Worcestershire Health and Well-being Board

Joint Strategic Needs Assessment

Annual Summary September 2018

www.worcestershire.gov.uk/jsna

Prepared by Worcestershire Directorate of Public Health

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Redditch and Bromsgrove Clinical Commissioning Group
South Worcestershire Clinical Commissioning Group
Wyre Forest Clinical Commissioning Group
Wyre Forest Clinical Commissioning Group

Executive Summary

This report is intended to provide a summary of the latest public health data and information for Worcestershire including an update on the three Health and Well-being Board priorities, a review of issues highlighted in the 2017 report, and a summary of emerging issues for 2018.

For a long period, Worcestershire has generally had good health outcomes and has consistently performed better on many mortality measures than England. However, the gap between England and Worcestershire for premature mortality caused by cardiovascular diseases and cancers, the two biggest causes of mortality for under 75s, had narrowed over time and for cancers had closed entirely. For this reason the narrowing gap between Worcestershire and England was highlighted in the 2017 JSNA Annual Summary. Encouragingly, more recent data suggests that this trend may be changing in a positive direction and that the gap between Worcestershire and England may have begun to widen. Future data releases will help to confirm if this is a sustained positive change.

Local data highlights that health inequalities continue to exist in Worcestershire. The gap in life expectancy between the most and least deprived areas is 7.6 years for males and 6.2 years for females[1] and there has been no significant change since the last period[2].

The gap between Healthy Life Expectancy and Total Life Expectancy is smaller in Worcestershire than for England as a whole. In Worcestershire females have a larger gap between healthy life expectancy and total life expectancy than males meaning they are living longer but in poorer health.

On some specific measures, Worcestershire is not performing as well as England as a whole. These include, the percentage of children with free school meal status achieving a good level of development at the end of reception, smoking status at the time of delivery, and eligible homeless people not in priority need. These topics are discussed further in this report.

The County Council, Districts, Health Services and other partners are encouraged to use findings from this report to inform plans, strategies and commissioning to help address existing and emerging issues, whilst keeping a focus on reducing health inequalities.

[1] 2014-16 data
[2] 2013-15 data

Health and Well-being Board Priorities Update

To help track data relating to the current Health and Well-being Board priorities (2016-2021), a live online dashboard has been created which is openly accessible, and can be accessed via the Health and Well-being Board[3] and the JSNA websites[4]. A review of each Health and Well-being Board priority area follows:

Keeping active at every age[1]

- Premature mortality from cardiovascular disease is significantly lower in Worcestershire in comparison to both West Midlands and national rates.
- There are geographical variations in the prevalence of excess weight.
- Prevalence of excess weight in children in Reception (4-5yr olds) across Worcestershire is similar to both West Midlands and the national rate.
- Prevalence of overweight and obese children in Year 6 (10-11yr olds) is similar to the England rate and significantly lower than the West Midlands rate.
- Worcestershire has levels of physical inactivity similar to the England rate at 21.1% vs 22.2% respectively. Rates are significantly lower than the West Midlands.
- Worcestershire had a similar proportion of respondents reporting they were 'fairly active' in comparison to the West Midlands and England.
- Worcestershire has a proportion of people reporting that they were 'Active' and undertaking 150 minutes exercise or more per week of 67.2%. This is similar to the England rate and significantly higher than the West Midlands rate.
- The proportion of individuals who reported taking part in sport and physical activity at least twice in the last 28 days in Worcestershire is higher than England and is significantly higher than the West Midlands.

Preventing alcohol harm at all ages[2]

3 http://www.worcestershire.gov.uk/info/20565/health_and_well-being_board

4 http://www.worcestershire.gov.uk/info/20122/joint_strategic_needs_assessment

[1] Unless otherwise stated this report refers to 'older people' as those aged 65+

[2] Unless otherwise stated data is for 2015-16.

- The rate of alcohol-specific hospital admissions for under 18's has fallen considerably from 97.0 per 100,000 in 2006/7–2008/9 to 29.7 per 100,000 in 2014/15-16/17. Rates are similar to the national average. Worcestershire has one of the lowest rates amongst the CIPFA nearest statistical neighbours.

- Hospital admission episodes for alcohol-related conditions (broad) are now lower than the national average.
- The latest rate of females admitted to hospital for alcohol-related conditions (narrow) in Worcestershire is similar to the national average, and has decreased compared to the previous year.
- The latest rate of males admitted to hospital for alcohol-related conditions (narrow) is significantly better than the national average. However, rates still remain higher than they were in 2011/12.
- Hospital admissions for alcohol-related conditions in females aged over 65 are significantly higher than the England rate and have increased over the last three years.
- The latest rate of alcohol-specific mortality in Worcestershire is similar to the national average, this has remained relatively stable since 2011-13.
- The latest rate of alcohol-related mortality in Worcestershire is similar to the national average but remains higher than 2013 rates.
- Pooled data from 2014-16 shows the premature mortality rate from liver disease was similar to the national average at 16.6 per 100,000 vs 20.9 per 100,000 respectively.
- The rate of hospital admission episodes for alcoholic liver disease has reduced significantly from 125.5 per 100,000 population in 2013/14 (when rates were highest) to 110.2 per 100,000 population in 2016-17.
- In 2016-17, the proportion of individuals waiting longer than three weeks to receive treatment for alcohol was significantly higher than both England and West Midlands rates at 13.7%. However, this is a significant improvement from 2015-16 where the rate was 23.9% and the highest in the West Midlands region.
- In 2016, the rate of successful completion of treatment for alcohol clients in Worcestershire was similar to the national average at 38.9%. This indicator showed a steady decline from 2012 and was significantly lower in 2013, 2014 and 2015, in comparison to nationally, where rates steadily increased.

Good mental health and well-being at all ages

- Prevalence of dementia in Worcestershire is similar to the national average and is increasing.
- There is a higher prevalence of common mental disorders such as depression and anxiety in Worcestershire. Prevalence of depression[5] is significantly higher in Worcestershire than England, at 10.5% and has increased from the previous year (10.0%).
- Emergency admissions to hospital for self-harm are similar to the national average and have been falling steadily since 2014-15.
- Male mortality from suicide is similar in Worcestershire to the national average at 18.0 per 100,000 (vs 15.9 per 100,000). Female mortality from suicide is similar to the national average at 3.8 per 100,000 (vs 4.8 per 100,000).
- The proportion of the population using outdoor space for exercise and/or health reasons is statistically lower than the national and West Midlands average. It is also one of the lowest across all CIPFA nearest neighbour areas. There has been a year on year downward trend since data collection began in 2011-12.
- The proportion of individuals reporting a long-term health problem or disability is significantly higher in Worcestershire in comparison to the West Midlands and England.
- The proportion of children who receive school meals achieving a good level of development at the end of reception has increased year on year. However, the gap between Worcestershire and national rates has widened slightly in 2016-17, and remains significantly lower than England overall and lower than the proportion of all children who achieve a good level of development.

Emerging and Persistent Issues (2018)

A number of issues are emerging from routine analysis as being challenges for Worcestershire. A brief summary of these issues follows:

- **Antibiotic prescribing:** Worcestershire has seen a declining trend in antibiotic prescribing in primary care. However, the decline has not kept pace with national trends and all three Clinical Commissioning Groups have higher rates of antibiotic prescribing in primary care than England as a whole.
- **Air pollution:** is rising similarly to the England average. However, around 0.3% of the population in Worcestershire live in an air quality management area (AQMA) compared with 0.2% nationally. The impact of particulate matter (PM) and NO2 on District

[5] Public Health Outcomes Framework, http://www.phoutcomes.info/, July 2018

populations has been modelled. The model shows the estimated benefit of reducing exposure to these pollutants in terms of associated costs and morbidity.

- **School readiness:** the percentage of children with free school meal status achieving a good level of development at the end of reception is significantly lower in Worcestershire (49.3%) than England (56.0%).
- **Educational outcomes:** KS2 level outcomes are worse in Worcestershire than England and considerably worse for disadvantaged children.
- **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 assessed as children in need (CIN), children looked after (CLA) and those subject to child protection plans (CP) continue to increase.
- **Oral health**: the percentage of 5 year olds with any dental decay varies by district, and the two worst areas, Worcester and Wyre Forest, have seen an increase between 2014/15 – 2016/17 (from 27.3% to 29.9%, and 23.6% to 29.3% respectively).

Update on Emerging Issues Highlighted in the 2017 JSNA Annual Summary

The last JSNA Annual Summary highlighted a number of emerging issues for Worcestershire. This section provides a brief update on these.

- **Mortality**: Overall Worcestershire has good health outcomes and was consistently better on some mortality measures than England for a long period. However, for cardiovascular diseases and cancers, the two biggest causes of mortality for under 75s, the gap between the England average and Worcestershire had narrowed over time and for cancers had closed entirely. For this reason the narrowing gap between Worcestershire and England was highlighted in the JSNA Annual Summary 2017. More recent data suggests that this trend may be changing in a positive direction and that the gap between Worcestershire and England may have begun to widen.
- **Autistic spectrum disorder**: There are no estimates of the overall numbers of people with ASD in Worcestershire. However, schools do submit data on the number of children recorded as having ASD as a primary Special Educational Need (SEN) to the Department of Education. In January 2018, 868 children in Worcestershire were recorded as having ASD as a primary SEN (253 primary school pupils, 439 secondary school pupils and 176 children in special schools), which is a slight increase on 2017.
- **Infant mortality**: Infant mortality in Worcestershire historically was similar to the England average. However, the latest figures have risen and are now significantly above the England average. In 2014-16, of the six Worcestershire Districts, only Worcester had a

statistically significantly higher rate of infant mortality than the national average at 7.1 deaths per 1,000.

- **Drug misuse deaths**: Nationally, the rate of deaths from drug misuse is rising and this trend is mirrored in Worcestershire. For the latest period (2014-2016), the rate was 4.3 deaths per 100,000 population in Worcestershire compared with 4.2 nationally. This represents 70 deaths over the three year period.
- **Excess weight and type 2 diabetes**: Excess weight is a contributory factor for type 2 diabetes. In 2016/17 the majority of adults in Worcestershire were estimated to be overweight or obese (62%) which is statistically similar to England (61.3%)[6].
- **Homelessness**: Homelessness is a significant issue in Worcestershire, with many indicators being close to the national level. The economic recession saw statutory homelessness in the county peak in 2011, since then it has fallen, but it still remains above pre-2011 levels. In recognition of the health issues faced by homeless people, the Worcestershire Health and Wellbeing Board have signed up to a 'Charter for Homeless Health'. As part of this commitment a JSNA profile which explores homelessness and the health of homeless people in Worcestershire has been produced.
- **Violent crime**: The rate of violent crime recorded in Worcestershire continues to increase and this reflects what is happening nationally. The latest figures available are for 2016-17 and show there were 12,688 violent offences recorded in Worcestershire or a rate of 21.9 violent offences per 1,000 population. It is difficult to determine whether high or low levels of violence offences are due high or low prevalence, or high or low levels of recording.

District Level Information

Bromsgrove: is one of the 20% least deprived districts in England and relative to England it has an older population.

However, health inequalities are evident as life expectancy is 8.8 years lower for men and 5.5 years lower for women in the most deprived areas of Bromsgrove compared to the least deprived areas.

Areas of potential concern for Bromsgrove include: breastfeeding initiation, influenza vaccination and the chlamydia detection rate.

[6] Public Health England, Public Health Profiles

Malvern Hills: has the highest proportion of people aged 65 and over (27.6%) in comparison to other Worcestershire districts. There are a lower proportion of people living in most deprived areas in the country when compared to the England average.

The gap in life expectancy for men is 4.0 years and for women is 5.3 years between the most deprived and least deprived areas in Malvern Hills.

Areas of potential concern for Malvern Hills include: breastfeeding initiation, diabetes diagnosis and chlamydia detection rate (15-24 year olds).

Redditch: has a higher proportion of people living in most deprived areas compared to the England average. It has a higher proportion of children and young people aged 0-19 (24.4%) in comparison to Worcestershire.

There are considerable health inequalities: Life expectancy is 9.3 years lower for men and 9.0 years lower for women in the most deprived areas of Redditch, compared to the least deprived.

Areas of potential concern for Redditch include: breastfeeding initiation, hospital admissions caused by unintentional and deliberate injuries (and for young people), average number of vegetables consumed daily, admission episodes for alcohol related conditions, smoking prevalence (in the general population and in routine and manual occupations), cervical cancer screening coverage, hip fractures, and influenza vaccination.

Worcester: overall is less deprived than England but has significant pockets of deprivation in the central area and towards the north east of the city.

Health inequalities are evident as life expectancy is 9.0 years lower for men and 4.1 years lower for women in the most deprived areas of Worcester, in comparison to the least deprived.

Areas of potential concern for Worcester include: statutory homelessness, breastfeeding initiation, cervical screening coverage, chlamydia detection rate, adjusted antibiotic prescribing in primary care by the NHS, infant mortality and estimated dementia diagnosis rate (aged 65+).

Wychavon: has a higher proportion of people aged 65 and over (24.5%) in comparison to Worcestershire overall. It has lower levels of deprivation than England.

Life expectancy is 7.5 years lower for men and 6.7 years lower for women in the most deprived areas of Wychavon, in comparison to the least deprived.

Areas of potential concern for Wychavon include: breastfeeding initiation, gap in the employment rate between those with a long-term health condition and the overall employment rate, killed and seriously injured (KSI) casualties on England's roads, child excess weight (4-5 year olds) and estimated dementia diagnosis rate (aged 65+).

Wyre Forest: has a higher proportion of people living in most deprived areas in the country compared to the England average. It has a higher proportion of people aged 65 and over (24.4%) in comparison to Worcestershire overall.

Life expectancy is 9.4 years lower for men and 8.5 years lower for women in the most deprived areas, in comparison to the least deprived.

Areas of potential concern for Wyre Forest include: the gap in the employment rate between those with a long-term health condition and the overall employment rate, breastfeeding initiation, smoking status at the time of delivery, child excess weight (4-5 year olds), child excess weight (10-11 year olds), proportion of the population meeting the recommended '5-a-day' on a usual day and under 75 mortality rate from liver disease.

Contents

Introduction

The Joint Strategic Needs Assessment (JSNA) is a continuous process of strategic assessment, the aim of which is to develop local evidence-based priorities for commissioning to improve the public's health and reduce inequalities. Outputs, in the form of evidence and the analysis of needs, should be used to help determine what actions local authorities, the local NHS and other partners need to take to meet health and social care needs, and to address the wider determinants that impact on health and well-being.

This report is intended to provide a summary of the latest public health data and information for Worcestershire including an update on the three Health and Well-being Board priorities, a review of issues highlighted in the 2017 report, and a summary of emerging issues for 2018.

Characteristics of the Worcestershire Population

Current Population

The current population in Worcestershire is estimated to be around 588,370. A breakdown by district is shown in Table 1. Wychavon district has the largest proportion of the total population in the county and Malvern Hills the smallest.

Between 2016 and 2017, Worcestershire is estimated to have had an increase in population of 4,879 people and the percentage change is estimated to have been higher than England (Table 1). The largest component of this is migration from other areas of the UK (internal migration) which was estimated to be 3,658 people.

Of the six Worcestershire districts, Wychavon is estimated to have had the highest percentage population change with internal migration accounting for the largest component. Bromsgrove, Malvern Hills and Wyre Forest also have a population change rate that is higher than England.

Worcester City and Redditch are the only districts with a positive net population rise between births and deaths. Redditch has the lowest population percentage change overall.

TABLE 1 2017 MID-YEAR POPULATION ESTIMATES

Area	Estimated Population mid-2016	Estimated Population mid-2017	Change	% change
England	55,268,067	55,619,430	351,363	+0.64
West Midlands	5,810,773	5,860,706	49,933	+0.86
Worcestershire	**583,491**	**588,370**	**4,879**	**+0.84**
Bromsgrove	96,770	97,594	824	+0.85
Malvern Hills	76,555	77,165	610	+0.80
Redditch	85,088	85,204	116	+0.14
Worcester	101,927	102,314	387	+0.38
Wychavon	123,144	125,378	2,234	+1.81
Wyre Forest	100,007	100,715	708	+0.71

Source: Office for National Statistics.

TABLE 2 ESTIMATES OF POPULATION CHANGE 2016 - 2017

Area	**Births minus Deaths**	**Internal Migration Net**	**International Migration Net**	**Other**
England	156,763	-18,424	210,570	2,454
West Midlands	15,360	5,688	28,224	661
Worcestershire	**-110**	**3,658**	**1,360**	**-29**
Bromsgrove	-188	978	62	-28
Malvern Hills	-436	865	191	-10
Redditch	318	-517	324	-9
Worcester	293	-161	241	14
Wychavon	-35	1,843	437	-11

Wyre Forest	-62	650	105	15

Source: Office for National Statistics.

Ethnicity

Worcestershire has a higher proportion of individuals who identify as being White 95.7% compared to the West Midlands 82.7% and England 85.4%. In Worcestershire, there are a lower proportion of individuals who are in Black, Asian and Minority Ethnic Groups (BAME) 4.3% (24,345 people) compared to the West Midlands 17.4% and England 14.5%.

TABLE 3 ETHNICITY OF THE WORCESTERSHIRE POPULATION

	England (%)	West Midlands (%)	Worcestershire (%)	Worcestershire (No.)
White	85.4	82.7	**95.7**	**541,824**
Mixed / Multiple Ethnic	2.3	2.4	**1.2**	**6,794**
Asian: Indian, Pakistan, Bangladeshi, Chinese, Other	7.7	10.8	**2.4**	**13,588**
Black / African / Caribbean / Black British	3.5	3.3	**0.4**	**2,265**
Other Ethnic Group	1	0.9	**0.3**	**1,699**
Total				**566,169**

Source: Office for National Statistics

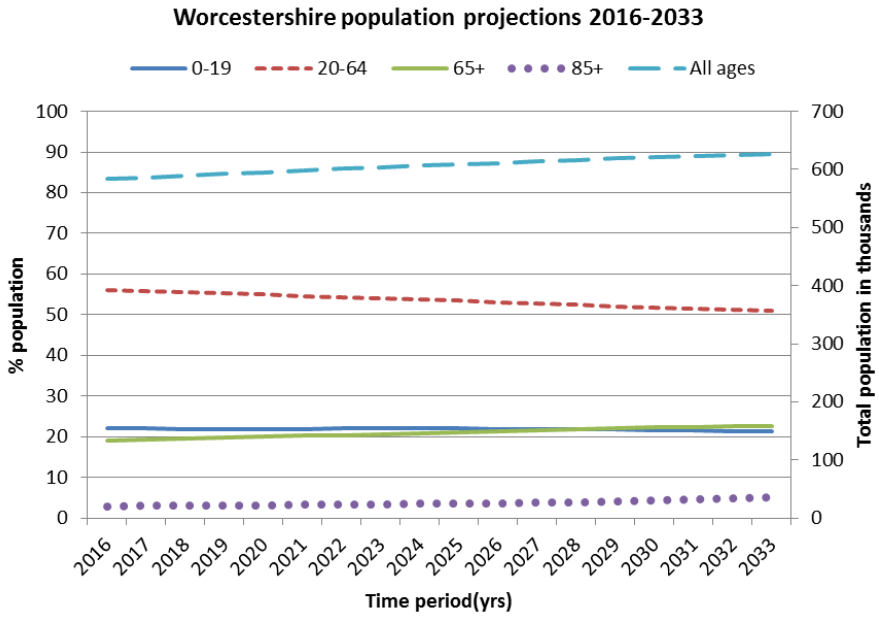
Future Population

The overall population of Worcestershire is projected to increase steadily over the next 15 years following a similar trend to England. The Worcestershire population is projected to increase by 7.4% compared to 9.0% for England by 2033.

Over the same period the population in the older age categories (65+ and 85+ years) is projected to increase steeply with the largest percentage change projected in the very oldest group (85+ years). The projected percentage increase in this group is 73.1% and 90.6% for England and Worcestershire respectively.

In contrast the number of people in the 20-64 age group is projected to decrease by 2.1%.

FIGURE 1 POPULATION PROJECTIONS FOR WORCESTERSHIRE 2016-2033



Source: Office for National Statistics. 2016 based population projections

TABLE 4 POPULATION PROJECTIONS TO 2033: RATE OF CHANGE BY AGE GROUP (IN THOUSANDS)

England

Age category	2016	2033	% change
All ages	55268.1	60251.5	**9.0**
0-19	13107	13698.2	**4.5**
20-64	32278.4	32882.7	**1.9**
65+	8554.8	11372	**32.9**

85+	1328	2298.6	**73.1**

Worcestershire

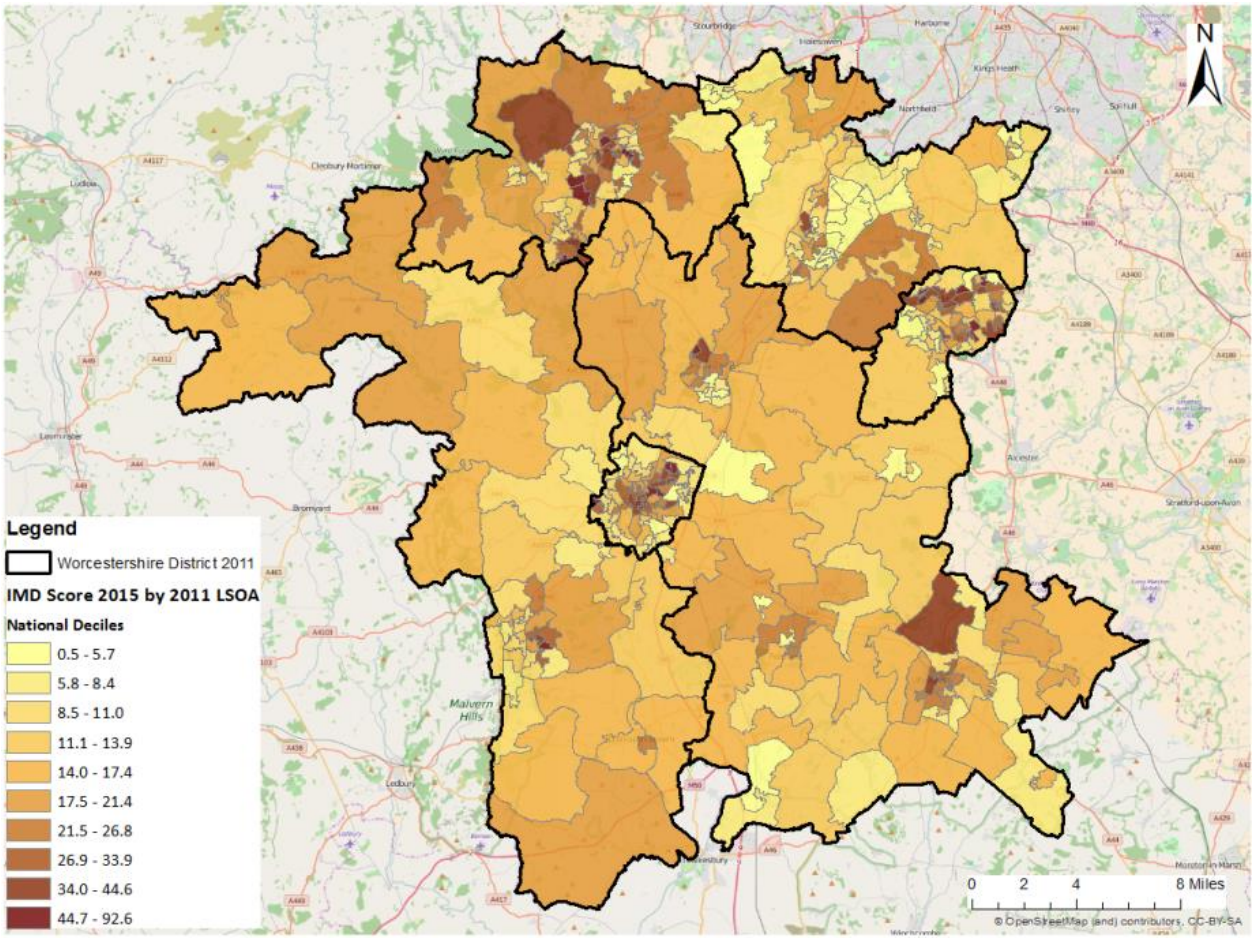
Age category	2016	2033	% change
All ages	583.5	626.8	**7.4**
0-19	129	132.9	**3.0**
20-64	326.5	319.6	**-2.1**
65+	111	141.5	**27.5**
85+	17.1	32.6	**90.6**

Source: Office for National Statistics. 2016 based population projections.

Deprivation

Worcestershire as a whole is relatively less deprived than the national average (based on the IMD score 2015) as depicted by lighter shading on the map. However, there are pockets of relative deprivation in the urban areas of Worcester, Kidderminster (Wyre Forest) and Redditch. In addition, there are some deprived rural areas, most notably in the north of Wyre Forest and in Wychavon district, to the north of Evesham. The next set of data is expected in summer 2019.

FIGURE 2 WORCESTERSHIRE MAP - DEPRIVATION (IMD SCORE 2015)



Source: Indices of Multiple Deprivation 2015

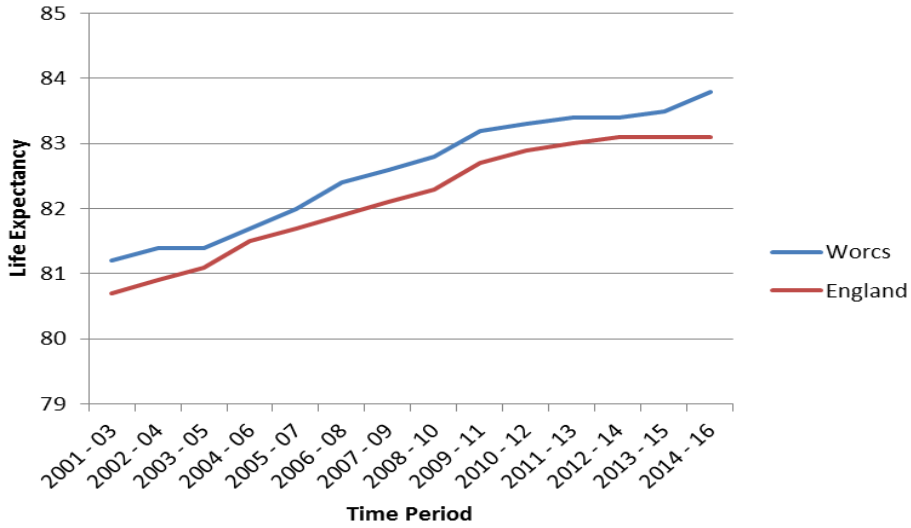
Life Expectancy and Healthy Life Expectancy

In Worcestershire both Life Expectancy and Healthy Life Expectancy, the average number of years someone would be expected to live in good health, are better than the England average. The current figures are 83.8 and 68.0 for women and 80.0 and 66.7 for men respectively (based

on 2014-16 mortality rates). Healthy Life Expectancy in particular has been consistently better than the England average for a long period for both females and males. In Worcestershire in the period 2014-16 there was no significant change from the previous time period (2013-15) for both Life Expectancy and Healthy Life Expectancy for either gender.

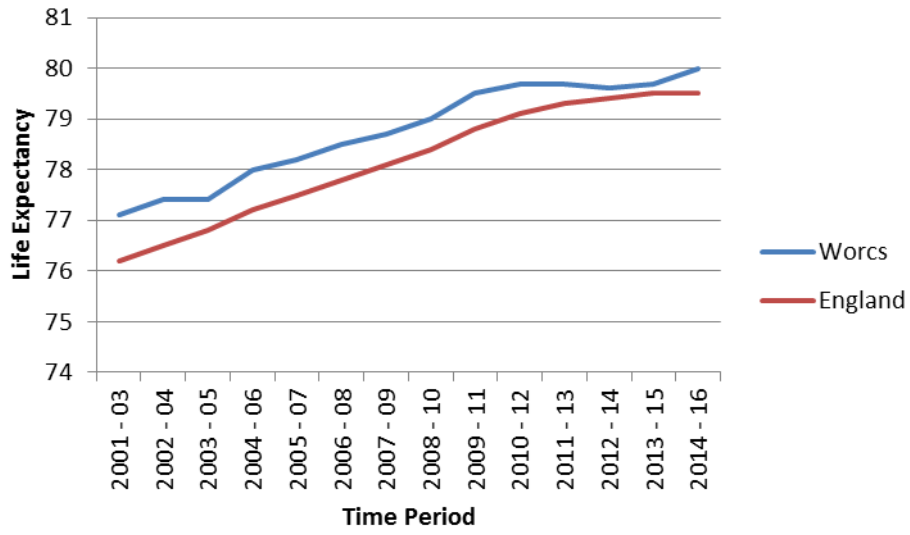
Nationally as people have been living longer we have seen steady increases in life expectancy for many decades, however, since 2011 these increases have been slowing down. The same trend has been seen in Worcestershire. However, it is too early to tell if this trend will continue.

FIGURE 3 FEMALE LIFE EXPECTANCY



Source: Public Health England, Public Health Outcomes Framework

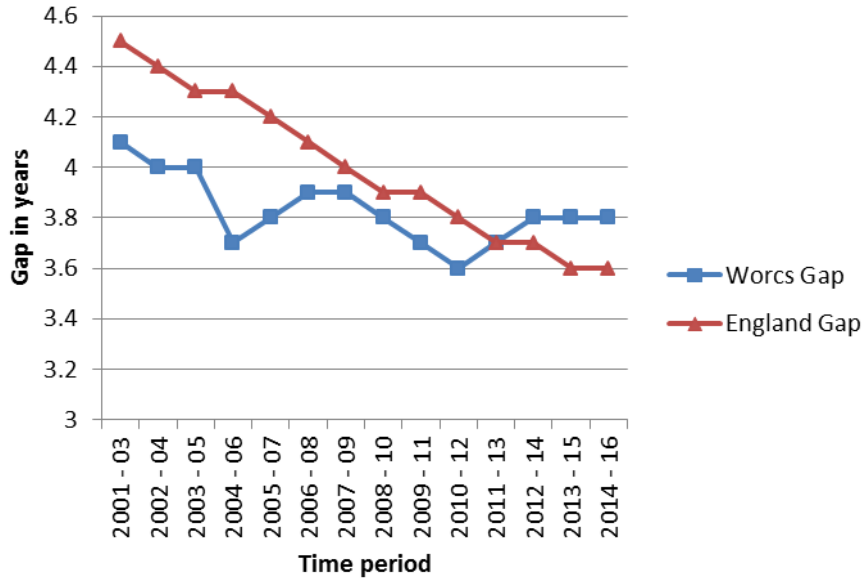
FIGURE 4 MALE LIFE EXPECTANCY



Source: Public Health England, Public Health Outcomes Framework

Nationally the gap between the female and male life expectancy at birth has been closing with time. Historically in Worcestershire this gap has been smaller but the latest time points suggest that this gap is now slightly wider suggesting the national gap may be closing at a faster rate.

FIGURE 5 GAP BETWEEN MALE AND FEMALE LIFE EXPECTANCY

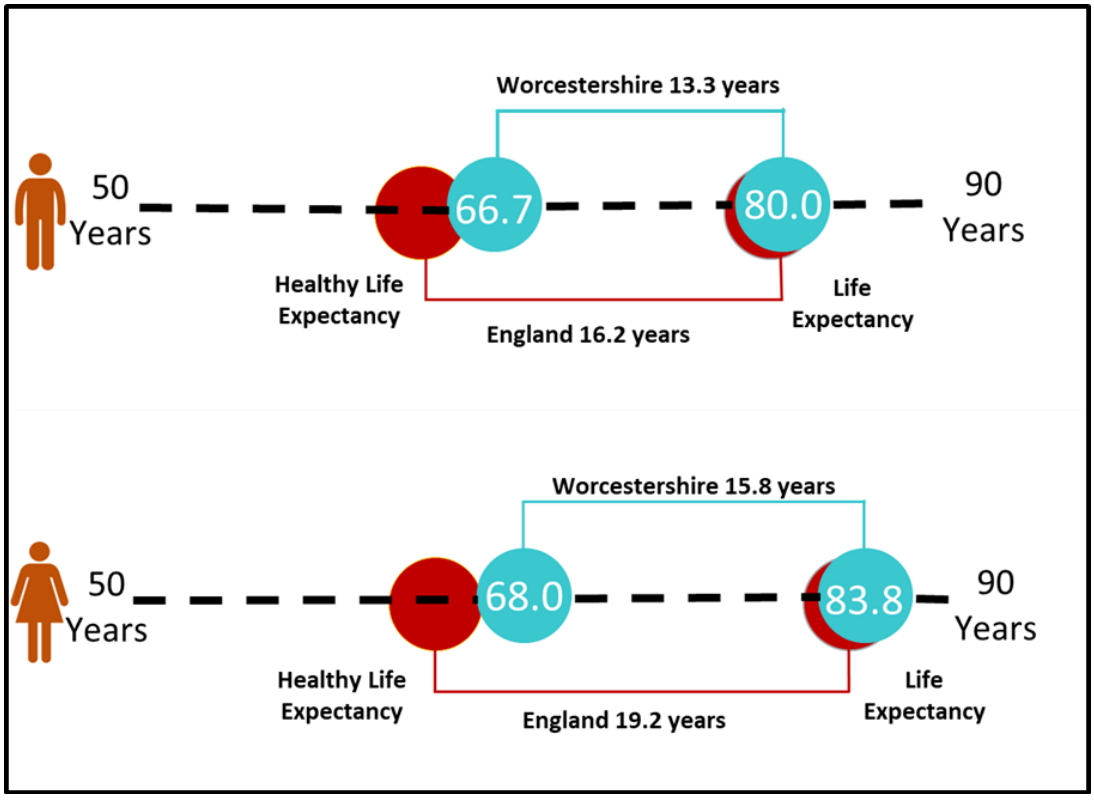


The Window of Need in Worcestershire

The gap between Healthy Life Expectancy and Total Life Expectancy has been referred to as the 'Window of Need'. The Window of Need is smaller in Worcestershire than for England as a whole.

In Worcestershire (and nationally) there is a larger gap between Life Expectancy and Healthy Life Expectancy for women. This means women are living longer but in poorer health.

FIGURE 6 HEALTHY LIFE EXPECTANCY/LIFE EXPECTANCY



Source: Public Health Outcomes Framework (PHOF), PHE (2018)

FIGURE 7 HEALTHY LIFE EXPECTANCY WORCESTERSHIRE MALE AND FEMALE 2009-2016

Source: Public Health Outcomes Framework

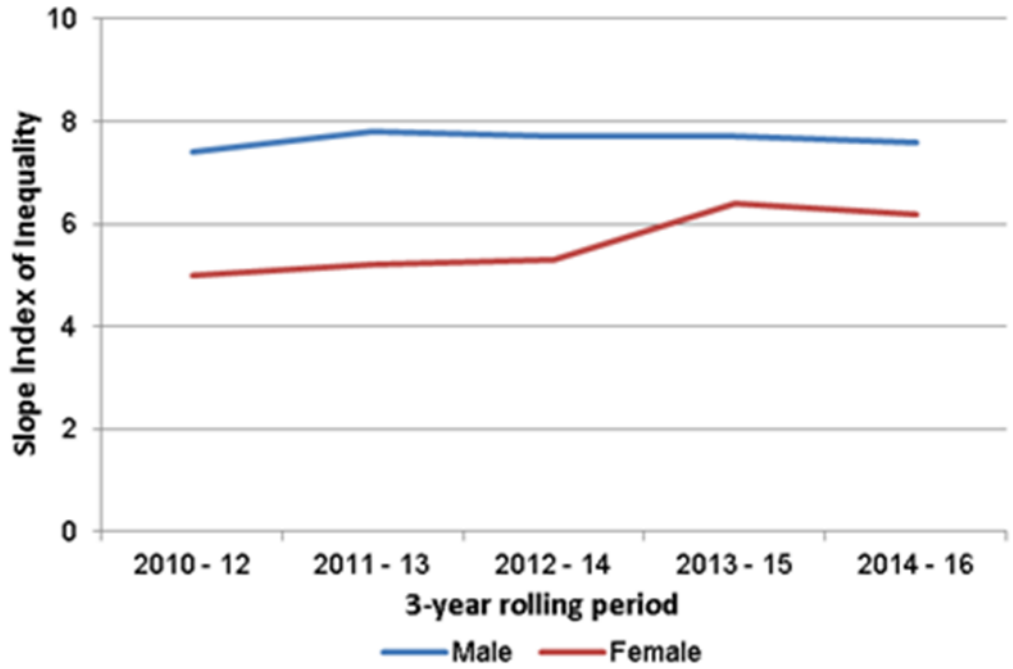
Over the 2009 to 2016 time period the Healthy Life Expectancy for both women and men has risen. Healthy Life Expectancy has been consistently better for females than males over this period.

Inequality in Life Expectancy - Deprivation

The slope index of inequality, measured in years, is an indicator of the difference in life expectancy between the most and least deprived areas of Worcestershire. For the period 2014-16 the index for males was 7.6 years and for females 6.2 years. There has been no significant change since the last period (2013-15).

For males the trend has been relatively static but there has been a slight increase in inequalities for women over the 2010 to 2016 time period but no change between 2013-15 and 2014-16. Further data should confirm if the trend has stabilised for females.

FIGURE 8 SLOPE INDEX OF INEQUALITY, LIFE EXPECTANCY, WORCESTERSHIRE, 2010-12 TO 2014-16

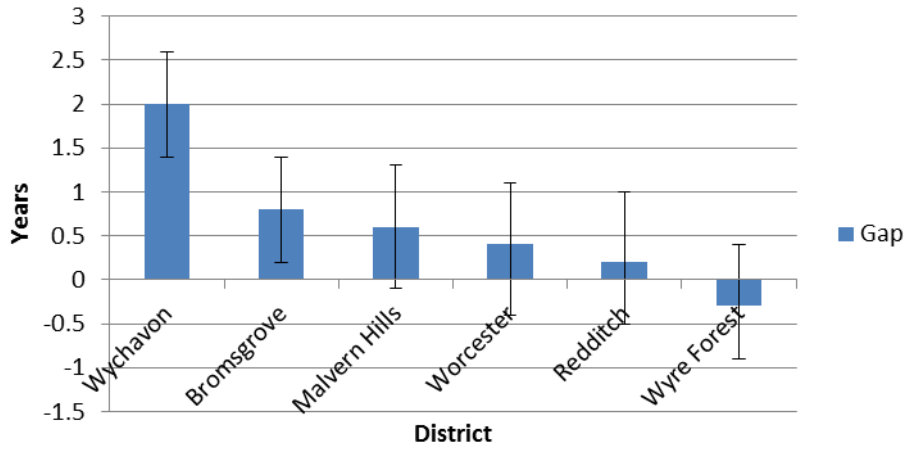


Source: Public Health Outcomes Framework

Inequality in Life Expectancy - Worcestershire Districts

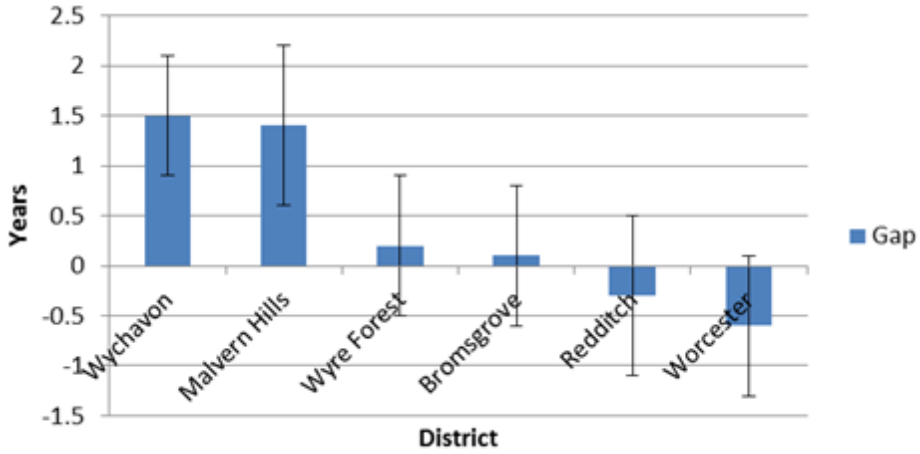
Compared to England, for both males and females, all Worcestershire districts have a similar or better Life Expectancy. For females, districts that have a better life expectancy than England are Wychavon and Bromsgrove. For males Wychavon and Malvern Hills have a better life expectancy.

