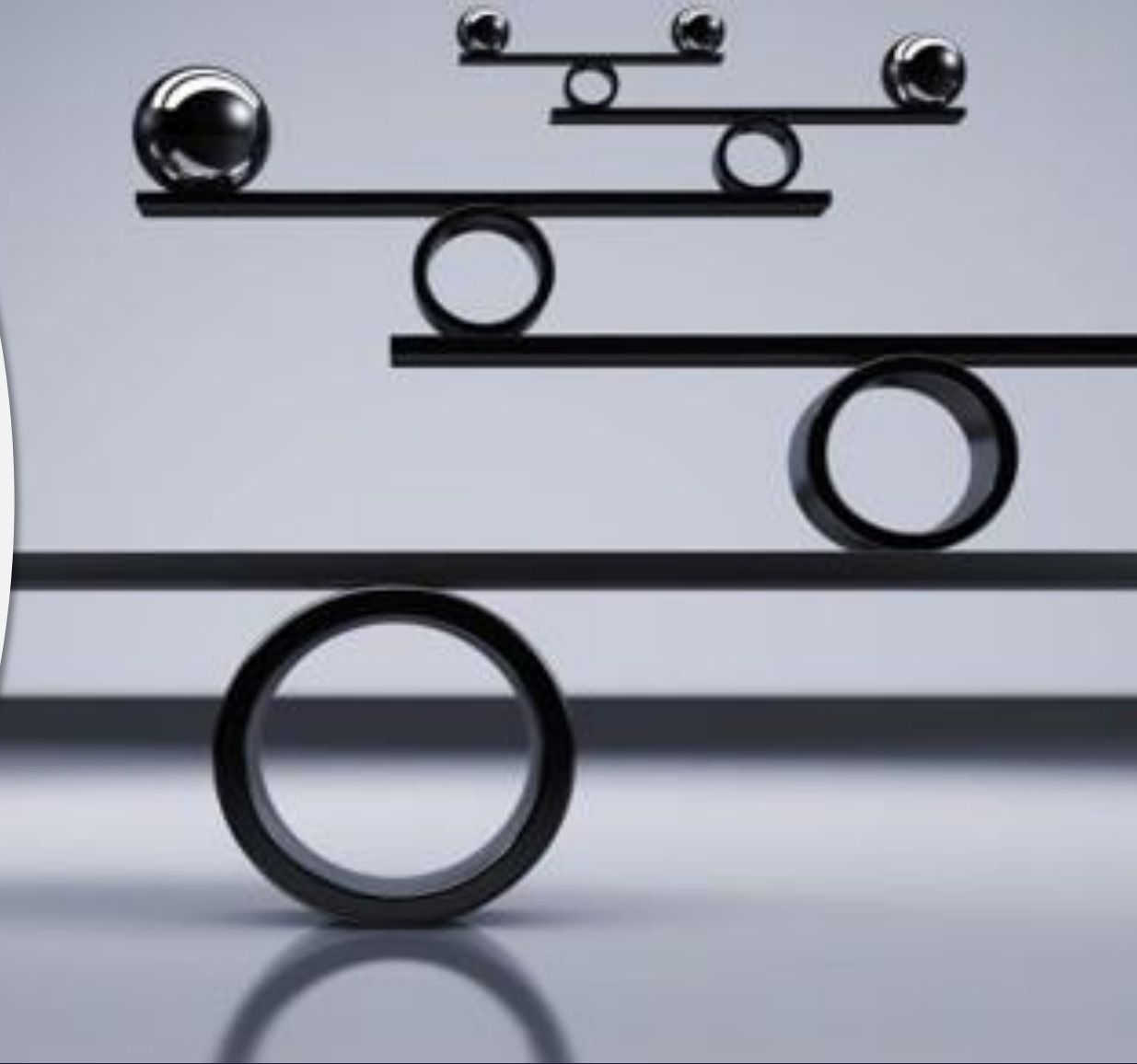


WORCESTERSHIRE

JSNA Annual Summary

Joint Strategic Needs
Assessment 2024



Worcestershire JSNA

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Worcestershire JSNA Introduction

- The Worcestershire Health and Well-being Board under the Health and Social Care Act 2012 has a duty to produce a Joint Strategic Needs Assessment (JSNA). The JSNA is a continuous process which is used to determine what actions are required to meet health and social care needs, reduce inequalities and to address the wider determinants that impact on health and well-being. It is designed to inform and drive future investment priorities, to plan services more effectively ensuring services meet the needs of the population.
- This is a streamlined annual summary that focusses on those topics that have seen the most change in recent years or need the most attention. It can be used as a prompt to explore data further using the [Health and Wellbeing Insights Worcestershire Webpage](#).
- Needs assessments, including the annual summary, have been used to inform the Joint Local Health and Wellbeing Strategy (JLHWS), and to monitor progress against objectives, more on the JLHWS can be found on the [strategy webpage](#).

Worcestershire Insights Website

In December 2023, Worcestershire Public Health launched a new updated website [Health and Wellbeing Insights Website](#).

Whilst the website retained all of its original features of generating maps and data reports for local areas, the site was developed to enable us to highlight local public health community stories and local public health news.

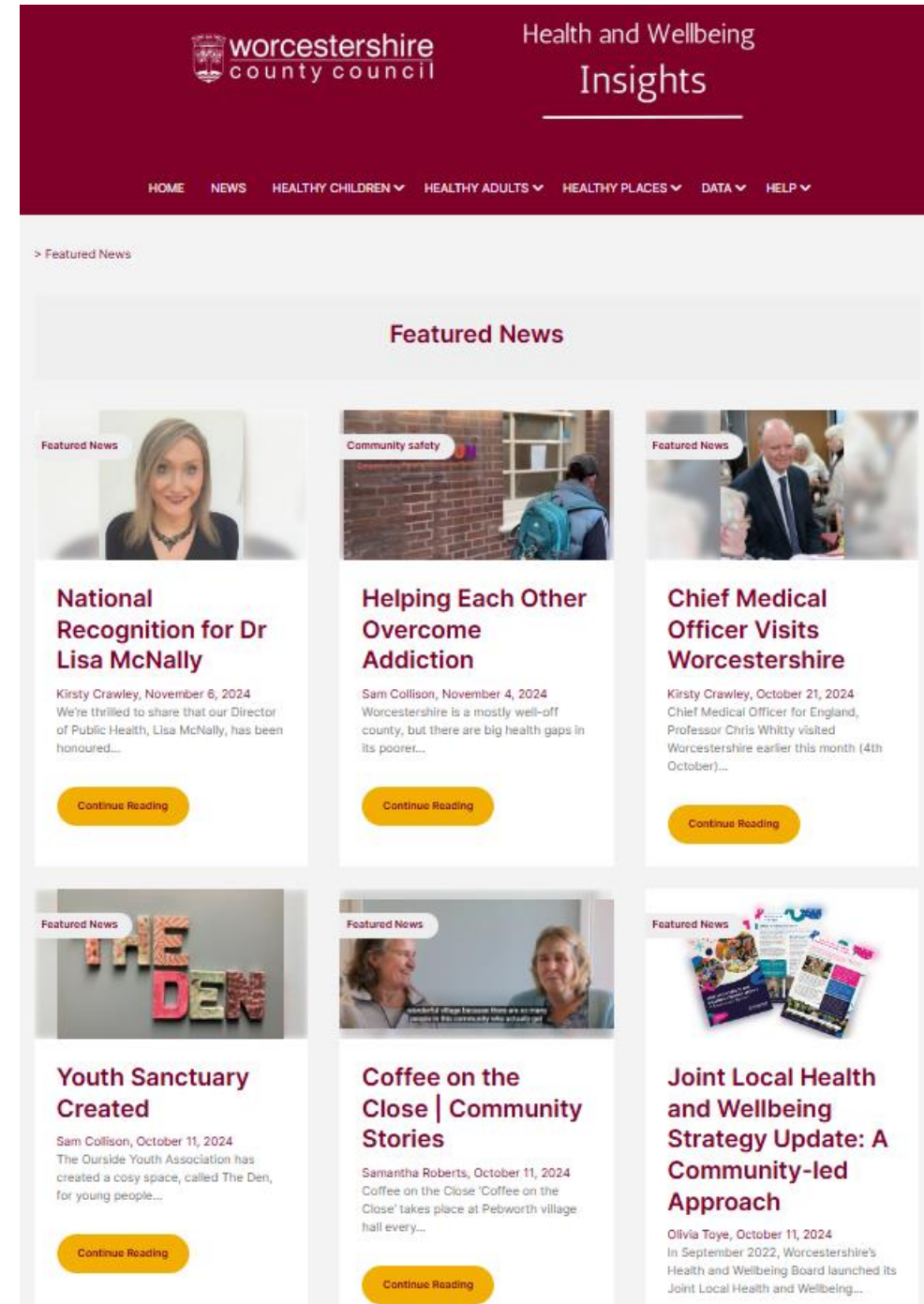
The site has become an integral part of how we engage and communicate with our communities and allows us to showcase the important and successful work carried out by the team.

In June 2024, we carried out the first six-month review of the new website which revealed that there had been nearly 2,500 sessions, of which nearly 75% were new users to the site.

Our news feed received the highest engagement (27%), with the Data & Intelligence (5%) coming in second.

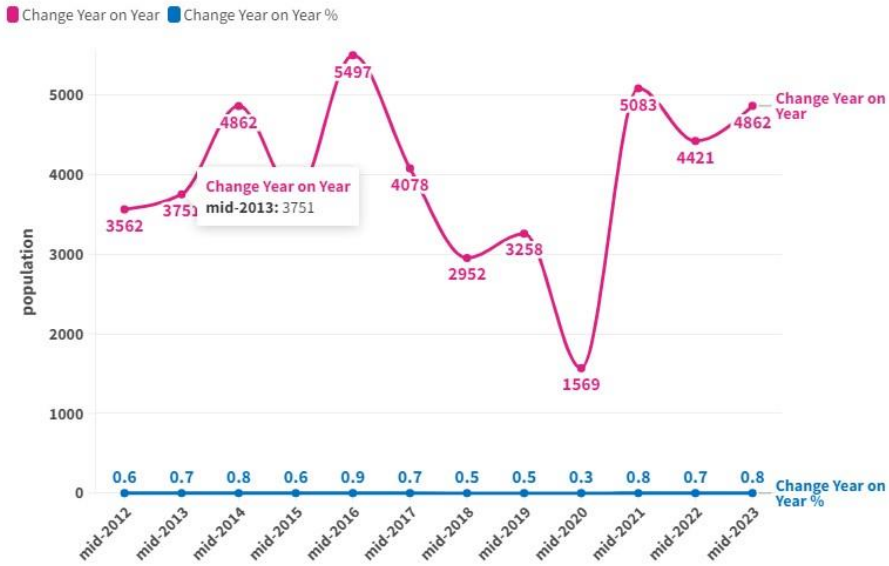
We plan to further develop the site to increase the visibility and awareness of our work in public health and to highlight local areas of need and success.

We will also continue to develop and improve the websites data and reporting capabilities to provide our users with the key local knowledge and insight to drive change and decision making, to reduce inequalities and improve public health for everyone in Worcestershire.



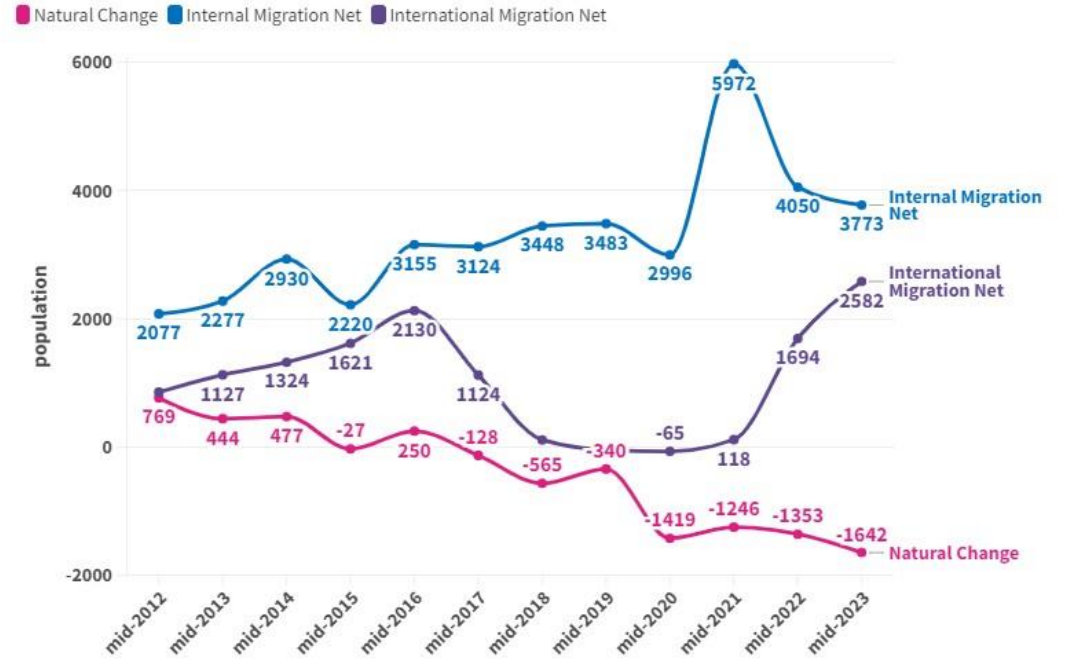
Population: Components of change

Population change by year in Worcestershire, 2011-23



ONS population estimates 2011-23 ONS Census

Components of change by year in Worcestershire, 2011-23



ONS population estimates 2011-23 ONS Census

The last three years have seen a sustained high increase in population in Worcestershire.

