

Worcestershire Health and Well-being Board

Joint Strategic Needs Assessment

Being Well – Health of Adults

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Foreword

This year's Joint Strategic Needs Assessment (JSNA) Annual Summary took the approach of highlighting three key life stages identifiable in health:

- **Starting Out** - Mothers, Babies, Children, Young People, Early Help and Prevention
- **Being Well** - Health of Adults
- **Ageing Well** - Living Longer and in Good Health

This report is an extract from the summary which focuses on adult health and whilst it is provided on its own, it is recommended that the report is read together with the other sections of the summary for a full and detailed account of Worcestershire's health and wellbeing.



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Potential Issues in Worcestershire

- Excess Weight in Adults is trending upwards, and significantly higher in Worcestershire than England.
- Killed or Seriously Injured on the Roads is showing an upwards trend and this rise needs to be understood fully to implement appropriate action.
- Inequalities in life expectancy at birth are increasing for males and females – more deprived people are living shorter lives than the least deprived people
- Cancer Screening is significantly better than England, yet there is a possible declining trend and wide variation in uptake between GP practices.

Key points

1. Worcestershire has a similar rate of physically active adults to England.
2. It is estimated that 65% of adults in Worcestershire are carrying more weight than is healthy. This is higher than the national estimate.
3. In Worcestershire the overall rate of smoking has been declining and it is estimated that currently around 12% of adults smoke. This is lower than the national rate.
4. Smoking is still a major driver of avoidable differences in health between groups of people. Almost a quarter (24%) of Worcestershire residents who work in routine or manual occupations are thought to smoke. This is twice the proportion who smoke in the overall adult population.
5. Each year around 48 people die prematurely from alcoholic liver disease in Worcestershire.
6. In Worcestershire it is estimated that 80.1% cases of diabetes have been diagnosed. This is similar to the national rate.
7. Between 2014 and 2019 around 50% of eligible people aged 40-70 received an NHS England Check. This is higher than the national rate. Analysis suggests lower uptake where the need is greatest - in people who live in the most deprived areas of Worcestershire.
8. Waiting times for, and the proportion of people completing alcohol treatment, are both better in Worcestershire than nationally.
9. In Worcestershire the proportion of people who successfully complete drug treatment has increased.
10. Worcestershire is currently seeing high levels of deaths from drug misuse. The rate has been increasing for a number of years.

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11. Worcestershire generally has good sexual health outcomes with lower rates of sexually transmitted infections (STIs), HIV, unintended pregnancies and abortions than England. However, there are differences by district.
12. Most cervical cancer is thought to be caused by Human Papilloma Virus (HPV). A vaccine for HPV is available and there is a national vaccination programme with the potential to prevent many cases of HPV-related cancers. In Worcestershire the uptake of the vaccine is above the target coverage rate of 90% for the first dose but below it for uptake of the second.
13. Although Worcestershire has higher rates of screening coverage than England as a whole the recent trend in breast and cervical cancer screening has been downward and many Worcestershire practices are not meeting national targets.

Physical Activity

Regular physical activity has many health benefits - it can reduce the risk of a range of conditions (Table 1).¹

