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Health and Well-Being Board
Tuesday, 13 September 2016 Council Chamber, County Hall - 2.00 pm

Minutes

Present:

Mr J H Smith (Chairman), Dr C Ellson (Vice Chairman), Ms J Alner, Mrs S L Blagg, Catherine Driscoll, Mr S E Geraghty, Dr Frances Howie, Sander Kristel, Clare Marchant, Peter Pinfield and Simon Trickett.

Also attended:

Sarah Dugan, Sue Harris and David Mehaffey and Sarah Dugan(for item 5); Elaine Carolan, Lucy Hancock, Sandra Hill Sandra Rohan Kickam and Pete Sugg (for item 9); Rachel Barrett, Richard Keble and Caroline Kirby (for item 10); and Derek Benson, Felix Borchardt and Sue Haddon (for item 11) and Anne Clarke (for item 12).

Available papers

The members had before them:

A. The Agenda papers (previously circulated);

B. The Minutes of the meeting held on 10 May 2016 and 14 June 2016 (previously circulated).

Copies of documents A and B will be attached to the signed Minutes.

379 Apologies and Substitutes

Apologies for absence had been received from Carole Cumino, Lee Davenport, Anthony Kelly, and Karen May the new North Worcestershire District Councils Representative.

Jonathan Sutton attended for Carole Cumino.

380 Declarations of Interest

None

381 Public Participation

None

382 Confirmation of Minutes

The minutes of the meetings held on 10 May 2016 and 14 June 2016 were agreed to be a correct record of the meeting and were signed by the Chairman.

383 Sustainability and Transformation Planning

Sarah Dugan summarised presented information regarding the Sustainability and Transformation Plan. Board members were familiar with the concept of addressing the triple aim gap of Health and Well-being, Care and Quality and Finance and Efficiency; but

following meetings with the national team the Programme Board was particularly focussing on what money would be available in 5 years' time – what future allocations would be given to CCGs rather than what would be done differently with the current spend.

Under the structured budget prioritisation work, 14 different work programmes had been identified, each one led by a Chief Executive Officer – but prevention and children and young people were themes which ran through all the different programmes. Analysis was taking place to find benchmarks which could be compared to other STP areas. The analysis would help to ensure that Herefordshire and Worcestershire were being as efficient as possible. Help was being received from the Commissioning Support Agency who had supported Board members in a programme budgeting exercise.

All areas of investment should show a decrease in costs elsewhere. For example investment in care at home should see a decrease in acute care costs. Back office and infrastructure efficiencies were also being sought across the public sector.

All local STPs had an allocation which could be invested in areas of national priority such as the digital agenda, 7 day services and parity for mental health services. The requirement for provider efficiencies was not yet included in the plans but once the plans had been worked up they would be brought back to the HWB and also to scrutiny.

Engagement with Healthwatch and the VCS was on-going and once draft plans had been completed engagement would occur with a wider group of stakeholders. Sue Harris had been working on an engagement strategy which would include public, patients and staff.

The next submission would be made on 21 October and as there would be a very tight turnaround it was proposed that proposals would be emailed to members of the HWB for comment. A full report would then be brought to the meeting on 1 November.

During the discussion, Board members queried how the consultation would be approached:

- The plan was the beginning of the process and then specific consultation would occur and inform some of the detail before various parts of the plan were implemented;
- The strategic plan being submitted on 21 October

would outline the series of changes that would need to happen and then consultation would occur on those proposals as appropriate. Cabinet Office guidelines suggested best practice should be for consultations to be for 12 weeks but it depended on the size of the changes;

- Board members felt that although consultation would happen prior to the implementation of certain proposals, they felt that general issues such as prevention, self- care and back office efficiencies should be communicated to the public straight away. Also the STP should be discussed at each HWB so that all members could take details back to their organisations. There was a need for the process to be as open and transparent as possible;
- National guidelines about engagement and what should be revealed publicly were expected to be announced, but there had been on-going communications regarding core issues such as self–care and healthy communities and there had been a consistent message about why things needed to change. However it was accepted that the public now needed to understand what the changes would look like and how it would affect them;
- It was pointed out that the changes were needed because of workforce challenges as well as financial ones;
- The programme Board, made up of all the statutory organisations with an independent Chairman, was overseeing the development of the STP although the Plan was bringing together existing work rather than working from scratch;
- Board members felt it was important that public expectations were managed given that some of the solutions may be quite radical;
- It was good that the Local Authority and other partners were involved in preparing the plan. However this was balanced against the fact that although the footprint was one of the smallest in the Country, proportionately Hereford and Worcestershire were the 3rd most challenged area out of 44 STP areas, with 2 acute providers who were in financial deficit and in CQC special measures;
- It was clarified that although the two counties were working together on the STP the resources within each county would stay within the individual county. Of the total, Worcestershire was responsible for around 75% and Herefordshire

around 25% of resources, although the greater proportion of financial challenge was in Herefordshire;

- NHS England clarified that the plans would be sent to Simon Stevens and Jeremy Hunt who would decide if the plans were robust enough to proceed to public consultation in local areas.
- In response to a question from the public gallery Sarah Dugan said the plan was a 5 year plan but timelines may vary in different areas and it was important that a robust job was done. Following an opportunity for HWB Members to comment on the draft submission, greater details would be available at the November HWB meeting.

RESOLVED that the Health and Well-being Board:

a) **Noted the progress on development of the Herefordshire and Worcestershire Sustainability and Transformation Plan (STP),**
b) **Noted the Programme Budgeting approach being taken to allocate spend in healthcare and the implication of this on service transformation through to 2020/21, and**
c) **Agreed that the draft plan would be emailed around HWB members for comment on 14 October prior to its submission to NHS England on the 21 October.**

384 Future of Acute Hospital Services in Worcestershire

The Future of Acute Hospital Services programme had been looking at the sustainability of acute services for 5 years and that work had contributed to the STP.

The programme needed to go through 2 tests. Firstly that it was clinically sound and the West Midlands Clinical Senate had provided independent clinical endorsement of the plan in early summer. The second test was the financial and business viability of the plan. The pre-consultation business plan would be signed off by the CCG Governing Bodies and then NHS England would be testing the plan on 19 October. Once the plan was agreed there would be a 12 week consultation period before the outcomes could be implemented and it was expected the process would be concluded by the end of the financial year.

The programme was needed due to concerns about sustainability. However, safety issues had emerged which had necessitated emergency changes to some maternity and paediatric services in recent months, which had been centralised at Worcester Acute.

In response to questions it was clarified that:

- Two aspects of the plan still needed to be implemented – Emergency surgery to be centralised to Worcester and A&E in Redditch to become Adult only but with an urgent care centre alongside,
- Communicating with the public was very important and although some of the changes had already been implemented on an emergency basis, the consultation period was important to engage with the public and explain why the changes were happening;
- The number of beds at the acute hospital assumed a level of efficiency which was not being delivered. Better discharge systems and prevention services were needed but uncertainty over the future of the services was part of the problem. Patient feedback was being sought and an A&E Delivery Board was being set up to help with issues such as waiting times in A&E.

