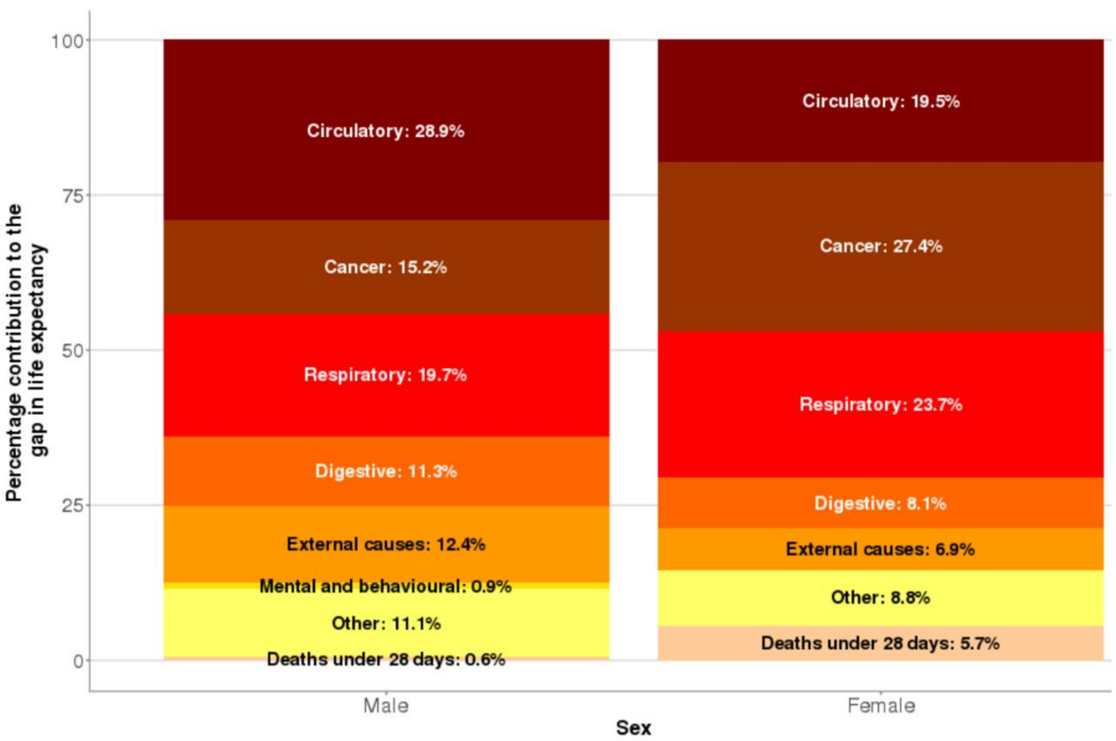
There is also a difference in Life Expectancy at Birth according to where someone lives. Life Expectancy at Birth is 7.6 years lower for males and 6.2 years lower for females who live in the most deprived areas of Worcestershire compared to those who live in the least deprived areas.[68] For females in particular inequality in life expectancy at birth has increased in recent years and it is now higher than in 2010-12. For males although the indicator is statistically similar to the figure in 2010-12 there is evidence of an increasing trend since 2012-14. It is for this reason that inequality in life expectancy at birth has been highlighted as an issue to be explored.

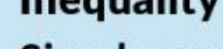
The life expectancy gap by broad causes of death provides useful data on living longer and premature mortality.

[68] This measure is also referred to as the Slope Index of Inequality.

Figure 46: Inequalities in Life Expectancy

Life expectancy gap by broad causes of death





Underlying causes

01

Deprivation

The 7 domains of deprivation included in the index are: income, education, employment, health, crime, barriers to housing and living environment.

02

Inequality

Simply an unfair situation in society when some people have more opportunities, money, access to health services etc. than other people.

Created by Public Health Team using : Canva.com
Data source: Public Health England

Wyre Forest
Clinical Commissioning Group

Redditch and Bromsgrove
Clinical Commissioning Group

South Worcestershire
Clinical Commissioning Group

Ageing: People Aged 65 Years and Over

Worcestershire has a relatively large proportion of people aged 65 and over. The proportion of older people varies by district. Malvern Hills has the highest proportion (27.9%) and Worcester (17%) and Redditch (18.2%) the lowest.