Table 1. Health Benefits of Regular Physical Activity

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

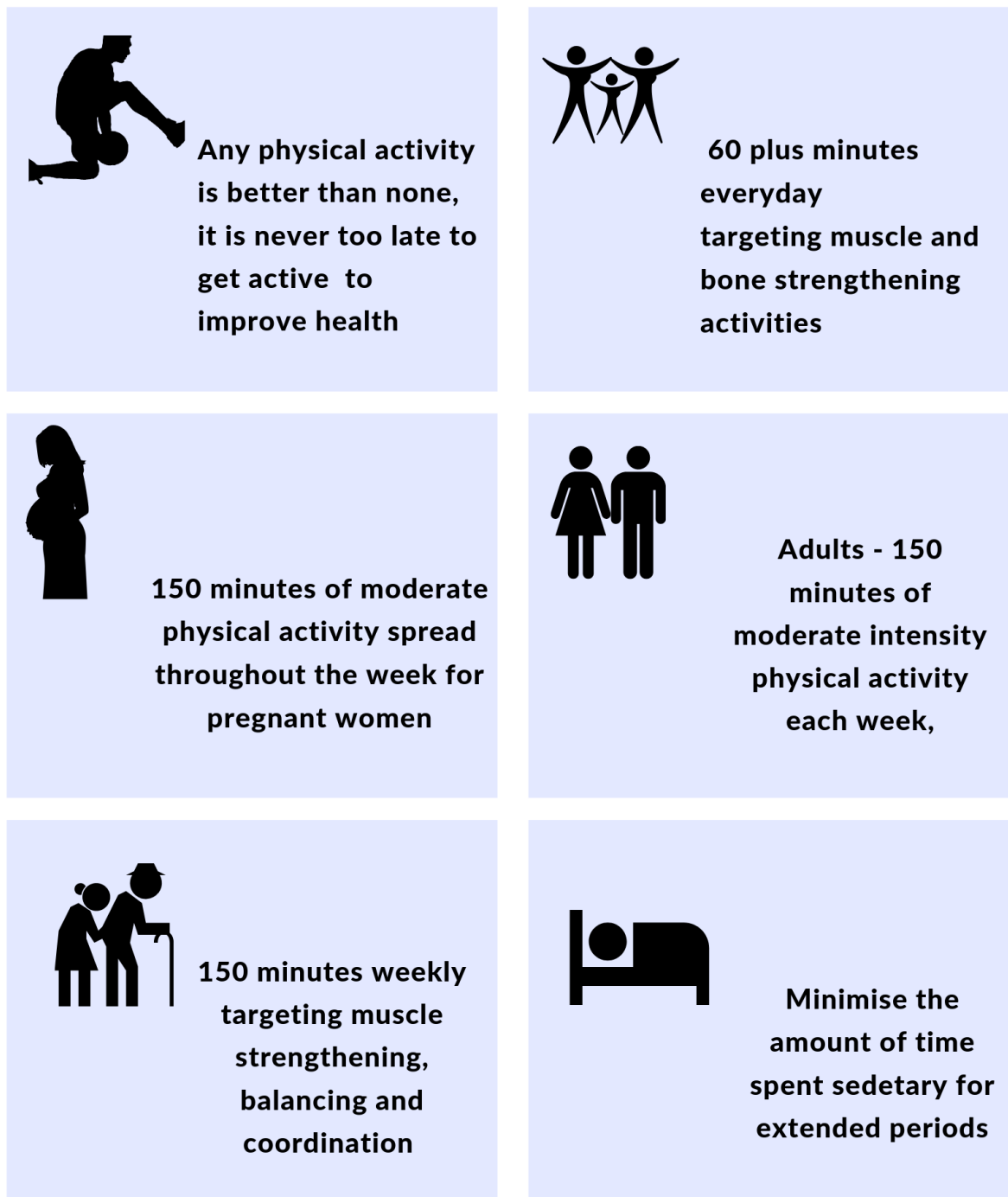
Source: Public Health England

Currently 66.6% of adults in Worcestershire are estimated to be physically active.² This is similar to the England average.

¹ Physical Activity: Applying all our health-<https://www.gov.uk/government/publications/physical-activity-applying-all-our-health/physical-activity-applying-all-our-health>

² From Sport England's Active Lives Survey. The number of respondents aged 19 and over, with valid responses to questions on physical activity, doing at least 150 moderate intensity equivalent (MIE) minutes physical activity per week in bouts of 10 minutes or more in the previous 28 days expressed as a percentage of the total number of respondents aged 19 and over.

