Director of Public Health

Annual Report 2016 – 2018

Prevention is better than cure

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Annual Report
Prevention is better than cure
2016 – 2018

Welcome to the 2016 – 2018 Director of Public Health Annual Report. This report focuses on preventing poor health and describes the current picture and opportunities in Worcestershire during this period.

There is a strong evidence base that it is better and cheaper to prevent problems before they arise, in short, that prevention is better than cure. Focussing and investing in prevention will improve health outcomes; keep people independent; and improve peoples' well-being and quality of life. This will, in turn contribute to managing the demand for higher cost reactive services.

Our approach to prevention must be strong and systematic, protecting and improving population health, narrowing health inequalities and supporting our population to enjoy good health at every age. We are living through a period of great challenge, with a rising tide of avoidable disease; increasing numbers of frail older people; and reducing public sector budgets. Many of our public services are dealing with day to day crisis and emergency, and much of that is caused by avoidable demand. Our approach to prevention needs to change to achieve a shared view of action and priority.

The second section of the report is a compendium of local health indicators. This presents a core set of health indicators over time, for the whole population of Worcestershire. As in previous years, our population in Worcestershire is generally healthy when compared with national averages. However, we cannot be complacent.

Much of the data about children suggests that there are risks to their future health. For example, smoking in pregnancy; childhood obesity; breast-feeding rates; and school readiness among children whose families qualify for free school meals all show below average outcomes. Most of our middle-aged population are now following life-styles which may be in line with national averages, but which are unhealthy and will cause health problems now and in the future. For example, most of our population is now over-weight or obese, and too many are physically inactive, smoke, and drink too much We can predict that the diseases linked to these lifestyles (such as stroke, coronary heart disease and diabetes) will rise significantly in the years to come. Data about the older population shows that, although people live longer, they have extended the years of life lived in poor health, rather than the years spent in good health. It is clear that outcomes such as social isolation of carers, fuel poverty, sight loss, and falls must improve significantly if we are to enjoy a healthy old age. Health inequalities are still evident, with the difference between the most and least deprived being at its widest for the number of years spend in poor health.

Many aspects of ill health in the 21st century are avoidable. Investing in prevention is a key element of making health and social care systems affordable and sustainable. I hope that this annual report will influence our thinking and actions in Worcestershire. There are some clear signs now that a healthy future is under threat, unless we do all we can together to improve our delivery of at scale effective prevention.

Dr Frances Howie
Director of Public Health

The Case for Change

Political and public commitment to universal health care, free at the point of delivery, according to clinical need, remains as strong now as it was when the NHS was established in 1948. However, the costs of the NHS have risen dramatically. In 1948, the budget for the NHS was £437m, which would be about £15bn at today's prices. In fact, in 2016/17, expenditure was £120bn.[1]

Spend has gone up as a consequence of increases in:

- The extent of medical intervention possible due to advances in science in technology.
- Public expectation about the service.
- Life expectancy, which, for a child born in 2017 is 82 years compared with 68 years in 1948[2].
- Population size. In 1948, the UK population was 49.4 million[3] compared with 66.1 million in 2017.
- Changes in the pattern of disease. When the NHS was set up, the main burden of disease came from communicable disease from which, in general, the patient either died or recovered. Now, the main burden of disease comes from non-communicable diseases, such as coronary heart disease or cancer, which result in a longer life, but often with long term health conditions requiring long- term NHS support.

Successive governments have restated their commitment to the NHS, and have increased the spending. The % of GDP used to fund the NHS has changed from 3.5% in 1948[4] to 7.4% in 2016/17.[5]

Repeated policy changes have attempted to limit this growth in spending. However, costs have continued to rise as the system struggles to cope with the increased burden of ill-health and demographic change.
In 2014, NHS England produced the Five Year Forward View policy document and described the need to 'get serious about prevention', and to systematise a radical upgrade in prevention. This is still not evident, and the NHS and social system continues to try to resolve problems which could have been resolved at a far earlier stage.

Locally, the need for change is evident. The NHS has required local areas to produce a Sustainability and Development Plan (STP) which identifies gaps between where we are, and where we should be, in terms of health outcomes gap; service quality outcomes and finances. **The Plan shows health outcomes that show that Worcestershire has progress to be made to improve the health of its people**. For example

- Worcestershire ranks 55th out of 150 Authorities nationally (where 1st is best) for premature mortality rate per 100,000 population. In comparison with its statistical neighbours, Worcestershire ranks 12th out of 15, with a premature death rate of 320 per 100,000, compared with 256 for the 1st ranked (2012-14).
- The gap between life expectancy and healthy life expectancy at 65 years in Worcestershire is 7.2 years for males, and 8.9 years for females (2014-2016).

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[1] HM Treasury, *Public Expenditure Statistical Analysis 2017*

[2] Average for males and females, the figure is for 2013-15, the closest year available.

[3] Source: OHE Guide to UK Health and Health Care Statistics, 2013

[4] Figure is for 1950/51, the first year available. Source: http://www.nhshistory.net/parlymoney.pdf

[5] Source: HM Treasury, Public Expenditure Statistical Analysis 2017, Table 4.4

- The gap in healthy life expectancy between the most and least deprived in Worcestershire is 11.8 years for males, and 11.5 years for females (2009-2013).

    - Only 46% of children receiving free school meals in Worcestershire reach a good level of development at the end of the reception school year. This is worse than the England average of 51% (2014/15)
    - The infant mortality rate in Worcestershire is 4.9 per 1,000 live births (2014-16) and is amongst the worst in comparison with its statistical neighbours.
    - 23% of reception class children are obese or overweight in Worcestershire (2015/16)
    - 2.7% of all live births at term in Worcestershire are of low birth weight, similar to the national average of 2.8% but higher than most comparator areas (2016).
    - Breast-feeding initiation rates are 66.7% in Worcestershire with a national figure of 74.5% (2016/17)

The data presented here show that lifestyles in the County are often not those which will produce the healthiest life. Continuing with these lifestyles will further widen the gap between where we are and where we should be. For example, an estimated 65,000 people smoke, 140,000 drink alcohol to excess, 98,000 are physically inactive, and 290,000 are overweight or obese. People do not make maximum use of preventive services such as influenza vaccination where 27.8% of over 65s were unvaccinated in 2016/17, and 6.8% of children at 5 years old had not received 2 doses of measles, mumps and rubella in 2015/16.

The particular pressures of a high proportion of older people; a majority of the middle-aged population following lifestyles with some health risk; and poor health outcomes among children, mean that there is a consistent pattern in Worcestershire as in the country as a whole of rising demand for high cost services and of people not being able to live life to the full. **The case for a shift towards prevention is strong**.

