Worcestershire Health and Well-being Board

Joint Strategic Needs Assessment

Annual Summary

October 2017

www.worcestershire.gov.uk/jsna

Prepared by the Worcestershire Public Health Team

Date: 10/10/17

Version: 1.1

Review Date: October 2018

NHS Wyre Forest Clinical Commissioning Group
NHS South Worcestershire Clinical Commissioning Group
NHS Redditch and Bromsgrove 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. The report also identifies emerging issues.

The population in Worcestershire is generally healthy compared to the nation as a whole. However, health inequalities are still evident and there are significant pockets of ill-health. Local data shows that our most affluent Districts (Bromsgrove, Wychavon and Malvern Hills) on average experience the longest life expectancy, and the greatest proportion of life spent in good health. A focus needs to be made on more deprived populations to reduce inequalities in healthy life expectancy, and more broadly, to reduce the number of years of life lived in poor health. Healthy life expectancy is inextricably linked to lifestyle factors. This is an important consideration as the majority of our population is now over-weight or obese, and many are physically inactive, smoke, and drink too much. Diseases linked to these lifestyles such as stroke, coronary heart disease and diabetes are predicted to rise significantly in the years to come.

Much of the data about children shows below average outcomes, including: excess weight in reception-age children; breast-feeding initiation and school readiness among children who qualify for free school meals.

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 geographic variations in the prevalence of excess weight.
- Prevalence of excess weight in children in Reception (4-5yr olds) across Worcestershire is significantly higher than both West Midlands and the national rate.
- Prevalence of overweight and obese children in Year 6 (10-11yr olds) is significantly lower than both the England and West Midlands rates.
- Worcestershire has levels of physical inactivity similar to the England rate at 20.1% and 22.0% respectively. Rates are significantly lower than the West Midlands.
- Similar proportion of respondents reporting they were 'fairly active' in comparison to Worcestershire, West Midlands and England.
- Worcestershire has a significantly higher proportion of people reporting that they were 'Active' and undertaking 150 minutes exercise or more per week at 68.6%. This is significantly higher than both England and West Midlands.
- 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 West Midlands.

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

Preventing alcohol harm at all ages[2]

- The rate of alcohol-specific hospital admissions for under 18's has fallen considerably. Rates are now significantly lower than the national average.
- Hospital admission episodes for alcohol-related conditions are now lower than the national average.
- The latest rate of females admitted to hospital for alcohol-related conditions 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 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 two 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 rates seen in 2013.
- Pooled data from 2013-15 shows the premature mortality rate from liver disease was similar to the national average at 16.6 per 100,000 vs 18.0 per 100,000 respectively.
- In 2014/15 the rate of hospital admissions for alcoholic liver disease in Worcestershire was significantly higher than for England as a whole at 47.4 per 100,000 vs 34.8 per 100,000.
- 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 91.3 per 100,000 population in 2015/16.
- In 2015-16 the proportion of individuals waiting longer than three weeks to receive treatment for alcohol was significantly higher than both England and West Midlands rates and was one of the highest across the region with 23.9% of individuals waiting longer than three weeks to start treatment.
- In 2015 the rate of successful completion of treatment for alcohol clients in Worcestershire was significantly lower than the national average at 26.0%. This indicator showed a steady decline from 2012, in comparison to nationally where rates steadily increased. Current data indicates an improvement in outcomes but is not available for public dissemination yet.

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

Good mental health and well-being at all ages

- Prevalence of dementia in Worcestershire is similar to the national average and is increasing.
- Prevalence of depression is significantly higher in Worcestershire than England at 10.0% and this has increased from the previous year (9.0%).
- Emergency admissions to hospital for self-harm are similar to the national average.
- Male mortality from suicide is similar in Worcestershire to the national average at 17.5 per 100,000 (vs 15.8 per 100,000). Female mortality from suicide is lower than the national average at 3.1 per 100,000 (vs 4.7 per 100,000).
- Proportion of population using outdoor space for exercise/health reasons is similar to but lower than national average and the West Midlands average. It is also one of the lowest across the region.
- 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 narrowed between national rates and rates within Worcestershire, although they remain significantly lower than England overall and lower than the proportion of all children who achieve a good level of development.

Emerging issues

Some additional issues that are emerging from routine analysis as being challenges for Worcestershire are:

The narrowing gap in key indicators between Worcestershire and England: This is important because we must ensure health and Well-being remains better in Worcestershire than the England average. Currently this differential is reducing in some key areas including cardiovascular disease and cancer mortality.

Infant mortality: Unfortunately, from a position of being better than the England average in during 2010-12, the latest figures have risen and are again similar to the England average. Rates in Worcestershire for both infant and perinatal mortality will be monitored over the next few years to see if the higher rate is a continuing trend.

Drug misuse deaths: Worcestershire is mirroring the national trend of rising drug misuse deaths.

Excess weight and diabetes: Excess weight is a major determinant of premature mortality and avoidable ill health including type 2 diabetes. In many cases type 2 diabetes can be prevented or delayed by lifestyle changes. The latest data shows that Worcestershire continues to have a higher estimated rate of excess weight in adults than nationally and has returned to having a

higher rate of excess weight in reception-age children. There is an increasing trend in recorded diabetes in Worcestershire.

Violent crime: The rate of violent crime recorded in Worcestershire has been increasing.

Homelessness: This is an important social determinant of health and is associated with severe poverty, adverse mental and physical health and, particularly for children, poor social outcomes (including poor educational outcomes). In 2015/16, homelessness rates in Worcestershire were close to the national average. However, latest data suggests that Worcester City and Wyre Forest districts have homelessness rates significantly higher than the England average.

Autistic Spectrum Disorder (ASD): Children and adults with ASD need specialist support and care. The number of children with a Special Educational Needs (SEN) statement for ASD in Worcestershire has increased since 2010. For primary schools, the rate of 4 in 1,000 is lower than the national rate of 6.3 in 1,000 suggesting variation in diagnosis and/or recording practice.

District level information

Bromsgrove: is one of the 20% least deprived districts in England and relative to England it has an older population. GCSE attainment is significantly higher than in England as whole.

However, health inequalities are evident as there is a 7.2 year gap for males and 3.8 year gap for females in life expectancy between the most deprived areas and the least deprived areas. Since 2011-13, the gap between the richest and poorest areas in Bromsgrove has widened in males for premature mortality.

Areas of potential concern for Bromsgrove include: excess weight in adults, influenza vaccination and the chlamydia detection rate.

Malvern Hills: has the highest proportion of people aged 65 and over. 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 2.4 years and for women is 3.9 years between the most deprived and least deprived areas in Malvern Hills.

Areas of potential concern for Malvern Hills include: violent crime, fuel poverty, recorded diabetes and hip fractures in the population aged 80+.

Redditch: 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 children and young people aged 0-19 (24.4%) in comparison to Worcestershire.

There are considerable health inequalities: Life expectancy is 8.3 years lower for men and 6.9 years lower for women in the most deprived areas of Redditch, compared to the least deprived.

Areas of potential concern for Redditch include: Emergency hospital admissions for Intentional self-harm, hospital admissions caused by unintentional and deliberate injuries in children and young people, recorded diabetes and breastfeeding initiation.

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 10.9 years lower for men and 5.9 years lower for women in the most deprived areas of Worcester, in comparison to the least deprived. The life expectancy gap for men is the highest across the Worcestershire districts.

Areas of potential concern for Worcester include: Infant mortality, life expectancy for males and the Chlamydia detection rate.

Wychavon: has a higher proportion of people aged 65 and over (24.3%) in comparison to Worcestershire overall. It has lower levels of deprivation than England.

Life expectancy is 7.5 years lower for men and 8.8 years lower for women in the most deprived areas of Wychavon, in comparison to the least deprived.

Areas of potential concern for Wychavon include: excess weight in children (reception), recorded diabetes and undiagnosed hypertension.

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 (24.2%) 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: smoking status at time of delivery, breastfeeding initiation, children who are overweight or obese in Reception and Year 6.

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 which will 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 for Worcestershire including an update on the three Health and Well-being Board priorities. The report also identifies emerging issues for the county.

Characteristics of the Worcestershire Population

Current population

The current population in Worcestershire is estimated to be around 583,053; a breakdown by district is included (Table 1) revealing Wychavon as having the largest proportion of the total population in the county followed by Worcester City and Wyre Forest.

Table 1: 2016 Mid-year estimates by Worcestershire district

District in Worcestershire	Total Population
Bromsgrove	96,769
Malvern Hills	76,130
Redditch	84,971
Worcester	102,338
Wychavon	122,943
Wyre Forest	99,902
Worcestershire	**583,053**

Ethnicity

Worcestershire has a higher proportion of individuals who identify as being White British (92.4%) compared to England (79.8%). In Worcestershire, there are a lower proportion of individuals who are in Black and Minority Ethnic Groups (BAME) at 7.6% (43,247 people) when compared England (20.2%). The proportion of White Gypsy or Irish Travellers in Worcestershire is twice that of the national rate at 0.2% compared to 0.1% in England, which equates to 1,165 people (Table 2).

Table 2: Ethnicity of the Worcestershire population

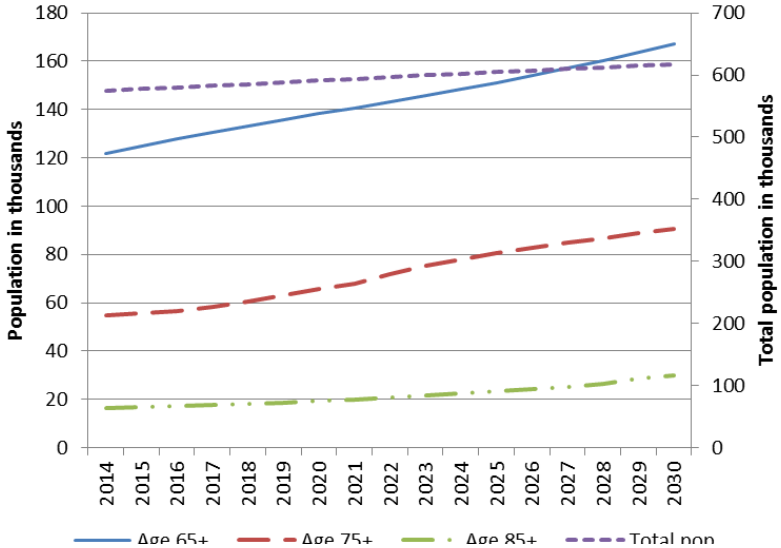
	Worcestershire (%)	England (%)	Worcestershire (No.)
Total White	**95.7%**	**85.4%**	**542058**
White British	92.4%	79.8%	522922
White Irish	0.6%	1.0%	3480
White: Gypsy or Irish Traveller	0.2%	0.1%	1165
White Other	2.6%	4.6%	14491
Total Asian/Asian British:	**2.4%**	**7.8%**	**13741**
Asian/Asian British: Indian	0.6%	2.6%	3634
Asian/Asian British: Pakistani	0.9%	2.1%	4984
Asian/Asian British: Bangladeshi	0.2%	0.8%	1316
Asian/Asian British: Chinese	0.3%	0.7%	1601
Asian/Asian British: Other Asian	0.4%	1.5%	2206
Total Black:	**0.4%**	**3.5%**	**2372**
Black/Black British: African	0.1%	1.8%	767
Black/Black British: Caribbean	0.2%	1.1%	1275
Black/Black British: Other	0.1%	0.5%	330
Total Mixed:	**1.2%**	**2.3%**	**7045**
Mixed: White & Black Caribbean	0.6%	0.8%	3150
Mixed: White & Black African	0.1%	0.3%	592
Mixed: White & Asian British	0.4%	0.6%	2053
Mixed: Other	0.2%	0.5%	1250
Total Other:	**0.2%**	**1.0%**	**953**
Total	**100.0%**	**100.0%**	**566169**

Source: Census 2011

Future population

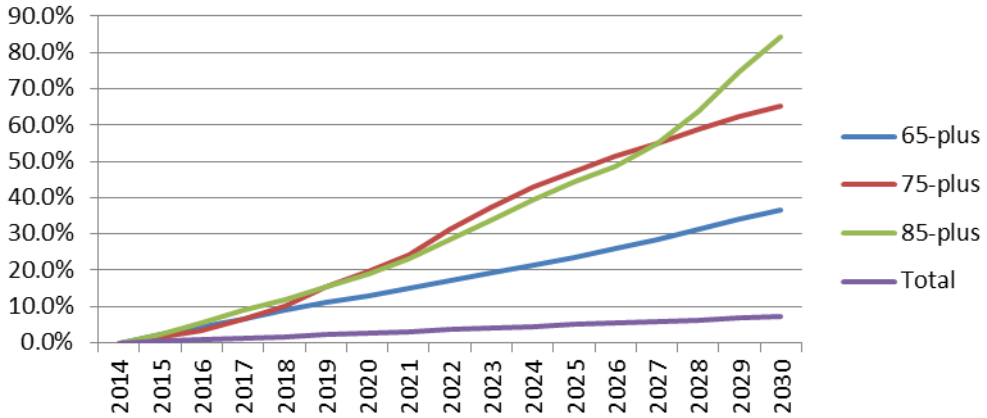
The population aged 65+ is projected to increase steeply to 2030 and beyond in Worcestershire; a slower increase is expected when all age groups are included (Figure 1). Within the older population (65+ age groups), the rate of increase is steeper for oldest age groups (Figure 2), with the rate of change for the 75+ population predicted to increase steeply post 2021, and the rate of change for the 85+ population to show a sharp increase from around 2027.

Figure 1: Aged 65+ population projections in Worcestershire to 2030



Source: Office for National Statistics 2014 based population projections

Figure 2: Aged 65+ Population projections to 2030: rate of change by age group

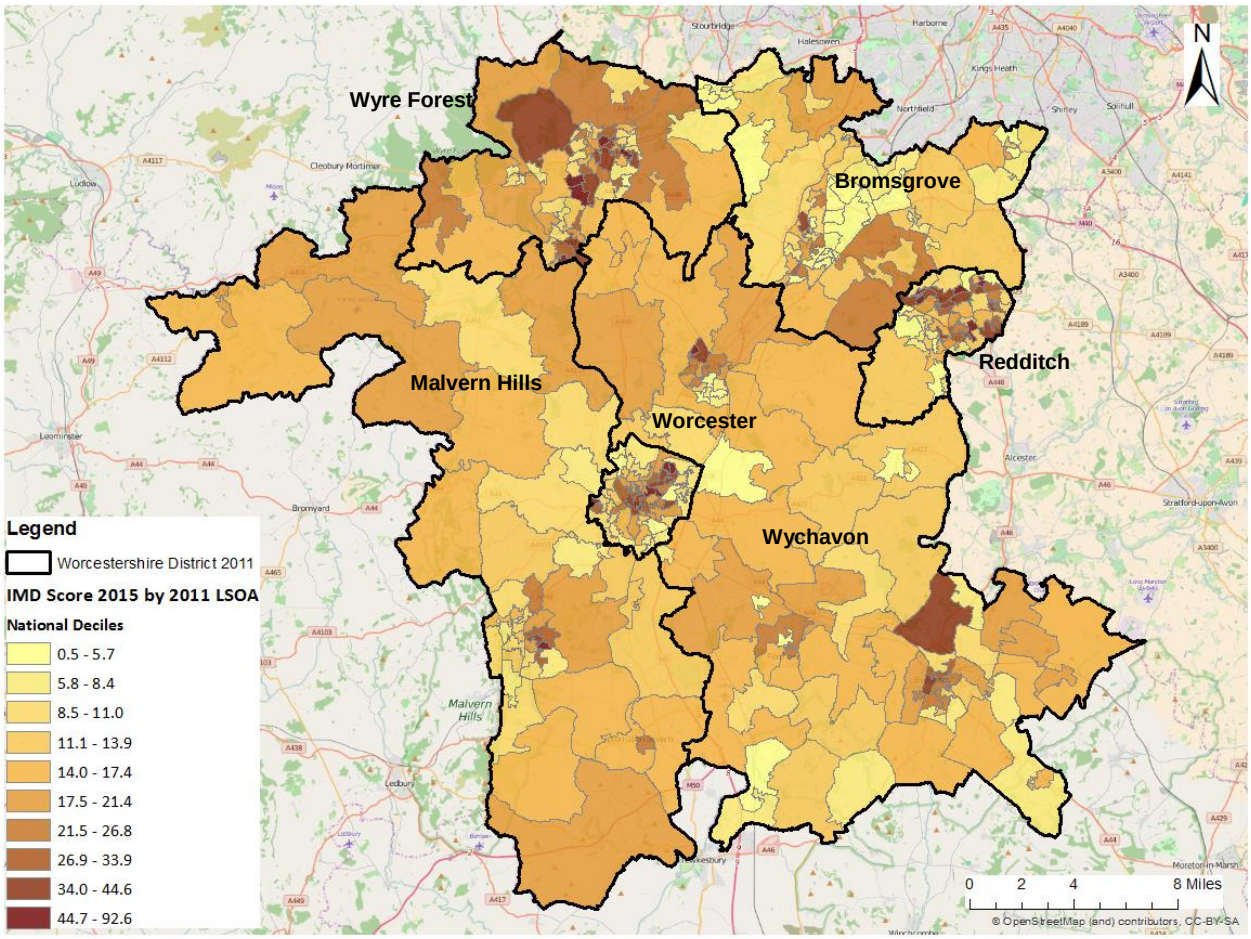


Source: Office for National Statistics 2014 based population projections

Deprivation

Figure 3 shows the pattern of deprivation in Worcestershire. The county as a whole is relatively less deprived than the national average, as depicted by lighter shading in 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. More detail on deprivation at district level can be found in Appendix 1 (page 52).

Figure 3: Deprivation in Worcestershire



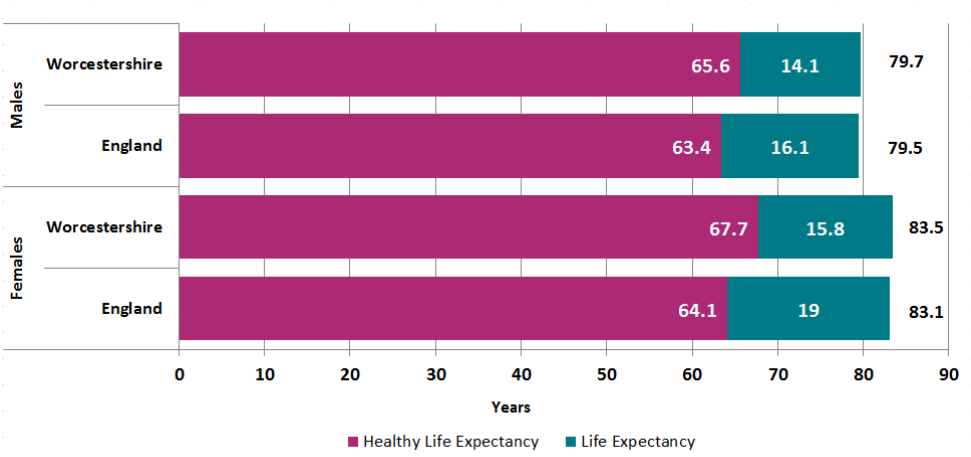
Source: Indices of Multiple Deprivation 2015

Life Expectancy and Healthy Life Expectancy

Nationally, life expectancy has continued to improve (a welcome by-product of modern medical and social care advances) and the gap between male and female life expectancy has narrowed. Women are still generally expected to live longer than men and this is also true in Worcestershire where female life expectancy is greater than the national average. Reasons for longer female life expectancy can be complex, encompassing considerations including variance in lifestyles, free time and money availability and occupational hazards. In Worcestershire male life expectancy is similar to the national average.

Healthy life expectancy is a measure of the average number of years a person would expect to live in good health. The figure below illustrates the gap between healthy life expectancy and life expectancy. This is larger for women meaning they are living longer but in poorer health (Figure 4).

Figure 4: Life expectancy and healthy life expectancy in Worcestershire and England 2013-15



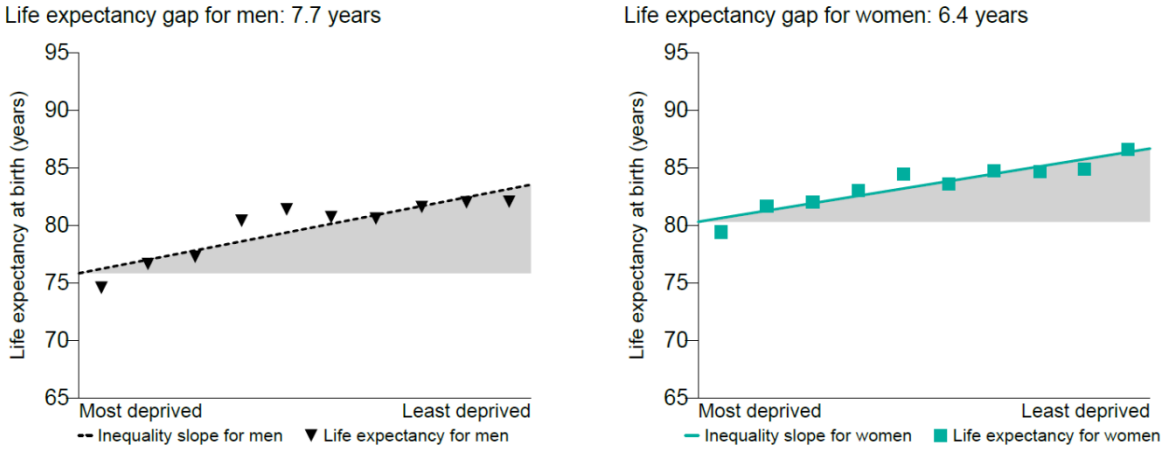
Source: Public Health Outcomes Framework

Worcestershire has a number of pockets of deprivation. These are predominantly found within the urban areas of Worcester, Kidderminster and Redditch, though there are also some rural areas which are relatively deprived.

Deprivation often has an adverse effect on health outcomes, which can be readily seen when we look at levels of life expectancy according to deprivation of residence. The slope index of inequality of life expectancy measure indicates that there is a difference in life expectancy between the most and least deprived areas of Worcestershire of 7.7 years for men (8.3 average in England) and 6.4 years for women (6.4 average in England).

Figure 5: Slope index of inequality in life expectancy, Worcestershire 2013-15

The lines on the charts on the charts represent the amount by which life expectancy varies across the district area, with a steep slope indicating wider inequalities and a flatter slope indicating greater equity. The slope index is the estimated difference in life expectancy between the most and least deprived areas. The points on these charts show the average life expectancy in each tenth (decile) of the population.



Source: Public Health England, Health Profiles

Tackling inequality in healthy life expectancy and life expectancy is an ongoing challenge for Public Health. Table 3 shows that healthy life expectancy in Worcestershire is higher than nationally for both males and females. However inequality levels, measured by the slope index, are very similar to those in England.