Figure 1. Physical Activity Guidelines



Graphic created by Public Health Team using : Canva.com

Weight

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

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

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

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

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

Smoking

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

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

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

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

Figure 2. Smoking: Key Facts



Smoking is a Major Risk Factor for many diseases including

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

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

Key Facts

In 2018 there were an estimated

55,000

smokers in worcestershire

It is estimated that smoking costs Worcestershire

£144 MILLION PER YEAR

in lost productivity illness & early death

11.8%

OF ADULTS SMOKE IN WORCESTERSHIRE

23.5%

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

12.8%

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

32.0%

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

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



Wyre Forest
Clinical Commissioning Group



Redditch and Bromsgrove
Clinical Commissioning Group



South Worcestershire
Clinical Commissioning Group

Alcohol

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

In Worcestershire, hospital admissions for alcohol related conditions are similar to the national rate. In 2017/18 there were 3,820 admissions which is a standardised³ rate of 629 per 100,000 people.

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

Figure 3. Alcohol: Key Facts



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

³ Adjusted for the age and gender characteristics of the population to allow comparison with other areas.

Substance Misuse (including treatment for alcohol addiction)

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

Treatment

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

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

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

Alcohol Treatment

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

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

Drug Treatment

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

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

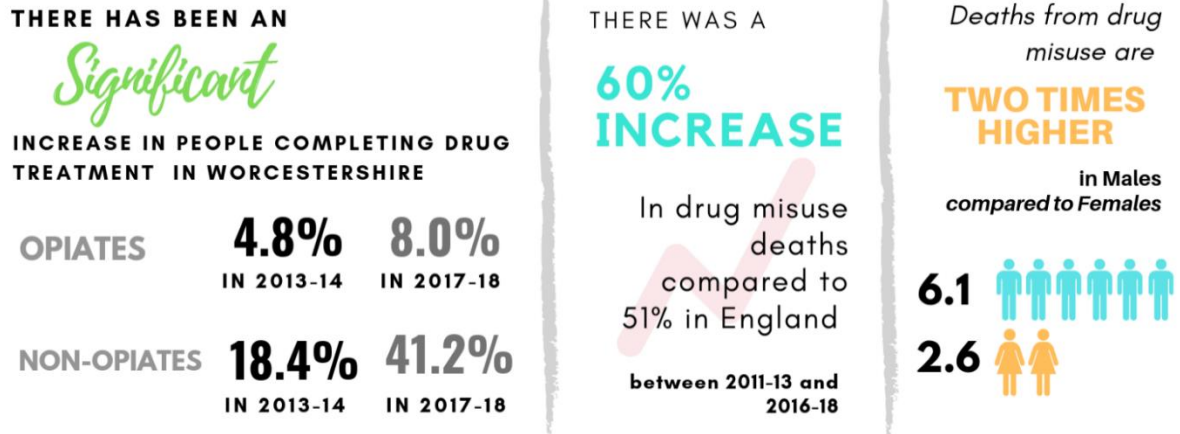
The percentage of non-opiate users successfully completing drug treatment and not representing to treatment within six months has increased from 30.3% in 2014/15 to 42.1% in 2017/18. During this time, the England average has decreased from 39.2% in



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

Figure 4. Drugs: Key Facts



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

Deaths from Drugs Misuse

Locally, both the rate and number of deaths from drugs misuse has been increasing for a number of years. This is also the case nationally but in Worcestershire it is unexpected.⁴

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

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

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

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

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

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

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

⁴ The definition of a drug misuse death is one where either the underlying cause is drug abuse or drug dependence, or the underlying cause is drug poisoning and any of the substances controlled under the Misuse of Drugs Act 1971 are involved as well as deaths from drug abuse and dependence. These figures include accidents and suicides involving drug poisonings as well as complications of drug abuse (such as deep vein thrombosis or septicaemia from intravenous drug use (Office for National Statistics (2018) Deaths related to drug poisoning in England and Wales Deaths related to drug poisoning in England and Wales: 2017 registrations, [Online], Available from: www.ONS.gov.uk).