RESOLVED that the Health and Well-being Board noted the update on the Future of Acute Hospital Services in Worcestershire.

385 Director of Public Health Annual Report

The Chairman congratulated Dr Frances Howie on becoming Director of Public Health. Dr Howie then presented her Annual Report.

The report was in two parts – Part one: Ageing in Worcestershire and Part Two: Compendium of Health Indicators. There were larger numbers of older people in Worcestershire than in many areas of the Country. There was a difference between life expectancy and healthy life expectancy, and system leaders had a part to play in encouraging healthy lifestyles.

The numbers of older people were increasing but there was a difference between the people living in disadvantaged circumstances who were more likely to have a lower life expectancy and a longer period of ill health, compared to those who were advantaged.

The report compared some outcomes around the Country and internationally and lessons should be learnt. It was realistic to have the ambition to close the gap between Worcestershire and the best performing areas.

There were five recommendations:

1. System leaders giving higher priority to reducing

the gap between life expectancy and healthy life expectancy. People should expect good health till the end of life,

2. Building for a healthy old age. Worcestershire planners and decision makers should give more focus to the health impact of the planned environment, increasing the chances of a healthy old age,
3. Enabling people to help themselves, scaling up training to create a public health army, building inclusive digital assets and systematising social prescribing,
4. Developing targeted and evidence based prevention services, such as falls prevention, vaccination and lifestyle change,
5. Shifting attitudes towards celebrating later life.

The compendium of Health Indicators summarised that overall Worcestershire had good health outcomes. Some areas of concern were around smoking in pregnancy, levels of breastfeeding, child obesity and children living in poverty where the figures were not improving.

In the discussion it was noted that:

- District Councils could do a lot to support these issues without additional funding, such as awareness raising and all District Councils should be aware of the health implications of their work;
- Screening programmes were nationally set but local effort was needed to make sure that they reached the relevant population, and not only the most advantaged,
- Volunteering was an asset for Worcestershire as well as for the people who took part, but it should be recognised that people could organise volunteering themselves in their community,
- Public health was an important part of the STP, with prevention being embedded in each of the 14 programmes;
- Board Members would appreciate partners reporting back on the actions they were taking. The Health Improvement Group would report back on various action plans and actions on health inequality would be highlighted;

RESOLVED that the Health and Well-being Board:

a) Noted and discussed the content of the Annual Report of the Director of Public health;

b) Discussed how the organisations represented on the Board might best respond to the recommendations of the report, and resolved

to take this discussion into different organisations; and

c) Agreed that Member bodies should use the Compendium of Health Indicators in service planning and commissioning.

386 Joint Health and Well-being Stakeholder Event Summary

A Joint Health and Well-being Stakeholder Event took place on 9 June and was attended by more than 100 people. The event looked at Developing Action Plans around the three priorities from the Joint Health and Well-being Strategy 2016-21, which were:

- Good mental health and well-being throughout life,
- Being active at every age, and
- Reducing harm from alcohol at all ages.

The various action plans would be reported to the Health Improvement Group and then back to the HWB.

RESOLVED that the Health and Well-being Board:

a) Noted the summary of the 'Developing Action Plans' stakeholder event held on 9 June 2016,

b) Noted the on-going and further development of the priority area action plans,

c) Would ensure that delivering the action plans was given priority in the Member organisations, bringing a refreshed and joined up approach to tackling the three priority areas.

387 Learning Disability Strategy Progress Report

Lucy Hancock, an expert by experience gave some details of her experience which included problems with being weighed and not receiving any physiotherapy in the last five years. She believed that the liaison nurses did a great job but it was important that people had some choices about where they lived and with whom, although people with learning disabilities may not be able to afford to move. Lucy left copies of a letter from her mother for Board Members which detailed the lack of physiotherapy for adults with disabilities.

Sandra Rohan Kickham who was a carer for her son with complex health needs then spoke about the resource centre her son attended in Bromsgrove. She felt that the new model was working well although some attendees had not received their annual user support plan reviews for 15 months. She queried what was going to happen when carers required a break and mentioned that it would be useful to have a transition plan for older carers. She felt that there was inconsistency in the service being offered to the LD community from GPs and social workers and felt that generally people with complex

needs received inferior healthcare. The Your Life Your Choice website had had a poor start but more recently carers had reported it contained useful information. It was felt that carers assessments were inconsistent with the advice they offered and finally that the range of housing options that was now available for people with Learning Disabilities was good.

Elaine Carolan explained that the agenda report gave an overview of the Learning Disability Strategy one year on. The LA was required to complete a Framework Assessment and had completed a self-assessment with 30-40 partners. Mainly improvements had been seen but there were concerns in a few areas such as transitions to adult services.

Up to March 2016, 1124 individuals with LD had received services. It was pointed out that there were significant health inequalities with regards to people with LD and their life expectancy was 10 – 12 years lower than average.

Updated copies of the Learning Disability Strategy were left for Board Members.

Board members made the following comments:

- They were pleased to hear of the improvements in services and that the Connect day centre was doing well,
- The County Council supported employment for people with disabilities and were ambitious to get other employers interested in employment for people with disabilities,
- The commissioning of LD services had a higher profile than it had in the previous 10 years which was good, however,
- The presentations had brought up some concerns that needed to be picked up by the Staying Healthy Group and health representatives were keen to address these.

RESOLVED that the Health and Well-being Board noted the progress made on the Learning Disability Strategy.

388 The Worcestershire Transforming Care Plan

The Transforming Care Plan was a nationally mandated programme concerning people with a learning disability, autism, mental illness and presenting with challenging behaviour. The plan had been submitted in June after being signed off by ICEOG and now needed to be ratified by the HWB.

The number of people in locked or secure hospitals needed to be decreased by 50% and Worcestershire started in a good position as it already had low numbers in secure hospitals.

NHS England would be providing match funding but that was only for one year so it was difficult to plan for services after that date. When people were discharged from hospitals the costs would fall to CCGs and Local Authorities and it was not yet certain that the funding would be transferred from NHS England to local areas.

Rachel Barrett, an expert by experience, explained that she had been involved with Speak Easy Now Healthcheckers team since 2010 since the Winterbourne View case had been highlighted. She had learnt about abuse and how to spot it and had been involved in making recommendations. Healthcheckers had been involved in care and treatment reviews. She was pleased that the person being reviewed was now central to the process and it was being recognised that moving people back to their community to be near family and friends was important.

Board members supported the Transforming Care Plan and supporting people to live in their communities where it was safe for them to do so, but they were concerned about the future funding burden and felt it was important for dowries to be transferred to local areas.