Worcestershire context

In 2013, local authorities were given a new statutory duty to improve population health and narrow health inequalities. This new function moved to the County Council, and a new Public Health Ring-fenced Grant (PHRFG) was given to the Council to execute its duties. Key functions for the council, under the leadership of the Public Health director and team, include commissioning prevention services; influencing the wider determinants of health through working with partners; and using intelligence and skills to maximise investment locally. The move to local authorities was hoped to strengthen place based approaches to healthy environments, and the NHS retained its duty to narrow health inequalities and improve health and well-being.

Local authorities were also required to set up Health and Well-being Boards and to produce a Health and Wellbeing Strategy. Our Strategy sets out our approach to prevention: preventing ill-health before it occurs; reducing the impact of problems which have occurred, (by detecting risk and problems as soon as possible and intervening early to limit their impact) and delaying the need for further help and avoiding crisis (by getting the right help quickly to those people who already have needs.)

Our Health and Well-being Strategy sets out a five point framework for local action on prevention:

- **Creating a health promoting environment** by developing and enforcing healthy public policy and taking health impact into account systematically in decision making.
- **Encouraging and enabling people to take responsibility for themselves, their families and their communities** by promoting resilience, peer support and the development of community assets.
- **Providing clear information and advice** across the age-range, so that people make choices that favour good health and independence.
- **Commissioning prevention services** for all ages based on evidence of effectiveness and within the funding available.
- **Gate-keeping services** in a professional, systematic and evidenced way, so that services are taken up by those who will most benefit and the service offer is available on the basis of need, regardless of differences between people in terms of where they live or characteristics such as deprivation.

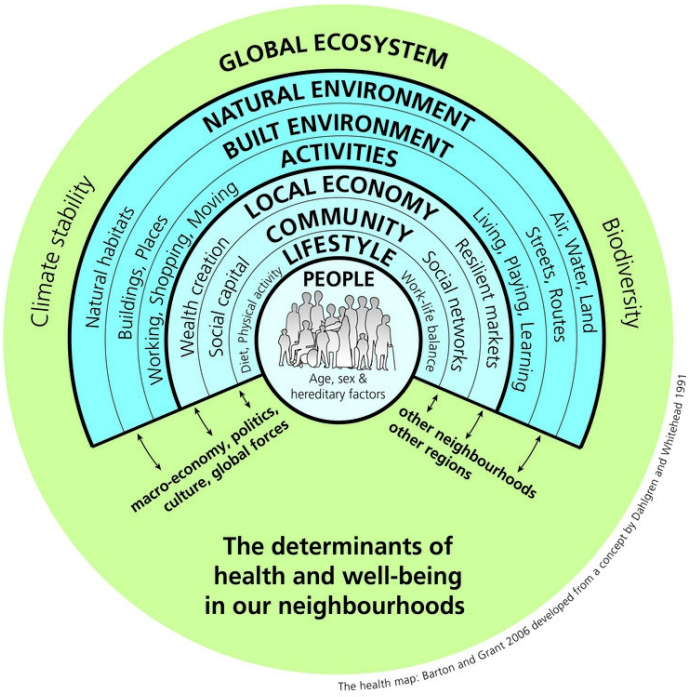
A range of initiatives are now in place across the County which aim to tackle prevention at every level. However, given the continued pattern of rising demand, we are still some way from the radical upgrade in prevention which is needed for the long-term sustainability of our services. It is timely to return now to revisit our ambition, and to consider whether or not we yet have an effective system approach to which deliver impact for our local population. **The data here suggest that the radical up-grade to prevention has yet to be realised**.

The following sections of this report describe three broad areas of prevention drawn from the framework above highlighting what works and considering current progress in Worcestershire.

Creating healthy places	Enabling people to help themselves, their families and their communities	Developing effective prevention services
Working in partnership to create healthy places which promote good health	Encouraging and empowering people to be active in their local community, health literate, and able to take responsibility for their own health	Primary, secondary and tertiary prevention services, universal and targeted, for all ages.
Healthy planning and homes	Engaging with communities to build community assets through people and places, including front line staff training in evidence based practice	Universal services from pre-birth for young people and parents – Midwifery – Health visiting - School nursing Targeted services for those who need them most – Perinatal mental health programmes – Parenting programmes – Child and adolescent mental health services
Healthy licensing policy	Citizen training in health and digital literacy including as champions for promotion of mental health and well-being and dementia awareness	Universal services for all adults – Front line staff training across the whole system in delivering motivational brief interventions
Access to green spaces	Clear information and advice usually digital	Targeted services for those who need them most: – Immunisation programmes for specified groups – Screening programmes for specified groups – NHS health checks programmes – Diabetes prevention programmes – Falls prevention programmes
Air quality	Supported information and advice for those who need it for example by social prescribing and community and health navigators	
Active and integrated travel		
Healthy work places, schools and colleges		
Focus on take-up and engagement with target populations, in particular those living with disadvantage.		

Creating Healthy Places

Good or bad health is not only a consequence of behavior, genetics, and health care. Social, economic and environmental factors are significant determinants of health and healthy places can promote good health, making sure that everyone has a good chance of good health and well-being.



In the next section, I highlight some areas for particular attention. It is important to remember that Worcestershire remains a relatively affluent county in terms of the wider determinants of health relating to education, employment, and income. However, our rising burden of avoidable ill-health should still be addressed through a wider determinants lens, and it is particularly important that we focus on lifestyle modification through place shaping. Much of this work takes place at community level, in our districts, towns, parishes, schools, colleges, and workplaces. Community leaders and local people right across the system can influence the place in which people live and work, and can be engaged in making each local area a healthy place to live for all its residents, whatever their age.

Healthy Planning and homes

The population of Worcestershire is projected to increase by 51,000 people by 2041, and much of this increase will be in people aged 75 years or over, largely driven by falling death rates and people living longer. However, with around 34,000 houses still planned to be built by 2030 across the County, planning has a key role in ensuring that the health needs of the current and future population of Worcestershire are met. The environment in which we live has a significant impact on health. The World Health Organization estimates that 23% of global deaths are due to modifiable environmental factors. Locally, there are opportunities for improving public health including in neighborhood design, improving the quality of housing, planning for an ageing population, improving access to quality food, improving and sustaining the environment, improving sustainable transport, infrastructure and road safety.

To support healthy planning, Health Impact Assessments (HIAs) are a tool for assessing and maximising the potential positive health impacts of a planning proposal, and mitigating

any negative impacts of proposed developments. The South Worcestershire Planning for Health Supplementary Planning Document (SPD), provides a good basis to ensure the systematic application and embedding of prevention into the planning process in Malvern Hills, Wychavon and Worcester City, **but more needs to be done to ensure a consistent approach to healthy planning across all Districts in Worcestershire, and elected members and planning officers at County and District level have an important part to play**.