The number of older people is predicted to increase by nearly a third between 2019 and 2035. The rise is expected to be fastest in those aged 85 or over where the number is set to almost double (increase by 92%). This will have implications for the future provision of health and social care services in Worcestershire.

The population of ethnic minority older people in Worcestershire is small at 966 or just under 1% of the total population aged 65 and over in 2011 (the latest year for which data is available).

Worcestershire population estimates and projections for older people are available from the JSNA website.[69]

Worcestershire performs better than England for many public health measures which relate to ageing. The exceptions to this are fuel poverty and dementia diagnosis rate.

In the following section key public health issues facing older people in the county are summarised. These include:

- Physical Health - falls, stroke
- Living Conditions - social isolation, caring, fuel poverty
- Mental Health – dementia, depression
- Long-term illness
- Frailty
- Demand for health and social care

Physical Health

Falls

Falls are the largest cause of emergency hospital admissions for older people and are a major cause of people moving from their own home to long-term nursing or residential care.

There are approximately 2,300 falls per year in the over 65s in Worcestershire which result in an emergency hospital admission. The rate is lower than the England rate (1,730 per 100,000 compared to 2,170 per 100,000 in 2017/18).[70]

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[69] Available at: http://www.worcestershire.gov.uk/info/20122/joint_strategic_needs_assessment

[70] Public Health England, Public Health Outcomes Framework

Influenza

Influenza is a highly infectious viral illness. A vaccination is offered to people who are at greater risk of developing serious complications if they catch it. Over 65s are a priority group for receiving influenza vaccination.

In the 2017/18 flu season, 74.7% of people aged 65 and over in Worcestershire were immunised, which is just below the national target value of 75%.

Stroke

13,287 people registered with Worcestershire GPs are recorded as having had a stroke or transient ischaemic attack (TIA). This is 2.2% of patients which is higher the national figure of 1.8%.

Stroke deaths in Worcestershire occur at a higher rate than nationally (the Standardised Mortality Ratio is 110.5). Worcestershire ranks 4th worst of 16 similar local authorities on this measure.[71] Three quarters of stroke deaths occur after the age of 65.

One of the factors underlying high stroke mortality is atrial fibrillation. Atrial fibrillation (AF) increases the risk of stroke by a factor of five, and strokes caused by AF are often more severe, with higher mortality and greater disability. AF is under-diagnosed and under-treated: up to a third of people with AF are unaware they have the condition and even when diagnosed inadequate treatment is common – large numbers do not receive anticoagulants or have poor anticoagulant control. Table 11 shows that Worcestershire has high prevalence of both stroke and atrial fibrillation.

Table 11. Stroke and Atrial Fibrillation Prevalence by CCG, 2017/18

Key Facts	Redditch and Bromsgrove CCG	South Worcestershire CCG	Wyre Forest CCG	Worcestershire	England
Atrial fibrillation QOF prevalence (similar CCGs)	2.1% (2.3%)	2.5% (2.5%)	2.5% (2.5%)	2.4%	1.9%
Estimated prevalence of atrial fibrillation	2.6%	3.0%	3.2%	2.9%	2.4%
Stroke QOF prevalence (similar CCGs)	2.0% (2.0%)	2.1% (2.2%)	2.7% (2.1%)	2.2%	1.8%

Source: NCVIN stroke profiles

[71] CIPFA Nearest Neighbours

Limiting Long-term Illness

Limiting long-term illness is defined as an illness that affects daily activities. It is estimated that nearly half (47%) of older people in Worcestershire have a limiting long-term illness. This equates to 63,000 people and this number is forecast to increase by 38% between 2019 and 2035.

Frailty

Frailty is a syndrome associated with, but not directly related to, age. It is characterised by a deterioration of function where an apparently minor event, for example, an infection or change in medication may result in a striking and disproportionate change in health state. A cold under normal circumstances is frustrating but not debilitating but for someone living with frailty this could cause deterioration with the onset of drowsiness, confusion, worsening mobility and an increased risk of falling, breaking a bone and being admitted to hospital.

People living with frailty are dependent on devices, home adaptations or people around them to remain independent. Those living with severe frailty are fully dependant on others for most or all activities.

