

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

September 2016

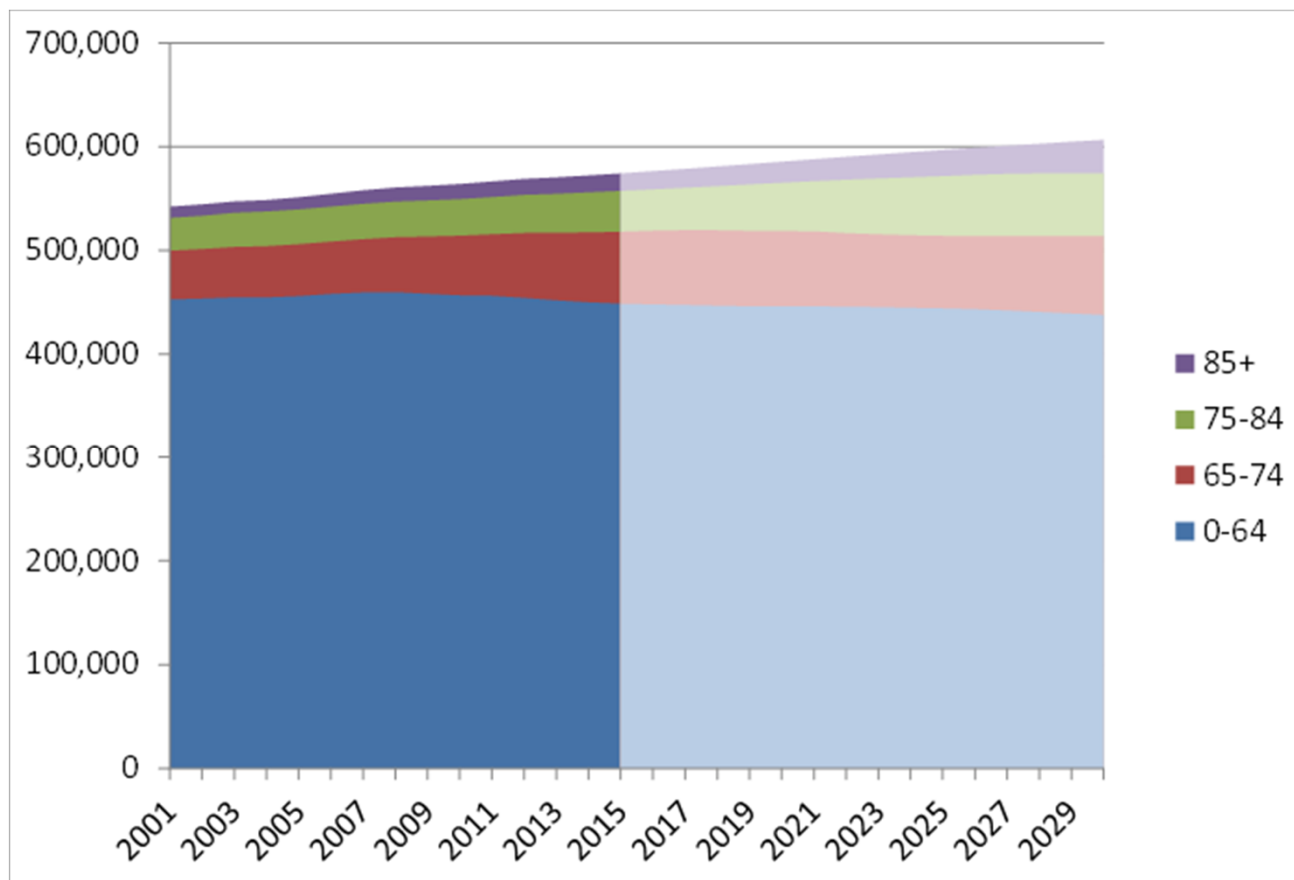
Dr Frances Howie, Director of Public Health