FIGURE 9 GAP BETWEEN DISTRICT AND ENGLAND IN LIFE EXPECTANCY, FEMALE



Source: Public Health England, Public Health Outcomes Framework

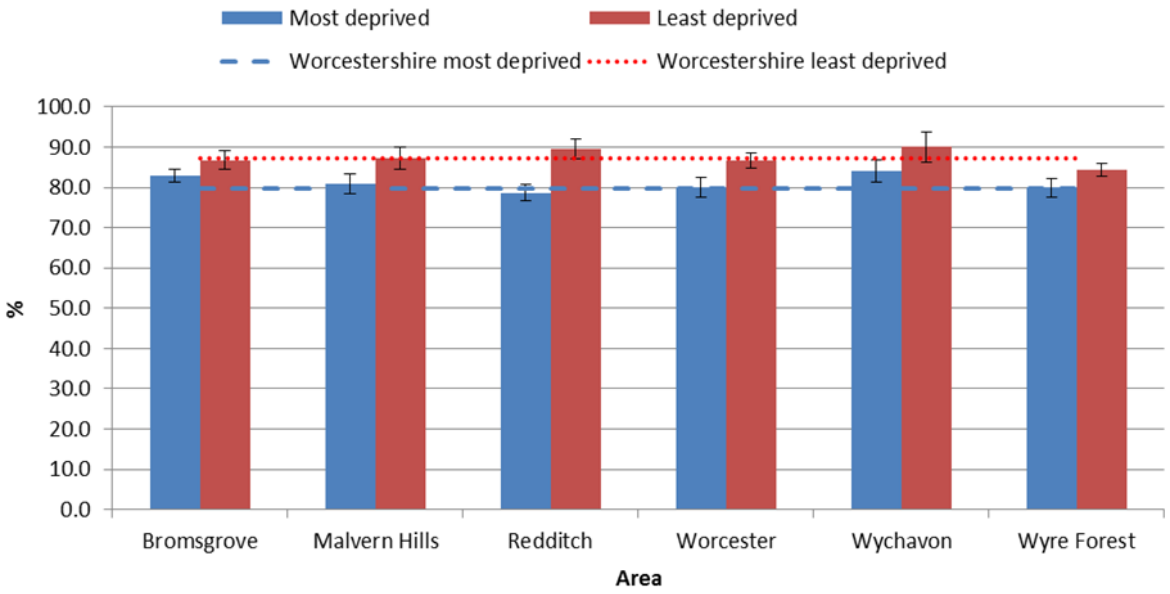
FIGURE 10 GAP BETWEEN DISTRICT AND ENGLAND IN LIFE EXPECTANCY, MALE



Source: Public Health England, Public Health Outcomes Framework

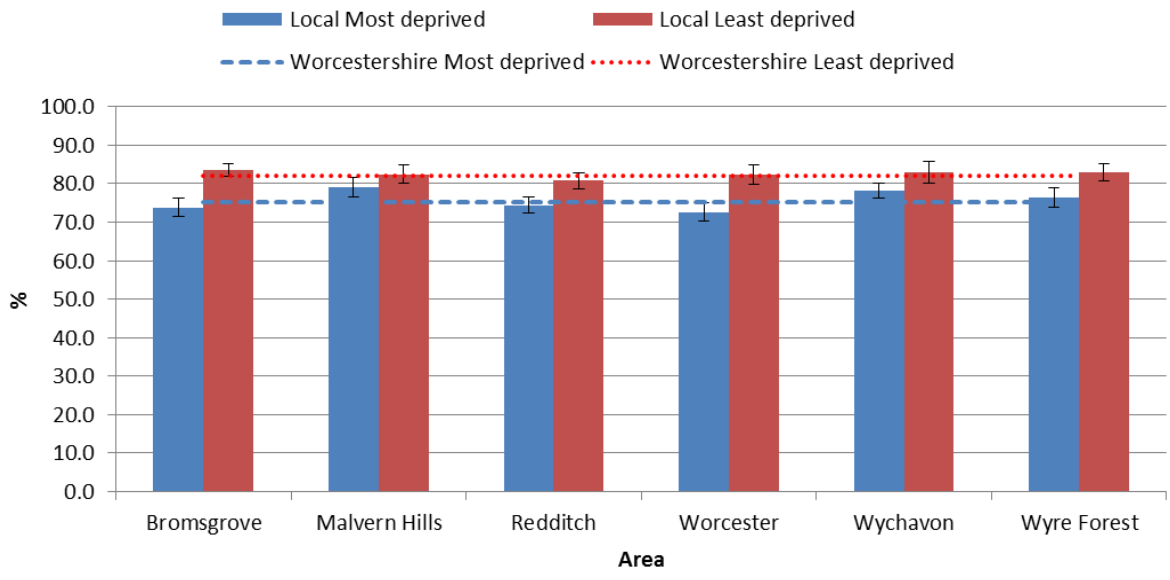
The gap in Life Expectancy between the least deprived and most deprived is wider in Redditch and Worcester indicating higher health inequalities.

FIGURE 11 INEQUALITIES IN LIFE EXPECTANCY - WORCESTERSHIRE DISTRICTS



Source: Public Health England, Public Health Outcomes Framework

FIGURE 12 INEQUALITIES IN HEALTHY LIFE EXPECTANCY - WORCESTERSHIRE DISTRICTS



Source: Public Health England, Public Health Outcomes Framework

Segmenting Life Expectancy Gaps by Cause of Death

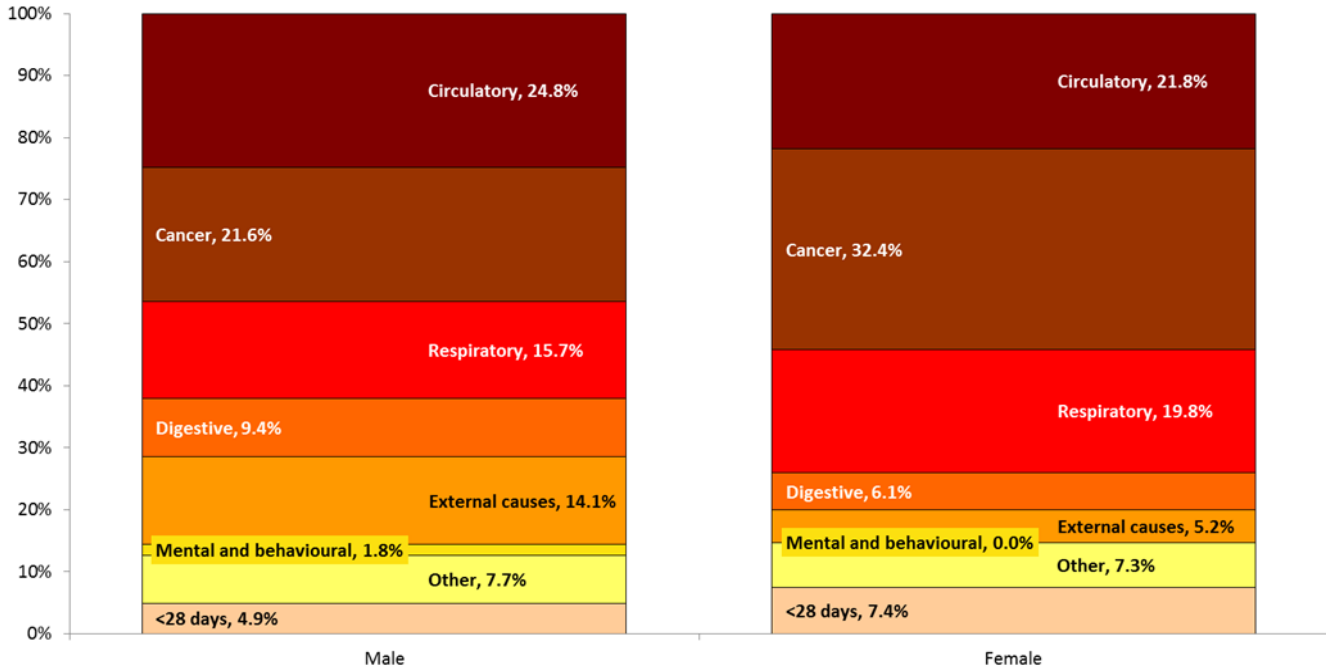
The chart below shows, for each broad cause of death, the percentage contribution that it makes to the overall life expectancy gap for Worcestershire. It compares the most deprived

quintile of the local authority and the least deprived quintile of the local authority. The comparisons cannot be made for Worcestershire against England as the life expectancy for Worcestershire is better than the national average. If a cause shows a contribution of 0, this means that the cause of death does not make any contribution to the life expectancy gap.

In Worcestershire, the largest contributors to the gap in life expectancy are circulatory disease, cancer and respiratory disease. The relative contribution each makes to the life expectancy gap differs by gender, for example, for females cancer makes up the largest contributory factor whereas for males this is circulatory disease.

It is interesting to note that the contribution of 'external causes' for male (14.1% male) is more than double that of female (5.2% female). 'External causes' include deaths from injury, poisoning and suicide. 'Mental and behavioural' includes dementia and Alzheimer's disease.

FIGURE 13 CHART SHOWING THE DISTRIBUTION OF THE LIFE EXPECTANCY GAP BETWEEN WORCESTERSHIRE'S MOST AND LEAST DEPRIVED QUINTILE, BY BROAD CAUSE OF DEATH, 2012-2014



Source: PHE (2016), The Segment Tool[7]: The Segment Tool: segmenting life expectancy gaps by cause of death

[7] PHE (2016) Segment Tool: https://fingertips.phe.org.uk/profile/segment

Update on Emerging Issues Identified in the 2017 JSNA Annual Summary

This section is intended to provide a concise update on the emerging issues which were highlighted in the JSNA Annual Summary 2017.

Update on Premature Mortality

Overall Worcestershire has good health outcomes and was consistently better on some mortality measures than England for a long period. However, for cardiovascular diseases and cancers, the two biggest causes of mortality for under 75s, the gap between the England average and Worcestershire had narrowed over time and for cancers had closed entirely. For this reason the narrowing gap between Worcestershire and England was highlighted in the JSNA Annual Summary 2017.

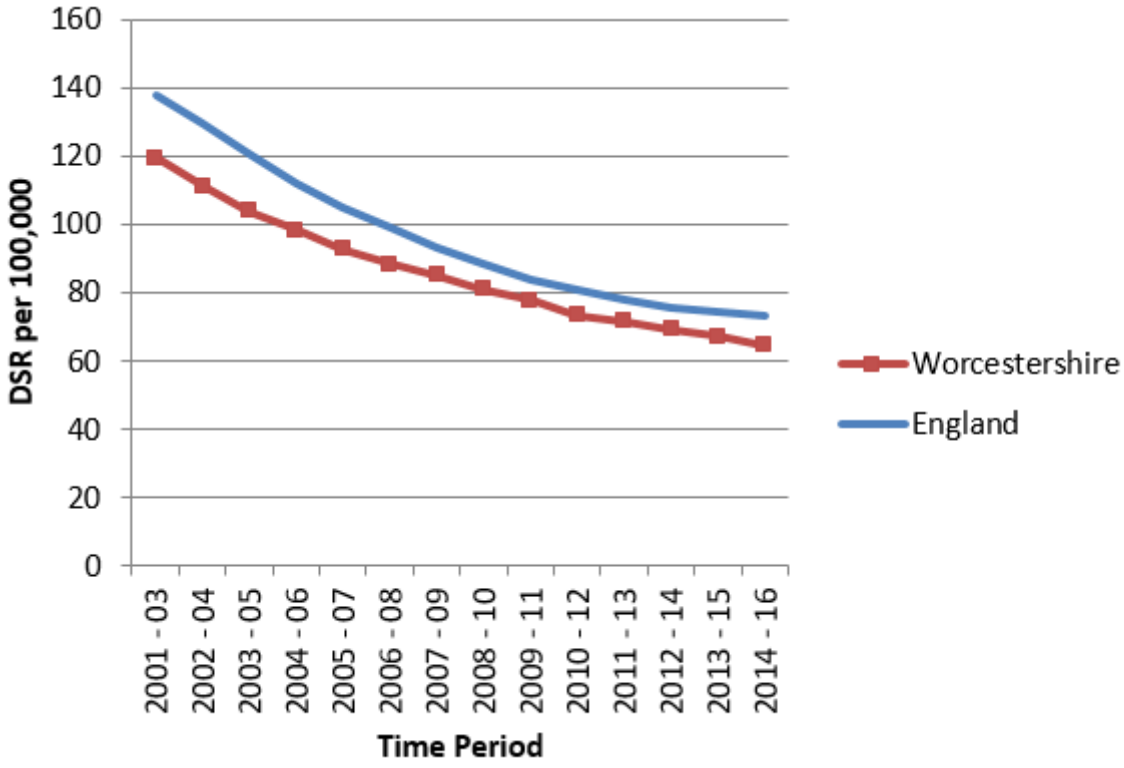
More recent data suggests that this trend may be changing in a positive direction and that the gap between Worcestershire and England may have begun to widen (as seen in

Figure 14, Figure 15,

Figure 16 and Figure 17. Future data releases will help to confirm if this is a sustained positive change.

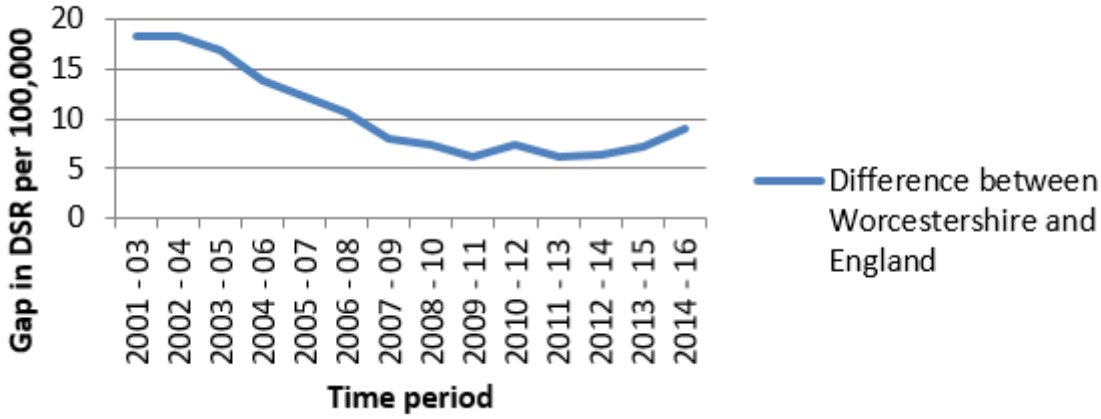
Out of 15 local authorities with similar socioeconomic characteristics, Worcestershire is worse than average for deaths from colorectal cancer, stroke and liver disease. It ranks particularly poorly at 14th for premature mortality due to stroke.

FIGURE 14 4.04I - AGE-STANDARDISED RATE OF MORTALITY FROM ALL CARDIOVASCULAR DISEASES (INCLUDING HEART DISEASE AND STROKE) IN PERSONS LESS THAN 75 YEARS OF AGE PER 100,000 POPULATION



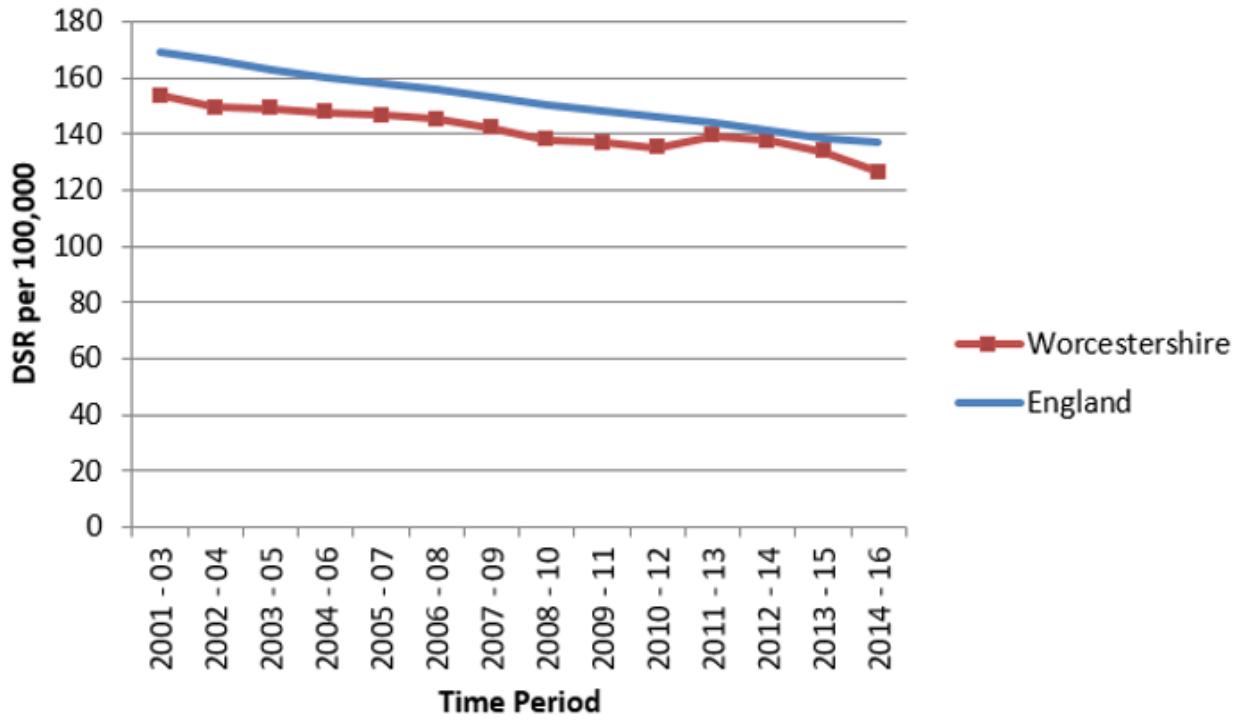
Public Health England, Public Health Outcomes Framework, 4.04i

FIGURE 15 4.04I – GAP IN AGE-STANDARDISED RATE OF MORTALITY FROM ALL CARDIOVASCULAR DISEASES (INCLUDING HEART DISEASE AND STROKE) IN PERSONS LESS THAN 75 YEARS OF AGE PER 100,000 POPULATION



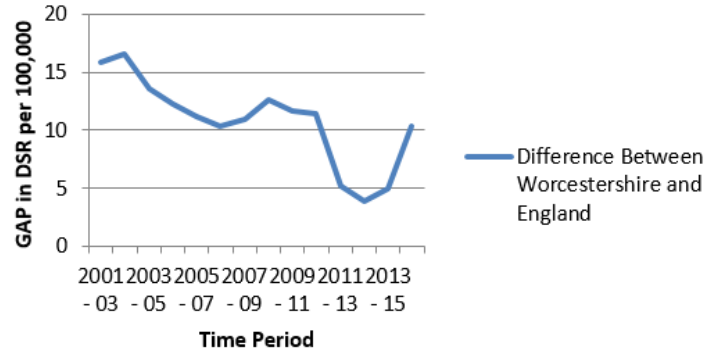
Source: Public Health England, Public Health Outcomes Framework, 4.04i Difference in DSR calculated by Worcestershire Public Health Team

FIGURE 16 4.05I - AGE-STANDARDISED RATE OF MORTALITY FROM ALL CANCERS IN PERSONS LESS THAN 75 YEARS OF AGE PER 100,000 POPULATION



Source: Public Health England, Public Health Outcomes Framework, 4.05i

FIGURE 17 GAP IN AGE-STANDARDISED RATE OF MORTALITY FROM ALL CANCERS IN PERSONS LESS THAN 75 YEARS OF AGE PER 100,000 POPULATION



Update Autism Spectrum Disorder (ASD)

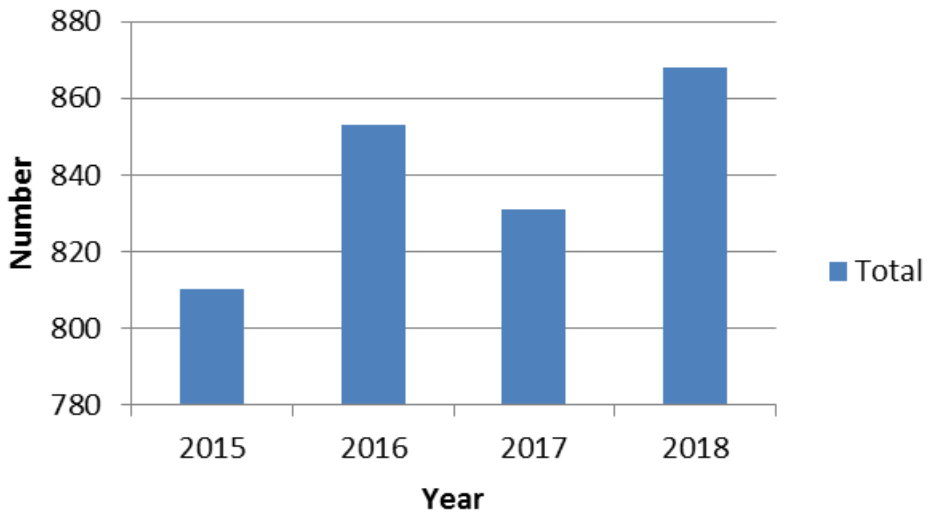
Autism Spectrum Disorder (ASD) is a lifelong, developmental disability that affects how a person communicates with and relates to other people, and how they experience the world around them. Prevalence studies of ASD (Brugha et al, 2012) indicate that 1.1% of the population may have autism - approximately 726,447 people in the UK[8].

There are no estimates of the overall numbers of people with ASD in Worcestershire. However, schools do submit data on the number of children recorded as having ASD as a primary special educational need (SEN) to the Department of Education. In January 2018, 868 children in Worcestershire were recorded as having an ASD (253 primary school pupils, 439 secondary school pupils and 176 children in special schools)[9].

[8] An estimate derived from the 1.1% prevalence rate applied to the 2017 mid-year population estimate.

[9] Department for Education. Special educational needs in England: 2018. Local Authority Tables. Available at: https://www.gov.uk/government/statistics/special-educational-needs-in-england-january-2018

FIGURE 18 NUMBER OF CHILDREN IN WORCESTERSHIRE WITH ASD RECORDED AS THEIR PRIMARY SEN



Source: Department of Education

The above data refers only to children with ASD as a primary type of need so is likely to under-represent actual numbers. It does not include independent schools.

Examination of data by local authority shows that variation is being caused by factors other than prevalence such as diagnosis and recording. Worcestershire data for 2017 shows that the proportion of children with ASD as a primary need in primary, secondary and special schools was 6.3% (CI: 5.9-6.7%) which is significantly lower than the figure for England 8.7% (CI: 8.7-8.8%). The picture becomes slightly more complicated when a comparison is made to our nearest statistical neighbours. Both Warwickshire (9.0%, CI: 8.5-9.5%) and Suffolk (9.8%, CI: 9.3%-10.3%) have significantly higher proportion of children with ASD as a primary need than Worcestershire but Gloucestershire has a significantly lower proportion (4.1%, CI: 3.8%-4.5%).

There could be a number of reasons for this which may warrant further investigation including under-diagnosis of ASD in Worcestershire or issues relating to service access.

In March 2018 Healthwatch Worcestershire published a report on Autism Spectrum Conditions[10]. This report makes a number of recommendations about diagnosis, information

[10] Healthwatch Worcestershire (2018). Autism Spectrum Conditions. Available at: http://www.healthwatchworcestershire.co.uk/wp-content/uploads/2018/03/HWW-Autism-Spectrum-Conditions-Report-March-2018-v-1.0.pdf

and support, understanding and awareness of autism spectrum conditions, and access to health services.

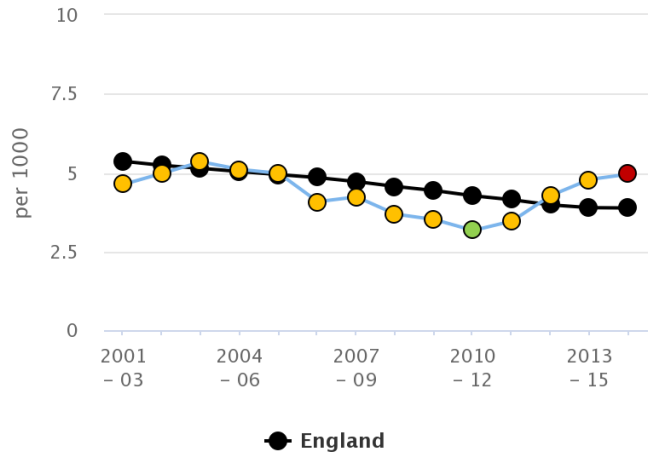
Update on Infant Mortality

Infant mortality measures the rate of deaths in babies aged under one year of age per 1,000 live births. Since 2010-12 the infant mortality rate in Worcestershire has increased despite a national decrease during the same period. For the latest time period available, 2014 - 16, the rate was 4.9 deaths per 1,000 - representing 89 deaths over a three year period.

Infant mortality rate is given in Figure 19 which shows that historically the rate of infant mortality in Worcestershire had been similar to the England average, but for 2010-12, it was significantly better at 3.2 deaths per 1,000 live births (representing 60 deaths over the three year period).

The latest figures have risen and are now significantly above the England average.

FIGURE 19 INFANT MORTALITY RATE IN WORCESTERSHIRE COMPARED TO ENGLAND

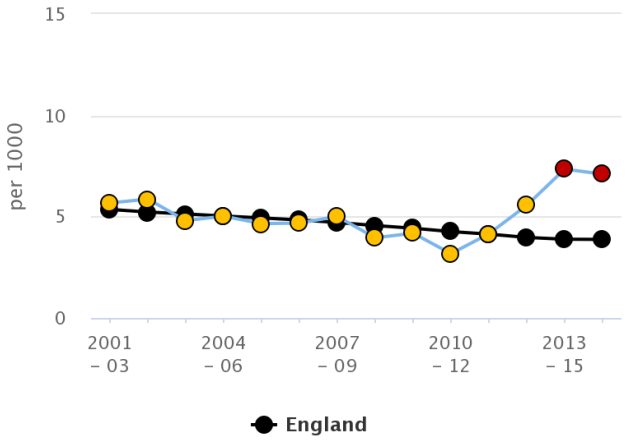


Source: Public Health England, Public Health Outcomes Framework

In 2014-16, of the six Worcestershire Districts, only Worcester had a statistically significantly higher rate of infant mortality than the national average at 7.1 deaths per 1,000. This represents

26 deaths over a three year period (Figure 20). The figure of 7.1 deaths per 1,000 live births is more than double the rate for 2010-12 which was 3.2 deaths per 1,000.

FIGURE 20 INFANT MORTALITY RATE IN WORCESTER DISTRICT COMPARED TO ENGLAND



Source: Public Health England, Public Health Outcomes Framework

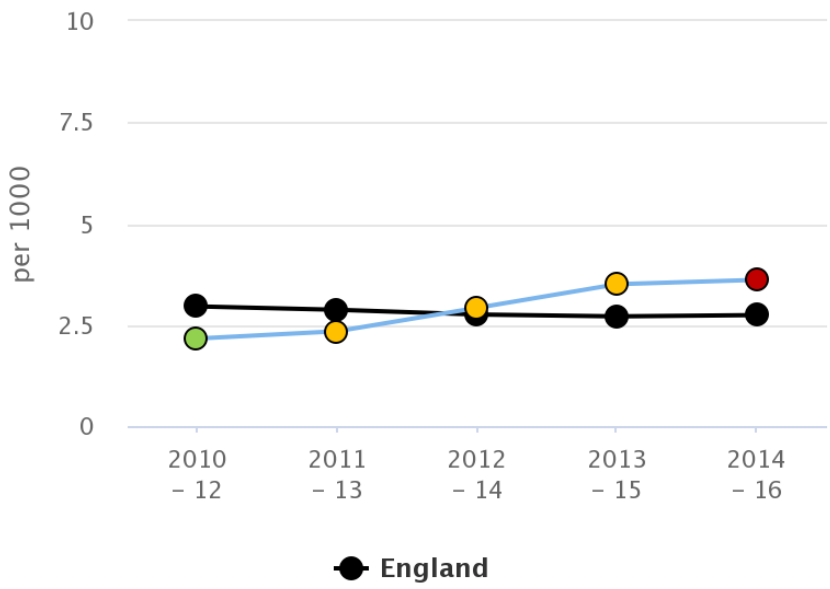
Other measures add to our understanding of infant mortality. These include the rate of neonatal mortality and post-neonatal mortality. These mortality measures are explored further in the following section.

Neonatal mortality

THE NEONATAL MORTALITY RATE MEASURES THE DEATHS OF INFANTS AGED LESS THAN 28 DAYS PER 1,000 LIVE BIRTHS.

Figure 21 shows that in Worcestershire, since the period 2010-12, there has been a rising trend in the Neonatal mortality rate. For the latest time period available the Worcestershire rate was higher than the England average at 3.61 per 1,000 live births (vs 2.74 nationally). This represents 65 deaths over a three year period.

FIGURE 21 NEONATAL MORTALITY RATE IN WORCESTERSHIRE COMPARED TO ENGLAND

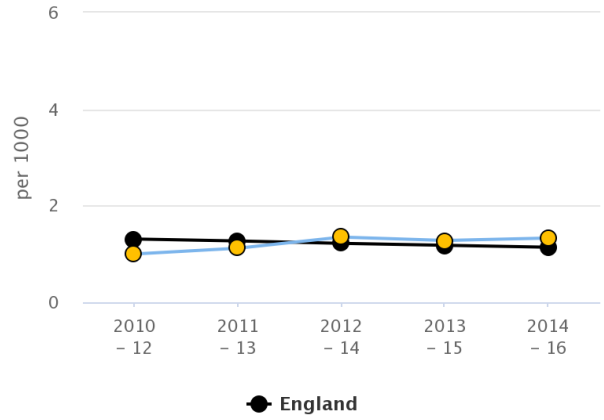


Source: Public Health England, Fingertips, Child and Maternal Health, Mortality

Post-neonatal mortality

Figure 22 shows the rate of deaths in infants aged between 28 days and one year per 1,000 live births. In 2014-16 the Worcestershire rate was 1.33 per 1,000 live births which was similar to the England rate of 1.14 per 1,000 live births. This represents 24 deaths over a three year period.

FIGURE 22 POST NEONATAL MORTALITY IN WORCESTERSHIRE



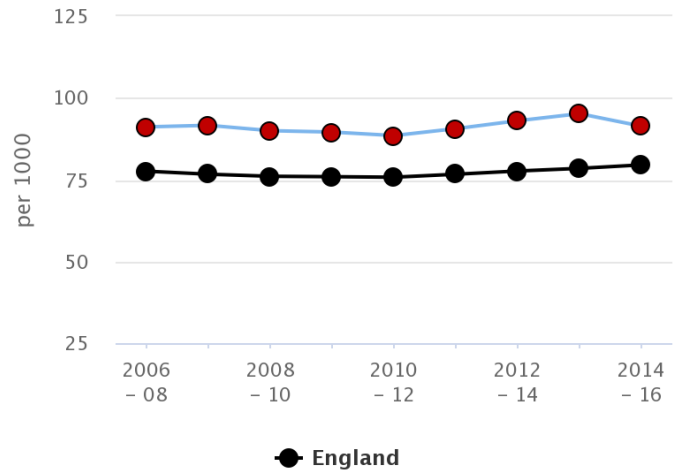
The data suggests that Worcestershire's higher than average infant mortality rate is being driven by the deaths of infants in the first 28 days of life.

Factors that contribute to infant mortality

It is well established that various factors increase risk of infant mortality, some of which are modifiable and some which are not modifiable. Such factors include prematurity, smoking during (and after) pregnancy, low birth weight, not breast feeding, maternal obesity, ethnicity and the age of mother. The most common causes of infant mortality differ according to the age of the infant.

Figure 23 shows that in Worcestershire the rate of premature births has been consistently higher than the national average since 2006-08. Figure 24 shows that amongst its nearest statistical neighbours Worcestershire has the highest rate of premature births. The most recent rate of 91.4 per 1000 births was statistically higher than the national average (79.5 per 1000 births).

FIGURE 23 PREMATURE BIRTHS (LESS THAN 37 WEEKS GESTATION), WORCESTERSHIRE



Source: Public Health England, Fingertips, Local Tobacco Profiles

FIGURE 24 PREMATURE BIRTHS (LESS THAN 37 WEEKS GESTATION), WORCESTERSHIRE'S STATISTICAL NEIGHBOURS

Premature births (less than 37 weeks gestation) 2014 - 16 — Crude rate - per 1000

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	–	-	158,657	79.5	79.1	79.9
Worcestershire	–	-	1,649	91.4	87.0	95.9
Staffordshire	–	4	2,185	84.3	80.8	87.9
Northamptonshire	–	14	2,222	82.2	78.8	85.7
Cumbria	–	13	1,170	81.6	77.0	86.5
West Sussex	–	10	2,134	80.6	77.3	84.1
Derbyshire	–	8	1,896	80.2	76.7	83.9
Norfolk	–	6	2,189	80.2	76.9	83.6
Warwickshire	–	1	1,418	79.0	74.9	83.2
Nottinghamshire	–	7	2,047	78.1	74.7	81.5
Gloucestershire	–	2	1,550	77.1	73.3	81.0
Somerset	–	5	1,269	75.9	71.8	80.2
Suffolk	–	3	1,813	75.9	72.5	79.5
Essex	–	9	3,689	74.7	72.3	77.1
North Yorkshire	–	11	1,261	74.1	70.0	78.3
Devon	–	15	1,565	73.6	70.0	77.4
Lincolnshire	–	12	1,680	72.9	69.4	76.4

Source: Office for National Statistics adhoc table request

Source: Public Health England, Fingertips, Local Tobacco Profiles

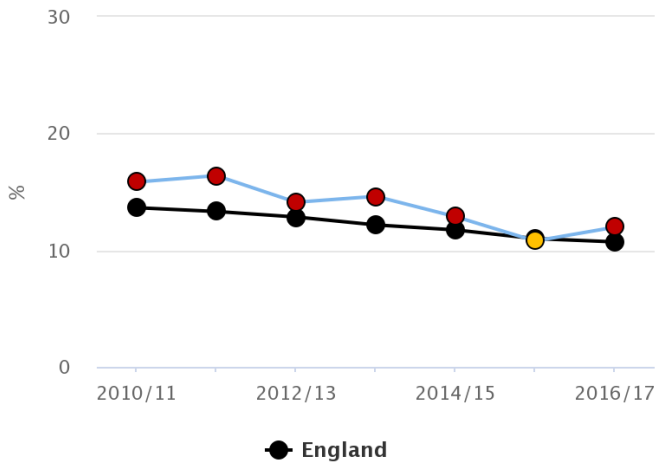
When the premature birth rate is examined at district level four out of the six districts had a higher rate than nationally for the period 2014-16. These were Malvern Hills, Redditch,

Worcester and Wyre Forest. Malvern Hills is the only one of 16 nearest statistical neighbours to have a statistically higher than national rate.

Smoking is still the single biggest identifiable risk factor for poor birth outcomes. Figure 25 shows the proportion of mothers smoking at the time of delivery. There has been a downwards

trend since 2010/11 (for both Worcestershire and England). In 2015-16 the rate was similar to the national average but for the latest available year 2016-17 it is statistically significantly higher than England at 12% (626 women). This overall rate hides local variation. When split by district only Wyre Forest has a rate that is higher than the national average at 14.3% (154 women).

FIGURE 25 SMOKING STATUS AT TIME OF DELIVERY, WORCESTERSHIRE



Source: Public Health England, Fingertips, Local Tobacco Profiles

Other indicators linked to infant mortality where Worcestershire performed worse than England in 2016-17 were breastfeeding initiation (66.7% vs 74.5% nationally) and low birth weight of all babies (2016; 8% vs 7.3% nationally). The recent trend for breastfeeding initiation has been downwards.

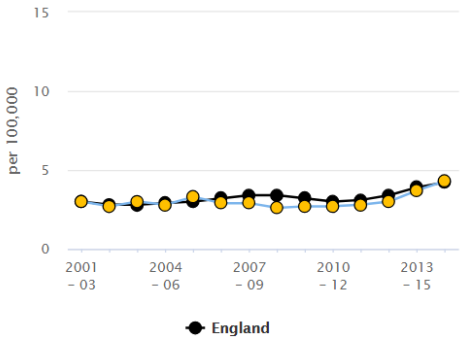
Update on Drug Misuse Deaths

Nationally, the rate of deaths from drug misuse is rising and this trend is mirrored in Worcestershire. For the latest period (2014-2016), the rate was 4.3 deaths per 100,000

population in Worcestershire compared with 4.2 nationally. This represents 70 deaths over the three year period.

There are two factors that have been identified as contributing to this trend nationally. These are a) an increase in the availability and purity of heroin and b) an ageing cohort who started using heroin in the 1980s and 1990s are now experiencing cumulative physical and mental health conditions and are at higher risk of death. Each drug misuse death is reviewed locally by a multi-agency audit group to analyse the background to each death and implement any changes as a result of discussions/findings.

FIGURE 26 DEATHS FROM DRUG MISUSE, DSR PER 100,000



Recent trend: –

Period		Count	Value	Lower CI	Upper CI	West Midlands	England
2001 - 03		47	3.0	2.2	4.0	2.5	3.0
2002 - 04		41	2.7	1.9	3.6	2.5	2.8
2003 - 05		47	3.0	2.2	4.0	2.6	2.8
2004 - 06		45	2.8	2.1	3.8	2.6	2.9
2005 - 07		53	3.3	2.5	4.3	2.8	3.0
2006 - 08		47	2.9	2.1	3.9	2.9	3.2
2007 - 09		47	2.9	2.1	3.9	2.9	3.4
2008 - 10		42	2.6	1.9	3.5	2.9	3.4
2009 - 11		44	2.7	2.0	3.7	2.7	3.2
2010 - 12		44	2.7	2.0	3.7	2.7	3.0
2011 - 13		45	2.8	2.0	3.7	2.8	3.1
2012 - 14		49	3.0	2.2	4.0	3.5	3.4
2013 - 15		59	3.7	2.8	4.8	4.0	3.9
2014 - 16		70	4.3	3.3	5.4	4.3	4.2

Source: Office for National Statistics (ONS)

Source: Public Health England, Public Health Outcomes Framework

The majority of drug misuse deaths in England occur among people who are not in treatment, and evidence shows that being in treatment is protective against the risk of mortality. In addition to protecting the individual, drug treatment benefits wider society. Drug treatment also reduces drug related offending and therefore delivers substantial crime reduction benefits. Public Health England state the following are ways of preventing drug misuse deaths:

- Identifying drug users in the community
- Making treatment services easily accessible and attractive
- Delivering drug treatment services in line with the well-established body of evidence based guidelines
- Developing pathways that facilitate people who use drugs being screened for health conditions such as lung conditions or mental health problems

The drug strategy 2017 sets out how the government and its partners, at local, national and international levels, will take new action to tackle drug misuse and the harms it causes:

https://www.gov.uk/government/publications/drug-strategy-2017

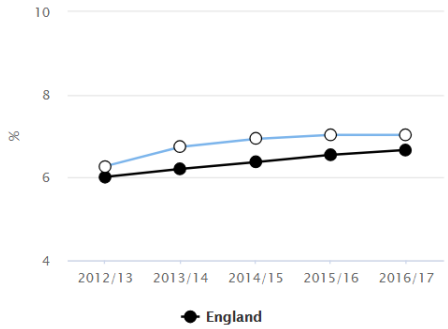
In response to concerns about deaths from heroin adulterated with fentanyls (potent synthetic opioids) in 2016 to 2017, Public Health England has an extensive programme of work to prevent future deaths, including supporting an increase in the provision of naloxone, the heroin overdose antidote. Two resources for local authorities are now available: guidance on preparing to respond to future threats from potent opioids, and modelling of recommended levels of local authority naloxone provision. These are available from the following link:

https://www.gov.uk/government/publications/fentanyl-preparing-for-a-future-threat

Update on Excess Weight and Diabetes

Figure 27 shows that recorded diabetes in Worcestershire has been increasing as it has been nationally. In 2016-17 there were 34,803 people over 17 who had a diagnosis of diabetes. This represents 7% of the registered population.