Changes to the GP contract in 2017/18 introduced routine frailty identification for patients who are 65 and over. It targets a small number of key interventions (falls assessment, medicines review and promotion of the additional information in the summary care record) at those most at risk of adverse events including hospitalisation, nursing home admission and death. Early identification coupled with targeted support can help older people living with frailty to stay well and live independently for as long as possible.

The changes to the GP contract may result in new data being published on frailty, and we expect to report on this in future.[72]

Mental Health

The number of people with dementia in Worcestershire is forecast to increase by 56% between 2019 and 2035 from 9,560 to 14,905. This is a bigger increase than that expected for England (51%).[73]

A key priority is improving the diagnosis rate for dementia. A timely diagnosis enables people living with dementia, their carers, and healthcare staff, to plan accordingly and work together to improve health and care outcomes. The estimated dementia diagnosis

[72] See https://www.england.nhs.uk/ourwork/clinical-policy/older-people/frailty/ for further information.

[73] Projecting Older People Population Information (POPPI) projections. Available from: https://www.poppi.org.uk/

rate[74] for those aged 65 and over in 2018 was lower than the England level at 59.7% (England = 67.5%).

Depression in later life can be a major cause of ill health and can have a severe effect on physical and mental wellbeing. Older people are particularly vulnerable to factors that can lead to depression such as bereavement, physical disability and illness and loneliness. Depression is estimated to affect 11,630 people aged over 65 in Worcestershire (2019; POPPI).

Living Conditions

Social Isolation

In Worcestershire it is estimated that 15,160 males and 28,350 females aged 65 and over are living alone. By 2035 these numbers are expected to rise by 36% for both genders.[75] While there is no direct relationship between living alone and loneliness, it is clearly a contributory factor.

Only half (49%) of adult social care users in Worcestershire have as much social contact as they would like (Public Health England estimates).

Fuel Poverty

Fuel poverty is driven by three main factors: income, current cost of energy and energy efficiency of the home. A household is considered to be fuel poor if they have required fuel costs that are above average and, were they to spend that amount, they would be left with a residual income below the official poverty line.[76]

Health effects of fuel poverty can include: respiratory conditions, mental health and studies have shown that more than one in five (21.5%) excess winter deaths in England and Wales are attributable to the coldest quarter of housing.[77]

Approximately 29,000 households in Worcestershire (11.5%) are living in fuel poverty, this is above the national rate which is 11.1%.[78] The issue disproportionately affects older people given, for example, the link between cold homes and respiratory conditions. Nationally, a fifth of households affected by fuel poverty have household members that are all over 60 (older people households). If Worcestershire followed this pattern 5,000 households would fall into this category.

[74] The rate of persons aged 65 and over with a recorded diagnosis of dementia per person estimated to have dementia given the characteristics of the population in Worcestershire.
[75] Projecting Older People Population Information (POPPI) projections. Available from: https://www.poppi.org.uk/

[76] JSNA Briefing on Fuel Poverty (2016), Worcestershire County Council
http://www.worcestershire.gov.uk/download/downloads/id/9407/2016_briefing_on_fuel_poverty.pdf
[77] (UCL Institute of Health Equity (2011). The Health Impacts of Cold Homes and Fuel Poverty. Available from: http://www.instituteofhealthequity.org/resources-reports/the-health-impacts-of-cold-homes-and-fuel-poverty/the-health-impacts-of-cold-homes-and-fuel-poverty.pdf)
[78] Public Health England, Public Health Outcomes Framework.

Unpaid Care

It is estimated that in 2019, 20,110 people aged 65 and over were providing unpaid care in Worcestershire, this is forecast to grow by 28% to 25,670 by 2035 (a person is a provider of unpaid care if they look after or give help or support to family members, friends, neighbours or others because of long-term physical or mental ill health or disability, or problems related to old age). Over a third of older people (7,345, 36.5%) in Worcestershire providing unpaid care are doing so for 50 or more hours a week.[79]

[79] Projecting Older People Population Information (POPPI) projections. Available from: https://www.poppi.org.uk/

Demands on the Health and Social Care System

Table 12 illustrates the potential effect of population change on the numbers of older people with key health conditions. The numbers are projected to increase by 28%-56% between 2019 and 2035. This increase in numbers is likely to lead to a substantial rise in the demand for social care and health services in future years.