# Part One: Ageing in Worcestershire

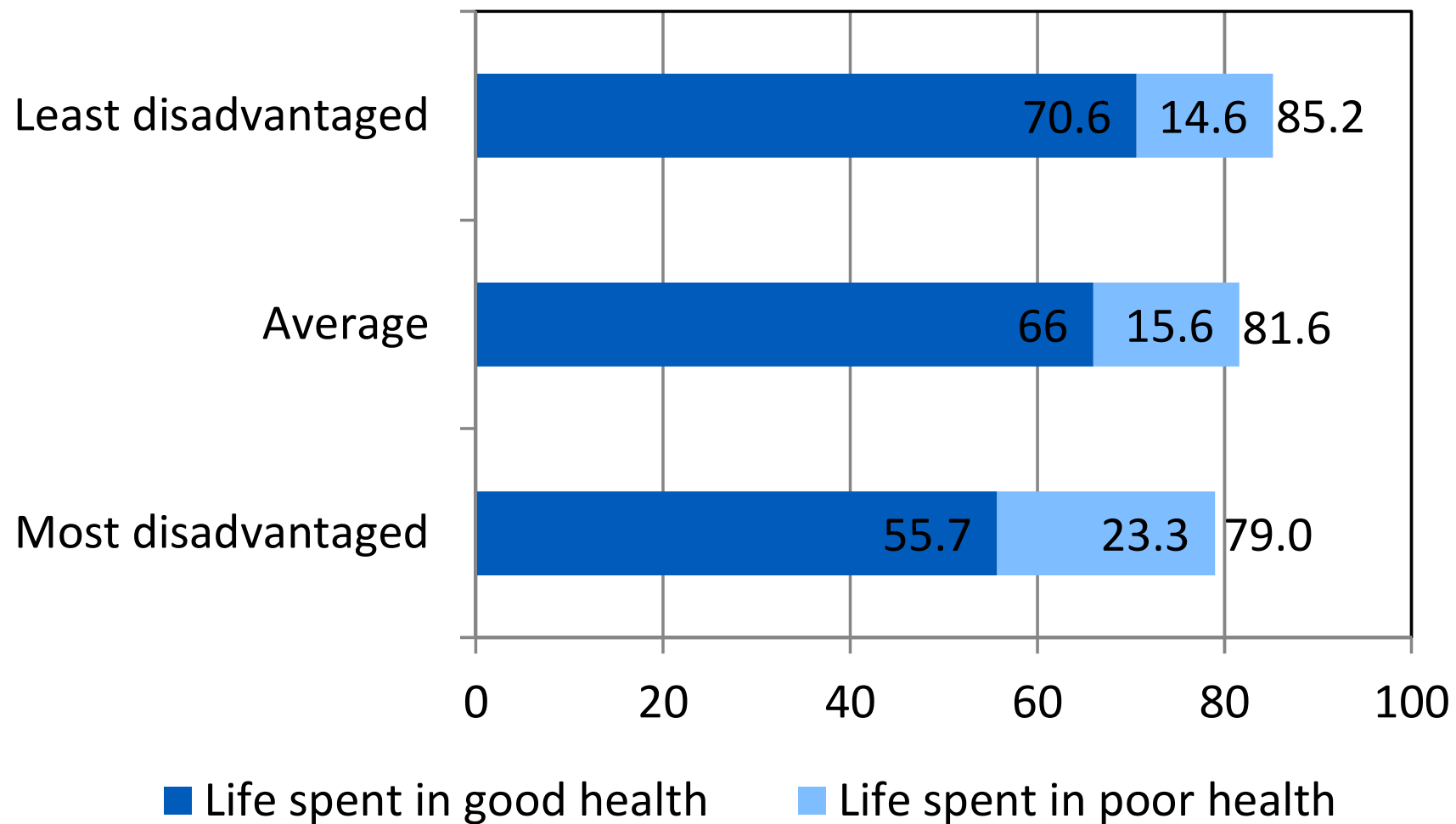
- The ageing population is clear and can be a good news story
- Major differences between life expectancy and healthy life expectancy
- The experience of being old is not the same for everyone
- Although much rests with the individual we can make healthy choices easier
- Can have realistic ambition of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