RESOLVED that the Health and Well-being Board:

a) **Agreed to ratify the Worcestershire Transforming Care Plan (TCP),**
b) **Noted that the Plan had already been submitted to NHS England with an accompanying letter stating that Worcestershire expects the cost of meeting TCP to be cost neutral;**
c) **Agreed that any financial pressure arising from the discharge of patients should be met by NHS England as set out in paragraphs 18 to 21, and**
d) **Supported writing to the Government to reiterate the importance of NHS England dowries being paid to local areas.**

389 Worcestershire Safeguarding Children Board

Derek Benson, appointed Chairman of the Worcestershire Safeguarding Children Board in April 2016 presented the findings from the Safeguarding Boards Annual Report 2015/16.

(WSCB) Annual Report 2015-16

At the September 2015 meeting the previous Chairman said she could not be assured about the safety of Children in Worcestershire. As of March 2016 the situation remained the same and the Chairman and Board could not be assured of the robustness of the child protection system.

This view had been established from a range of data and although there was commitment to safeguarding in the County, and arrangements were in place, they needed to be better and more co-ordinated. The pace of change was not sufficient and although strategies were in place, oversight was needed to ensure delivery. It was recognised that improvement was needed against a backdrop of reducing resources and increasing demand.

The focus of the Safeguarding Board in 2015/16 was:

a) Implementing the child sexual health strategy,
b) Early Help,
c) The Integrated Family Front Door,
d) Children's Social care 'Back to Basics' improvement programme.

There were no serious case reviews in 2015/16 and following audits, compliance was found to be good. The Board fulfilled all its statutory functions and commitment was strong. The Police had confirmed that funding for the Board would be sustained for next year.

When asked what had been achieved since April and what assurance was needed from partners, the Safeguarding Board Chairman replied that:

- He had attended the CSE Strategy Board but they had not yet got a full picture of the situation. With regard to missing children, there had been an improvement in the return interviews but the quality needed to be maintained,
- He supported the ethos of the Family Front Door but they now needed to see if their ambitions could be achieved,
- Back to basics needed to be scrutinised more as improvement was not at the necessary level, and
- He felt he still needed to understand what Partners commitment would be and they were looking to introduce a process so that Partners assessed how any changes to their processes would impact on safeguarding.

Felix Borchardt Chairman of the Child Death Review

Panel reported that there had been 38 notifications in the last year. 35 case reviews were conducted and modifiable factors had been found in 31% which was slightly higher than the national average, although it was noted that definitions of modifiable were locally determined and Worcestershire had a relatively broad definition.

Smoking and obesity remained as the main modifiable factors and the Panel were concerned about the proposed changes to health visitors who played a key part in the health of under-fives.

The Panel played a role in informing parents of the consequences of an unhealthy lifestyle such as with the safer sleeping initiative which had been delivered through health visiting, with significant Public Health input. They would also work closely with Public Health on pre-pregnancy planning. A safety book was being produced for parents and advice packs for schools. Good health was important from the beginning of life.

In the discussion it was explained that:

- There had been an increase in pace since Derek Benson had become Chairman of the Safeguarding Board and more was being achieved between meetings,
- The Monthly Improvement Board should keep meeting to ensure that improvements continued,
- The work of the Safeguarding Board and Panel were relevant to people with learning disabilities and poor health outcomes as well as to children. It also impacted on work to do with obesity and alcohol,
- There was a role for District Councils who were an important partner in raising concerns and understanding thresholds of when to refer to social care, and also around hotspots and looking at trends regarding missing children and CSE,
- In January 2016 young people had been asked to a meeting to give their views and rather than repeat that, in January 2017 young people would be asked to attend a Board development session so that they could hear what has been done in the last year – professionals would be held to account.

RESOLVED that the Health and Well-being Board:

a) **Noted the key headlines and conclusions from the 2015/16 Annual Report;**
b) **Considered any points which may inform**

future work of the HWB in respect of its strategic priorities; and

c) Identified cross cutting these where the HWB had a role to play in reducing risks to children.

390 Better Care Fund Update

Anne Clarke confirmed that the BCF had been approved through the NHS England assurance process after it had been submitted on 22 July. The quarter 1 report had then been submitted on 9 September as required.

In 2014/15 there had been a £141,000 underspend which had been transferred to 2015/16. It was expected that there would be a £50,000 underspend this year due to the lower use of client schemes concerning avoidable admissions and discharge plans. Last summer it had been expected that the client schemes would result in an overspend so the weekly panel which had been set up to assess the use of the schemes and the length of stay of people in the schemes would continue.

On 30 September Better Care Funding for Howbury would cease and there were presently no new admissions.

There would be increased funding for intermediate care support which was being developed with South Worcestershire CCG. This was based on the principle of 'home first' and used increased night support and medical support to allow people to stay at home while going through assessments.

Guidance for 2017/18 BCF was currently awaited.

It was clarified that spending on client schemes was falling due to the better use of community beds and resources.

RESOLVED that the Health and Well-being Board:

a) Noted the "Approved" status of the 2016/17 Better Care Fund plan

b) Noted the current plans for the use of the reserve created by the 2015/16 underspend;

c) Noted the financial position for 2016/17, as reported to the Integrated Commissioning Executive Officers Group on 5 September 2016;

d) Noted the ending of BCF Funding for Howbury from 30 September 2016; and

e) Noted the information on the planning process for 2017/18.

391 Future Meeting Dates

The Chairman announced that the next public meeting would be held on
1 November.

There were also private development meetings on **11 October** and **6 December**.

Meeting Dates 2017

Public meetings (All at 2pm)

- 14 February 2017
- 25 April 2017
- 11 July 2017
- 10 October 2017

Private Development meetings (All at 2pm)

- 25 January 2017
- 14 March 2017
- 13 June 2017
- 12 September 2017
- 7 November 2017
- 5 December 2017

The meeting ended at 4.50 pm

Chairman …….

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DPH report 2015/16
Part One: Ageing in Worcestershire
Part Two: Compendium of Health Indicators

September 2016

Dr Frances Howie, Director of Public Health

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Part One: Ageing in Worcestershire

- The ageing population is clear and can be a good news story
- Major differences between life expectancy and healthy life expectancy
- The experience of being old is not the same for everyone
- Although much rests with the individual we can make healthy choices easier
- Can have realistic ambition of significant improvement in the quality of life in older age in the county
- 5 key recommendations.