Homes promote good health and healthy lives in many ways, including by the careful planning of the built environment and the provision of high quality housing which will enable people to be safe and warm. However, maximising good housing throughout life should be more focused and flexible too: good-quality supported housing for people with mental and physical health challenges; homes that can adapt to the needs of people as they age; and healthy care homes when they are needed are all needed to prevent ill-health, and to reduce some of the existing pressures on health and social care systems. Here it is important for health, social care, and voluntary sector partners to work together and with planners to make sure that the basic right to safe, affordable and appropriate housing is met.

Care homes have a unique role in creating a health promoting environment for the most frail older people. NICE guidelines,[6] focus on the opportunities in care homes to promote good mental and physical health, including through meaningful activities, good diet and hydration, and prevention of falls. Enhanced health in care homes can be achieved by close co-ordination between care homes and the range of health services required to meet the needs of older people living in the care homes, as well as with our local communities. Much has been done in Worcestershire to link care homes to named GPs, and there are well-being schemes in some of our care homes. **However, much more could be done to make the most of the care home setting in promoting good health and preventing further escalation of health problems.**

Healthy licensing policy

Excessive drinking is damaging to health in the short and long term. Short term effects include accidents and violent behaviour whilst longer term effects of persistent alcohol misuse include stroke, liver disease and liver cancer. Nationally, victims of violent crime believed the perpetrator to be under the influence of alcohol in 40% of violent incidents[7]. In Worcestershire, rates of violent crime linked to alcohol range from 2.36 per 1,000 (Malvern Hills) to 5.15 per 1,000 (Redditch and Worcester City).[8]

In Worcestershire, the rate of hospital admissions for alcohol related conditions was 634 per 100,000 (2016/17) which is similar to England average, and the rate of under 75 mortality from alcoholic liver disease was 16.6 per 100,000 (2014-16) equating to 278 deaths, also similar to England average, but rising whereas the rate is reducing elsewhere Although the burden of chronic drinking is in the home, it is important to create a healthy place where licensed premises are well-managed, in terms of quantity and quality. Worcester City has the greatest density of premises licensed to sell alcohol per square kilometre in the West Midlands (13 licensed premises per 1km^2), and has therefore agreed a 'Cumulative Impact Zone' (CIZ) which enables a restrictive planning environment. It is important to maintain

[6]NICE. Older people in care homes. Local government briefing. Published 18 February 2015. http://nice.org.uk/guidance/lgb25 Accessed 23/03/2018

[7] Crime Survey for England and Wales. Year ending March 2017.

[8] Public Health England. Local Alcohol Profiles for England. Alcohol Related Violent Crime 2012/13.

this, and to consider other areas for similar management approaches. Licensed premises should also be encouraged to make sure that non-alcoholic drinks and water are available and affordable, and to train staff so that excessive drinking is not permitted. Locally, licensees report increases in customers arriving from 'pre-drinking' at home, which can make it harder for them to realise that a customer has drunk enough. Councils have a key role in training for license holders, and in promoting a responsible drinking culture through their licensing powers.

Partner organisations such as the police and voluntary/community sector are actively working to reduce excessive drinking in public places, and this work could widen beyond the current, town centre, hotspots. This includes making formal representations alongside partners at licensing committees to curtail the proliferation of new establishments, as well as promoting safer drinking habits.

Access to green spaces

Proximity to, and use of green space and the natural environment is associated with better physical and mental health. Benefits include improving physical activity, and reducing excess weight and obesity leading to reduced risk of long term conditions. This in turn can lead to lower rates of mental health conditions such as anxiety and depression, and generally improved health, wellbeing, social interaction and social cohesion.

Providing children with good access to the physical environment is an important aspect of development, which also helps improve childhood wellbeing such as reduced mental illness and increased proportions of children being the recommended weight. People under the age of 25 are more likely to be obese if they do not have access to green space.[9]

Residents in Worcestershire are able to access high quality green spaces such as open countryside, woodlands, nature reserves, parks and waterways. According to Natural England there are over 11,750 hectares of strategic natural green spaces in Worcestershire that can be used by the general public,[10] which is above the national average. However, the latest information available suggests that only around 14.2% people (83,500 people) in Worcestershire use outdoor space for exercise/health reasons,[11] compared to 17.9% nationally.

Local initiatives are available across Worcestershire to promote exercise and use of green spaces – examples include the Park runs, Sports Partnership activity finder,[12] health walks [13] and a range of local activities, many of which are available through District Councils who have a statutory duty in this area. Local communities have an important role to play, local Parks Groups, Park runs, and health walks all rely on volunteers to enable people to be active lives in local green spaces. In 2017/18 there were 31,528 walks undertaken in Worcestershire as part of the Health Walks programme[14] and there are approximately 280 volunteer walk leaders without whom these would not be possible.[15] However, these programmes have yet to operate at scale, and a vision for every public place to be a starting place for a volunteer leader led health walk is far from being realised. **Further work with partners and communities could make a significant improvement here,**

[9] 7 Benefits of Green Infrastructure: Report by Forest Research (October 2010).
[10] Natural England, 2011. Nature Nearby; Accessible Natural Greenspace Guidance.
[11] Respondents are asked to indicate how many visits they have taken to the natural environment in the last 7 days.
[12] https://www.sportspartnershiphw.co.uk/activities
[13] http://www.worcestershire.gov.uk/info/20239/walks_and_rides/1013/health_walks/1
[14] Data does not refer to individuals rather number of walkers at all walks.
[15] Walk leaders active in Q1 2018.

with GP surgeries, schools, and parks being well-placed to support increased activity.

Air quality

Air pollution is a serious public health issue, contributing to around 40,000 deaths each year in the UK. Defra also estimates that nitrogen dioxide (NO2) contributes to shortening lives by an average of around 5 months – ranging from healthy individuals experiencing negligible effects to susceptible individuals whose poor health seriously deteriorates due to NO2 pollution. Around 1/3 of people in Worcester City and Wychavon are currently living in areas with high levels of NO2. Modern day air pollution is largely invisible and is predominantly caused by emissions from road vehicles – figures for car use are given in the following section.

Air pollution is associated with a number of adverse health effects across the lifecourse, contributing towards respiratory infections and asthma in young children, worsening long term conditions such as respiratory diseases, and exacerbating conditions such as heart disease and diabetes. Although air pollution affects everybody, its effects disproportionately affect children, older adults, those with existing health conditions and the most disadvantaged people within Worcestershire.

Local authorities have a range of powers which can be used to improve air quality, including effective and active monitoring of air pollution at a local level, declaring air quality management zones, restricting transport, smoke control areas and placing restrictions on environmental permits and planning. In Worcester City, interventions to promote improvements in air quality are being made across the district and appraisals are currently being made around suitable interventions which will help to improve air quality, which will benefit the health and wellbeing of people living, working and visiting Worcester City.