The 2022-23 increase was over 4,800, with increases of over 4,400 in the previous 2 years

Natural change (births minus deaths) has decreased from plus 800 in 2011-12 to minus 1,600 in 2022-23 - births have decreased and deaths have increased

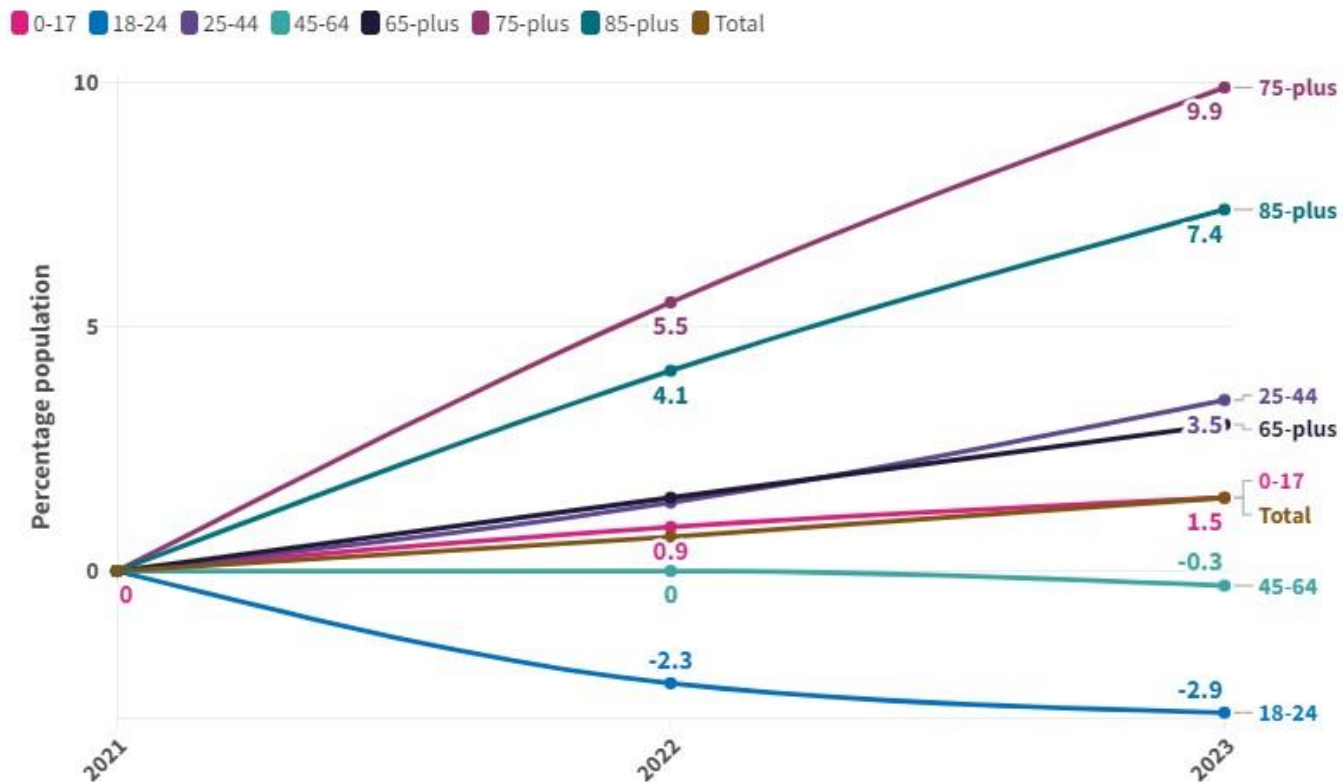
Internal migration (from the rest of England and Wales) has tended to increase over the time period but has declined from a peak of almost 6,000 in 2020-21 to stand at almost 3,800 in 2022-23

International migration has increased in the last three years and stands at almost 2,600 in 2022-23, higher than the peak in 2015-16 of over 2,100

Data Source – ONS population estimates 2012-23

Population: Population change by age group

Population change by age groups in Worcestershire, 2021-23
(percentage)



ONS population estimates 2021-23 ONS Census

The total population in Worcestershire stands at almost 614,200 in 2023. The population in the county has increased by over 9,200 (1.5%) since 2021. Population increases are particularly high in Wychavon, at over 3,100 (2.4%)

Increases have been particularly high in older age groups, most notably among people aged 75-plus (9.9%) and 85-plus (7.4%)

Increases in the 85-plus population are particularly high in Worcester and Wyre Forest, both at almost 11%. Increases in the 75-plus population are over 11% in Worcester, Wychavon and Wyre Forest

Data Source – ONS population estimates 2012-23

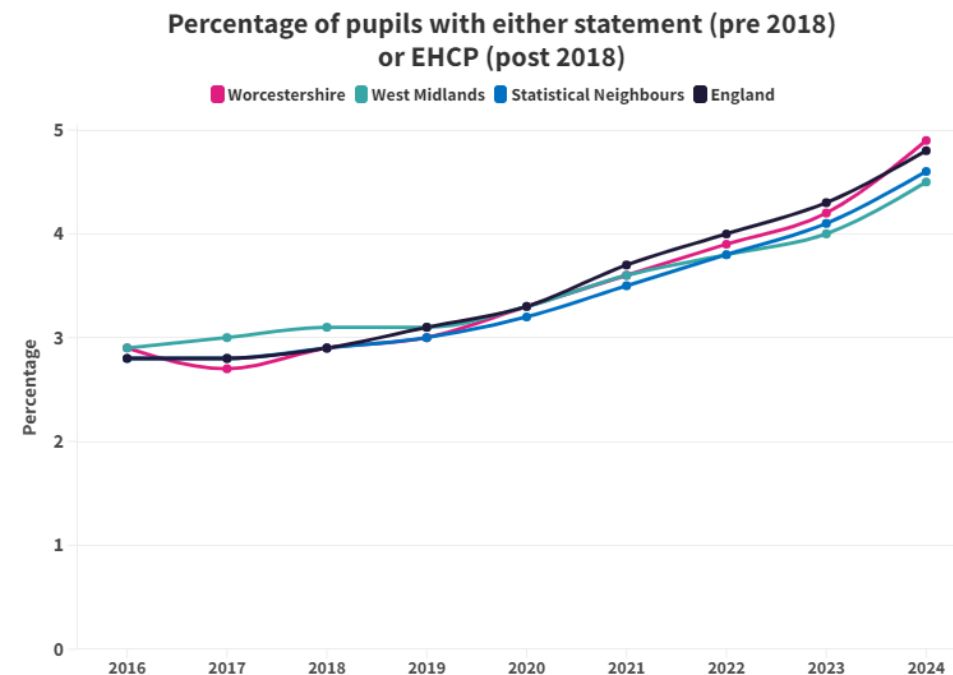
Children and Young People Special Educational Needs (SEN)

In 2024 there are a slightly higher percentage of pupils in Worcestershire schools with an education, health and care plan (EHCP), (4.9%) than the national average and the average among statistical neighbours (4.8% and 4.6% respectively).

Proportions have increased from 3.0% in 2016, although this is in line with increasing national trends.

Proportions of total pupils with an EHCP split by school type are:

- 2.5% in state-funded primary schools
- 2.6% in state-funded secondary schools
- 95.7% in state-funded special schools



Educational attainment of pupils in 2023 Worcestershire schools with an EHCP is mixed with slightly improved rates compared to previous years but lower rates than national:

- 5.3% for KS2 – percentage reaching expected standard in reading, writing and mathematics in 2023, lower than national average and statistical neighbours.
- 12.2% KS4 average Attainment 8 score, lower than national average and statistical neighbours. Compares to 11.9% in 2022.

Children and Young People **Not in Education, Employment or Training (NEET)**

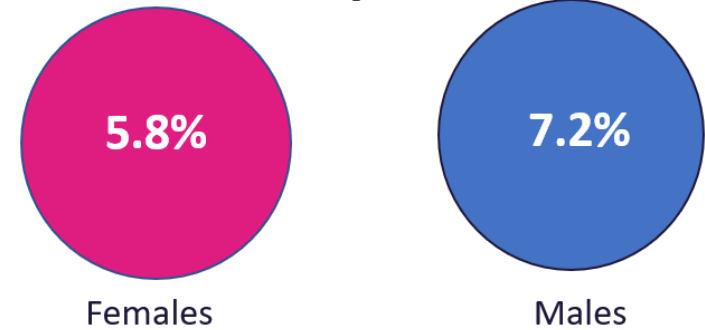
The proportion of 16-17 years olds not in education, employment or training (NEET) or whose activity is not known in Worcestershire has increased in recent years, from 4.9% back in 2018 to 6.5% in 2022/23.

The proportion of NEET in Worcestershire was significantly lower than the national average for the years 2016-18, but recent increases has seen the proportion significantly higher than the national average in 2022/23.

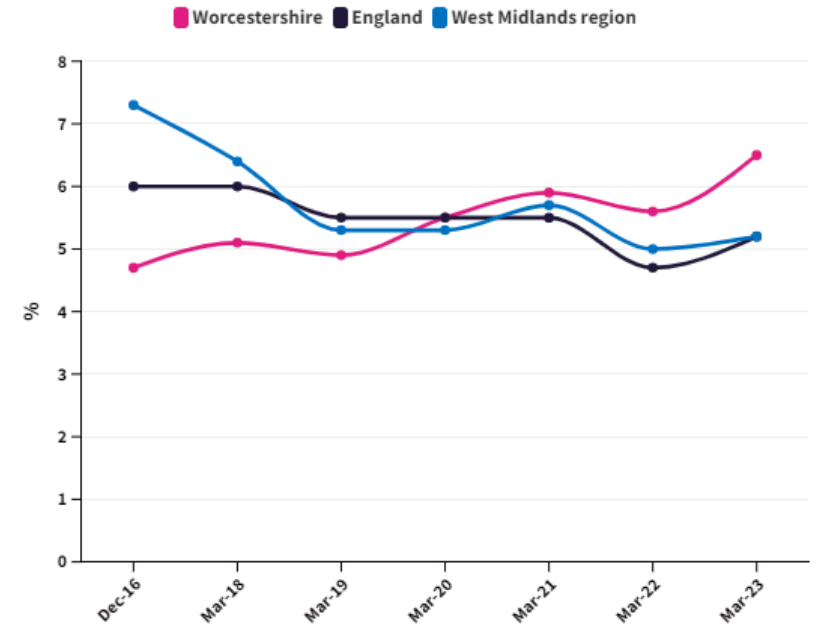
837, 16-17-year-olds in Worcestershire are NEET or their activity is not known in 2022/23.

This represents a rate of 6.5%, significantly higher than the national rate of 5.2%. The trend of proportions of NEET in Worcestershire is increasing.

% 16-17-year-olds



16-17 year olds not in education, employment or training (NEET) or whose activity is not known



Source: [NEET and participation: local authority figures.gov.uk](https://neetandparticipation.localauthorityfigures.gov.uk)

Children in Poverty **Relative & Absolute Poverty**

This section looks at the number and proportion of children living in low-income families in 2023, Before Housing Costs (BHC).

- Almost 19% of children aged under 16 are living in Relative low-income families, compared to over 20% in the UK
- Almost 14% of children are living in Absolute low-income families, compared to almost 16% in the UK.
- Proportions of children living in poverty are highest in Redditch, Worcester and Wyre Forest.