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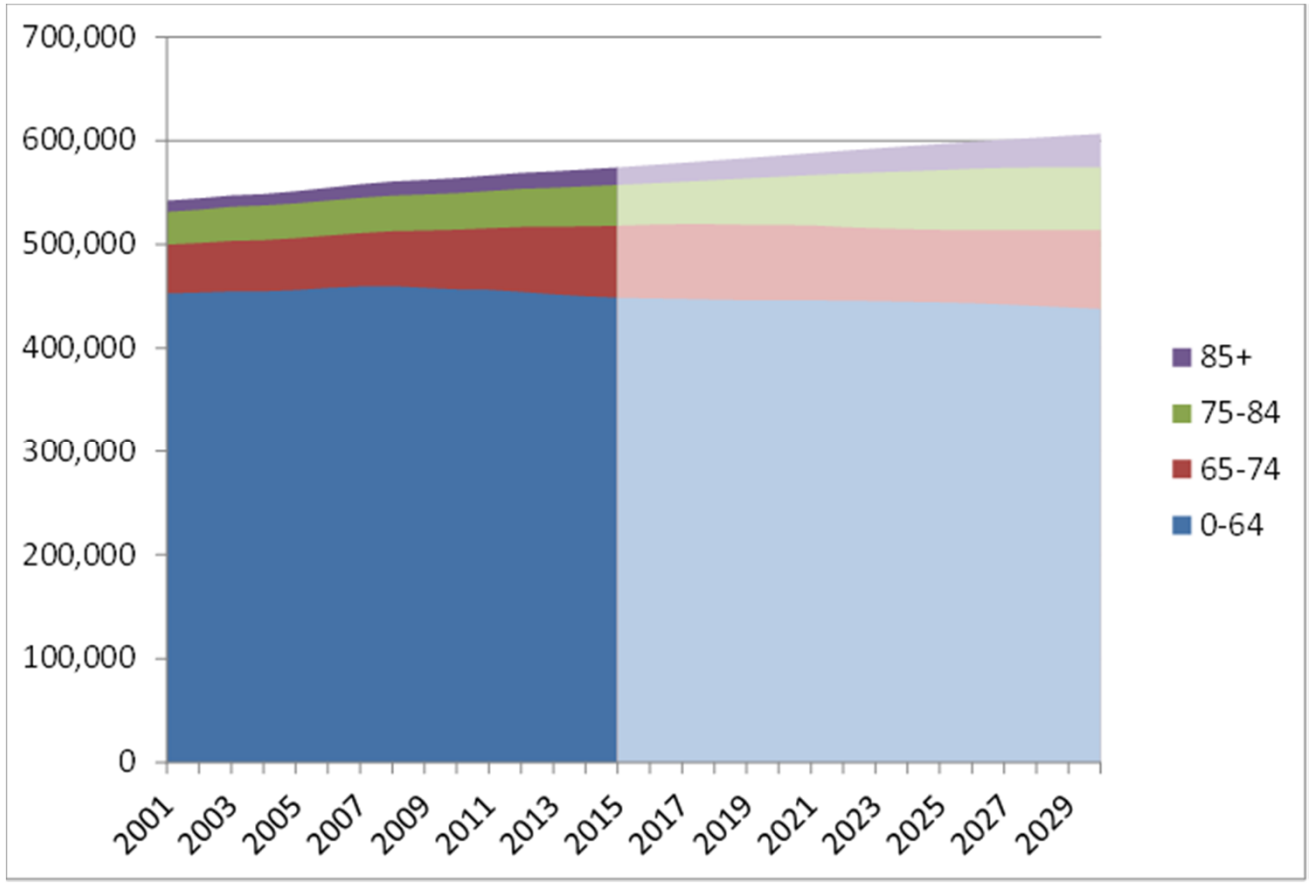
Being Older in the future

- Compared to 2015 by 2030
  - 43,000 more aged 65+
  - 36,500 more aged 75+
  - 15,000 more aged 85+ (Nearly double)
  - 28% of the population will be 65+



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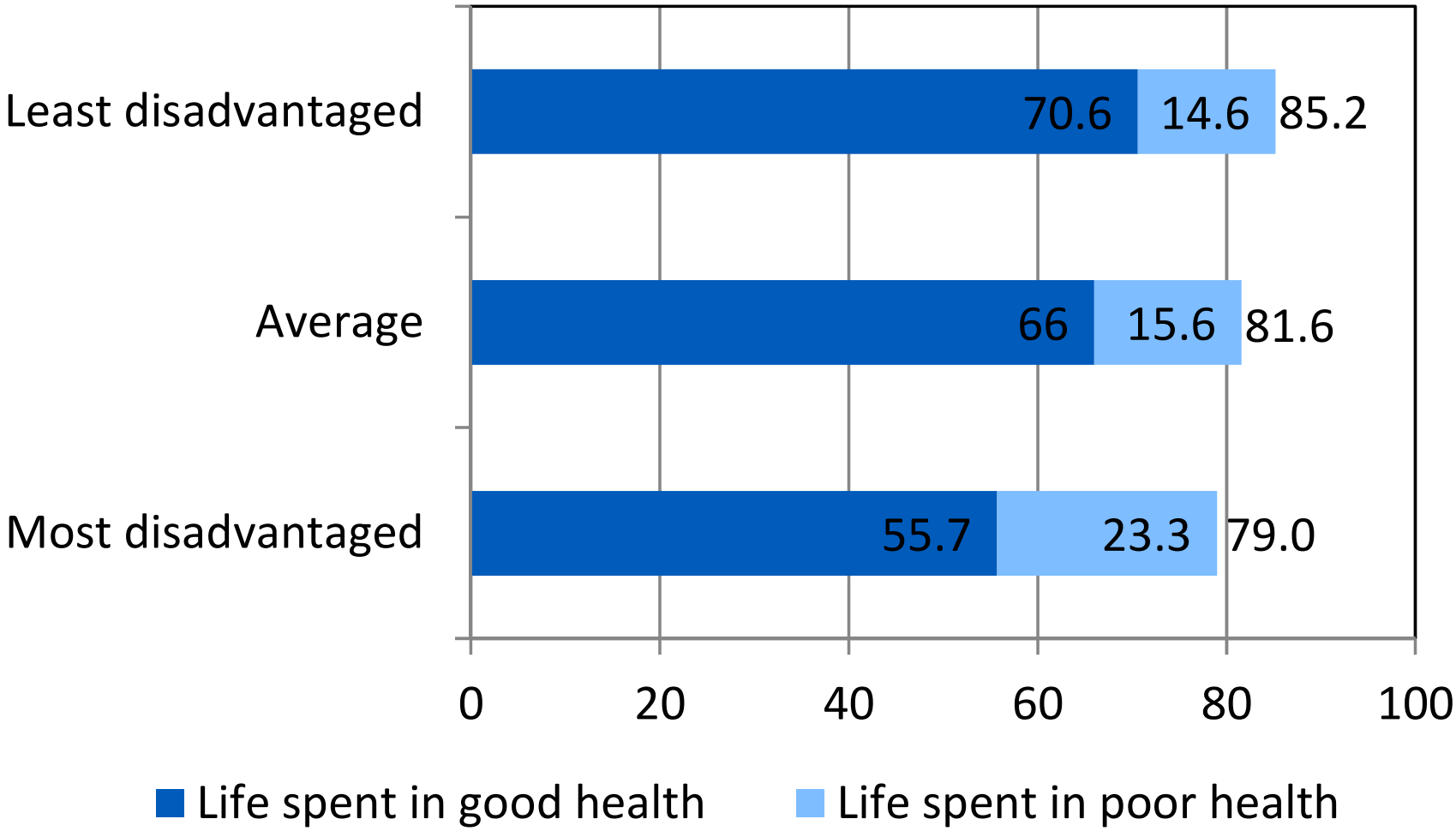
Being Older in Worcestershire



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Being Older in Worcestershire