FIGURE 27 QOF PREVALENCE OF RECORDED DIABETES, WORCESTERSHIRE



Recent trend:

Period		Count	Value	Lower CI	Upper CI	West Midlands	England
2012/13		29,613	6.3*	6.2	6.3	6.7*	6.0
2013/14		31,894	6.7	6.7	6.8	7.1	6.2
2014/15		33,057	6.9	6.9	7.0	7.3	6.4
2015/16		34,011	7.0	7.0	7.1	7.5	6.5
2016/17		34,803	7.0	7.0	7.1	7.5	6.7

Source: QOF

Source: Public Health England, Public Health Profiles

Type 2 diabetes represents approximately 90% of these cases and is partially preventable. Diabetic complications (including cardiovascular, kidney, foot and eye diseases) result in considerable morbidity and have a detrimental impact on quality of life. Type 2 diabetes can be prevented or delayed by lifestyle changes.

Excess weight is a contributory factor for type 2 diabetes. In 2016/17 the majority of adults in Worcestershire were estimated to be overweight or obese (62%) which is statistically similar to England (61.3%)[11].

Update on Homelessness

Homelessness covers a wide spectrum of housing situations and defining homelessness is not straightforward. Official data based on statutory homelessness are only part of the story. Counting homeless people is a challenge and hidden homelessness is an issue.

Homelessness is a significant issue in Worcestershire, with many indicators being close to the national level. The economic recession saw statutory homelessness in the county peak in 2011, since then it has fallen, but it still remains above pre-2011 levels.

Homeless people are at increased risk of a wide range of health problems related to physical health, mental health and substance misuse. Physical health problems include circulatory and respiratory conditions, joint aches and pains and poor oral health. Poor mental health is also particularly prevalent. There is evidence that many homeless people have two or more long-term conditions (LTCs), a situation known as 'multimorbidity'.

There is a high prevalence usage of illegal and prescribed drugs, and of tobacco and alcohol amongst homeless people.

The majority (87%) of the sample in the Worcestershire Homeless Health Audit 2017 were smokers. This is a similar proportion to national studies of similar homeless groups and much higher than the general population prevalence of 17%. Amongst those who were drinking, the average units consumed per day were 11 – much higher than the officially recommended amounts (14 units per week).

Access to health services is an issue nationally and locally with significant proportions of homeless people facing barriers to access and/or insufficient treatment. This may have an effect on the diagnosis of chronic health conditions. For example in the Worcestershire Homeless Health Audit 2017, diabetes was only reported by 1 person from the sample of 76 (1.3%). This rate is well below the reported prevalence in the overall population (6.7% for England), possibly suggesting significant under-diagnosis of this condition amongst this homeless population.

[11] Public Health England, Public Health Profiles

The Homelessness Reduction Act 2017 increased the duties of local authorities towards homeless people. Proposed changes to legislation and benefits are likely to have an impact on homeless numbers.

Locally, a Worcestershire-wide Homeless Health Group has been in operation since 2016. This forum brings together local authorities, NHS partners and voluntary sector organisations.

In recognition of the health issues faced by homeless people, the Worcestershire Health and Wellbeing Board have signed up to a 'Charter for Homeless Health'. As part of this commitment a JSNA profile which explores homelessness and the health of homeless people in Worcestershire in more depth has been produced.

Update on Violent Crime

The rate of violent crime recorded in Worcestershire continues to increase (Figure 28) and this reflects what is happening nationally. The latest figures available are for 2016-17 and show there were 12,688 violent offences recorded in Worcestershire or a rate of 21.9 violent offences per 1,000 population.

However, these statistics should be interpreted with caution because action taken by police forces to improve their compliance with the National Crime Recording Standard (NCRS) is likely to have resulted in an increase in the number of offences recorded. It is difficult to determine whether high or low levels of violence offences are due high or low prevalence, or high or low levels of recording.

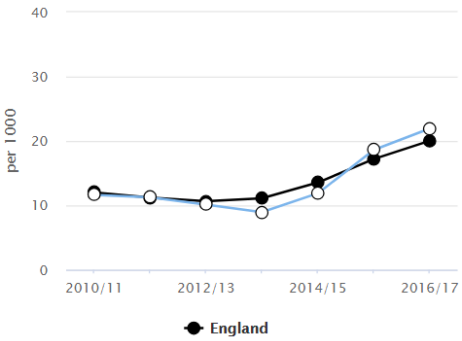
Figure 29 illustrates this complexity as it shows the rate of hospital admissions due to violent crime continues to fall in Worcestershire again mirroring the national trend. The most recently available figures are for the period 2014-15 to 2016-17 and are 23.8 admissions per 100,000 population. This represents 386 admissions over a three year period.

Nationally it is thought the Crime Survey for England and Wales provides a better indication of more common but less harmful violent offences and police recorded crime provides a better measure of violent offences that are more harmful but less common[12]. Nationally, the Crime

[12] Office for National Statistics. Statistical Bulletin. Crime in England and Wales: year ending March 2018. Available at: https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/crimeinenglandandwales/yearendingmarch2018

Survey for England and Wales shows long-term reductions in violent crime but little change in recent years.

FIGURE 28 RATE OF VIOLENT OFFENCES, WORCESTERSHIRE



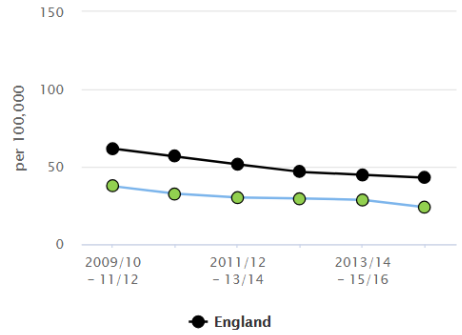
Recent trend:

Period		Count	Value	Lower CI	Upper CI	West Midlands	England
2010/11	○	6,544	11.6	11.4	11.9	12.4	12.0
2011/12	○	6,352	11.3	11.0	11.5	10.8	11.2
2012/13	○	5,729	10.1	9.9	10.4	10.4	10.6
2013/14	○	5,091	8.9	8.7	9.2	11.2	11.1
2014/15	○	6,788	11.9	11.6	12.1	12.8	13.5
2015/16	○	10,701	18.6	18.2	19.0	17.0	17.2
2016/17	○	12,688	21.9	21.5	22.3	19.7	20.0

Source: Figures calculated by PHE Knowledge and Intelligence Team (North West) using crime data supplied by the Home Office and population data supplied by Office for National Statistics (ONS).

Source: Public Health England, Public Health Outcomes Framework

FIGURE 29 RATE OF HOSPITAL ADMISSIONS DUE TO VIOLENT CRIME, WORCESTERSHIRE



Recent trend: –

Period		Count	Value	Lower CI	Upper CI	West Midlands	England
2009/10 - 11/12	●	609	37.5	34.5	40.6	57.0	61.7
2010/11 - 12/13	●	526	32.6	29.8	35.5	52.6	56.7
2011/12 - 13/14	●	486	30.1	27.5	32.9	48.5	51.5
2012/13 - 14/15	●	479	29.6	27.0	32.3	45.3	46.7
2013/14 - 15/16	●	464	28.7	26.1	31.4	44.2	44.8
2014/15 - 16/17	●	386	23.8	21.5	26.3	41.4	42.9

Source: Hospital Episode Statistics (HES), Health and Social Care Information Centre for the respective financial year, England. Hospital Episode Statistics (HES) Copyright © 2017, Re-used with the permission of The Health and Social Care Information Centre. All rights reserved. Local Authority estimates of resident population, Office for National Statistics (ONS) Unrounded mid-year population estimates produced by ONS and supplied to the Public Health England

Source: Public Health England, Public Health Outcomes Framework

Emerging Issues (2018)

Antibiotic Prescribing in Primary Care

Summary

- Due to antimicrobial resistance society is rapidly getting close to a point where we are unable to prevent or treat everyday infections.
- Overuse and incorrect use of antibiotics is a major driver of resistance.
- Some groups are at increased risk of bacterial infection, including: older people, babies, people with heart failure, people who take insulin to control their diabetes, people with a weakened immune system.
- Nationally there has been a declining trend in antibiotic prescribing in primary care.
- Worcestershire has also seen a declining trend in antibiotic prescribing in primary care. However, the decline has not kept pace with national trends and all three Clinical Commissioning groups have higher rates of antibiotic prescribing in primary care than England as a whole.
- Of the three Clinical Commissioning Groups, South Worcestershire CCG has the highest rate of antibiotic prescribing in primary care.
- Antibiotic Guardian is a Public Health England led behaviour-change campaign to encourage improved behaviours and engagement on the prudent use and prescription of antibiotics. By making role-specific pledges stakeholders agree to change their behaviour around this issue.

Background

Bacteria, viruses and fungi are naturally adapting and becoming resistant to medicines used to treat infections that they cause. Coupled to this, the development pipeline for new antibiotics is at an all-time low. Together this means society is rapidly getting close to a point where we may not be able to prevent or treat everyday infections or diseases.

Antibiotic prescribing and antibiotic resistance are inextricably linked, as overuse and incorrect use of antibiotics are major drivers of resistance (PHE, 2018).

In 2013 the Department of Health published a five year antimicrobial resistance strategy (Department of Health, 2013).

The strategy identifies seven key areas for action:

- improving infection prevention and control practices
- optimising prescribing practice
- improving professional education, training and public engagement

- developing new drugs, treatments and diagnostics
- better access to and use of surveillance data
- better identification and prioritisation of AMR research needs
- strengthened international collaboration

Groups at risk of bacterial infections

Some groups of people are more vulnerable to the harmful effects of infection. These include:

- people aged over 75 years
- babies less than 72 hours old with a confirmed bacterial infection, or a higher than average risk of developing one
- people with heart failure
- people who have to take insulin to control their diabetes
- people with a weakened immune system – either because of an underlying health condition such as HIV infection or as a side effect of certain treatments, such as chemotherapy.

NHS Choices (2018)

This section of the JSNA Annual Summary focuses on local data that relates to optimising prescribing practice and improving professional education, training and public engagement in primary care.

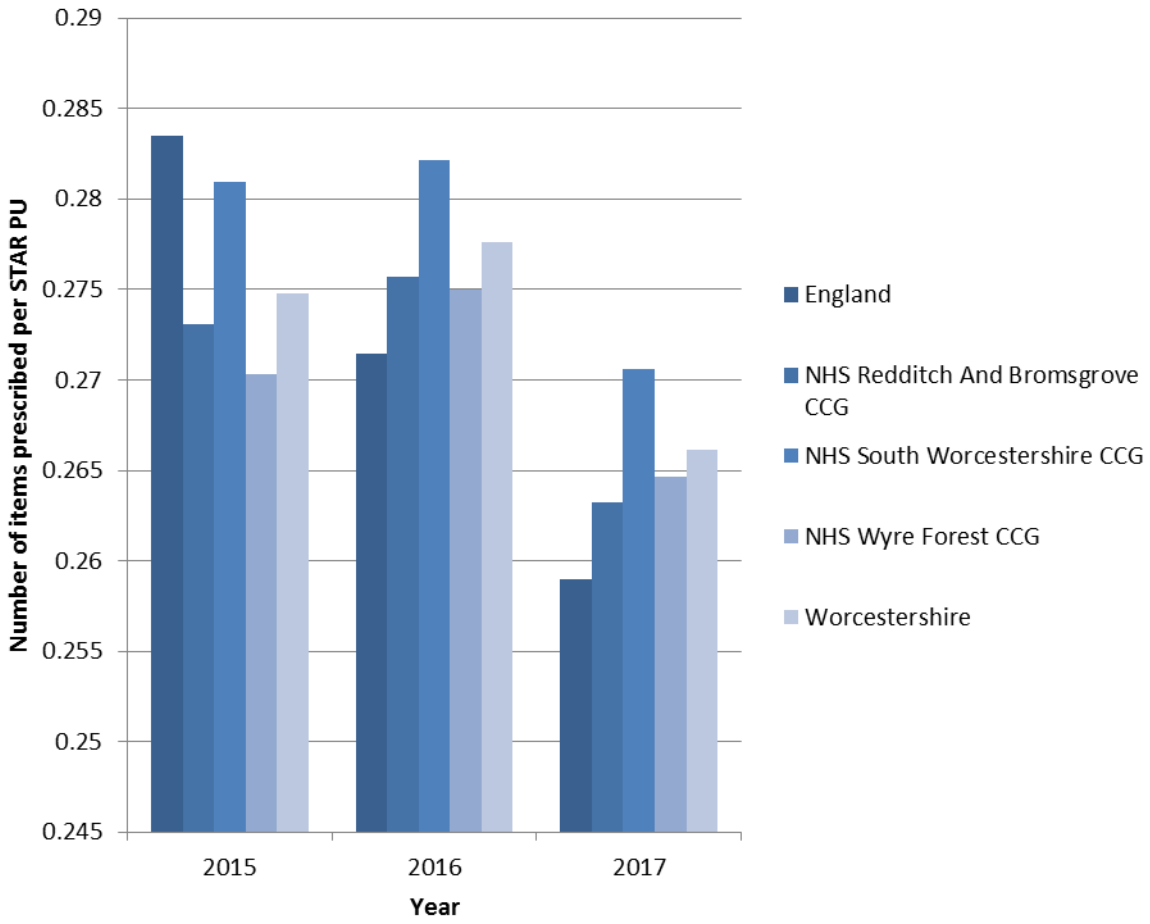
Antibiotic prescribing in Primary Care

The total number of prescribed antibiotic items per 1,000 registered patients is published by NHS Digital on quarterly basis. In order to make more accurate comparisons the data has been adjusted to take into account the demographic characteristics of the population thus producing a number of items prescribed per STAR-PU (see the data notes section for further information).

Figure 30 shows that nationally, over the period 2015-17, there has been a declining trend in antibiotic prescribing in primary care. Although there has also been a decline in antibiotic prescribing in Worcestershire over the same period this has not been as great as that seen nationally. So despite having a better prescribing rate at the beginning of the period Worcestershire now prescribes more antibiotics per STAR-PU in primary care than the national average (0.266 vs 0.259).

In 2017 compared to 2015, all Worcestershire Clinical Commissioning Groups (CCGs) have a reduced rate of antibiotic prescribing. However, for all CCGs this was higher than the national average. Of the three CCGs, South Worcestershire CCG had the highest prescribing rate for antibiotics in primary care. Redditch and Bromsgrove CCG has the lowest.

FIGURE 30 AVERAGE QUARTERLY PRESCRIBING OF ANTIBIOTIC ITEMS PER STARPU



Source: Public Health England, Fingertips, National General Practice Profile, AMR Local Indicators. A local calculation to produce an average quarterly figure has been performed.

Antibiotic Guardians

Antibiotic Guardians is a Public Health England led behaviour-change campaign to encourage improved behaviours and engagement on the prudent use and prescription of antibiotics. The campaign encourages health and social care professionals, members of the public, students,

educators and scientists to pledge to do specific things tailored to their role (Antibiotic Guardian, 2018).

Figure 31 shows the rates of Antibiotic Guardians per 100,000 population per year by Clinical Commissioning Group as a measure of engagement within the area on antibiotic resistance. For this indicator, a higher rate is indicative of increased engagement.

It can be seen that Redditch and Bromsgrove CCG has a higher rate of Antibiotic Guardians than the national average (21.1 vs 20.7) and Wyre Forest and South Worcestershire CCGs have a lower rate (12.1 and 9.7 respectively).

Improvements in this indicator could be made if more stakeholders make pledges via the Antibiotic Guardian website: http://antibioticguardian.com/

FIGURE 31 ANTIBIOTIC GUARDIANS PER CALENDER YEAR BY CLINICAL COMMISSIONING GROUP, 2017

Antibiotic Guardians per 100,000 population per calendar year by CCGs 2017 — Crude rate - per 100,000

Area	Count	Value	95% Lower CI	95% Upper CI
England	11,441	20.7	-	-
West Midlands NHS region	1,118	26.9	-	-
NHS Dudley CCG	182	57.5	-	-
NHS Birmingham Crosscity...	375	50.6	-	-
NHS Wolverhampton CCG	126	49.5	-	-
NHS Sandwell And West Bir...	116	23.8	-	-
NHS Birmingham South And...	46	22.7	-	-
NHS Redditch And Bromsgro...	38	21.1	-	-
NHS Herefordshire CCG	39	20.7	-	-
NHS Warwickshire North CC...	29	15.3	-	-
NHS Solihull CCG	31	14.7	-	-
NHS Wyre Forest CCG	12	12.1	-	-
NHS Coventry And Rugby CC...	48	10.7	-	-
NHS South Worcestershire...	29	9.7	-	-
NHS Walsall CCG	25	9.1	-	-
NHS South Warwickshire CC...	22	8.4	-	-

Source: Antibiotic Guardian counts and postcodes are extracted from www.antibioticguardian.com and include all healthcare professional, public and education sector pledges. Population estimates are based on ONS mid-year estimates.

Source: *Public Health England, Fingertips, AMR Local Indicators*

Associated documents and best practice

In 2017 Public Health England updated the 'Antimicrobial Resistance Resource Handbook'. This is a collation of national antimicrobial resistance, (AMR), antimicrobial stewardship (AMS) and infection prevention and control (IPC) resources which are relevant for various care settings. The handbook is available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/605967/PHE_AMR_resource_handbook.pdf

Key areas of work and local assets

The Medicines Commissioning team in Worcestershire continue to monitor antimicrobial prescribing and report data and concerns to individual Practices and host Providers. South Worcestershire CCG were asked to perform a comprehensive audit during quarter 1 of 18/19 as part of the promoting clinical excellence (PCE) contract. The Medicines Commissioning Team

have asked them to interrogate prescribing of co-amoxiclav, cephalosporins and quinolones with respect to local guidance. Practices are expected to then produce and submit individual action plans to address non-compliance with guidance.

Data notes/caveats

In order to fully appreciate antimicrobial prescribing, it is necessary to take into consideration demographic characteristics of the population as it may influence levels of prescribing. For that reason STAR-PU data is adjusted for both age and sex. STAR-PU is an indirectly standardised ratio that removes confounding effects of age and sex in the comparison of prescribing between different areas. This method allows for more accurate comparison of prescribing. In this specific indicator, a higher value is associated with increased prescribing (PHE, 2018). Yearly figures have been calculated by taking the average of quarterly values. If required, data can be broken down further by individual GP Practices.

Antibiotic Guardian counts and postcodes are extracted from www.antibioticguardian.com and include all healthcare professional, public and education sector pledges.

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Air Quality

Background

Poor air quality affects everyone. However older people, children, those living in deprived areas and those with a pre-existing medical condition are more vulnerable to the adverse effects of poor air quality. Poor air quality has been recognised by World Health Organisation as a "public health emergency" (WHO)[1] and is regarded as a major environmental risk to the public's health in the UK. The health impacts of poor air quality are significant and well recognised such as increases in hospital admissions and deaths from cardiovascular diseases, respiratory diseases and lung cancer. A growing body of evidence also suggests that there are links between poor air quality, diabetes and neurological diseases.

The major air pollutants in the UK are Particulate matter and Nitrogen dioxide (NO_2)

Particulate matter (PM) is generally categorised on the basis of the size of the particles, the smallest being $PM_{2.5}$ which has a diameter less than 2.5 microns. Particulate matter has the highest epidemiological link to health outcomes. PM consists of finely divided solids or liquids such as dust, fly ash, soot, smoke, aerosols, fumes, mists, and condensing vapours that can be suspended in the air. In the UK, the most significant human-made sources of $PM_{2.5}$ are stationary fuel combustion (burning wood, coal and other solid fuels) and road transport.

NO_2 is a traffic-related gaseous pollutant. The largest source of NO2 emissions are diesel light duty vehicles (cars and vans).

National picture

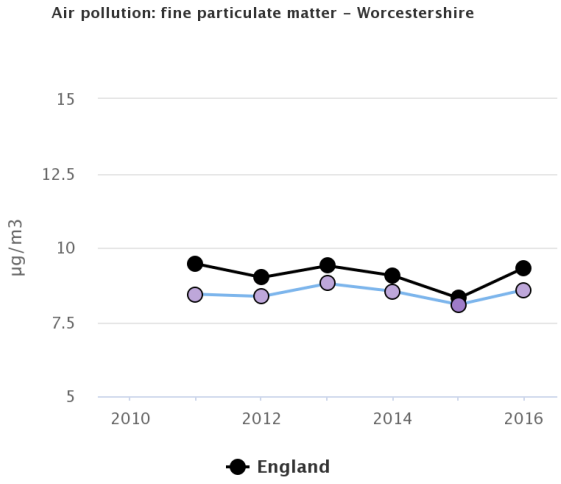
In 2010 the Department of Health's (DH) Committee on the Medical Effects of Air Pollutants (COMEAP) estimated the burden of particulate air pollution (measured in ug/m3) in 2008 to be equivalent to nearly 29,000 deaths and an associated loss of population life of 340,000 years. More recently, it is estimated that outdoor air pollution contributes to 40,000 early deaths each year. Reducing pollution by 10µg/m3 would extend lifespan in the UK by five times more than eliminating causalities on the road or three times more than eliminating passive smoking.

The total NHS and social care cost due to $PM_{2.5}$ and NO_2 combined[1] in 2017 was estimated at £42.88 million (based on data where there is more robust evidence for an association between the disease and air pollution), increasing to £157 million when diseases are included with less robust or emerging evidence for an association. Between 2017 and 2025, the total cost to the NHS and social care of air pollution with robust evidence for an association, is estimated to be £1.60 billion for $PM_{2.5}$ and NO_2 combined increasing to £5.56 billion if other diseases are included for which there is currently less robust evidence for an association.

Local picture

Air pollution in Worcestershire is rising similarly to the England average. Figure 32 shows the trend in air pollution based on concentration of particulate matter from 2011 to 2016.

FIGURE 32 AIR POLLUTION: FINE PARTICULATE MATTER - WORCESTERSHIRE



Source: Public Health Outcomes Framework

Postcodes in England were divided in tertiles based on exposure to PM $_{2.5}$ and NO_2 levels. Adult population in these postcodes were then allocated to categories of high, medium and low exposures to $PM_{2.5}$ and NO_2.

TABLE 5 AVERAGE PERCENTAGE OF ADULT POPULATION LIVING IN AREAS OF LOW, MEDIUM AND HIGH EXPOSURE PM 2.5 IN 2015 ACROSS ALL 6 WORCESTERSHIRE DISTRICTS

Key:

Low exposure = $PM_{2.5}$ < 12.3 micrograms/m^3

Medium exposure = $PM_{2.5}$ from 12.3 to 13.5 micrograms/m^3High exposure = $PM_{2.5}$ >= 13.5 micrograms/m^3

District	Low	Medium	High
Worcester (Males)	26.3	34.6	39.1
Worcester (females)	26.1	34.8	39.1
Wyre Forest(Males)	61.7	37	1.3
Wyre Forest (females)	62	37	1
Wychavon (males)	26.3	34.7	39
Wychavon (females)	26.2	34.7	39.1
Malvern (males)	42.8	51.5	5.7
Malvern (females)	42	52	6
Redditch (Males)	25	67.5	7.5
Redditch (Females)	25.4	67.1	7.6
Bromsgrove (males)	46.5	52.0	1.5
Bromsgrove (females)	44.8	53.6	1.6

Source:PHE Air pollution tool

As is seen from

Table 5, 39% of males and females in Worcester have a high annual exposure to $PM_{2.5}$ followed by Wychavon with 16.5% of males and 17% of females having high annual exposures to $PM_{2.5}$.

The average proportion of adult population with low, medium and high annual exposure to NO2 is shown in Table 6.

TABLE 6 AVERAGE ADULT PERCENTAGE OF POPULATION LIVING IN AREAS OF LOW, MEDIUM AND HIGH POLLUTION OF NO2 IN 2015 ACROSS ALL 6 WORCESTERSHIRE DISTRICTS

Key

Low exposure = NO_2 < 20.5 micrograms/m^3

Medium exposure = NO_2 values from 20.5 to 28.5 micrograms/m^3

High exposure = >= 28.5 micrograms/m^3

District	Low exposure prevalence(%)	Medium pollution prevalence(%)	High pollution prevalence(%)
Worcester (males)	33.5	33	33.5
Worcester (females)	33.5	33.2	33.3
Wyre Forest(Males)	27	56.5	16.5
Wyre Forest (females)	27	57	16
Wychavon(males)	33	33.4	33.6
Wychavon(females)	33.5	33.2	33.3
Malvern hills (Males)	85.5	14.4	>0.1
Malvern hills(female)	85.6	14.4	0
Redditch(Males)	17.4	74.6	8
Redditch(females)	17.3	75.1	7.6
Bromsgrove(Males)	8.9	62.3	28.7
Bromsgrove (Females)	8.6	62.0	29.5

As is seen from Table 6, 33% of males and females living in Worcester have a high exposure to NO_2 followed by 28.7% of males and 29.5% of females living in Bromsgrove.

Air quality management areas (AQMA) are declared where review and assessment have found National Air Quality Objectives and European directive limit and target values for the protection of human health are not being met. In 2017, it was estimated that 0.3% of the Worcestershire population was living in an AQMA which is higher than the England average of 0.2%.

Public Health England has recently developed a tool to help test the long term health impacts and cost implications of high concentrations of $PM_{2.5}$ and NO^2 on selected health conditions. Using this tool, an analysis of the long term health impacts of high $PM_{2.5}$ and NO_2 concentrations on people living in 6 districts across the county is presented below.

Worcester City

It is estimated that by 2037, if 100% of the population in Worcester city presently experiencing high exposure for NO2 move to an area with low annual exposure:

- 118 cases of asthma per 100,000 population are expected to be avoided by 2037.
- 357 cases of diabetes per 100,000 population are expected to be avoided by 2037.
- 3 cases of lung cancer per 100,000 population are expected to be avoided by 2037.
- This could avoid a cumulative cost of £1.3 million per 100,000 population in primary care, £1.8 million per 100,000 population in secondary care, £1.03 million per 100,000 population in medication costs and £2.06 million per 100,000 population in social care costs.

Similarly, if 100% of the pollution in Worcester city currently being exposed to high annual exposure of $PM_{2.5}$ move to an area with low air pollution then:

- 487 cases of coronary heart disease (CHD) per 100,000 population are expected to be avoided by 2037.
- 223 cases of chronic obstructive pulmonary disease (COPD) per 100,000 are expected to be avoided by 2037.
- 125 cases of stroke per 100,000 population are expected to be avoided by 2037.
- This could avoid a cumulative cost of £3.05 million per 100,000 population in primary care, £11.1 million per 100,000 population in secondary care, £5.78 million per 100,000 population in medication costs and £2.04 million per 100,000 population in social care costs.

Wychavon

It is estimated that by 2037, if 100% of the population in Wychavon presently experiencing high exposure for NO2 move to an area with low annual exposure then:

- 58 cases of asthma per 100,000 are expected to be avoided by 2037.
- 290 cases of diabetes per 100,000 population are expected to be avoided by 2037.
- 4 cases of lung cancer per 100,000 of population are expected to be avoided by 2037.

- This could avoid a cumulative cost of £1.5 million per 100,000 population in primary care, £2.1 million per 100,000 population in secondary care, £1.16 million per 100,000 population in medication costs and £2.36 million per 100,000 population in social care costs.

Similarly, if 100% of the pollution in Wychavon currently being exposed to high annual exposure of $PM_{2.5}$ move to an area with low air pollution then:

- 682 cases of CHD per 100,000 population are expected to be avoided by 2037.
- 239 cases of COPD per 100,000 are expected to be avoided by 2037.
- 179 cases of stroke per 100,000 population are expected to be avoided by 2037.
- This could avoid a cumulative cost of £3.78 million per 100,000 population in primary care, £17.5 million per 100,000 population in secondary care, £9.3 million per 100,000 population in medication costs and £4.7 million per 100,000 population in social care costs.

Wyre Forest

It is estimated that by 2037, if 100% of the population in Wyre Forest presently experiencing high exposure for NO^2 move to an area with low annual exposure then:

- 291 cases of diabetes per 100,000 population are expected to be avoided by 2037
- 3 cases of lung cancer per 100,000 of population are expected to be avoided by 2037

This could avoid a cumulative cost of £5.27 million per 100,000 of population in primary care, secondary care medication costs and social care costs.

Similarly, if 100% of the pollution in Wyre Forest currently being exposed to high annual exposure of $PM_{2.5}$ move to an area with low air pollution then:

- 200 cases of CHD per 100,000 population are expected to be avoided by 2037.
- 78 cases of COPD per 100,000 are expected to be avoided by 2037.
- 49 cases of stroke per 100,000 population are expected to be avoided by 2037.

This could avoid a cumulative cost of £9.5 million per 100,000 population across primary care, secondary care medication costs and social care costs.

Bromsgrove

Currently 28.5% of males and 29.5% of females in Bromsgrove live in areas with high annual exposure to NO2. If by 2037, 100% of this population experienced low exposure to NO2 then:

- 144 cases of asthma per 100,000 are expected to be avoided by 2037.
- 432 cases of diabetes per 100,000 population are expected to be avoided by 2037.
- 5 cases of lung cancer per 100,000 of population are expected to be avoided by 2037.

This could avoid a cumulative cost of £7.9 million per 100,000 population across primary care, secondary care, medication and social care costs.

Reducing exposure to $PM_{2.5}$ amongst the high exposure groups in Bromsgrove could reduce cases of Coronary Heart disease by 248 per 100,000, COPD by 110 per 100,000 and stroke by 68 per 100,000.

Malvern

Malvern has less than 1% of its population residing in areas with high exposure to NO_2 and hence the impact of interventions to reduce NO_2 is small in terms of reducing cases of avoidable disease and associated cost savings.

Interventions to reduce the impact of high exposure to $PM_{2.5}$ in Malvern (e.g. burning wood for domestic fuel) could help to avoid 331 cases of CHD per 100,000, 130 cases of COPD per 100,000 and 91 cases of stroke per 100,000 by 2037.

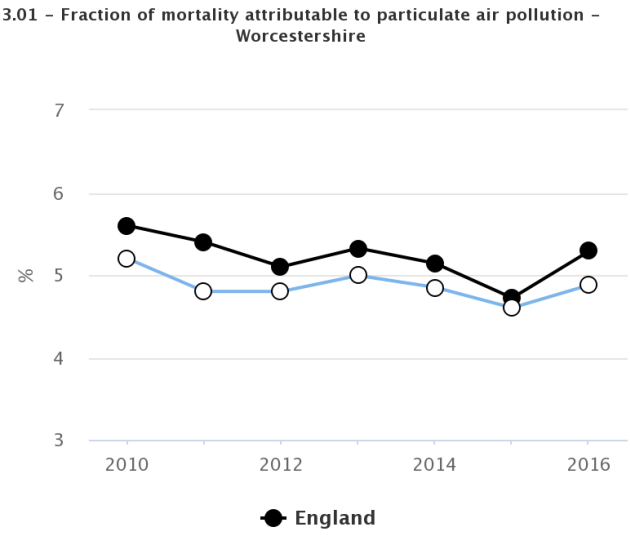
Redditch

Currently between 7-8% of the adult population in Redditch live in areas with high annual exposure to NO_2 and $PM_{2.5}$. If by 2037,100% of the population moved to experiencing low exposure to NO_2 and $PM_{2.5}$ then 134 cases of asthma per 100,000 population, 267 cases of diabetes per 100,000, 343 cases of CHD per 100,000, 141 cases of COPD per 100,000 and 94 cases of stroke per 100,000 population could be avoided. The cumulative cost savings due to exposure of $PM_{2.5}$ are estimated at £16.5 million per 100,000.

Mortality

The fraction of all-cause adult mortality attributable to anthropogenic (human-made) air pollution has increased slightly in Worcestershire since 2014 as shown in Figure 33.

FIGURE 33 FRACTION OF MORTALITY ATTRIBUTABLE TO PARTICULATE AIR POLLUTION - WORCESTERSHIRE



National guidance

The National Institute for Health and Care Excellence (NICE) recommends taking a number of actions in combination to improve air quality as cumulative effects from multiple interventions can be more effective in producing significant improvements in air quality. NICE provides the following recommendations to improve the improve air quality and prevent a range of health conditions and death:

- Planning: Include air pollution in 'plan making' by all tiers of local government
- Development management: Consider ways to mitigate road-traffic-related air pollution eg: use of zero or low emission vehicles, managing street trees and vegetation.
- Clean air zones: Consider introducing a clean air zone
- Reducing emissions from public sector transport services and vehicle fleets
- Smooth driving and speed reduction
- Walking and cycling
- Awareness raising

For more information https://www.nice.org.uk/guidance/ng70

Children and Young People

Summary

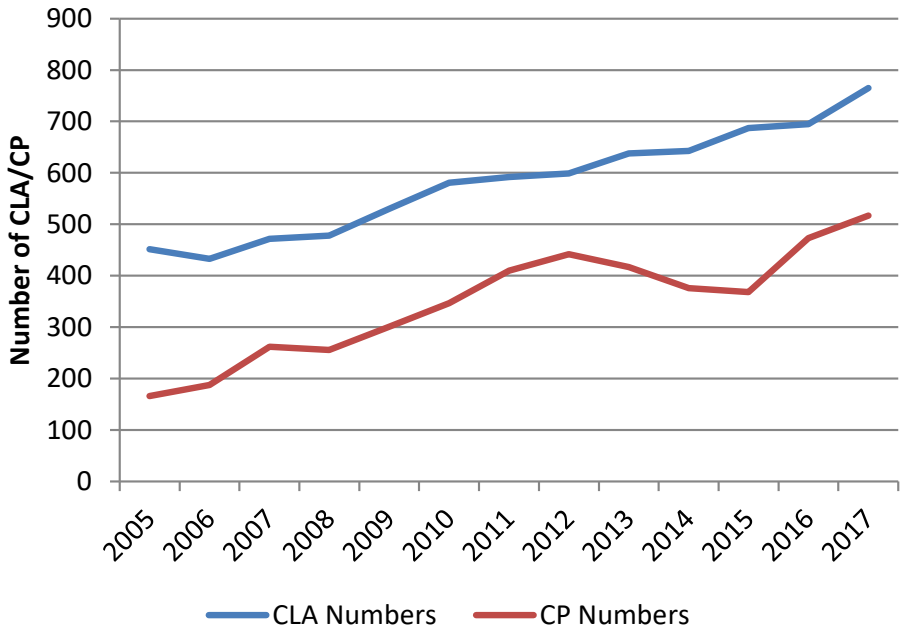
- The numbers of children who receive additional help or protection from Children's Social Care is continuing to rise. Numbers of children assessed as children in need (CIN), children looked after (CLA) and those subject to child protection plans (CP) continue to increase.
- Abuse or neglect is the most common primary need at assessment for children in need. Worcestershire has a higher percentage of children than England whose primary need was abuse or neglect and this has been rising.
- School readiness, defined as having reached a good level of development at the end of the Early Years Foundation Stage (EYFS), in Worcestershire is similar to England. However school readiness of our disadvantaged children remains worse.
- Whilst educational outcomes both at KS1 level and KS4 for Worcestershire are better than England, results are worse for disadvantaged children in Worcestershire than England.
- Educational outcomes at KS2 level are worse in Worcestershire than England and considerably worse for disadvantaged children.

- The rate of first time entrants to youth justice has increased over the last two years and was higher than the national average.
- The rate of decayed, missing or filled teeth in children aged 5 years in Worcester City is statistically significantly higher than England and has increased since the last survey.
- The homelessness rate of young people aged 16-24 remains higher than the national average.

Children in need and child protection

The data in the following figures are based on a snapshot of numbers at the 31st March each year.

FIGURE 34 TOTAL NUMBER OF CHILDREN LOOKED AFTER (CLA) AND CHILDREN WITH A CHILD PROTECTION PLAN (CP) IN WORCESTERSHIRE



Source: Department for Education, Children looked after in England including adoption SFR50/2017 and Characteristics of children in need SFR 61/2017

Figure 35 shows that the number of CLA has increased steadily and the numbers of CP increased up until 2012, declined for three years but has increased again over the last couple of

years. The CLA rate in Worcestershire has increased at a faster rate than the national average. The Worcestershire rate has increased over the past decade to reach and now overtake the England rate (Figure 35).

FIGURE 35 CHILDREN LOOKED AFTER (CLA) RATE PER 10,000 PERSONS AGED <18, 2005-2017

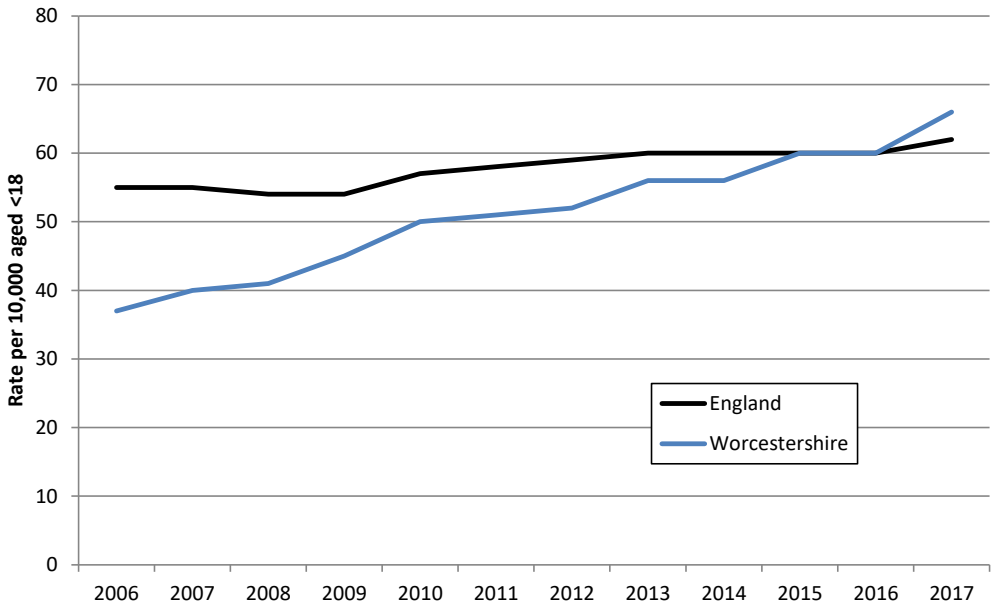
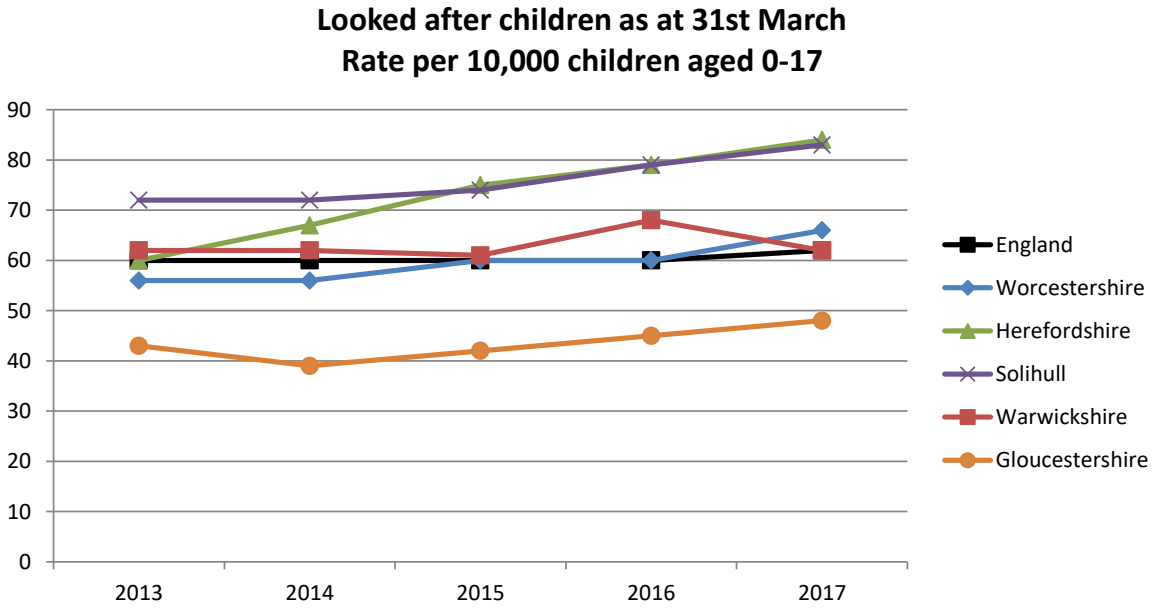
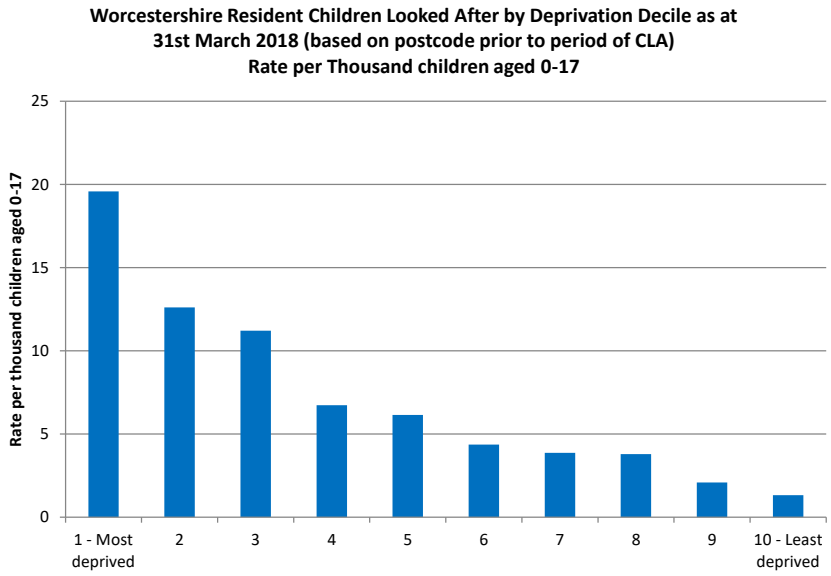


FIGURE 36 CHILDREN LOOKED AFTER AS AT 31ST MARCH – RATE PER 10,000 CHILDREN AGED <18, WORCESTERSHIRE COMPARED WITH STATISTICAL NEIGHBOURS



Although in 2017 Worcestershire had a higher rate than the England average, when compared to statistical neighbours, Worcestershire had the median value of the 5 areas with Herefordshire and Solihull having much higher rates.