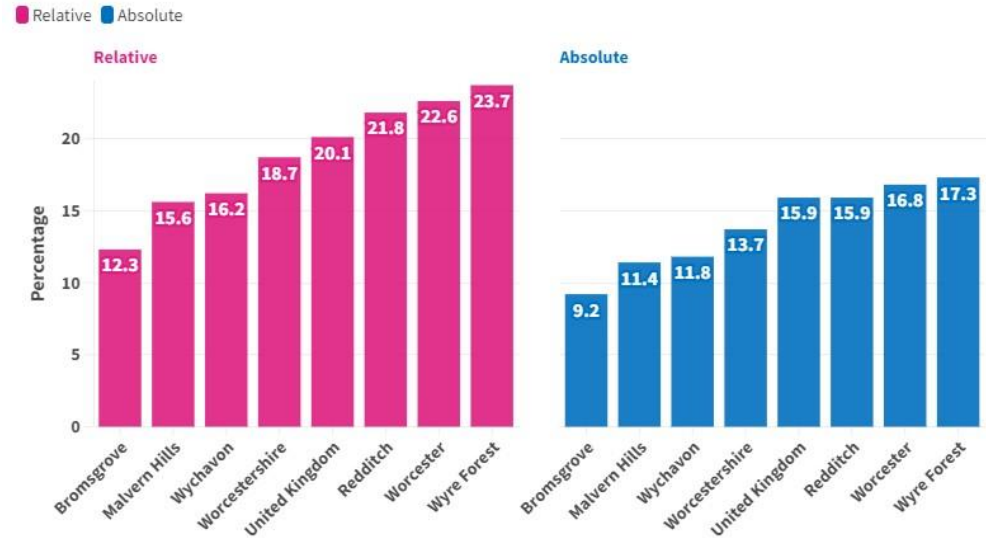
Proportions of children living in poverty have increased in recent years, notably since 2019, due to the effects of Covid and the cost-of-living crisis.

Relative low income is defined as a family in low income Before Housing Costs (BHC) in the reference year.

Absolute low income is defined as a family in low income Before Housing Costs (BHC) in the reference year in comparison with incomes in financial year ending 2011.

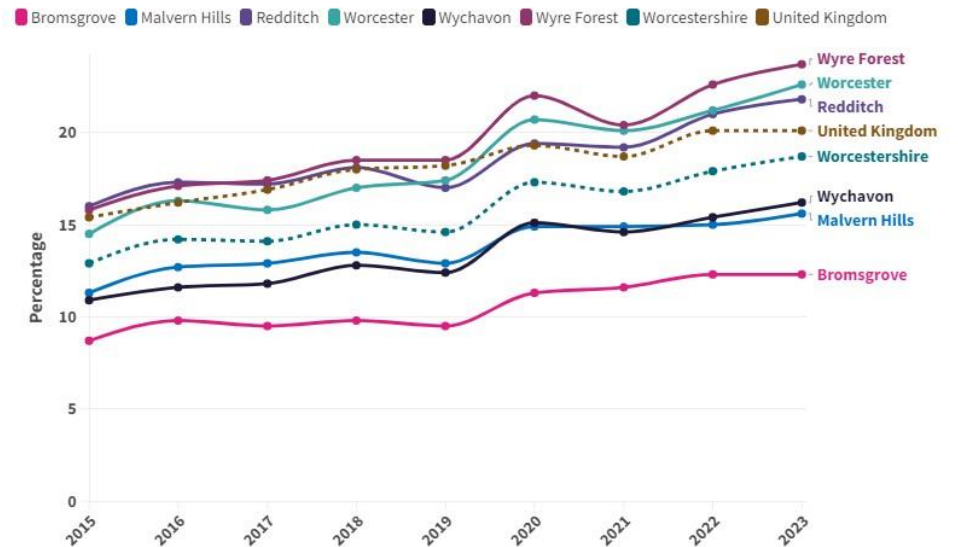
A family must have claimed Child Benefit and at least one other household benefit (Universal Credit, tax credits, or Housing Benefit) at any point in the year to be classed as low income in either of these statistics.

Percentage of children aged under 16 living in relative and absolute poverty, 2023 (percentage)



Department of Work & Pensions (DWP)

Percentage of children aged under 16 living in relative poverty, 2015-23 (percentage)



Department of Work & Pensions (DWP)

Childhood overweight and obesity

The National Child Measurement Programme (NCMP), established in 2006, collects annual measurements of the height and weight of over one million children in reception (aged 4 to 5 years) and year 6 (aged 10 to 11 years) in primary schools across England.

In 2023-24, 23.4% of children in reception had excess weight, an increase from 21.8% in 2022-23.

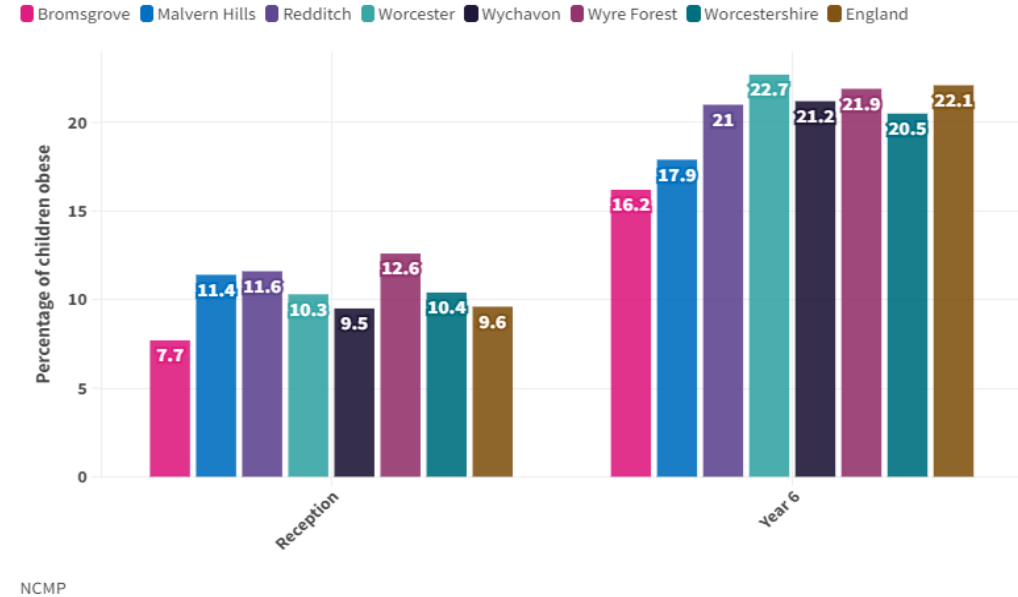
In 2023-24, 34.8% of children in year 6 had excess weight, a decrease from 36.3% in 2022-23.

Obesity levels for Worcestershire in 2023-24 were 10.4% in reception, similar to the national average of 9.6%, and 20.5% in Year 6, lower than the national average of 22.1%.

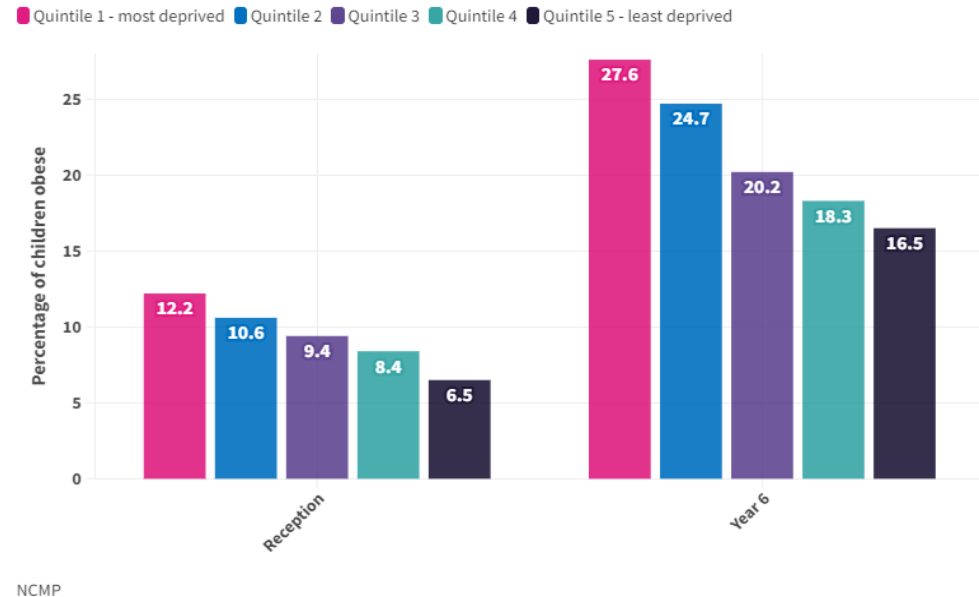
Obesity levels are higher in more deprived areas for both reception and year 6 children. Obesity is highest in Wyre Forest among reception children, and highest in Worcester among Year 6 children.

Worcestershire participation rate in 2023-24 - 96.7% for reception and 92.1% for Year 6.

Children obese in Worcestershire districts, 2023-24 (percentage)



Children obese in Worcestershire by IMD quintile, 2023-24 (percentage)



Prevention: Adult Obesity and Physical Activity

In Worcestershire 68.5% of adults are physically active*, similar to the national average of 67.1%.

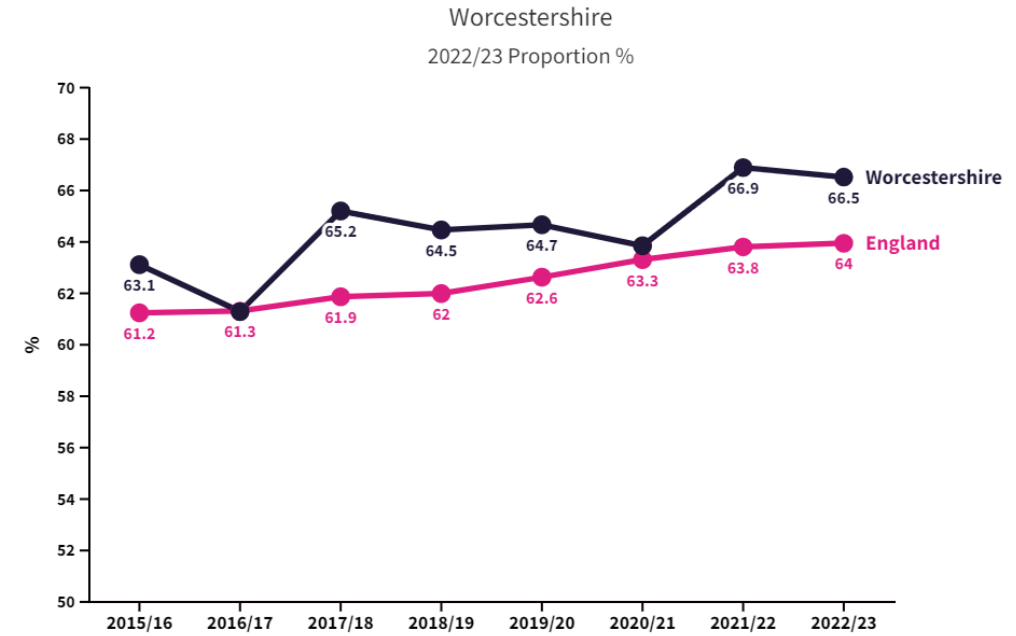
Proportions of physically active adults are significantly higher than the national average in Bromsgrove, but significantly lower than the national average in Redditch.

Over 66.5% of adults In Worcestershire are classified as overweight or obese, higher than the national average of 64%.

Proportion of overweight or obese adults are particularly high in Redditch, at 71% and Wychavon at 68.5% The lowest rates within Worcestershire, that are below the national average are seen in Worcester City at 62.5%.

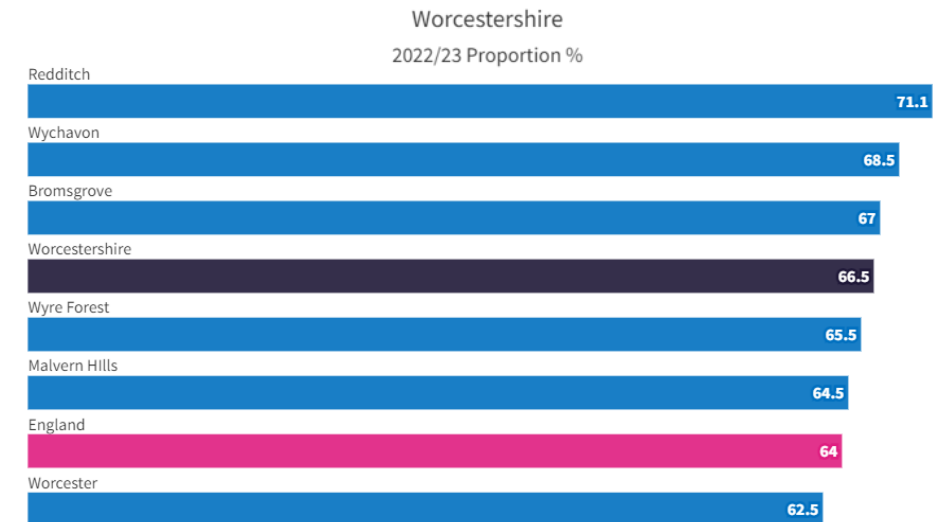
* Physically Active Adults are the proportion of respondents aged 19 and over doing at least 150 moderate intensity equivalent (MIE) minutes physical activity per week in bouts of 10 minutes or more in the previous 28 days.