Physical Health

Moderate/severe sight loss	10,900
Moderate/severe hearing loss	52,200
Mobility problems	22,700
Number of falls each year	2,200

Number of people aged 65 and over

Living Conditions

Living Alone	45,200
Providing unpaid care	18,800
Living in a care home	4,000
Households with fuel poverty	14,800

Number of people aged 65 and over

Mental Health

Dementia	8,600
Depression	10,800
Feeling lonely	15,800

Long-Term Illnesses

Any limiting long-term illness	57,800
COPD	8,300
Diabetes	15,700
Heart attack	6,200
Stroke	2,900
Cancer	8,500

Number of people aged 65 and over

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Being older in the future

- Can be better

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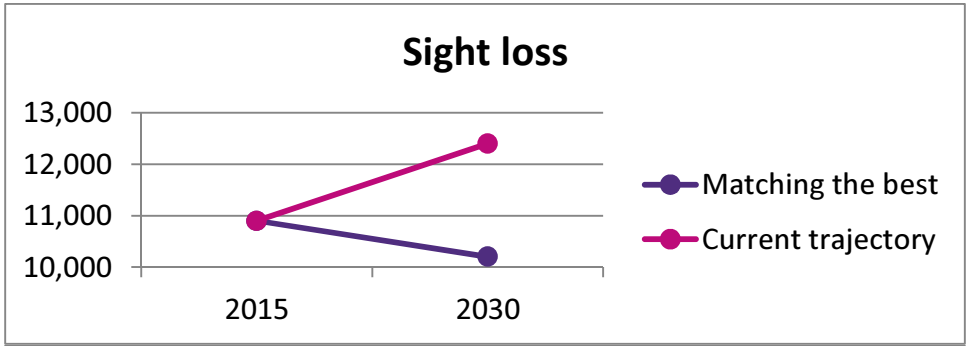
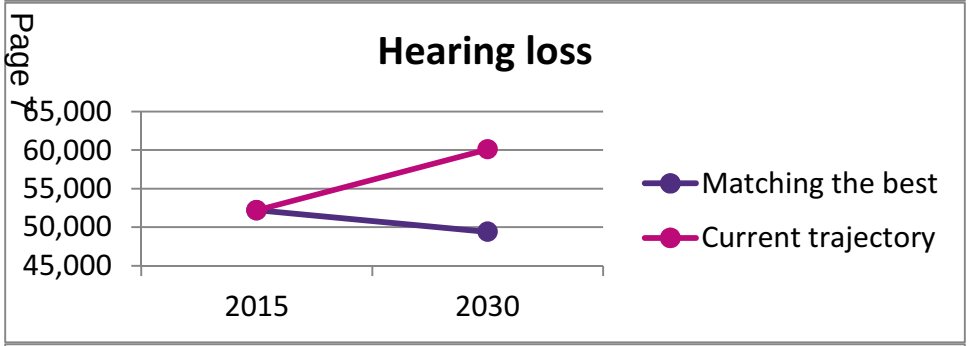
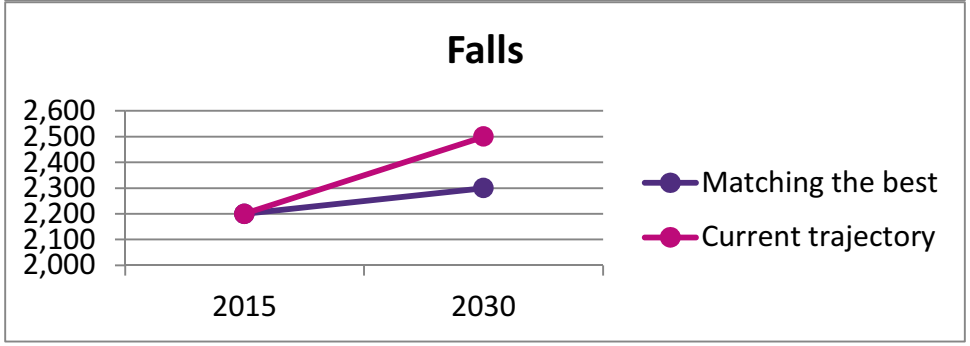
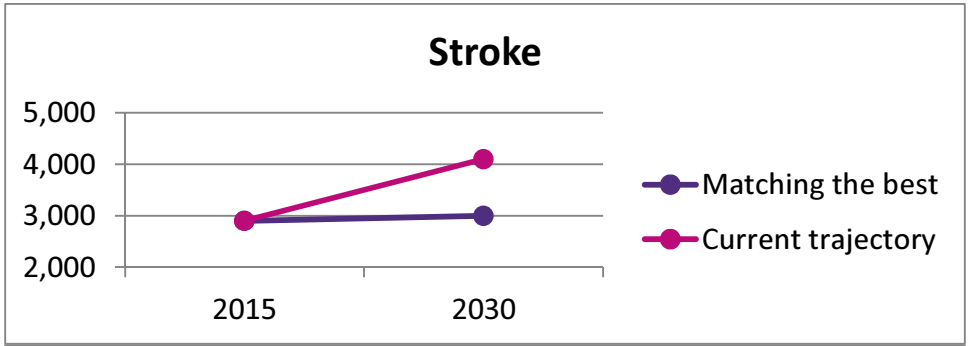
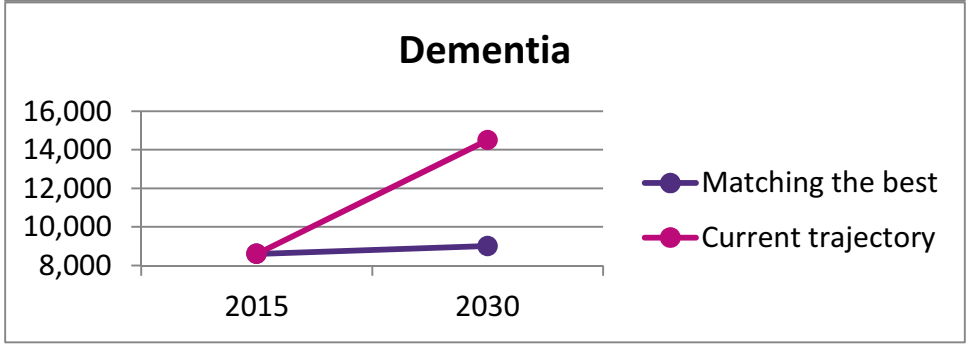
Being older in the future – Matching the best

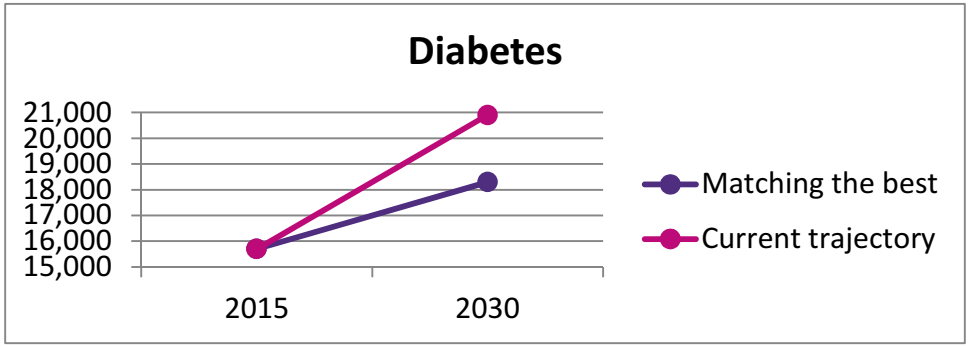












1. Good health to the end

- That planners, elected members and health and social care leaders in Worcestershire commit to giving a higher priority to reducing the gap between life expectancy and healthy life expectancy during this next planning period.