Further work should be considered to improve poor air quality across Worcestershire and mitigate its effect on health. This could include the analysis of rates of admissions for respiratory and cardiovascular diseases alongside air quality monitoring data, as recommended by the Chief Medical Officer. This would enable fuller understanding of the local health impact of poor air quality and support new interventions for prevention.[16]

Active and integrated travel

Sedentary lifestyles are a significant risk factor for many physical and mental illnesses. Promoting sustainable and active travel has the potential to bring significant physical and mental health benefit for individuals as well as a wider societal benefit by improving social cohesion, and improving air quality.

Around 69% of people in employment drive to work in cars or vans in Worcestershire (more than 190,000 people), 10% walk to work, 5% use public transport, and 5% are a passenger in a car or van.[17] Car use is sometimes a necessity in rural parts of Worcestershire, but also provides many benefits in terms of providing convenient access to services, leisure opportunities and jobs, but often results in a decrease in active forms of travel such as walking and cycling, and contributes significantly to our increasingly sedentary lifestyles and physical inactivity.

A significant shift in travel choices requires decision makers to take action in a number of ways, including: Councils using health impact assessments in planning to maximise

[16] https://www.gov.uk/government/publications/chief-medical-officer-annual-report-2017-health-impacts-of-all-pollution-what-do-we-know

[17] ONS. NOMIS. QS701EW – Method of travel to work, 2011 Census.

opportunities for promoting active and sustainable travel, developing cycling and walking infrastructure across the county; investing in cycle training and subsidised cycle ownership schemes and employers and schools developing sustainable travel plans, including implementation of Cycle to Work Schemes.

Healthy schools and colleges

Childhood is key in determining adult health and well-being and we need a strong focus on making sure that our colleges, schools and nurseries are health promoting places. In Worcestershire, many of our children are overweight or obese, and concerns about their mental health continue. Robust evidence shows that interventions taking a "whole school approach" have a positive impact in relation to outcomes including: body mass index (BMI), physical activity, physical fitness, fruit and vegetable intake, tobacco use, and being bullied.

A whole school approach is one that goes beyond the learning and teaching in the classroom to pervade all aspects of the life of a school including:

- culture, ethos and environment: the health and wellbeing of students and staff is promoted through the 'hidden' or 'informal' curriculum, including leadership practice, the school's values and attitudes, together with the social and physical environment
- learning and teaching: using the curriculum to develop pupils' knowledge, attitudes and skills about health and wellbeing
- partnerships with families and the community: proactive engagement with families, outside agencies, and the wider community to promote consistent support for children and young people's health and wellbeing.

'Healthy schools', 'health promoting schools' or "mentally healthy schools" approaches are used by some schools to help translate the whole-school approach into practice and to enhance health and educational outcomes of their pupils, but these are not yet evident at scale across the County.

Schools and colleges are well-placed too to focus on emotional health and wellbeing and here Personal Social Health and economic (PHSE) teaching is of great significance. This is a non-statutory subject, but the great majority of schools choose to teach it because it makes a major contribution to their statutory responsibilities to promote children and young people's personal and economic well-being; offer sex and relationships education; prepare pupils for adult life and provide a broad and balanced curriculum. A strong PHSE delivery is a key part of the prevention agenda, and one which is often not given high enough profile outside or inside schools. Ofsted review of PSHE found that the quality of PSHE education is not yet good enough in a sizeable proportion of schools in England The evidence for the impact of

- well-delivered PSHE on pupil's life chances is strong;
- their first sexual activity occurs later and they are more likely to report abuse and exploitation; Experts see PSHE education as the best way to promote the safe use of technology and address online abuse;
- they reduce risk-taking behaviours such as drug or alcohol addiction and improves diet and exercise levels, increases positive outcomes relating to emotional health;
- reduces stigma and helps pupils learn where to go if they have mental health concerns;
- has a positive impact on academic performance and life chances; boosts the employability of school-leavers; improves social mobility.

Sex and relationship education (SRE) is an important part of PSHE education and currently being consulted on in terms of compulsion through legislation. Ofsted have and there is currently a public consultation on extending the compulsory elements through regulation. Effective SRE is an essential part of preventing problems around relationships and sexual behaviours, yet Ofsted found a lack of high-quality, age-appropriate sex and relationships education in more than a third of schools.

Schools can shape good health and well-being by becoming health promoting settings, but they also have a key role in the wider determinants of health through their impact on educational outcomes. Education is a key marker for wellbeing and is positively associated with a range of outcomes in adulthood, including high income, low morbidity, and low involvement in crime. We know inequalities exist right from the very start of school, and the percentage of children with free school meal status achieving a good level of development at the end of reception is only 49.3% here, which is the second lowest rate in the West Midlands.

The place where children and young people spend their learning time gives a key opportunity for health improvement, nurturing their physical and mental health, and enabling them to maximise the benefit of the education offer, which brings lifelong health benefit. **As a County, more can be done at scale to make sure that all our educational settings are places where good health and well-being is maximised , and that all staff who teach in the important area of PHRE have a strong community of practice to enhance their work.**

Healthy workplaces

Employment in terms of having a job is a primary determinant of good health, impacting directly and indirectly on the individual, their families and communities. However, workplaces themselves can be a key health setting, as a place for employees to develop and be supported in healthy ways of living and working. Healthier, active and engaged employees are more productive and have lower levels of sickness absence. which brings business benefit as well as benefit to individual health. Nationally, the main causes of sickness absence are mental health and musculoskeletal problems, and both of these are amenable to change in the workplace. NICE estimates that the net benefit to employers of implementing interventions to promote the mental well-being of employees ranges from £130 to £5,020 per participating employee through reductions in presenteeism and absenteeism. (PHE 2016, Local Menu of Preventative interventions p.26).

In Worcestershire, the 'Worcestershire Works Well' scheme, supports businesses through an accreditation programme to improve employee health. Although the scheme evaluates well with those who are accredited, only 86 businesses across Worcestershire are engaged compared with 27,000 local workplaces in the county. Business partners across the County could do more to create healthy workplaces, so that the time staff spend at work brings positive health benefit, and **I would recommend that further efforts are made to promote employee health schemes in particular, with a focus on smaller businesses who employ predominantly routine and manual workforces, where health outcomes are poorest.**

Enabling people to help themselves, their families and their communities

Enabling people to help themselves and their communities lies at the heart of a refreshed approach to prevention. Over time, people have become increasingly passive recipients of services and their capacity to solve their problems themselves has been diminished. Social change has meant families are often dispersed nationally and internationally, and are of a different structure than in the past. There is also evidence that services either fail to reach the people who need them most, or fail to target the service itself to meet the needs of those people. For example, Black and Minority Ethnic people in Worcestershire are more likely to make use of emergency services than are white people (47% of all hospital admissions to people with an Asian ethnic group were an emergency, compared with 35% of all hospital admissions to people with a white ethnic group, and 35% of all emergency hospital admissions were to BAME groups).