# 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+



# Being Older in Worcestershire







# 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

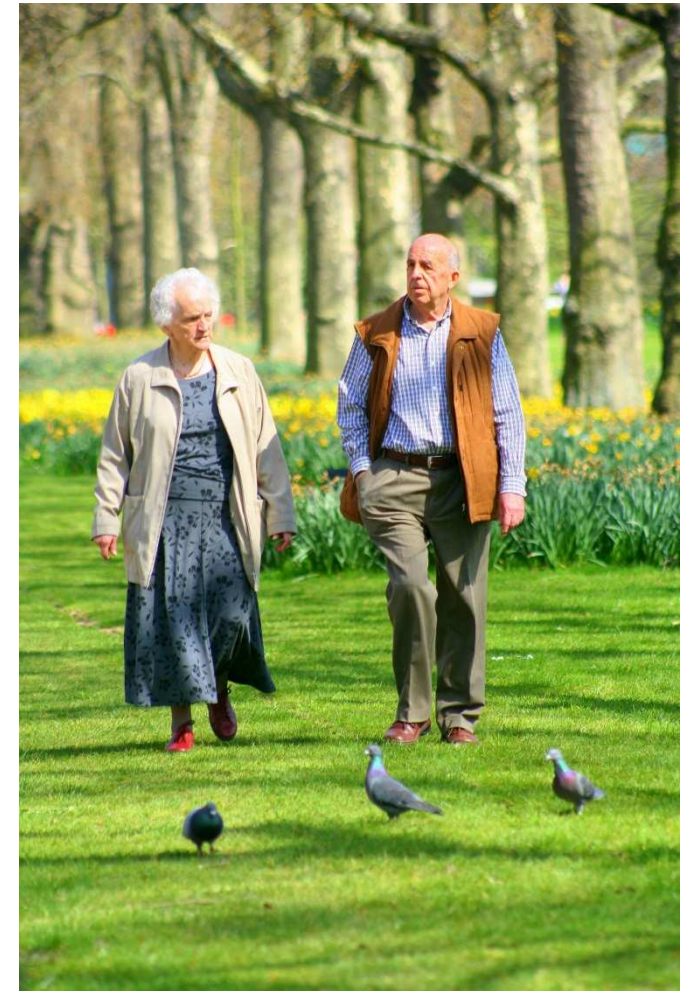
	Any limiting long-term illness	57,800
	COPD	8,300
	Diabetes	15,700
	Heart attack	6,200
	Stroke	2,900
	Cancer	8,500