2. Building for a healthy old age

- That planners and decision makers give more focus to the health impact of the planned environment, and especially in increasing the chances of a healthy old age.

Improving housing for older age

Adapting infrastructure to an ageing population

Digital inclusion

Housing design to promote social interaction

Creating Healthy Places

More green spaces used better

More sport and leisure facilities

Walking and cycling infrastructure

Smoke-free public spaces

Limiting availability of alcohol

Reducing fast-food outlets

3. Enabling people to help themselves

- That health and social care leaders give more focus to helping people to help themselves, specifically by scaling up training to create a public health army; by building inclusive digital assets; and by systematising social prescribing.

Train all frontline staff in brief interventions around lifestyles

Building a "public army" of lifestyle champions, staff across the system as well as residents

Supporting workplaces to become health promoting places

County-wide social marketing

Improve online information

Scaling up social prescribing

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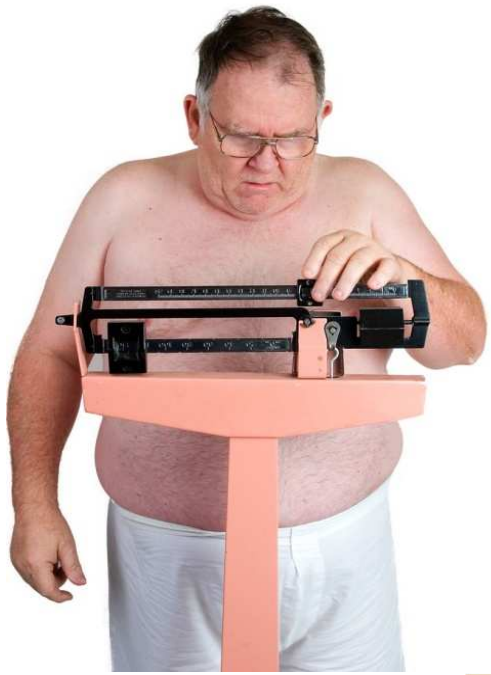
Dealing with those with the George Burns attitude....”If I’d known I would live this long I would have taken better care of myself!”



THE TIMES THE SUNDAY TIMES University of the Year 2013-14

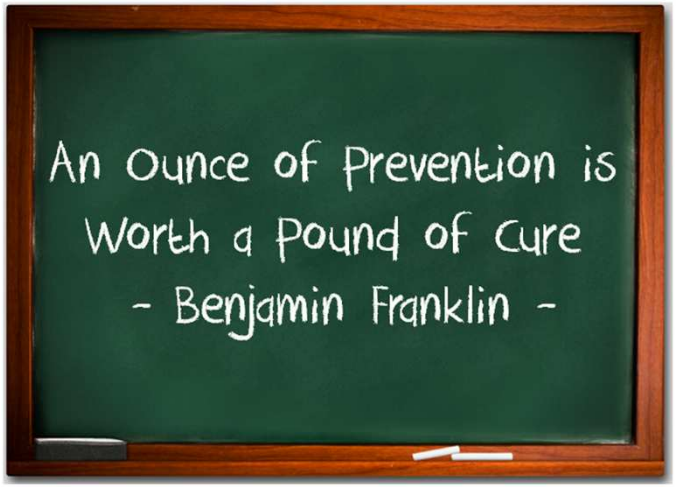
4. Prevention better than cure

- That health and social care leaders increase the availability of evidence based programmes such as lifestyle change; falls prevention; and physical activity, tailoring and focussing services on those who have the greatest need.