FIGURE 37 CHILDREN LOOKED AFTER BY DEPRIVATION DECILE IN WORCESTERSHIRE AS AT 31ST MARCH 2018



Source: Worcestershire County Council, FWi data extract (local analysis)

Figure 37 shows the rate of CLA by their deprivation decile (based on the postcode prior to the period of CLA). This highlights that CLA are disproportionately from deprived areas of Worcestershire.

NUMBERS OF CHILDREN IN NEED (CIN) IN WORCESTERSHIRE HAVE ALSO CONSISTENTLY RISEN ALONGSIDE CLA AND CP NUMBERS AS CAN BE SEEN BY FIGURE 38. BY FAR THE LARGEST MAJORITY OF CIN ARE DUE TO CONCERNS THAT THE CHILD IS SUBJECT TO ABUSE OR NEGLECT AND THIS MAJORITY IS RISING YEAR ON YEAR (

Figure 39).

FIGURE 38 NUMBERS OF CIN, CLA AND CP IN WORCESTERSHIRE AS AT 31ST MARCH

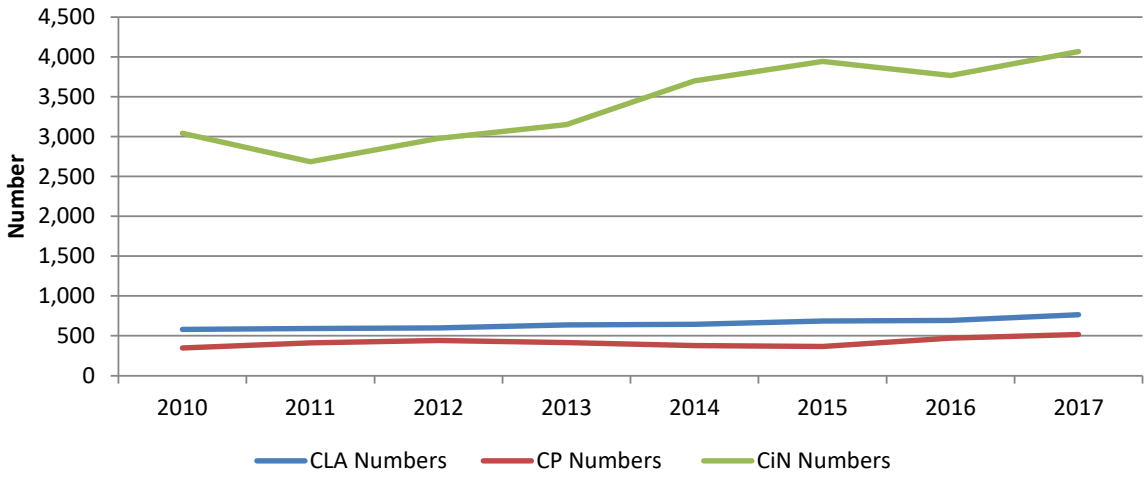
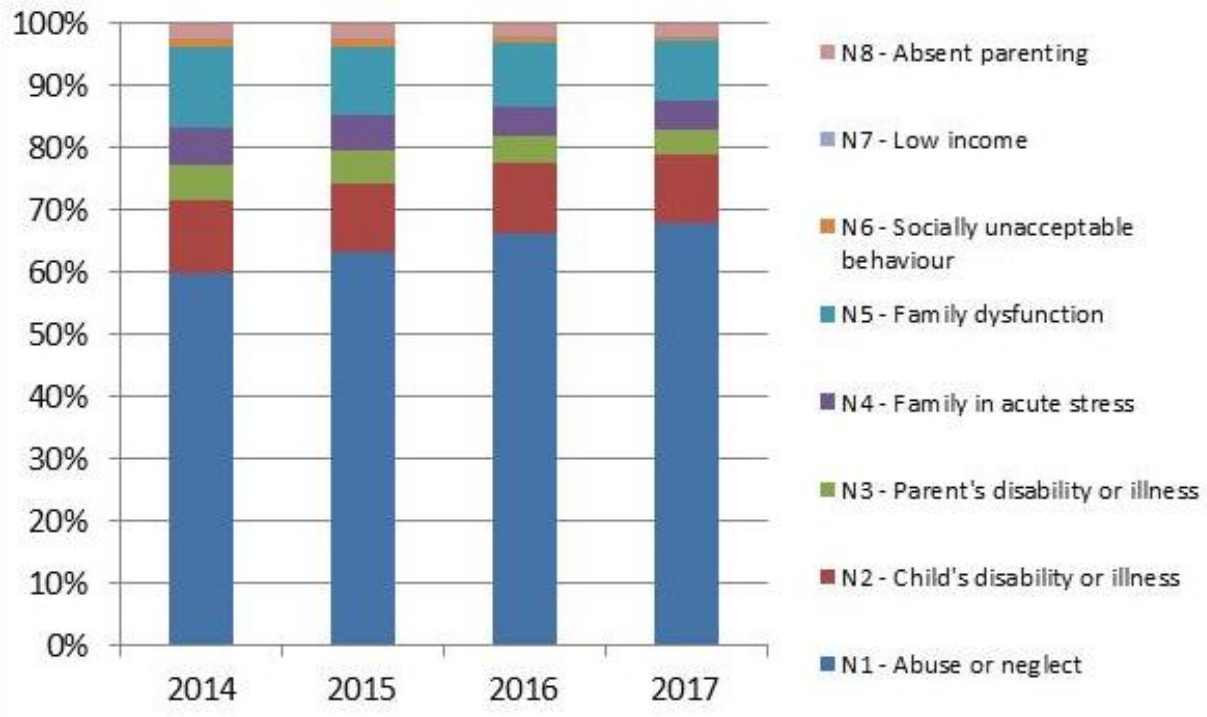


FIGURE 39 PRIMARY REASON FOR CIN REFERRAL

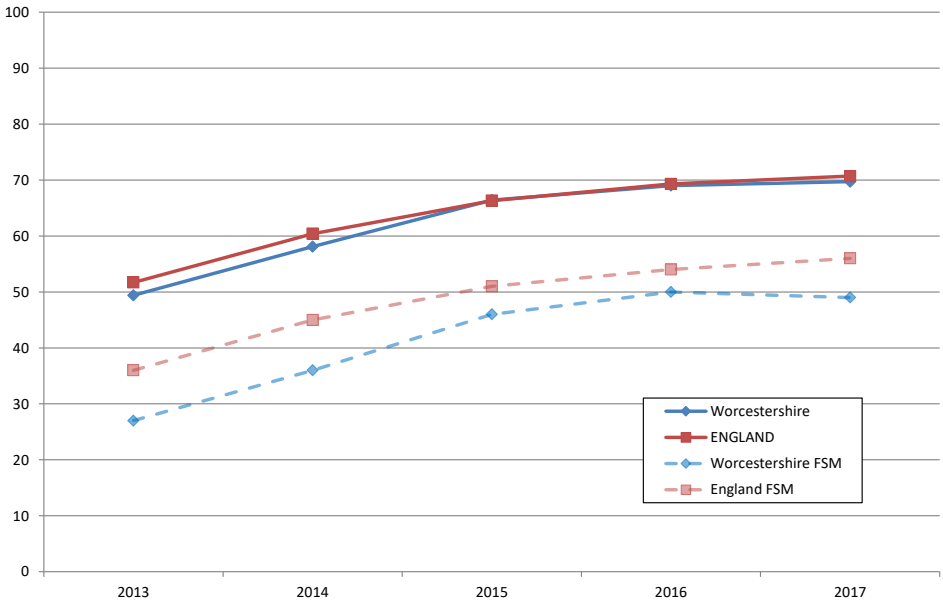


Worcestershire has a higher percentage of children than England whose primary need was abuse or neglect (68% compared to 52%). This accounts for over 2,750 of the 4,000 children flagged as CiN. The next largest category is Child's disability or illness with 450 children flagged in Worcestershire.

School Readiness (national data)

Whilst the overall percentage of children achieving a good level of development at the end of Reception is similar to England there are considerable differences between children who are eligible for free school meals in Worcestershire compared to these children nationally.

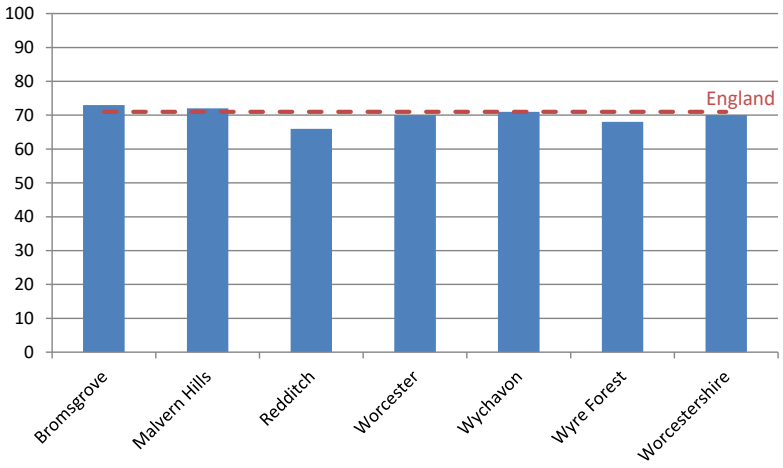
FIGURE 40 SCHOOL READINESS – PERCENTAGE OF CHILDREN ACHIEVING A GOOD LEVEL OF DEVELOPMENT AT THE END OF RECEPTION – ALL PUPILS COMPARED WITH THOSE ELIGIBLE FOR FREE SCHOOL MEALS (FSM)



Source: Department for Education, Early Years Foundation Stage Profile Statistics, SFR60/2017 tables

At sub-County level, Bromsgrove and Malvern council district children had a higher percentage of children with a good level of development than the England average in 2017, with Redditch having the lowest percentage. However, this percentage has improved over the last few years.

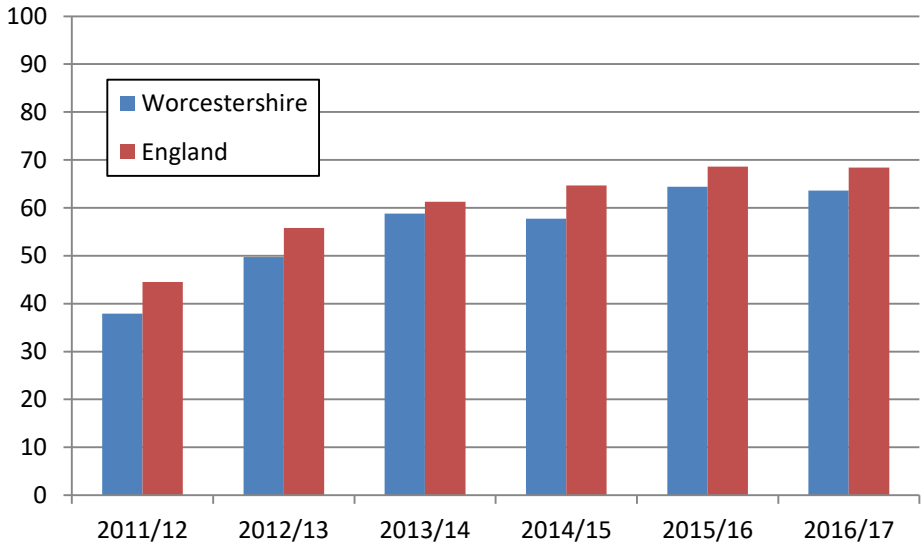
FIGURE 41 SCHOOL READINESS, 2017 – PERCENTAGE OF CHILDREN ACHIEVING A GOOD LEVEL OF DEVELOPMENT AT THE END OF RECEPTION BY COUNCIL DISTRICT AREA IN WORCESTERSHIRE



Source: Department for Education, Early Years Foundation Stage Profile Statistics, SFR60/2017 Additional tables

The inequalities gap is highlighted again in the phonics element of the school readiness indicator where children eligible for free school meals in Worcestershire have consistently had lower results when compared with England.

FIGURE 42 SCHOOL READINESS: THE PERCENTAGE OF YEAR 1 PUPILS WITH FREE SCHOOL MEAL STATUS ACHIEVING THE EXPECTED LEVEL IN THE PHONICS SCREENING CHECK

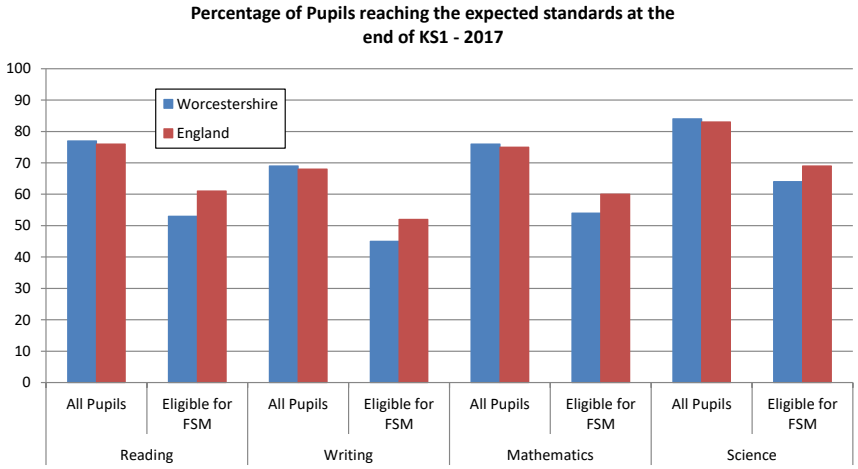


Educational outcomes

- KS1 results

Worcestershire has a higher percentage of pupils reaching the expected standards for all 4 areas tested at KS1 level. However, 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.

FIGURE 43 PERCENTAGE OF PUPILS REACHING THE EXPECTED STANDARDS AT THE END OF KS1 - 2017

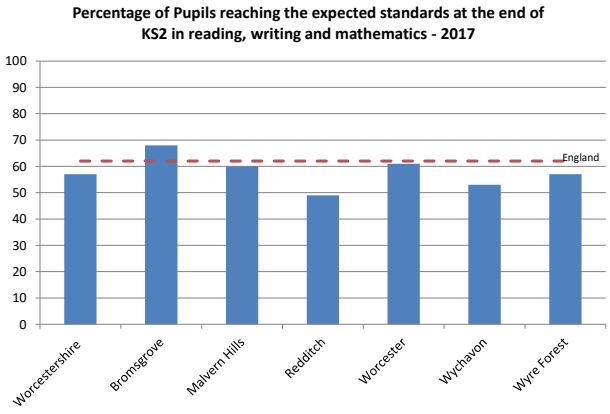


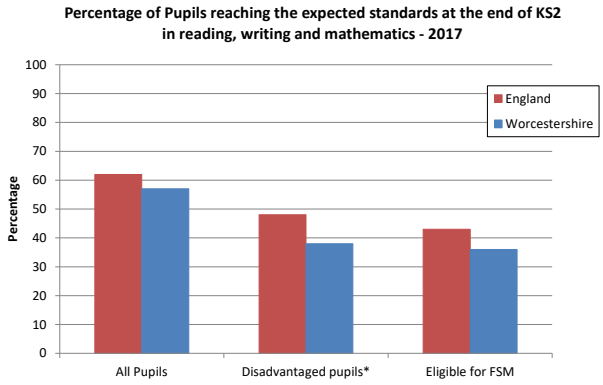
Source: Department for Education, National curriculum assessments at Key Stage 1, SFR49/2017

- KS2 results

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 2017 (see Figure 44). These percentages were even lower for children who are classed as disadvantaged or eligible for free school meals.

FIGURE 44 PERCENTAGE OF PUPILS REACHING THE EXPECTED STANDARDS AT THE END OF KS2 IN READING, WRITING AND MATHEMATICS – 2017





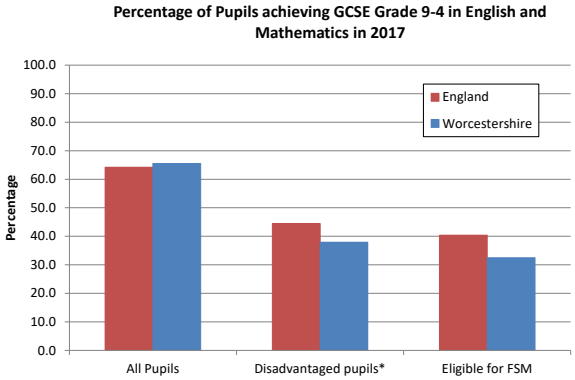
**Disadvantaged pupils include those eligible for FSM in the last 6 years or are looked after children for at least one day or are adopted from care*

Source: Department for Education, National curriculum assessments at Key Stage 2, SFR69/2017

- 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.

FIGURE 45 PERCENTAGE OF PUPILS ACHIEVING GCSE GRADE 9-4 IN ENGLISH AND MATHEMATICS IN 2017

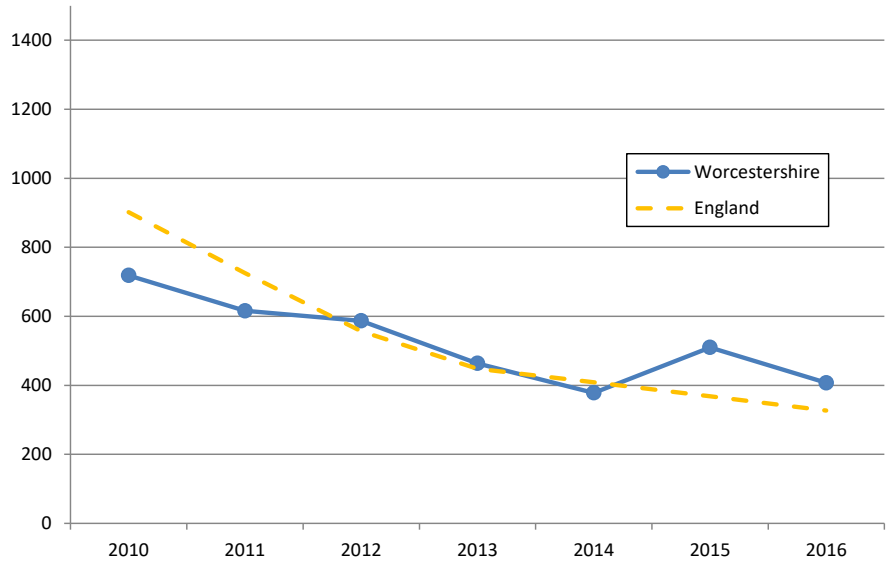


Source: Department for Education, National curriculum assessments at Key Stage 1, SFR01/2018

First Time Entrants in Youth Justice

Over the last 2 years, the rate in Worcestershire of first time entrants to youth justice has been statistically significantly higher than the national average. The data is calculated as the rate of 10-17 year olds receiving their first reprimand, warning or conviction per 100,000 population.

FIGURE 46 FIRST TIME ENTRANTS TO YOUTH JUSTICE SYSTEM PER 100,000 POPULATION AGED 10-17



Source: Public Health England, Public Health Outcomes Framework

Oral health in Worcester City

As highlighted in the Oral Health emerging issue section, the rate of decayed missing filled teeth in children is of concern, particularly in Worcester City.

The figure below (Figure 47) shows the DMFT for all Districts within Worcestershire compared to England. In the previous Oral Health Survey, carried out in 2014/15, Worcester City had a child average of 0.9 decayed missing filled teeth per child aged 5 years. This has now deteriorated to an average of 1.17 per child aged 5 years old in 2016/17.

FIGURE 47 DECAYED, MISSING OR FILLED TEETH IN FIVE YEAR OLDS, 2016/17

dmft (decayed, missing or filled teeth) in five year olds 2016/17 — Mean - mean dmft per child

Area	Count	Value	95% Lower CI	95% Upper CI
England	-	0.78	0.77	0.79
Worcestershire	-	-	-	-
Worcester	-	1.17	0.99	1.35
Wyre Forest	-	0.82	0.66	0.98
Malvern Hills	-	0.60	0.44	0.77
Redditch	-	0.51	0.41	0.61
Wychavon	-	0.44	0.36	0.53
Bromsgrove	-	0.25	0.17	0.32

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

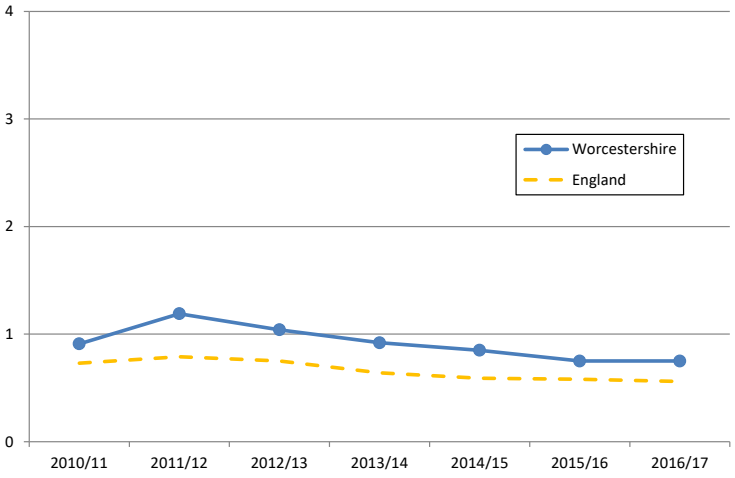
Source: Dental Public Health Epidemiology Programme: Oral Health Survey of 5 year olds

This issue is looked at in more detail in the Oral Health Needs Assessment which is available on the JSNA website.

Homeless young people

Worcestershire has consistently had a higher rate of homeless households headed by a young person as a rate per thousand households. A homelessness profile is currently being produced which will look at this issue in more detail.

FIGURE 48 HOMELESS HOUSEHOLDS HEADED BY A YOUNG PERSON AGED 16-24 YEARS AS A RATE PER THOUSAND HOUSEHOLDS



Source: Public Health England, Child at Maternal Health Profile

Dementia

Summary

- The number of people in Worcestershire who have a diagnosis of dementia is increasing. In 2016/17 it was around 5,000 people.
- However, this figure is likely to represent only a proportion of the people who actually have dementia.
- There are currently estimated to be around 8,000 people with dementia in Worcestershire and this number is projected to increase to nearly 14,000 by 2030.
- The diagnostic rate for dementia in Worcestershire is significantly lower than the national average at 61.0% (vs 67.7% nationally) and is also significantly lower than the national target of 66.7%.
- Diagnostic rates vary by Clinical Commissioning Group and South Worcestershire CCG in particular has a rate which is lower than the national target (57.7% vs the target rate of 66.7%).

Background

- The term dementia describes a collection of symptoms including memory loss, problems with reasoning and communication, and a reduction in a person's ability to carry out daily activities such as washing, dressing and cooking.
- Nationally it is calculated that dementia cost around £32,000 per person annually and 40% of the cost comes from informal care.
- Dementia prevalence increases with age, and age is an independent predictor of dementia[13].
- The most common types of dementia are: Alzheimer's disease, vascular dementia, mixed dementia and dementia with Lewy bodies[14].

[13] Adelman, S., Blanchard, M., Rait, G., Leavey, G. and Livingston, G. 2011. Prevalence of dementia in African-Caribbean compared with UK-born White older people: two-stage cross-sectional study. British Journal of Psychiatry, 199, 119-25.
[14] NICE (2015): https://www.nice.org.uk/guidance/ng16

- Dementia is a progressive condition that varies from person to person and each will experience dementia in a different way – people may often have some of the same general symptoms, but the degree to which these affect each person will vary[15].
- Diagnosing Well is one of the 5 strands within the Government's 'Well Pathway for Dementia' framework. The others are Preventing Well, Supporting Well, Living Well and Dying Well[16].
- A timely diagnosis of dementia enables people living with dementia, their carers and healthcare staff to plan accordingly and work together to improve health and care outcomes.
- Risk factors for dementia include high blood pressure, obesity, depression and cardiovascular related diseases.
- A variety of organisations including the NHS, voluntary and charity sector groups, contribute towards dementia services in the county. This can present challenges with access to local data.

Key indicators

Three key indicators for dementia are:

- Diagnostic rates
- Prevalence of risk factors
- People receiving an NHS Health Check

The number of people in Worcestershire who have a diagnosis of dementia is increasing. In 2016/17 it was around 5,000 people[17].

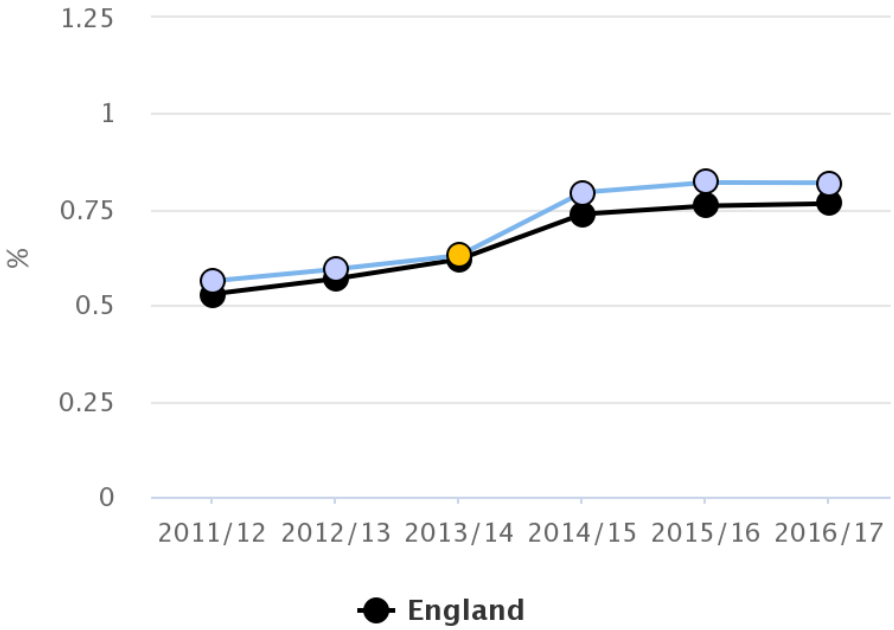
[15] Social Care Institute for Excellence: https://www.scie.org.uk/dementia/

[16] NHS England (2018) https://www.england.nhs.uk/mental-health/dementia/

[17] Public Health England, Dementia Profile, Available at: https://fingertips.phe.org.uk/profile-group/mental-health/profile/dementia/data#page/4/gid/1938132811/pat/6/par/E12000005/ati/102/are/E10000034/iid/247/age/1/sex/4

The recorded prevalence in the GP registered population is higher than the national average at 0.82% vs 0.76% respectively.

FIGURE 49 DEMENTIA: QOF PREVALENCE (ALL AGES) - WORCESTERSHIRE



Source: Public Health England Profiles, Dementia Profile

The recorded prevalence of dementia represents only a proportion of the true prevalence. Nationally a goal of diagnosing 66.7% of people with dementia has been set. Figure 50 shows how Worcestershire compares to similar local authorities on this goal (CIPFA neighbours). It can

be seen that Worcestershire is currently performing below the goal with only 61.0% of people aged 65 or over estimated to have dementia[18] having a diagnosis of dementia. Worcestershire is also ranking relatively poorly with similar local authority areas. This suggests there is some room for improvement in diagnosing dementia.

[18] An expected value has been calculated given the characteristics of the population and the age and sex specific prevalence rates of the Cognitive Function and Ageing Study II. Significance is determined by the non-overlapping of confidence intervals with the 66.7% benchmark.

FIGURE 50 DEMENTIA DIAGNOSIS RATES; WORCESTERSHIRE AND CIPFA NEAREST NEIGHBOURS

Estimated dementia diagnosis rate (aged 65+) 2017 — Proportion - %

Area	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	-	432,152	67.9	61.2	73.7
Nottinghamshire	7	7,472	75.2	67.5	81.7
Derbyshire	8	7,481	73.1	65.5	79.5
Northamptonshire	14	5,376	68.7	61.5	74.8
Staffordshire	4	7,187	68.3	61.3	74.3
Gloucestershire	2	5,823	68.2	61.2	74.2
Cumbria	13	4,924	67.4	60.4	73.3
North Yorkshire	11	5,746	65.8	59.1	71.6
West Sussex	10	8,528	64.5	58.0	70.0
Lincolnshire	12	6,822	63.4	56.9	68.9
Suffolk	3	7,134	63.3	56.9	68.8
Norfolk	6	8,414	62.8	56.5	68.2
Somerset	5	5,304	62.1*	55.8	67.5
Worcestershire	-	4,867	61.0	54.7	66.4
Warwickshire	1	4,440	60.9	54.6	66.4
Devon	15	7,622	60.6	54.5	65.9
Essex	9	11,463	60.5	54.4	65.7

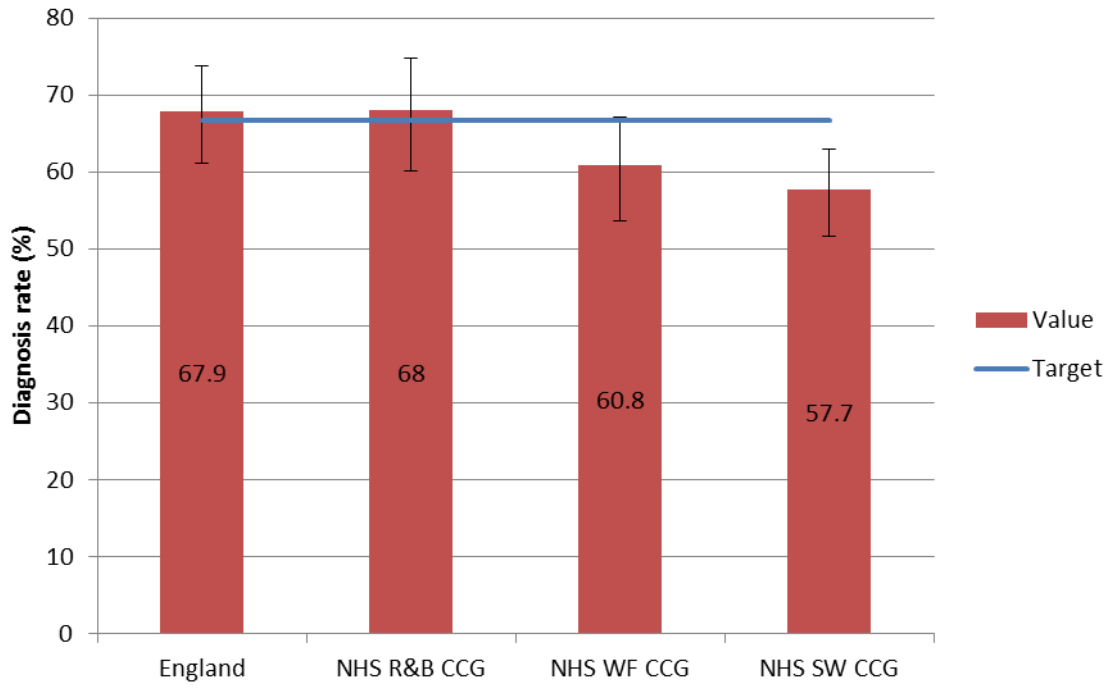
Source: NHS Digital

Source: Public Health England Profiles, Dementia Profile

Dementia diagnosis rates can also be broken down by Clinical Commissioning Group.Figure 51 shows that Redditch and Bromsgrove CCG and Wyre Forest CCG have a diagnosis rate which is similar to the national goal of 66.7%. However, South Worcestershire has a rate that is significantly lower (57.7%).

FIGURE 51 DEMENTIA DIAGNOSIS RATE (65+)

FIGURE 52 DEMENTIA DIAGNOSIS RATE (65+)



Source: Public Health England Profiles, Dementia Profile

It has not been possible to determine the trend in diagnosis rates because no time series is available.

Risk factors

In 2016/17 Worcestershire had a higher recorded prevalence than England for the following dementia risk factors (Worcestershire vs England respectively):

- High blood pressure (15.7% vs 13.8%)
- Stroke (2.1% vs 1.7%)
- Diabetes (7.0% vs 6.7%)
- Coronary Heart Disease (3.4% vs 3.2%)
- Depression (10.8% vs 9.1%)

Source: Public Health England Profiles, Dementia Profile

NHS Health Checks

The NHS Health Check programme has the potential to promote opportunities in mid-life to reduce the behavioural risk factors for dementia and this is one area where Worcestershire compares well to England. In 2016/17 the percentage of eligible people receiving an NHS Health Check in Worcestershire was 10.1% vs 8.5% nationally[19].

Associated documents and best practice

In January 2018 Public Health England published 'Dementia: Applying All our Health'. This guidance includes a list of interventions and examples of best practice in the area of dementia. It is available at https://www.gov.uk/government/publications/dementia-applying-all-our-health/dementia-applying-all-our-health

NHS England have collated a number of resources on dementia which can be accessed from their website: https://www.england.nhs.uk/mental-health/resources/dementia/. These resources include 'The Well Pathway for Dementia'.

The National Institute for Health and Care Excellence (NICE) have produced, amongst other guidance, the following guidelines that relate to this topic:

- Older people: independence and mental wellbeing. NG32. December 2015. Available at: https://www.nice.org.uk/guidance/ng32
- Dementia, disability and frailty in later life – mid-life approaches to delay or prevent onset. NG16 October 2015. Available at: https://www.nice.org.uk/guidance/ng16

A 2016 briefing on Mental Health is available from the Worcestershire Joint Strategic Needs Assessment website: http://www.worcestershire.gov.uk/info/20122/joint_strategic_needs_assessment/1473/jsna_publications_by_category/6

[19] Public Health England, Dementia Profile. Available at: https://fingertips.phe.org.uk/profile-group/mental-health/profile/dementia/data#page/4/gid/1938132859/pat/6/par/E12000005/ati/102/are/E10000034/iid/91734/age/219/sex/4

Key areas of work and local assets

Key services

- Early intervention dementia service (WHCT) - Worcestershire Early Intervention Dementia Service (EIDS) have developed a referral pathway, which includes pre-assessment counselling, consent, family engagement, assessment by a competent specialist and sensitive disclosure: https://dementiapartnerships.com/project/worcestershire-early-intervention-dementia-service/
- Dementia Advisory Service (Age UK Herefordshire and Worcestershire) - The service offers information and advice to people who are living with memory loss or dementia, as well as their family and friends: https://www.ageuk.org.uk/herefordshireandworcestershire/our-services/dementia-advice-service/
- Dementia Café (Alzheimer's Society); Connection Point (Alzheimer's Society – for early onset dementia) offer a place to socialise, learn more about dementia and local services, and enjoy something new each session. The Alzheimer's Society offers activities such as Singing for the Brain, Rare Dementia support group and Side-by-Side: https://www.alzheimers.org.uk/get-support/your-support-services/dementia-cafes
- Onside advocacy services - Onside provides a range of support and services for adults who may be vulnerable, disadvantaged, discriminated against or excluded. This includes mental and physical ill health, sensory impairment, learning disability, drug and alcohol misuse, older people, and carers: http://www.onside-advocacy.org.uk/
- Admiral Nursing - These are registered mental health nurses who specialise in dementia, giving much-needed practical and emotional support to family carers, as well as the person with dementia: https://www.hacw.nhs.uk/our-services/mental-health/oamhservices/dementia/caring-for-someone-with-dementia/

Data notes/caveats section

There is a lack of readily available local data to fully understand how dementia varies between groups with shared characteristics including socio-economic position, race or ethnic group, religion, gender, sexual orientation and disability.

References

Adelman, S., Blanchard, M., Rait, G., Leavey, G. and Livingston, G. 2011. Prevalence of dementia in African-Caribbean compared with UK-born White older people: two-stage cross-

sectional study. British Journal of Psychiatry, 199, 119-25.
https://www.gov.uk/government/publications/dementia-prevalence-in-groups-by-protected-characteristics

Oral Health in Children Aged 5 Years

Tooth decay, also called dental cavities or dental caries, is the destruction of the outer surface (enamel) of a tooth. Decay results from the action of bacteria that live in plaque, a sticky, whitish film formed by a protein in saliva (mucin) and sugary substances in the mouth. Plaque bacteria stick to tooth enamel and use sugar and starch from food particles in the mouth to produce acid. Tooth decay is largely preventable.

There are two key indicators of child oral health:

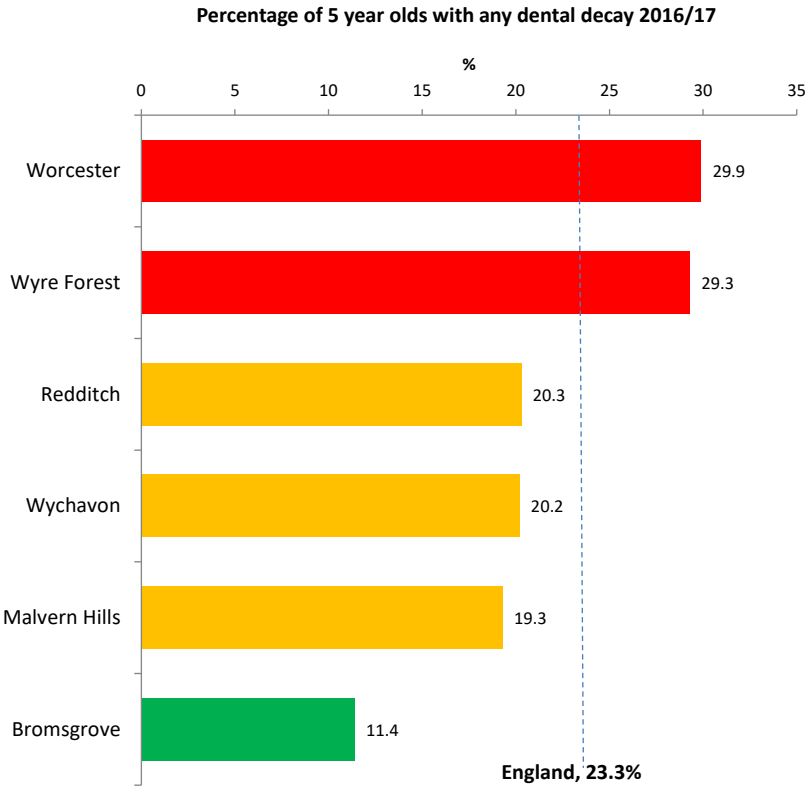
- percentage of 5 year olds with any decay
- average number of DMFT (decayed missing or filled teeth) for 5 year olds

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 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.