Overweight (including obesity) prevalence in adults (18+ yrs)



Source: [OHID, 2023](#)

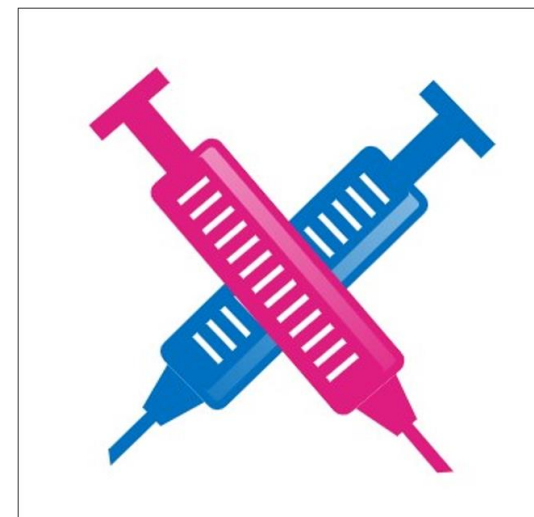
Overweight (including obesity) prevalence in adults (18+ yrs)



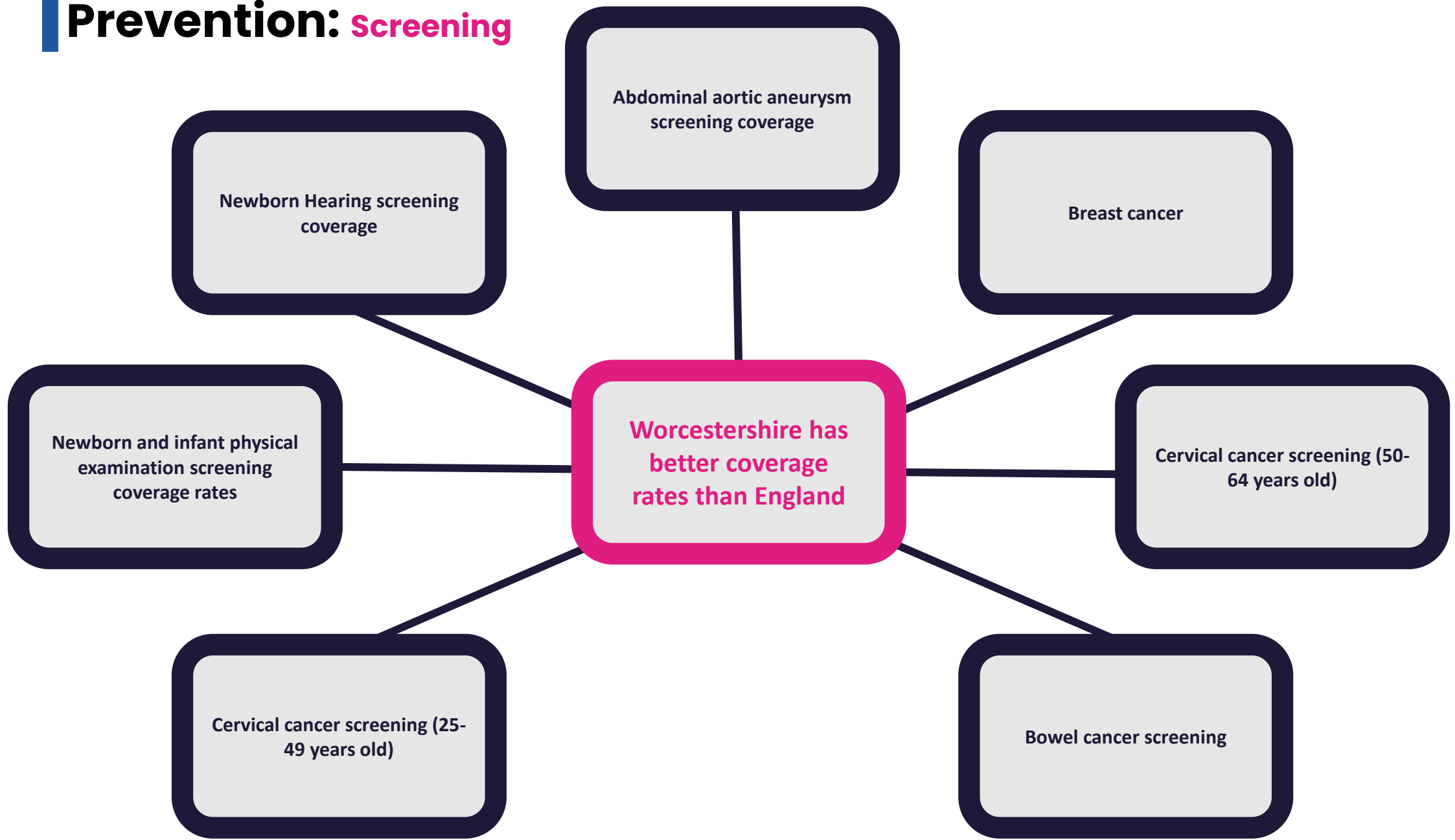
Source: [OHID, 2023](#)

Prevention: Vaccinations

- Worcestershire performs very well across all age groups and genders in vaccination coverage when compared to England values.
- Worcestershire performs better than England in all of the vaccinations recorded on the PHOF indicators (2022/23).
- However;
 - Only 28% are above their target goals
 - 16% are below target goals
 - 16% are decreasing numbers and getting worse
 - 40% are increasing and getting better
- There are still improvements that could be made to increase rates further towards national targets.
- Please refer to our detailed review of vaccination PHOF data in the supplementary slides [Go to section.](#)



Prevention: Screening



Prevention: Smoking, Drugs & Alcohol

Drugs and Alcohol

Continuity of care work aims to engage adults with a treatment need into community-based structured treatment following release from prison – a key measure for all treatment providers. Significant progress has been made in Worcestershire by Cranstoun, treatment provider, which has continued since March 2023.

Age-standardised mortality rate from drug misuse in Worcestershire for 2020-22 was 4.7 per 100,000 population, similar to the national average. The rate is notably higher among males (6.9 per 100,000) than females (2.7 per 100,000)

Smoking Prevalence

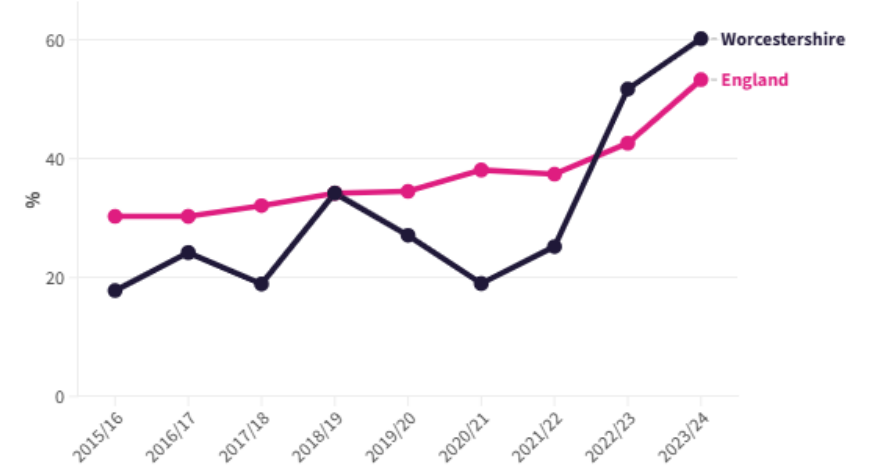
According to the Annual Population Survey smoking prevalence in Worcestershire is 11.5% in 2022 (9.5% in females, 13.9% in males). This compares to the national average of 12.7%. Rates were steadily improving from 2017 to 2020, then there was a sharp increase in 2021. In the latest period rates have now reduced.

Smoking levels are particularly high among those in routine and manual occupation, at 22.3%, as well as those that rent housing from local authority (23.9%), or privately (23.9%).

The proportion of mothers known to be smokers at the time of delivery has reduced from 11.5% in 2020/21, which was significantly worse than the national average, to 9.0% which is only slightly higher than the national average of 8.8% in 2022/23.

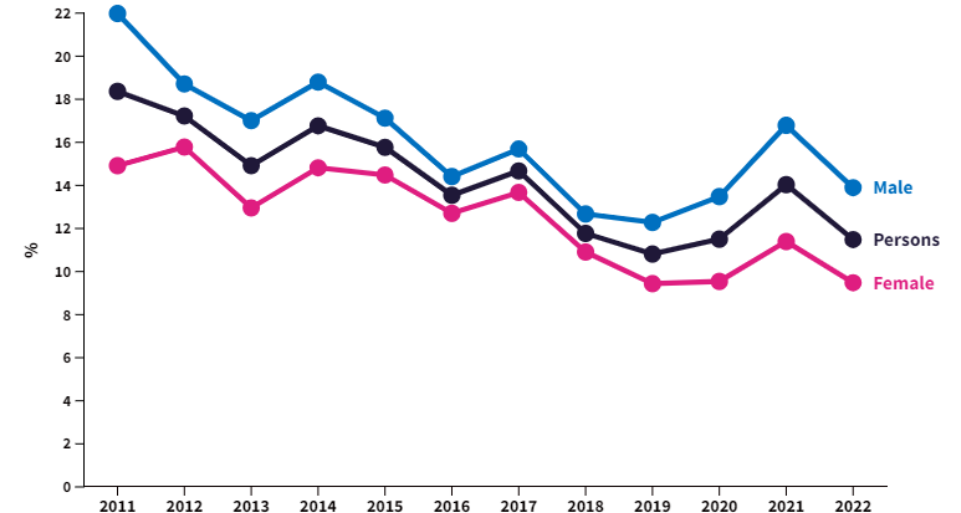
Continuity of Care

Adults with substance misuse treatment need who successfully engage in community based structured treatment following release from prison



Smoking prevalence in adults (18+yrs) - current smokers

Worcestershire
2022 Proportion %



Prevention: Spotlight on Healthy Worcestershire



"I haven't been out of the house for a few months. The sessions are brilliant. I enjoy coming and meeting new people – it's making a difference to my life"

HW Participant

To find out more on what happens at a Healthy Worcestershire session [See video here](#)



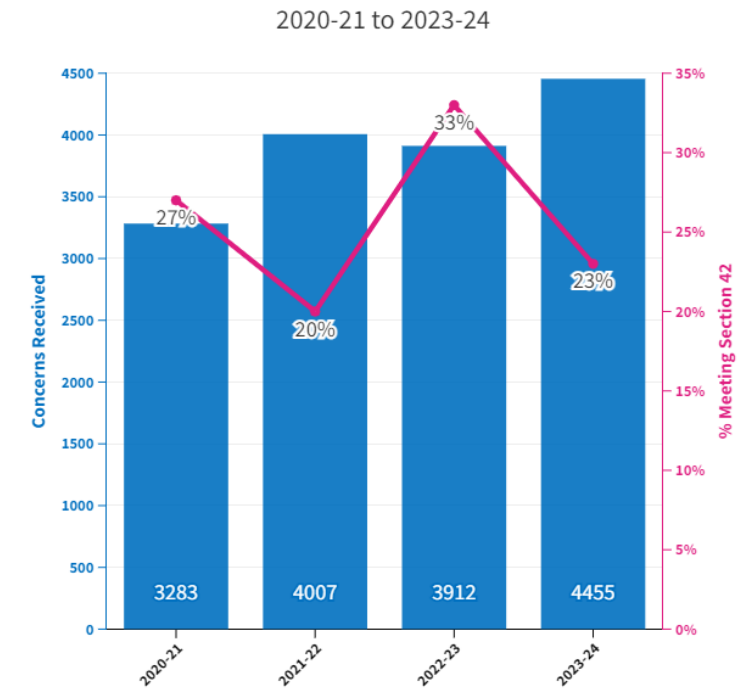
- Healthy Worcestershire is resident focused, flexible to community need and delivered with co-design principles.
- Healthy Worcestershire provides opportunities to be physically active, connect socially and learn ways to live healthier, safer lives.
- 15 Weekly sessions are being delivered in local community venues with more planned. Nearly 200 people are currently taking part each week and improving their health.
- Please find more information or to sign up for a session by following the link below:

Healthyworcestershire.org.uk

Adult Social Care: **Adult Safeguarding**

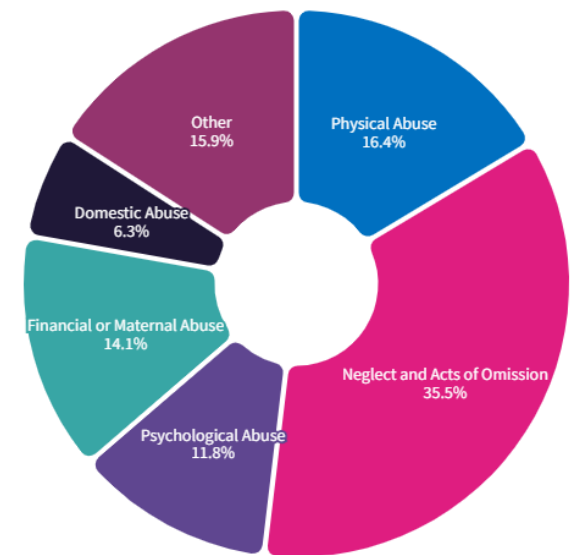
- Adult safeguarding means protecting a person’s right to live in safety, free from abuse and neglect. In adult safeguarding we work together, with the person who is experiencing or at risk of abuse, so they can access the support and protection needed.
- When the local authority has reason to suspect that an adult has need for care and support and is at risk of or experiencing abuse or neglect, and unable to protect themselves as a result of their care needs, they then have a duty to undertake section 42 enquiries.
- In 2023/24, 4455 concerns were raised, affecting 2640 individuals. 23% of these concerns met section 42.
- The most common types of abuse requiring section 42 enquiries in 2023/24 were neglect, physical abuse, and financial abuse.

Concerns raised in Worcestershire against **% meeting section 42**



Source: Safeguarding Adults Collection

Section 42 Enquiries by type of Abuse in Worcestershire 2023-24



Adult Social Care: Outcomes

The Adult Social Care Outcomes Framework (ASCOF) measures how well care and support services achieve the outcomes that matter most to people.

2022/23 data is the latest published information. Worcestershire's outcomes are better than England and West Midlands for most ASCOF indicators, as shown by the examples illustrated.

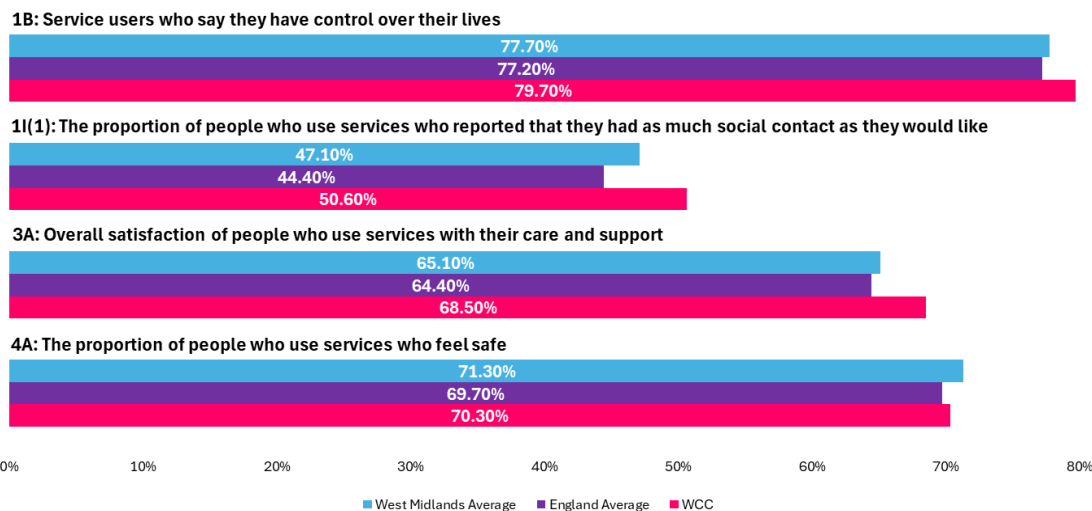
Numbers of people receiving adult social care in Worcestershire

	Apr- 20	Mar-21	Mar-22	Mar-23	Sep-23	Mar-24
Worcestershire (WCC)	6,359	6,399	6,639	6,759	7,083	7,185

Numbers of people receiving adult social care in Worcestershire have been increasing, reflecting an increase in demand. About 62% of these are aged 65+, the remainder are aged 18-64.

Adult social care services include domiciliary home care (34% of people receiving adult social care in 2024), long term residential care (19%), Direct Payments (15%), Supported Living (11%), long term nursing (10%), Extra Care (5%) and Shared Lives (1%)

Comparator Results for Key ASCOF Percentage Indicators 2022-23



Older People: Hip Fractures and Falls

Falls

A higher proportion of Worcestershire’s population is aged 65 or over compared with the UK. Falls can have devastating consequences for older people and they present a significant burden of ill health

There were 2,355 falls with an injury in 2022/23. Around a third of falls admissions with an injury result in a hip/thigh injury followed by a quarter with head injuries. Falls injury rates are highest in Redditch, Bromsgrove and Worcester.

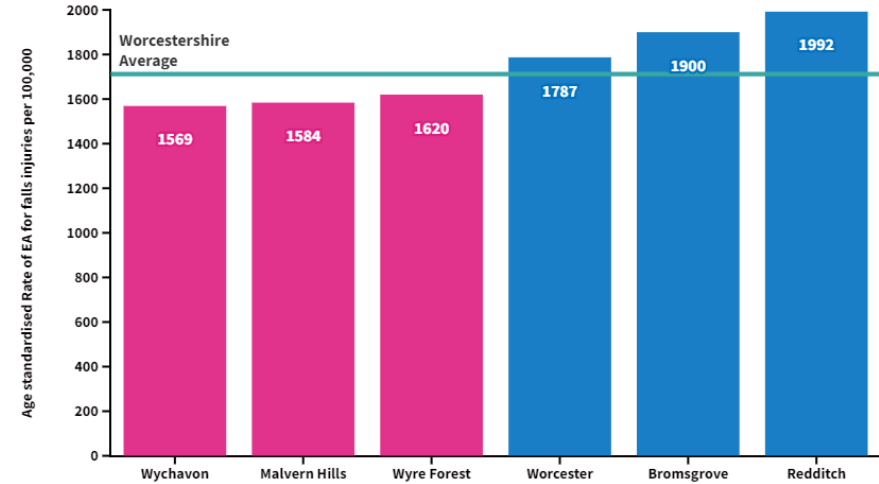
Hip Fractures

In 2022/23 there were 905 emergency hospital admissions for hip fractures in Worcestershire for people aged 65 or over. The age standardised rate of 622 per 100,000 was higher than both the West Midlands (602 per 100,000) and England (558).

Direct Age Standardised Rate for Fall Injuries

Emergency Hospital Admissions, Age 65 and Over

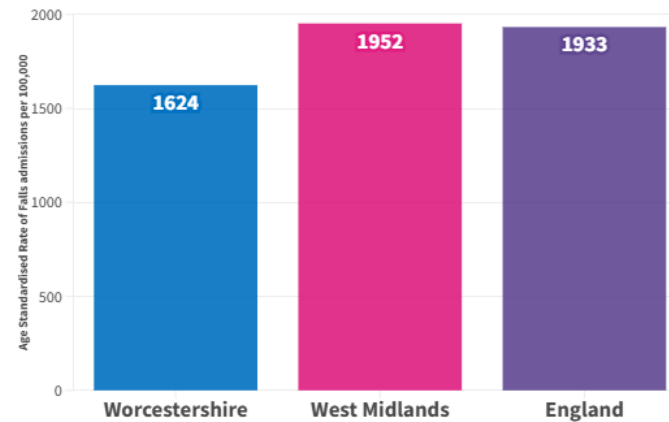
2018/19 - 2022/23



Source: HES, 2023

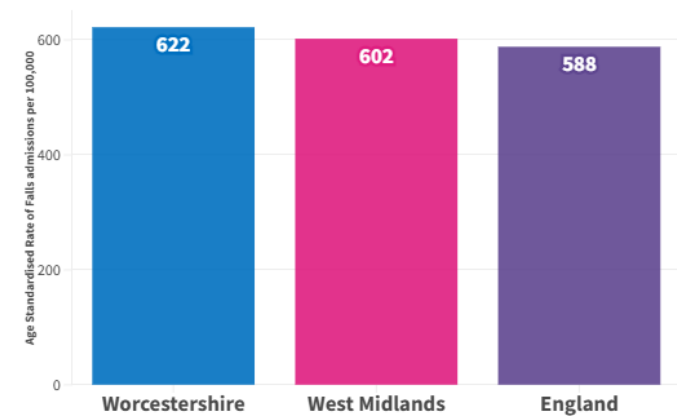
Direct Age Standardised Rate for Fall Injuries

Emergency Admissions, Age 65 and Over, 2022/23



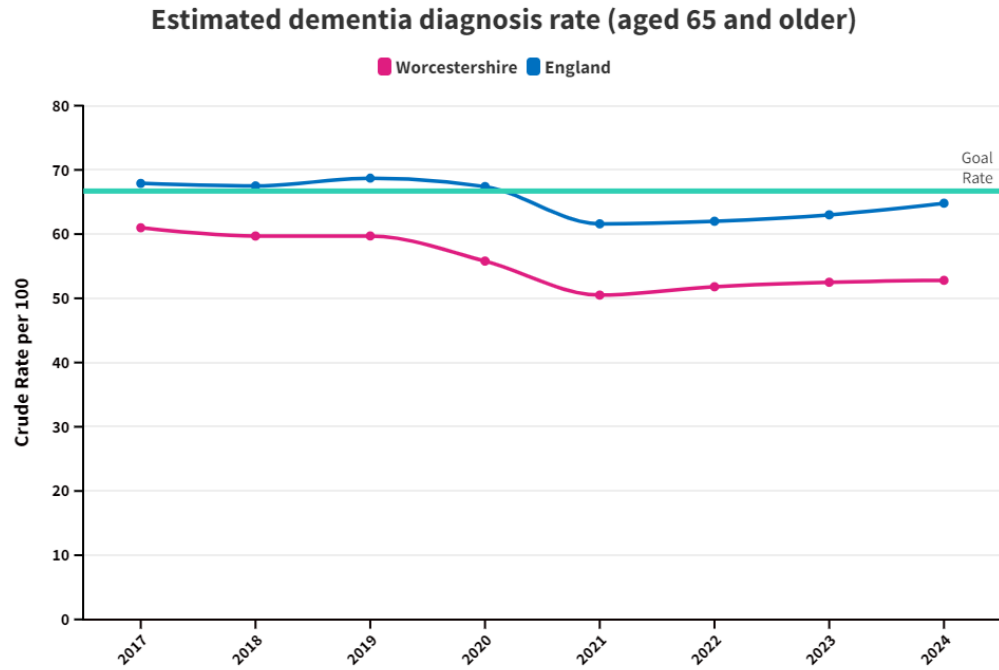
Direct Age Standardised Rate for Hip Fracture