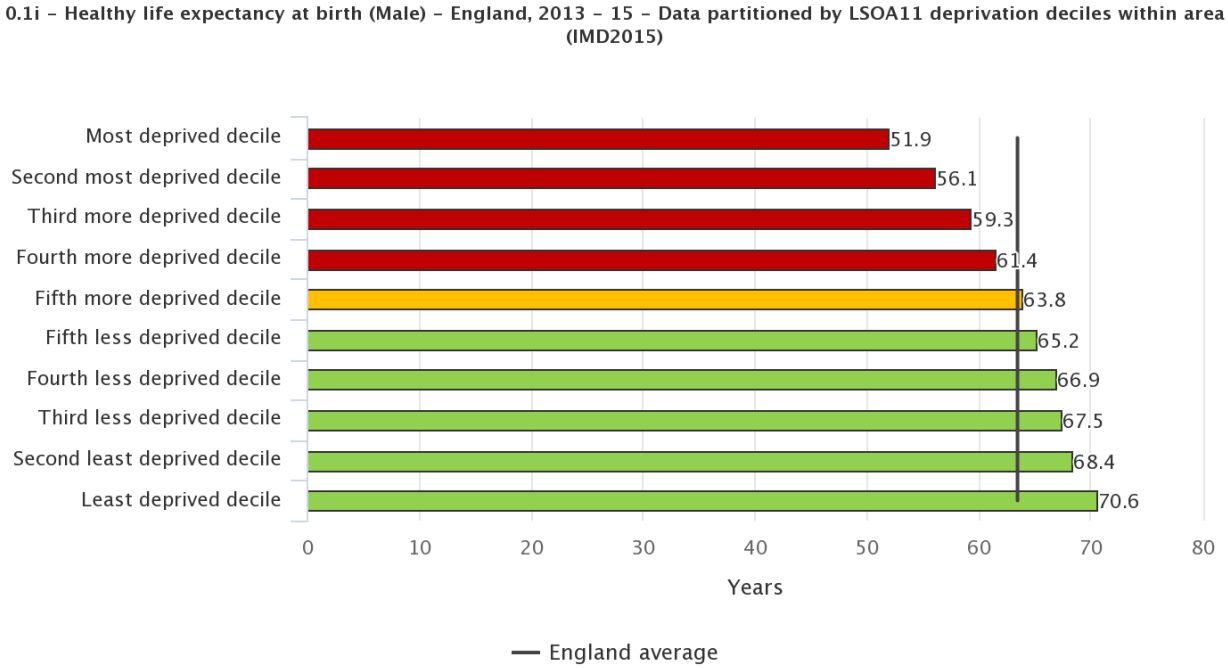
Table 3: Healthy Life Expectancy

	Healthy Life Expectancy (2013-15)	Slope Index of HLE (2009-13)
Worcestershire - Males	65.6	11.8
England - Males	63.4	11.5
Worcestershire - Females	67.7	12.8
England - Females	64.1	12.6

Source: Public Health England, Public Health Outcomes Framework

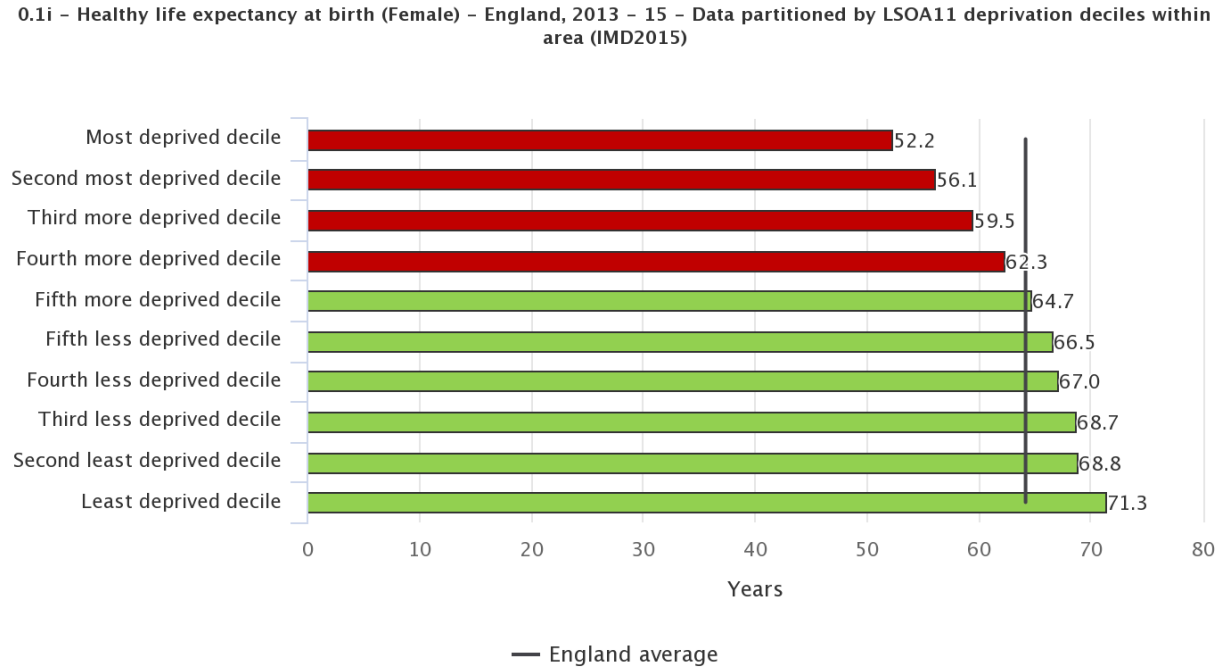
The social gradient in healthy life expectancy at national level can be seen in Figure 6 (males) and Figure 7 (females). This data is not available at a local level, however the extent of inequality in healthy life expectancy in the county is similar to nationally, as it has a similar social gradient (Table 3).

Figure 6: Social gradient of healthy life expectancy, males, England, 2013-15



Source: Public Health England, Public Health Outcomes Framework

Figure 7: Social gradient of healthy life expectancy, females, England, 2013-15



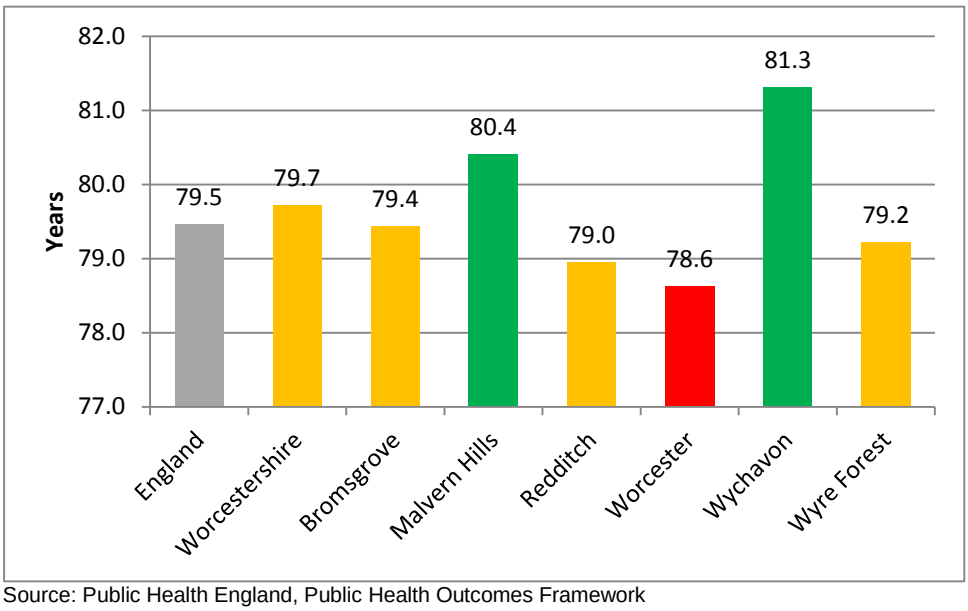
Source: Public Health England, Public Health Outcomes Framework

District variation in Life Expectancy and Healthy Life Expectancy

Inequality in life expectancy is evident between the districts of Worcestershire as shown in Figure 8 (males) and Figure 9 (females).

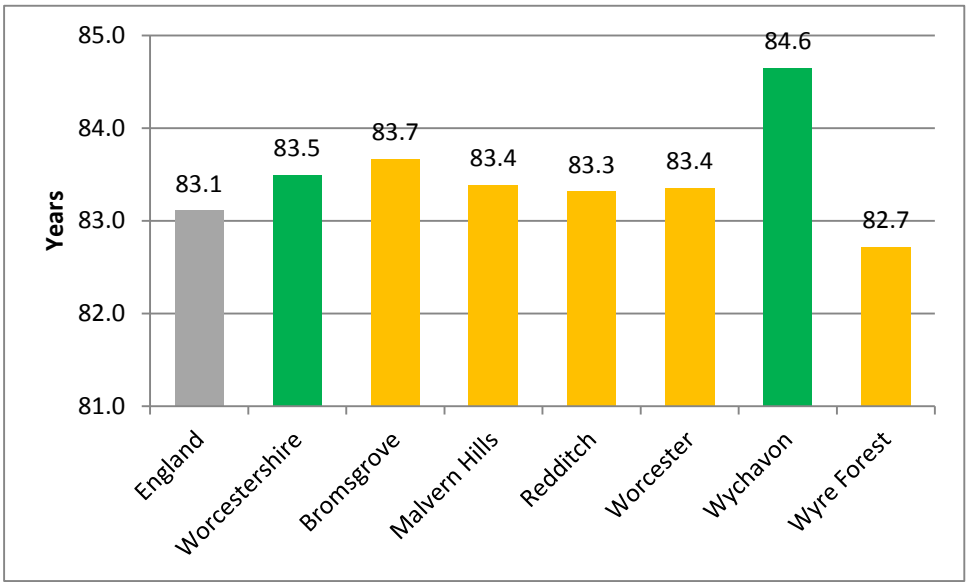
The pattern broadly reflects differing levels of deprivation, with Worcester, Redditch and Wyre Forest having the lowest life expectancies. The amount of variation is greater for men than women, which is likely to be due to the greater influence of lifestyle factors.

Figure 8: Life expectancy at birth (Male) 2013-15



Source: Public Health England, Public Health Outcomes Framework

Figure 9: Life expectancy at birth (Female) 2013-15

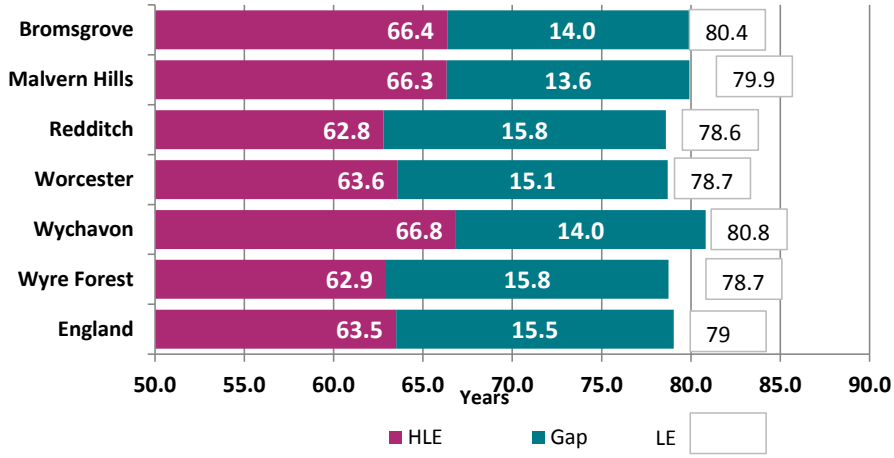


Source: Public Health England, Public Health Outcomes Framework

When considering healthy life expectancy, the lowest valuesfor men are found in the Redditch, Worcester and Wyre Forest areas (Figure 10). The gap between healthy life expectancy and life expectancy is greatest in the areas which have the lowest overall life expectancies. These districts also tend to have the highest levels of deprivation. If we focus solely on improving life expectancy, there is a risk that we simply prolong the years spent in poor health. The focus of public health should ideally target improving healthy life expectancy to ensure that our population (particularly in more deprived areas) spend a greater number of years (and a greater proportion of life) living in good health.

Please note that Figure 10 relates to 2009-13 as this is the latest district data for HLE, more recent data for LE is in Figure 8.

Figure 10: Healthy Life Expectancy (HLE) and Life Expectancy (LE) gap, Worcestershire districts, 2009-13, Males

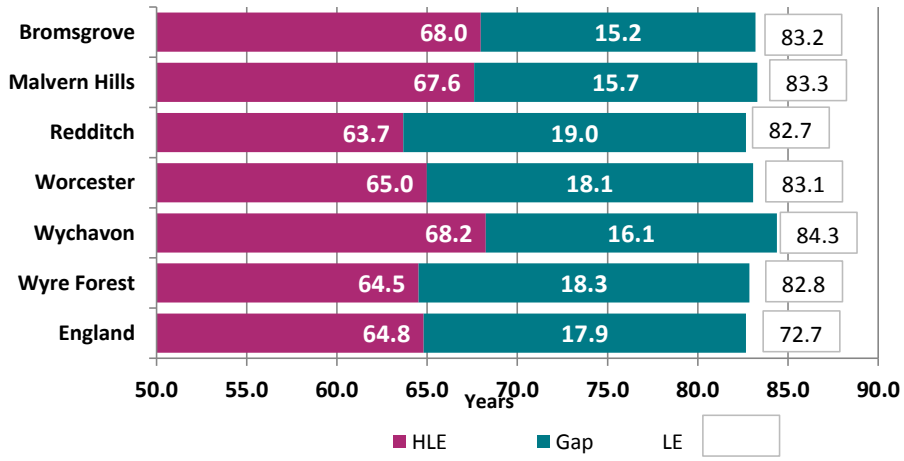


Source: Public Health England, HLE calculated from MSOA data

It is worth noting (Figure 11) that in all Worcestershire districts females have a greater gap between life expectancy and healthy life expectancy than males. Although they are living longer, females are spending more years in ill health than males.

Once again we can see that the biggest gaps between LE and HLE are in those areas with the lowest life expectancies (Redditch, Wyre Forest and Worcester). Please note that Figure 11 relates to 2009-13 as this is the latest district data for HLE, more recent data for LE is in Figure 9.

Figure 11: Healthy Life Expectancy (HLE) and Life Expectancy (LE) gap, Worcestershire districts, 2009-13, Females



Source: Public Health England, HLE calculated from MSOA data

Figures 12-14 show the years of life expectancy that would be gained if the most deprived quintile had the same mortality rate for key conditions as the least deprived quintile. It shows that there are significant potential gains in life expectancy to be had from interventions targeted at deprived areas which reduce risks of cancer or improve circulatory and respiratory health.

Figure 12: Circulatory disease: life expectancy gap between most deprived and least deprived quintile, 2012-14

	Males		Females	
	Gap (years)	% of total gap	Gap (years)	% of total gap
Bromsgrove	1.61	32.6	1.7	56.2
Malvern Hills	0.49	20.5	0.4	20.4
Redditch	1.7	38.1	1.15	17.8
Worcester	2	24.3	1.71	23.7
Wychavon	1.3	23.3	1.22	23.2
Wyre Forest	1.44	19.6	0.8	21.4

Source: Public Health England, segment tool

Figure 13 Cancer: life expectancy gap between most deprived and least deprived quintile, 2012-14

	Males		Females	
	Gap	% of total gap	Gap	% of total gap
Bromsgrove	0.94	19	-0.56	n/a
Malvern Hills	0.41	17.2	1.12	56.4
Redditch	0.41	9.3	2.19	33.8
Worcester	1.98	24.1	2.18	30.2
Wychavon	1.56	27.9	2.01	38.3
Wyre Forest	1.51	20.6	0.8	21.3

Figure 14 Respiratory diseases: life expectancy gap between most deprived and least deprived quintile, 2012-14

	Males		Females	
	Gap	% of total gap	Gap	% of total gap
Bromsgrove	0.59	12	0.52	17.2
Malvern Hills	1.35	57.2	0.23	11.8
Redditch	0.79	17.8	1.08	16.7
Worcester	1.53	18.7	1.7	23.6
Wychavon	0.35	6.2	0.79	15
Wyre Forest	0.9	12.2	0.83	22.1

Health and Well-being Priorities

Keeping Active at Every Age

Summary

- Premature mortality from cardiovascular disease is significantly lower in Worcestershire in comparison to both West Midlands and national rates.
- There are geographic variations in the prevalence of excess weight.
- Prevalence of excess weight in children in Reception (4-5yr olds) across Worcestershire is significantly higher than both West Midlands and the national rate.
- Prevalence of overweight and obese children in Year 6 (10-11yr olds) is significantly lower than both the England and West Midlands rates.
- Worcestershire has levels of physical inactivity similar to the England rate at 20.1% and 22.0% respectively. Rates are significantly lower than the West Midlands.
- Similar proportion of respondents reporting they were 'fairly active' in comparison to Worcestershire, West Midlands and England.
- Worcestershire has a significantly higher proportion of people reporting that they were 'Active' and undertaking 150 minutes exercise or more per week at 68.6%. This is significantly higher than both England and West Midlands.
- 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 West Midlands.

Table 4: Keeping Active indicators for Worcestershire, West Midlands and National comparators

	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	2013-15	DSR per 100,000	74.6 74.2 - 75.1	78.9 77.4 - 80.3	67.4 63.5 - 71.5	3	↓
Prevalence of overweight (including obese) among children in Reception (4-5yr olds) LCI - UCI	2015-16	%	22.1 22.0 - 22.2	21.3 20.3 - 22.3	23.4 22.4 - 24.5	4	↔
Prevalence of overweight (including obese) among children in Year 6 (10-11yr old) LCI - UCI	2015-16	%	34.2 34.0 - 34.3	36.6 36.2 - 37.0	32.4 31.2 - 33.6	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	Trend data unavailable. New data measures
Sport and Physical Activity Levels: Inactive LCI - UCI	2015-16	%	22.0% 21.7 - 22.3	24.0% 23.1 - 24.9	20.1% 18.3 - 22.1	3	
Sport and Physical Activity Levels: Fairly Active LCI - UCI	2015-16	%	12.6% 12.4 - 12.8	13.2% 12.5 - 14.0	11.2% 9.8 - 12.8	4	
Sport and Physical Activity Levels: Active LCI - UCI	2015-16	%	65.4% 65.1 - 65.7	62.8% 61.7 - 63.8	68.6% 66.3 - 70.8	2	
Adults (aged 16+) who have taken part in sport and physical activity at least twice in the last 28 days LCI - UCI	2015-16	%	77.2% 76.9 - 77.5	74.2% 73.2 - 75.2	79.2% 77.2 - 81.1	2	
Adults (aged 16+) who have attended at least 2 live sports events in the last 12 months LCI - UCI	2015-16	%	23.5% 23.2 - 23.8	22.7% 21.8 - 23.6	27.9% 25.6 - 30.3	1	

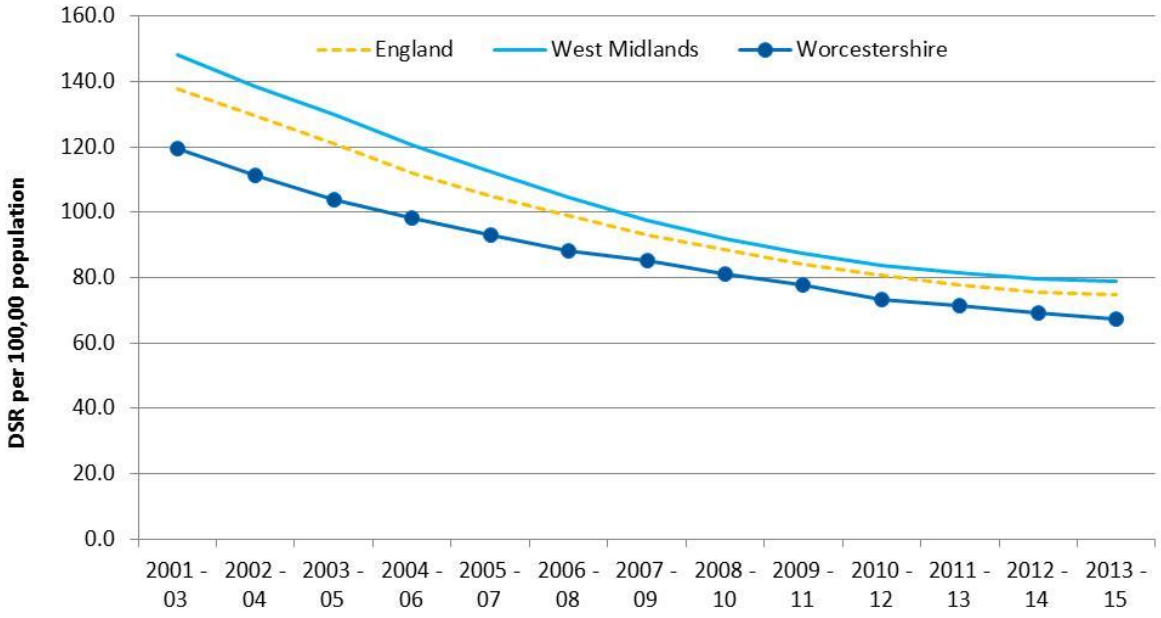
Source: Public Health England, Public Health Outcomes Framework

Premature Mortality from Cardiovascular Disease

Premature mortality from cardiovascular disease is significantly lower in Worcestershire in comparison to both West Midlands and national rates (

Figure 15).

Figure 15: Premature Mortality from Cardiovascular Disease

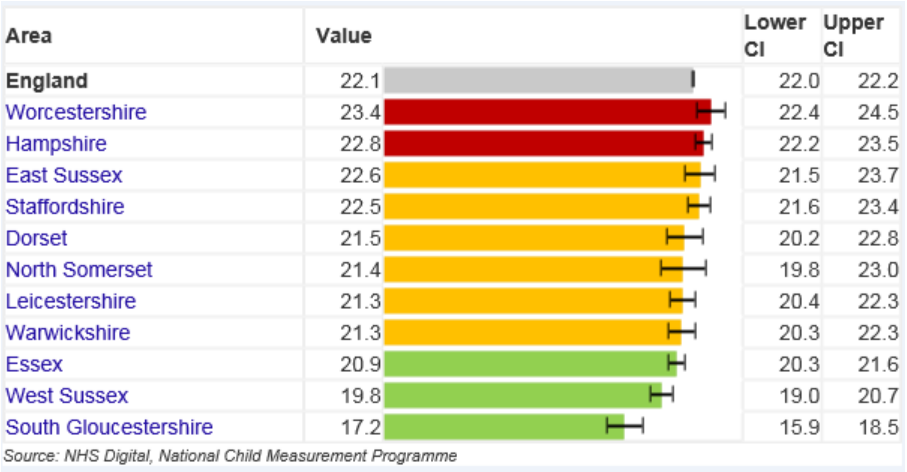


Source: Public Health England, Public Health Outcomes Framework

Prevalence of Overweight or Obese Children in Reception (4-5yr olds)

Prevalence of overweight and obese children in Reception across Worcestershire is significantly higher than both West Midlands and the national rate. When compared to statistical neighbours from the Children's Services Statistical Neighbours Benchmarking Tool (CSSNBT), Worcestershire is the worst performing area overall (Figure 16).

Figure 16: Prevalence of overweight or obese children in Reception (4-5yr olds)



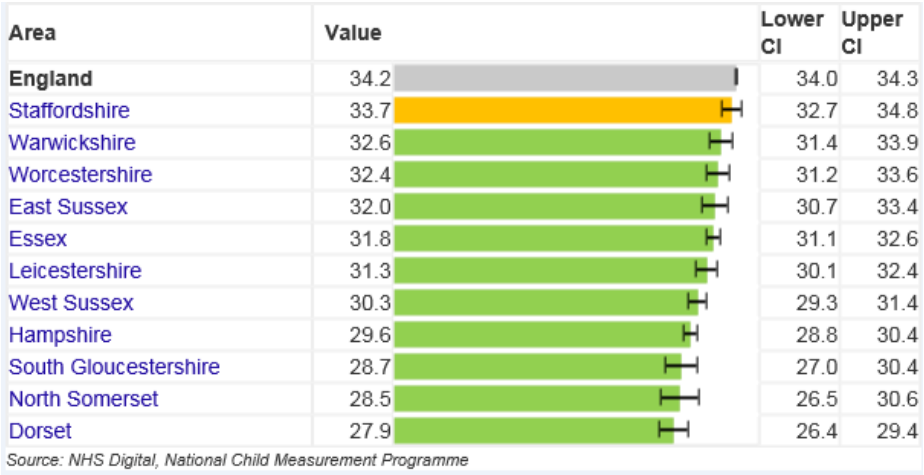
Area	Value	Lower CI	Upper CI
England	22.1	22.0	22.2
Worcestershire	23.4	22.4	24.5
Hampshire	22.8	22.2	23.5
East Sussex	22.6	21.5	23.7
Staffordshire	22.5	21.6	23.4
Dorset	21.5	20.2	22.8
North Somerset	21.4	19.8	23.0
Leicestershire	21.3	20.4	22.3
Warwickshire	21.3	20.3	22.3
Essex	20.9	20.3	21.6
West Sussex	19.8	19.0	20.7
South Gloucestershire	17.2	15.9	18.5

Source: NHS Digital, National Child Measurement Programme

Prevalence of Overweight or Obese Children in Year 6 (10-11yr olds)

Prevalence of overweight and obese children is significantly lower than both the England and West Midlands rates. However, Worcestershire has one of the highest rates when compared to statistical neighbours from the Children's Services Statistical Neighbours Benchmarking Tool (CSSNBT) (Figure 17).