Prevention means making sure that ill-health is avoided and good health is maximised. It also means making sure that everyone knows about healthy lifestyles; how to use services well; how to recognise signs and symptoms of ill-health; when to access services; how to manage self-care in the longer term; and how to support others when they need it. However, this is harder for some people that others and it is now well-evidenced that an asset based approach can bring real improvement in this area. This approach relates to both individuals and to their communities, and is rooted in building on assets that already exist, rather than applying a 'deficit model' which will result in increasingly heavy use of services. In time, more resilient communities will be built up, which are better able to meet the challenges of 21st century lives.

Engaging with communities to build their health assets

In a recent Worcestershire 'Viewpoint' survey, 50% of respondents agreed that the community needs to share more responsibility for the health and well-being of people with health and social care needs, however the evidence is that many people do not participate in keeping healthy and most are making greater use of local health and care services than ever before. . Whilst there is some use of asset-based approaches across the county, more can be done by all partners to strengthen this approach.

Community health assets have four domains which focus on bringing people together with the support of all sectors, to build resilient communities with informed residents who can help themselves and each other in ways that will impact positively on health and well-being:

In Worcestershire only approximately half of adult social care users (49.7%) and two-fifths of adult carers (38.4%) said they had as much social contact as they would like[18]. There is much more to do to prevent and deal with loneliness, which is becoming one of the most significant avoidable health burdens here and across the Country. The quality and quantity of social relationships affects health behaviours, physical and mental health, and risk of mortality. Social isolation and loneliness affect people in every age group, social class and ethnic group. Loneliness is perhaps more common than expected, with up to 80% of those under 18 years, and 40% of adults over 65 years reporting being lonely at least sometimes. Loneliness gradually decreases through middle adult years, but then increases in older age.

However, certain people or groups may be more vulnerable to social isolation than others, depending on factors like physical and mental health, level of education, employment status, wealth, income, ethnicity, gender and age or life-stage.

Although many people do have friends and good neighbours, many do not, and the Reconnections service in Worcestershire, innovatively funded through a Social Impact Bond with joint funding from the CCG and the County Council, is showing promise in connecting isolated people with their local communities. It relies on a model of recruiting and training volunteers, who then maintain their own community links, preventing their own social isolation in due course.

Volunteer and peer roles are important in the context of community centred approaches. The right types of opportunities help to enhance the ability and capability of individuals to provide advice and information in their communities. This may also extend into supporting or organising activities around health and well-being. Through actively promoting volunteering through asset-based approaches, communities are benefited as well as the volunteers themselves. This is demonstrated through higher ratings on the measures of life

[18] Respondents to the 'Adult Social Care Survey' and 'Personal Social Services Survey of Adult Carers' (2016/17).

satisfaction, happiness, and feeling that the things they do in life are worthwhile compared with those who do not volunteer.

There are numerous opportunities across the county to increase volunteering and improve the way people are paired with opportunities and encouraged to participate. Front line services, particularly through social prescribing, are encouraged to consider the benefit of promoting volunteering to the people, patients and public that they interact with.

Public services and third sector organisations need to scale up the asset-based and participatory approach to building confident and connected communities, where all groups, but especially those at highest health risk, can access social support and social networks, have an input in shaping services and are able to participate in community life.

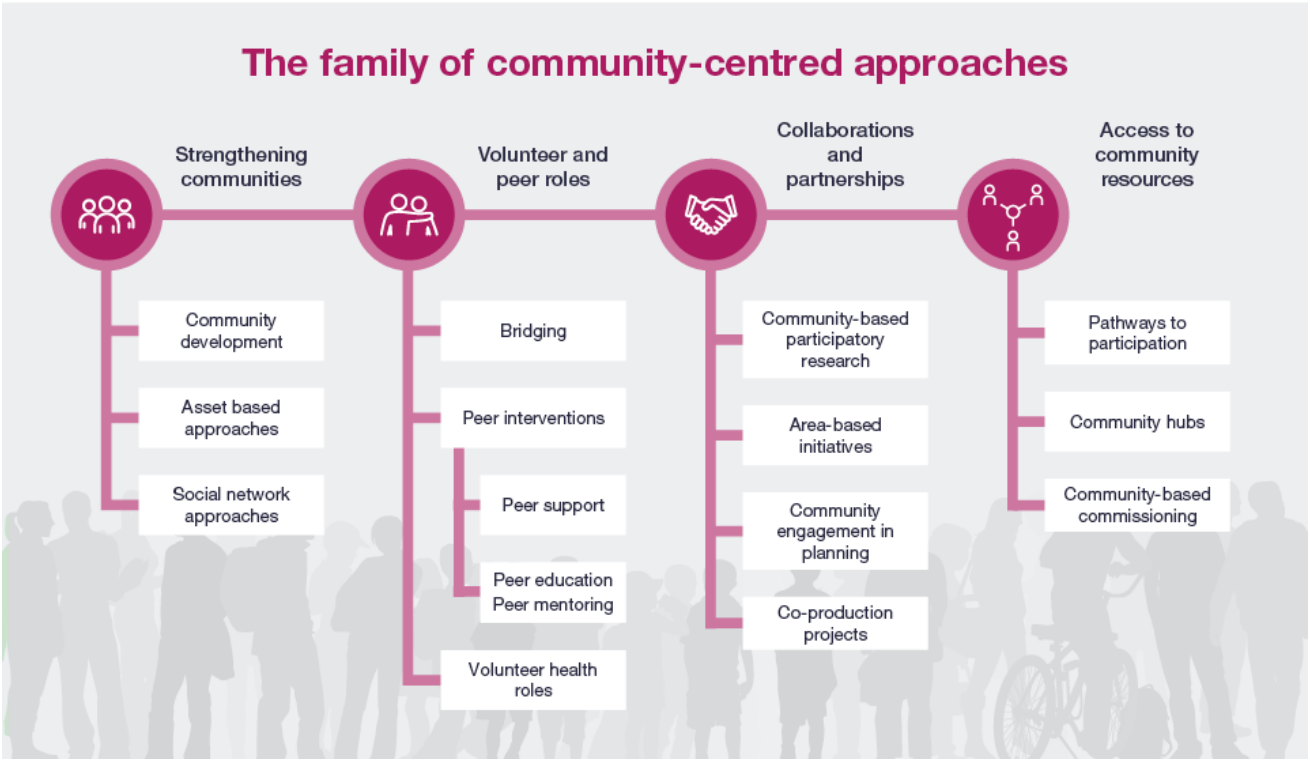
Front line staff training

Specific staff training is needed in community centred working, as patients are increasingly looked after as close to home as possible and it becomes even more important that health and care staff have new learning about community centred approaches, and are able to contribute to building resilience in a way that will prevent ill-health in the future. **Specific staff training is needed in community centred working.**