Table 12. Projected Numbers of Older People with Key Health Conditions

Condition	2019	2035	% change
Dementia	9560	14910	56%
Depression	11630	15330	32%
Living alone	43500	59180	36%
Limiting Long term illness	62910	66960	38%
Mobility	24780	36310	47%
Hearing loss (moderate or severe)	93310	144810	55%
Visual impairment (75+)	4010	6070	51%
Stroke	3170	4280	35%
Bronchitis/Emphysema	2300	3040	32%
Provision of unpaid care	20110	25670	28%

Source: POPPI[80]

[80]Projecting Older People Population Information system, Aug 2019. All age 65+ unless otherwise stated. Definitions of above available at www.poppi.org.uk (these may differ from other sources).

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Figure 47. Older People's Health in Worcestershire: Key Facts

There are a higher proportion of adults aged 65+ when compared to the national average

THIS IS EXPECTED TO INCREASE BY

32%

BETWEEN 2019 AND 2035

There is considerable variation across the county

the highest proportion of older people is in Malvern Hills (27.9%), and the lowest proportions are in Worcester (17%) and Redditch (18.2%).

Physical Health

THERE ARE

93,310

PEOPLE AGED 65+ IN WORCESTERSHIRE WITH SOME HEARING LOSS

THERE ARE

4,010

PEOPLE AGED 65+ IN WORCESTERSHIRE WHO ARE VISUALLY IMPAIRED

THERE ARE

2,300

FALLS PER YEAR IN THE OVER 65'S THAT RESULT IN AN EMERGENCY HOSPITAL ADMISSION

Stroke prevalence in Worcestershire is higher than the England average.

Mental Health

One in Three people aged over 65 live alone

Depression affects approximately 11,630 people aged over 65 in Worcestershire.

Cases of Dementia are predicted to increase by

56%

between 2019 and 2035

Living Conditions

One in Five

EARLY WINTER DEATHS ARE RELATED TO LIVING IN COLD HOMES

29,000

PEOPLE IN WORCESTERSHIRE ARE LIVING IN FUEL POVERTY

A third of older people in Worcestershire are providing unpaid care of more than 50 hours per week

Data sources: Public Health England, www.fingertips.phe.org.uk, Images from theNounProject.com, (Blind by Bluu)
Graphic created by Public Health Team using Canva

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Worcestershire Districts

This section summarises key population information, health outcomes and issues of potential concern for each of the six Worcestershire districts.

Population

Table 13. Worcestershire Districts: Key Population Facts

District	Population (2018)	Deprivation	Inequalities* (male, years) (Eng=9.4)	Inequalities* (female, years) (Eng=7.4)
Bromsgrove	98,662	In 20% least deprived districts in England. A few relatively deprived areas	8.2	6.8
Malvern Hills	78,113	Several pockets of relative deprivation (Pickersleigh)	7.4	2.9
Redditch	84,989	Significant pockets of relative deprivation (central, Winyates)	12.2	10
Worcester	101,891	Significant pockets of relative deprivation (central and NE)	8.4	2.7
Wychavon	127,340	Some pockets of relative deprivation	7.1	6.5
Wyre Forest	101,062	Significant pockets of relative	8.4	11.7

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		deprivation (Kidderminster)		

*life expectancy gap in years between most and least deprived areas, red denotes significantly higher than England, green significantly lower

Bromsgrove

- Bromsgrove has a lower proportion of younger people aged 20-39 and higher proportion of adults aged 40 plus compared to England.
- 10.2% of children living in low income households in 2016 (1,605).
- 3.8% of people living in Bromsgrove are from an ethnic minority group, compared to 13.2% in England.
- The gap between the richest and poorest areas in Bromsgrove for premature deaths in males has widened since 2011-13. The inequality gap is larger for men than for women.

Malvern Hills

- Malvern Hills has the highest proportion of people aged 65 and over (27.9%) in comparison to other Worcestershire districts and England (18.2%).
- 14.4% of children living in low income households in 2016 (1,575).
- 3.9% of people living in Malvern Hills are from an ethnic minority group, compared to 13.2% in England.