Figure 17: Prevalence of overweight or obese children in Year 6 (10-11yr olds)



Area	Value	Lower CI	Upper CI
England	34.2	34.0	34.3
Staffordshire	33.7	32.7	34.8
Warwickshire	32.6	31.4	33.9
Worcestershire	32.4	31.2	33.6
East Sussex	32.0	30.7	33.4
Essex	31.8	31.1	32.6
Leicestershire	31.3	30.1	32.4
West Sussex	30.3	29.3	31.4
Hampshire	29.6	28.8	30.4
South Gloucestershire	28.7	27.0	30.4
North Somerset	28.5	26.5	30.6
Dorset	27.9	26.4	29.4

Source: NHS Digital, National Child Measurement Programme

Sport and physical activity levels – The Active Lives Survey

Sport England in collaboration with other stakeholders has introduced new measures of physical activity levels, participation in sport and volunteering. In the past data was collected via the Active People Survey, which had narrow criteria for monitoring physical activity - measuring the proportion of physically active and inactive adults. The survey has now changed, in part due to the availability of new technologies and ways of collecting information, and is now called 'Active Lives'. Active Lives looks at a wider range of indicators to measure physical activity and participation in sport over a twelve month period. Active Lives has an expanded remit which includes walking for leisure, travel, cycling for travel and dance. The data is for the period mid-November 2015 to mid-November 2016.

Key national findings:

- There are significant differences between socio-economic groups in relation to sport and physical activity levels. Individuals who are long-term unemployed or never worked (NS SEC3 8) reported inactivity levels of 37% and those in managerial, administrative and professional occupations (NS SEC1 1) reported the lowest level of physical inactivity 17%.
- Females are more likely to report being inactive (27%) in comparison to males (24%).
- Physical inactivity increases with age, 16-24 year olds being least inactive (15%) compared to 54% in the over 75's age group.
- The most popular physical activity reported by respondents was walking for leisure at 41%, followed by walking for travel at 32%.
- Gender differences exist within the types of sports or leisure activities undertaken by individuals. Men were more likely to undertake sporting activities4 (41%) and walking for leisure (38%). Women were more likely to report undertaking fitness activities5 (33%) and walking for both leisure (44%) and travel (34%).

Key Performance Indicators (KPIs) from Sports England's Towards an Active Nation Strategy (2016–2021):

KPI 1: Increase in the percentage of the population taking part in sport and physical activity at least twice in the last month

KPI 2: Decrease in the percentage of people physically inactive

KPI 9: Number of people who have attended a live sporting event more than once in the past year

Data not yet available to be published at next survey release:

KPI 7: Increase in the number of people volunteering in sport at least twice in the last year

[3] NS SEC National Statistics Socio-economic Classification
[4] Sporting activities: Team sports, racket sports, adventure sports, leisure games, water sports
[5] Fitness activities: Combining several activities in a gym: Fitness machines, classes, weights, intervals

KPI 8: The demographics of volunteers in sport to become more representative of society as a whole

Sport and Physical Activity Levels - Worcestershire

There are three different measures that are currently available at a local level and these are outlined below:

1) Adults (aged 16+) sport and physical activity levels - %
   - Inactive (<30 minutes per week)
   - Fairly Active (30-149 minutes per week)
   - Active (150+ minutes per week)

2) Adults (aged 16+) who have taken part in sport and physical activity at least twice in the last 28 days - %

3) Adults (aged 16+) who have attended at least two live sports events in the last 12 months - %

Inactivity: <30 minutes physical activity per week

- Worcestershire has levels of physical inactivity similar to the England rate at 20.1% and 22.0% respectively. Rates are significantly lower than the West Midlands.

- Across Worcestershire, rates of physical inactivity are highest in Bromsgrove at 22.3% and 22.4% in Redditch and lowest in Malvern Hills at 17.7%.

- In comparison to CIPFA statistical neighbours, Worcestershire has similar levels of inactivity. Rates of inactivity are higher than Warwickshire and Gloucestershire and lower than Suffolk.

Fairly Active: 30 to 149 minutes exercise per week

- Similar proportion of respondents reporting they were 'fairly active' in comparison to Worcestershire, West Midlands and England.

- Within Worcestershire highest levels of individuals reporting that they were 'fairly active' was reported in Wychavon at 14.7% compared to Malvern where the rate was 9.6%.

Active: 150+ minutes exercise per week

- Worcestershire has a significantly higher proportion of people reporting that they were 'Active' and undertaking 150 minutes exercise or more per week at 68.6%. This is significantly higher than both England and West Midlands.

- All areas within Worcestershire reported a similar or higher level of being Active in comparison with the England average. Rates were highest in Malvern (72.6%) and were significantly higher than the England average. Rates were lowest in Wychavon at 65.5%.

- In comparison to CIPFA statistical neighbours, Worcestershire has similar levels of individuals reporting that they are 'Active'.

Adults who have taken part in sport and physical activity at least twice in the last 28 days

- 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 West Midlands.

- All district areas across Worcestershire reported a similar or higher level of physical activity in the last 28 days in comparison to England.

- In comparison to CIPFA statistical neighbours, Worcestershire has similar levels of individuals reporting that they had undertaken part in sport of physical activity within the last 28 days.

Adults (aged 16+) who have attended at least 2 live sports events in the last 12 months

- In Worcestershire, there were a significantly higher proportion of people reporting attendance at live sporting events (27.9%) in the last twelve months in comparison England (23.5%) and West Midlands (23.6%) overall.

- Across Worcestershire, rates of attendance at sporting events in the last 12 months were significantly higher than for England and West Midlands in both Bromsgrove (31.1%) and Worcester (32.0%).

Preventing Alcohol Harm at All Ages[6]

Summary

- 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 30.4 in 2012/13–2014/15. Rates are now significantly lower than the national average. Worcestershire has one of the lowest rates amongst the CIPFA nearest statistical neighbours.

- Admission episodes for alcohol-related conditions are now lower at 624.4 compared to the rate for England at 646.6. There were 44 fewer admissions for alcohol-related conditions during 2015-16 compared to the previous year.

- The latest rate of females admitted to hospital for alcohol-related conditions in Worcestershire is similar to the national average, and has decreased to 501 per 100,000 population in 2015-16 compared to 505 in the previous year.

- The latest rate of males admitted to hospital for alcohol-related conditions in Worcestershire is significantly better than the national average. However, rates still remain higher at 763 per 100,000 population in 2015/16 compared to 729 per 100,000 population in 2011/12.

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

- Hospital admissions for alcohol-related conditions in females aged over 65 are significantly higher than the England rate and this has been steadily increasing, in Worcestershire, over the last two years. Other CIPFA areas Gloucestershire, Warwickshire and Suffolk have similar rates to the national average.

- The latest rate of alcohol-specific mortality in Worcestershire is similar to the national average, this has remained relatively stable: 11.5 per 100,000 population in 2011-13, 12.0 per 100,000 population in 2012-14 returning to 11.5 per 100,000 population in 2013-15.

- The latest rate of alcohol-related mortality in Worcestershire is similar to the national average with a rate of 45.9 per 100,000 population in 2015. It is of note that this rate remains higher than rates seen in 2013.

- Pooled data from 2013-15 shows the premature mortality rate from liver disease was similar to the national average at 16.6 per 100,000 vs 18.0 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 91.3 per 100,000 population in 2015/16.

- In 2015-16 the proportion of individuals waiting longer than three weeks to receive treatment for alcohol was significantly higher than both England and West Midlands rates and was one of the highest across the region with 23.9% of individuals waiting longer than three weeks to start treatment.

- In 2015 the rate of successful completion of treatment for alcohol clients in Worcestershire was significantly lower than the national average at 26.0%. This indicator showed a steady decline from 2012, in comparison to nationally where rates steadily increased. Current data indicates an improvement in outcomes but is not available for public dissemination yet.

Table 5 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.

Table 5: Key alcohol indicators for Worcestershire, West Midlands and National comparators

PHOF/LAPE Indicator	Period	Units	England	West Midlands	Worcs	Trend
2.18 - Hospital admissions for alcohol-related conditions (narrow definition) - Persons LCI - UCI	2015-16	DSR per 100,000	646.6 644.4 - 648.8	727.5 720.4 - 734.7	624.4 604.3 - 645.0	↓
2.18 - Hospital admissions for alcohol-related conditions (narrow definition) - Male LCI - UCI	2015-16	DSR per 100,000	829.5 825.9 - 833.1	908.4 896.8 - 920.1	763.3 731.3 - 796.3	↓
2.18 - Hospital admissions for alcohol-related conditions (narrow definition) - Female LCI - UCI	2015-16	DSR per 100,000	482.7 480.1 - 485.4	565.9 557.1 - 574.8	500.8 475.7 - 526.9	↓
2.01 - Alcohol-specific mortality - Persons LCI - UCI	2015-16	DSR per 100,000	11.5 11.3 - 11.6	13.8 13.2 - 14.4	11.5 9.9 - 13.2	↔
4.01 - Alcohol-related mortality - Persons LCI - UCI	2015-16	DSR per 100,000	46.1 45.5 - 46.7	50.4 48.5 - 52.4	45.9 40.7 - 51.6	↓
9.01 - Admission episodes for alcohol-related conditions (Broad) - Persons LCI - UCI	2015-16	DSR per 100,000	2179.3 2175.3 - 2183.4	2351.6 2338.6 - 2364.5	1942.6 1907.5 - 1978.2	↑
6.02 - Admission episodes for alcohol-specific conditions - Persons LCI - UCI	2015-16	DSR per 100,000	583.2 581.1 - 585.3	584.7 578.3 - 591.2	435.2 418.3 - 452.7	↓
5.02 - Admission episodes for alcohol-specific conditions - Under 18s - Persons LCI - UCI	2015-16	Crude rate per 100,000	37.4 36.7 - 38.0	32.6 30.8 - 34.4	30.4 24.9 - 36.8	↓
Treatment waiting time: % people waiting more than 3 weeks for alcohol treatment (NDTMS) LCI - UCI	2015-16	%	4.1 4.0 - 4.3	5.9 5.4 - 6.5	23.9 20.7 - 27.5	↑
15.01 - Successful completion of treatment for alcohol LCI - UCI	2015	%	38.4 38.0 - 38.7	35.2 34.3 - 36.2	26.0 23.0 - 29.1	↓

Source: Public Health Outcomes Framework, http://www.phoutcomes.info/ July 2017 and Local Alcohol Profiles for England, http://fingertips.phe.org.uk/profile/local-alcohol-profiles , July 2017.

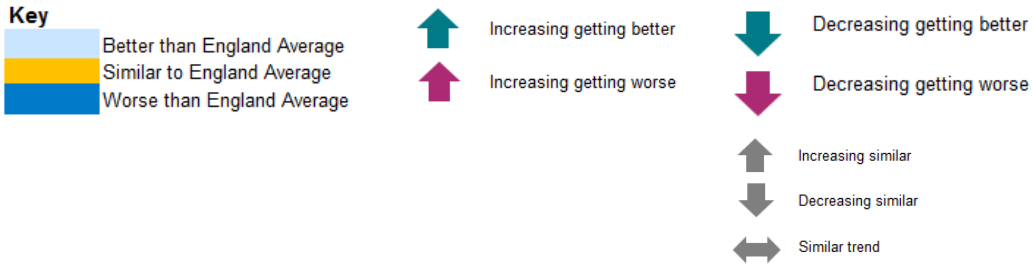
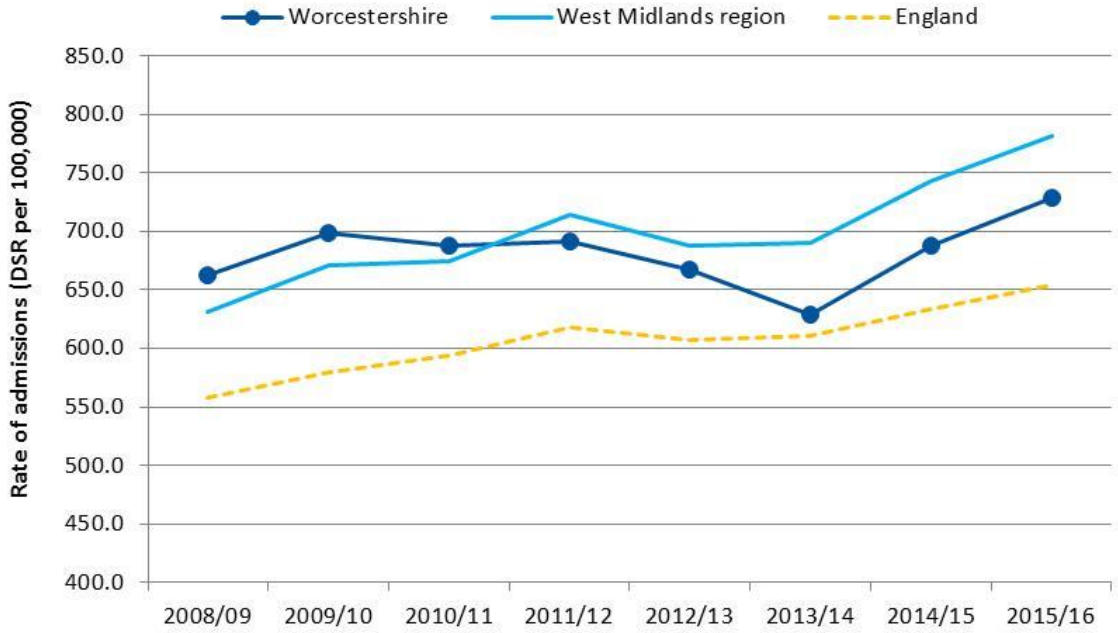


Table 5 shows that rates of admissions for alcohol-related conditions in Worcestershire are lower than the national average. Rates are significantly lower for males and similar for females. However, whilst admissions for females have decreased slightly from last year, rates are the highest since data collection began in 2008-9.

Both alcohol-specific mortality and alcohol-related mortality are similar in comparison to national rates. Rates for alcohol-related mortality have reduced since last year but levels remain higher than in 2013. Both admissions for alcohol-specific mortality and alcohol-related admissions are significantly lower than the national average.

Figure 18 shows hospital admission episodes for alcohol-related conditions (narrow) for females aged over 65 Worcestershire, West Midlands and England. Rates are significantly higher than the England rate and this has been steadily increasing, in Worcestershire, over the last two years. Rates are highest within the Redditch and Wyre Forest districts and are significantly higher than the national rate.

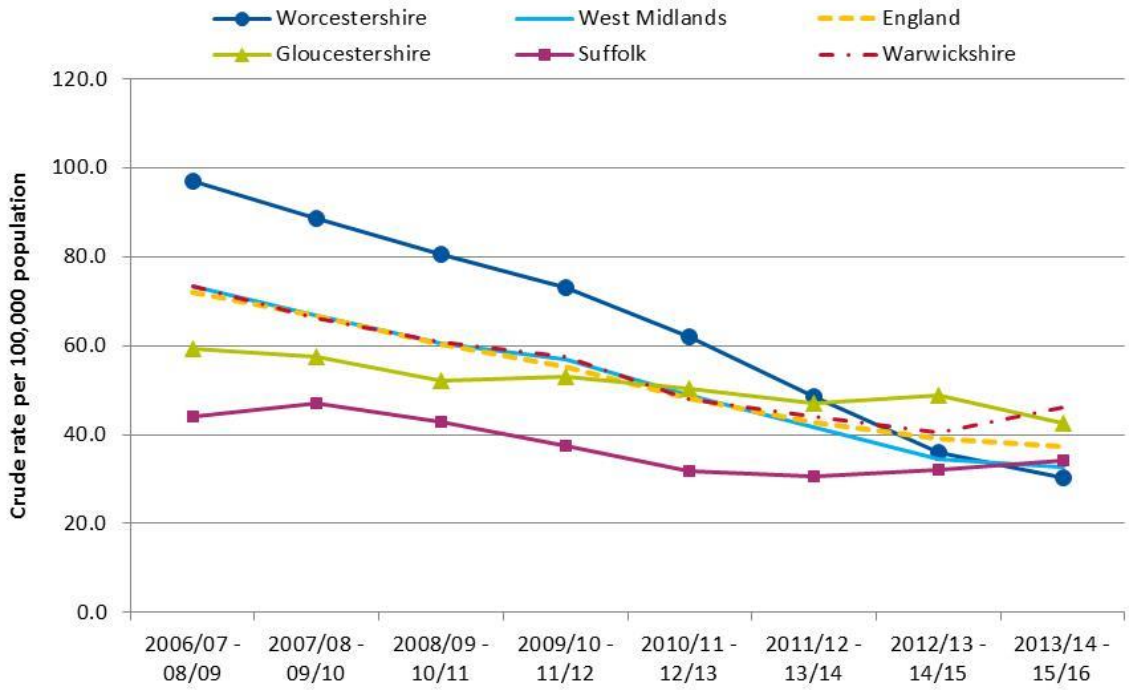
Figure 18: 10.08 - Admission episodes for alcohol-related conditions (Narrow) - Over 65s – Females (2008-9 to 2015-16)



Source: Public Health England, Public Health Outcomes Framework

Figure 19 shows that the rate of alcohol specific hospital admissions for under 18's continues to show a downward trend, rates are significantly lower than 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. The Worcestershire rate is significantly lower than the rate for Warwickshire. At district level, all areas either have similar rates to national average or have rates significantly lower than the national average.

Figure 19: Alcohol-specific hospital admissions for under-18 year olds (2006/7-08/09 to 2013/14-15/16)

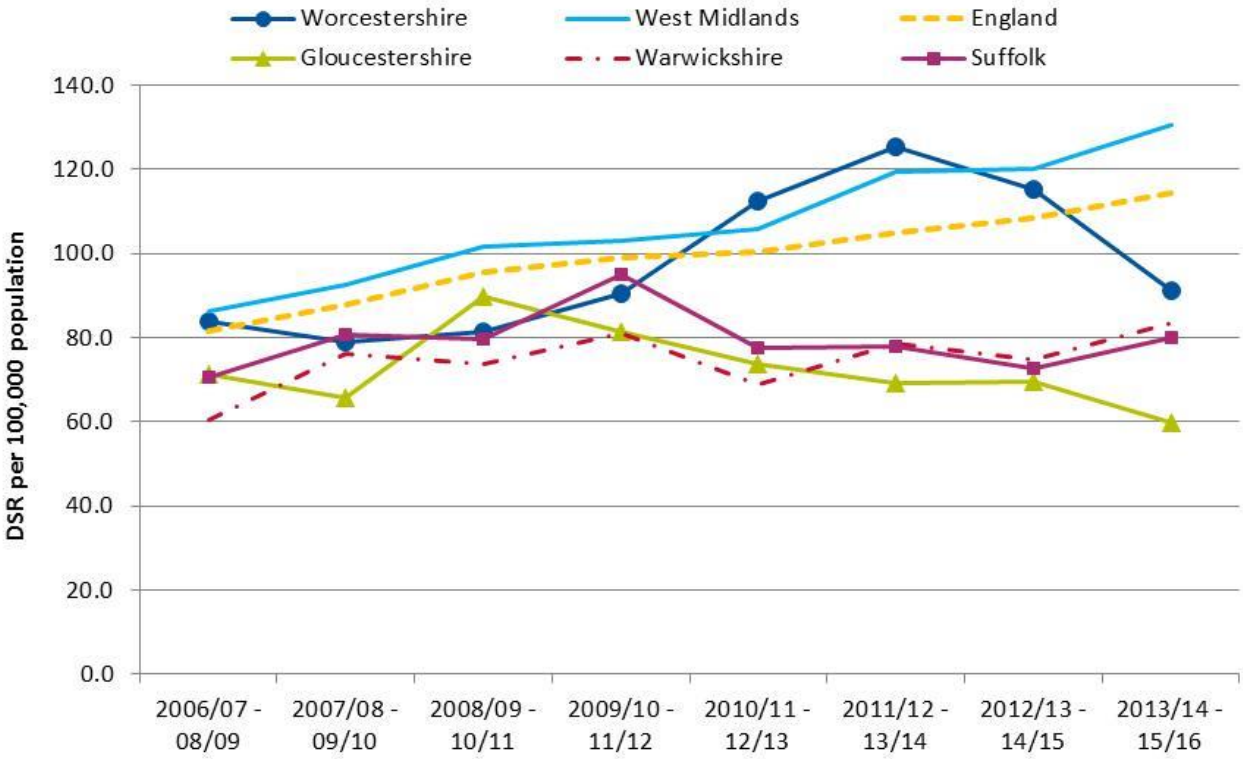


Source: Public Health England, Public Health Outcomes Framework

Hospital admission episodes for alcoholic liver disease condition

Figure 20 shows the rate of hospital admission episodes for alcoholic liver disease condition (broad condition) per 100,000 population for Worcestershire, the CIPFA nearest neighbours of Warwickshire, Gloucestershire and Suffolk, the West Midlands and England.

Figure 20: Hospital admission episodes for alcoholic liver disease condition



Source: Public Health England, Public Health Outcomes Framework

- 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 91.3 per 100,000 population in 2015/16.
- The rate of hospital admission episodes for alcoholic liver disease in Worcestershire is now significantly lower than the national rate.
- The rate of hospital admission episodes for alcoholic liver disease is similar in comparison to CIPFA neighbours Warwickshire and Suffolk. Rates remain significantly higher than Gloucestershire. This is also true for Warwickshire and Suffolk.

Good mental health and well-being at all ages

Summary

- There is a higher prevalence of common mental disorders such as depression and anxiety in Worcestershire. Prevalence of depression[7] is significantly higher in Worcestershire than England, at 10.0% and has increased from the previous year (9.0%).

- In Worcestershire, a significantly lower proportion of carers report that they have as much social contact as they would like in comparison to the England average.

- Emergency admissions to hospital for self-harm are similar to the national average.

- Male mortality from suicide is similar in Worcestershire to the national average at 17.5 per 100,000 (vs 15.8 per 100,000). Female mortality from suicide is lower than the national average at 3.1 per 100,000 (vs 4.7 per 100,000).

- The proportion of the population using outdoor space for exercise or health reasons is lower than the national average and the West Midlands average (the difference is not statistically significant). It is also one of the lowest across the region.

- 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 narrowed between national rates and rates within Worcestershire, although they remain significantly lower than England overall and lower than the proportion of all children who achieve a good level of development

- Prevalence of dementia[8] in Worcestershire is lower than the national average but is increasing.

[7] Public Health Outcomes Framework, http://www.phoutcomes.info/, July 2017
[8] Proportion of patients with dementia within a GP registered population.