Number of people aged 65 and over



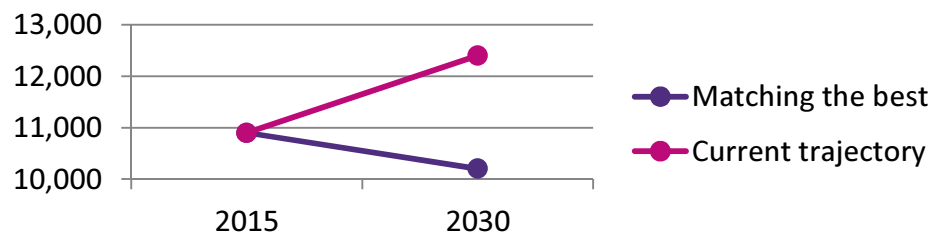
# Being older in the future

- Can be better

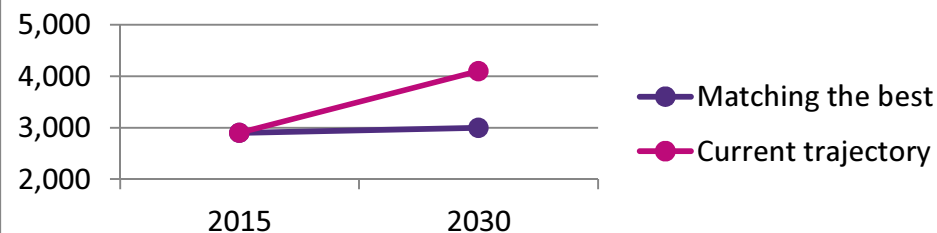


# Being older in the future – Matching the best

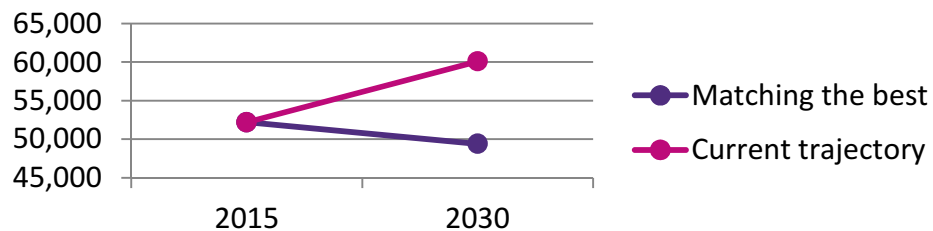
### Sight loss



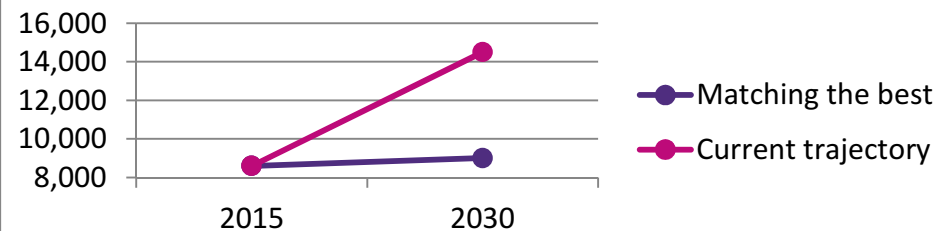
### Stroke



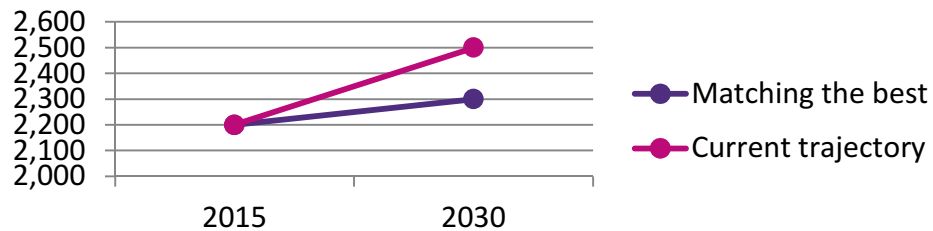
### Hearing loss



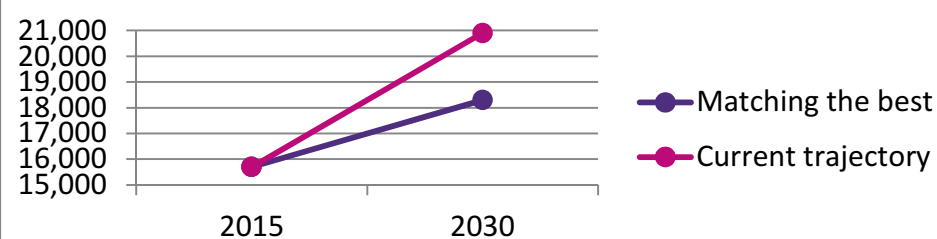