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 53: PERCENTAGE OF 5 YEAR OLDS WITH ANY DENTAL DECAY, 2016/17



Source: Dental Public Health Epidemiology Programme: Oral Health Survey of 5 year olds

There is considerable variation and widening inequality by district council in average numbers of decayed, missing or filled teeth (DMFT) in 5 year olds. The figure below shows that Worcester

DMFT deteriorated from 0.9 in 2014/15 to 1.17 in 2016/17, while Bromsgrove DMFT improved from 0.3 to 0.25 over the same period.

FIGURE 54: DECAYED, MISSING OR FILLED TEETH IN FIVE YEAR OLDS, 2016/17

dmft (decayed, missing or filled teeth) in five year olds 2016/17 — Mean - mean dmft per child

Area	Count	Value	95% Lower CI	95% Upper CI
England	-	0.78	0.77	0.79
Worcestershire	-	-	-	-
Worcester	-	1.17	0.99	1.35
Wyre Forest	-	0.82	0.66	0.98
Malvern Hills	-	0.60	0.44	0.77
Redditch	-	0.51	0.41	0.61
Wychavon	-	0.44	0.36	0.53
Bromsgrove	-	0.25	0.17	0.32

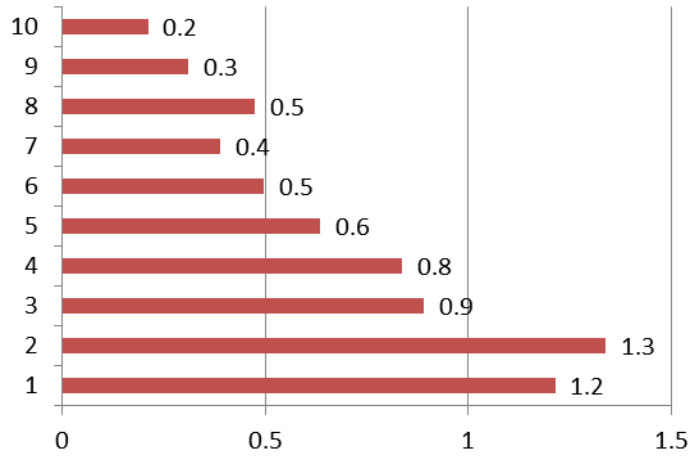
Source: Dental Public Health Epidemiology Programme for England: oral health survey of five-year-old children 2017

Source: Dental Public Health Epidemiology Programme: Oral Health Survey of 5 year olds

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 55).

FIGURE 55: AVERAGE DMFT BY IMD DECILE, WORCESTERSHIRE, 2014/15

IMD decile (1=most deprived, 10=least deprived)



Source: Dental Public Health Epidemiology Programme: Oral Health Survey of 5 year olds

A further issue influencing variation in oral health outcomes is fluoridation of water supply: Bromsgrove, Redditch and most of Wychavon have fluoridated water supplies, while most of Wyre Forest, Malvern Hills and Worcester do not.

Substance Misuse and Alcohol: Successful Completion of Treatment

Rather than an emerging issue of concern, this section is reporting on an emerging success story in Worcestershire.

According to Public Health England[20], individuals achieving successful completion of substance misuse and alcohol treatment demonstrate a significant improvement in health and well-being in terms of increased longevity, reduced blood-borne virus transmission, improved parenting skills and improved physical and psychological health.

There has been significant improvement in the last two years in all three successful completion indicators, from a significantly worse than national level in 2015 to being above the national level in 2017:

- Opiate treatment successful completions rose from 5.1% in 2015 to 8% in 2017;
- Non-opiate treatment successful completions rose from 23.8% in 2015 to 42.8% in 2017;
- Alcohol successful completions rose from 29% in 2015 to 46.5% in 2017.[21]

Performance against each of the substance misuse indicators has improved considerably following the commissioning of Swanswell, now part of the Cranstoun Group, who have been providing an integrated substance misuse service in Worcestershire since 2015.

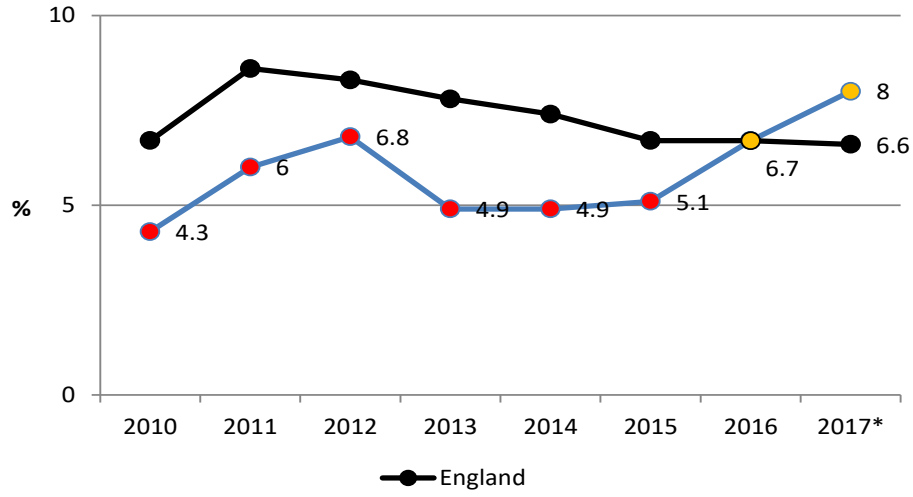
Key to their success has been the development of an effective GP Shared care model (i.e. where the Substance Misuse Worker and GP work together to share the care of a person with drug and/or alcohol problems) enabling increased access to early intervention and prescribing treatments across more than 30 GP practices in Worcestershire and 100 pharmacies. This is in addition to a specialist prescribing service for people with more complex needs. Swanswell also provide a young person and family service.

[20] Indicator Definitions and Supporting Information: Available from: www.phoutcomes.info

[21] Note on data: the Public Health Outcomes Framework (PHOF) is updated on an annual basis using data from the National Drug Treatment Monitoring System (NDTMS). The latest information on the PHOF currently available is for 2016. The NDTMS reports the PHOF indicator on a monthly basis, the latest data, which is used here, is for December 2016-November 2017.

The service model also provides opportunities for people to access support groups staffed by peer mentors and volunteers to help sustain their recovery when they have become abstinent from drugs and alcohol.

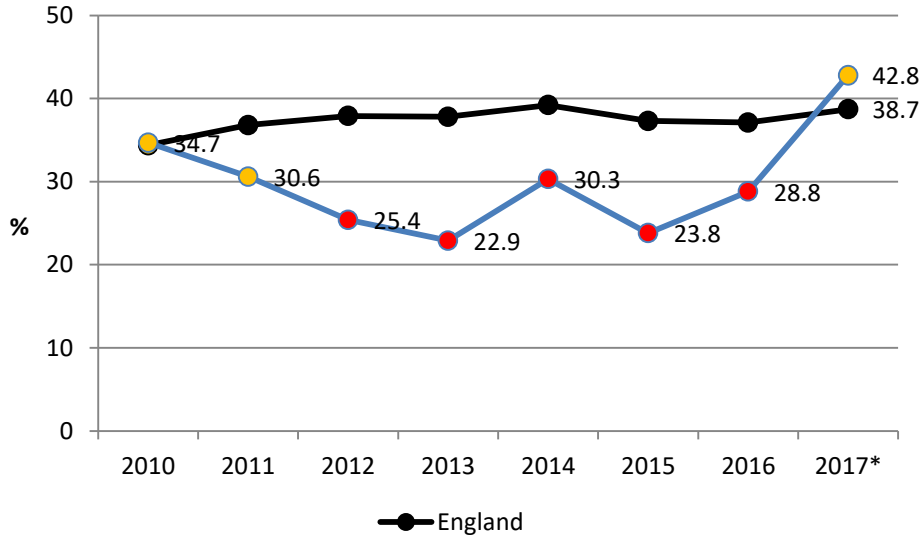
FIGURE 56: PHOF 2.15I - SUCCESSFUL COMPLETION OF DRUG TREATMENT - OPIATE USERS, WORCESTERSHIRE



Source: Public Health Outcomes Framework (2010-2016)/NDTMS (2017): Number of users of opiates that left drug treatment successfully who do not then re-present to treatment again within 6 months as a percentage of the total number of opiate users in treatment

**2017 data for the period December 2016 to November 2017*

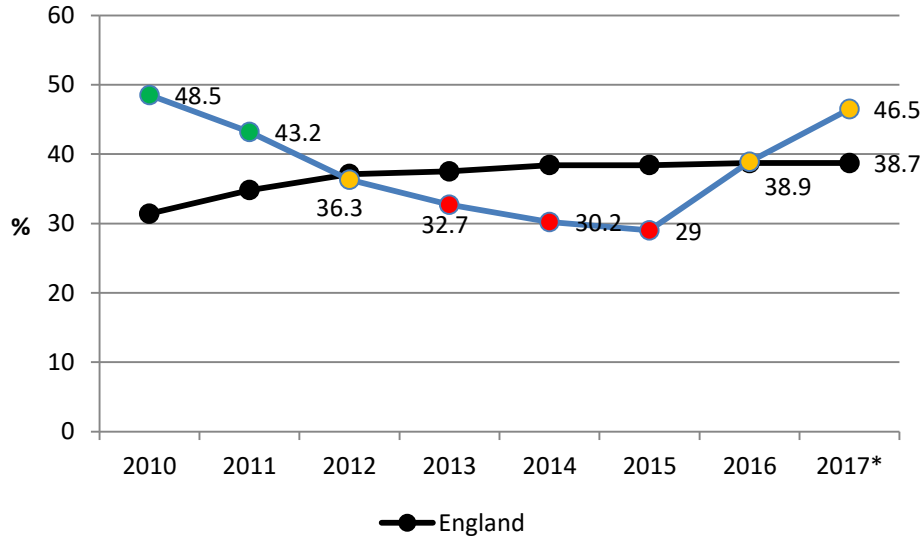
FIGURE 57 PHOF 2.15II - SUCCESSFUL COMPLETION OF DRUG TREATMENT - NON-OPIATE USERS, WORCESTERSHIRE



Source: PHOF (2010-2016), NDTMS (2017): Number of users on non-opiates that left drug treatment successfully who do not then re-present to treatment again within 6 months as a percentage of the total number of non-opiate users in treatment

**2017 data for the period December 2016 to November 2017*

FIGURE 58: PHOF 2.15III - SUCCESSFUL COMPLETION OF ALCOHOL TREATMENT, WORCESTERSHIRE



Source: PHOF (2010-2016)/NDTMS (2017): Number of alcohol users that left structured treatment successfully (free of alcohol dependence) who do not then re-present to treatment within 6 months as a percentage of the total number of alcohol users in structured treatment.

**2017 data for the period December 2016 to November 2017*

Update on Health and Wellbeing Board priorities

Good Mental Health and Well-being at All Ages

Summary

- Nationally around one in four adults experiences at least one diagnosable mental health problem in any given year[22].
- Compared to England as a whole there is a higher recorded prevalence of common mental disorders such as depression and anxiety in Worcestershire. Recorded prevalence of depression[23] is significantly higher in Worcestershire than England, at 10.5% and has increased from the previous year (10.0%).
- Emergency admissions to hospital for self-harm are similar to the national average and have been falling steadily since 2014-15.
- Both locally and nationally males are more likely to commit suicide than females. Male mortality from suicide is similar in Worcestershire to the national average at 18.0 per 100,000 (vs 15.9 per 100,000). Female mortality from suicide is also similar to the national average at 3.8 per 100,000 (vs 4.8 per 100,000).
- The proportion of the population using outdoor space for exercise/health reasons is statistically lower than the national and West Midlands average. It is also one of the lowest across all CIPFA areas. There has been a year on year downward trend since data collection began in 2011-12.
- The proportion of individuals reporting a long-term health problem or disability is significantly higher in Worcestershire in comparison to West Midlands and England.
- The proportion of children who receive school meals achieving a good level of development at the end of reception has increased year on year and the gap has widened slightly in 2016-17 between national rates and rates within Worcestershire, and remain significantly lower than England overall and lower than the proportion of all children who achieve a good level of development.

[22] NHS England (2016) The Five Year Forward View for Mental Health, [Online], Available from: https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf Accessed: 16/07/2018

[23] Public Health Outcomes Framework, http://www.phoutcomes.info/, July 2018

- The recorded prevalence of dementia[24] in Worcestershire is lower than the national average but is increasing.

Background

Good mental health and well-being is a key part of Worcestershire's Joint Health and Well-being Strategy. Nationally, NHS England has published a five year forward view with a focus on preventing poor mental health alongside services to treat mental health problems[22].

Mental health and well-being covers an extensive area and can be quite complex to navigate and understand. Work-streams around improving mental health and Well-being broadly fall under the following three categories: children and young people, working age adults and older people (aged 65 and over).

There are a number of significant risk factors for poor mental health including deprivation, poverty, housing, lack of education and life-long learning, lack of employment, crime and violence. There are particular groups in society who experience poorer mental health than the overall population, including individuals of Black, Asian or Minority Ethnicities (BAME), those with a physical or learning disability or sensory impairment, looked after children, prisoners and offenders, people who identify as Lesbian, Gay, Bisexual and transgender (LGBT), carers, individuals with long-term physical illness or disability, people who are homeless, and refugees and asylum seekers[25].

People living in more deprived areas are likely to have higher levels of mental health conditions and higher need for services. There is strong evidence to suggest that work is generally good for physical and mental health and well-being, taking into account the nature and quality of work and its social context, and that worklessness is associated with poorer physical and mental health. Homelessness is associated with severe poverty and is a social determinant of mental health. Child poverty is a key determinant of child and adolescent mental health problems. Young people in care are over-represented in mental health statistics. Being in care when young is also a determinant of adult mental health, such as levels of antisocial behaviour, emotional instability and psychosis complications[26].

[24] Proportion of patients with dementia within a GP registered population.

[25] Public Health England (2017) Better Mental Health: JSNA Toolkit, [Online], Available from: https://www.gov.uk/government/publications/better-mental-health-jsna-toolkit Accessed: 16/07/2018

[26] Worcestershire County Council (2015) Mental Health Needs Assessment, [Online], Available from: http://www.worcestershire.gov.uk/info/20122/joint_strategic_needs_assessment/1514/jsna_health_needs_assessments Accessed: 16/07/2018

Many cases of common mental disorders such as depression and anxiety go undiagnosed as many people do not seek treatment; either due to difficulty in recognising anxiety disorder or due to the stigma attached to mental illness. Primary mental health care services include effective treatment of common mental health disorders, have a clear focus on prevention and early identification and promote self-management by patients, including use of personalised care plans. Awareness of the essential elements of well-being is increasing; a majority of people understand what steps they can take to improve it, such as taking a walk, or spending time with family and friends (PHE, 2016).

An estimated 45% of looked after children have a mental health disorder, rising to almost three quarters of those in residential care. The government mental health strategy identifies 'looked after children' (LAC) as one of the particularly vulnerable groups and a priority for local authorities and the NHS (DoH, 2011).

Local picture

In Worcestershire, there are lower levels of deprivation, long-term unemployment and young people who are not in education, training or employment, in addition to this GCSE attainment is higher than England average.

In contrast, there are significantly higher levels of people with long-term health problems; a higher proportion of people aged 65+ who live alone, high levels of unpaid carers and higher levels of young people aged 16-24 years old who are homeless.

Recently there has been a significant increase in the gap in employment rate between those with long-term health conditions and the overall employment rate (in Worcestershire, in 2016/17 36.0% of people with a long-term health condition were employed compared to 29.4% in England).

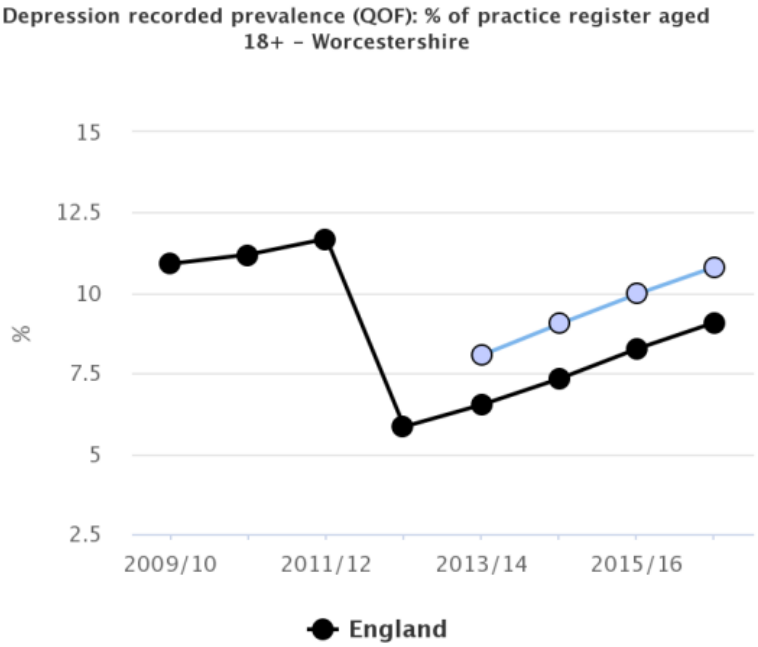
TABLE 7 MENTAL HEALTH AND WELL-BEING INDICATORS FOR WORCESTERSHIRE, WEST MIDLANDS AND NATIONAL COMPARATORS

Indicator	Period	Units	England	West Midlands	Worcs	Trend
QOF: Dementia recorded prevalence (aged 65+): % of patients on GP practice register recorded as having dementia LCI - UCI	Q2 2017-18	%	4.3 4.31 - 4.34	4.2 4.17 - 4.24	3.8% 3.73 - 3.94	⇔
Estimated dementia diagnosis rate (aged 65+) LCI - UCI	2017	%	67.9% 61.2% - 73.7%	65.6% 59.0% - 71.1%	61.0% 54.7% - 66.4%	-
QOF: Depression recorded prevalence (aged 18+) LCI - UCI	2016-17	%	9.1 9.1-9.1	9.3 9.3-9.4	10.8 10.7-10.9	↑
PHOF 4.10 Mortality rate suicide/injury of undetermined intent LCI - UCI	2014-16	DSR per 100,000	9.9 9.8-10.1	10.0 9.5-10.6	10.7 9.1 - 12.5	↑
HSCIC: Hospital admissions as a result of Self-Harm (10-24yrs) LCI - UCI	2016-17	DSR per 100,000	404.6 400.7-408.6	413.9 401.9 - 426.2	364.6 327.3 - 404.9	↓
PHOF 1.16: Use of outdoor space for exercise/health LCI - UCI	2015-16	%	17.9 17.4 - 18.4	17.7 16.4 - 19.0	14.2 10.8 - 17.7	↓
HSCIC: Percentage of adult carers who have as much social contact at they would like LCI - UCI	2016-17	%	45.4 45.0 - 45.8	46.1 44.7 - 47.5	49.7 44.6 - 54.8	↑
Census 2011: Long-term health problem or disability: % of population LCI - UCI	2011	%	17.6 17.6 - 17.7	19.0 18.9 - 19.0	17.9 17.8 - 18.0	-
ASCOF: Gap in Employment rate - Proportion of adults in contact with secondary mental health services in paid employment LCI - UCI	2016-17	%	67.4 67.2 - 67.6	63.4 62.5 - 64.3	66.9 63.4 - 70.4	↑
PHOF 2.23i: Self reported well-being - People with low satisfaction score LCI - UCI	2016-17	%	4.5 4.4 - 4.7	4.9 4.4 - 5.4	Not available -	n/a
PHOF 1.02i: School Readiness: % of children with free school meal status achieving a good level of development at the end of reception LCI - UCI	2016-17	%	56.0 55.7 - 56.3	55.7 54.9 - 56.6	49.3 45.8 - 52.8	↓

SOURCE: PUBLIC HEALTH OUTCOMES FRAMEWORK HTTP://WWW.PHOUTCOMES.INFO/ , PUBLIC HEALTH PROFILES, HSCIC

Key		
Better than England average Same as England average Worse than England Average Higher than England average Lower than England average	Increasing getting better Increasing getting worse	Decreasing getting better Decreasing getting Worse Similar trend

FIGURE 59 RECORDED PREVALENCE OF DEPRESSION, WORCESTERSHIRE



Source: Public Health Outcomes Framework, http://www.phoutcomes.info/, July 2018.

The highest prevalence for GP recorded depression is within NHS Wyre Forest CCG at 14.2% of registered patients aged 18+. This is significantly higher than the national rate and has been increasing year-on-year.

According to the GP Patient Survey it is estimated that the prevalence of depression and anxiety is:

- 13.7% in Redditch and Bromsgrove CCG which is the same as the England average.
- 13.4% in South Worcestershire CCG which is similar to the England average
- 15.1% in Wyre Forest CCG which is similar to the England average

Estimated dementia diagnosis rate (aged 65 and over)

A rapid increase in dementia, due to the ageing demographic, is a significant issue for Worcestershire, which has a higher proportion of people, aged 65+ than the national average. Estimated diagnosis rate of dementia in the over 65's is a new measure that has been developed to improve the rate of diagnosis of dementia across the country and ultimately aimed at improving care of people living with dementia. People living with dementia have better outcomes with earlier formal diagnosis and in addition to this the correct levels of support can be put in place for families and carers[27].

The indicator itself is a complex one and uses age and sex specific dementia prevalence rates, which are subsequently, applied to the local patient population aged 65+ by age group and gender, which provides the number of expected cases of dementia within the local population. This is then divided by the actual number of cases diagnosed and provides an estimated diagnosis rate.

Worcestershire is one of only 19 counties and unitary authorities across England where the diagnosis rate is significantly lower than the national threshold of 66.7%, in comparison to similar CIPFA area. Worcestershire has a lower rate compared to both Gloucestershire (68.2%) and Suffolk (63.3%) but a similar rate to Warwickshire (60.9%), which also has a significantly lower rate compared to the national threshold. Diagnosis of dementia is explored further in the 'Emerging Issues' section of this report.

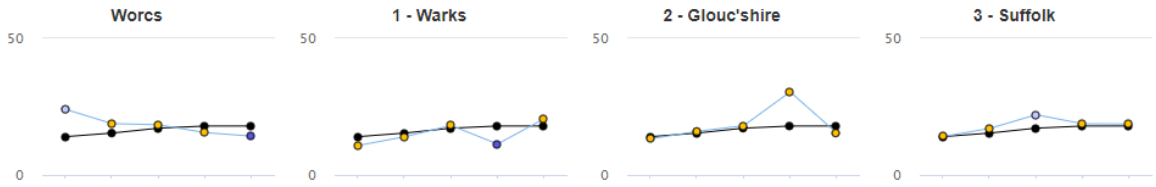
Utilisation of outdoor space

There is strong evidence to suggest that green spaces have a beneficial impact on physical and mental Well-being and cognitive function through both physical access and usage (Marmot, 2010 and Maas et al, 2009).

The proportion of the population using outdoor space for exercise/health reasons is statistically lower than the national and West Midlands average. It is also one of the lowest across all CIPFA areas. There has been a year on year downward trend since data collection began in 2011-12 (Figure 60).

[27] Indicator Definitions and Supporting Information: Dementia: 65+ Estimated Diagnosis Rate. Available from: www.phoutcomes.info

FIGURE 60 UTILISATION OF OUTDOOR SPACE FOR EXERCISE/HEALTH REASONS



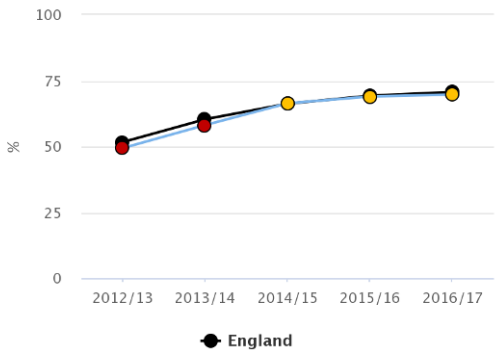
School Readiness

In Worcestershire the proportion of all children achieving a good level of development at the end of reception has been increasing over time and this reflects the national trend. Starting from a

worse proportion, the gap between Worcestershire and England has closed. In 2016/17 the percentage of all children achieving a good level of development at the end of reception was similar to the England average at 69.7% (vs 70.7% for England).

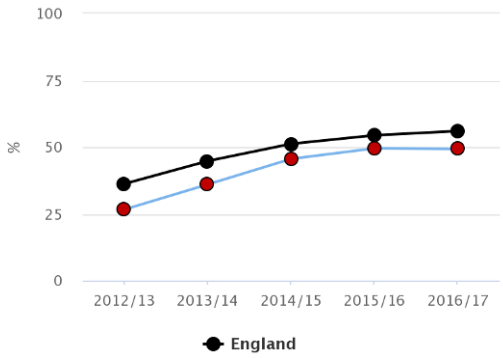
Although the proportion of children with free school meal status achieving a good level of development at the end of reception has also been increasing over time there is still a gap between how Worcestershire and England perform on this indicator (Figure 62). In 2016/17 the percentage of children with free school meal status achieving a good level of development at the end of reception was lower than the proportion of all children and significantly lower than England at 49.3% (vs 56.0% for England).

FIGURE 61 GOOD LEVEL OF DEVELOPMENT AT THE END OF RECEPTION - ALL CHILDREN



Source: Public Health England, Public Health Outcomes Framework

FIGURE 62 GOOD LEVEL OF DEVELOPMENT AT THE END OF RECEPTION - FREE SCHOOL MEAL STATUS



Source: Public Health England, Public Health Outcomes Framework

Community views

- In January 2017, a Healthwatch report highlighted that carers have an important role to play in supporting people who are experiencing a mental health crisis[28]. Healthwatch recommended that carers are identified as early as possible and professionals listen to and involve them in care planning for the person they care for, health and social care professionals adopt a consistent approach to providing appropriate and relevant information to all carers to support someone during a mental health crisis, and all carers are provided with information about what support is available to them and how to access it.

- In March 2017, Healthwatch Worcestershire published Children and Young People: Emotional Well-being Information, Advice and Support Report[29]. This set out recommendations about the need for promotion of new services for emotional well-being, as part of the implementation of Worcestershire's Transformation Plan for Children and Young People's Mental Health and Emotional Well-being. Feedback

[28] Healthwatch Worcestershire (2017) Support for Mental Health and Wellbeing – A Carers Perspective, [Online], Available from: http://www.healthwatchworcestershire.co.uk/wp-content/uploads/2017/03/Spotlight-On-Final-V-1.0.pdf

[29] Healthwatch Worcestershire (2018) Focus on Children and Young People's Emotional Wellbeing, [Online], Available from: http://www.healthwatchworcestershire.co.uk/wp-content/uploads/2018/05/HWW-Focus-on-CYP-Emotional-Wellbeing-V1.pdf Accessed: 16/07/2018

received from students shows that dealing with problems and emotional well-being is an important issue and they may be more likely to seek help from peers than a parent or teacher.

Associated documents and best practice

Worcestershire Joint Strategic Needs Assessment publications:

2017 Worcestershire JSNA Briefing on Suicide
2017 Worcestershire JSNA Briefing on Learning Disabilities
2016 Worcestershire JSNA Briefing on Mental Health
2016 Worcestershire JSNA Briefing on Older People
2015 Worcestershire JSNA Briefing on Homelessness
2015 Worcestershire JSNA Briefing on Early Help
2015 Worcestershire JSNA Mental Health Needs Assessment
2014 Worcestershire JSNA Briefing on Substance Misuse

Public Health England publications:

Prevention concordat for better mental health. August 2017. Available online at: https://www.gov.uk/government/collections/prevention-concordat-for-better-mental-health

National Institute for Health and Care Excellence (NICE) Guidelines:

PH40 Social and emotional Well-being : early years

PH22 Mental Well-being at work

PH20 Social and emotional Well-being in secondary education

PH16 Mental Well-being in over 65s: occupational therapy and physical activity interventions

PH12 Social and emotional Well-being in primary education

CG192 Antenatal and postnatal mental health: clinical management and service guidance

NG69 Eating disorders: recognition and treatment

NG66 Mental health of adults in contact with the criminal justice system

NG53 Transition between inpatient mental health settings and community or care home settings

NG32 Older people: independence and mental Well-being

NG26 Children's attachment: attachment in children and young people who are adopted from care, in care or at high risk of going into care

NG13 Workplace health: management practices

Keeping Active at Every Age

In 2016, the Health and Well-being Board identified 'Keeping Active at Every Age' as one of three priorities for 2016-2021. It was prioritised because physical activity is an important component in health and well-being across all ages and being inactive is a major cause of ill health throughout life. Being physically active has well evidenced and wide reaching health benefits to an individual including energy balance and expenditure, and is therefore a key determinant of weight control. Actions taken to tackle physical inactivity as part of the Health and Well-being strategy are likely to impact upon overall health and well-being in the County.

Summary

- Being inactive is a major cause of ill health throughout life - including heart disease, diabetes and some cancers.
- The negative health impact of being inactive is both avoidable and in some cases reversible.
- In Worcestershire at least a third of people do not meet the recommended guideline for being physical active.
- Premature mortality from cardiovascular disease is significantly lower in Worcestershire in comparison to both regional and national rates.
- The prevalence of overweight and obese children in Reception (4-5yr olds) and Year 6 (10-11yr olds) is similar to both West Midlands and England rates. There is no significant change based on the 2016-17 data.
- Worcestershire has levels of physical inactivity similar to the England rate at 25.1% and 25.6% respectively. Rates are significantly lower than the West Midlands rate of 29.5%

- Worcestershire has a significantly higher proportion of people aged 16 and over reporting that they have taken part in sport and physical activity at least twice in the last 28 days. This is significantly higher than both England and West Midlands.
- The physical activity levels of Worcestershire population remain the same with no significant change in 2016-17 compared to 2015-16.

The Active Lives Survey

The way of measuring sport and physical activity levels has recently changed as the 'Active People Survey' has been replaced by the 'Active Lives Survey'. The Active Lives Survey measures wider range of indicators and enables the measurement of some of the Key Performance Indicators (KPI) identified for the sector in the Government's strategy 'Sporting Future' to provide a much more nuanced understanding of behaviour. Two full years of data are now available but the change in the methodology means it is too early to draw meaningful conclusions about trends.

The indicators identified cover a wide range of measures of physical activity and participation in sport over a twelve month period. The survey in last year's report highlighted significant differences between socio-economic groups in relation to sport and physical activity levels based on occupation, gender and age[30].

Figure 63 below is a summary of how Worcestershire compares against England on the key indicators.

[30] NS SEC National Statistics Socio-economic Classification

FIGURE 63 KEEPING ACTIVE INDICATORS FOR WORCESTERSHIRE

	Period	Units	England	West Midlands	Worcs	CIPFA Rank *	Trend
Age-standardised rate of mortality from all cardiovascular diseases (including heart disease and stroke) <75yrs LCI - UCI	2014-16	DSR per 100,000	73.5 73. - 73.9	78.0 76.6 - 79.5	64.6 60.8 - 68.5	3	
Prevalence of overweight (including obese) among children in Reception (4-5yr olds) LCI - UCI	2016-17	%	22.6 22.5-22.7	24.2 23.9-24.5	23.6 22.6-24.7	4	
Prevalence of overweight (including obese) among children in Year 6 (10-11yr old) LCI - UCI	2016-17	%	34.2 34.1 - 34.4	37.1 36.7-37.5	33.8 32.6-35.1	3	
Percentage physically active for at least one hour per day seven days a week	2014-15	%	13.9 13.7 - 14.1	13.8 13.2 - 14.5	15.7 13.6 - 17.8	3	
Sport and Physical Activity Levels: Inactive LCI - UCI	2016-17	%	25.6% 25.3-25.9	29.5% 28.6-30.4	25.1% 23.2-27-2	3	
Sport and Physical Activity Levels: Fairly Active LCI - UCI	2016-17	%	12.4% 12.1-12.6	13.0% 12.3-13.6	12.3% 10.9-13.9	4	
Sport and Physical Activity Levels: Active LCI - UCI	2016-17	%	62.1% 61.8-62.4	58.7% 57.6-59.7	62.6% 60.3-64.8	2	
Adults (aged 16+) who have taken part in sport and physical activity at least twice in the last 28 days LCI - UCI	2016-17	%	77.2% 76.9 - 77.4	73.0% 73.1-73.9%	78.0% 76.05-79.8	2	
Adults (aged 16+) who have attended at least 2 live sports events in the last 12 months LCI - UCI	2016-17	%	23.5% 23.3 - 23.8	22.1% 21.2-22.9	27.9% 25.6 - 30.3	1	

* 1 = Highest Ranking and 4 = Lowest Ranking

Source: Public Health Outcomes Framework (PHOF), PHE (2018)

All keeping active indicators as identified in the Strategy 2016-2021 have remained similar or better than regional and national averages.

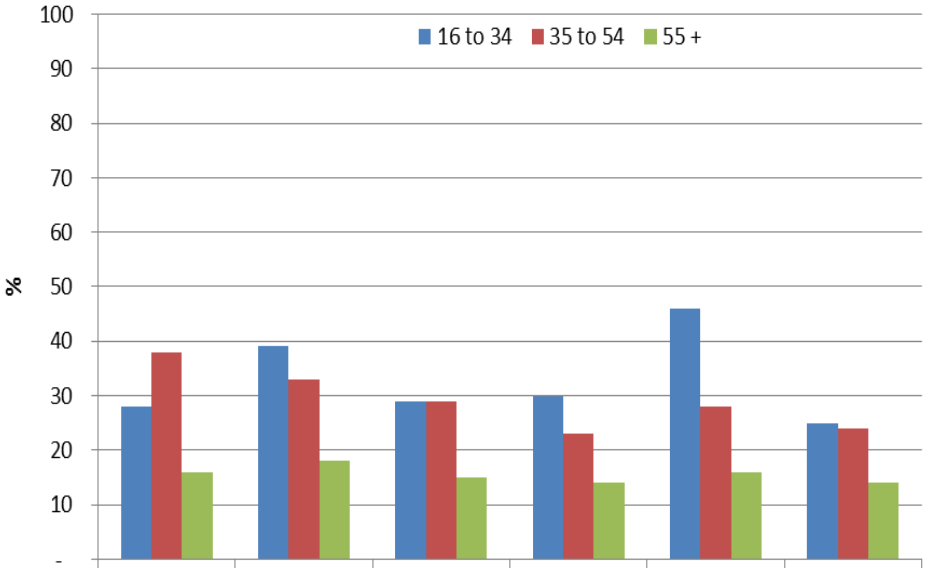
FIGURE 64 PUBLIC HEALTH ENGLAND PROFILE FOR KEY PHYSICAL ACTIVITY INDICATORS, WORCESTERSHIRE

Indicator	Period	Worcs		Region	England	England		
		Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
Percentage of physically active adults - current method	2016/17	-	67.2%	62.6%	66.0%	53.3%		78.0%
Percentage of physically inactive adults - current method	2016/17	-	21.1%	25.0%	22.2%	33.3%		12.4%
Percentage of physically active adults - historical method	2015	-	58.3%	55.1%	57.0%	44.8%		69.8%
Percentage of physically inactive adults - historical method	2015	-	26.4%	30.9%	28.7%	43.7%		17.5%
Percentage of adults doing 30-149 minutes physical activity per week - historical method	2015	-	15.4%	14.0%	14.3%	9.4%		19.5%
Percentage of 15 year olds physically active for at least one hour per day seven days a week	2014/15	-	15.7%	13.8%	13.9%	8.3%		18.8%
Percentage of 15 year olds with a mean daily sedentary time in the last week over 7 hours per day	2014/15	-	71.3%	70.9%	70.1%	81.0%		58.7%
Percentage of adults who do any walking, at least five times per week	2014/15	-	49.5%	48.0%	50.6%	39.9%		68.1%
Percentage of adults who do any walking, at least once per week	2014/15	-	80.4	78.2	80.6	70.4		91.3
Percentage of adults who do any cycling, at least three times per week.	2014/15	-	4.6%	3.3%	4.4%	0.7%		15.0%
Percentage of adults who do any cycling, at least once per month	2014/15	-	14.7%	12.6%	14.7%	5.6%		34.2%
Utilisation of outdoor space for exercise/health reasons	Mar 2015 - Feb 2016	-	14.2%	17.7%	17.9%	5.1%		36.9%
Access to woodland	2015	84,937	14.7%	-	16.8%	0.1%		61.9%

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

Worcestershire has similar or better rates of physically active adults and inactive adults compared to England average in almost all indicators. Despite the evidence of safe high-quality green spaces in the county, the utilisation of outdoor space for exercise/health reasons is the only indicator Worcestershire compares worse than the national average. This is not consistent with the rest of the indicators suggesting that whilst more could be required to encourage people to spend more time outdoors, there is however questions raised towards the robustness of the data used in terms of the sample size and survey questions. Utilisation of outdoor space for exercise/health reasons is defined as: the weighted estimate of the proportion of residents in each area taking a visit to the natural environment for health or exercise purposes. Natural environment include open spaces in and around towns and cities, including parks, canals and nature areas; the coast and beaches; and the countryside including farmland, woodland, hills and rivers but does not include time spent in own garden or routine shopping.

FIGURE 65 ADULT PARTICIPATION IN SPORT AND ACTIVE RECREATION OCTOBER 2014 TO SEPTEMBER 2016 BY AGE GROUP FOR WORCESTERSHIRE DISTRICT AREAS



	Bromsgrove	Malvern Hills	Redditch	Worcester	Wychavon	Wyre Forest
16 to 34	28	39	29	30	46	25
35 to 54	38	33	29	23	28	24
55 +	16	18	15	14	16	14

District

Source: Sport England, http://www.sportengland.org/research/who-plays-sport/active-people-interactive/ June 2017.

- Wychavon has by far the highest proportion of 16 to 34 year olds participating in 30 minutes of sport or activity at least 3 days a week at 45.7%, with Wyre Forest showing the lowest at 21.3%.
- Worcester has the lowest proportion of 35 to 54 year olds participating in sport or activity at 23.5% with Bromsgrove reporting the highest at 37.7%.
- Bromsgrove is the only district recording a higher percentage of middle aged people taking up sport than the younger age group of 16 to 34 year olds
- For those aged 55 and above the range between the lowest and highest rates across all six districts is only 2% ranging between 14% and 16%.

- The percentage of the population aged 55 and above taking up sport is low across all districts.
- The estimated direct cost of physical inactivity to Worcestershire is estimated to be over £10 million per year[31].

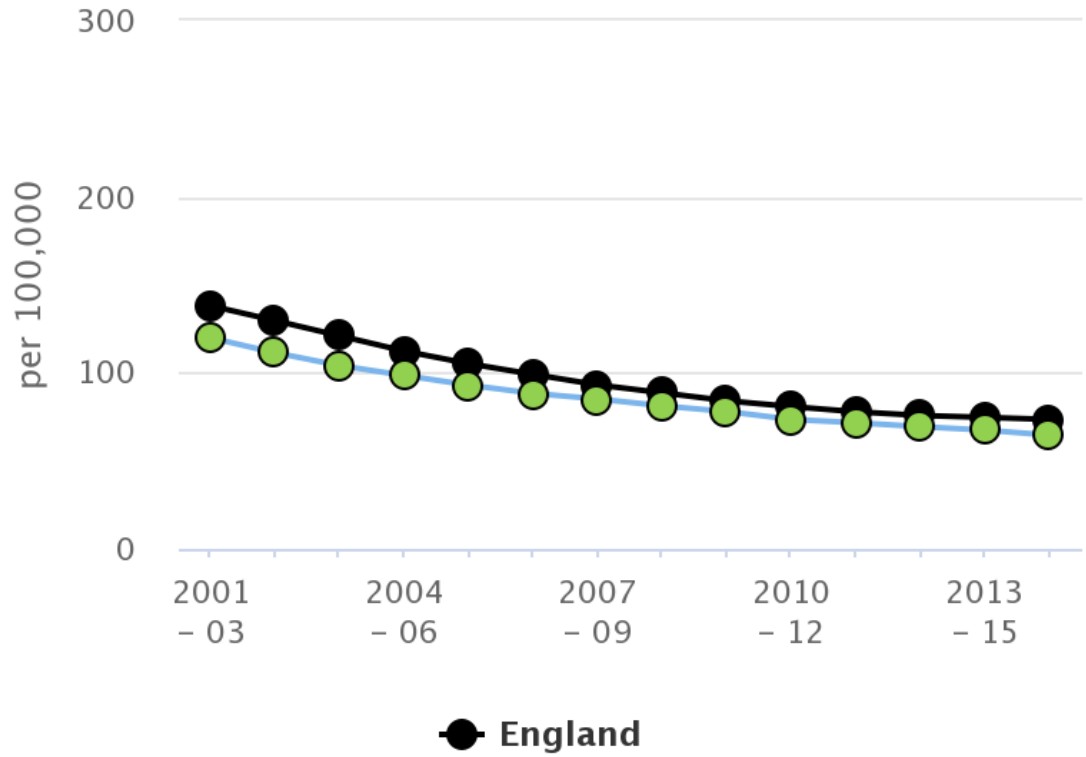
Cardiovascular disease

For the period 2014-16 Worcestershire had a premature mortality rate of 64.6 per 100,000 population. This represents 1,092 people dying prematurely over a three year period or an average of 364 people per year (almost one every day).