Table 6: 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 (aged 65+) LCI - UCI	2016	%	4.3 4.29 - 4.32	4.1 4.11 - 4.18	3.9 3.75 - 3.97	↑
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 (QOF): % of patients on GP practice registers recorded as having depression (aged 18+) LCI - UCI	2016	%	8.3 8.26 - 8.27	8.5 8.50 - 8.55	10.0 9.88 - 10.05	↑
PHOF 4.10 Mortality rate suicide/injury of undetermined intent LCI - UCI	2013-15	DSR per 100,000	10.1 10.0 - 10.3	10.3 9.8 - 10.9	10.1 8.5 - 11.8	↓
HSCIC: Hospital admissions as a result of Self-Harm (10-24yrs) LCI - UCI	2015-16	DSR per 100,000	430.5 426.5 - 434.7	443.3 430.8 - 456.0	400.5 361.6 - 442.5	↑
PHOF 1.16: Use of outdoor space for exercise/health: estimated % of population using outdoor space for exercise or health reasons 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 according to the Personal Social Services Carers survey LCI - UCI	2014-15	%	38.5 38.0 - 39.0	38.4 37.0 - 39.8	33.8 29.6 - 38.0	↓
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	2015-16	%	67.2 66.9 - 67.5	60.6 59.7 - 61.5	66.4 62.9 - 69.9	↓
PHOF 2.23i: Self reported well-being - People with low satisfaction score LCI - UCI	2015-16	%	4.6 4.4 - 4.7	4.3 3.9 - 4.8	3.3 2.1 - 4.5	↓
PHOF 1.02i: School Readiness: the percentage of children with free school meal status achieving a good level of development at the end of reception LCI - UCI	2015-16	%	54.4 54.1 - 54.7	54.2 53.3 - 55.0	49.5 46.1 - 52.9	↑

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

Key

- Better than England Average
- Similar to England Average
- Worse than England Average

- ↑ Increasing getting better
- ↑ Increasing getting worse
- ↓ Decreasing getting better
- ↓ Decreasing getting worse
- ↑ Increasing similar
- ↓ Decreasing similar
- ↔ Similar trend

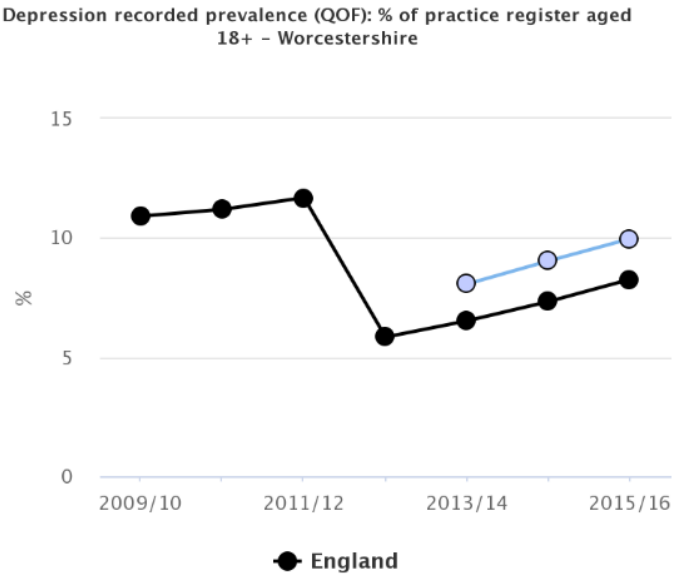
Many cases of common mental disorders such as depression and anxiety go undiagnosed as many people do not seek treatment; either due to difficulty in recognising anxiety disorder or due to the stigma attached to mental illness. Awareness of the essential elements of well-being is increasing; a majority 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). There are a number of 'at risk' groups which include: those with dual diagnosis (co-morbid substance misuse); people with long-term physical illness or disability, carers and looked after children.

The mental and physical health of carers is a major concern. People caring for 50 or more hours per week are twice as likely to report their general health as "not good" (DoH, 2014).

An estimated 45% of looked after children having 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).

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).

Figure 21: The recorded prevalence of depression in Worcestershire is significantly higher than the national average



Source: Public Health Outcomes Framework, http://www.phoutcomes.info/, July 2017.

- Highest prevalence for depression recorded via QOF is within NHS Wyre Forest CCG with 14.1% of patients registered aged 18+. This is significantly higher than the national rate and has been increasing year-on-year.

Children and young people aged under 18 in Child and adolescent mental health services (CAMHS)

Data on usage of tier 4[9] CAMHS beds is shown below. This indicates that for usage of bed days and rate of admissions for CAMHS tier 4 wards is generally around England average.

Table 7: Rate of bed days for children and young people aged under 18 in CAMHS (2015/16).

Clinical Commissioning Group	Rate per 10,000 under 18 population	Significance
England	275.3	-
South Worcestershire	318.9	Significantly higher than England average
Redditch and Bromsgrove	206.4	Significantly lower than England average
Wyre Forest	267.6	Around England average

Source: NHS Rightcare 2015/16

Table 8: Rate of admissions for children and young people aged under 18 in CAMHS tier 4 wards (2015/16)

Clinical Commissioning Group	Rate per 10,000 under 18 population	Significance
England	11.7	
South Worcestershire	11.7	Around England average
Redditch and Bromsgrove	8.3	Around England average
Wyre Forest	10.7	Around England average

Source: NHS Rightcare 2015/16

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[10].

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%)

9 CAMHS tier 4 children's services deliver specialist in-patient and day-patient care to children who are suffering from severe and/or complex mental health conditions that cannot be adequately treated by community CAMHS.

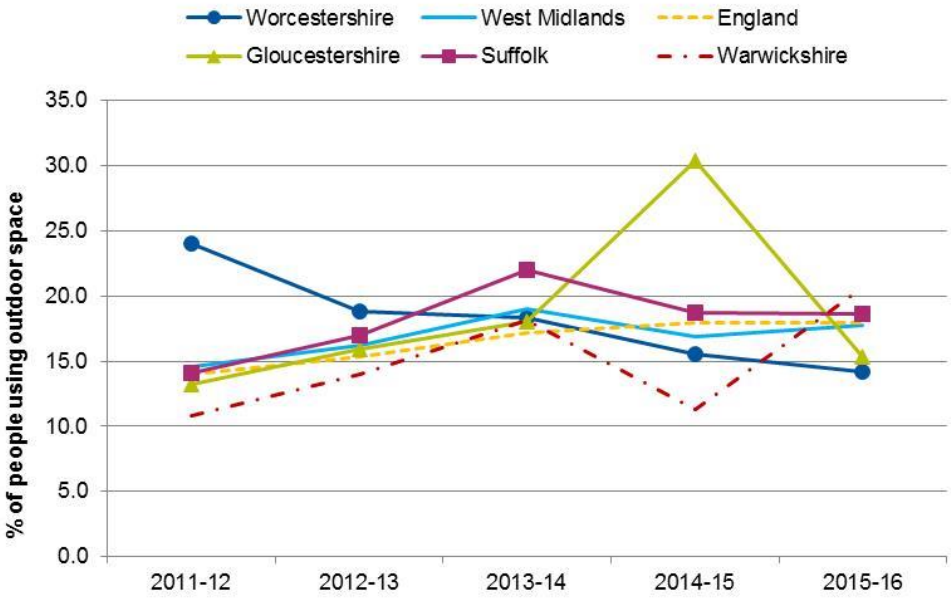
[10] Indicator Definitions and Supporting Information: Dementia: 65+ Estimated Diagnosis Rate. Available from: www.phoutcomes.info

and Suffolk (63.3%) but a similar rate to Warwickshire (60.9%), which also has a significantly lower rate compared to the national threshold.

Utilisation of outdoor space

The proportion of the population using outdoor space for exercise/health reasons is statistically similar to, but 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 22: Utilisation of outdoor space for exercise/health reasons

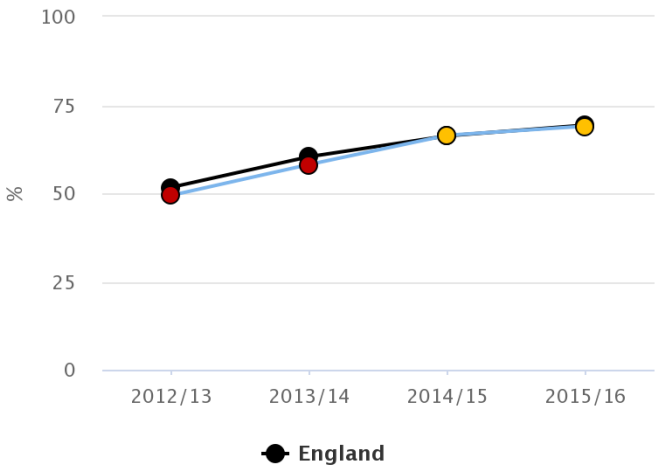


Source: Public Health Outcomes Framework, http://www.photcomes.info, July 2017

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 (Figure 23). In 2015/16 the percentage of all children achieving a good level of development at the end of reception was similar to the England average at 69% (vs 69.3% for England).

Figure 23: The percentage of all children achieving a good level of development at the end of reception

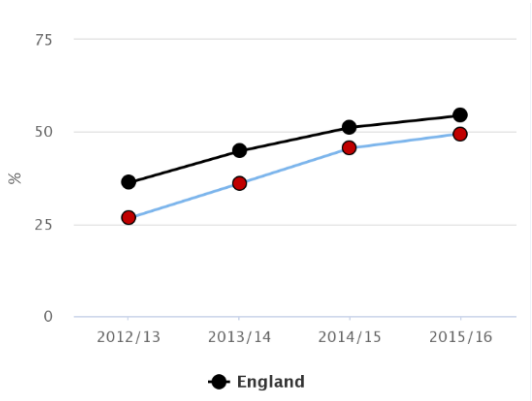


Source: Public Health England, Public Health Outcomes Framework

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 24).

In 2015/16 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 49.5% (vs 54.4% for England).

Figure 24: School readiness; percentage of children with free school meal status achieving a good level of development at the end of reception



Source: Public Health England, Public Health Outcomes Framework

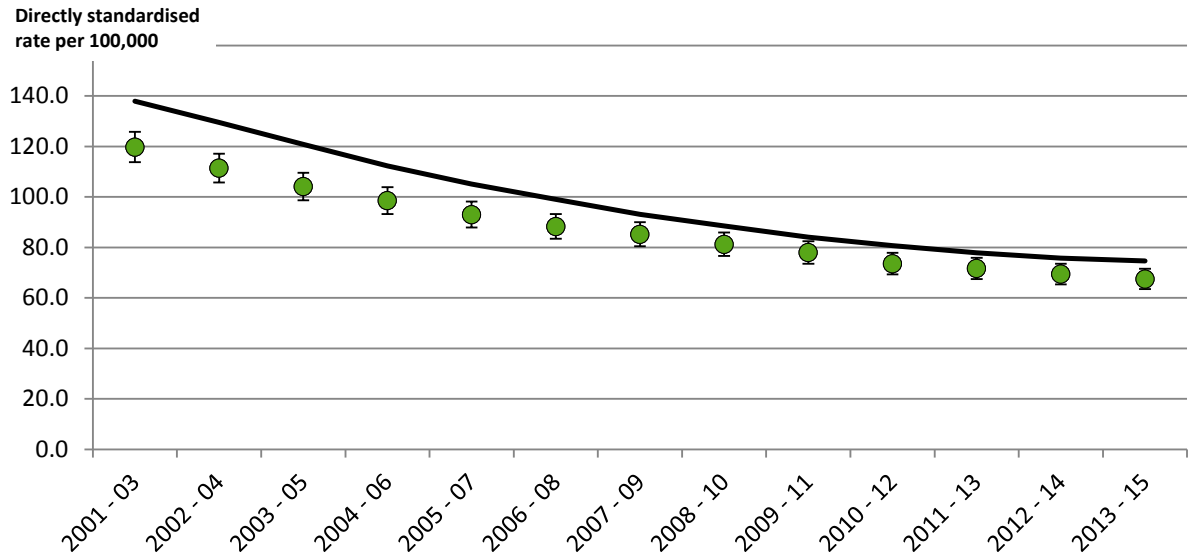
Emerging Issues

This section identifies some issues that are emerging from routine analysis as being challenges for Worcestershire:

The narrowing gap between Worcestershire and England

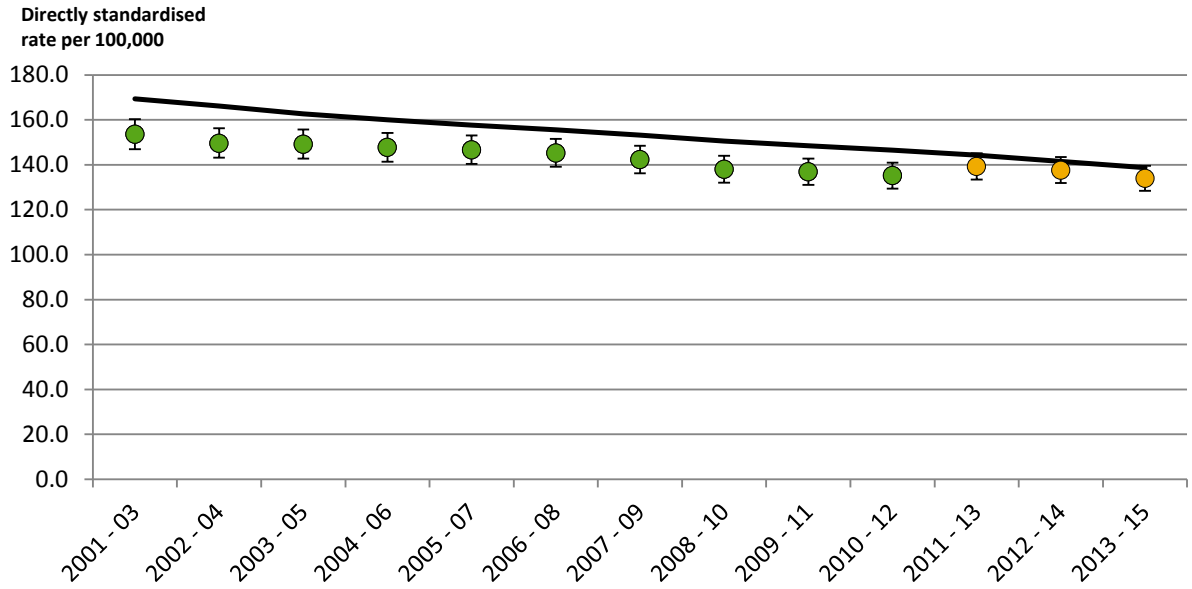
Overall Worcestershire has good health outcomes, however, there is a general pattern of a decreasing gap between ourselves and England, particularly for the principal mortality measures. As seen in the graphs below (Figure 25 and Figure 26) for cardiovascular diseases and cancers (the two biggest causes of mortality) for under 75s, the gap between the England average and Worcestershire has narrowed over a long period. For cancer, Worcestershire is no longer significantly below the England average.

Figure 25: Under 75 mortality rate from all cardiovascular diseases, persons, Worcestershire



Source: Public Health England, Public Health Outcomes Framework

Figure 26: Under 75 mortality rate from cancer, persons, Worcestershire



Source: Public Health England, Public Health Outcomes Framework

Out of 15 local authorities with similar socioeconomic characteristics Worcestershire ranks 12th for overall premature death rates. Of this group it has the worst rate of premature death from colorectal cancer and the second worst rate for premature death from stroke.

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. The latest prevalence studies of ASD for 2007 (Brugha et al, 2012) indicate that 1.1% of the population in the UK may have autism. This means that over 695,000 people in the UK may have autism[11].

There are no estimates of the overall numbers of people with ASD in Worcestershire. An epidemiological survey would be needed to provide this figure. In January 2017, the number of pupils with a Special Educational Needs (SEN) statement for ASD in Worcestershire was 660 (230 and 430 for primary and secondary schools respectively). In January 2010, this figure was 380 (138 and 242 for primary and secondary schools respectively).

- For primary schools this is a rate of 4.0 in 1,000 compared to 6.3 in 1,000 nationally.
- For secondary schools this is a rate of 9.3 in 1,000 compared to 8.9 in 1,000 nationally.

The above data refers only to children with ASD as a primary type of need so is likely to under-represent actual numbers. Examination of data by local authority area shows that variation is being caused by factors other than prevalence such as diagnosis/recording (https://www.gov.uk/government/statistics/special-educational-needs-in-england-january-2017).

Information from reports received by Healthwatch Worcestershire from four service users (February 2016) suggested the following issues:

- A need for better ASD specific training for social care staff that are assessing support needs.
- Need for better provision of appropriate ways for people with ASD to be meaningfully engaged.
- Need for supported living which meets the specific needs of adults with ASD.
- Lack of appropriate support for mental health issues for adults with Asperger syndrome.

Further research is needed to better assess the needs of those with ASD in Worcestershire.

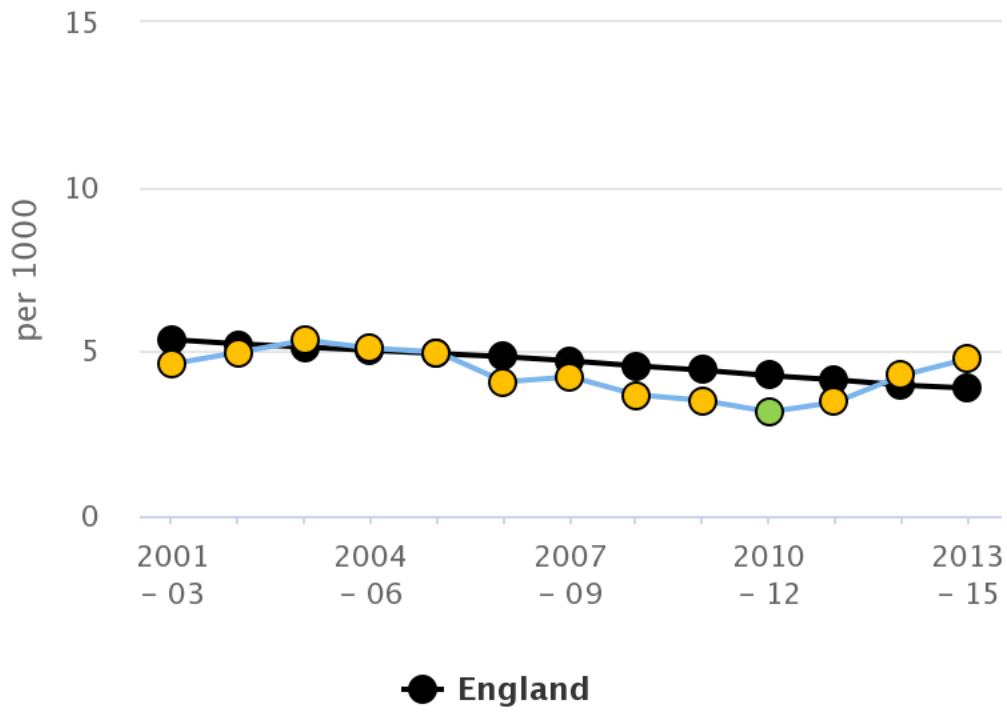
[11] An estimate derived from the 1.1% prevalence rate applied to the 2011 UK census figures.

Infant mortality

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, 2013-15, the rate was 4.8 deaths per 1,000 - representing 86 deaths over the three year period.

Figure 27 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). Unfortunately, the latest figures have risen and are again similar to the England average. However, as overall numbers are small, caution should be exercised when interpreting these statistics.

Figure 27: Infant Mortality per 1,000 live births, Worcestershire



Source: Public Health England, Public Health Outcomes Framework

Another measure to add to our understanding is perinatal mortality rate (the number of stillbirths and deaths in the first week of life per 1,000 total births). Figure 27.1 shows that in the West Midlands, there are 5 authorities with lower rates, and 8 with higher rates of perinatal mortality compared with Worcestershire in 2013-15 (the current rate of perinatal mortality rate in Worcestershire is currently 7.3 per 1,000 total births).

Figure 28.1: Perinatal mortality rate (2013-15)

Area	Value	Lower CI	Upper CI
England	6.6	6.5	6.7
West Midlands region	8.2	7.8	8.6
Birmingham	10.6	9.8	11.6
Coventry	6.6	5.4	8.1
Dudley	6.7	5.4	8.4
Herefordshire	7.7	5.7	10.4
Sandwell	9.6	8.1	11.3
Shropshire	6.0	4.6	7.9
Solihull	8.1	6.2	10.5
Staffordshire	6.7	5.8	7.8
Stoke-on-Trent	8.9	7.3	10.9
Telford and Wrekin	8.0	6.1	10.6
Walsall	8.3	6.8	10.2
Warwickshire	6.0	4.9	7.2
Wolverhampton	8.5	6.9	10.4
Worcestershire	7.3	6.2	8.7

We know through the literature that various factors can contribute towards 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 age of mother.

Figure 27.2 shows that premature births are have been higher in Worcestershire than England average for the last 10 years, and is currently 2nd highest in the West Midlands. The difference between Worcestershire and England average has been increasing since 2011-13.

Figure 27.2 Premature births (less than 37 weeks gestation), Worcestershire

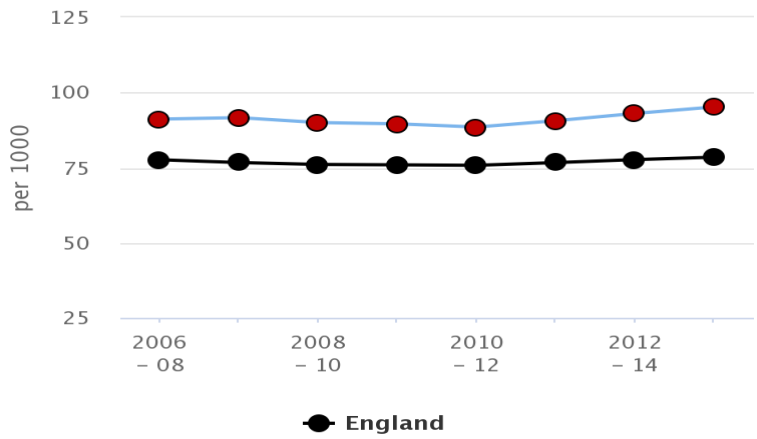
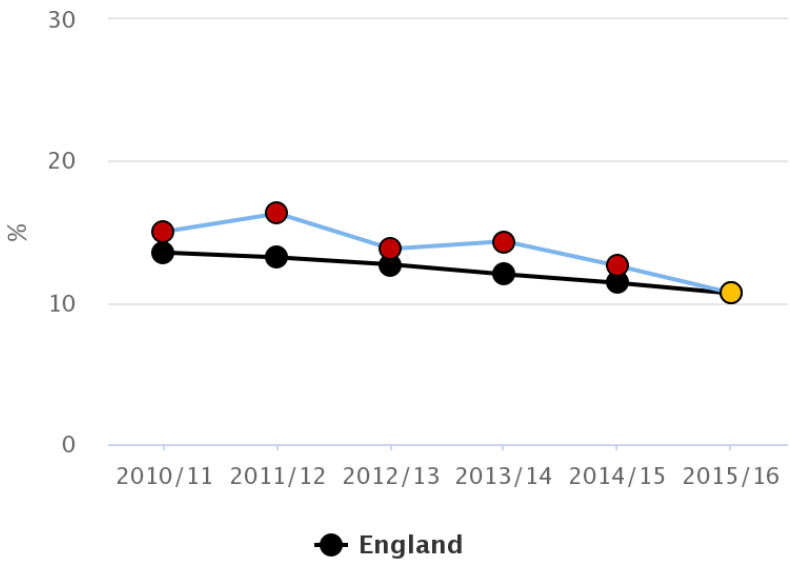


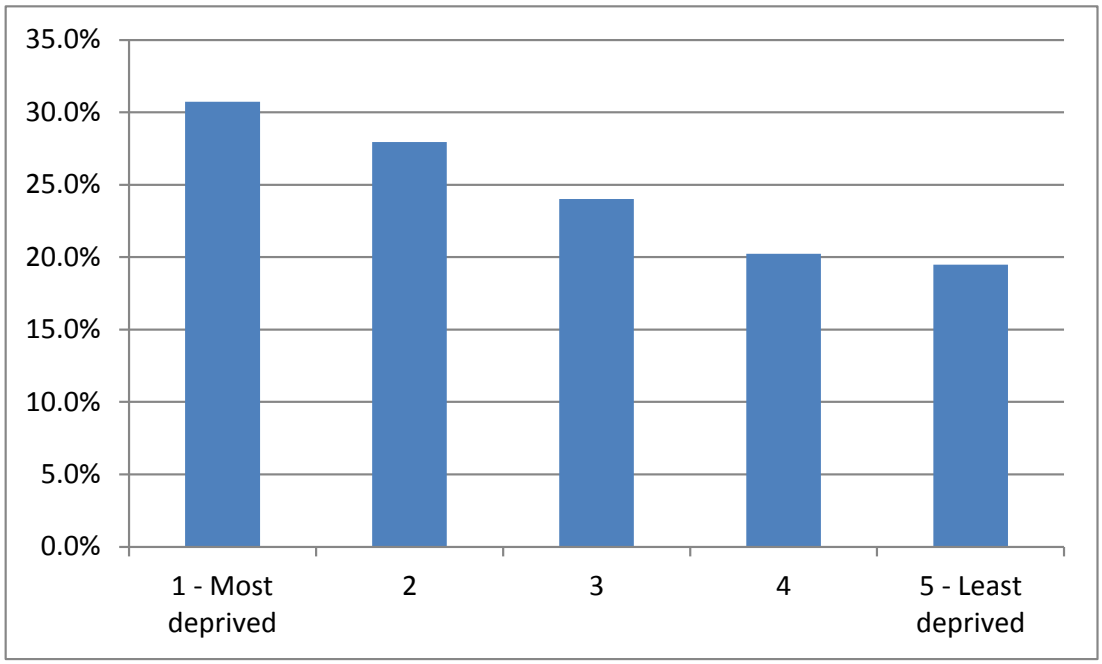
Figure 27.3 shows that smoking at the time of delivery has been decreasing across the county since 2010/11, but this hides local variation (such as Wyre Forest CCG not decreasing in line with the rest of the County).