Redditch

- Redditch has the highest proportion of children and young people aged 0-19 (23.7%) in comparison to other Worcestershire districts.
- 15.6% of children were living in low income households in 2016 (2,620).
- 9.4% of people living in Redditch are from an ethnic minority group, compared to 13.2% in England.
- For premature deaths in males the gap between the richest and poorest areas in Redditch has widened since 2011-13.

Worcester

- Higher proportion of people in 20-29 year old age group (16%) in comparison to Worcestershire (11%) and England (13%).
- 16.5% of children living in low income households in 2016 (3,135). This is not statistically significantly different to the England value (17%), following a ten year period in which it was significantly lower.
- 2.8% of people living in Worcester are from an ethnic minority group, compared to 13.2% in England.
- For premature deaths the gap between the richest and poorest areas in Worcester in males has widened since 2011-13.

Wychavon

- Wychavon has a higher proportion of people aged 65 and over (24.8%) in comparison to Worcestershire overall (22.5%).
- An estimated 1.1% of people living in Wychavon are from an ethnic minority group, compared to 13.2% in England.
- There were 11.8% of children living in low income households in 2016 (2,315).
- For premature deaths in males the gap between the richest and poorest areas in Wychavon has widened since 2011-13.

Wyre Forest

- Wyre Forest has a higher proportion of people aged 65 and over (24.6%) in comparison to Worcestershire overall (22.5%).
- 18.1% of children living in low income households in 2016 (3,050). This is statistically significantly higher than the England value of 17%, following four years in which it was not significantly different.
- 1.7% of people living in Wyre Forest are from an ethnic minority group, compared to 13.2% in England.
- For premature deaths in females the gap between the richest and poorest areas in Wyre Forest has widened since 2011-13.

Areas of Concern

Table 14 summarises those indicators in the Public Health Outcomes Framework for which at least one district is significantly worse than the national average.

Table 14: District Level Issues of Concern

Figures in red are significantly worse, green significantly better and amber not significantly different to England.

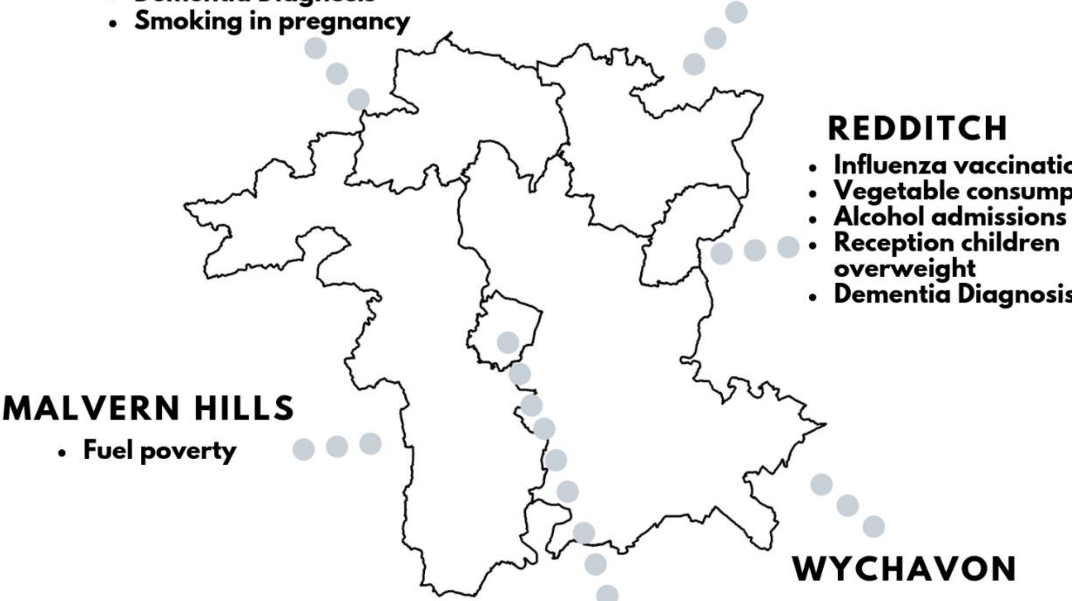
Indicator	Period	England	Bromsgrove	Malvern Hills	Redditch	Worcester	Wychavon	Wyre Forest
Population vaccination coverage - Flu (aged 65+) %*	2018/19	75	73.3	74.9	73.3	74.9	74.9	74.9
Proportion of five-year-old children free from dental decay %	2016/17	76.7	88.6	80.7	79.7	70.1	79.8	70.7
School readiness (free school meal eligible) %*	2017/18	57	49	53	53	57	51	41
Cervical Cancer Screening Coverage %	2018	71.4	79.3	77.6	71.4	70.7	75.8	74.9
Estimated Dementia Diagnosis Rate (65+) %	2019	68.7	68.4	63	59	58.9	51.9	59.8
Life Expectancy (male) years	2015-17	79.6	79.9	81.0	79.2	78.6	81.0	79.4
Alcohol Related Admissions per 100,000	2017/18	632.3	572.8	576.8	780.3	640.6	549.8	696.5