Emergency Admissions, Age 65 and Over, 2022/23



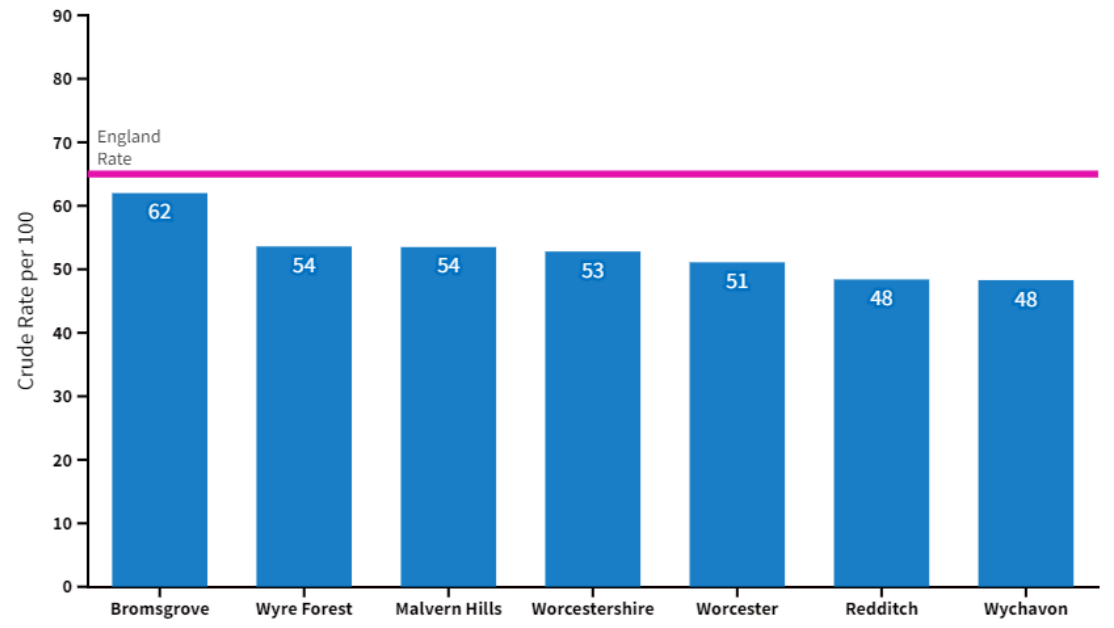
Older Adults: Dementia diagnosis rate

- The estimated dementia diagnosis rate in Worcestershire is lower than the England rate, this has been the case for a number of years.
- This indicator compares the number of people diagnosed with dementia to the number of people thought to have dementia.
- The rate is also significantly lower than the NHS goal rate for England of 66.7%



Source: PHOF, 2024

Estimated dementia diagnosis rate (aged 65 and older) 2024
Crude Rate per 100

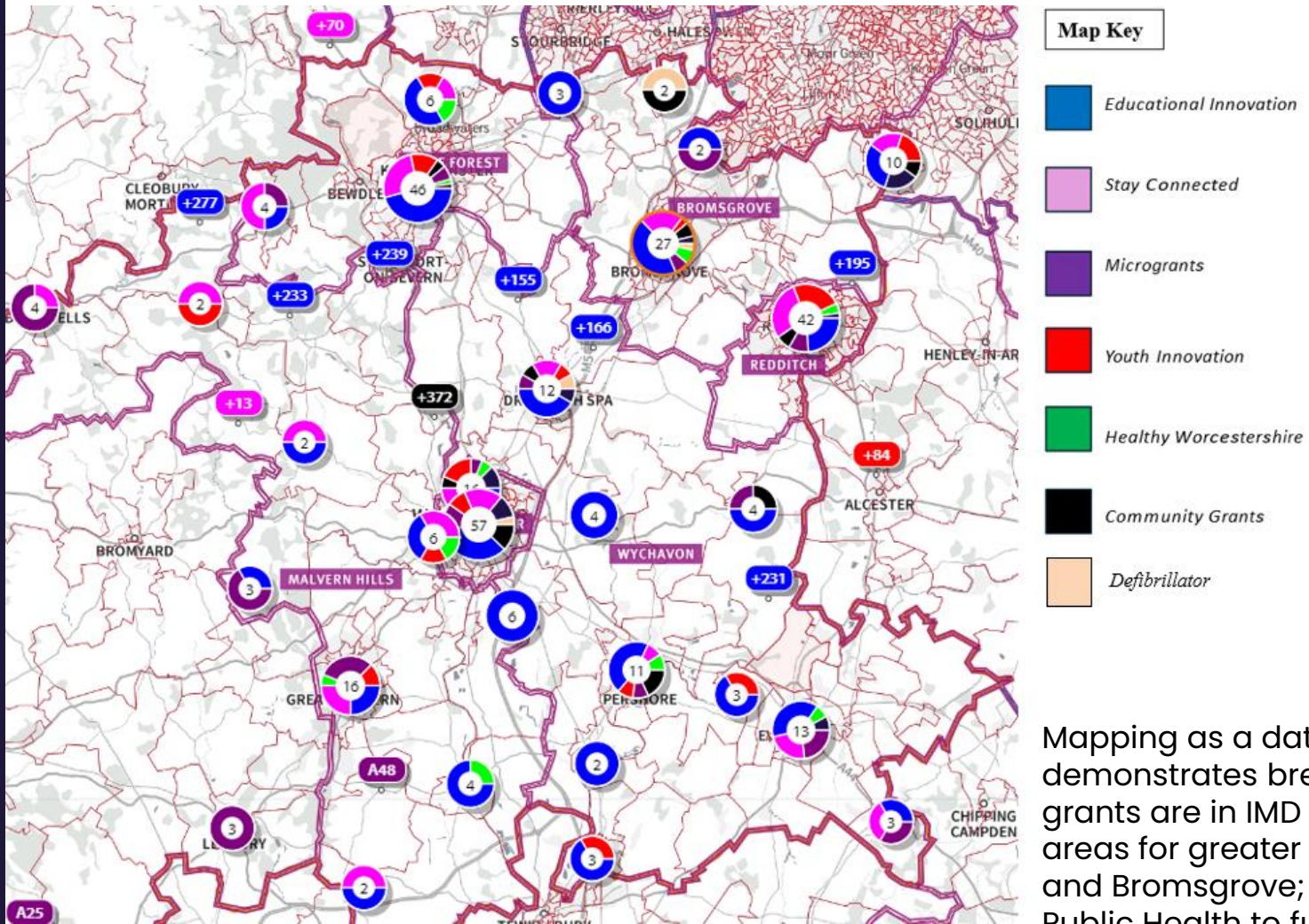


Source: PHOF, 2024

- The estimated dementia diagnosis rate in Worcestershire is lower than the England rate in all districts.
- Particularly low rates of diagnosis are seen in Wychavon, Redditch, and Worcester.

Prevention:

Spotlight on Public Health Community Grants



Worcestershire’s approach to Public Health has a strong focus on community development. Public Health seeks to work *with* local people rather than just doing it *to* them. The aim is to harness the expertise and energy of communities by enabling them to make their own ideas for health improvement a reality.

- Health & wellbeing grant schemes include:
- **Stay Connected Community Grants**, tackling loneliness and social isolation;
 - **School and Youth Innovation Grants**, enabling mental wellbeing and crime reduction initiatives for young people
 - **Healthy Worcestershire & wider community grants** for wellbeing and health improvement
 - **Microgrants** providing very small pots of money for residents and community groups
 - **Defibrillator grants** for community accessible lifesaving devices where organisations have otherwise not been able to obtain funding.

Mapping as a data visualization tool enables analysis by area. This demonstrates breadth and scope of the grants. It highlights: 20% of grants are in IMD areas; fewer grants in more rural areas; specific IMD areas for greater promotion; lowest uptake in Redditch, Malvern Hills and Bromsgrove; low uptake for youth grants. This will shape action by Public Health to further promote grants to enable community action.

37 Youth Innovation, **69** Stay Connect, **12** Healthy Worcestershire, **37** Broader community grants, **132** Education/schools, **58** Microgrants, **5** Defibrillator grants, **17** declined (at 03/10/2024 *Some grants in multiple areas, or recorded as out of county on the map)

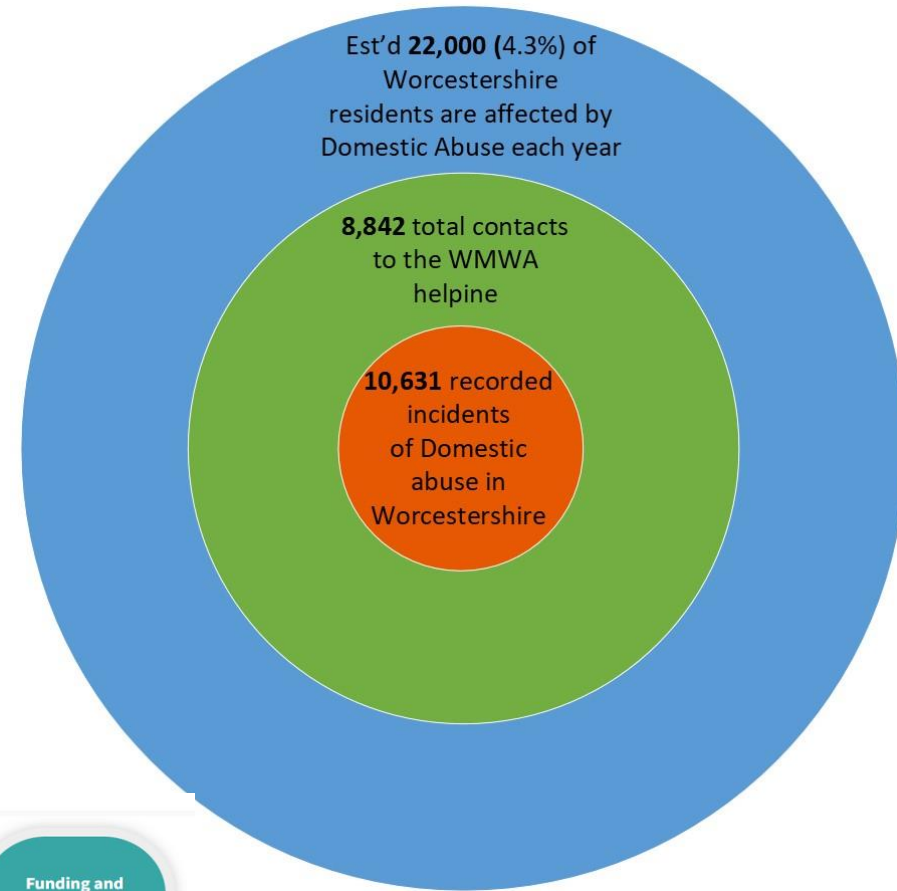
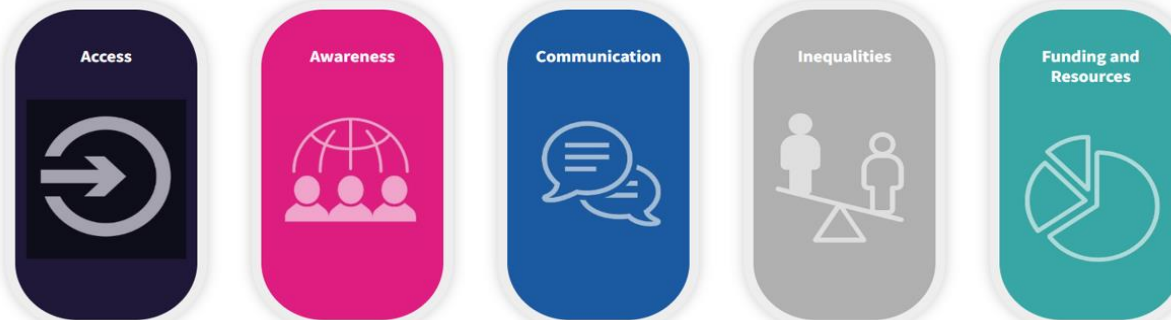
Reports: Domestic Abuse Assessment

The domestic abuse assessment brings together both qualitative and quantitative data to provide an overview of domestic abuse in Worcestershire. The needs assessment explored the views of individuals with lived experience of Domestic Abuse, alongside specialist providers.

The rate of reported Domestic Abuse incidents in Worcestershire is 27.2 (per 1,000) compared to 30.6 in England. It is estimated that approx. 1 in 7 men (13.7) and 1 in 4 women (27%) will be a victim of Domestic Abuse in their lifetime

Domestic Abuse is underreported due to a variety of factors including fear (of retaliation), shame, and emotional dependency. It is estimated that, victims experience 50 incidents of abuse before requesting support.

The needs assessment revealed five overarching themes for consideration and action, as shown below:



Data will be analysed to look for inequalities in provision and uptake between areas and populations. This work will reveal any inequalities that will need to be addressed in the recommendations.

- This work will highlight any unmet health needs and gaps in current service provision.
- From this work we will make recommendations on how to meet the current and future needs of the Worcestershire population.