Sexual Health

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

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

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

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

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

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

The Worcestershire JSNA Briefing on Sexual Health, 2016 provides more detailed information on sexual health outcomes.⁵

Sexual Health

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

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The rate of all **new sexually transmitted illness** (STI) diagnoses (excluding diagnoses of chlamydia for under 25s) in Worcestershire for 2018 is 417 per 100,000 population,

⁵ http://www.worcestershire.gov.uk/info/20122/joint_strategic_needs_assessment/1473/jsna_publications_by_category/8

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

Human Papilloma Virus (HPV) Vaccination Programme

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

In the UK a national programme for HPV Vaccination started in 2008. Since that time 10 million girls have been given the vaccination - over 80% of women aged 15-24 years. It is estimated that by 2058 in the UK the HPV vaccine currently being used may have prevented up to 64,138 HPV-related cervical cancers and 49,649 other HPV-related cancers.⁶

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

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

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

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

⁶ Public Health England (2019) Press Release: HPV Vaccine could prevent over 100,000 cancers [Online], Available from: <https://www.gov.uk/government/news/hpv-vaccine-could-prevent-over-100-000-cancers>

Screening

Cancer Screening

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

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

(2018, Public Health England)

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

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

The national screening target for breast and cervical cancer is set at 80% coverage and for bowel cancer screening the target is 60% coverage.

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

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

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



Figure 46. NHS Cancer Screening Programme: Key Facts



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

HOWEVER, THERE IS SIGNIFICANT VARIATION IN UPTAKE BETWEEN GP PRACTICES

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

Practice Uptake:

Breast Cancer

Highest: 83.8%
Lowest: 77.3%

Bowel Cancer

Highest: 70.3%
Lowest: 35.8%

Cervical Cancer

Highest: 84.5%
Lowest: 53.0%

Did you **KNOW?**

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

There is an association between deprivation and screening uptake

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



Abdominal Aortic Aneurysm (AAA) screening

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



Diabetes

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

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

NHS Health Checks

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

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

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



Living Longer and in Good Health

Life Expectancy and Healthy Life Expectancy

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

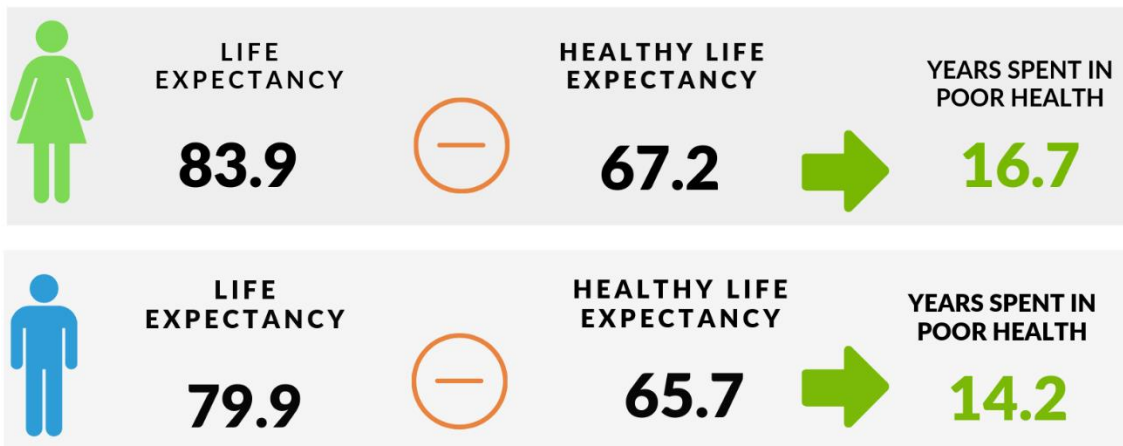
The difference between the number of years someone could be expected to live in good health, healthy life expectancy, and total life expectancy is sometimes referred to as the 'Window of Need'. In Worcestershire the 'Window of Need' is 16.7 years for females and 14.2 years for males.