Statutory Homelessness- not in priority need, rate per 1,000	2017/18	0.8	N/A	N/A	0.4	2.8	0.8	0.7
Antibiotic prescribing (per STAR-PU)	2018	0.99	1	1.04	1.04	1.3	1.05	1.04
Smoking status at time of delivery %	2017/18	10.8	11.9	11.5	11.9	11.5	11.5	15.6
Children in low income families %	2016	17.0	10.2	14.4	15.6	16.5	11.8	18.1
Reception Year children overweight (including obesity) %	2017/18	22.4	19.9	20.4	25.3	20.7	22.7	24.8
Fuel Poverty %*	2016	11.1	10	12.6	10.6	12.7	10.7	12.5
Portions of vegetables consumed daily	2017/18	2.65	2.61	2.75	2.48	2.57	2.95	2.48

*officially not RAG rated, these are PH calcs **STAR-PU is adjusted prescribing units

Source: Public Health Outcomes Framework.

Figure 48. Measures Significantly Worse Than England



*FSM=free school meal eligible.

Source: Public Health Outcomes Framework

Health and Wellbeing Board Priorities

The Worcestershire Health and Wellbeing Board Joint Health and Wellbeing Strategy 2016-21 identifies three priorities which apply to all ages:

- keeping the population active
- preventing alcohol harm
- maintaining good mental health and well-being

A refreshed strategy is due to be published in April 2021. The following section provides an update on key indicators relating to current priorities.

Mental Health and Wellbeing

Indicator	England	Worcs	Baseline (Including period)	Trend
Satisfaction with life measure (National Wellbeing Survey) - 2014-15	4.6%	3.3%	No change (No updated data)	
School readiness: the percentage of children with free school meal status achieving a good level of development at the end of reception - 2017-18	56.6%	50.1%	45.7% (2014-15)	
Hospital admissions as a result of self-harm (10-24 years) - 2017-18	421.1	341.1 DSR per 100,000	409.9 (2014-15)	
Referrals to Child and Adolescent Mental Health Services (CAMHS) - 2017-18	N/A	3405	2266 (2016-17)	
Diagnosis rate for people with dementia (aged 65+) - 2018	67.9%	61.0%	New indicator (no trend available)	
Health related quality of life for people with long-term conditions - 2016-17	0.757	0.737 (No significance levels reported)	No change (No updated data)	
% adult social care users who have as much social contact as they would like to - 2017-18	46.0%	49.0%	50.5% (2014-15)	
Proportion of adults in contact with secondary mental health services - 2014-15	5.4%	4.0%	No change (No updated data)	

Alcohol

Indicator	England	Worcs	Baseline (Including period)	Trend
Age standardised rate of mortality considered preventable from liver disease in those aged under 75 -2015-17	16.3	15.3 (DSR per 100,000)	15.2 (2012-14)	
Alcohol specific hospital admission - Under 18 year olds -2015/16 - 17/18	32.9	31.9 (Crude rate per 100,000)	36 .0 (2012/13-2014/15)	
Persons admitted to hospital due to alcohol-specific conditions -2017-18	570	391 (DSR per 100,000)	446 (2014-15)	
Persons admitted to hospital due to alcohol-related conditions (Broad) -2017-18	2224	2022 (DSR per 100,000)	1855 (2014-15)	
Persons admitted to hospital due to alcohol-related conditions (Narrow) -2017-18	632	629 (DSR per 100,000)	641 (2014-15)	
% of those in treatment who successfully completed treatment -2017	38.9%	45.5%	31.6 (2014-15)	