Reports: Drugs and Alcohol Needs Assessment

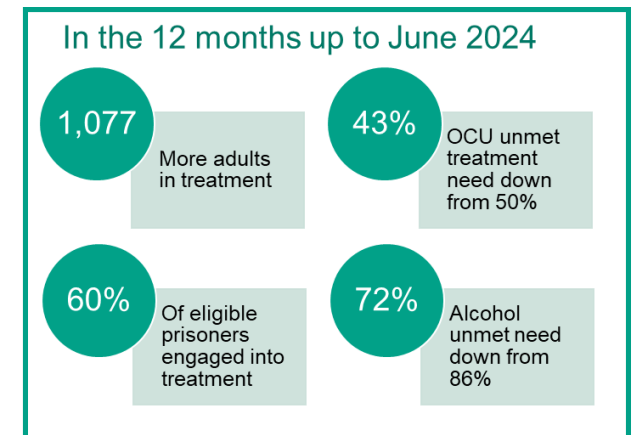
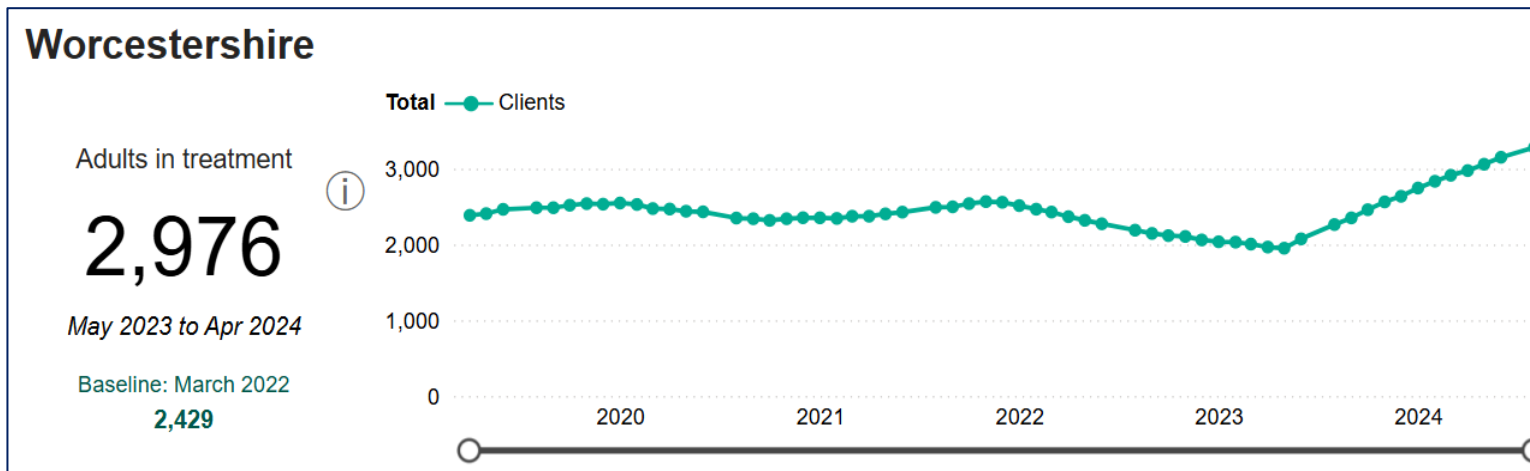
All local authority areas in England have a drug and alcohol community treatment service. Public Health has a responsibility to improve the take up of, and outcomes from, its drug and alcohol misuse treatment services, based on an assessment of local need.

Number of adults in treatment

- A priority of the National Drug Strategy is to increase access to Drug and Alcohol treatment. Access to treatment in Worcestershire has increased significantly in 2023/24.
- In March 2023 there were 2,006 adults in treatment, increasing to 2,976 by April 2024 – a 48% increase in access

Estimated unmet need, 2023-24:

- 43.3% of adults who use opiate and crack are not in treatment, better than the England average of 57.2%.
- 50.5% of adults who use opiates are not in treatment, better than the England average of 60.8%.
- 72.2% of adults who are alcohol-dependent are not in treatment, better than the England average of 77.1%.



Reports: Oral Health

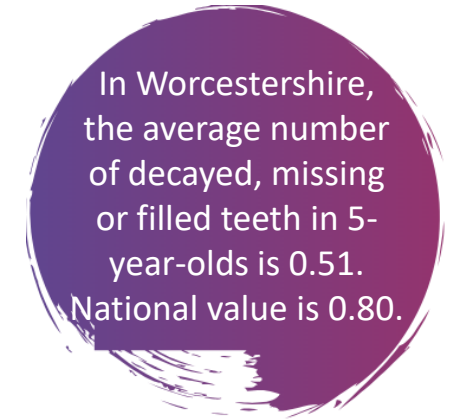
Worcestershire County Council has a duty to improve the health of the whole population - this includes oral health as a key factor of overall health.

Oral disease is largely preventable and negatively impacts on overall health and wellbeing and increases absenteeism from education and work. It is known that significant inequalities are present with those from more deprived backgrounds at greater risk of oral disease.

There is evidence that living in non-fluoridated areas results in poorer oral health outcomes.

Currently in Worcestershire, fluoridated areas are:-

- all of Bromsgrove and Redditch districts,
- most of Wychavon district including Droitwich, Evesham and some of the outskirts of Pershore, and
- the eastern part of Wyre Forest district, including Blakedown and Chaddesley Corbett.



Specific risk groups

Children	Working age	Older adults
Looked After Children (LAC)	Adults with diabetes	Older adults with diabetes
Children living in and/or going to school in Worcester City and Wyre Forest	Adults who are homeless	Older adults with multiple medical co-morbidities
Children from some ethnic backgrounds	Adults with physical and learning disability	Older Adults with learning disability
	Heavy drinkers	Older adults who consume alcohol at riskier levels
	Smokers	Older adults who smoke
	People living in deprived areas	Older adults from more deprived backgrounds
	Adults who misuse substances	

Reports: Hoarding Disorder (HD) [Hoarding Disorder Needs Assessment - February 2024 .pdf \(worcestershire.gov.uk\)](#)

Hoarding Disorder is a complex disorder that is poorly understood. Worcestershire's hoarding needs assessment aimed to establish a summary of the epidemiology, best practices, pathways and services for the condition. Further to this, it aimed to highlight any gaps in knowledge and services, and to suggest improvements that could be made.

From preparing the report, it was found that data and research availability on the condition were limited. There was a lack of information about hoarding disorders' prevalence, cause, or natural history, therefore, the prevalence of HD in Worcestershire was difficult to ascertain. A national estimate of 2.5% of the population was used to model prevalence, this gave a figure of 15,342 individuals potentially affected with the condition in Worcestershire.

Tracking and quantifying contact with health, adult social care or housing services was equally difficult, as was ascertaining the current status of managing the condition. Currently there are no specialist mental health services to refer patients with HD to in Worcestershire.

The report recommends:

- Improved diagnosis of HD and a systemwide approach to capturing data on the condition, including primary, secondary and social care using the ICD-10/11 codes for Hoarding Disorder on patient notes.
- Systemwide consistency approach to language and appreciation that the term hoarding should be restricted to those that have HD.
- Increased research into the younger age groups affected, and the association to traumatic life events.
- Increased awareness of HD by supporting events such as National Hoarding Awareness Week

15,342

Estimated individuals affected in Worcestershire

Similar

Estimated prevalence between men and women. Women more likely to contact services

High rates in elderly

May be due to only seeking help until later in life

High rates of co-morbidities

With other mental health problems

Reports: Falls Prevention Needs Assessment

[Fall Prevention \(worcestershire.gov.uk\)](http://worcestershire.gov.uk)

This document is a refresh of the 2018 Needs Assessment for Falls Prevention; however, it presents only epidemiological information and emphasizes why exercise is so critical to any falls or frailty prevention strategy.

This report focuses on reframing falls prevention by stressing on the need to focus on accelerated muscle loss before individuals are at risk of a fall. Less than 50% of the adult population is engaging in sufficient strength-based exercise to maintain muscle mass loss to healthy levels.

The incidence of falls has increased as a direct consequence of the Covid-19 pandemic and Worcestershire has a higher incidence of falls than the national average.

1 in 3 people over the age of 65 fall each year, rising to 1 in 2 people over the age of 80

5% of those who fall will suffer a significant injury needing hospitalisation

About 1 in 3 people who are admitted with a fall in Worcestershire are diagnosed with a hip fracture

Of those who have suffered a fractured hip, 1 in 10 will die within 30 days and on average 30% of people will not be able to return to their previous residence

Key Messages

- Exercise is core to the prevention of falls, loss of independence and frailty.
- Greater priority should be given to exercise and reconditioning programmes.
- Both cardiopulmonary exercise and strength should be routinely measured or considered in the course of clinical care pathways.
- We need to be more ambitious in terms of our expectation of how fit and strong individuals, particularly the elderly, and patients should be.

Small Area Focus

Worcestershire Public Health

Steps in utilising a small area focus to preventing service demand



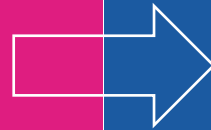
Identify priority areas

Through data analysis and community intelligence



Identify gaps in support provision

Identify factors within the area that may be exacerbating demand



Address gaps

Through deficit, quality and asset-based work



Evaluate impact, refine approach

Qualitative community narratives and case studies; quantitative service demand data and cost



Identifying Priority Areas

Using Statistical Control Charts to identify smaller areas of unmet need

Statistical process control is often used in healthcare and industry to manage change, discover issues and find solutions to improve outcomes.

We have used control charts in Public Health to identify small geographical areas where differences in health outcomes, for example A&E admissions, are what we would expect due to chance or natural variation, and the areas where the admission rates are unusually high.

We have chosen to focus on emergency admissions data as, by their very nature, a lot of these admissions could have been prevented or reduced if we provided support earlier, strengthened and built upon community assets and removed barriers to accessing health and care in communities.

This is just the starting point - we use the control to charts identify areas of interest, we can then investigate the reason behind these differences at a local level by speaking to communities, identify gaps in support, and work with communities and partner organisations to fill these gaps.

We can use our Healthy Worcestershire Grants to support community development activity in these areas.



Identify priority areas

Utilising Statistical Process Charts to identify areas with unusually high rates of emergency admissions (unmet need)



Investigate further

Identifying areas of unmet need is just the start, we need to ask further questions to understand what is driving behaviours and what support would be useful.



Targeted support

We can work with communities under our Healthy Worcestershire community grants scheme so we focus our prevention activities and support in these areas

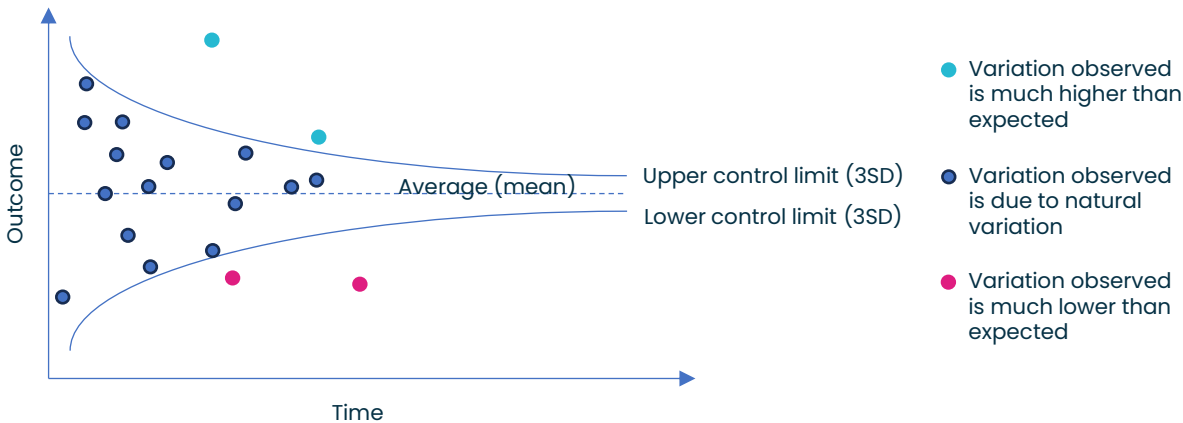
Focus on Control Charts

Statistical Process Control Charts allow us to identify areas where emergency admissions rates are unusually high

We use statistical process control charts (funnel plots) to see which areas' rates fall outside of the expected range.

Control charts work on the assumption that the variation between areas within the defined control limits* can be explained by natural variation 99.7% of the time. In areas outside of these control limits there is something beyond chance that is driving these differences.