It can be seen from Figure 66 that the Worcestershire premature mortality rate from cardiovascular disease has been consistently better than England for a long period. The previous JSNA Annual Summary highlighted a narrowing gap between Worcestershire and England for this indicator. More recent data suggests that this trend may be changing in a positive direction and that the gap between Worcestershire and England may have begun to widen. Trends are examined more fully in the 'Update on Emerging Issues' section of this report. Future data releases will help to confirm if this is a sustained positive change.

[31] Sport England, Local Sport Profile Tool 2017, http://localsportprofile.sportengland.org/

FIGURE 66 WORCESTERSHIRE PREMATURE MORTALITY FROM CARDIOVASCULAR DISEASE 2001-16 (DIRECTLY STANDARDISED RATE - PER 100,000)



Source: Public Health Outcomes Framework (PHOF), PHE (2018)

Overweight and obese children

Figure 67 shows the prevalence of overweight (including obese) children in Reception (4-5 yrs old) across Worcestershire is similar to the national rate (23.6% vs 22.6%).

Figure 68 shows the prevalence of overweight (including obese) children in year 6 (10-11 yr olds) is similar to the national average (33.8% vs 34.2%). For both indicators there has been no significant change in the recent trend.

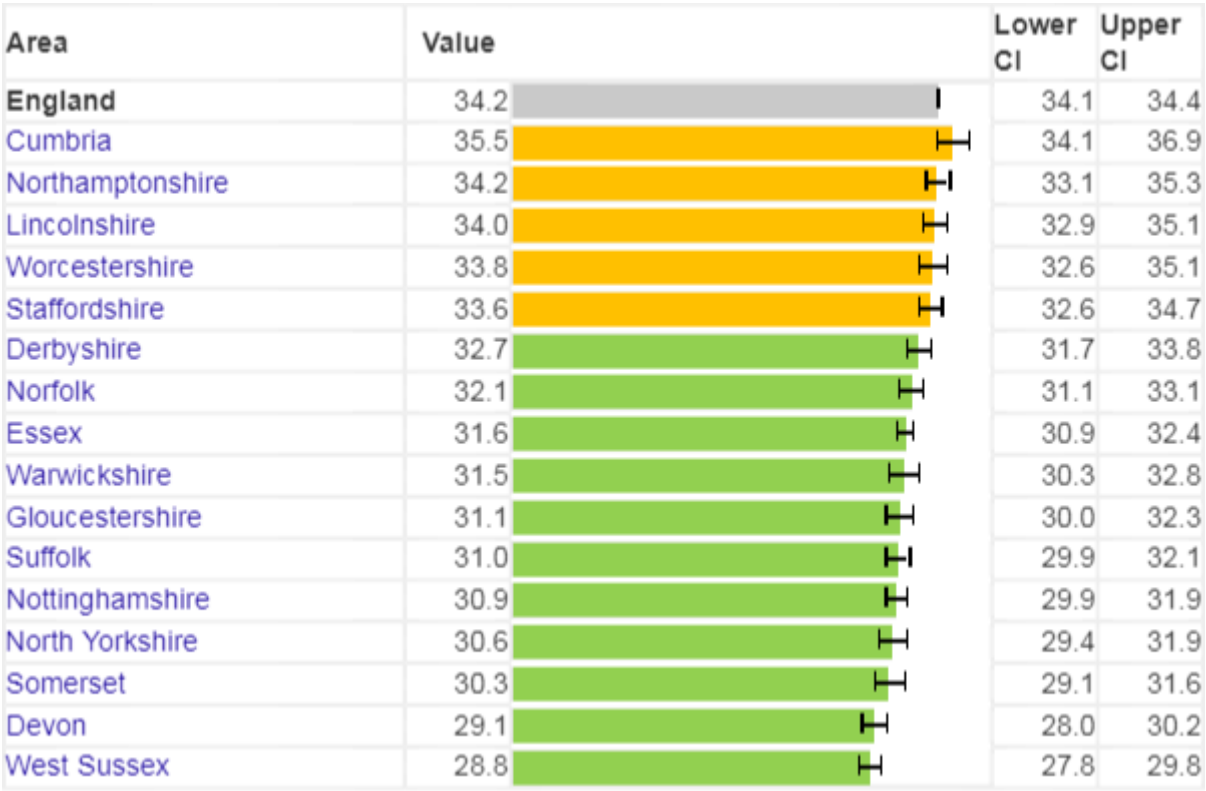
FIGURE 67 PREVALENCE OF OVERWEIGHT AND OBESE CHILDREN IN RECEPTION (4-5 YRS OLD), 2016/17

Area	Value	Lower CI	Upper CI
England	22.6	22.5	22.7
Cumbria	28.2	26.9	29.5
Staffordshire	24.9	24.0	25.8
Lincolnshire	24.6	23.7	25.6
Gloucestershire	24.3	23.3	25.4
Derbyshire	23.7	22.8	24.6
Worcestershire	23.6	22.6	24.7
Warwickshire	22.8	21.7	23.8
Devon	22.7	21.8	23.7
Norfolk	22.7	21.9	23.6
Somerset	22.3	21.2	23.4
Suffolk	22.3	21.4	23.2
Northamptonshire	22.1	21.2	23.1
Nottinghamshire	21.8	20.9	22.6
North Yorkshire	21.2	20.1	22.2
Essex	20.9	20.3	21.6
West Sussex	20.5	19.7	21.4

Source: NHS Digital, National Child Measurement Programme

Source: NHS Digital, National Child Measurement Programme

FIGURE 68 PREVALENCE OF OVERWEIGHT (INCLUDING OBESE) CHILDREN IN YEAR 6 (10-11 YRS OLD), 2016/17



Source: NHS Digital, National Child Measurement Programme

Prevalence of overweight or obese children in Year 6 is significantly lower than the national rate. This is important because recent trend nationally indicate an increase in the prevalence rate of obese children of this particular age group.

Preventing Alcohol Harm at All Ages

Summary

- In Worcestershire, around one in three adults drink at a level that is harmful to their health: 30.2% drinking over 14 units of alcohol a week[32].

[32] Public Health England (2018) Public Health Outcomes Framework, www.fingertips.phe.org.uk

- Nationally, the estimated cost to society is around £21 billion annually which is broken down into £11 billion for alcohol-related crime, £7 billion through lost productivity by unemployment and sickness, and around £3.5 billion cost to the NHS.
- The rate of alcohol-specific hospital admissions for under 18's has fallen considerably from 97.0 per 100,000 people in 2006/7–2008/9 to 29.7 in 2014/15-16/17. Rates are similar to the national average. Worcestershire has one of the lowest rates amongst the CIPFA nearest statistical neighbours.
- In Worcestershire the latest rate of females admitted to hospital for alcohol-related conditions is significantly higher than the national average, this is similar to the rate in 2014-15.
- Admission episodes for alcohol-related conditions (narrow) in the over 65's has been significantly higher than the England average for the last three years and is the case for both males and females. In the district areas, rates have been significantly higher in Wychavon and Wyre Forest than the England average for the last two years.
- The latest rate of alcohol-specific and alchol-related mortality in Worcestershire is similar to the national average. This has remained relatively stable over the last ten year period.
- Pooled data from 2014-16 shows the premature mortality rate from liver disease was similar to the national average at 16.6 per 100,000 vs 20.9 per 100,000 respectively.
- The rate of hospital admission episodes for alcoholic liver disease has reduced significantly from 125.5 per 100,000 population in 2013/14 where rates were highest to 110.2 per 100,000 population in 2016-17.
- In 2016-17 the proportion of individuals waiting longer than three weeks to receive treatment for alcohol was significantly higher than both England and West Midlands rates at 13.7%. However, this is a significant improvement from 2015-16 where the rate was 23.9% and the highest in the West Midlands region.
- In 2016 the rate of successful completion of treatment for alcohol clients in Worcestershire was similar to the national average at 38.9%. This indicator showed a steady decline from 2012 and was significantly lower in 2013, 2014 and 2015, in comparison to nationally where rates steadily increased.

Background

Alcohol related harm is a significant public health issue and is one of seven key areas that Public Health England (PHE) has outlined as a priority for the next five years[33]. It is also a local priority for the Worcestershire Health and Well-being Board.

The Global Burden of Disease Study 2013 revealed that, in England, alcohol use disorder is the biggest risk factor for early death, ill health and disability for those aged 15 to 49 years.

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

Some populations experience multiple severe disadvantages in relation to alcohol use disorder including, people who misuse drugs and alcohol together, individuals who are homeless, those with poor mental health and individuals with offending behaviours[34].

National Picture

- Between 2005-2016, consumption rates of alcohol have fallen in the 16-24 year old age group significantly 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[35].
- Males are more likely to drink alcohol in comparison to females. Interestingly, there is a difference between males and females in relation to alcohol consumption by income. The more males earn, the more likely they are to drink. For women, the opposite is true[35].

[33] Public Health England (2014), From evidence into action: opportunities to protect and improve the nation's health, [Online], Available from: https://www.gov.uk/government/publications/from-evidence-into-action-opportunities-to-protect-and-improve-the-nations-health, Accessed: 26/01/2018

[34] Public Health England (2016), Health matters: harmful drinking and alcohol dependence, [Online], Available from: https://www.gov.uk/government/publications/health-matters-harmful-drinking-and-alcohol-dependence/health-matters-harmful-drinking-and-alcohol-dependence Accessed: 08/02/18

[35] Office for National Statistics (2017) Adult Drinking Habits in Great Britain; 2005 to 2016, [Online], Available from: https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/drugusealcoholandsmoking/bulletins/opinionsandlifestylesurveyadultdrinkinghabitsingreatbritain/2005to2016 , Accessed: 25/01/2018.

- In England, there has been an increase in the number of hospital admissions directly related to alcohol consumption. This has increased by 3% from 2014-15 and is up by 22% from 2005-6[36].
- Alcohol is often a significant contributory factor for different types of crimes and is responsible for around 40% of all violent crimes, with variation by type of offence. Alcohol was a factor in 57.8% of Domestic violence with injury offences, 55.0% of non-domestic violence with injury offences and around 33.6% of violent offences without injury[37].

Local Picture

Key indicators

Table 8 shows the key indicators in relation to alcohol related harm from the Public Health Outcomes Framework (PHOF) and Local Alcohol Profiles for England (LAPE) for Worcestershire, West Midlands and England in 2016-17.

[36] NHS Digital (2017) Statistics on Alcohol in England, [Online], Available from: http://digital.nhs.uk/catalogue/PUB23940 Accessed: 25/01/2018

[37] Institute of Alcohol Studies (2017) Alcohol Related Crime in the UK, [Online], Available from: http://www.ias.org.uk/Alcohol-knowledge-centre/Crime-and-social-impacts/Factsheets/Alcohol-related-crime-in-the-UK-what-do-we-know.aspx, Accessed: 01/02/2018.

TABLE 8 KEY INDICATORS FOR ALCOHOL

PHOF/LAPE Indicator	Period	Units	England	West Midlands	Worcs	Trend
2.18 - Hospital admissions for alcohol-related conditions (narrow definition) - Persons LCI - UCI	2016-17	DSR per 100,000	636.0 634 - 639	708.0 701 - 715	634.0 614 - 655	⟺
2.18 - Hospital admissions for alcohol-related conditions (narrow definition) - Male LCI - UCI	2016-17	DSR per 100,000	818.0 815 - 822	889.0 877 - 900	780.0 748 - 813	↑
2.18 - Hospital admissions for alcohol-related conditions (narrow definition) - Female LCI - UCI	2016-17	DSR per 100,000	473.0 471 - 476	546.0 538 - 555	505.0 480.0 - 531.0	↑
2.01 - Alcohol-specific mortality - Persons LCI - UCI	2014-16	DSR per 100,000	10.4 10.3-10.6	12.9 12.4 - 13.5	10.8 9.3 - 12.4	↓
4.01 - Alcohol-related mortality - Persons LCI - UCI	2016	DSR per 100,000	46.0 45.5 - 46.6	50.1 48.2 - 52.0	45.4 40.2 - 51.1	↓
9.01 - Admission episodes for alcohol-related conditions (Broad) - Persons LCI - UCI	2016-17	DSR per 100,000	2185.0 2181 - 2189	2345.0 2332 - 2357	1982.0 1947 - 2018	↑
6.02 - Admission episodes for alcohol-specific conditions - Persons LCI - UCI	2016-17	DSR per 100,000	563.0 561 - 565	543.0 537 - 549	397.0 381 - 414	↓
5.02 - Admission episodes for alcohol-specific conditions - Under 18s - Persons LCI - UCI	2016-17	Crude rate per 100,000	34.2 33.6 - 34.8	28.5 26.8 - 30.2	29.7 24.3 - 36.1	↓
Treatment waiting time: % people waiting more than 3 weeks for alcohol treatment (NDTMS) LCI - UCI	2016	%	2.4 2.3 - 2.6	4.1 Not available	13.7 11.1 - 16.6	↓
15.01 - Successful completion of treatment for alcohol LCI - UCI	2016	%	38.7 38.4 - 39.0	38.2 37.2 - 39.1	38.9 35.9 - 42.1	↑

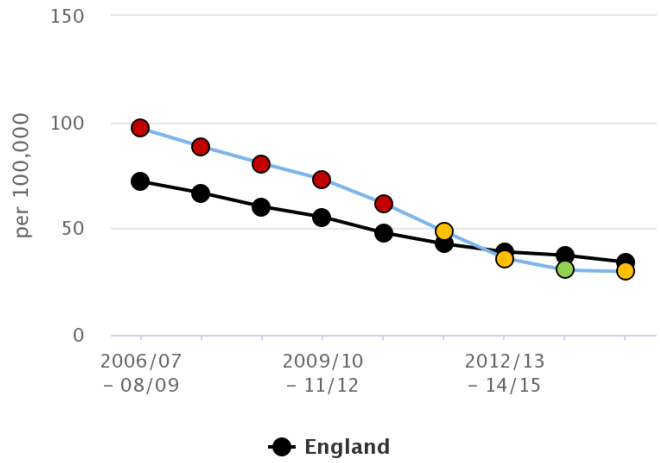
Source: Public Health England, Public Health Outcomes Framework

Alcohol specific hospital admissions for under 18's

Figure 69 shows that the rate of alcohol specific hospital admissions for under 18's has levelled off but continues to remain at some of the lowest levels seen since 2006-7, rates are similar to the national average and Worcestershire has one of the lowest rates amongst the CIPFA nearest statistical neighbours including Gloucestershire, Warwickshire, Suffolk, West Midlands

and England as comparator areas. At district level, all areas either have similar rates to national average or have rates significantly lower than the national average.

FIGURE 69 ALCOHOL-SPECIFIC HOSPITAL ADMISSIONS FOR UNDER-18 YEAR OLDS (2006/7-08/09 TO 2014/15-16/17)



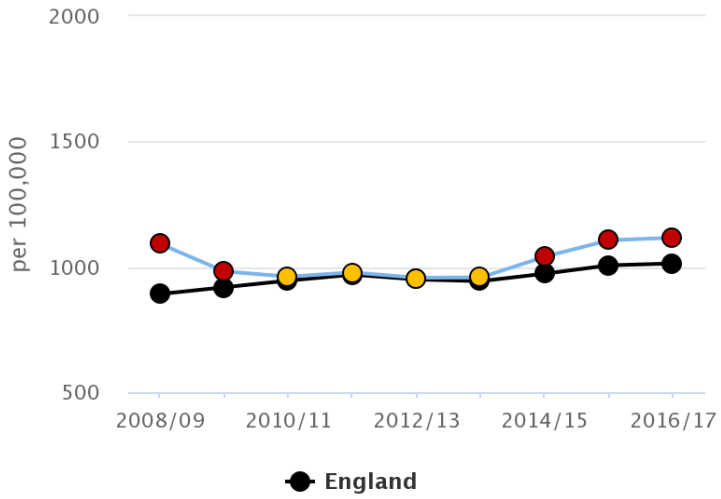
Source: Public Health England, Public Health Outcomes Framework

Admission episodes for alcohol-related conditions (narrow) in the over 65's

ALCOHOL MISUSE IN THE YOUNGER AGE GROUPS HAS BEEN DEMONISED OVER THE YEARS, PARTICULARLY IN THE MEDIA. IN CONTRAST TO THIS, ADMISSION EPISODES FOR ALCOHOL-RELATED CONDITIONS (NARROW) IN THE OVER 65'S HAS BEEN SIGNIFICANTLY HIGHER THAN THE ENGLAND AVERAGE FOR THE LAST THREE YEARS (

Figure 70). Rates are significantly higher in both males and females. In the district areas, rates have been significantly higher in Wychavon and Wyre Forest than the England average for the last two years.

FIGURE 70 10.08 - ADMISSION EPISODES FOR ALCOHOL-RELATED CONDITIONS (NARROW) - OVER 65S – PERSONS (2008-9 TO 2016-17)



Source: Public Health England, Public Health Outcomes Framework

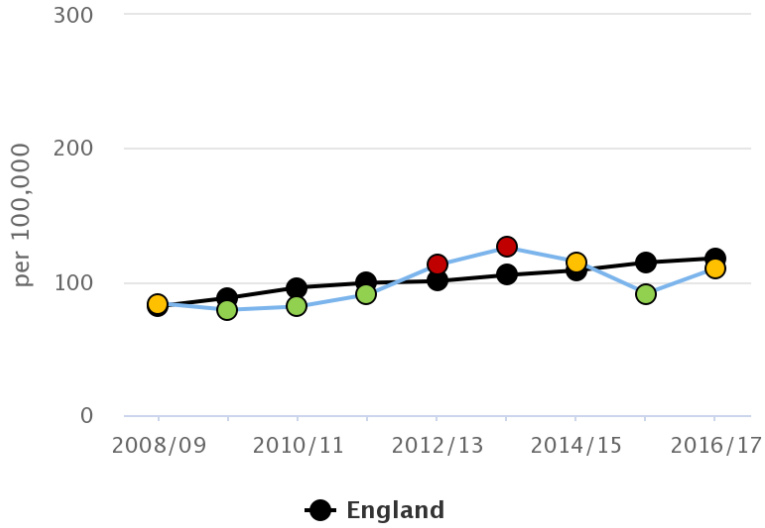
Hospital admission episodes for alcoholic liver disease condition

Figure 71 shows the rate of hospital admission episodes for alcoholic liver disease condition (broad condition) per 100,000 population for Worcestershire compared to England.

In 2016/17 the rate of hospital admission episodes for alcoholic liver disease was 110.2 per 100,000 population in 2016-17, which is similar to the national rate.

The rate of hospital admission episodes for alcoholic liver disease is the highest in comparison to our top three CIPFA neighbours. Rates are significantly higher than Gloucestershire, Warwickshire and Suffolk.

FIGURE 71 HOSPITAL ADMISSION EPISODES FOR ALCOHOLIC LIVER DISEASE CONDITION



Source: Public Health England, Public Health Outcomes Framework

Alcohol Related Hospital Admissions: Data Notes

Statistics relating to alcohol can be difficult to navigate and understand because of the complexity of language used. Alcohol Use Disorder contributes significantly to 48 health conditions, wholly or partially, due either to acute alcohol intoxication or to the toxic effect of alcohol use disorder over time. Conditions include cardiovascular conditions, cancers, depression and accidental injuries. Risk of ill health increases exponentially as regular consumption levels increase. Most of these harms are preventable[38].

Hospital admissions relating to alcohol are based upon attributable fractions being either wholly or partially attributable to alcohol.

Wholly attributable condition: A condition which by definition is 100% caused by alcohol consumption e.g. alcoholic cardiomyopathy[39].

[38] Public Health England (2016), Local Health and Care Planning: Menu of Preventative interventions, , Available from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/683016/Local_health_and_care_planning_menu_of_preventative_interventions_DM_NICE_amends_14.02.18__2_.pdf [Accessed: 7th March 2018]

[39] Jones, L and Bellis, M (2013). Updating England-Specific Alcohol-Attributable Fractions. [online] Liverpool: Centre for Public Health, Liverpool John Moores University, p.4. Available at: http://www.cph.org.uk/wp-content/uploads/2014/03/24892-ALCOHOL-FRACTIONS-REPORT-A4-singles-24.3.14.pdf [Accessed 7 Mar. 2018].

Alcohol attributable fraction: Indicates the proportion of a disease or injury that could be prevented if exposure to alcohol was eliminated[Error! Bookmark not defined.].

Definitions for Alcohol Statistics

Alcohol Indicator	Definition
Alcohol Specific Hospital Admissions	Admissions where alcohol is **wholly attributable** to the hospital admission and where code is in Primary or Secondary diagnosis. E.g. Mental and behavioural disorders due to alcohol, Alcoholic gastritis, Ethanol poisoning, Toxic effect of alcohol.
Alcohol Related Hospital Admissions – Narrow	Admissions where alcohol is **wholly or partially attributable** to the hospital admission and where here is an alcohol attributable code in the primary diagnosis code and an alcohol attributable external cause code (e.g. Accidents, Falls)
Alcohol Related Hospital Admissions – Broad	Admissions where alcohol is **wholly or partially attributable** to the hospital admission and where there is an alcohol attributable code in the primary or secondary diagnosis code.

Associated Documents and Best Practice

Worcestershire Health and Well-being Board - Joint Health and Well-being Strategy 2016 to 2021: http://www.worcestershire.gov.uk/downloads/file/7051/joint_health_and_well-being_strategy_2016_to_2021

Worcestershire JSNA - Substance Misuse Needs Assessment: http://www.worcestershire.gov.uk/downloads/file/2916/2014_substance_misuse_needs_assessment

Public Health England - The Public Health Burden of Alcohol and the Effectiveness and Cost-Effectiveness of Alcohol Control Policies An evidence review:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/583047/alcohol_public_health_burden_evidence_review.pdf

Public Health England - Alcohol and drug misuse prevention and treatment guidance: https://www.gov.uk/government/collections/alcohol-and-drug-misuse-prevention-and-treatment-guidance

National Institute of Health and Care Excellence (NICE) Guidance -

Alcohol-use disorders: prevention (PH24) is one of three pieces of NICE guidance addressing alcohol-related problems among people aged 10 years and older: https://www.nice.org.uk/guidance/ph24

Alcohol-use disorders: diagnosis and management (QS11) covers the care of children (aged 10 to 15 years), young people (aged 16 to 17 years) and adults (aged 18 years and over) drinking in a harmful way and those with alcohol dependence in all NHS-funded settings: https://www.nice.org.uk/guidance/qs11

Alcohol-use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence (CG115) is evidence-based advice on the diagnosis, assessment and management of harmful drinking and alcohol dependence in adults and in young people aged 10 to 17 years:

https://www.nice.org.uk/guidance/cg115

Alcohol-use disorders: diagnosis and management of physical complications (CG100) covers the care of adults and young people (aged 10 years and older) who have any physical health problems that are completely or partly caused by alcohol use: https://www.nice.org.uk/guidance/cg100

Appendix 1: District Level Information

Bromsgrove

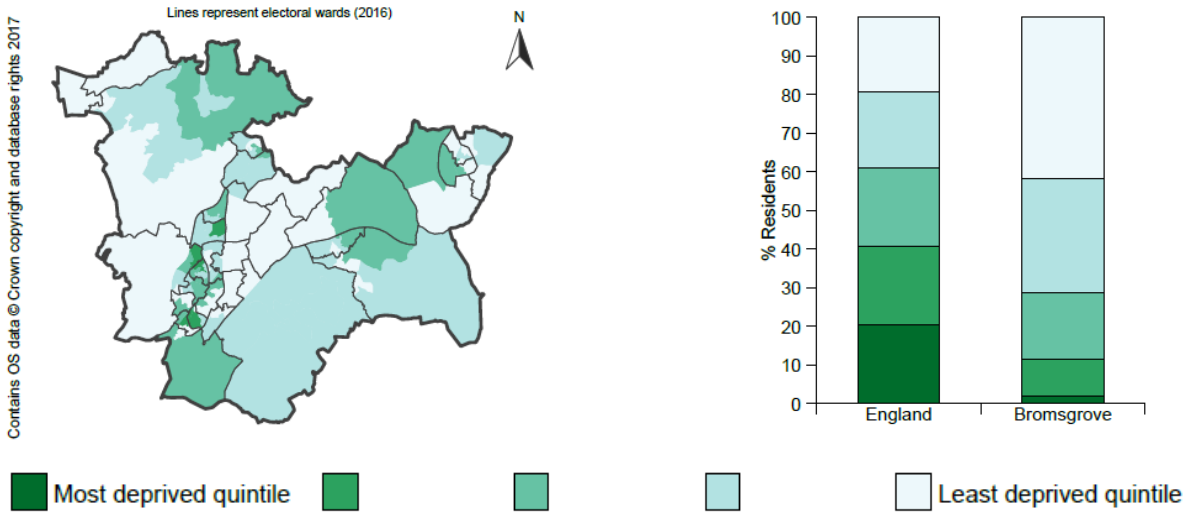
Population and demographics: key facts

- Population: 95,594[40].
- Bromsgrove has a lower proportion of younger people aged 20-39 and higher proportion of adults aged 40 plus compared to England.
- One of the 20% least deprived districts in England.
- 9.4% of children living in low income households in 2015 (1,475).
- 3.8% of people living in Bromsgrove are from an ethnic minority group, compared to 13.2% in England.
- Compared to England GCSE attainment (5 GCSEs A*-C incl. English and Maths) in 2015/16 is significantly higher in Bromsgrove at 65.0%.
- Life expectancy is 8.8 years lower for men and 5.5 years lower for women in the most deprived areas of Bromsgrove compared to the least deprived areas.
- 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.

FIGURE 72 INDEX OF MULTIPLE DEPRIVATION 2015 (QUINTILES) BY LSOA

% of population in Bromsgrove living in areas at each level of deprivation compared to England

[40] ONS mid-year population estimates 2017



Source: Public Health England – Health Profile 2017: Bromsgrove

The map shows differences in deprivation in this area based on national comparisons, using national quintiles (fifths) of the Index of Multiple Deprivation 2015 (IMD 2015), shown by lower super output area. The darker coloured the area the more deprived the neighbourhood[41].

Areas of concern and changing needs

Breastfeeding Initiation

Breastfeeding initiation is considered to be a valid and important measure of public health. Benefits of breastfeeding are significant for both mother and child. Babies who are breastfed have lower rates of respiratory and gastrointestinal infection. Breastfeeding also lowers the risk of both breast and ovarian cancers.

The rate of breastfeeding initiation in Bromsgrove was 68.1% in 2016/17, significantly lower than England (74.5%) and similar to the West Midlands rate of 68.9%.

Influenza Vaccination

Vaccination against flu is an important public health intervention. Flu can be a dangerous disease, particularly for the very young and the older population. There are also other at-risk groups such as pregnant women and immunocompromised individuals. Vaccination against flu

[41] Public Health England, Health Profile 2017 – Bromsgrove. Online. Available from: http://fingertipsreports.phe.org.uk/health-profiles/2017/e07000234.pdf

can reduce pressures on health services by reducing hospital admissions and limit exacerbations of existing medical conditions in these particular groups. The national vaccine uptake ambition during 2017-18 was 75.0% for individuals aged 65 and over and 55.0% for individuals considered being at-risk aged 6 months to 65.

In 2017-18, Redditch and Bromsgrove CCG fell short of the target at 73.0% of individuals aged 65 and over vaccinated as did England as a whole (72.6%); this was the lowest across the three CCG groups in Worcestershire. 49.5% (48.9% England) of individuals in at-risk groups were vaccinated against a target of 55.0%[42].

Chlamydia Detection Rate 15-24yr Olds

The National Chlamydia Screening Programme (NCSP) recommends screening for all sexually active young people under 25 annually or on change of partner (whichever is more frequent). The chlamydia detection rate amongst under 25 year olds is a measure of chlamydia control activity, aimed at reducing the incidence of reproductive sequelae of chlamydia infection and interrupting transmission onto others.

Public Health England (PHE) recommends that local authorities should be working towards achieving a detection rate of at least 2,300 per 100,000 population aged 15-24. The recommendation was set as a level that would encourage high volume screening and diagnoses[43].

The chlamydia detection rate in Bromsgrove has worsened between 2016 and 2017 decreasing from 1,686 per 100,000 to 1,241 per 100,000 population aged 15-24 and is significantly lower than the England rate of 1,882 per 100,000 population aged 15-24.

[42] Seasonal Flu Vaccine Uptake (GP) 2017/18 - DATA ON GP REGISTERED PATIENTS. Provisional end of January 2018 cumulative uptake data for England on influenza vaccinations given from 1 September 2017 to 31 January 2018

[43] Indicator Definitions and Supporting Information: Chlamydia Detection rate 15-24yr olds. Available from: www.phoutcomes.info

Local strategy

The local strategy details outlined below are for the financial year 2017-18.

Priority Area	Projects
Improve mental wellbeing	• Raise awareness of Wellbeing Hub and Worcestershire Healthy Minds hub • Wider partner agency engagement for Secondary Care Mental Health Transformation • Support initatives and training including: Time to Change, Mental Health First Aid, Your life Your Choice, 5 Ways to wellbeing • Raise awareness and consider local impacy of integrated 0-19 prevention service "Starting Well", Parenting and Family support providers. • Set up cross provider network to increase awareness of activities taking place with different providers.
Increase physical activity (including inactivity)	• Raise awareness of locally delivered services which increase physical activity including input on existing provision and barriers to delivery • Support initatives and training including: One You, Worcestershire Works Well, Health Chat training, Eating Well on a Budget, Worcestershire Welcomes Breastfeeding. • Set up Bromsgrove Children and Young people provider network to raise awareness of activities taking place across district. • Consider Childhood Obesity: A plan for action and identify and relevant local actions.
Reduce harm from alcohol	• Raise awareness of local service provision with consideration how agencies can support existing provision and support wider partners to address alcohol related issues highlighted in the Bromsgrove Health and Wellbeing Plan.
Ageing Well	• Improve dementia awareness • Tackle fuel poverty and reduce excess winter deaths • Falls Prevention • Address social isolation and loneliness and promote ageing well • Improve stroke awareness • Support carers
Local Priorities	• Stroke Awareness • Alcohol Awareness and Dry January • Ageing Well and Pensioners Day • Digital inclusion • Mental Health
Support and reduce NEETs	• Work closely with partners for continued reduction of NEETs, Partnership panels and raising awareness and consideration of the impact of WCC proposals to change provision of family support and individuals at risk of becoming NEET.

Malvern Hills

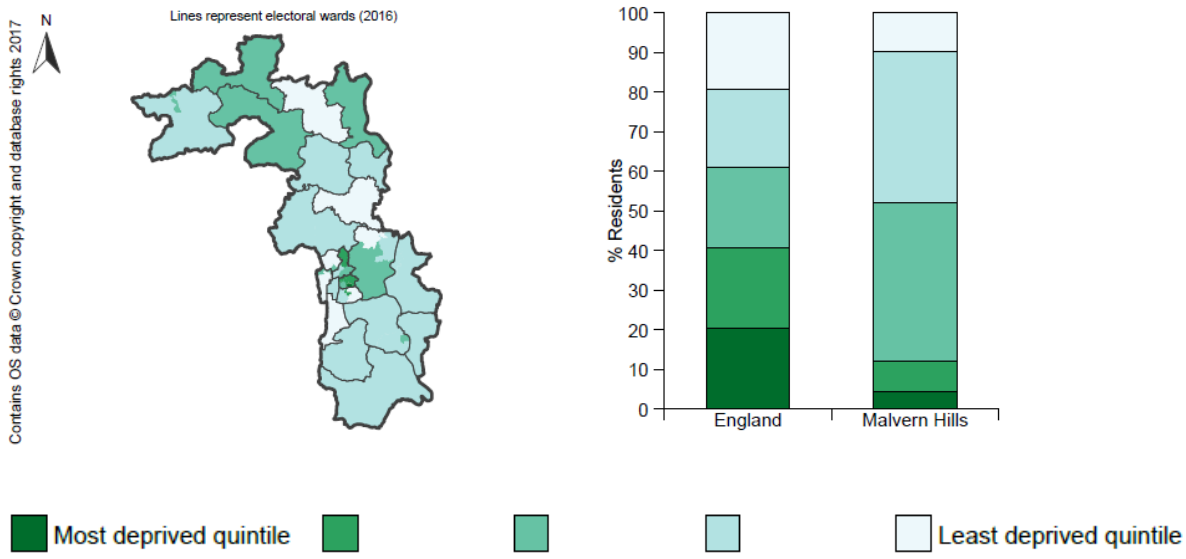
Population and demographics: key facts

- Population: 77,165[44].
- Malvern Hills has the highest proportion of people aged 65 and over (27.6%) in comparison to other Worcestershire districts.
- 13.0% of children living in low income households in 2015 (1,445).
- 3.9% of people living in Malvern Hills are from an ethnic minority group, compared to 13.2% in England.
- Compared to England as a whole GCSE attainment (5 GCSEs A*-C incl. English and Maths) in 2015/16 is significantly higher in Malvern Hills at 64.9%.
- Life expectancy is 4.0 years lower for men and 5.3 years lower for women in the most deprived areas of Malvern Hills compared to the least deprived areas.
- There are a lower proportion of people living in most deprived areas in the country when compared to England.

FIGURE 73 INDEX OF MULTIPLE DEPRIVATION 2015 (QUINTILES) BY LSOA

% of population in Malvern Hills living in areas at each level of deprivation compared to England

[44] ONS mid-year population estimates 2017



Source: Public Health England – Health Profile 2017: Malvern Hills

The map shows differences in deprivation in this area based on national comparisons, using national quintiles (fifths) of the Index of Multiple Deprivation 2015 (IMD 2015), shown by lower super output area. The darker the area is coloured the more deprived the neighbourhood[45].

Areas of concern and changing needs

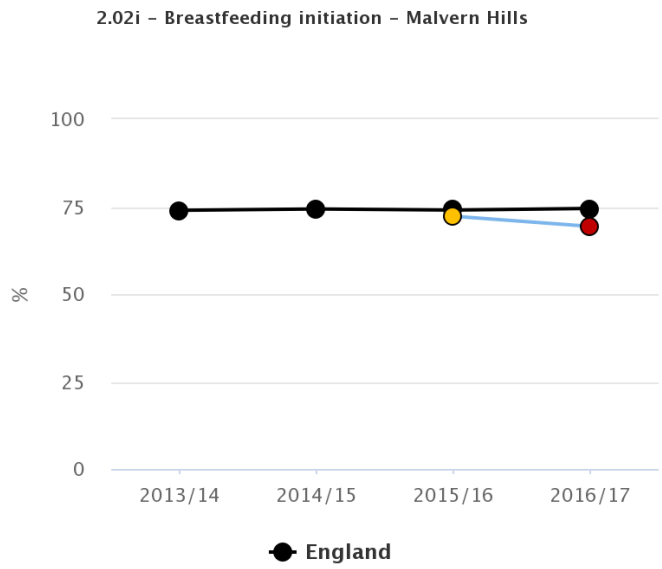
Breastfeeding Initiation

Breastfeeding initiation is considered to be a valid and important measure of public health. Benefits of breastfeeding are significant for both mother and child. Babies who are breastfed have lower rates of respiratory and gastrointestinal infection. Breastfeeding also lowers the risk of both breast and ovarian cancers.

The rate of breastfeeding initiation in Malvern Hills was 69.4% in 2016/17, significantly lower than England (74.5%) and similar to the West Midlands rate of 68.9%. This was a decline from the 2015/16 value (72.3%).

[45] Public Health England, Health Profile 2017 – Malvern Hills. Online. Available from: http://fingertipsreports.phe.org.uk/health-profiles/2017/e07000235.pdf

FIGURE 74 BREASTFEEDING INITIATION - MALVERN HILLS



Source: Public Health Outcomes Framework (PHOF)

Diabetes Diagnosis

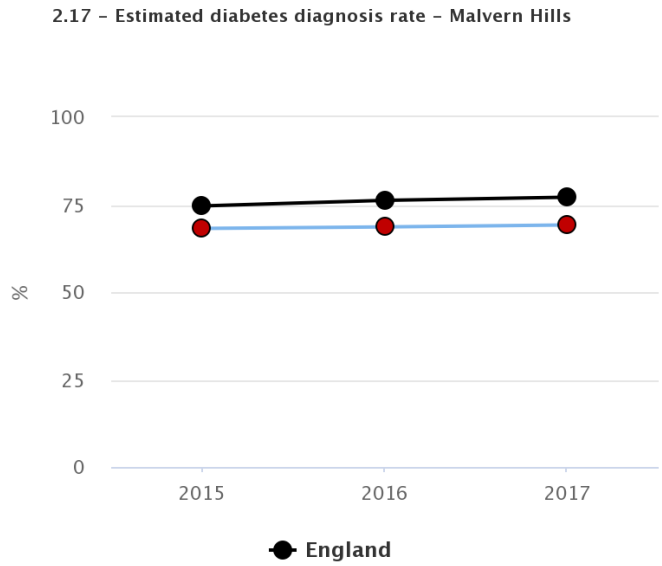
Diabetic complications (including cardiovascular, kidney, foot and eye diseases) result in considerable morbidity and have a detrimental impact on quality of life. Type 2 diabetes (approximately 90% of diagnosed cases) is partially preventable – it can be prevented or delayed by lifestyle changes (exercise, weight loss, health eating). Earlier detection of Type 2 diabetes followed by effective treatment reduces the risk of developing diabetic complications.

This indicator is used by clinical commissioning groups and local health and well-being boards, to:

- Understand the scope for prevention and make headway in tackling the rising numbers of people with or at risk of diabetes.
- Measure the progress that they are making towards closing the gap (i.e. meeting previously unmet need) between observed prevalence (number of cases of diabetes recorded) and actual prevalence in identifying people at high risk or with hitherto undiagnosed diabetes.

In 2017, the estimated diabetes diagnosis rate in Malvern Hills was 69.2%, which is significantly lower than the West Midlands (85.6%) and England (77.1%).