Keeping Active at Every Age

Indicator	England	Worcs	Baseline (Including period)	Trend
Age standardised rate of mortality from all cardiovascular diseases under 75 - 2015-17	72.5	64.0 (DSR per 100,000)	69.4 (2012-14)	
% children aged 4-5 years classified as overweight or obese - 2017-18	22.4%	22.4%	22.7% (2014-15)	
% children aged 10-11 years classified as overweight or obese - 2017-18	34.2%	33.8%	30.5% (2014-15)	
Physical activity measures for children and young people - % of 15 year olds physically active for at least one hour per day seven days a week - 2014-15	13.9%	15.7%	14.8% (2014-15)	No change (No updated data)
Cycling & walking travel measures for adults - proportion of residents who do any walking or cycling, for any purpose, at least once per month by local authority - 2014-15	87.1%	86.6%	86.8% (2013-14)	No change (No updated data)
% of adults achieving 150 minutes of physical activity per week. - 2017-18	66.3%	66.6%	68.3% (2015-16)	
% of adults classified as inactive - 2017-18	22.2%	21.1%	20.9% (2015-16)	
Numbers of older people taking up strength and balance training (attended at least one class) - 2018-19	-	752	469 (2015-16)	Increase from 658 in 2017-18
Numbers of people taking part in health walks - 2018-19	-	1374 (approx)	916 (2015-16)	8% increase compared to 2017-18
Numbers of people training as volunteers for health walks - 2018-19	-	71	42 (2015-16)	Increased by 10 compared to 2017-18

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Local Views

Viewpoint Survey

Worcestershire County Council Viewpoint is a resident panel for research and consultation. Panel members complete an annual survey to track views on the local area and council services and may be invited to take part in other research and consultation activities through the year. Key findings from the 2018 survey are shown in Figure 49.

Figure 49. Viewpoint Survey 2018: Key Results

People living in Worcestershire said that the top 5 things that need improvement are……

People living in Worcestershire said that the top 5 things most important to them are……

Images put together by the Public health Team using:Canva.com
Data source: Worcestershire Couty Council

- Health services are viewed by Worcestershire residents as important and needing improvement

Healthwatch Reports

Healthwatch Worcestershire is an independent consumer champion giving the public, patients and users of publicly funded health and social care services in Worcestershire a voice. Since the last JSNA Annual Summary, Healthwatch Worcestershire have published the following reports:

Service User and Carer Experience of the Mental Health Home Treatment Service – March 2019

In 2016 Worcestershire Health and Care Trust approved a new model of support for adults with mental health issues. The new model aimed to be more community based, recovery focussed, allow people to maintain control and independence and reduce the risk of people needing to be admitted to a mental health ward.

Healthwatch were keen to explore the patient experience of the re-designed service in relation to: care planning and crisis planning, information and support and carer experience. People and their carers who had been discharged from the service were surveyed. All participants were also given the opportunity to meet if they wished to discuss their experience in person.

Healthwatch found overall a high level of service user satisfaction with the Mental Health Home Treatment service amongst respondents. However, they also identified areas for improvement and were able to make a number of recommendations including:

- greater consistency of staff members visiting service users at home,
- provision of a patient discharge summary,
- increase awareness of how to make a complaint,
- provision of information to carers about carer support groups/organisations.

As a result, the Worcestershire Health and Care Trust are introducing new shift patterns for Home Treatment Team staff to enable greater consistency of home visits. PALS information leaflets are routinely provided to service users along with carer support information to carers and discharge summaries are now provided in plain language.

Further positive actions are being taken in response to other recommendations in the report. The full report and responses to recommendations and actions to be taken can be found via the following link: https://www.healthwatchworcestershire.co.uk/service-user-and-carer-experience-of-the-mental-health-home-treatment-plan-march-2019/

Children and Young People's Mental Health Report – March 2019

This report focussed on experiences of accessing mental health for children and young people.

Healthwatch conducted surveys and engagement work with both parents and carers and children and young people themselves.

Overall the findings suggested that more information is needed for parents, carers and young people about the support available and how this is accessed. There is also a need to ensure there is sufficient support available, increased awareness and support in

schools, reduced waiting times for Child and Adolescent Mental Health Services and appropriate support for children and young people with Autism Spectrum Conditions.