### Dementia



### Falls



### Diabetes



# 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



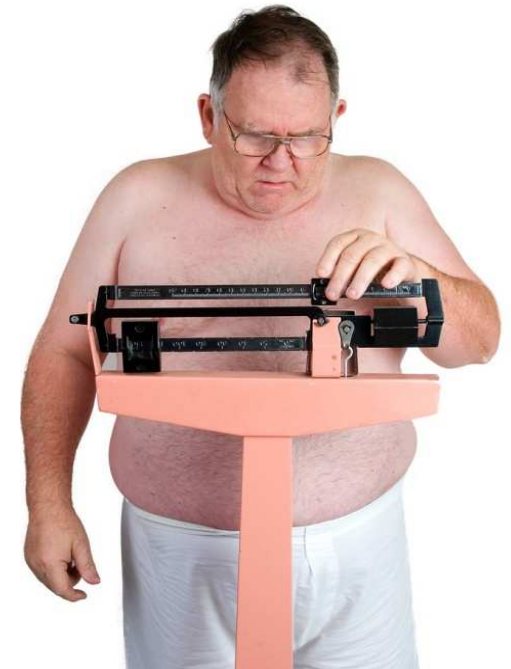
Supporting workplaces to become health promoting places

County-wide social marketing

Improve online information

Scaling up social prescribing

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!”



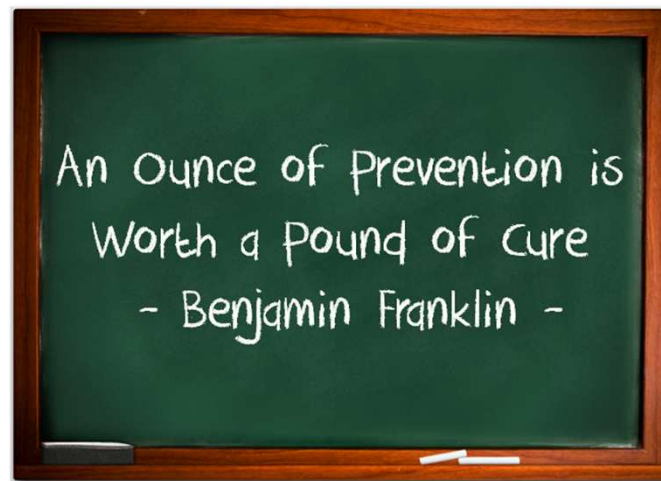
## 4. Prevention better than cure

- 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?