Figure 27.3 Smoking status at time of delivery



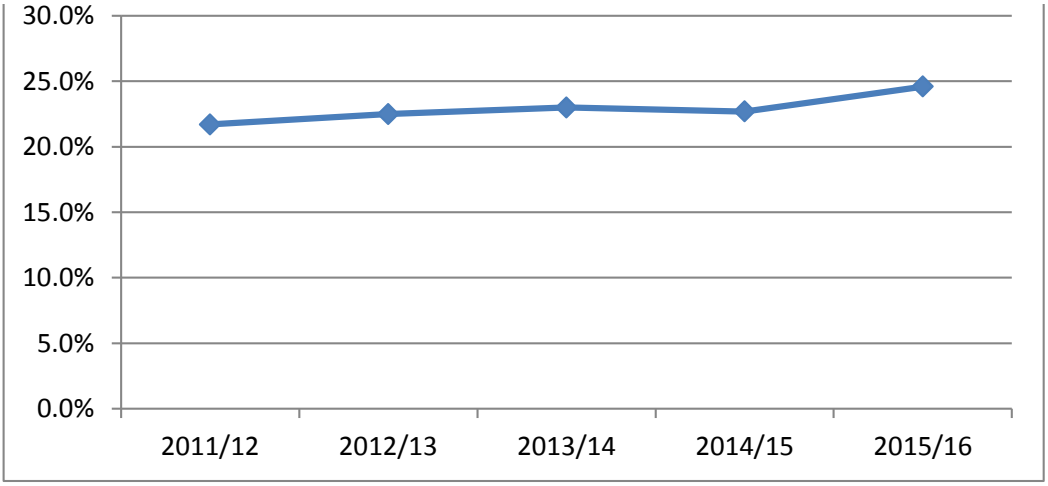
Maternal obesity has been captured locally and analysed by deprivation (Figure 27.4). The most recent data for deliveries during 2015/16 shows that the most deprived mothers were more likely to be obese (and thus carry higher risk of adverse outcomes) compared with the least deprived mothers. This is a consistent pattern over time.

Figure 27.4 Percentage of deliveries where the mother was classed as Obese at maternity booking appointment - 2015/16



In addition, the overall percentage of pregnant women who are obese is increasing over time as can be seen in figure 27.5.

Figure 27.5 Percentage of pregnant women who were classified as obese at booking apopintment in Worcestershire (2011/12 – 2015-16)



Rates in Worcestershire for both infant and perinatal mortality will be monitored over the next few years to see if the higher rate is a continuing trend. Risk factors which can contribute towards infant and perinatal mortality, such as those discussed, will also be monitored in the future.

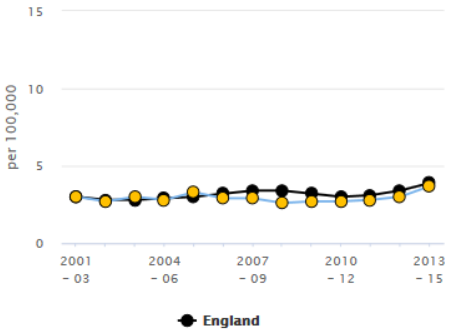
Drug misuse deaths

Nationally, the number of deaths from drug misuse is rising and this trend is mirrored in Worcestershire (

Figure 29). For the latest period (2013-2015), the rate was 3.7 deaths per 100,000 population in Worcestershire compared with 3.9 nationally. This represents 59 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 29: Deaths from drug misuse, directly standardised rate 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

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

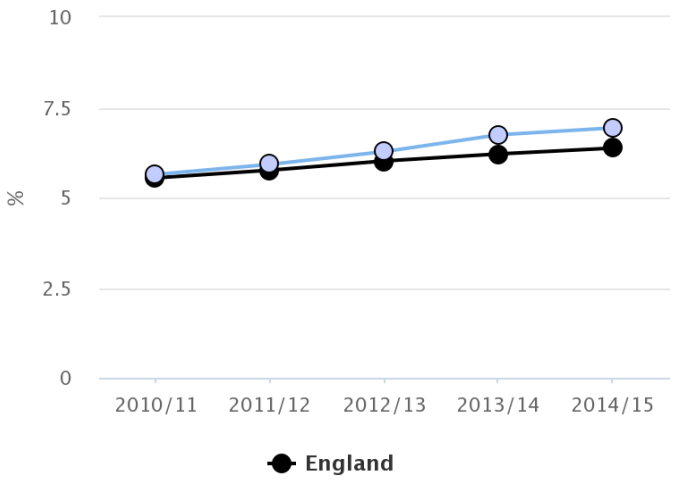
The drug strategy 2017 sets out how the government and its partners, at local, national and international levels, will take new action to tackle drug misuse and the harms it causes: https://www.gov.uk/government/publications/drug-strategy-2017

Excess weight and diabetes

Figure 30 shows the increasing trend in recorded diabetes both nationally and within Worcestershire. In 2014-15, there were 33,057 people over 17 registered with a Worcestershire GP practice with recorded diabetes representing 6.9% of the registered population[12].

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.

Figure 30: Recorded Diabetes, Worcestershire



Source: Public Health England, Public Health Outcomes Framework

Excess weight is a contributory factor for type 2 diabetes. It is estimated that the majority of adults in Worcestershire have excess weight (66.6%) which is statistically worse than the estimate for England (64.8%).

[12] This indicator is a measure of recorded diabetes prevalence and not actual prevalence and therefore under-reports groups who are less likely to be registered with a GP, such as ethnic minority populations, young people, homeless people, migrants and travellers.

Homelessness

Homelessness is an important social determinant of health and contributes to health inequalities. It is associated with severe poverty, adverse mental and physical health and, particularly for children, poor social outcomes including poor educational outcomes.

The number of statutory homelessness applications in Worcestershire has reduced from a peak of 1,450 in 2012 to 1,150 in 2016. In 2015/16 homelessness rates in Worcestershire were close to the national average.

Latest data suggests that Worcester City and Wyre Forest districts have homelessness rates significantly higher than the England average. However, the other districts in Worcestershire have homelessness rates significantly lower, and numbers are small.

- People who experience homelessness generally have a shorter life expectancy; for example the life expectancy of a rough sleeper in the UK is equivalent to a person living in a nation that has the lowest life expectancy in the world (NHS, 2013; ONS, 2014). The average age of death of a rough sleeper is 30 years earlier than average population (Source: Sheffield University/Crisis, 2014).

- 80% of homeless people report some form of mental health issue, 45% have a diagnosed mental health condition, compared to 25% of the general population (Homeless Link, 2014; Mental Health Network, 2014). Homeless people are also at higher risk of suicide; one in four will commit suicide (Mental Health Foundation, 2007).

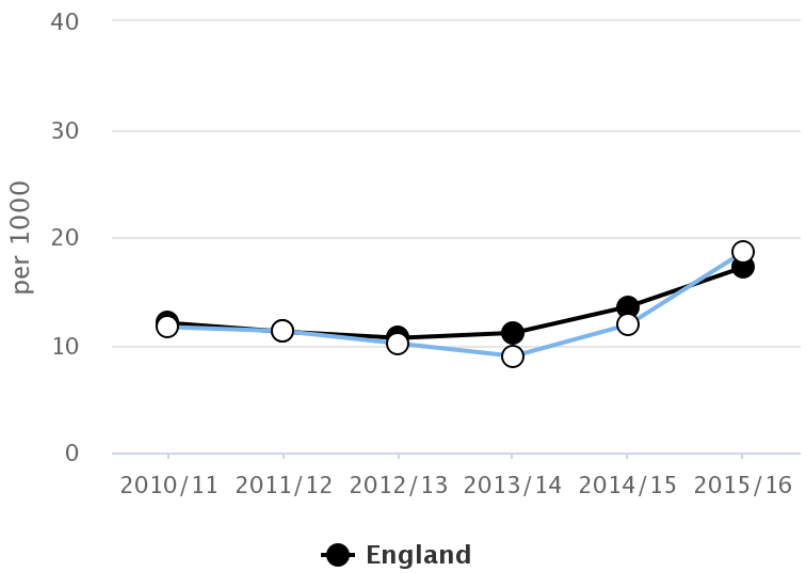
- 41% of homeless people report a long-term health condition, compared with 28% of the general population.

The Worcestershire Health and Well-being Board signed up to a Charter for Homeless Health in 2016. This committed the board to identify need, provide leadership and commission for inclusion. A forthcoming JSNA profile will aid identification of health needs for homeless people.

Violent crime

The rate of violent crime recorded in Worcestershire has been increasing (Figure 31) and this reflects what is happening nationally. 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[13]. It is possible, however, that there are other factors which have contributed to the increase.

Figure 31: Violent crime, offences per 1,000 population, Worcestershire



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).

[13] It is thought that recording improvements are more likely to affect relatively less serious violent offences and explains the larger increase in the sub-category "violence without injury" compared with "violence with injury". ONS has also been informed there has generally been little change in the volume of “calls for service” related to violent crime in the year ending March 2015 compared with the previous year. This, along with the evidence from the CSEW, suggests the rise in recorded violence against the person is largely due to process improvements rather than a genuine rise in violent crime (Public Health England, Indicator Definitions and Supporting Information).

Summary of New JSNA Publications

Briefing on Mental Health

Summary

- Prevalence of dementia in Worcestershire is **lower** than the national average
- Prevalence of depression is **significantly higher** in Worcestershire than England
- Emergency admissions to hospital for self-harm are **similar** to the national average
- Mortality from suicide is **similar** in Worcestershire to the national average
- Social isolation rates are **significantly lower** in Worcestershire than England
- Proportion of population using outdoor space for exercise/health reasons is **similar** to national average but lower than the West Midlands average. It is also much lower than similar areas including Shropshire

Full report available on the JSNA website at:
http://www.worcestershire.gov.uk/downloads/file/7731/2016_briefing_on_mental_health

Briefing on Learning Disabilities

Summary

- There are around 2,431 people recorded on GP registers as having a learning disability in Worcestershire, and approximately 1,275 adults (aged 18-64) with a learning disability getting long term support from the Local Authority
- Estimates of prevalence suggest that there could be as many as 8,000 adults in Worcestershire aged 18-64 with a learning disability
- National research indicates that between 2015 and 2030, there will be a 3.5% decrease in the total number of adults aged 18-64 with a learning disability in Worcestershire
- 1,109 adults with a learning disability received a GP health check in 2013-14. This represents almost 54% of all eligible adults with a learning disability in Worcestershire
- In 2014-15 there were 950 adults with a learning disability receiving community services supported by the Local Authority.
- The number of supported adults with a learning disability who are in paid employment is less than 100

Full report available on the JSNA website at:
http://www.worcestershire.gov.uk/downloads/file/7734/2017_briefing_on_learning_disabilities

Briefing on Health of Black and Minority Ethnic (BAME) Groups

Summary

Worcestershire has a lower proportion of Black and Minority Ethnic (BAME) people than nationally, however there was a significant increase in the BAME population between 2001 and 2011, which is likely to continue. There has also been an increase in the population in White other groups (partly accounted for by EU accession state migrant workers).

There are important differences in health outcomes according to ethnic group due to socio-economic status and other factors (lifestyle, cultural and biological). Research conducted for Healthwatch Worcestershire in 2015-16 found that language and communication problems were the concerns most often raised by individuals from BAME communities in Worcestershire reporting their experiences.

It is important to continue to tackle ethnic health inequalities in Worcestershire. To paraphrase the Independent Inquiry into Inequalities in Health Report (Acheson,1998), there is a need to ensure that:

- policies on reducing socio-economic inequalities consider the needs of BAME groups (relevant to needs assessment)
- services are sensitive to the needs of BAME groups and promote awareness of their health risks (relevant to commissioning and quality improvement)
- the needs of BAME groups are specifically considered in planning and providing health care (relevant to strategic planning and service redesign)

The poor availability of data for BAME groups is a continuing concern. Ethnic monitoring in the health service has been improving gradually. With continual change in the country's population, it is important that this improvement continues.

Full report available on the JSNA website at:
http://www.worcestershire.gov.uk/downloads/file/7745/2017_briefing_on_health_of_black_and_minority_ethnic_groups

Summary of reports on the JSNA website

Topic	Category	2012	2013	2014	2015	2016	2017
Adult Mental Health needs assessment	NA			o			
Ageing Well needs assessment	NA		o				
Alcohol	B					o	
Breastfeeding	B		o				
Bromsgrove	B			o			
Bromsgrove Early Years district profile	P					o	
Bromsgrove Health and wellbeing profile	P					o	
Cancers	B		o				
Cardiovascular Disease	B		o				
Childhood Obesity	B				o		
Chronic Obstructive Pulmonary Disease	B		o				
Communicable Disease	B		o				
Domestic abuse needs assessment	NA					o	
Early Help	B				o		
Early Help needs assessment	NA				o		
Excess Winter Deaths	B			o			
Fuel Poverty	B					o	
Health of Black & Minority Ethnic Groups	B						o
Homelessness	B				o		
JSNA Summary	S		o	o	o	o	
Learning Disabilities	B				o		o
Malvern Hills District	B		o				
Malvern Hills Early Years district profile	P					o	
Malvern Hills Health and Wellbeing profile	P				o		
Mental Health	B				o	o	
Obesity	B			o			
Obesity Needs Assessment	NA	o					
Older People	B			o		o	
Ophthalmology profile	P			o			
Pharmaceutical needs assessment	NA				o		
Physical Activity	B				o	o	
Primary Care Mental Health needs assesment	NA				o		

Key: NA: Needs Assessment, **B**: Briefing, **P**: Profiles, **S**: Summaries

Topic	Category	2012	2013	2014	2015	2016	2017
Redditch	B		O				
Redditch and Bromsgrove CCG needs assessment	NA		O				
Redditch and Bromsgrove CCG profile	P					O	
Redditch and Bromsgrove Dermatology profile	P			O			
Redditch Early Years district profile	P					O	
Redditch Health and Wellbeing profile	P		O				
Road Safety & Older People	B					O	
Rural Health	B					O	
SALT needs assessment	NA					O	
Self Harm	B				O		
Sensory Impairment	B		O				
Sexual Health	B					O	
Sexual Health needs assessment	NA				O		
Sexual Health profile	P					O	
Smoking	B		O			O	
Smoking in Pregnancy	B					O	
South Worcestershire CCG needs assessment	NA		O				
South Worcestershire CCG profile	P					O	
Strategic guidance on JSNAs and HWB strategies	S			O			
Substance Misuse	B			O			
Substance Misuse needs assessment	NA			O			
Teenage Pregnancy	B				O		
Viewpoint Residents Survey	S				O		
Wellbeing in older people profile	P			O			
Worcester City	B		O				
Worcester City Early Years profile	P					O	
Worcester City Health and Wellbeing profile	P				O		
Worcestershire Census atlas 2014	S			O			
Wychavon	B		O				
Wychavon Early Years profile	P					O	
Wychavon Health and Wellbeing profile	P				O		
Wyre Forest	B			O			
Wyre Forest CCG needs assessment	NA		O				
Wyre Forest Dermatology Profile	P			O			
Wyre Forest Early Years profile	P					O	

Key: NA: Needs Assessment, **B**: Briefing, **P**: Profiles, **S**: Summaries

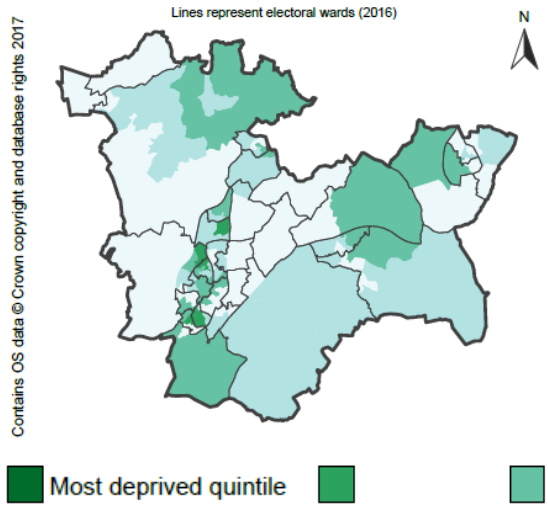
Appendix 1: District level information

Bromsgrove District

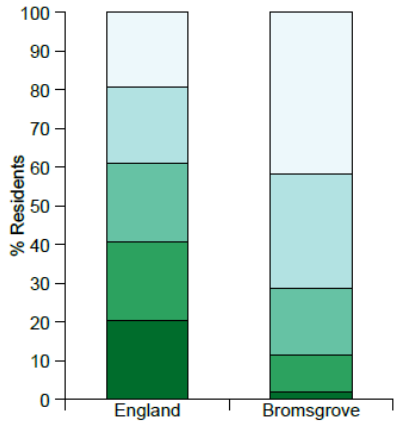
Population & Demographics: Key Facts

- Population: 96,769[14]
- Bromsgrove has a lower proportion of younger people aged 20-39 and higher proportion of adults aged 40 upwards compared to England.
- One of the 20% least deprived districts in England.
- 11.0% of children living in low income households (1,700)
- 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) is significantly higher in Bromsgrove at 65.0%.
- Life expectancy is 7.2 years lower for men and 3.8 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.

Index of Multiple Deprivation 2015 (Quintiles) by LSOA



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



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[15].

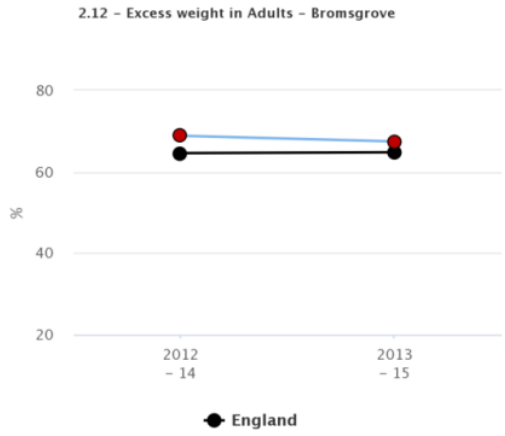
[14] ONS mid-year population estimates 2016

Areas of Concern and Changing Needs

Excess Weight in Adults

Tackling obesity is a key public health priority as excess weight is associated with premature mortality and avoidable ill health. Excess weight is classified as any individual reported as having a BMI of 25 or greater via the Active People Survey. In Bromsgrove in 2013-15 there were estimated to be a significantly higher proportion of adults with excess weight than in England as a whole (67.5% vs 64.8%) and Bromsgrove is one of two districts in Worcestershire where this is the case.

Bromsgrove has a higher proportion of people who are estimated to be overweight (BMI 25 to 30) than other Worcestershire districts at 43.5%, which is significantly higher than the England and West Midlands average. However, proportions of individuals who are estimated to be obese (BMI of 30 or greater) are similar to the England and West Midlands average.



Source: Public Health Outcomes Framework (PHOF)

There are differences across demographic groups. When looking at national estimates, adults aged 16-34 have a significantly lower proportion of excess weight in comparison to adults aged 35-65+. Adults aged 55-64yrs having the highest rates overall at 76.0%. Males have significantly higher rates of excess weight when compared to the national average at 68.4% compared to 61.1% of females.

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 also limit exacerbations of existing medical conditions in these particular groups. The target level for vaccination uptake during 2016-17 was 75.0% for individuals aged 65 and over and 55.0% for individuals aged 18+ in an at-risk group or category.

Redditch and Bromsgrove CCG fell short of the target at 71.0% of individuals aged 65 and over were vaccinated; this was the lowest across the three CCG groups in Worcestershire. 50.5% of individuals in at-risk groups were vaccinated against a target of 55.0%.

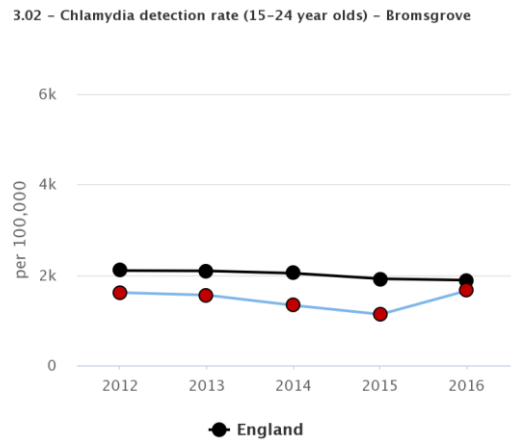
Chlamydia Detection Rate 15-24yr Olds

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

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[16].

The chlamydia detection rate in Bromsgrove has improved between 2015 and 2016 increasing from 1,127 per 100,000 to 1,651 per 100,000 population aged 15-24 but remains significantly lower than the England rate at 1,882 per 100,000 population aged 15-24.



Source: Public Health Outcomes Framework (PHOF)

Late Diagnosis of HIV

Late diagnosis of HIV infection is an important predictor of morbidity and mortality amongst individuals diagnosed with HIV infection. Individuals who are diagnosed late have a ten-fold risk of death in comparison to those receiving a diagnosis at an earlier stage. National data shows that the highest rates of late diagnosis across exposure groups are for Heterosexual contact for both males (59.0%) and females (50.5%) and injecting drug users (52.1%).

Even though there are small numbers of individuals being diagnosed, in Bromsgrove a higher proportion of individuals receive their diagnosis at a later stage 60% (n.3) in comparison to the West Midlands (45.5%) and England average (40.1%). The proportion of HIV late diagnoses is the third highest across the West Midlands region next to Malvern Hills (80%, n.4) and Wychavon at 66.7% (n.6), also within Worcestershire.

16 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.

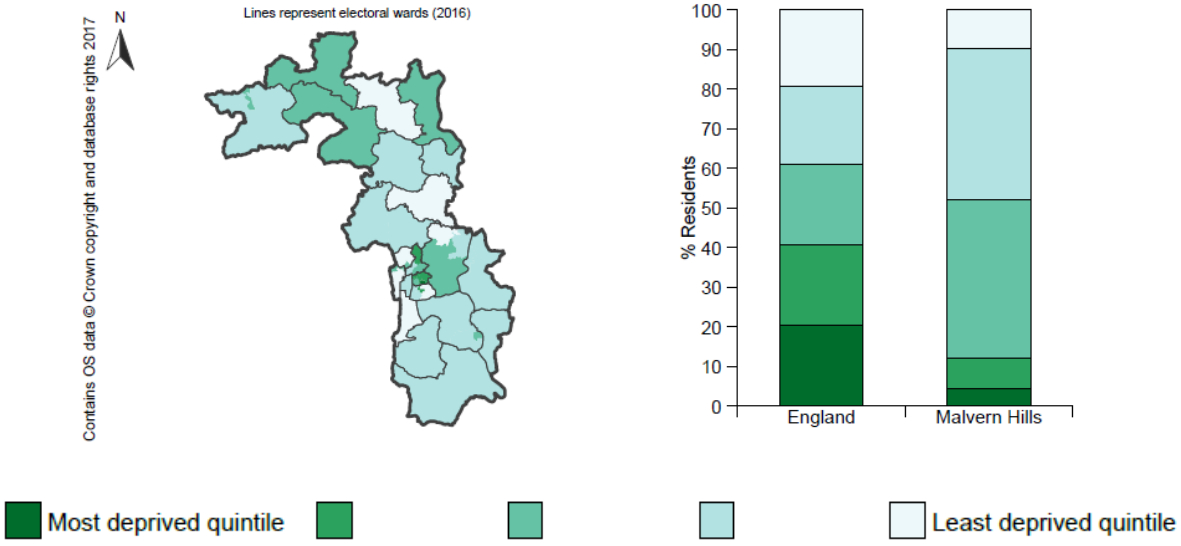
Priority Area	Projects
Improve mental wellbeing	• Raise awareness of Wellbeing Hub and Worcestershire Healthy Minds hub • Wider partner agency engagement for Secondary Care Mental Health Transformation • Support initatives and training including: Time to Change, Mental Health First Aid, Your life Your 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 District

Population & Demographics: Key Facts

- Population: 76,130[17]
- Malvern Hills has the highest proportion of people aged 65 and over (27.4%) in comparison to other Worcestershire districts.
- 15.0% of children living in low income households (1,700)
- 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) is significantly higher in Malvern Hills at 64.9%
- The gap in life expectancy for women is 3.9 years between the most deprived and least deprived areas in Malvern Hills.
- There are a lower proportion of people living in most deprived areas in the country when compared to England.