NHS Health checks

Falls prevention services

Vaccination programmes

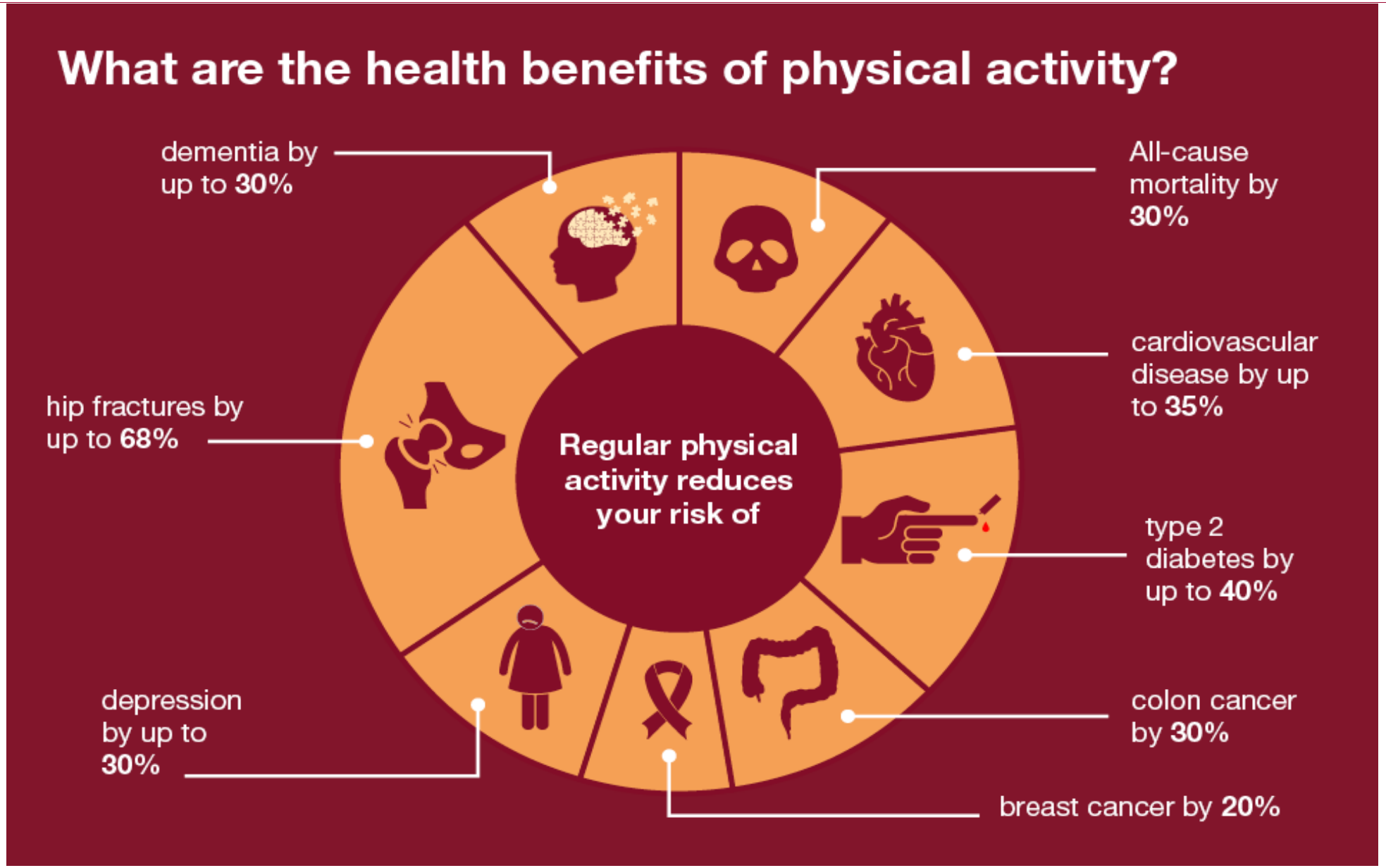


Increase uptake of health walks for older people

Lifestyle change service for older people

Initiatives to tackle social isolation

Tailored physical activity initiatives


What are the health benefits of physical activity?
dementia by up to 30%
All-cause mortality by 30%
cardiovascular disease by up to 35%
hip fractures by up to 68%
Regular physical activity reduces your risk of
type 2 diabetes by up to 40%
depression by up to 30%
colon cancer by 30%
breast cancer by 20%

"What fits your busy schedule better, exercising one hour a day or being dead 24 hours a day?"

5. Celebrating later life

- That there be a shift of attitude, so that the fact of increased numbers of older people in Worcestershire is seen as a good news story, and growing older in Worcestershire is associated with long, healthy living, rather than an inevitable decline into dependency and ill-health. Older people should be seen as an asset in our County, and investment leading to an improvement in the quality of life for older people should be understood as an investment bringing real gain to us all.

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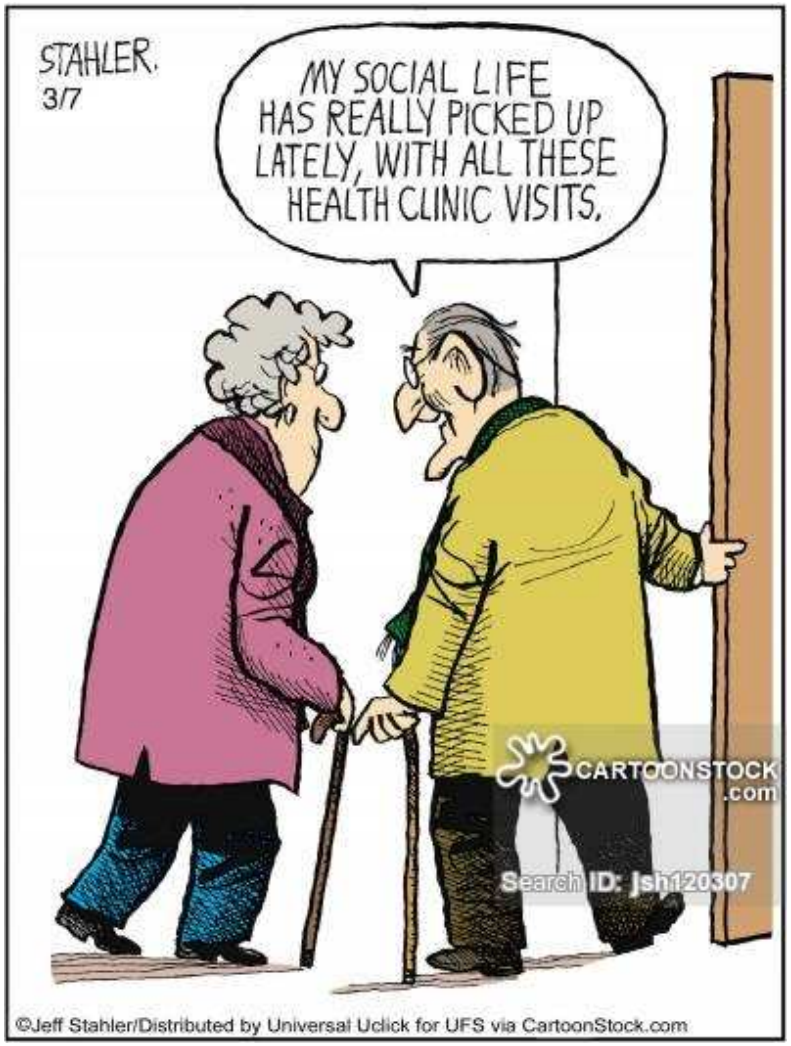

DPH Annual Report 2015/16

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Part Two: Compendium of Health Indicators

- The first of what will be an annual update of key indicators: **to review and use**
- Set out as a life course
  - Overarching indicators
  - Conception & Early Years
  - Adult Health
  - Older People
  - Mortality
- Summary of findings
  - Overall Worcestershire has good health outcomes
  - General pattern of decreasing the gap between ourselves and England, particularly for the principle mortality measures
  - Some specific issues to note…..