Example of a funnel plot



A bit more information on our control charts:

We use data available at a LSOA (lower super output area) level which is approximately 300-400 households

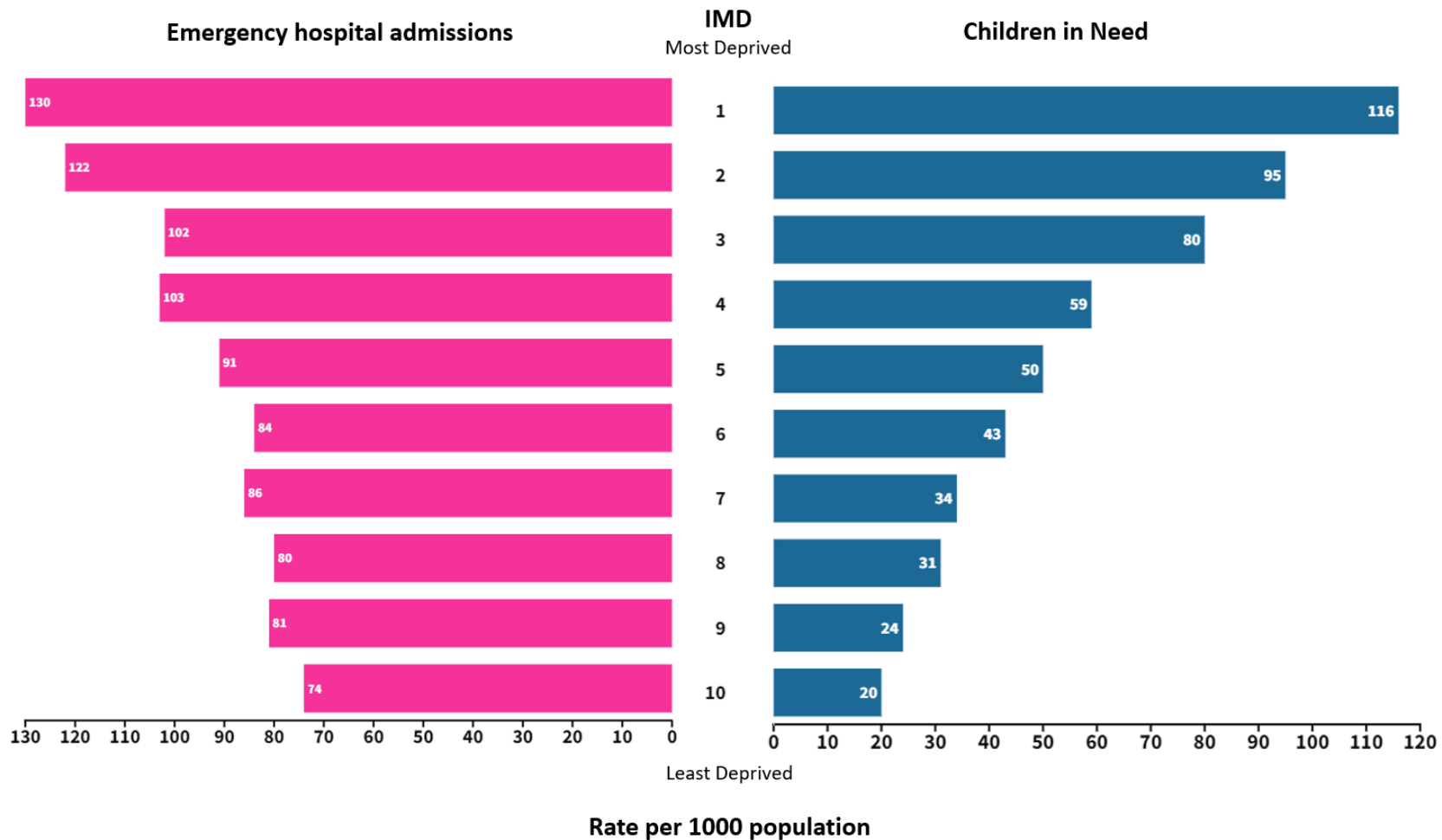
We used 3 year aggregate data to smooth out variation over time

We use correlation and regression analyses to demonstrate statistical significance

*We have chosen to set our control limits at 3 standard deviations (3SD) from the mean

Inequalities: Relationship with deprivation

This chart highlights the impact of deprivation on rates of emergency admissions and Children in Need.



The chart shows us that as deprivation increases, rates of emergency admissions and Children in Need increase too.

The **MOST** deprived areas (IMD 1) = **HIGHEST** rates of Emergency admissions and Children in Need

The **LEAST** deprived areas (IMD 10) = **LOWEST** rates of Emergency admissions and Children in Need

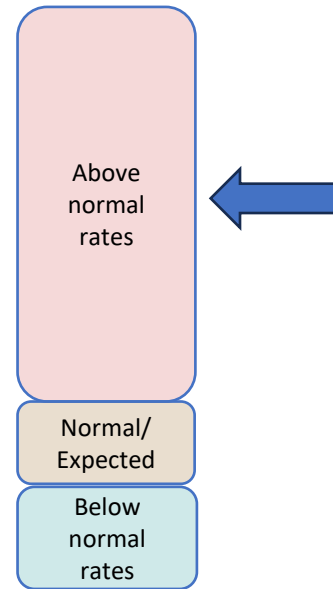
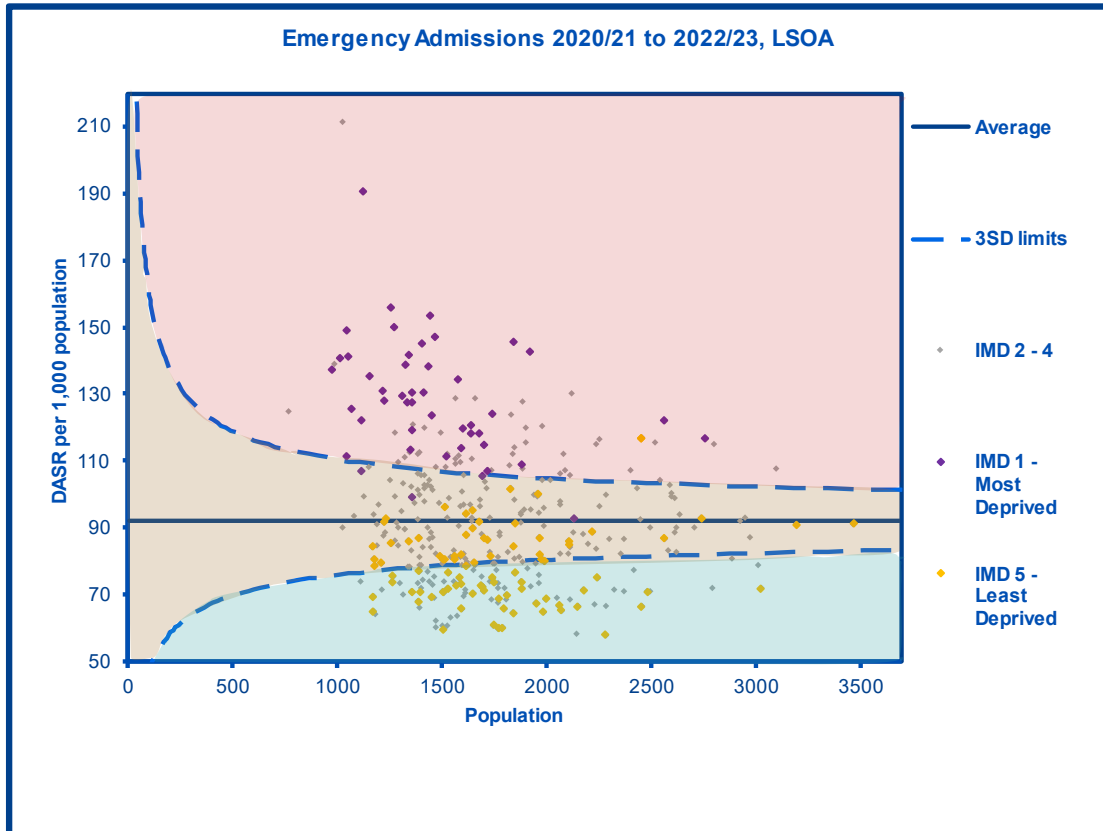
We can see that there are:

- **Almost 2 X HIGHER** rates of hospital admissions
- **Almost 6 X HIGHER** rates of Children in Need

in the most deprived areas compared to the least deprived areas in Worcestershire.

Inequalities: Emergency Hospital Admissions

Control chart methodology used to highlight outlying areas above normal rates (shown highlighted in pink).

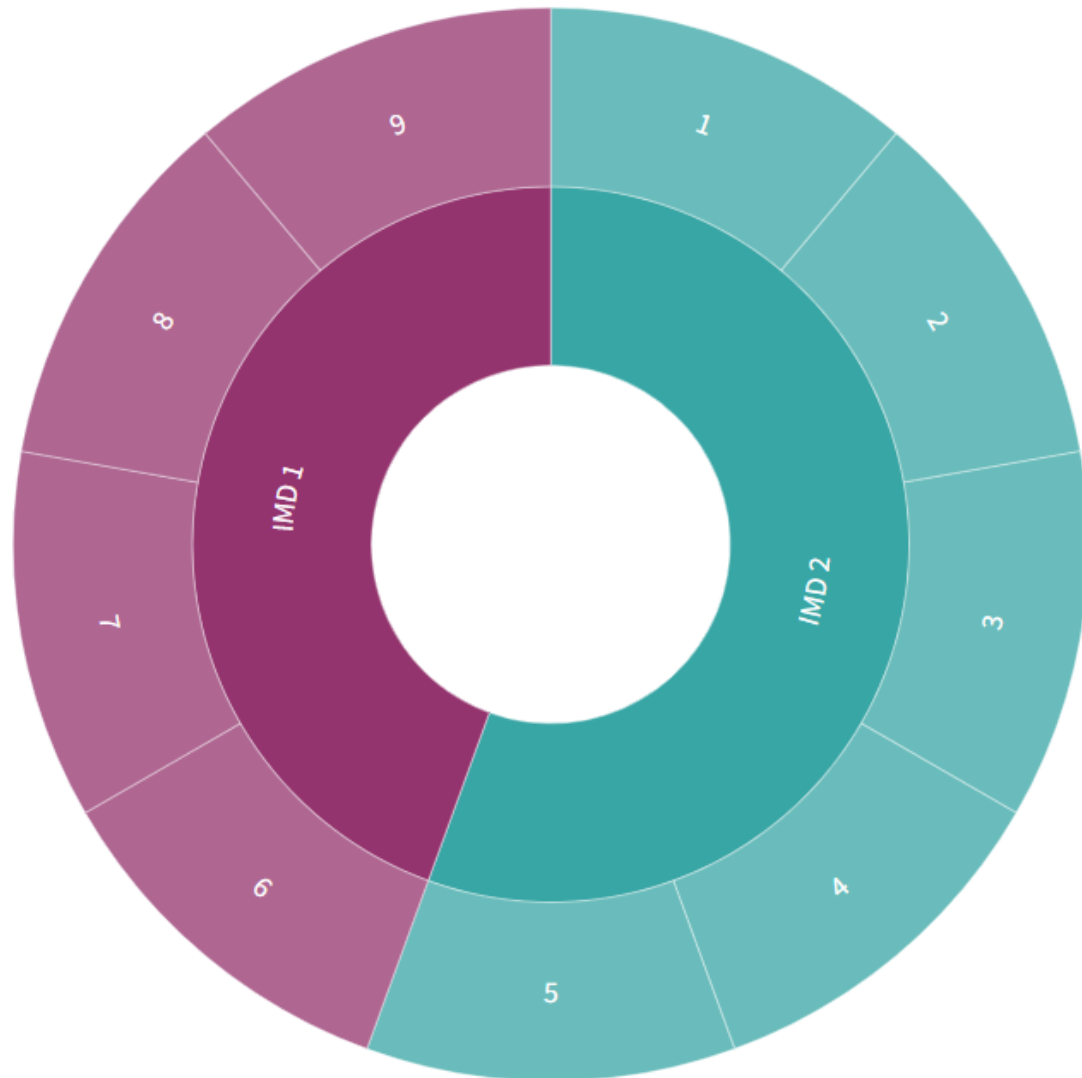


90% of the areas found to have above normal rates of emergency admission were classed as the most deprived (highest 20%).

This means that if you live in the most deprived areas of Worcestershire, you were almost **TWICE** as likely to have an emergency admission between 2020 and 2023.

Inequalities: Triangulation of variables

Analysis to pinpoint areas where the health needs are greatest.



- Emergency admissions for respiratory and circulatory disease were chosen for additional analysis.
- These are the biggest potentially preventable causes of death and serious illness in Worcestershire.
- From our additional analysis we found that there were **9 LSOAs** above upper control line for all emergency, CVD and respiratory admissions. Four of these were in the most deprived 10% and five were in the next most deprived LSOAs. This suggests a concentration of unmet need in deprived areas.
- For these areas, reductions in all emergency admissions by a **QUARTER** would be needed to bring them within current control limits. This is a measure of the maximum potential benefit of interventions

A decorative graphic in the top right corner of the page, consisting of a grid of colored circles. The circles are arranged in a pattern that tapers to the right. The colors include shades of pink, blue, dark purple, teal, and maroon.

Further information

Worcestershire insights

<https://insights.worcestershire.gov.uk/themed-reports/>

Ward profile request form

[Form link](#)