Index of Multiple Deprivation 2015 (Quintiles) by LSOA



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

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[18]*.*

Areas of Concern and Changing Needs

[17] ONS mid-year population estimates 2016

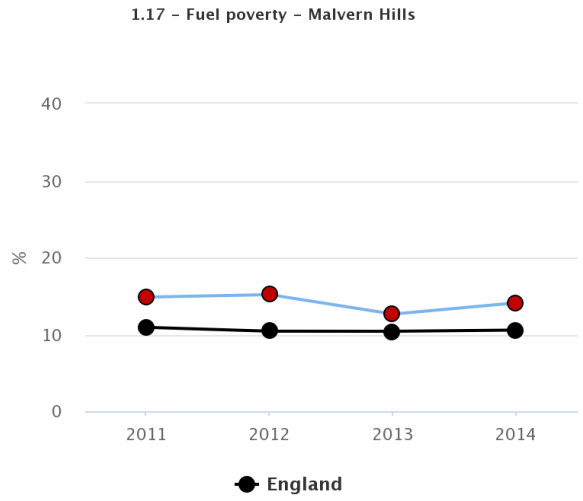
[18] Public Health England, Health Profile 2017 – Malvern Hills. Online. Available from: http://fingertipsreports.phe.org.uk/health-profiles/2017/e07000235.pdf

Fuel Poverty

Living at low temperatures has substantial negative effect on individual health and wellbeing, including being responsible for approximately 1 in 10 excess winter deaths[19], exacerbation of medical conditions such as circulatory diseases, respiratory problems, mental health and other conditions such as colds and flu, rheumatisms and arthritis[20]. The most vulnerable groups in 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. 14.1% of households experience Fuel Poverty and this is the highest across the Worcestershire districts and one of the top 5 areas within the West Midlands. In 2014 the rate was significantly higher than both the England and West Midlands average. The proportion of households living in fuel poverty has always been significantly higher than the England rate. Rates have 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 have significantly higher levels of fuel poverty. Nationally fuel poverty rates are highest in lone parent with dependent children households (22.3%), other multi-person households (17.8%) and couples with dependent children (15.1%). Households where people are unemployed experience significant fuel poverty (approximately 28% of these households). There is a clear gradient in relation to deprivation where 12.5% of households in the most deprived decile experience fuel poverty compared to 7.6% in the least deprived decile.



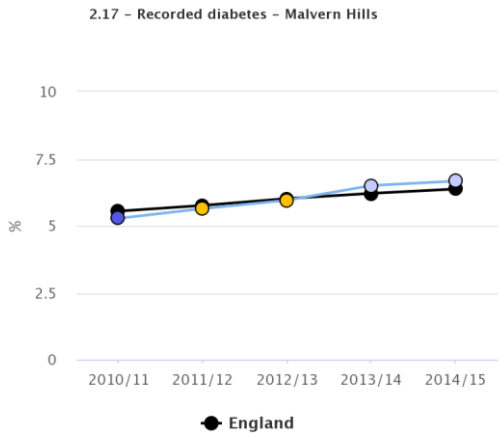
Source: Public Health Outcomes Framework (PHOF)

Recorded Diabetes

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

Approximately 90% of diagnosed cases of diabetes are Type 2 and are partially preventable. Changes to lifestyle can help delay the progression of the disease and help to manage the condition. Complications can arise from diabetes which can have significant impact upon an individual's life and can increase disease [21].

The proportion of recorded diabetes in Malvern is significantly higher at 7.0% compared to England average at 6.4%. National data shows that there are a higher proportion of individuals with recorded status of diabetes when looking at deprivation with a higher proportion of recorded diabetes within more deprived areas in comparison to less deprived areas with a proportion of recorded diabetes of 7.2% in the most deprived areas to 5.1% in the least deprived areas.



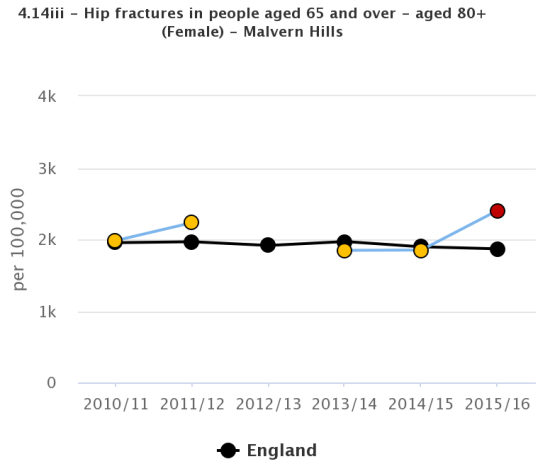
Source: Public Health Outcomes Framework (PHOF)

[21] Indicator Definitions and Supporting Information: Recorded Diabetes. Available from: www.phoutcomes.info

Hip Fractures 80+

Hip fractures in older people can be a debilitating condition, resulting in loss of independence, increase in morbidity and mortality. It is estimated that the average age of a person with hip fracture is 83 years of which, 73% are female. Findings from the National Hip Fracture database also estimate that mortality following hip fractures is high with approximately 1 in 10 individuals estimated to die within a month and 1 in 3 within a year[22].

In 2015-16, the rate of hip fractures in females aged 80+ in the Malvern Hills district was significantly higher than the England average and the West Midlands average. It had the second highest rate across the West Midlands region at 2,404 per 100,000 admissions second only to Redditch district at 2,405 per 100,000 emergency admissions



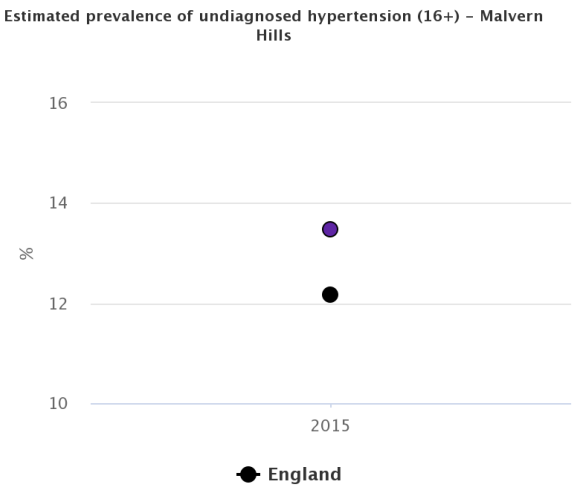
Source: Public Health Outcomes Framework (PHOF)

[22] Indicator Definitions and Supporting Information: Hip fractures in people aged 65 and over. Available from: www.phoutcomes.info

Estimated prevalence of undiagnosed hypertension (16+)

Hypertension is a significant risk factor for heart disease, stroke and kidney disease and is therefore a key priority for public health programmes. Lifestyle changes can help to lower blood pressure including being more physically active, reducing alcohol intake, losing weight if overweight and stopping smoking. Some individuals may require medication to help to lower their blood pressure.

Malvern Hills has the highest proportion of undiagnosed hypertension 13.5% across the West Midlands region. The proportion nationally is 12.2%.



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 target level for vaccination uptake during 2016-17 was 75.0% for individuals aged 65 and over and 55.0% for individuals aged 18+ in an at-risk group.

South Worcestershire CCG just fell short of the target at 73.3% of individuals aged 65+ were vaccinated; this was the lowest across the three CCG groups in Worcestershire. 54.8% of individuals in at-risk groups were vaccinated against a target of 55.0%.

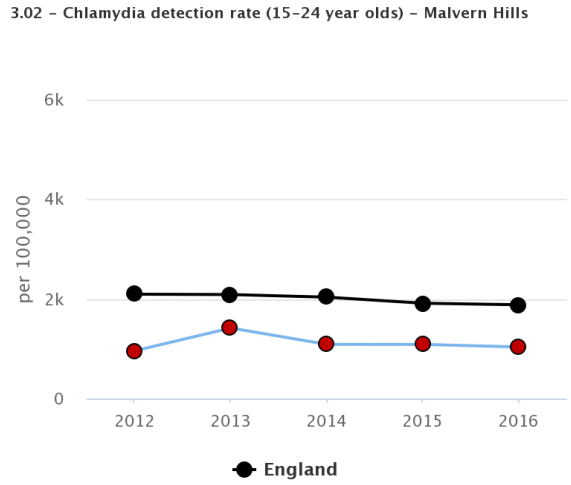
Chlamydia Detection Rate 15-24yr olds

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[23].

The chlamydia detection rate in Malvern Hills remained relatively static between 2014-2016. The rate is significantly lower than the England rate at 1,882 per 100,000 population aged 15-24. Malvern Hills has the lowest Chlamydia detection rate across the Worcestershire districts.



Source: Public Health Outcomes Framework (PHOF)

Late HIV Diagnosis

Late diagnosis of HIV infection is an important predictor of morbidity and mortality amongst individuals diagnosed with HIV infection. Individuals who are diagnosed late have a ten-fold risk of death in comparison to those receiving a diagnosis at an earlier stage. National data shows that the highest rates of late diagnosis across exposure groups are for Heterosexual contact for both males (59.0%) and females (50.5%) and injecting drug users (52.1%).

Even though there are small numbers of individuals being diagnosed, in Malvern Hills a higher proportion of individuals receive their diagnosis at a later stage (80.0% n=4 in comparison to the West Midlands (45.5%) and England average (40.1%)). The proportion of HIV late diagnoses is the highest across the West Midlands region and twice the rate of the England average.

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

Local Strategy

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

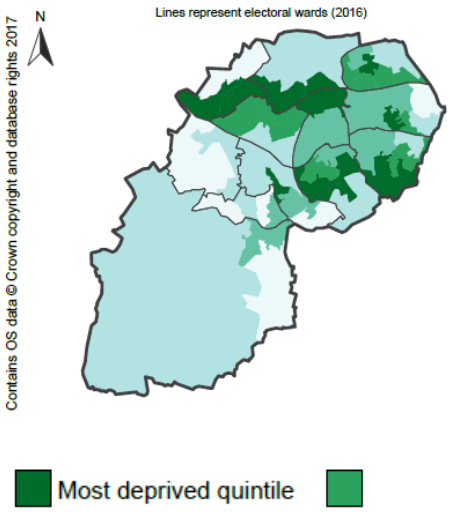
Priority Area	Projects
Mental health and well-being throughout life	• Promotion of mental health campaigns locally. • Delivery of health chats training sessions • Older peoples showcasing events • Delivering dementia friends sessions, support businesses and communities to become dementia friendly and 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 District

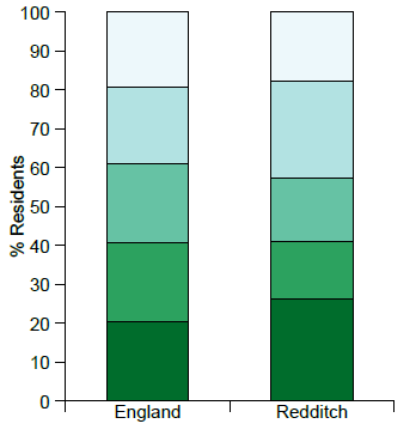
Population & Demographics: Key Facts

- Population: 84,971[24]
- Redditch has a higher proportion of children and young people aged 0-19 (24.4%) in comparison to Worcestershire overall.
- 18.0% of children live in low income households (3,000)
- 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) 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 8.3 years lower for men and 6.9 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.

Index of Multiple Deprivation 2015 (Quintiles) by LSOA



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



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[25]*.*

[24] ONS mid-year population estimates 2016

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

Areas of Concern and Changing Needs

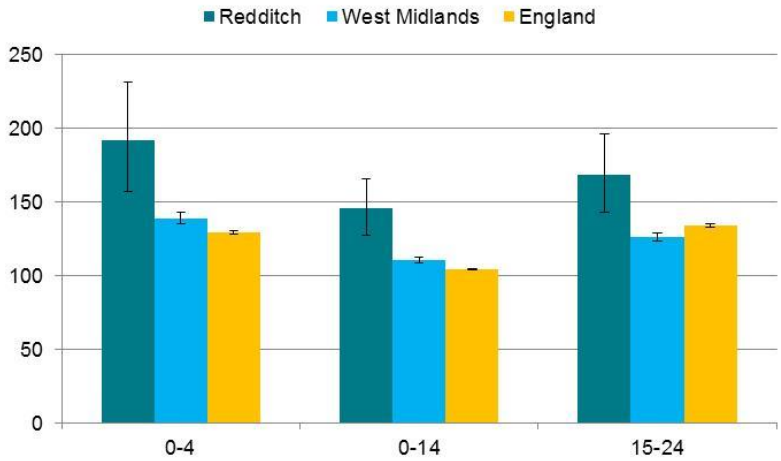
Hospital admissions caused by unintentional and deliberate injuries in children

Overall Picture

Injuries are a leading cause of premature mortality and hospitalisation for children.

In Redditch, the rate of hospital admissions caused by unintentional and deliberate injuries in children and young people is significantly higher than both the West Midlands and England average across all age groups (0-4 years, 0-14 years and 15-24 years).

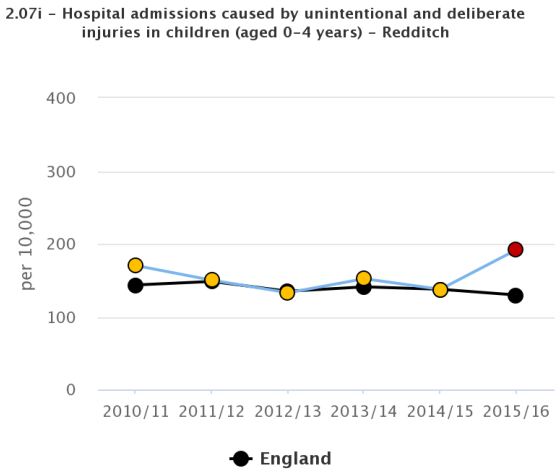
Hospital admissions caused by unintentional and deliberate injuries in children in Redditch, West Midlands and England (2015-16)

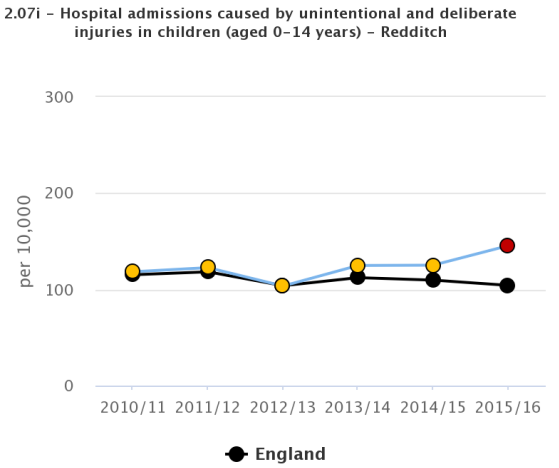


Source: Public Health Outcomes Framework (PHOF)

In Redditch, 2015/16, the rate of hospital admissions caused by unintentional and deliberate injuries in children aged 0-4 years was significantly higher than both the West Midlands and England rates at 191.7 hospital admissions per 10,000. This is also the same for children aged 0-14 where rates were 145.4 hospital admissions per 10,000 in 2015/16, compared to 125.2 in 2014/15.

This is the first year that rates have been significantly higher and have increased sharply from 2014/15 when the rate was 137.5 per 10,000 for children aged 0-4 years. The rate is also the second highest across the West Midlands region, second only to Coventry. This will require monitoring at a local level to see if this is a trend. It is important to consider that whilst Hospital Episode Statistics (HES) data is considered to be generally robust, it can be sensitive to changes in coding practices at trust level.



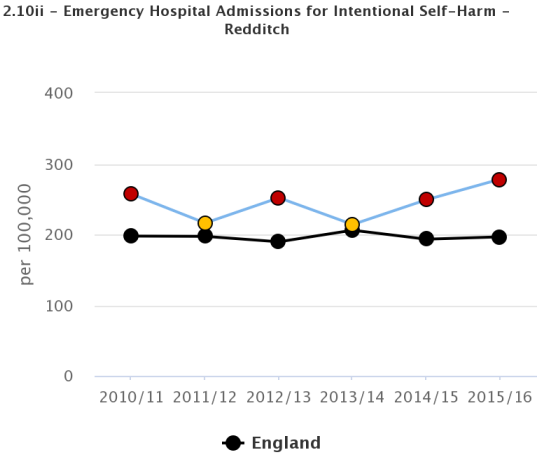


Source: Public Health Outcomes Framework (PHOF)

Emergency Hospital Admissions for Intentional Self-Harm (hospital admissions per 100,000, DSR)

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 (A&E) showed a subsequent suicide rate of 0.7% in the first year – 66 times the suicide rate in the general population[26].

The rate of emergency hospital admissions for intentional self-harm in Redditch is significantly higher at 278.1 admissions per 100,000 compared to 208.9 admissions per 100,000 in the West Midlands and 196.5 admissions per 100,000 for England overall. Redditch has the second highest rate of admissions across the West Midlands region. Rates are significantly higher for females (341.7) in comparison to males (218.3).



Source: Public Health Outcomes Framework (PHOF)

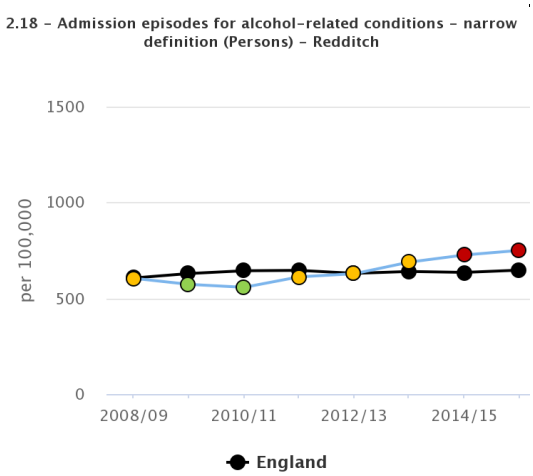
Some caution is urged when interpreting data on self-harm trends from Hospital Episode Statistics (HES) data. Large increases could be due to improved data collection. However, it is important to monitor the trend over time to see whether this trend is likely to continue.

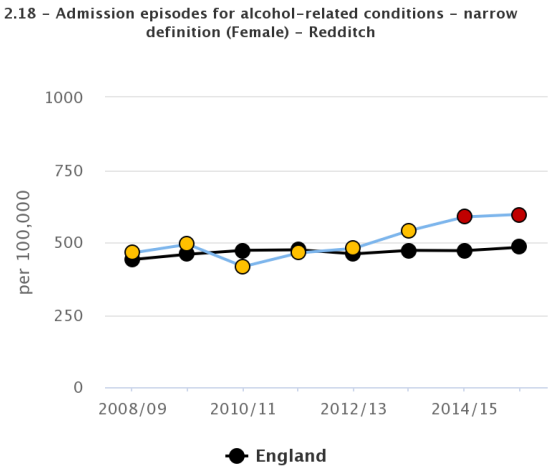
Hospital Stays for Alcohol Related Harm

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

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[27].

The rate of hospital admissions for alcohol related harm (narrow definition[28]) in Redditch has been increasing and has been significantly higher than England for the last two years. The latest data shows that the rate is 750 admissions per 100,000 compared to the England rate of 647 admissions per 100,000. Rates of admissions for males are not significantly higher compared to the England average. The rate of admissions for females is significantly higher than the England average and has been for the last two years.





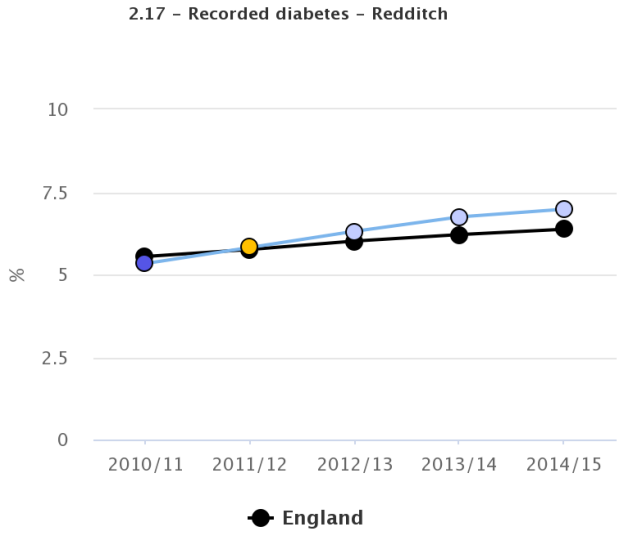
Source: Public Health Outcomes Framework (PHOF)

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

[28] PROVIDE DEFINITION OF NARROW CRITERIA

Recorded Diabetes

The proportion of recorded diabetes in Redditch is significantly higher at 7.0% compared to the England average at 6.4%. It is the highest recorded rate across the Worcestershire districts. National data shows more deprived areas have a higher proportion of people with recorded diabetes than less deprived areas with a proportion of recorded diabetes of 7.2% in the most deprived areas compared to 5.1% in the least deprived areas.

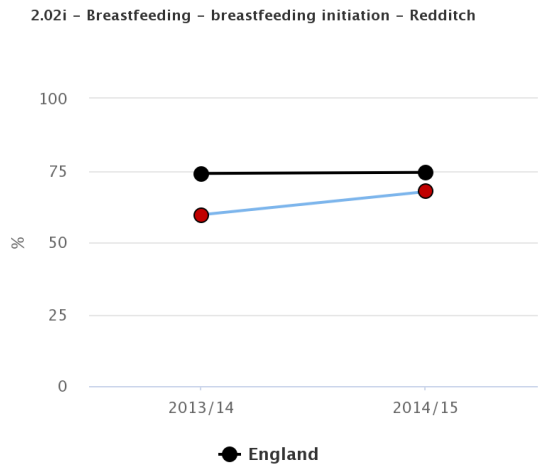


Source: Public Health Outcomes Framework (PHOF)

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 Redditch was significantly lower than both England and West Midlands average at 67.6% in 2014/15. This is the most up to date information available at district level and it is difficult to comment on whether this has changed over the last two financial years. Between 2013/14 and 2014/15, there was an increase in breastfeeding initiation rates from 59.6% to 67.6% respectively.



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 target level for vaccination uptake during 2016-17 was 75.0% for individuals aged 65 and over and 55.0% for individuals considered being at-risk aged 18+.

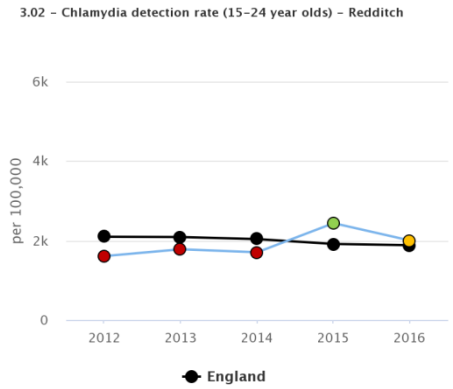
Redditch and Bromsgrove CCG fell short of the target at 71.0% of individuals aged 65 and over were vaccinated; this was the lowest across the three CCG groups in Worcestershire. 50.5% of individuals in at-risk groups were vaccinated against a target of 55.0%.

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[29].