Public Health England guidance on community-centred approaches to improve health and well-being[19] makes the case for investing in community- centred ways of working and groups approaches into a framework of four families:

- Strengthening Communities – including: community development, asset based approaches, social action and social network approaches.
- Volunteer and Peer Roles – including bridging roles such as: health trainers, peer support and volunteer health roles.
- Collaborations and Partnerships – including: community-based participatory research, area-based initiatives such as healthy cities, community engagement in planning and co-production (a term used to describe engaging community members and service users as equal partners in service design and delivery).
- Access to Community Resources - including approaches that improve pathways to participation such as: social prescribing, community hubs and community-based commissioning.

[19] Public Health England (2018) Health matters: community-centred approaches for health and wellbeing. Available at: https://www.gov.uk/government/publications/health-matters-health-and-wellbeing-community-centred-approaches/health-matters-community-centred-approaches-for-health-and-wellbeing



Citizen training in health and digital literacy including as health champions

It is important that people are enabled to help themselves and others through specific face-to-face or group training, as well as through the wider community resilience work. Training in health can include specific topics such as CPR, living with dementia, suicide prevention, and well-being, and it can also mean joining self-help groups, often with the involvement of peer supporters.

Currently in Worcestershire, there are a number of opportunities for this kind of training, but these are not yet available systematically across the County and have very variable, and typically low, take-up. **This is an area for system action**. For example, adults newly diagnosed with diabetes need to acquire a large range of new skills and knowledge, such as how to manage their insulin therapy. In 2016/17 across all three Worcestershire Clinical Commissioning groups the percentage of people newly diagnosed with diabetes who attended a structured education programme was low. The percentage of people offered the programme ranged from 78.2 to 88.8% but the percentage of people who actually attended ranged from 0.9 to 5.6%. More recently, a Pre-Diabetes Prevention has been set up, as part of a national initiative, but again far less than half of the people who are invited to complete the course do so.

There are estimated to be around 8,000 people with dementia in Worcestershire and this number is projected to increase to nearly 14,000 by 2030. **'Dementia Friends'** training encourages people to change their perceptions of dementia and to act in small ways to help. Individuals and organisations are encouraged to sign up to become a 'Dementia Friend' or 'Champion' in order to improve the environment in which people with dementia can live. Numbers here are encouraging, but again more could be done to encourage greater take-up.

Time to Change Champions are people with lived experience of mental health problems who campaign to end mental health discrimination in their communities. Champions use their experience of mental health problems to change the way people think and act about mental health. As part of the recently established Worcestershire Time to Change hub, champions are being recruited across the county to run activities, share their stories, and initiate conversations about mental health in everyday interactions. So far, 51 individuals have signed up to the Champions database, and a variety of activities are being planned across Worcestershire.

Clear information and advice (usually digital)

In order to enable people to help themselves and their communities, they need access to reliable and easily accessible information. Again, there is a pattern of variation in availability across the County, and no systematic approach to the core offer. The best information is available on-line, through NHS sites such as NHS Choices which is the gateway to national and local information, and through Council sites such as Your Life Your Choice, which usually also have easy-read material. However, an estimated 50,000 people in Worcestershire are considered to be 'digitally excluded' – because they do not have the skills and confidence, or the equipment necessary, to access online resources. This creates an inequality which needs strong action as we move to digitalizing the NHS and other public sector services more generally. The NHS is changing quickly to maximize its use of on-line booking, virtual consultations, self-care on line resources, and tele-health and we must make sure that this can benefit the current population of digitally excluded people.

The Go On Worcestershire Partnership was established I 2014 to provide targeted local training and support to enable as many people as possible to have the opportunity to go confidently on line. Digital champions have been trained through the partnership, to support others in safe use of the internet, but there is considerable scope for more recruitment and for active identification of other places where training of volunteers and supported internet use are possible.

Hundreds more resources and websites exist in addition to those listed, which can seem fragmented and it can be difficult to find the right (and robust) information. **Providing a clear and joined up set of resources is important to help deliver improved health and wellbeing for the people of Worcestershire. It would be timely to give this area some early attention, including working with residents, so that a core set of reliable information sources is easily accessible.**

There are already local libraries, and they have the potential to be places where people meet, and find out more about their health and local community networks and activities. Libraries are sites of adult learning in digital training, and are places where there is free and supported access to the internet. As their role in accessing digital advice grows, some people will continue to want to read books which are valued by professionals. The local library based Books on Prescription scheme has collections on topics such as dementia, carers, child and adolescent health, mental health, and being a parent, and NHS staff are able to direct patients to the resource, using a 'prescription pad.' A total of 7,847 books were borrowed through the books on prescription scheme in 2017-18.

Again, a more systematic approach could be used to ensure that all libraries contain a core stock of relevant titles and more volunteers could be recruited to support people to navigate the health websites.

Supported information and advice for those who need it for example by social prescribing and community and health navigators, making full use of partner organisations.

Although, for many people, books and on-line resources are enough, there is evidence that relying on this method has tended to exclude people who need services the most. For these people, new ways to engage are needed. This again requires a shift in thinking, and the willingness to be innovative.

Early progress is being made in social prescribing, which is a priority for health services locally, and is embedded in the developing social work focus too on assets based practice. Social prescribing is based on GPs, nurses and other health professionals referring patients where appropriate to non-clinical services. This recognises that health is determined by a range of social, economic and environmental factors, and social prescribing links people with non-medical support to address their non-clinical needs. It also aims to support individuals to take greater control of their own health. Patients who are referred to a social prescriber will assess their needs, from money worries and relationship difficulties, to social groups to tackle isolation. The type of support varies widely, from employment and skills to health walks. An evidence review which looked at the impact of social prescribing on demand for healthcare found an average of 28% fewer GP consultations and 24% fewer A&E attendances where social prescribing 'connector' services are working well[20]. There are currently six pilots running across Worcestershire to test the effectiveness of social prescribing which includes 44 practices. As of May 2018, 152 people have been seen by a social prescriber and there are early signs of positive take-up by health professionals. **There is significant opportunity in Worcestershire to scale up social prescribing to reach more people who could benefit.**

Community navigators are typically local people who have been trained in understanding what services are available and who are able to give this information informally to others. I Worcestershire, small scale projects have taken place but have not been sustained, although people who received advice in this way found it helpful. Evaluations found that there were difficulties in linking navigators to the populations they were trained to inform, without an infrastructure of community organisation.