There is also a difference in Life Expectancy at Birth according to where someone lives. Life Expectancy at Birth is 7.6 years lower for males and 6.2 years lower for females who live in the most deprived areas of Worcestershire compared to those who live in the least deprived areas.⁷ For females in particular inequality in life expectancy at birth has increased in recent years and it is now higher than in 2010-12. For males although the indicator is statistically similar to the figure in 2010-12 there is evidence of an increasing trend since 2012-14. It is for this reason that inequality in life expectancy at birth has been highlighted as an issue to be explored.

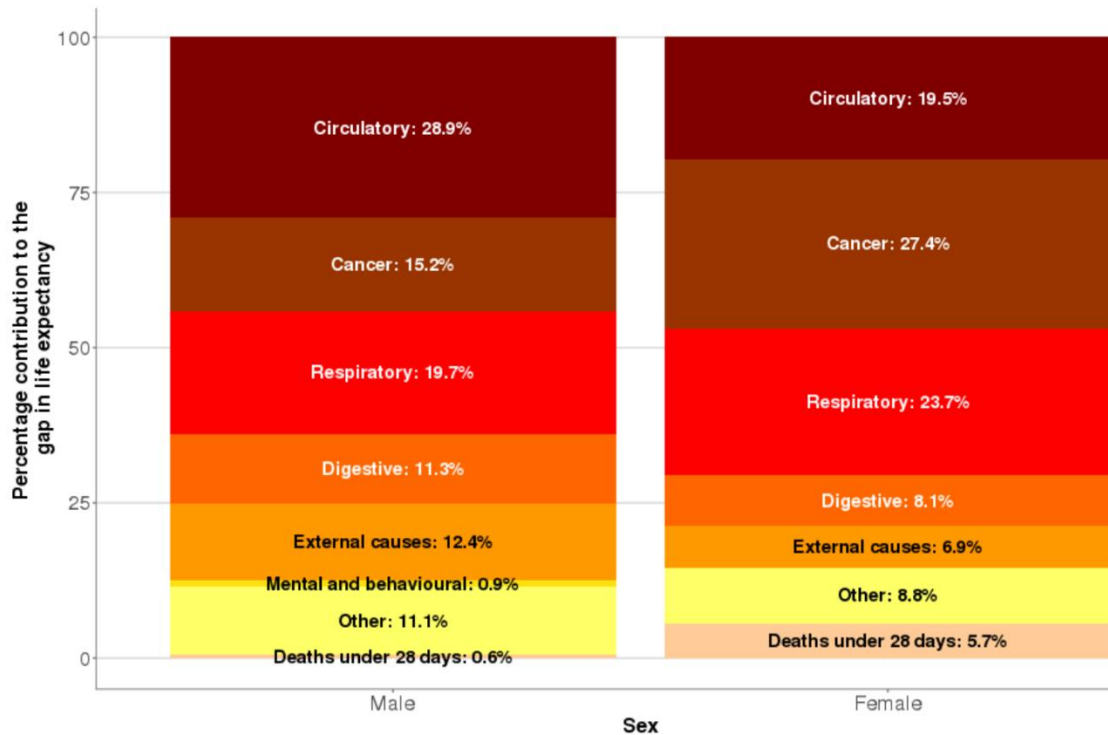
The life expectancy gap by broad causes of death provides useful data on living longer and premature mortality.

⁷ This measure is also referred to as the Slope Index of Inequality.

Figure 5: Inequalities in Life Expectancy



Life expectancy gap by broad causes of death



Underlying causes

- 01 Deprivation**
The 7 domains of deprivation included in the index are: income, education, employment, health, crime, barriers to housing and living environment.
- 02 Inequality**
Simply an unfair situation in society when some people have more opportunities, money, access to health services etc. than other people.

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

Further Information and Feedback

This report has been written by Worcestershire County Council's Public Health Team. We welcome your comments on these reports and how they could better suit your requirements, please do contact us with your ideas.

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This document can be provided in alternative formats such as Large Print, an audio recording or Braille. Please contact Janette Fulton by telephone on: 01905 843359, or by email at: jfulton@worcestershire.gov.uk



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