The chlamydia detection rate in Redditch was significantly higher in 2015 but in 2016 the rate was similar to the national average at 2,000 per 100,000 population aged 15-24 compared to the England rate at 1,882 per 100,000 population aged 15-24



Source: Public Health Outcomes Framework (PHOF)

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

Local Strategy

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

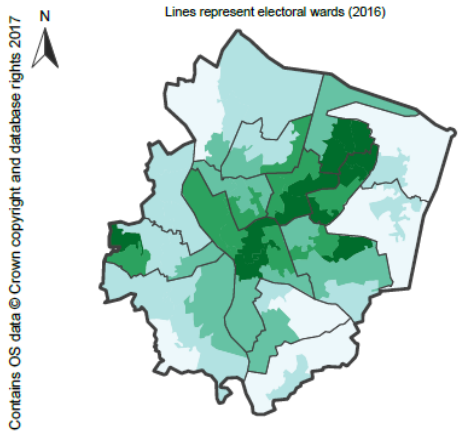
Priority Area	Projects
Maternal and Early Years Health and	• Increase awareness and uptake of the Healthy Start (HS) programme/ vouchers • Increase positive lifestyles choices during pregnancy
Obesity	• Increase the development of healthy cooking on a budget within communities • Increase the amount of 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 District

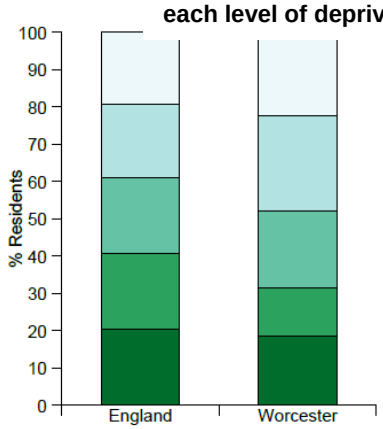
Population & Demographics: Key Facts

- Population: 102,338[30]
- Higher proportion of males and females in 20-24yr old age group in comparison to the England average.
- 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.
- 18.0% of children living in low income households (3,500)
- 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) is similar to the England average in Worcester at 59.2%
- Life expectancy is 10.9 years lower for men and 5.9 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.

Index of Multiple Deprivation 2015 (Quintiles) by LSOA



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



Source: Public Health England – Health Profile 2017: Worcester

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[31].

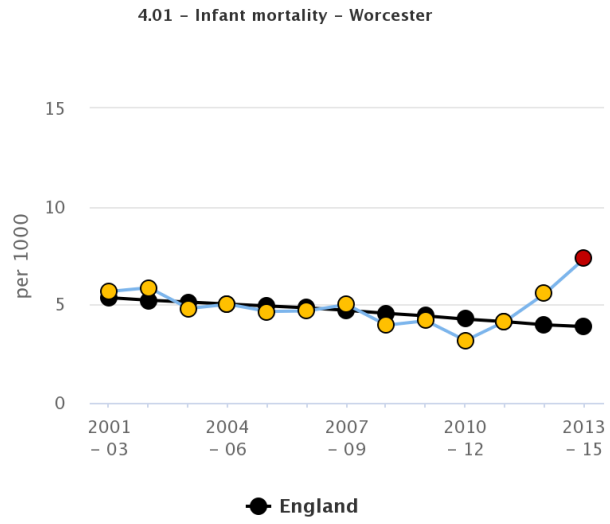
[30] ONS mid-year population estimates 2016

Areas of Concern and Changing Needs

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 7.3 per 1,000 in 2013-15. The latest data shows that the infant mortality rate is now significantly higher than the England average for the first time over a 15 year period. 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 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.



Source: Public Health Outcomes Framework (PHOF)

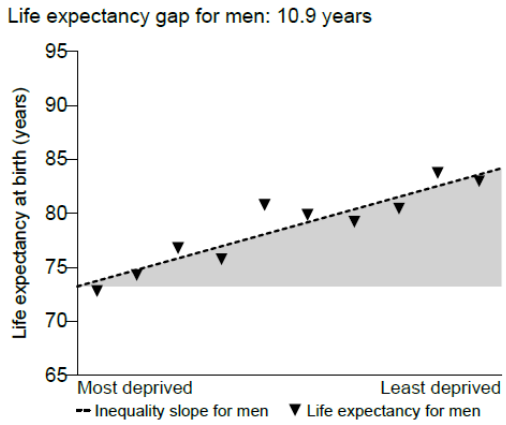
There is a significant correlation between deprivation and infant mortality rates. Data is not available at district level for deprivation but nationally, the difference between rates in the most deprived and least deprived decile are significant. Infant mortality rates in the most deprived decile were 5.6 per 1,000 live births and 2.9 per 1,000 live births in the least deprived decile. This is currently being investigated locally to better understand the reasons for the change in the rate.

Life Expectancy at Birth – Male

[31] Public Health England, Health Profile 2017 – Worcester. Online. Available from: http://fingertipsreports.phe.org.uk/health-profiles/2017/e07000237.pdf

In Worcester, Life expectancy at birth for males is significantly lower than the England average at 78.6 compared to 79.5 in England. Life expectancy had been increasing gradually until 2011-13 where life expectancy has started to fall. Life expectancy is now at its lowest level since 2009-11. The life expectancy gap between the most deprived and the least deprived is 10.9 years for males living in Worcester and is the highest across the Worcestershire districts.

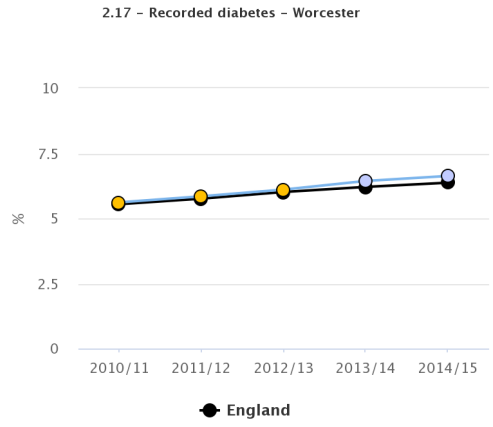
The figure below shows life expectancy for men and in this district for 2013-15. The local authority is divided into local deciles (tenths) by deprivation (IMD 2015), from the most deprived decile on the left of the chart to the least deprived decile on the right. The steepness of the slope represents the inequality in life expectancy that is related to deprivation in this local area. If there was no inequality in life expectancy the line would be horizontal.



Source: Public Health England – Health Profile 2017: Worcester

Recorded Diabetes

The proportion of recorded diabetes in Worcester is significantly higher at 6.6% compared to the England average. There are a higher proportion of individuals with recorded status of diabetes within more deprived areas in comparison to less deprived areas. National data shows that a higher proportion of recorded diabetes in the most deprived decile at 7.2% compared to 5.1% in the least deprived decile.



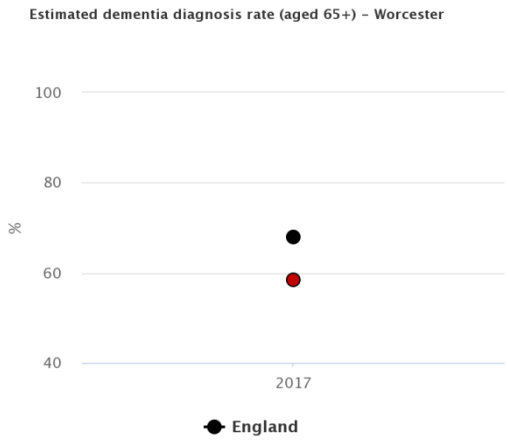
Source: Public Health Outcomes Framework (PHOF)

Estimated Diagnosis Rate of Dementia in People Aged 65 and Over

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[32].

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.

Worcester has a significantly lower proportion of individuals receiving a formal diagnosis of dementia 58.3% compared to 67.9% in England. It also ranks third lowest across the West Midlands. This is lower than expected given the characteristics of the local population.



Source: Public Health Outcomes Framework (PHOF)

Influenza Vaccination

Vaccination against flu is an important public health intervention. Flu can be a dangerous communicable 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 target level for vaccination uptake during 2016-17 was 75.0% for individuals aged 65 and over and 55.0% for individuals aged 18+ considered being at-risk.

South Worcestershire CCG just fell short of the target at 73.3% of individuals aged 65 and over were vaccinated; this was the lowest across the three CCG groups in Worcestershire. 54.8% of individuals in at-risk groups were vaccinated against a target of 55.0%.

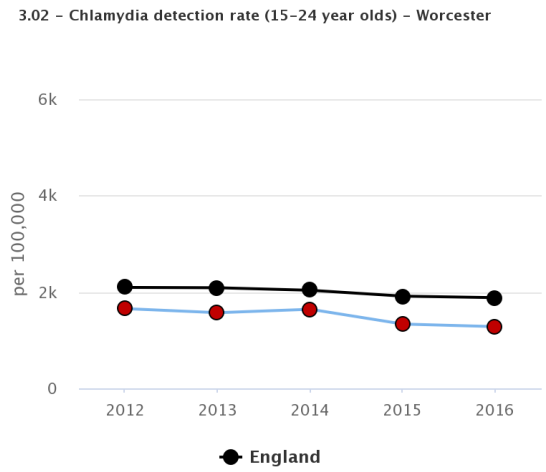
[32] Indicator Definitions and Supporting Information: Dementia: 65+ Estimated Diagnosis Rate. Available from: www.phoutcomes.info

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[33].

Worcester has seen the Chlamydia detection rate fall between 2015 and 2016, the rate is significantly lower than the national average at 1,281 per 100,000 population aged 15-24. There has been a downward trend in the Chlamydia detection rate in Worcester district. It has one of the lowest screening rates across Worcestershire, second only to Malvern Hills. which is of concern, given the high proportion of 15-24 year olds living in this area.



Source: Public Health Outcomes Framework (PHOF)

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

Local Strategy

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

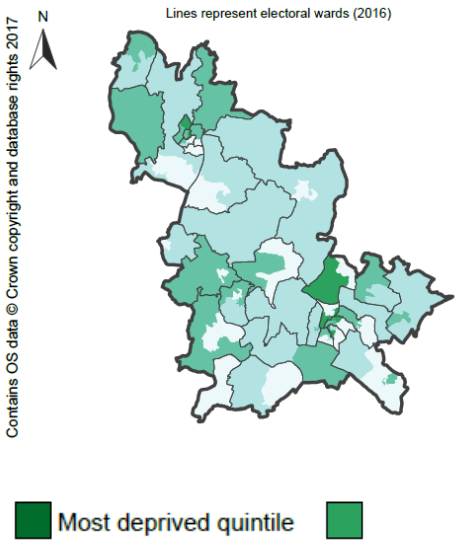
Priority Area	Projects
Good mental health and wellbeing throughout life	Training - Health chats, parenting courses, Plan and deliver a mental health campaign locally Host an annual 'Wise and Well' event for people over the age of 50 years. Community gardening - building networks, allotments and healthy 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 District

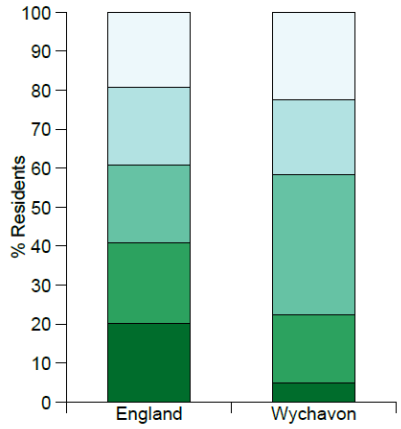
Population & Demographics: Key Facts

- Population: 122,943[34]
- Wychavon has a higher proportion of people aged 65 and over (24.3%) in comparison to Worcestershire overall.
- 1.1% of people living in Wychavon are from an ethnic minority group, compared to 13.2% in England.
- 13.0% of children living in low income households (2,500)
- GCSE attainment (5 GCSEs A*-C) 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 8.8 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 females the gap between the richest and poorest areas in Wychavon has widened since 2011-13.

Index of Multiple Deprivation 2015 (Quintiles) by LSOA



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



Source: Public Health England – Health Profile 2017: Wychavon

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 areas the more deprived the neighbourhood[35].

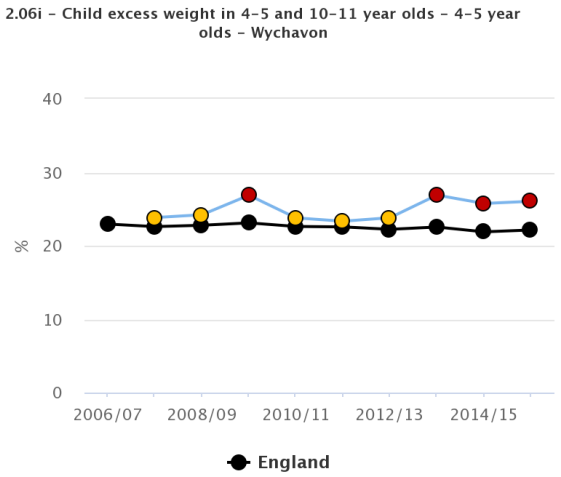
[34] ONS mid-year population estimates 2016
[35] Public Health England, Health Profile 2017 – Wychavon. Online. Available from: http://fingertipsreports.phe.org.uk/health-profiles/2017/e07000238.pdf

Areas of Concern and Changing Needs

Excess Weight – Reception

Tackling obesity is a key national public health priority and there is significant concern about the increasing levels of children who are overweight or obese. Studies have found that children who are overweight or obese have a greater probability of becoming overweight or obese in older age. There are a number of health issues related to childhood obesity including glucose intolerance, Type 2 Diabetes, exacerbation of asthma and psychological issues relating to social isolation and low self-esteem from bullying and teasing[36].

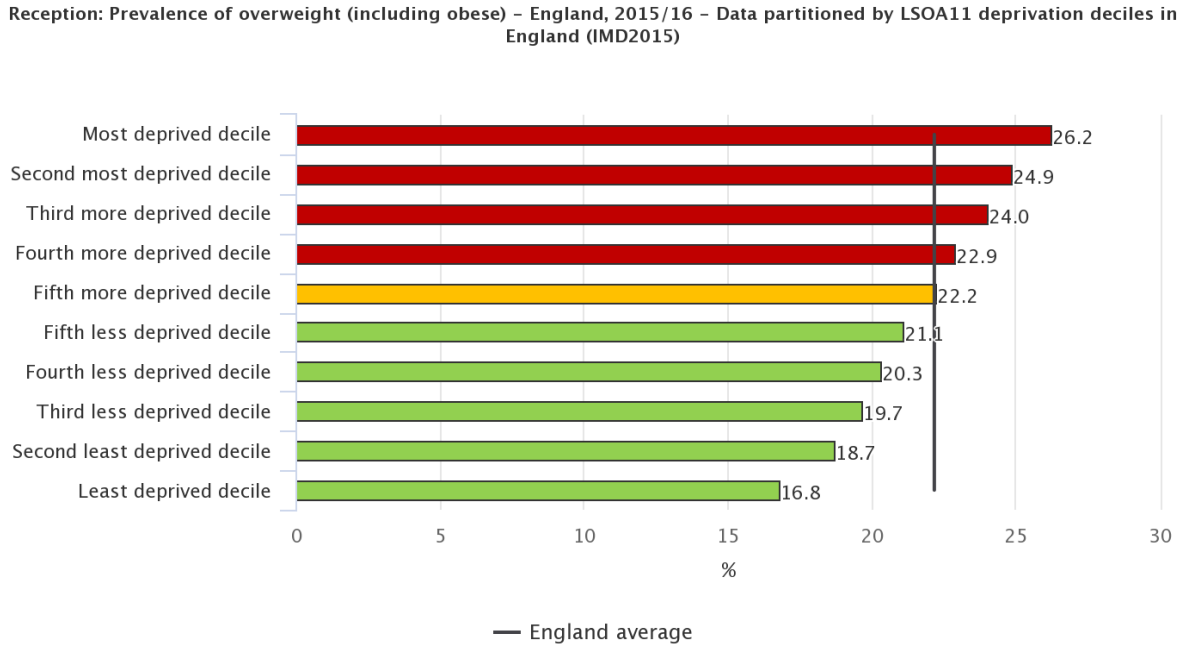
In 2015-16, Wychavon had a significantly higher proportion of children aged 4 to 5 in Reception who are either overweight or obese (26.0%) in comparison to the West Midlands (23.3%) and England average (22.1%). The rate in Wychavon is the second highest in the West Midlands region and the highest in Worcestershire. The proportion of children who are classed as overweight or obese has remained relatively stable in Wychavon for the last three years. Data for England shows a significant link between levels of deprivation, with 26.2% of children in the most deprived areas classed as overweight or obese compared to 16.8% of children in the least deprived areas.



Source: Public Health Outcomes Framework (PHOF)

[36] Indicator Definitions and Supporting Information: Child excess weight in 4-5 and 10-11yr olds. Available from: www.phoutcomes.info

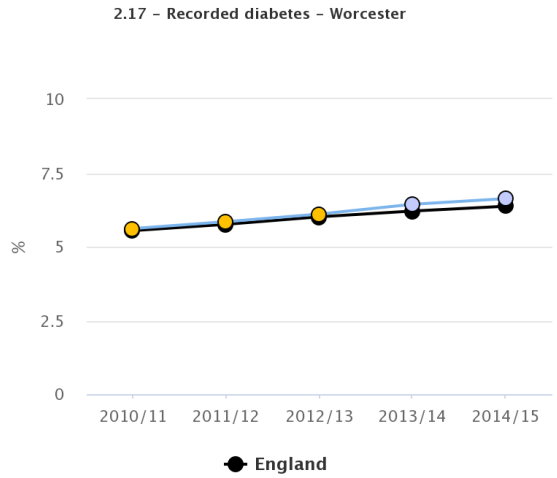
National data shows there are notable within group differences. Boys in Reception are more likely to have a higher prevalence of being overweight or obese at 22.7% compared to 21.5% for females. There are also significant differences amongst different ethnic groups. There is a stark contrast between the prevalence of overweight and obese children in reception from 26.2% in the most deprived area to 16.8% in the least deprived area.



Source: Public Health Outcomes Framework (PHOF)

Recorded Diabetes

The proportion of recorded diabetes in Wychavon is significantly higher at 7.0% compared to England average at 6.4%. National data shows that there are a higher proportion of individuals with recorded status of diabetes within more deprived areas in comparison to less deprived areas with a proportion of recorded diabetes of 7.2% in the most deprived areas to 5.1% in the least deprived areas.



Source: Public Health Outcomes Framework (PHOF)

Estimated prevalence of undiagnosed hypertension (16+)

Hypertension is a significant risk factor for heart disease, stroke and kidney disease and is therefore a key priority for public health programmes. Lifestyle changes can help to lower blood pressure including being more physically active, reducing alcohol intake, losing weight if overweight and stopping smoking. Some individuals may require medication to help to lower their blood pressure. Wychavon has one of the highest proportion of undiagnosed hypertension 13.4% across the West Midlands region. The proportion nationally is 12.2%.

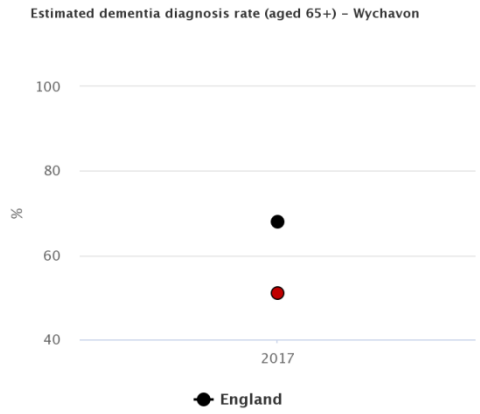
Source: Public Health Outcomes Framework (PHOF)

Estimated diagnosis rate of Dementia in people aged 65 and over

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[37].

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.

Wychavon has the lowest proportion of people with a formal dementia diagnosis across the West Midlands at 51.0% compared to 67.9% in England and 65.6% in West Midlands. It is also one of the lowest in the country. This is lower than expected given the characteristics of the local population.



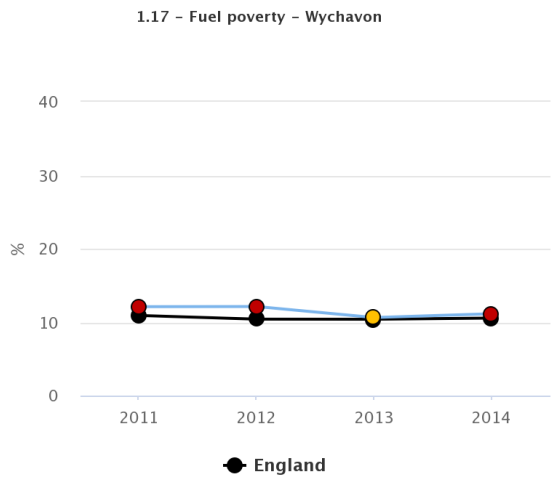
Source: Public Health Outcomes Framework (PHOF)

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

Fuel Poverty

Wychavon has a significantly higher proportion of households considered to be fuel poor (11.1%) in comparison to England average (10.5%). Rural areas have significantly higher levels of fuel poverty at 14.5%. National data shows that fuel poverty rates are highest in lone parent with dependent children households (22.3%), other multi-person households (17.8%) and couples with dependent children (15.1%). Households where people are unemployed experience significant fuel poverty, approximately 28% of households. There is a clear gradient in relation to deprivation where 12.5% of households in the most deprived decile experience fuel poverty compared to 7.6% in the least deprived decile.

Rates are significantly lower than the West Midlands region overall and encouragingly; have reduced at a steady rate year on year since 2011 where the proportion was 13.9% to 11.1% in 2014.There has been a significant reduction in the proportion of households considered to be in fuel poverty in Wychavon.



Source: Public Health Outcomes Framework (PHOF)

Influenza Vaccination

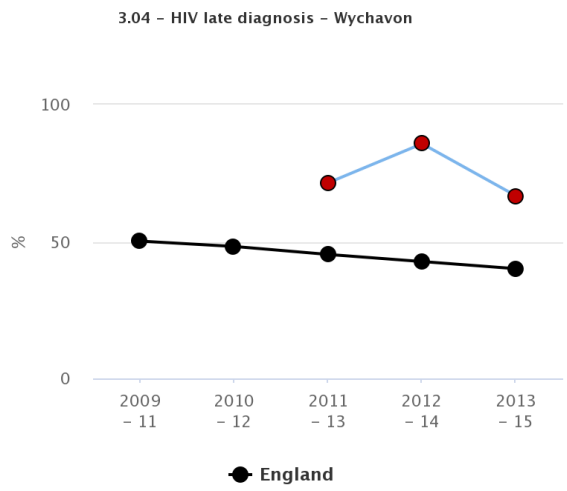
Vaccination against flu is an important public health intervention. Flu can be a dangerous disease, particularly for the very young and the older population. There are also other at-risk groups such as pregnant women and immunocompromised individuals. Vaccination against flu can reduce pressures on health services by reducing hospital admissions and limit exacerbations of existing medical conditions in these particular groups. The target level for vaccination uptake during 2016-17 was 75.0% for individuals aged 65 and over and 55.0% for individuals aged 18+ and considered to be at-risk.

South Worcestershire CCG just fell short of the target at 73.3% of individuals aged 65 and over were vaccinated; this was the lowest across the three CCG groups in Worcestershire. 54.8% of individuals in at-risk groups were vaccinated against a target of 55.0%.

Late HIV Diagnosis

Late diagnosis of HIV infection is an important predictor of morbidity and mortality amongst individuals diagnosed with HIV infection. Individuals who are diagnosed late have a ten-fold risk of death in comparison to those receiving a diagnosis at an earlier stage[38]. National data shows that the highest rates of late diagnosis across exposure groups are for Heterosexual contact for both males (59.0%) and females (50.5%) and injecting drug users (52.1%).

Even though there are small numbers of individuals being diagnosed, in Wychavon a higher proportion of individuals receive their diagnosis at a later stage (66.7%, n.6) in comparison to the West Midlands (45.5%) and England average (40.1%).