Health navigators are trained NHS staff, typically in public facing roles such as reception, who can assist patients to use existing health services well. They have a particularly useful role for those patients who tend to make use of emergency services rather than taking a more planned and appropriate approach. A pilot scheme is underway in part of the County but again there is not yet a County wide approach.

The Voluntary and Community Sector (VCS) has a particularly strong role in the provision of supported advice and information, and Worcestershire has a well-developed VCS with many local and national organisations being available for our residents. **However, as with the state sector, budgets are under pressure and there is a need to work together to ensure that communications between sectors are optimised so that referral pathways and priorities are shared. It is clear that investment priorities for prevention must include consideration of the sustainability of the VCS, and that a County-wide approach to investment is needed.**

Other partners too, in particular Fire and Rescue and the police, have a clear route into populations who can be hard to reach and there is scope for more joined up work with our partners on helping people to help themselves. There is already work in place with Fire and Rescue, building on their routine home safety check, which is being evaluated and, if effective, requires a County wide approach.

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[20] Polley, M. et al (2017). A review of the evidence assessing impact of social prescribing on healthcare demand and cost implications. Available at: https://www.westminster.ac.uk/patient-outcomes-in-health-research-group/projects/social-prescribing-network

Developing effective prevention services

Prevention is better, and cheaper, than cure, but this does not mean that prevention services are not needed. We now have a clear knowledge base about what works, and this means that we can be hopeful of improving the health outcomes presented here and in the Joint Strategic Needs Assessment However, investment across the County has not yet been systematic or consistent, and the reach of services continues to vary according to where people live and their ability to access services. It is known that the hardest to reach populations can find it hardest to benefit from services, and this is a significant cause of health inequalities. There is an important role for co-production here, working with the people who will use the services to make sure that they are accessible and relevant, and will maximise impact. **Although there is a strategic commitment to co-production locally, many of these prevention services have not yet seen significant engagement of users in service planning and this is an opportunity for change.**

In the rest of this report, I summarise core prevention services which are known to work and, which, if delivered at scale and taken up by their target populations, would prevent much of the avoidable burden of ill-health. These are the services which it is the duty of the NHS and local government to provide, but which can still be improved in terms of reach, take-up and investment.

Front line staff training

Staff are currently working harder than ever before, with reducing budgets, more complex caseloads, and increased public expectation. The key front line training for staff to impact on prevention is Making Every Contact Count, a training package to enable staff to have an informed and motivational conversation with their patients and service users about healthy lifestyles. This training is readily available on line, but staff need to also receive face to face training, so that a change in their practice can be supported. It is known that staff face barriers to implementing the giving of lifestyle advice. They feel they have not been trained to do so; that they are acting outside their area of practice; and they are loath to give advice that they themselves may not follow. However, the changing population means that most patients will have unhealthy lifestyles and that advice can be given which will improve health, and so delivering the 'Making Every Contact Count' (MECC) messages become part of the core duty of the health and care professional in the 21st century.

Intervening at scale is important to achieve population-level behaviour change. Brief interventions by front line staff are an important component of prevention at scale, through helping people to change their behaviour and habits. The delivery of brief interventions and signposting by frontline staff has been shown to be both effective and cost-effective in supporting people to reduce their tobacco and alcohol use, and in improving their physical activity levels and diet.[21] MECC is the principle programme to help guide brief intervention conversations, with training available online for the NHS, University of Worcester clinical students and other organisations.

[21] NICE guidance 'Behaviour Change: individual approaches' PH49. Available at: https://www.nice.org.uk/guidance/ph49.

Universal services from pre-birth for young people (0-19 services)

The evidence base demonstrates that events occurring in early life affect health, well-being and outcomes in later life and children's life chances are most heavily predicated on their development in the first five years of life.[22] Positive early experience is vital to preventing problems in later life. Before and after the birth of their child, there is a key 'learning moment' when parents have contact with services and are especially receptive to advice. A number of services help to support during this critical period, including midwifery, school nursing, health visiting and immunisations and screening, all with a focus as universal prevention services:

Health visitors lead a key prevention service, identifying problems early and dealing with them rapidly when they do occur. The Healthy Child Programme includes 5 key checks of children, and although uptake is high, it is important that no one is missed out. In 2016/17, 5,653 (94.5%) received a face to face new birth visit by a heath visitor within 14 days, 5,779 (99.3%) received a 6-8 week check and 6,109 (96.4%) received a 12 month check in the correct timeframe. At the 2-2½ year check, an 'ages and stages questionnaire' should be used by health visitors to measure child development and in 16/17 91.6% children in Worcestershire received this as part of this check.

Immunisations and screening are available in pregnancy and after birth and form an important part of the universal prevention offer. Yet many children remain unvaccinated and at risk of serious preventable illness in Worcestershire. For example, 94.3% of children received vaccination against diphtheria, tetanus, pertussis, polio and haemophilus influenzae type b in 2016/17 leaving 5.7% at risk, and MMR vaccination was received by 94.5% of 2 year olds in 2016/17, leaving 5.5% unvaccinated and at risk.

Universal services for children support women to breastfeed. Breastfeeding is an important part of giving children the best start in life, preventing and reducing a number of health risks and associated with improved maternal outcomes such as reduced obesity. In Worcestershire the rates of breastfeeding initiation are below the national average (66.7% vs 74.5%) and this indicator shows a worsening trend. However, Worcestershire is better at supporting breastfeeding once it has been started. Data shows that at 6-8 weeks of age the percentage of infants being totally or partially breastfed is similar to the national rate (45.6% vs 44.4% nationally). **There is more to do in supporting women to start breastfeeding, and to finding new ways to reach the minority of children who do not receive universal services. Midwifery has an important role in both these areas, and we have more to do in linking the contributions from the different professional groups so that the contribution of midwifery to improved outcomes is maximised.**

Targeted services for those parents and children who need them most

The data shows persistent inequalities in health outcomes for children and young people. There is evidence that an approach based on progressive universalism will work best, providing services for all, and a targeted offer to reach those who need a different level of service.