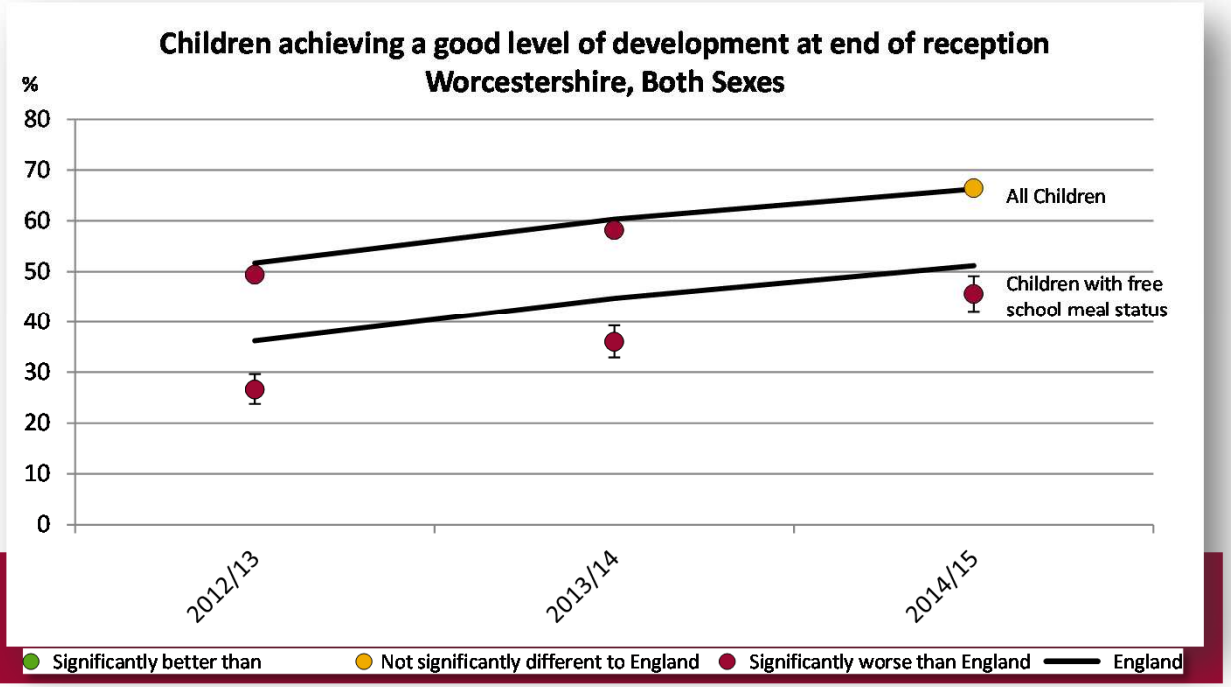
Compendium Example – School Readiness

Children achieving a good level of development at the end of reception
Worcestershire, Persons, 5 yrs (%)

Period		Count	Value	Lower CI	Upper CI	England
2012/13	●	3,030	49.4	48.1	50.6	51.7
2013/14	●	3,598	58.1	56.9	59.4	60.4
2014/15	●	4,246	66.4	65.2	67.6	66.3

Children with free school meal status achieving a good level of development at the end of reception
Worcestershire, Persons, 5 yrs (%)

Period		Count	Value	Lower CI	Upper CI	England
2012/13	●	228	26.6	23.8	29.7	36.2
2013/14	●	319	36.0	32.9	39.2	44.8
2014/15	●	350	45.6	42.1	49.1	51.2



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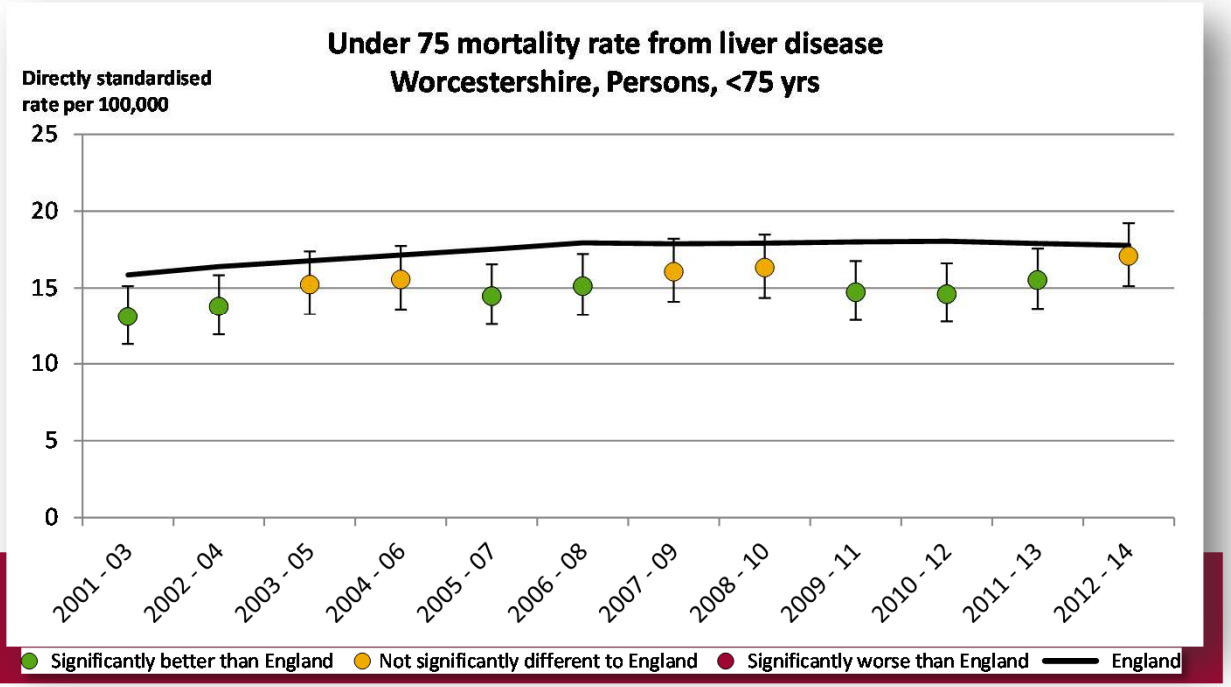
Compendium Example – Liver Disease

Under 75 mortality rate from liver disease, Worcestershire, Persons, <75 yrs
Directly standardised rate per 100,000

Period		Count	Value	Lower CI	Upper CI	England
2001 - 03	●	189	13.1	11.3	15.1	15.8
2002 - 04	●	200	13.8	11.9	15.8	16.4
2003 - 05	●	221	15.2	13.3	17.4	16.8
2004 - 06	●	228	15.6	13.6	17.7	17.1
2005 - 07	●	216	14.5	12.6	16.5	17.5
2006 - 08	●	229	15.1	13.2	17.2	17.9
2007 - 09	●	246	16.1	14.1	18.2	17.9
2008 - 10	●	251	16.3	14.4	18.5	17.9
2009 - 11	●	230	14.7	12.9	16.8	18.0
2010 - 12	●	232	14.6	12.8	16.6	18.0
2011 - 13	●	250	15.5	13.6	17.6	17.9
2012 - 14	●	278	17.1	15.1	19.2	17.8



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Compendium of Health Indicators issues:

- Some measures of child health and those that influence child health, especially for the most vulnerable are of concern:
  - smoking in pregnancy
  - breastfeeding initiation rates
  - children with free school meals status who achieve a good level of development at the end of reception;
  - Although local rates are in line with national averages, the indicators on excess weight in childhood are of concern, and the percentage of children living in poverty is unchanged;
- Some indicators for vulnerable older people such as fuel poverty and social isolation of carers show poor outcomes in Worcestershire

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Compendium of health indicators: issues

- Some measures of adult health indicate poor outcomes
  - excess weight indicator where we are significantly above the England rate
  - Rates of domestic abuse and violent crime show increases in the latest year's data although this may be due to better recording rates
- Some adult indicators are of concern despite being in line with national figures
  - Inactivity – about 25% of adults in Worcestershire are inactive
  - Smoking – 17% of adults and over 31% in routine and manual occupations in Worcestershire smoke
  - Diabetes – Over 33,000 people aged 17+ in Worcestershire have diabetes
  - Falls in 80+ – Over 1,500 80s and over have falls and 544 fracture their hip in Worcestershire

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Summary

- Part One:
- Good health to the end should be a realisable ambition
- Building for a healthy old age
- Enabling people to help themselves
- Prevention better than cure
- Celebrating later life

- Part Two: Compendium points to note and to use:
- Good health overall: pockets of poorer health
- National averages still point to a rising burden of avoidable ill health.

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- Questions
- Discussion

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