Source: Public Health Outcomes Framework (PHOF)

[38] Indicator Definitions and Supporting Information: Late HIV Diagnosis. Available from: www.phoutcomes.info

Local Strategy: Health and Wellbeing

The health and wellbeing strategy below is for the time period 2016 to 2020:

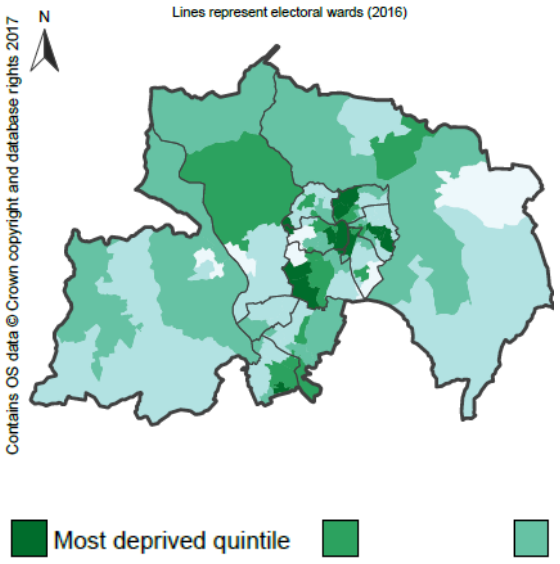
Priority Area	Projects
Being active at every age	• Campaign promoting physical activity • Investment in sport and leisure facilities • At least 3 new play areas/open spaces in the towns— • Improved public access to wildlife sites including encouragement of volunteering and community involvement
Mental 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 District

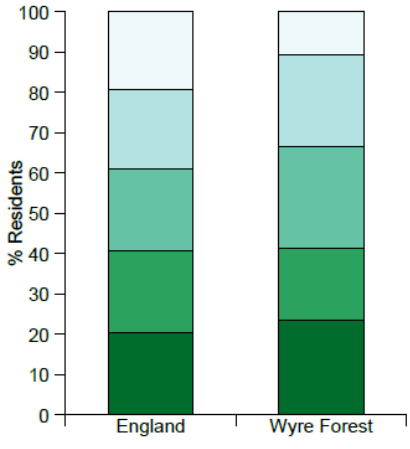
Population/Demographics

- Population: 99,902[39]
- Wyre Forest has a higher proportion of people aged 65 and over (24.2%) in comparison to Worcestershire overall.
- 20% of children are living in low income households (3,400).
- 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) is similar to the national average at 58.8%.
- Life expectancy is 9.4 years lower for men and 8.5 years lower for women in the most deprived areas of Wyre Forest, in comparison to the least deprived.
- For premature deaths in both males and females the gap between the richest and poorest areas in Wyre Forest has widened since 2011-13.

Index of Multiple Deprivation 2015 (Quintiles) by LSOA



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



Source: Public Health England – Health Profile 2017: Wyre Forest

The map shows differences in deprivation in this area based on national comparisons, using national

[39] ONS mid-year population estimates 2016

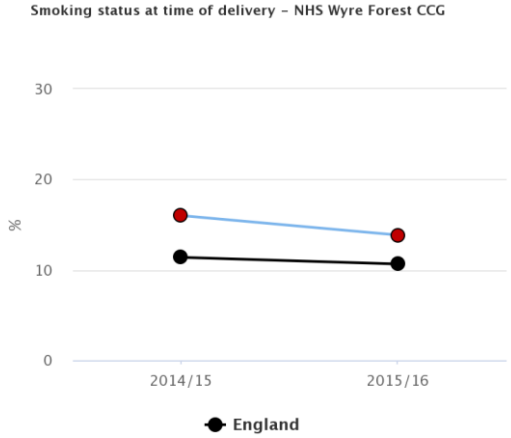
quintiles (fifths) of the Index of Multiple Deprivation 2015 (IMD 2015), shown by lower super output area. The darkest coloured areas are some of the most deprived neighbourhoods in England[40].

Areas of Concern and Changing Needs

Smoking status at time of delivery

Smoking status of mothers at the time of delivery is an important public health measure because smoking during pregnancy can cause a multitude of issues for both mother and child including premature birth, increased risk of miscarriage, complications during labour, low birth weight and unexpected death during infancy[41].

The proportion of mothers who were smoking at the time of delivery in Wyre Forest was 13.8% in 2015-16, compared to 10.6% in England.



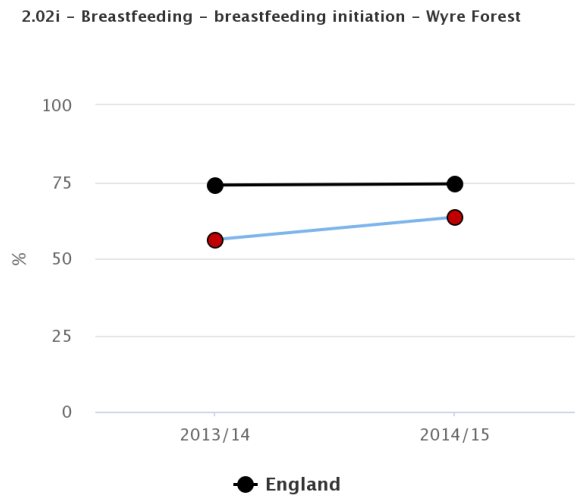
Source: Public Health Outcomes Framework (PHOF)

[40] Public Health England, Health Profile 2017 – Wyre Forest. Online. Available from: http://fingertipsreports.phe.org.uk/health-profiles/2017/e07000239.pdf

[41] NHS Digital (2017) Statistics on Women's Smoking Status at Time of Delivery. Online. Available from: http://content.digital.nhs.uk/catalogue/PUB24222/stat-wome-smok-time-deli-eng-q4-16-17-rep.pdf

Breastfeeding Initiation

The rate of breastfeeding initiation in Wyre Forest was significantly lower than both England and West Midlands average at 63.5% in 2014/15. This is the most up to date information available at district level and it is difficult to comment on whether this has changed over the last two financial years. Between 2013/14 and 2014/15, there was a notable increase in breastfeeding initiation rates from 56.2% to 63.5% respectively. Breastfeeding initiation is considered to be a valid and important measure of public health. Benefits of breastfeeding are significant for both mother and child. Lower rates of respiratory and gastrointestinal infection are experienced in babies who are breastfed. Breastfeeding also lowers the risk of both breast and ovarian cancers.

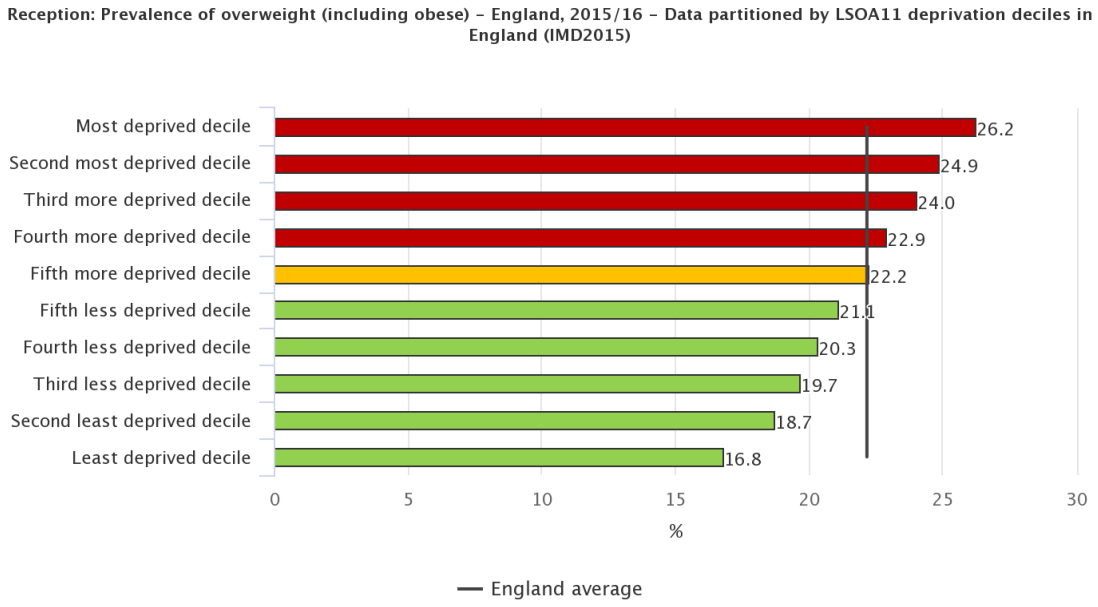


Source: Public Health Outcomes Framework (PHOF)

Children Who are Overweight and Obese (Reception and Year 6)

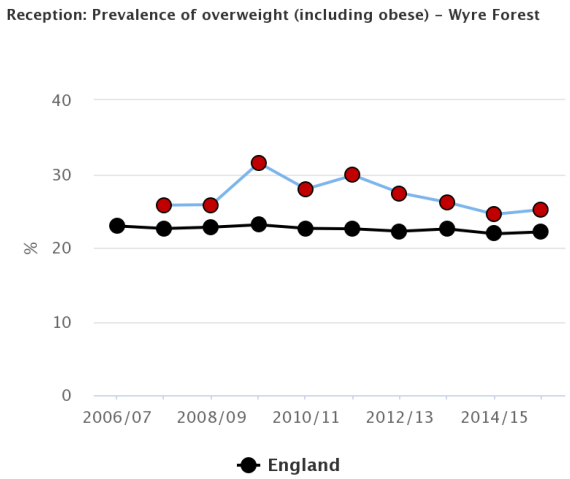
Wyre Forest has a significantly higher rate of children who are overweight or obese in comparison to the England average. There has been a downward trend in the last four years from 29.8% in 2011/12 to 24.5% in 2014/15 with a slight increase during 2015-16 to 25.2%. However, the proportion of children in Reception who are overweight or obese has always remained significantly higher than the England average since the NCMP began in 2006/7.

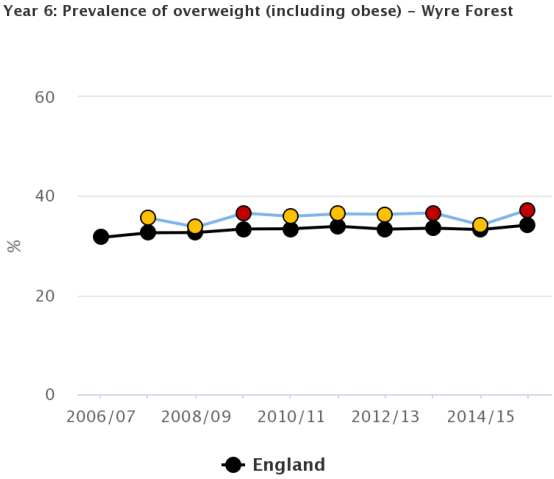
National data shows, there are notable within group differences. Boys in Reception are more likely to have a higher prevalence of being overweight or obese at 22.7% compared to 21.5% for females. There are also significant differences amongst different ethnic groups. There is a stark contrast between the prevalence of overweight and obese children in reception from 26.2% in the most deprived area to 16.8% in the least deprived area.



Source: Public Health Outcomes Framework (PHOF)

In 2015-16, Wyre Forest had a significantly higher prevalence of children in Year 6 who were overweight or obese at 37.3% and it is the highest across Worcestershire overall. Boys have a higher prevalence of being overweight and obese at 36.0% compared to 32.3% for females. There is a stark contrast between the prevalence of overweight and obese children in Year 6 from 40.6% in the most deprived area to 24.8% in the least deprived area.



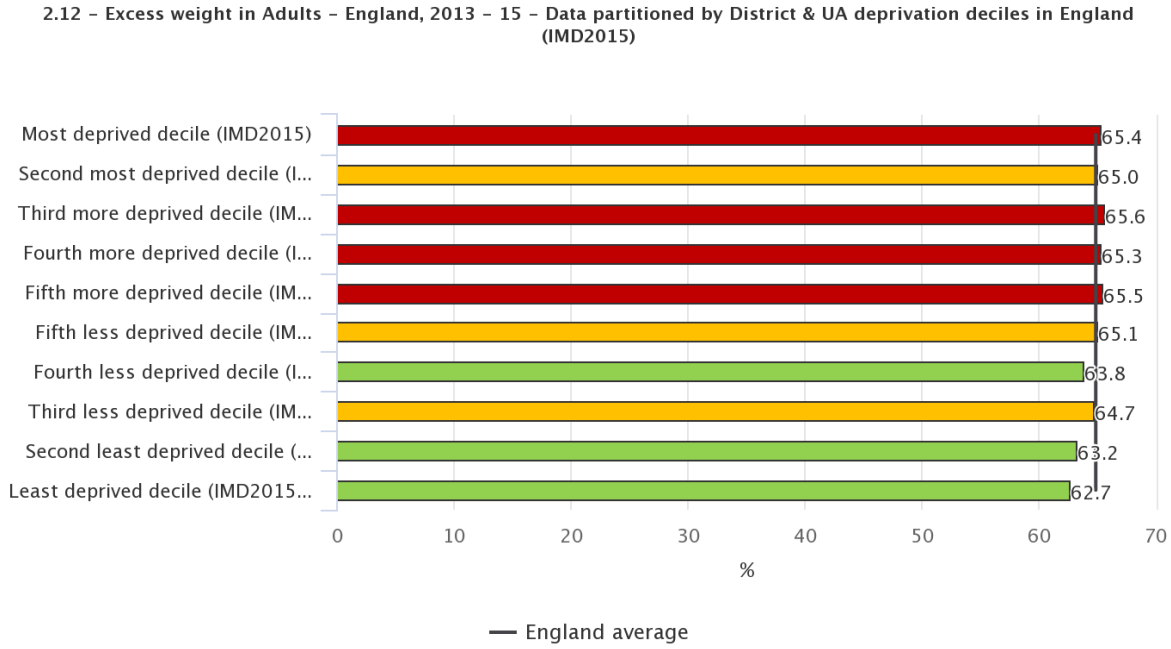


Source: Public Health Outcomes Framework (PHOF)

Excess Weight in Adults (estimates)

There are a significantly higher proportion of adults who are overweight or obese across Wyre Forest in comparison to the national average between 2013/15 the proportion of adults with excess weight was 70.3% compared to the national average of 64.6%. Excess weight in adults is a key public health priority and a leading contributory factor for premature mortality and avoidable ill health. Wyre Forest is the only district within Worcestershire with significantly higher rates in comparison to the national average. The proportion of individuals who are obese is significantly higher than the England average at 27.0%.

There are differences across demographic groups. Adults aged 16-34 having a significantly lower proportion of excess weight in comparison to adults aged 35-65+. Adults aged 55-64yrs having the highest rates overall at 76.0%. Males have significantly higher rates of excess weight when compared to the national average at 68.4% compared to 61.1% of females.

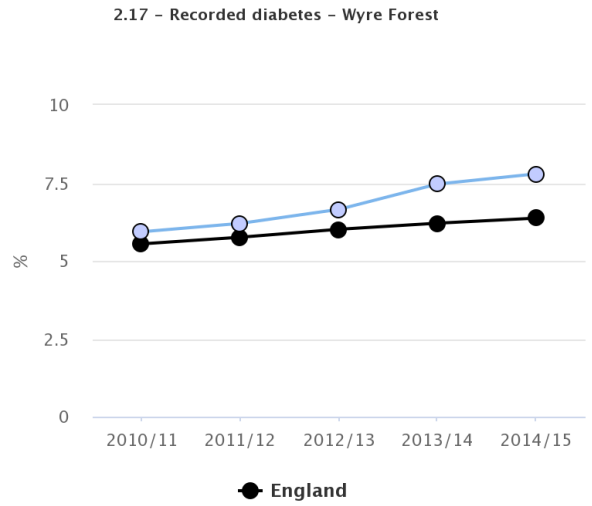


Source: Public Health Outcomes Framework (PHOF)

When considering deprivation, four out of five, 'more deprived' areas have a significantly higher proportion of adults who are overweight. In comparison to less deprived areas where rates of adult excess weight are either similar to or significantly lower than the England average.

Recorded Diabetes

The proportion of recorded diabetes in Wyre Forest is significantly higher at 7.8% compared to England and West Midlands average at 6.4% and 7.3% respectively. It is the highest recorded rate of the Worcestershire districts. There are a higher proportion of individuals with recorded status of diabetes within more deprived areas in comparison to less deprived areas - with a proportion of recorded diabetes of 7.2% in the most deprived decile compared to 5.1% in the least deprived decile.



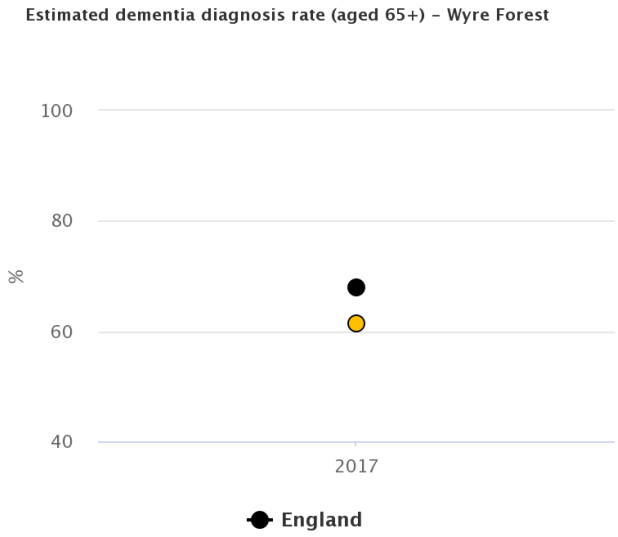
Source: Public Health Outcomes Framework (PHOF)

Estimated diagnosis rate of Dementia in people aged 65 and over

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[42].

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.

Wyre Forest has a lower proportion of individuals receiving a formal diagnosis of dementia at 61.3% compared to 67.9% in England.



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 target level for vaccination uptake during 2016-17 was 75.0% for individuals aged 65 and over and 55.0% for individuals aged 18+ considered being at-risk.

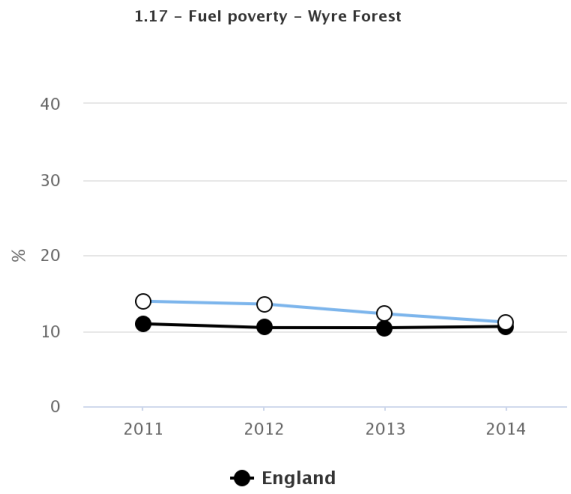
Wyre Forest CCG just fell short of the target at 73.6% of individuals aged 65 and over were vaccinated; this was the lowest across the three CCG groups in Worcestershire. 54.2% of individuals in at-risk groups were vaccinated against a target of 55.0%.

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

Fuel Poverty

Wyre Forest has a significantly higher proportion of households considered to be fuel poor than England as a whole. Rural areas have significantly higher levels of fuel poverty at 14.5%. Fuel poverty rates are highest in lone parent with dependent children households (22.3%), other multi-person households (17.8%) and couples with dependent children (15.1%). Households where people are unemployed experience significant fuel poverty, approximately 28% of households. There is a clear gradient in relation to deprivation where 12.5% of households in the most deprived decile experience fuel poverty compared to 7.6% in the least deprived decile.

Rates are significantly lower than the West Midlands region overall and encouragingly; have reduced at a steady rate year on year since 2011 where the proportion was 13.9% to 11.1% in 2014.



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 & Wellbeing in schools • Dementia Friendly Communities • Reduce Social Isolation and Loneliness • Digital Inclusion
Being active at every age	• Sports Development / Activities • Adult Cycle Training • Leisure Centre • Green Gyms and Parks
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 & 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.

Glossary

BAME = Black and Minority Ethnic Groups

CIPFA = Chartered Institute of Public Finance and Accountancy

CYP = Children and young people

DECC = Dept. of Energy and Climate Change

DfT = Department for Transport

DoH = Department of Health

DSR = Directly standardized rate

EWD = Excess winter deaths

GP = General practitioner

HLE = Healthy life expectancy

HWB = Health and Well-being

JSNA = Joint strategic needs assessment

LAC = Looked after children

LAPE = Local alcohol profiles England

LD = Learning disability

NCIN = National cancer intelligence network

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

PACTS = Parliamentary advisory council for transport safety

PANSI = Projecting adult needs/service information system

PHE = Public Health England

PHIT = Public health information team

PHOF = Public Health Outcomes framework

POPPI = Projecting older people population information system

SCIE = Social care institute for excellence

SH = Sexual health

SRE = Sex and relationship education

STI = Sexually transmitted infections

WHO = World health organization

References

Acheson (chair) 1998, Independent Inquiry into Inequalities in Health Report, The Stationery Office, 1998

Brugha T, Cooper SA, McManus S, Purdon S, Smith J, Scott FJ, Spiers N, Tyrer F (2012) Extending the 2007 Adult Psychiatric Morbidity Survey, HSCIC

Crisis. 2017. *About Homelessness.* London: Crisis.

DoH. 2009. *Statutory guidance on promoting the health and Well-being of looked after children.* [Online] Available @ http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_108592.pdf [Accessed 15/09/2016].

DoH. 2011. *No health without mental health*. London: Department of Health.

DoH. 2014. *Supporting the health and Well-being of adult carers.* London: Department of Health.

Homeless Link. 2014. *The unhealthy state of homelessness – Health Audit Results 2014.* London: Homeless Link. (The estimates are based on an audit of over 2,500 homeless people using services in 19 areas across England between January 2012 and March 2014).

McManus, S., Meltzer, H., Brugha, T., Bebbington, P., Jenkins, R. (2009) Adult Psychiatric Morbidity in England, 2007: results of a household survey, National Centre for Social Research.

Maas, J., Verheij, R., de Vries, S. et al. 2009. Morbidity is related to a green living environment. *Journal of Epidemiology and Community Health.* 63 (12): pp.967-973.

Marmot, M. 2010. Fair Society, Healthy Lives. Report to the Department of Health http://www.marmotreview.org/

Mental Health Foundation. 2007. *Fundamental Facts*. London: Mental health Foundation.

Mental Health Network. 2014. *Key facts and trends in mental health. London:* NHS Confederation

NCIN. 2011. *The effect of rurality on cancer incidence and mortality*. National Cancer Intelligence Network Data Briefing.

NHS England. 2013. *Cost of health inequalities.* London: institute of Health Equity.

NICE. 2012. *Clinical Guidance PH41: Physical activity – walking and cycling*. London: National Institute for health and care excellence.

ONS. 2013. *Measuring national Well-being Well-being : what matters most to personal Well-being ?* [Online] Available @ http://webarchive.nationalarchives.gov.uk/20160105160709/http://www.ons.gov.uk/ons/rel/Well-being Well-being /measuring-national-Well-being /what-matters-most-to-personal-Well-being -in-the-uk-/art-what-matters-most-to-personal-Well-being -in-the-uk-.html#tab-Key-points [Accessed 03/08/16].

ONS. 2015. *Life expectancy at birth and at age 65 by local areas in England and Wales: 2012 to 2014.* [Online] Available @ https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/lifeexpectancies/bulletins/lifeexpectancyatbirthandatage65bylocalareasinenglandandwales/2015-11-04#national-life-expectancy-at-birth [Accessed 02/08/2016].

PACTS. 2012b. *It's my choice: safer mobility for an ageing population - Update.* London: Parliamentary Advisory Council for Transport Safety.

PHE. 2014. *Fuel Poverty and cold home related health problems.* London: Public Health England.

PHE. 2016. *Attitudes to mental health problems and mental Well-being Well-being* . [Online] Available @ http://bsa.natcen.ac.uk/media/39109/phe-bsa-2015-attitudes-to-mental-health.pdf [Accessed 09/08/2016].

RCPsych. 2010. *No health without public mental health.* London: Royal College of Psychiatrists.

Sheffield University. 2014. *Homelessness Kills.* London: Crisis. (These estimates of age of life expectancy are based on analysis of over 1,700 death records of people recorded as homeless).

WCC. 2015. *Worcestershire Viewpoint Residents Survey.* [Online] Available @ http://www.worcestershire.gov.uk/downloads/file/4593/viewpoint_residents_survey_2015 [Accessed 02/08/2016].

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 & feedback

This profile has been created by Worcestershire County Council's Public Health Team with contributions from members of the JSNA Working Group. We welcome your comments on our work please do contact us if you have any:

Email: jfulton@worcestershire.gov.uk Tel: 01905 843359

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.