FIGURE 75 ESTIMATED DIABETES DIAGNOSIS RATE - MALVERN HILLS



Source: Public Health Outcomes Framework (PHOF)

Fuel Poverty

Living at low temperatures has a substantial negative effect on individual health and wellbeing, including being responsible for approximately 1 in 10 excess winter deaths[46], exacerbation of

medical conditions such as circulatory diseases, respiratory problems, mental health and other conditions such as colds and flu, rheumatisms and arthritis[47]. The most vulnerable groups in

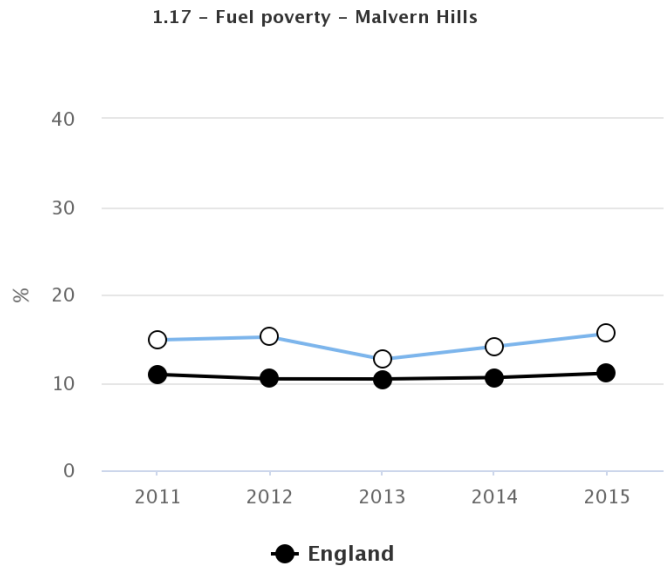
[46] Indicator Definitions and Supporting Information: Fuel Poverty. Available from: www.phoutcomes.info
[47] Marmot Review Team (2011) The Health Impacts of Cold Homes and Fuel Poverty, pp. 23 -30. Available from: https://www.foe.co.uk/sites/default/files/downloads/cold_homes_health.pdf

society, the very young and the elderly and those with long-term conditions are at highest risk from fuel poverty.

For some people living in Malvern Hills, fuel poverty is a significant issue. 15.6% of households experience Fuel Poverty in the district and this is the highest of the Worcestershire districts and fourth highest of thirty district and Unitary Authority areas within the West Midlands. In 2015 the rate was significantly higher than both the England and West Midlands average. The proportion of households living in fuel poverty has been higher than the England rate and has not changed much over a 4 year period from 2011. The lowest rate was in 2013 where 12.6% of households experienced fuel poverty.

National data shows that rural areas tend to have significantly higher levels of fuel poverty. Nationally there is a clear gradient in relation to deprivation where 12.5% of households in the most deprived decile (ie 10% most deprived population) experience fuel poverty compared to 7.6% in the least deprived decile.

FIGURE 76 FUEL POVERTY - MALVERN HILLS



Source: Public Health Outcomes Framework (PHOF)

FIGURE 77 FUEL POVERTY 2015

1.17 - Fuel poverty 2015

Area	Count	Value
England	2,502,217	11.0
Worcestershire	30,001	12.3
Bromsgrove	4,124	10.6
Malvern Hills	5,100	15.6
Redditch	3,696	10.5
Worcester	5,181	12.1
Wychavon	6,398	12.7
Wyre Forest	5,502	12.6

Source: Department for Business, Energy and Industrial strategy

Chlamydia Detection Rate 15-24yr Olds

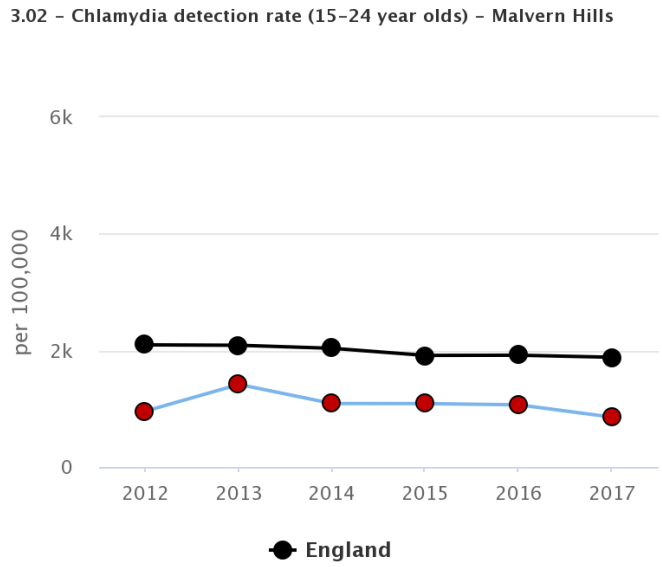
The National Chlamydia Screening Programme (NCSP) recommends screening for all sexually active young people under 25 annually or on change of partner (whichever is more frequent). The chlamydia detection rate amongst under 25 year olds is a measure of chlamydia control activity, aimed at reducing the incidence of reproductive sequelae of chlamydia infection and interrupting transmission onto others.

Public Health England (PHE) recommends that local authorities should be working towards achieving a detection rate of at least 2,300 per 100,000 population aged 15-24. The recommendation was set as a level that would encourage high volume screening and diagnoses[48].

The chlamydia detection rate in Malvern Hills has worsened between 2016 and 2017 decreasing from 1,065 per 100,000 to 855 per 100,000 population aged 15-24 and is significantly lower than the England rate of 1,882 per 100,000 population aged 15-24. It is possible that this is partly attributable to a low population prevalence in a predominantly rural area which has a relatively high proportion of older people.

[48] Indicator Definitions and Supporting Information: Chlamydia Detection rate 15-24yr olds. Available from: www.phoutcomes.info

FIGURE 78 CHLAMYDIA DETECTION RATE (15-24 YEAR OLDS) - MALVERN HILLS



Source: Public Health Outcomes Framework (PHOF)

Local strategy

The local Health and Wellbeing strategy (2017-18) for Malvern Hills is below:

Priority Area	Projects
Mental health and well-being throughout life	• Promotion of mental health campaigns locally. • Delivery of health chats training sessions • Older peoples showcasing events • Delivering dementia friends sessions, support businesses and communities to become dementia friendly and aware. • Reduce social isolation & support individuals living with dementia, vulnerable individuals and wider communities. • Reconnections for people aged 50+ tackling social isolation and loneliness. • Support local volunteering schemes • Digital inclusion • Community first aid programmes • Mental Health Awareness support networks, mental health champions, family and community support programmes.
Being active at every age	• Supporting children aged 4+ to learn how to ride a bike • Community sports awards • Support local sports clubs and individuals • Strength and balance classes • Active holiday play schemes - YMCA/Freedom Leisure Holiday activity programme • Sportivate - Increase activity in 11-25yr olds • Free swimming for over 75's and Under 8's • Couch to 5k • Walking for health • Fortis living - community lifestyle programme for over 55's
Reducing harm from drinking too much alcohol	• Alcohol awareness and education • Peer mentor support • Worcestershire Works Well Scheme • Best Bar None Scheme

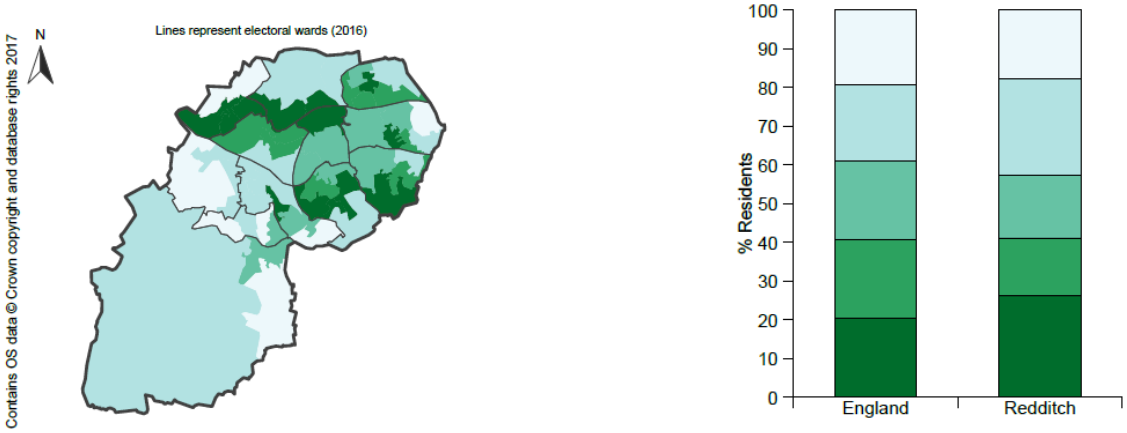
Redditch

Population and demographics: key facts

- Population: 85,204[49].
- Redditch has the highest proportion of children and young people aged 0-19 (24.2%) in comparison to other Worcestershire districts.
- 15.5% of children were living in low income households in 2015 (2,585)
- 9.4% of people living in Redditch are from an ethnic minority group, compared to 13.2% in England.
- GCSE attainment (5 GCSEs A*-C incl. English and Maths) in 2015/16 is similar to the national average at 55.9%.
- There are a higher proportion of people living in most deprived areas in the country compared to England.
- Life expectancy is 9.3 years lower for men and 9.0 years lower for women in the most deprived areas of Redditch, compared to the least deprived.
- For premature deaths in males the gap between the richest and poorest areas in Redditch has widened since 2011-13.

FIGURE 79 INDEX OF MULTIPLE DEPRIVATION 2015 (QUINTILES) BY LSOA

% of population in Redditch living in areas at each level of deprivation compared to England



[49] ONS mid-year population estimates 2017

Source: Public Health England – Health Profile 2017: Redditch

The map shows differences in deprivation in this area based on national comparisons, using national quintiles (fifths) of the Index of Multiple Deprivation 2015 (IMD 2015), shown by lower super output area. The darkest coloured areas are some of the most deprived neighbourhoods in England[50]*.*

Areas of concern and changing needs

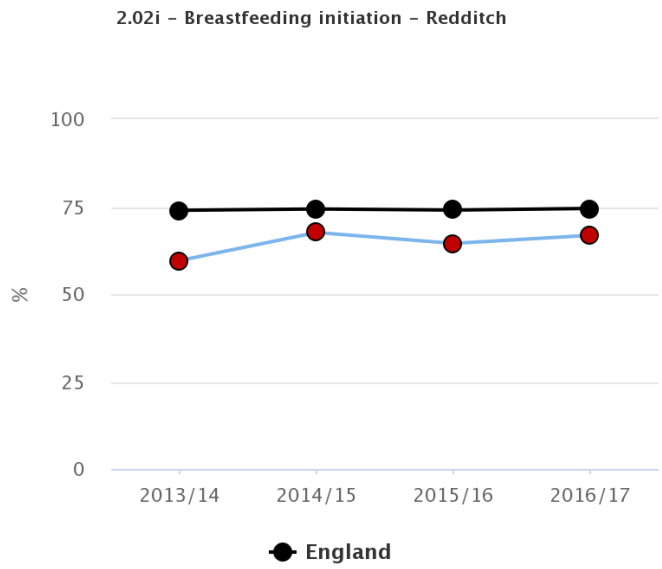
Breastfeeding Initiation

Breastfeeding initiation is considered to be a valid and important measure of public health. Benefits of breastfeeding are significant for both mother and child. Babies who are breastfed have lower rates of respiratory and gastrointestinal infection. Breastfeeding also lowers the risk of both breast and ovarian cancers.

The rate of breastfeeding initiation in Redditch was 66.8% in 2016/17, significantly lower than England (74.5%) and lower than the West Midlands rate of 68.9%.

[50] Public Health England, Health Profile 2017 – Redditch. Online. Available from: http://fingertipsreports.phe.org.uk/health-profiles/2017/e07000236.pdf

FIGURE 80 BREASTFEEDING INITIATION - REDDITCH

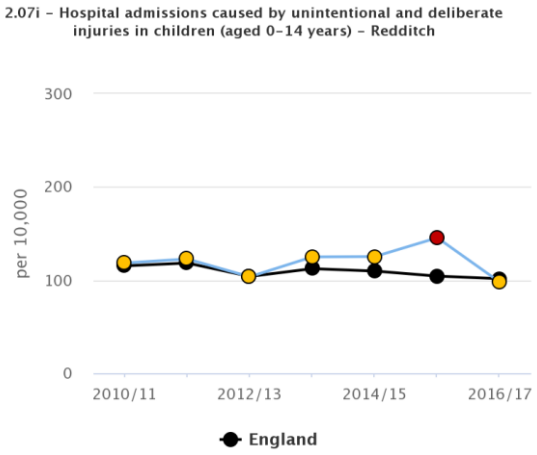


Source: Public Health Outcomes Framework (PHOF)

Hospital Admissions Caused by Unintentional and Deliberate Injuries in Young People

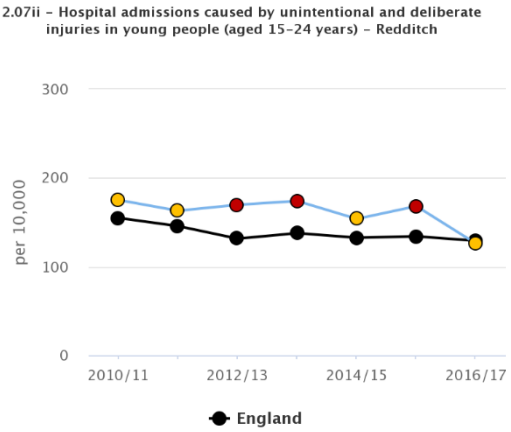
Injuries are a leading cause of premature mortality and hospitalisation for children. They are also a source of long-term health issues, including mental health related to experience(s). In Redditch, the rate of hospital admissions caused by unintentional and deliberate injuries in children and young people was significantly higher than both the West Midlands and England average across all age groups in 2015/16 (0-14 years and 15-24 years), but has shown an improvement for both age groups in 2016/17 to be similar to national levels. The rate has been persistently above the national average for seven years, and is still an area of potential concern.

FIGURE 81 HOSPITAL ADMISSIONS CAUSED BY UNINTENTIONAL AND DELIBERATE INJURIES IN CHILDREN (AGED 0-14 YEARS) REDDITCH



Source: Public Health Outcomes Framework

FIGURE 82 HOSPITAL ADMISSIONS CAUSED BY UNINTENTIONAL AND DELIBERATE INJURIES IN YOUNG PEOPLE (AGED 15-24) - REDDITCH



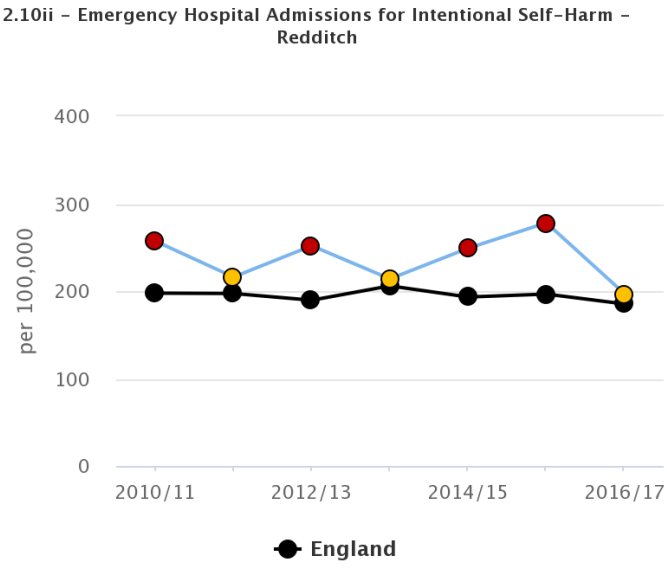
Source: Public Health Outcomes Framework (PHOF)

Emergency Hospital Admissions for Intentional Self-Harm

Self-harm is one of the top five causes of acute medical admission and those who self-harm have a 1 in 6 chance of repeat attendance at Accident and Emergency within the year. One study of people presenting at Accident and Emergency (AandE) showed a subsequent suicide rate of 0.7% in the first year – 66 times the suicide rate in the general population[51].

The rate of emergency hospital admissions for intentional self-harm in Redditch in 2016/17 is higher at 196.9 admissions per 100,000 compared to 189.0 admissions per 100,000 in the West Midlands and 185.3 admissions per 100,000 for England overall. While the 2016/17 rate is not significantly high (and has shown an improvement since 2015/16), Redditch has had values that have been higher than the national average for the last eight years, indicating a persistent issue with this indicator.

FIGURE 83 EMERGENCY HOSPITAL ADMISSIONS FOR INTENTIONAL SELF-HARM - REDDTCH



Source: Public Health Outcomes Framework (PHOF)

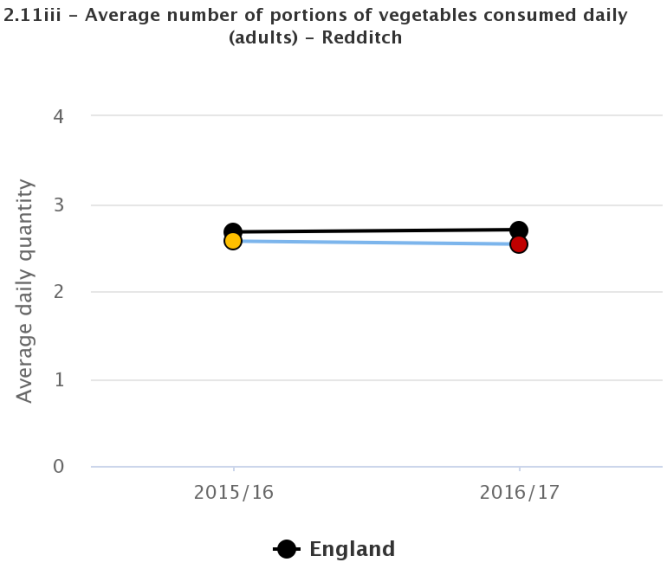
[51] Indicator Definitions and Supporting Information: Emergency Hospital Admissions for Intentional Self-Harm. Available from: www.phoutcomes.info

Average Number of Portions of Vegetables Consumed Daily

Poor diet and obesity are leading causes of premature death and mortality, and are associated with a wide range of diseases including cardiovascular disease and some cancers, which can have a significant impact on an individual's physical and mental health and wellbeing.

The average number of portions of vegetables consumed daily in 2016/17 in Redditch was 2.54 per adult, which is statistically significantly below the national value of 2.70.

FIGURE 84 AVERAGE NUMBER OF PORTIONS OF VEGETABLES CONSUMED DAILY (ADULTS) - REDDITCH



Source: Public Health Outcomes Framework (PHOF)

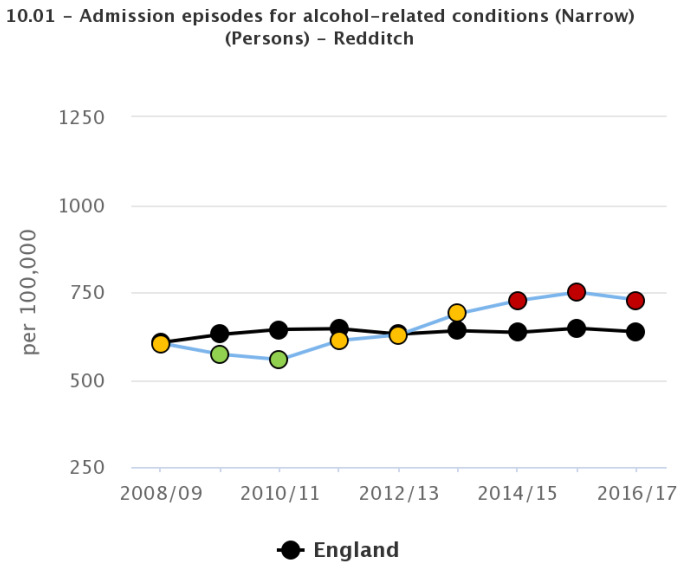
Admission Episodes for Alcohol-Related Conditions

The reduction of alcohol-related harm is one of the key indicators within Public Health England's national strategy. Alcohol is a significant contributory factor for a range of health conditions and is estimated to cost the NHS approximately £3.5 billion per year and society as a whole £21 billion annually[52].

The rate of hospital admissions for alcohol related harm (narrow definition[53]) in Redditch has been increasing and has been significantly higher than England for the last three years. The

latest data (2016/17) shows that the rate is 728 admissions per 100,000 compared to the England rate of 636 admissions per 100,000.

FIGURE 85 ADMISSION EPISODES FOR ALCOHOL-RELATED CONDITIONS (NARROW) (PERSONS) - REDDITCH



Source: Public Health Outcomes Framework (PHOF)

[52] Indicator Definitions and Supporting Information: Admission episodes for alcohol related harm – narrow definition Available from: www.phoutcomes.info

[53] PROVIDE DEFINITION OF NARROW CRITERIA

Smoking Prevalence – adults

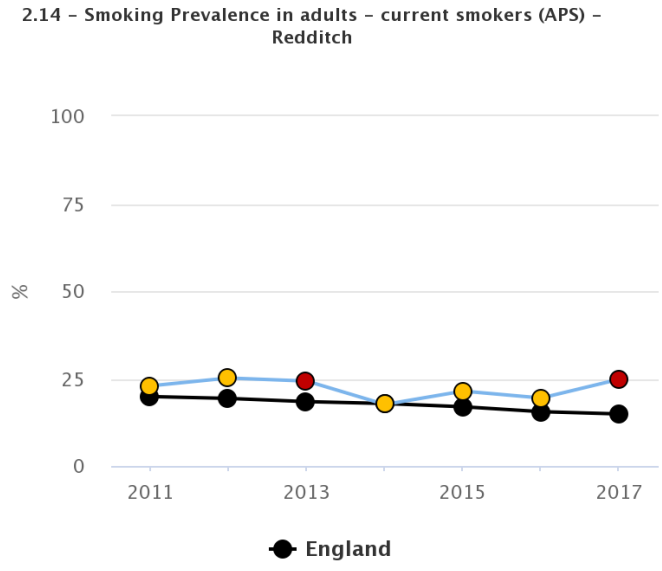
Smoking is the most important cause of preventable ill health and premature mortality in the UK. Smoking is a major risk factor for many diseases, such as lung cancer, chronic obstructive pulmonary disease (COPD) and heart disease. It is also associated with cancers in other organs, including lip, mouth,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

Smoking is a modifiable lifestyle risk factor; effective tobacco control measures can reduce the prevalence of smoking in the population.

In 2017 smoking prevalence in Redditch was estimated to be 24.8% of adults, an increase from the 2016 level of 19.4%. For routine and manual occupations prevalence was 39.5% in 2017, up from the 2016 level of 29.1%. Both values are now statistically significantly above national levels.

Whilst these figures appear concerning, it should be borne in mind that they are based on a sample of people and are subject to uncertainty. Also, there are two other national measures of smoking that are yet to report for 2017. However, the fact that both indicators have been above the national level for 6 years does confirm a persistent issue in Redditch.

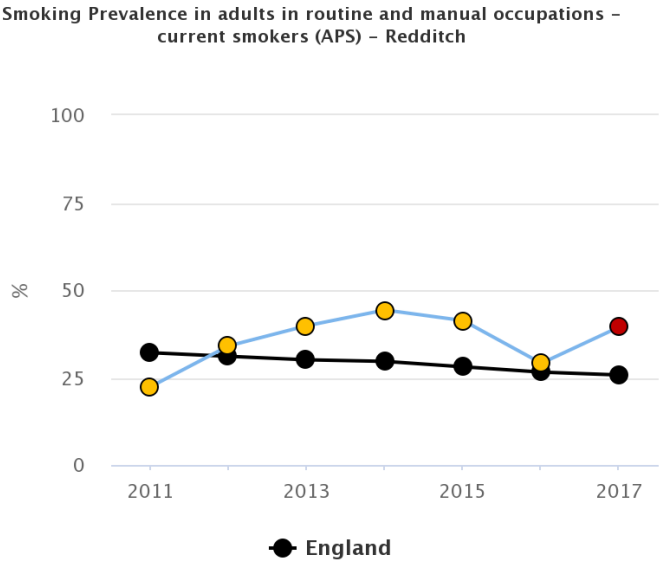
FIGURE 86 SMOKING PREVALENCE IN ADULTS - CURRENT SMOKERS (APS) - REDDITCH



Source: Public Health Outcomes Framework (PHOF)

Smoking Prevalence – routine and manual occupations

FIGURE 87 SMOKING PREVALENCE IN ADULTS IN ROUTINE AND MANUAL OCCUPATIONS - CURRENT SMOKERS (APS) - REDDITCH



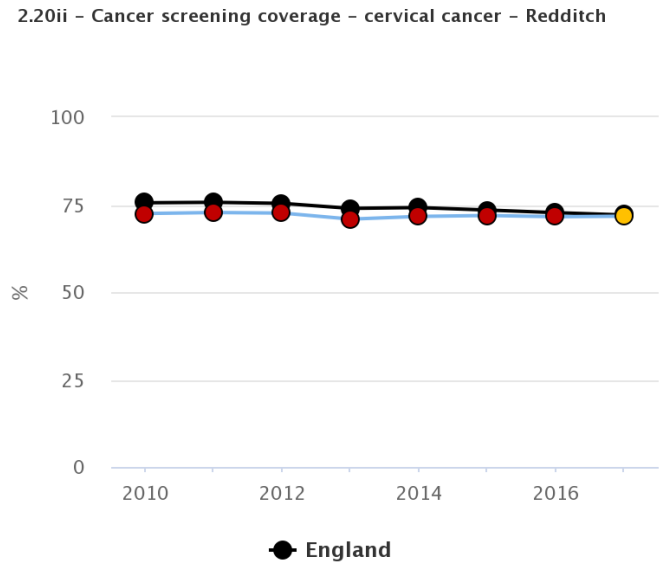
Source: Public Health Outcomes Framework (PHOF)

Cancer Screening Coverage - cervical cancer

Cervical cancer screening supports detection of symptoms that may become cancer and is estimated to save 4,500 lives in England each year. Improvements in coverage would mean more cervical cancer is prevented or detected at earlier, more treatable stages.

Cervical cancer screening coverage in Redditch was 71.7% in 2016/17, compared to the national level of 72.0%. This difference is not statistically significant, whilst in the previous seven years the screening rate in Redditch was significantly below England. It is worth monitoring this indicator in future to check that this improvement is maintained.

FIGURE 88 CANCER SCREENING COVERAGE - CERVICAL CANCER - REDDITCH



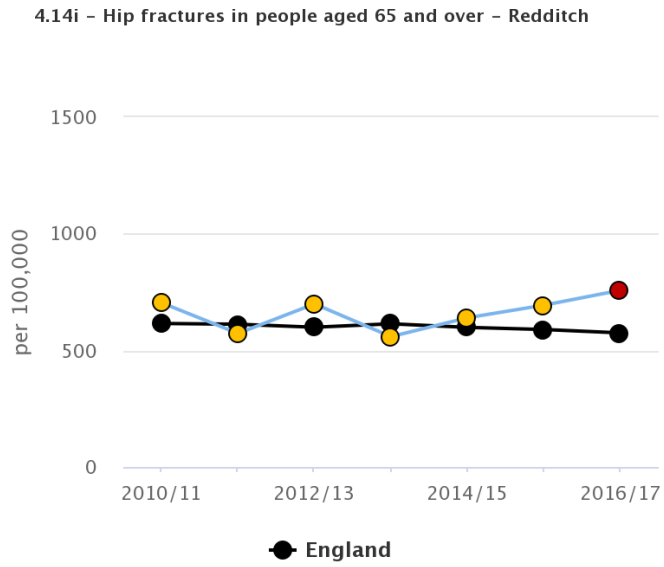
Source: Public Health Outcomes Framework (PHOF)

Hip Fractures

Hip fracture is a common serious injury that occurs mainly in older people. For many previously fit patients it means loss of prior full mobility; for some frailer patients the permanent loss of the ability to live at home. For the frailest of all it may bring pain, confusion and disruption to complicate an already distressing illness.

The rate of hip fractures for the over 65 population in Redditch in 2016/17 was 758, statistically significantly higher than the England rate of 575.

FIGURE 89 HIP FRACTURES IN PEOPLE AGED 65 AND OVER - REDDITCH



Source: Public Health Outcomes Framework (PHOF)

Influenza Vaccination

Vaccination against flu is an important public health intervention. Flu can be a dangerous disease, particularly for the very young and the older population. There are also other at-risk groups such as pregnant women and immunocompromised individuals. Vaccination against flu can reduce pressures on health services by reducing hospital admissions and limit exacerbations of existing medical conditions in these particular groups. The national vaccine uptake ambition during 2017-18 was 75.0% for individuals aged 65 and over and 55.0% for individuals considered being at-risk aged 6 months to under 65.

In 2017-18, Redditch and Bromsgrove CCG fell short of the target at 73.0% of individuals aged 65 and over vaccinated as did England as a whole (72.6%); this was the lowest across the three CCG groups in Worcestershire. 49.5% (48.9% England) of individuals in at-risk groups were vaccinated against a target of 55.0%. [54]

[54] Seasonal Flu Vaccine Uptake (GP) 2017/18 - DATA ON GP REGISTERED PATIENTS
Provisional end of January 2018 cumulative uptake data for England on influenza vaccinations given from 1 September 2017 to 31 January 2018

Local strategy

The local strategy for Redditch below is for 2016/17. The plan is currently under review and will be finalised later in the financial year.

Priority Area	Projects
Maternal and Early Years Health and	• Increase awareness and uptake of the Healthy Start (HS) programme/ vouchers • Increase positive lifestyles choices during pregnancy
Obesity	• Increase the development of healthy cooking on a budget within communities • Increase the amount of activity families and individuals are doing in the Borough • Improve health in the workplace • Ensure frontline staff across Redditch are able to deliver Healthy Lifestyle brief interventions in order to 'make every contact count' • Deliver an information campaign increasing awareness of diabetes and positive lifestyle behaviours to prevent and manage diabetes
Mental Health and Wellbeing throughout life	• Increase support for those with low level mental health conditions • Improve the mental wellbeing of staff in Redditch/Bromsgrove councils • Provide low level coaching and mentoring support for people stepping down from more intensive counselling and coaching • Provide additional opportunities for people in Redditch to access Counselling services • Increase the confidence of frontline staff in Redditch to support children and young people they are working with that may have mental health issues
Ageing Well	• Promote healthy lifestyle services and opportunities available for older people • Support Redditch to become Dementia friendly • Reduce social isolation amongst older people in Redditch • Improve older peoples health by raising awareness and informing them of healthy eating choices and options.
Reducing harm from drinking too much	• Increase awareness of support available for alcohol related issues • Promote safe drinking for residents of Redditch
Improving attainment and aspirations in young people	• To investigate what issues exist around school readiness and attainment at the Early Years Foundation Stage. • To understand how and where illegal exclusions are taking place and how extensive the use of part time timetables is for young people in the town. To understand the impact of this on children and young people.
Support and enhance youth activities for Young People in Redditch	• Ensure services for young people are joined up and also aligned with the commissioned Positive Activities. • Facilitate the development of the Redditch Youth Forum. • Look at the sustainability of the current PA activities and how these might be built on in the future.

Worcester

Population and demographics: key facts

- Population: 102,314[55].
- Higher proportion of people in 20-29 year old age group (15.9%) in comparison to the Worcestershire (11%) and England (13.2%).
- Less deprived on average than England but in Worcester city there are significant pockets of deprivation in the central area and towards the north east.
- 15.8% of children living in low income households (3,000).
- 2.8% of people living in Worcester are from an ethnic minority group, compared to 13.2% in England.
- GCSE attainment (5 GCSEs A*-C incl. English and Maths) in 2015/16 is similar to the England average in Worcester at 59.2%.
- Life expectancy is 9 years lower for men and 4.1 years lower for women in the most deprived areas of Worcester, in comparison to the least deprived.
- For premature deaths the gap between the richest and poorest areas in Worcester in males has widened since 2011-13.

Areas of concern and changing needs

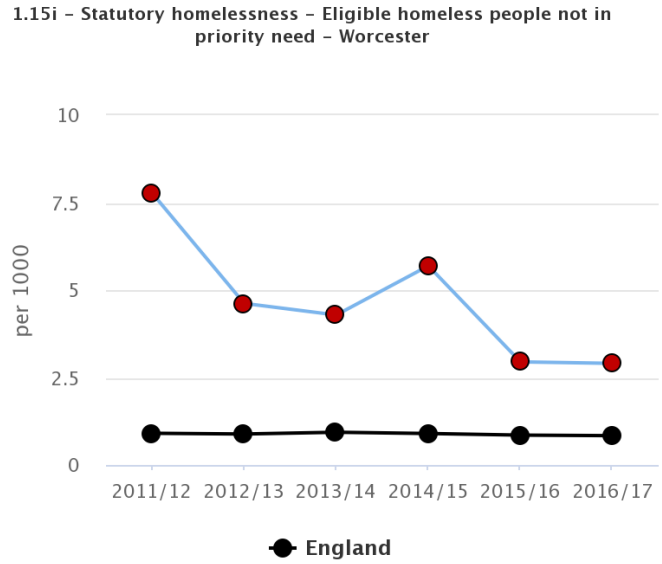
Statutory Homelessness - eligible homeless people not in priority need

This indicator demonstrates the number of households that have presented themselves to their local authority but under homelessness legislation have been deemed to be not in priority need. The majority of the people that fall under this cohort are single homeless people.

In 2016/17 the rate was 2.9 per 1000, which is statistically significantly higher than the England rate of 0.8. This suggests a relatively high number of single homeless people in Worcester.

[55] ONS mid-year population estimates 2017

FIGURE 90 STATUTORY HOMELESSNESS - ELIGIBLE HOMELESS PEOPLE NOT IN PRIORITY NEED - WORCESTER



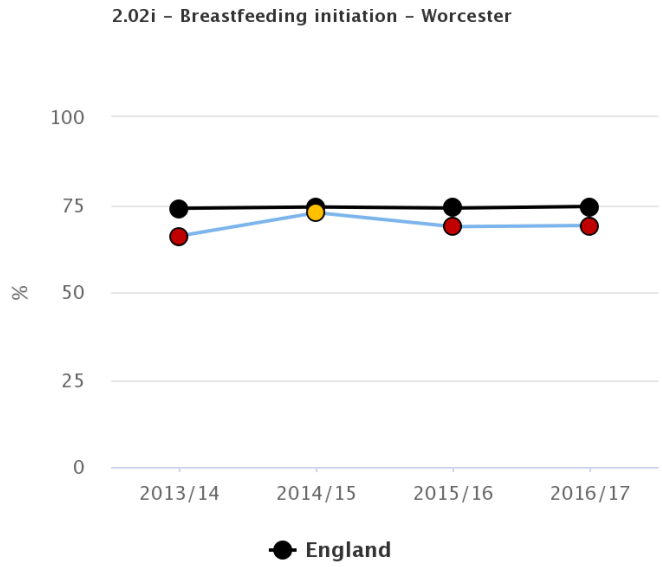
Source: Public Health Outcomes Framework (PHOF)

Breastfeeding Initiation

Breastfeeding initiation is considered to be a valid and important measure of public health. Benefits of breastfeeding are significant for both mother and child. Babies who are breastfed have lower rates of respiratory and gastrointestinal infection. Breastfeeding also lowers the risk of both breast and ovarian cancers.

The rate of breastfeeding initiation in Worcester was 69.0% in 2016/17, significantly lower than England (74.5%) and similar to the West Midlands rate of 68.9%.

FIGURE 91 BREASTFEEDING INITIATION - WORCESTER



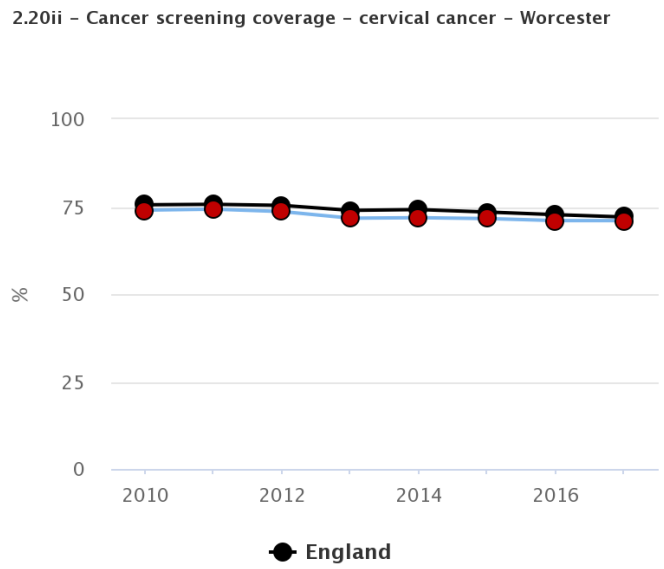
Source: Public Health Outcomes Framework (PHOF)

Cervical Cancer Screening Coverage

Cervical cancer screening supports detection of symptoms that may become cancer and is estimated to save 4,500 lives in England each year. Improvements in coverage would mean more cervical cancer is prevented or detected at earlier, more treatable stages.

Cervical cancer screening coverage in Worcester was 71.0% in 2016/17, compared to the national level of 72.0%. The screening rate in Worcester has been significantly worse than England for eight years.

FIGURE 92 CANCER SCREENIG COVERAGE - CERVICAL CANCER - WORCESTER



Source: Public Health Outcomes Framework (PHOF)

Chlamydia Detection Rate (15-24 year olds)

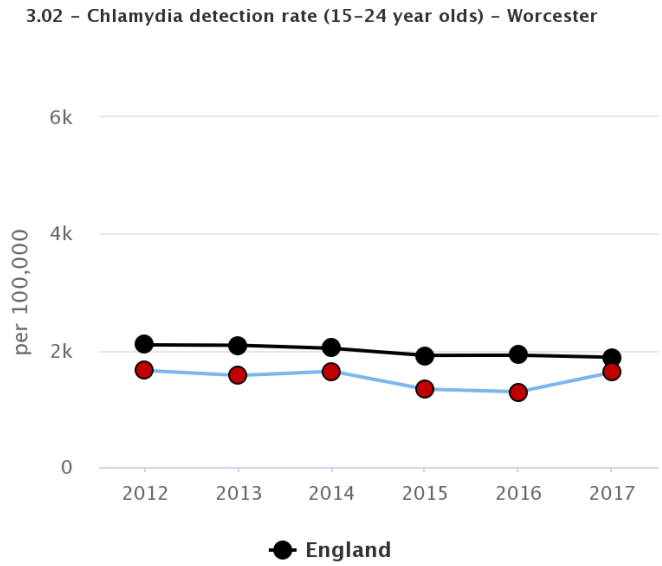
The National Chlamydia Screening Programme (NCSP) recommends screening for all sexually active young people under 25 annually or on change of partner (whichever is more frequent). The chlamydia detection rate amongst under 25 year olds is a measure of chlamydia control activity, aimed at reducing the incidence of reproductive sequelae of chlamydia infection and interrupting transmission onto others.

Public Health England (PHE) recommends that local authorities should be working towards achieving a detection rate of at least 2,300 per 100,000 population aged 15-24. The recommendation was set as a level that would encourage high volume screening and diagnoses[56].

The chlamydia detection rate in Worcester has improved between 2016 and 2017 increasing from 1,290 per 100,000 to 1,623 per 100,000 population aged 15-24 but remains significantly lower than the England rate of 1,882 per 100,000 population aged 15-24.

[56] Indicator Definitions and Supporting Information: Chlamydia Detection rate 15-24yr olds. Available from: www.phoutcomes.info

FIGURE 93 CHLAMYDIA DETECTION RATE (15-24 YEARS OLD) - WORCESTER



Source: Public Health Outcomes Framework (PHOF)

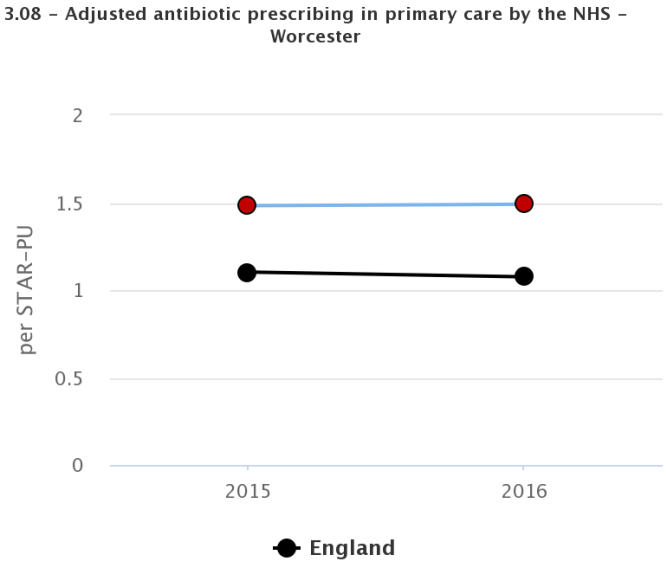
Adjusted Antibiotic Prescribing In Primary Care

Antibiotic resistance is one of the most significant threats to patients' safety and is driven by overusing antibiotics and prescribing them inappropriately. Infections with antibiotic-resistant bacteria increase levels of disease and death, as well as the length of time people stay in hospitals. As resistance in bacteria grows, it will become more difficult to treat infection, and this affects patient care.