**“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.





## 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.....

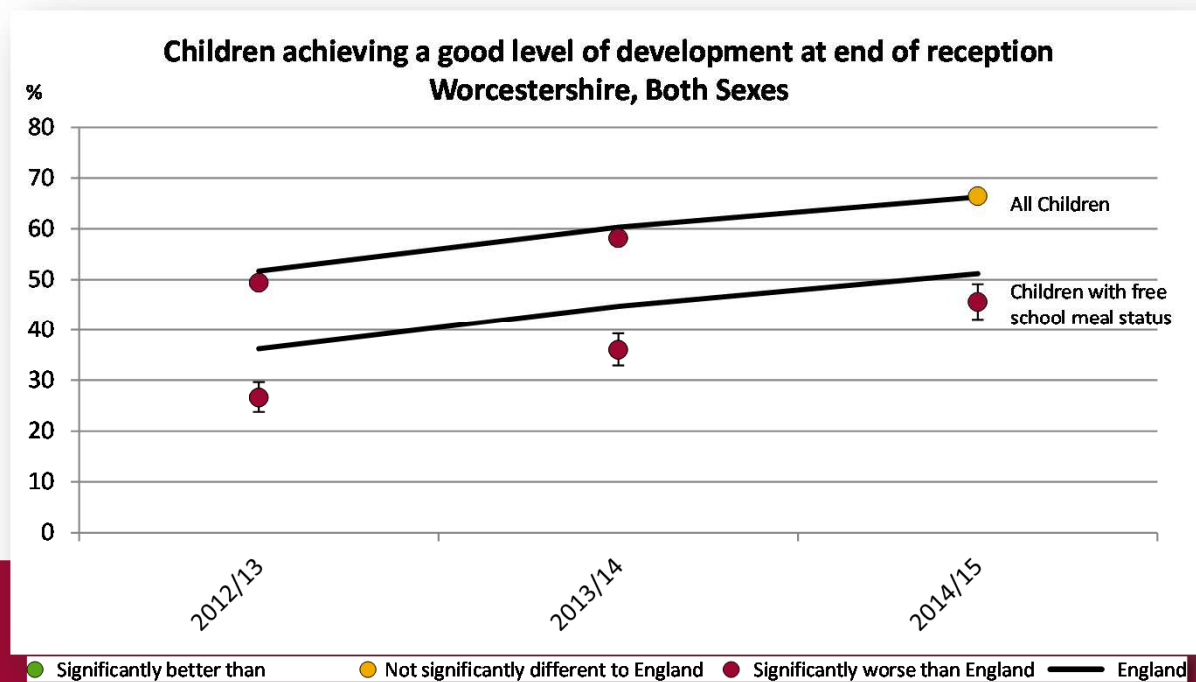
# Compendium Example – School Readiness

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 (%)

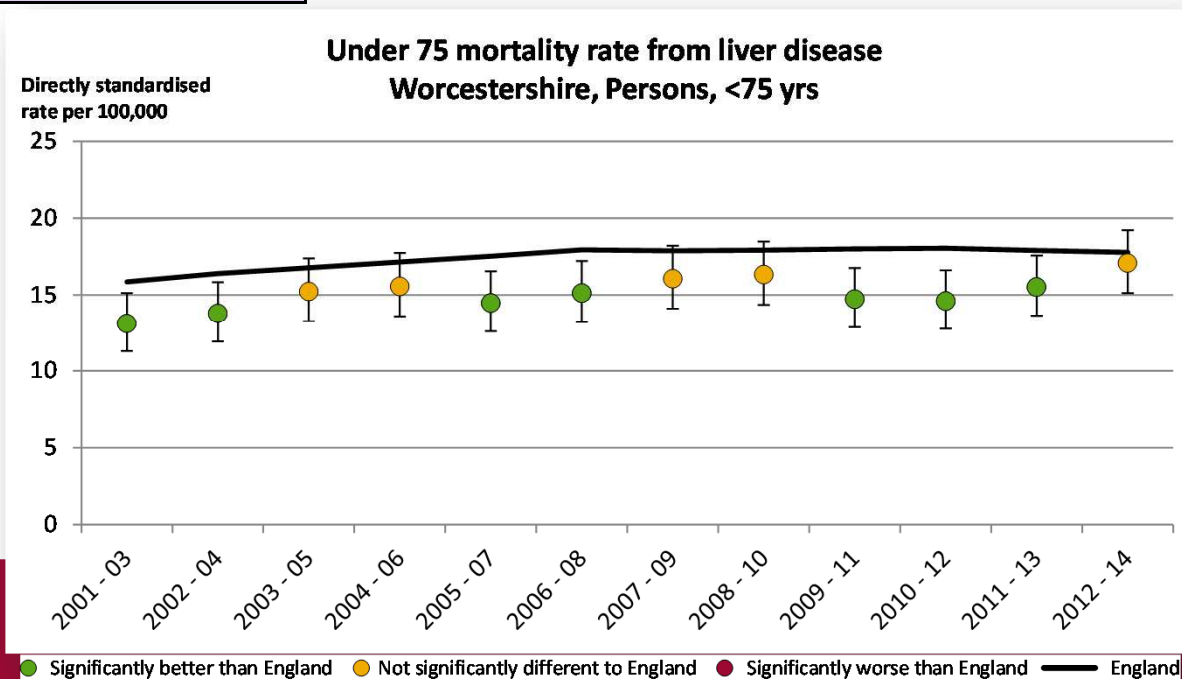
Period	Count	Value	Lower CI	Upper CI	England
2012/13	228	26.6	23.8	29.7	36.2
2013/14	319	36.0	32.9	39.2	44.8
2014/15	350	45.6	42.1	49.1	51.2



# 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



# 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



# 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

# 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.

- **Questions**
- **Discussion**