The report and responses to the recommendations and actions to be taken can be found via the following link: https://www.healthwatchworcestershire.co.uk/children-and-young-peoples-mental-health-report-march-2019/

Going to the Dentist – February 2019

This work sought to explore the reasons why people might not attend the dentist as frequently as recommended.

Two surveys were completed; one of adults and one of children and young people. Healthwatch also spoke to people with learning disabilities, sight loss, those who were homeless or living in temporary accommodation, college students and parents of children under five.

Overall there were many positive messages from the work, but Healthwatch also identified some issues which may result in less frequent attendance at dental check-ups including:

- cost,
- lack of information,
- confusion over charging,
- fear and
- in some cases difficulty in finding an NHS dentist locally.

Drawing on what people had told them Healthwatch made a number of recommendations about how people's experience could be improved.

The report, and the responses to the recommendations and actions to be taken, can be found via the following link: https://www.healthwatchworcestershire.co.uk/going-to-the-dentist-in-worcestershire/

The report, and the responses to the recommendations and actions to be taken, can be found via the following link: https://www.healthwatchworcestershire.co.uk/going-to-the-dentist-in-worcestershire/

NHS Long-Term Plan Healthwatch Engagement Report 2019

The NHS launched its long-term plan in January 2019 setting out the vision for the next ten years.

Healthwatch Herefordshire and Healthwatch Worcestershire spent time from March to June 2019 gathering views across both counties on local NHS priorities in the plan to help shape how the local NHS system implements the visions of the plan, to make it a reality for our local services. The Report will now be used by the NHS across both counties to shape an implementation plan for the next few years, that will determine the planning and delivery of NHS services. It can be found via the following link: https://www.healthwatchworcestershire.co.uk/nhs-long-term-plan/

Further Information and Feedback

This report has been written by Worcestershire County Council's Public Health Team with guidance and support from the Joint Strategic Needs Assessment Working Group.

We welcome your comments and questions - please do contact us.

This document can be provided in alternative formats such as large print, audio recording or Braille.

Contact for comments, questions and alternative formats: Janette Fulton, Tel: 01905 843359, Email: jfulton@worcestershire.gov.uk

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Appendix 1

Where Worcestershire Has Performed Consistently Better Than England – Full List of Indicators

The following table shows Public Health Outcomes Framework Indicators where Worcestershire has performed consistently better than England since 2014 (i.e. for 5 years or more) and where there is no evidence of a worsening trend.

Table 15 Public Health Outcomes Framework Indicators Where Worcestershire Performs Consistently Better Than England

Indicator	Worcestershire	England
Female Healthy Life Expectancy (2015-17)	67.2 years	63.8 years
Male Healthy Life Expectancy (2015-17)	65.7 years	63.4 years
Female Life expectancy at 65 (2015-17)	21.5 years	21.1 years
Male Life Expectancy at 65 (2015-17)	19.0 years	18.8 years
Children in low income families (all dependent children under 20, 2016)	14.1%	17.0%
Hospital admissions for violence (2015/16 to 17/18; Directly Standardised Rate)	24.0 per 100,000	43.4 per 100,000
The rate of complaints about noise (2015/16)	3.9 per 1,000	6.3 per 1,000
Households in temporary accommodation (2017/18)	0.4 per 1,000	3.4 per 1,000
Abdominal Aortic Aneurysm Screening – Coverage (2017/18)	86.4%	80.8%
Emergency hospital admissions due to falls in people aged 65 and over (2017/18)	1,732 per 100,000	2,170 per 100,000
Population vaccination coverage MMR for one dose (5 years old, 2017/18)	97.3%	94.9%
TB Incidence (three-year average, 2015-17)	3.1 per 100,000	9.9 per 100,000
Mortality form causes considered preventable (2015-17, Directly Standardised Rate)	165.7 per 100,000	181.5 per 100,000
Premature mortality; cardiovascular disease (2015-17, Directly Standardised Rate)	64.0 per 100,000	72.5 per 100,000

Premature mortality; respiratory disease (2015-17, Directly Standardised Rate)	28.0 per 100,000	34.3 per 100,000
Health related quality of life for older people (2016/17)	0.758 Mean Score	0.735 Mean Score