The antibiotic prescribing rate can be used to monitor reductions in antibiotic consumption which in turn will reduce antibiotic resistance.

The adjusted antibiotic prescribing rate for Worcester in 2016 was 1.49, significantly above the national rate of 1.08.

FIGURE 94 ADJUSTED ANTIBIOTIC PRESCRIBING IN PRIMARY CARE BY THE NHS - WORCESTER



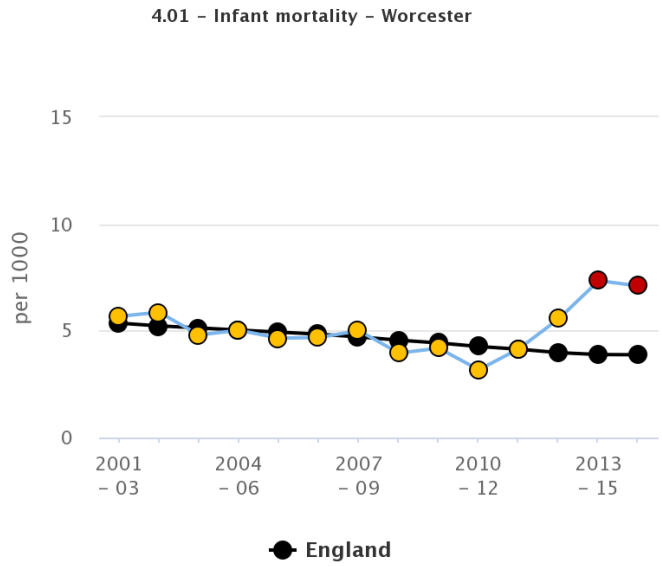
Source: Public Health Outcomes Framework (PHOF)

Infant Mortality

Infant mortality is an indicator of the overall health of the population. This is particularly in relation to the wider determinants of health including social, economic and environmental conditions. Reducing infant mortality is a key public health priority to reduce the levels of inequality between the richest and poorest in society.

The infant mortality rate in Worcester has increased significantly from 2008-10 where the rate was similar to the England average at 4.0 per 1,000 live births to 7.1 per 1,000 in 2014-16. The latest data shows that the infant mortality rate is significantly higher than the England average of 3.9 for the second time over a 15 year period (the data is for 2013-15 and 2014-16 so there is some overlap). The rate in Worcester is almost twice as high as the England rate and is a significant cause for concern. When compared to all local authorities across the country, Worcester has one of the highest rates of infant mortality and ranks 4th worst overall. However, we must consider the small numbers of deaths involved which can significantly affect rates. A public health review is currently ongoing to identify possible causes of the current trend.

FIGURE 95 INFANT MORTALITY - WORCESTER



Source: Public Health Outcomes Framework (PHOF)

Estimated Dementia Diagnosis Rate (aged 65+)

A timely diagnosis of dementia enables people living with dementia, their carers and healthcare staff to plan accordingly and work together to improve health and care outcomes.

In 2017 788 people aged 65 or over had a formal diagnosis dementia in Worcester, which was an estimated 58.3% of the expected number. This is statistically significantly lower than the national level of 67.9%.

Local strategy

The local strategy for Worcester (below) is for projects between 2016 and 2018.

Priority Area	Projects
Good mental health and wellbeing throughout life	Training - Health chats, parenting courses, Plan and deliver a mental health campaign locally Host an annual 'Wise and Well' event for people over the age of 50 years. Community gardening - building networks, allotments and healthy living, volunteering opportunity, community involvement. Dementia - Awareness sessions, action alliance Reconnections - reducing isolation and loneliness, Snack and Chat, community connectors Digital inclusion Parenting groups Home from Hospital Independent living - aids & adaptions, handyperson Homelessness health care centre Bereavement support Living with long term conditions Carers support - Macmillan
Increasing physical activity	Multi-skill sports community programme School sports programmes Fortis living - Healthy lifestyle roadshow Sportivate - motivating younger generation to be physically active Community clubs and programmes Living Well service Strength and Balance classes Loving later life - Over 55's reducing social isolation Walking for health & Walking programmes Disability Sport Worcester Healthier Food Choices scheme for Employers Promoting physical activity in over 50's
Reducing harm from Alcohol	Alcohol Awareness Campaign Worcestershire Works Well Alcohol Education Sessions Best Bar None - Responsible operation of premises serving alcohol
Local health Needs	Air Quality Improvements Health Outcomes for BAME Groups Smart Move - Helping individuals who are homeless or who are at risk of homelessness to secure accommodation. Smart Lets - Affordable private rented accommodation Money Management and Budgeting

Wychavon

Population and demographics: key facts

- Population: 125,378[57].
- Wychavon has a higher proportion of people aged 65 and over (24.5%) in comparison to Worcestershire overall (22.2%).
- An estimated 1.1% of people living in Wychavon are from an ethnic minority group, compared to 13.2% in England.
- There were 11.0% of children living in low income households in 2015 (2,175).
- GCSE attainment (5 GCSEs A*-C incl. English and Maths) in 2015/16 is significantly higher in Wychavon at 62.2% compared to the England average of 57.8%.
- Life expectancy is 7.5 years lower for men and 6.7 years lower for women in the most deprived areas of Wychavon, in comparison to the least deprived. For women, the gap in life expectancy is the largest compared to all other districts in Worcestershire.
- For premature deaths in males the gap between the richest and poorest areas in Wychavon has widened since 2011-13.

Areas of concern and changing needs

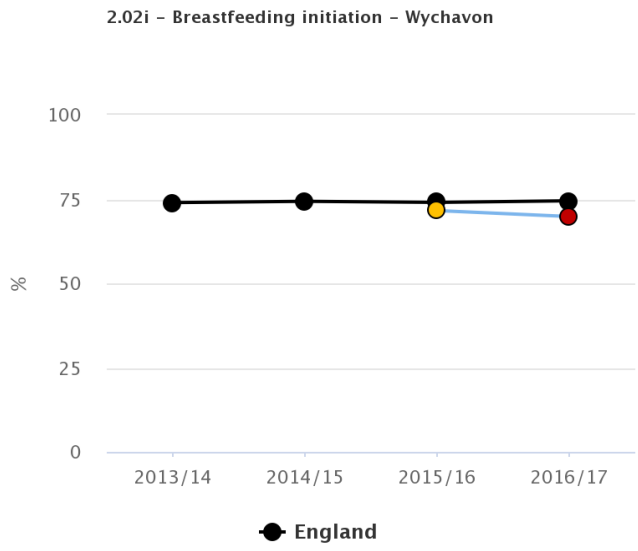
Breastfeeding Initiation

Breastfeeding initiation is considered to be a valid and important measure of public health. Benefits of breastfeeding are significant for both mother and child. Babies who are breastfed have lower rates of respiratory and gastrointestinal infection. Breastfeeding also lowers the risk of both breast and ovarian cancers.

The rate of breastfeeding initiation in Wychavon was 69.8% in 2016/17, significantly lower than England (74.5%) and similar to the West Midlands rate of 68.9%.

[57] ONS mid-year population estimates 2017

FIGURE 96 BREASTFEEDING INITIATION - WYCHAVON



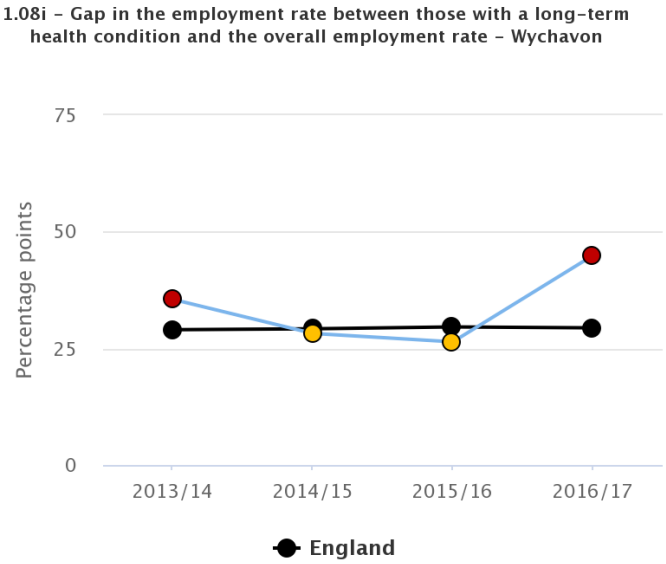
Source: Public Health Outcomes Framework (PHOF)

Gap in the Employment Rate Between Those With a Long-Term Health Condition and the Overall Employment Rate

This indicator provides a good indication of the impact limiting long-term illness has on employment among those in the "working well" life stage.

In 2016/17 the employment rate gap in Wychavon was 44.9 percentage points, statistically significantly higher than the England value of 29.4 percentage points.

FIGURE 97 GAP IN THE EMPLOYMENT RATE BETWEEN THOSE WITH A LONG-TERM HEALTH CONDITION AND THE OVERALL EMPLOYMENT RATE - WYCHAVON



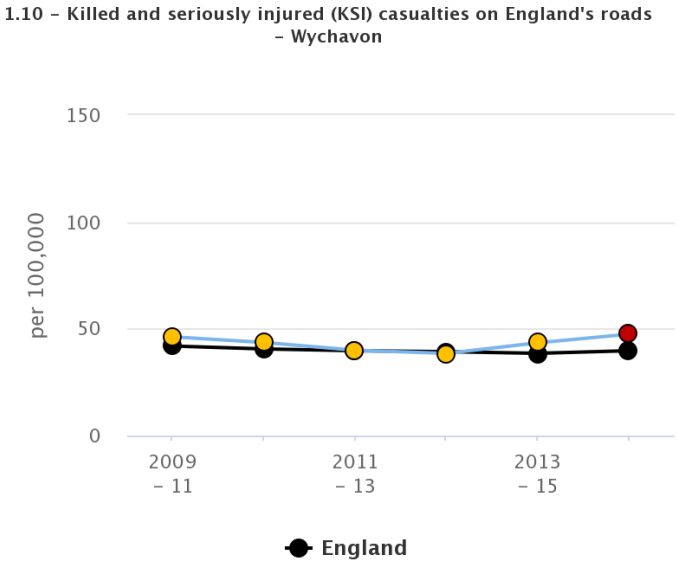
Source: Public Health Outcomes Framework (PHOF)

Killed and Seriously Injured (KSI) Casualties on England's Roads

Motor vehicle traffic accidents are a major cause of preventable deaths and morbidity, particularly in younger age groups. The vast majority of road traffic collisions are preventable and can be avoided through improved education, awareness, road infrastructure and vehicle safety.

In the three year period from 2014 to 2016 there were 173 KSI casualties on roads in Wychavon, a rate of 47.5 per 100,000. This is statistically significantly higher than the rate for England which was 39.7 per 100,000.

FIGURE 98 KILLED AND SERIOUSLY INJURED (KSI) CASUALTIES ON ENGLAND'S ROADS - WYCHAVON



Source: Public Health Outcomes Framework (PHOF)

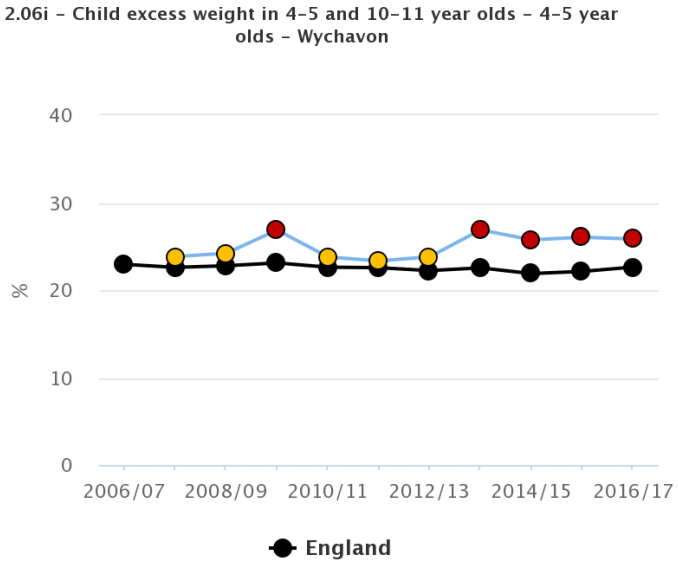
Child Excess Weight - 4-5 year olds

The health consequences of childhood obesity include: increased blood lipids, glucose intolerance, Type 2 diabetes, hypertension, increases in liver enzymes associated with fatty liver, exacerbation of conditions such as asthma and psychological problems such as social isolation, low self-esteem, teasing and bullying.

In 2016-17, Wychavon had a significantly higher proportion of children aged 4 to 5 in Reception who are either overweight or obese (25.8%) in comparison to the West Midlands (24.2%) and England (22.6%). The rate in Wychavon is the second highest of the six Worcestershire districts. The proportion of children who are classed as overweight or obese has remained significantly above the England level for the last four years.

Data for England shows a significant link between excess weight and levels of deprivation, with 26.8% of children in the most deprived areas classed as overweight or obese compared to 17.3% of children in the least deprived areas.

FIGURE 99 CHILD EXCESS WEIGHT IN 4-5 AND 10-11 YEAR OLDS - 4-5 YEAR OLDS - WYCHAVON



Source: Public Health Outcomes Framework (PHOF)

Estimated Dementia Diagnosis Rate (age 65+)

A timely diagnosis of dementia enables people living with dementia, their carers and healthcare staff to plan accordingly and work together to improve health and care outcomes.

In 2017, 869 people aged 65 or over had a formal diagnosis dementia in Wychavon, which was an estimated 51.0% of the expected number. This is statistically significantly lower than the national level of 67.9%.

Local strategy

The health and wellbeing strategy for Wychavon shown below is for the time period 2016 to 2020. The plan is currently being refreshed to reflect issues raised in current data.

Priority Area	Projects
Being active at every age	• Campaign promoting physical activity • Investment in sport and leisure facilities • At least 3 new play areas/open spaces in the towns— • Improved public access to wildlife sites including encouragement of volunteering and community involvement
Mental health and wellbeing throughout life	• Visit older people in at least 14 rural areas support across a range of public health priority areas - loneliness, isolation, energy, fire safety, health and independent living. • Pilot offering services to families and younger people in one or more deprived urban areas in Wychavon. • Work with parish councils and community groups to identify and raise awareness of local needs. • Identify local housing needs and support the delivery of sites for affordable rural housing.
Local priorities	• Smoking in pregnancy - identify reasons for higher rates and strategies to reduce rates. • Homelessness - Identify reasons for homelessness, cross-partnership working to reduce homelessness • Undertake Health Impact Assessments for new developments and how these enourage physical activity and healthy living environments. • Rurality - Equality of access to services should be considered as part of commissioning decisions. • Older people - Support Droitwich to become a dementia friendly town. Implement befriending scheme for people living with dementia. Ensure new developments are dementia friendly. Ensure support is in place for older carers.

Wyre Forest

Population and demographics: key facts

- Population: 100,715[58].
- Wyre Forest has a higher proportion of people aged 65 and over (24.4%) in comparison to Worcestershire overall (22.2%).
- 17.2% of children living in low income households in 2015 (2,900).
- 1.7% of people living in Wyre Forest are from an ethnic minority group, compared to 13.2% in England.
- GCSE attainment (5 GCSEs A*-C incl. English and Maths) in 2015/16 is similar to the national average at 58.8%.
- Life expectancy is 8.2 years lower for men and 7.6 years lower for women in the most deprived areas of Wyre Forest, in comparison to the least deprived.
- For premature deaths in females the gap between the richest and poorest areas in Wyre Forest has widened since 2011-13.

Areas of concern and changing needs

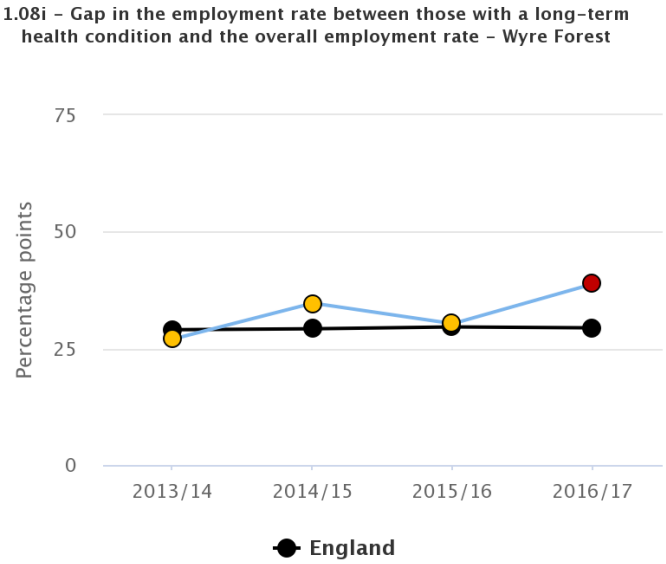
Gap in the Employment Rate Between Those With a Long-Term Health Condition and the Overall Employment Rate

This indicator provides a good indication of the impact limiting long-term illness has on employment among those in the "working well" life stage.

In 2016/17 the employment rate gap in Wyre Forest was 38.8 percentage points, statistically significantly higher than the England value of 29.4 percentage points.

[58] ONS mid-year population estimates 2017

FIGURE 100 GAP IN THE EMPLOYMENT RATE BETWEEN THOSE WITH A LONG-TERM HEALTH CONDITION AND THE OVERALL EMPLOYMENT RATE - WYRE FOREST



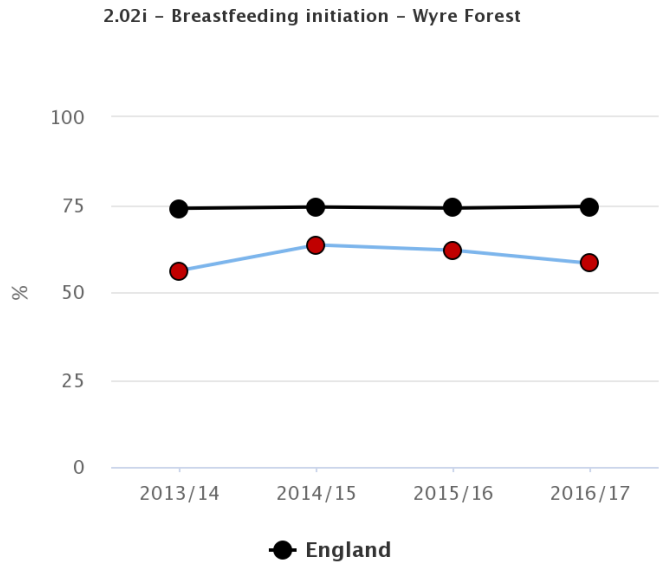
Source: Public Health Outcomes Framework (PHOF)

Breastfeeding - breastfeeding initiation

Breastfeeding initiation is considered to be a valid and important measure of public health. Benefits of breastfeeding are significant for both mother and child. Babies who are breastfed have lower rates of respiratory and gastrointestinal infection. Breastfeeding also lowers the risk of both breast and ovarian cancers.

The rate of breastfeeding initiation in Wyre Forest was 58.2% in 2016/17, significantly lower than both England (74.5%) and West Midlands (68.9%).

FIGURE 101 BREASTFEEDING INITIATION - WYRE FOREST



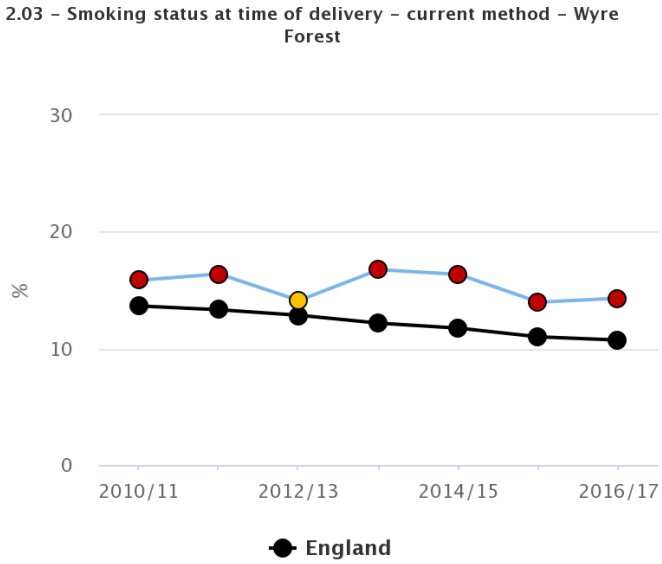
Source: Public Health Outcomes Framework (PHOF)

Smoking Status at Time of Delivery

Smoking during pregnancy can cause serious pregnancy-related health problems. These include complications during labour and an increased risk of miscarriage, premature birth, stillbirth, low birth-weight and sudden unexpected death in infancy.

In 2016/17 14.3% of women in Wyre Forest were smokers at the time of delivery which is significantly higher than the rate of 10.7% in England.

FIGURE 102 SMOKING STATUS AT TIME OF DELIVERY - CURRENT METHOD - WYRE FOREST



Source: Public Health Outcomes Framework (PHOF)

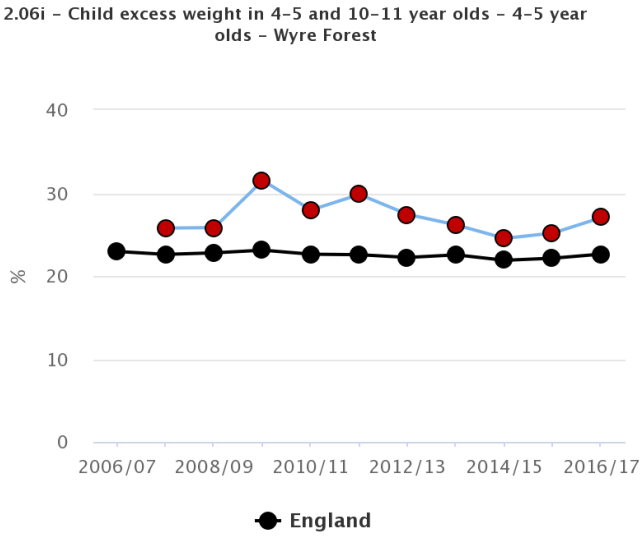
Child Excess Weight - 4-5 year olds

The health consequences of childhood obesity include: increased blood lipids, glucose intolerance, Type 2 diabetes, hypertension, increases in liver enzymes associated with fatty liver, exacerbation of conditions such as asthma and psychological problems such as social isolation, low self-esteem, teasing and bullying.

Wyre Forest has a significantly higher rate of children aged 4 to 5 who are overweight or obese in comparison to the England average. In 2016-17, Wyre Forest had a significantly higher proportion of children aged 4 to 5 in Reception who are either overweight or obese (27.0%) in comparison to the West Midlands (24.2%) and England (22.6%). The rate in Wyre Forest is the second highest of the six Worcestershire districts. The proportion of children in Reception who are overweight or obese has always remained significantly higher than the England average since the National Child Measurement Programme (NCMP) began in 2006/7.

Data for England shows a significant link between excess weight and levels of deprivation, with 26.8% of children aged 4 to 5 in the most deprived areas classed as overweight or obese compared to 17.3% of children in the least deprived areas.

FIGURE 103 CHILD EXCESS WEIGHT IN 4-5 AND 10-11 YEAR IKDS - 4-5 YEAR OLDS - WYRE FOREST



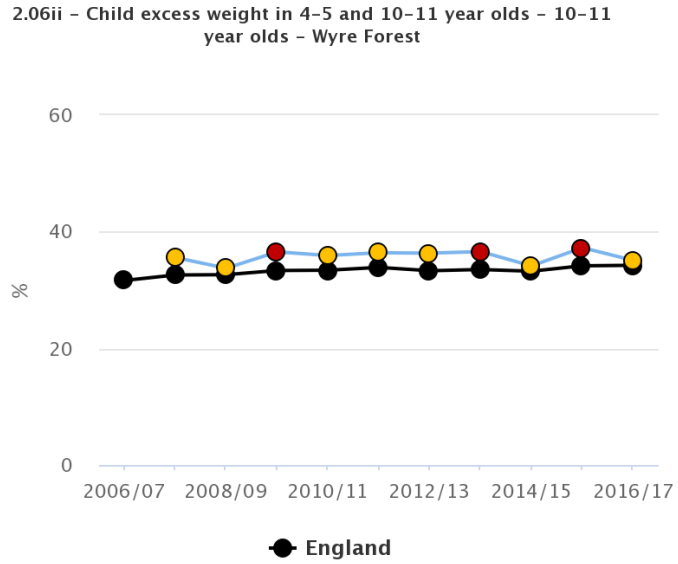
Source: Public Health Outcomes Framework (PHOF)

Child Excess Weight - 10-11 year olds

Wyre Forest has a significantly higher rate of children aged 10 to 11 who are overweight or obese in comparison to the England average. In 2016-17, Wyre Forest had a significantly higher proportion of children aged 10 to 11 in Reception who are either overweight or obese (35.1%) in comparison to England (34.2%). The proportion of children age 10 to 11 who are overweight or obese in Wyre Forest has remained higher (although not always significantly so) than the England average since the NCMP began in 2006/7.

Data for England shows a significant link between excess weight and levels of deprivation, with 40.9% of children aged 10 to 11 in the most deprived areas classed as overweight or obese compared to 24.2% of children in the least deprived areas.

FIGURE 104 CHILD EXCESS WEIGHT IN 4-5 AND 10-11 YEAR OLDS - 10-11 YEAR OLDS - WYRE FOREST



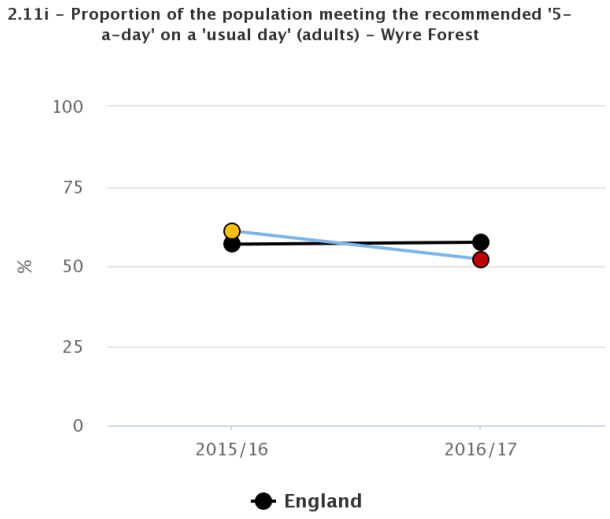
Source: Public Health Outcomes Framework (PHOF)

Proportion of the Population Meeting the Recommended '5-A-Day' on a 'Usual Day'

Poor diet and obesity are leading causes of premature death and mortality, and are associated with a wide range of diseases including cardiovascular disease and some cancers, which can have a significant impact on an individual's physical and mental health and wellbeing.

In 2016/17 the proportion of the population in Wyre Forest meeting the recommended '5-a-day' was 52.1%, which was significantly lower than the national figure of 57.4%.

FIGURE 105 PROPORTION OF THE POPULATION MEETING THE RECOMMENDED '5 A DAY' ON A 'USUAL DAY' (ADULTS) - WYRE FOREST



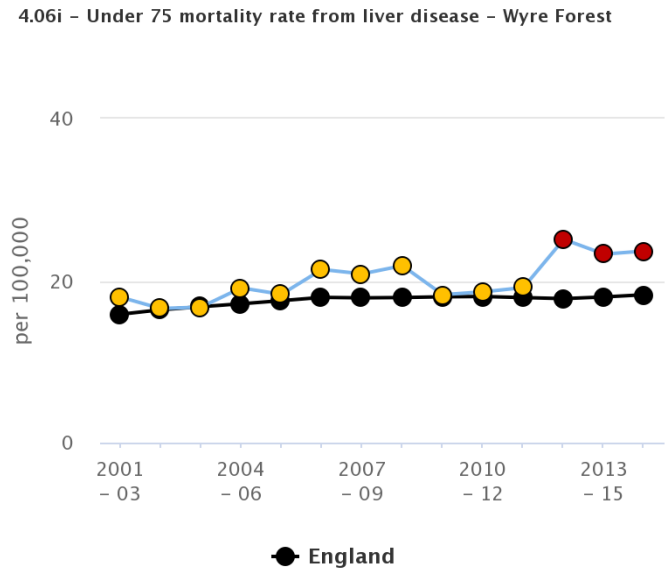
Source: Public Health Outcomes Framework (PHOF)

Under 75 Mortality Rate From Liver Disease

Liver disease is one of the top causes of death in England and people are dying from it at younger ages. Most liver disease is preventable and is influenced by alcohol consumption and obesity prevalence, which are both amenable to public health interventions.

The under 75 mortality rate from liver disease for Wyre Forest in 2014-16 was 23.7 per 100,000, significantly higher than the England level of 18.3.

FIGURE 106 UNDER 75 MORTALITY RATE FROM LIVER DISEASE - WYRE FOREST



Source: Public Health Outcomes Framework (PHOF)

Local strategy

The local strategy below relates to strategy for Wyre Forest for 2016-2021. A revision of this strategy is planned.

Priority Area	Projects
Good mental health and wellbeing throughout life	• Mental Health First Aid Training • Mental Health and Wellbeing in schools • Dementia Friendly Communities • Reduce Social Isolation and Loneliness • Digital Inclusion
	• Sports Development / Activities • Adult Cycle Training • Leisure Centre • Green Gyms and Parks

Being active at every age	
Reducing harm from alcohol at all ages	• Raising Alcohol Awareness • Training on Alcohol Awareness • Reducing the strength / accessibility to encourage responsible drinking
Local Priorities	• Raising rates of breastfeeding • Reducing Statutory Homelessness • Reducing Diabetes • Tackling fuel poverty • Reducing Smoking in pregnancy • Reducing overweight and obese adults • Brief Interventions – Eating well on a budget, Health Chats • Campaigns – Stroke Campaign, Ageing well, implementation of social media to promote lifestyle messages. • Worcestershire Works Well.

Appendix 2: Summary of Reports on the Worcestershire Joint Strategic Needs Assessment (JSNA) Website

Key:

NA=Needs Assessment, **B**=Briefing, **P**=Profiles, **S**=Summaries, **DB**=Dashboard (live data)

Topic/Title	Category	2012	2013	2014	2015	2016	2017	2018
Health and Well-being Board Strategy Indicators	**DB**							**O**
Public Health Annual Report	**R**			**O**	**O**	**O**		
JSNA Summary	**S**		**O**	**O**	**O**	**O**	**O**	**O**
Falls Needs Assessment	**NA**							**O**
Executive Summary on Carers Profile	**P**							**O**
Domestic Abuse and Violence Needs Assessment	**NA**					**O**		
Early Help Needs Assessment (Age 0-19 Years)	**NA**				**O**			
Speech and Language Therapy Needs Assessment	**NA**				**O**			
Sexual Health Needs Assessment	**NA**				**O**			
Mental Health Needs Assessment	**NA**			**O**	**O**			
Early Help Needs Assessment	**NA**				**O**			

Wellbeing in Older people				**O**				
Substance Misuse Needs Assessment	**NA**			**O**				
Briefing on Suicide	**B**						**O**	
Briefing on Learning Disabilities	**B**						**O**	
Briefing on Rural Health	**B**					**O**		
Briefing on Road Safety and Older People	**B**					**O**		
Briefing on Older People	**B**			**O**		**O**		
Briefing on Fuel Poverty	**B**					**O**		
Briefing on Homelessness	**B**				**O**			
Briefing on Excess Winter Deaths	**B**			**O**				
Briefing on Sensory Impairment – Visual	**B**		**O**					
Briefing on Smoking in Pregnancy	**B**					**O**		
Briefing on Teenage Pregnancy	**B**				**O**			

Topic/Title	Category	2012	2013	2014	2015	2016	2017	2018
Briefing on National Childhood Measurement Programme NCMP	B				O			
Briefing on Early Help	B				O			
Briefing on Breastfeeding	B		O					
Briefing on Cancers	B		O					
Briefing on Cardiovascular Disease	B		O					
Briefing on Chronic Obstructive Pulmonary Disease	B		O					
Briefing on Alcohol	B		O	O	O	O		
Briefing on Self Harm	B							
Briefing on Substance Misuse	B		O	O				
Briefing on Bromsgrove	B			O				
Briefing on Bromsgrove Older People Profile	B			O				
Briefing on Redditch	B		O					
Briefing on Worcester City	B		O					
Briefing on Wyre Forest	B			O				
Briefing on Mental Health	B		O	O	O	O		
Briefing on Physical Activity	B				O			O
Briefing on Obesity	B		O	O				O
Briefing on Sexual Health	B					O		
Briefing on Health of Black and Minority Ethnic Groups	B						O	
Briefing on Communicable Disease	B		O					

Pharmaceutical Needs Assessment	**NA**				**O**			**O**
Oral Health Needs Assessment								**O**
Redditch District Needs and Assets Profile	**P**							**O**
Bromsgrove Health and Wellbeing Profile Executive Summary	**S**					**O**		
Gender Differences in Health and Wellbeing Infographics Summary	**S**					**O**		
Gender Differences in Health and Wellbeing Infographics Summary	**S**					**O**		
Gender Differences Profile	**P**					**O**		

Topic/Title	Category	2012	2013	2014	2015	2016	2017	2018
Ophthalmology Profile	P			O				
Worcestershire Census Atlas	P			O				
Worcestershire End of Life Profile	P	O						
Bromsgrove Early Years	P					O		
Bromsgrove Health and Wellbeing	P					O		
Malvern Hills Early Years	P					O		
Malvern District Health and Wellbeing	P				O			
Redditch Early Years	P					O		
Worcester Health and Well-being	P				O			
Worcester Early Years	P					O		
Wychavon Early Years	P					O		
Wychavon Local Profile	P				O			
Wyre Forest Health and Well-being	P						O	
Wyre Forest Early Years	P					O		
Wyre Forest Dermatology	P			O				
Redditch and Bromsgrove Profile	P						O	
Redditch and Bromsgrove Profile	P					O		
Redditch and Bromsgrove Profile	P				O			
Redditch and Bromsgrove Profile	P			O				
Redditch and Bromsgrove Dermatology	P			O				
Redditch and Bromsgrove Profile	P		O					

South Worcestershire Profile	**P**						**O**	
2016 South Worcestershire Profile	**P**					**O**		
South Worcestershire Profile	**P**				**O**			
South Worcestershire Profile	**P**			**O**				
South Worcestershire Profile	**P**		**O**					
Wyre Forest Profile	**P**	**O**	**O**	**O**	**O**	**O**	**O**	

Glossary

Air Quality Management Area (AQMA) - Since December 1997 each local authority in the UK has been carrying out a review and assessment of air quality in their area. This involves measuring air pollution and trying to predict how it will change in the next few years. The aim of the review is to make sure that the national air quality objectives will be achieved throughout the UK by the relevant deadlines. These objectives have been put in place to protect people's health and the environment. If a local authority finds any places where the objectives are not likely to be achieved, it must declare an Air Quality Management Area there.

BAME – Black, Asian and Minority Ethnic

Children in Need (CIN) - Children in Need are defined in law by Section 17 of the Children Act 1989. This defines children in need as under 18 and -

(a) they are unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision of services by a local authority

(b) their health or development is likely to be significantly impaired, or further impaired, without the provision of such services; or

(c) they are disabled.

CIPFA - Chartered Institute of Public Finance and Accountancy

CIPFA Nearest Statistical Neighbours - A model developed by the Chartered Institute of Public Finance and Accountancy (CIPFA) to aid local authorities in comparative and benchmarking exercises. The model groups local authorities based on their similarity on a range of socio-economic indicators.

Confidence Interval – a measure of the preciseness of the estimate. The range of values within which it is highly likely the true value lies. Where confidence intervals overlap it is not possible to determine if there is a true difference between values. Commonly set at a 95% 'confidence' level (95% CI). See also (statistically) significantly lower or higher/better or worse.

CYP - Children and young people

Directly standardised rate (DSR) - A rate that has been adjusted to allow better comparison between areas. The technique mitigates the effect of different population demographics.

Early Years Foundation Stage (EYFS) - The early years foundation stage sets standards for the learning, development and care of your child from birth to 5 years old. All schools and

Ofsted-registered early years providers must follow the EYFS, including childminders, preschools, nurseries and school reception classes.

Eligible Homeless People Not in Priority Need - demonstrates the number of households that have presented themselves to their local authority but under homelessness legislation have been deemed to be not in priority need. The majority of the people that fall under this cohort are single homeless people.

Excess winter deaths (EWD) – additional deaths that occur during the winter period in comparison to the remainder of the year.

Excess Weight - Adults are defined as overweight (including obese) if their body mass index (BMI) is greater than or equal to 25kg/m2. Children are classified as overweight (including obese) if their BMI is on or above the 85th centile of the British 1990 growth reference (UK90) according to age and sex.

Fly Ash - ash produced in small dark flecks by the burning of powdered coal or other materials and carried into the air.

GP - General practitioner

Healthwatch Worcestershire - In April 2013 Healthwatch Worcestershire was established as the independent consumer champion – giving the public, patients and users of health and social care services in Worcestershire a voice. Healthwatch Worcestershire gathers views on what people think of health and social care services, makes sure people have a say in how health and social care services are run and helps people hold services to account.

Healthy Life Expectancy (at birth; HLE) - the average number of years a person would expect to live in good health based on contemporary mortality rates and prevalence of self-reported good health.

Index of Multiple Deprivation (IMD) score 2015 - The English indices of deprivation measure relative deprivation in small areas in England called lower-layer super output areas (LSOAs). The index of multiple deprivation is the most widely used of these indices and combines information from the seven domains listed below to produce an overall relative measure of deprivation.

- Income Deprivation
- Employment Deprivation
- Education, Skills and Training Deprivation
- Health Deprivation and Disability
- Crime

- Barriers to Housing and Services
- Living Environment Deprivation

Each of these domains is based on a basket of indicators.

JSNA - Joint strategic needs assessment

KS1, KS2, KS3, KS4, KS5 - All schools must follow a National Curriculum which is divided into Key Stages:

	Key Stage	Year Groups	Age of Children
Primary	1	1, 2, 3	5 – 7
Primary	2	4, 5, 6	8 – 11
Secondary	3	7, 8, 9	12 -14
Secondary	4	10, 11	15 – 16
Secondary	5	12, 13	17 – 18

At the end of Key stage 1 and 2 all students take Standard Assessment Tests (SATS) in the core subjects of English, Mathematics and Science.

At the end of KS4 pupils sit GCSE (General Certificate of Secondary Education) examinations in a variety of subjects. There are also some vocational qualifications which can be gained at this stage.

At the end of Year 12 the students take AS (Advanced Subsidiary) level examinations followed by A (Advanced) level examinations at the end of Year 13. This is the most common form of entry into university and other further education courses.

Life Expectancy (at birth) - the average number of years a person would be expected to live given contemporary mortality rates.

NCMP - National Child Measurement Programme

NDTMS - National Drug Treatment Monitoring Service

NHS - National Health Service

NICE - National Institute for Health and Care Excellence

ONS - Office for National Statistics

PANSI - Projecting Adult Needs/Service Information System

PHE - Public Health England

PHOF - Public Health Outcomes Framework

POPPI - Projecting Older People Population Information System

Premature Mortality - Death under the age of 75 years

Prevalence - The most commonly used measure of disease frequency. Prevalence is an estimate of the number of cases of a given disease or risk factor in the population at a point in time (point prevalence) or over a given time period (period prevalence).

(Statistically) Significantly lower or higher/better or worse - A statistical term that means it is very likely there is a real difference i.e. the difference is unlikely to be due to chance variation alone. See also Confidence Interval.

Violent Crime - Violent crime covers a wide range of offences from minor assaults (such as pushing and shoving), harassment and abuse (that result in no physical harm), through to wounding and homicide.

Associated Documents and Information

All JSNA publications are available on the Worcestershire JSNA website at:
http://www.worcestershire.gov.uk/homepage/109/joint_strategic_needs_assessment

Further Information and Feedback

This profile has been prepared by Worcestershire Directorate of Public Health. We welcome your comments on our work - please do contact us if you have any:
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This document can be provided in alternative formats such as Large Print, an audio recording or Braille; it can also be emailed as a Microsoft Word attachment. Please contact Public Health Admin on telephone number 01905 845637 or by emailing HWBadmin@worcestershire.gov.uk.