[22] https://www.gov.uk/government/publications/health-matters-giving-every-child-the-best-start-in-life/health-matters-giving-every-child-the-best-start-in-life

Currently, key targeted services are in place in Worcestershire, but are not yet delivered to all who need them. Targeted services for parents and children include:

- Perinatal mental health programmes: During the perinatal period in 2015/16, between 575 and 860 women are estimated to have experienced mild-moderate depressive illness and anxiety, whilst 175 are estimated to have experienced severe illness.
- Parenting programmes: In Worcestershire between November 2016 and June 2018, there were a total of 1034 referrals for parenting support. At district level there is a variation of rates in referrals for parenting and young person support. Only approximately 50.6% (n.530) of referrals are from the 40% most deprived Super Output Areas (SOAs) across Worcestershire.
- Child and adolescent mental health services: In 2015, 8.8% of children between the ages of 5 and 16 in Worcestershire were estimated to have a mental health disorder (6,743 children in total).[23]
- Stop smoking in pregnancy service: In 2016/17, 626 women in Worcestershire were recorded at the time of delivery as smokers, representing 12% of maternities.[24]

Universal services for all adults

Screening and Immunisations

Screening is an upstream intervention that looks for signs of future disease. Screening programmes are set up as equitable programmes, being available to everyone in a given population. However, uptake of screening programmes is not the same across different groups of people – and generally people who are in higher socio-economic groups are more likely to receive screening than those in lower socio-economic groups. **People with special needs, such as learning disability, can find it particularly difficult to access screening services and more needs to be done to address this.**

This is seen nationally in breast screening, where 68.5% of women who live in the most deprived 10% of areas receive screening in comparison with 77.1% of women who live in the least deprived 10% of areas. In Worcestershire, rates of breast cancer screening are better than England average with 79.2% (56,869 women) receiving screening in 2017. However, there are differences in breast screening coverage between Worcestershire districts, for example, Redditch a relatively deprived area, has a lower screening coverage at 74.7% than Bromsgrove a relatively less deprived area at 82.6%[25].

There are a number of immunisation programmes too which are available as prevention measure against particular diseases. In Worcestershire, flu vaccination for at risk individuals under the age of 65 was significantly higher in Worcestershire than the national average in 2017/18 (38,000 people vaccinated - 52.9%), but remains below the national target value of 55%. However, there is evidence of low flu vaccination amongst people with learning difficulties (38.5% in Redditch and Bromsgrove, 41.1% in South Worcestershire, and 46.4% in Wyre Forest). This suggests significant unmet need and is likely to contribute to health inequalities. **Promoting uptake of flu vaccination for this group is therefore important, as is maximising uptake of the whole immunisation programme.**

[23] Public Health England. Children and Young People's Mental Health and Wellbeing Profile.

[24] Public Health England. Child and Maternal Health Profile. Calculated by PHE from the NHS Digital return on Smoking Status At Time of delivery (SATOD).

[25] Public Health England. Public Health Outcomes Framework. 2.20i - % of eligible women screened adequately within the previous 3 years on 31st March; 2017

NHS Health Checks

NHS Health Checks are one of the largest prevention programmes in the world. These checks, for those aged 40-74, are designed to spot the early signs of stroke, kidney disease, heart disease, type 2 diabetes or dementia. Eligible people are invited at five year intervals and checks consist of questions about family history and lifestyle, and measurement of height, weight, blood pressure and cholesterol. These, together with information on age, gender and ethnicity, are used to calculate a risk score which quantifies a person's risk of developing a heart or circulation problem over the next 10 years. If a person's risk score is in the higher range, they may be given lifestyle advice to help reduce their risk and/or prescribed medicines to lower cholesterol. They may also be asked to come back for more tests to check for high blood pressure, diabetes or kidney disease.

Since implementation of the Health Checks Programme, a good start has been made but too many people are still not taking up the offer of a Health Check – whilst 16,200 people received a Health Check in 2017/18, 60% of people did not take up their invite.

Uptake also varies between areas, genders and ages. Increasing uptake through targeting low uptake groups (especially in disadvantaged areas) would have an important impact on avoidable disease burden. This is pertinent to reducing health inequalities, as premature death rates from cardiovascular disease in the most deprived 10% of the population are nearly twice as high as rates in the least deprived 10%.

Providing advice and recommendations to patients is an important part of the NHS Health Check. Alcohol identification and brief advice (IBA) forms part of the NHS Health check, and can reduce weekly drinking by between 13% and 34%, resulting in 2.9 to 8.7 fewer drinks per week. This is an effective way of reaching people who may not yet have identified that they drink too much. **More should be done by commissioners and providers to increase uptake and impact of the NHS Health Checks programme.**

Diabetes Prevention Programme

In 2016/17 34,803 people over the age of 17 had a recorded diagnosis of diabetes in Worcestershire – this is 79.1% of people who are estimated to have diabetes in Worcestershire, therefore 20.9% remain undiagnosed.

There are a number of modifiable risk factors which can increase the risk of type 2 diabetes. One significant risk factor is excess weight and 62% of adults in Worcestershire are currently classified as overweight/obese. The Healthier You: NHS Diabetes Prevention Programme (NHS DPP) identifies those at high risk by confirming non-diabetic hyperglycaemia and refers them on to a tailored behaviour change programme using a health coaching approach as well as individual and group support.

This national programme has a strong evidence base for impact, and locally the data so far suggest that the system is able to identify those at highest risk of developing diabetes. **However, uptake of the programme remains variable and there is more to do to improve the engagement of those who have been assessed as needing the programme, but who are not yet ready to change. Both the Health Checks and the Diabetes Prevention Programmes need an onward referral for those who do find behaviour change hard to manage, and this should be a priority area for our county.**

Falls Prevention Service

Falls are a common and serious health issue for older people. Nationally, around 33% of all people aged 65 and over fall each year – this increases to about 50% of those aged 80 and over. In Worcestershire, there are approximately 2,200 injuries due to falls each year in people over 65, and as a result there are approximately 700 hip fractures throughout the county which cost the health and social care system over £9 million per annum.

The risk of falls increases with age and an ageing population in Worcestershire will lead to greater numbers of people having a fall in the future unless effective interventions are put in place.

Most falls (and associated fractures) are preventable. It is known that group and home-based exercise programmes, usually containing some balance and strength training exercises, effectively reduced falls, as did Tai Chi and that overall, exercise programmes aimed at reducing falls appear to reduce fractures[26]. A falls and fracture consensus statement by Public Health England and National Falls Prevention Coordination Group member organisations states that to be effective, programmes should comprise a minimum of 50 hours or more delivered for at least two hours per week. They should involve highly challenging balance training and progressive strength training. At the end of the programme, older people should be assessed and offered a range of follow-on classes. These should suit their needs and abilities, include strength and balance, and support their progression.

In Worcestershire a Postural Stability Instruction (PSI) programme has been implemented. In 2016/17, 748 people commenced on the PSI programme, of whom 82% attended 3 or more classes, 45% attended 14 sessions, and 23% attended 22 sessions. **Again there is a need to extend investment in the programme, and to increase the % of participants who engage fully with it.**

Evidenced-based weight management services

In 2016/17, it was estimated that 62% of adults in Worcestershire had excess weight. This was a similar rate to the national average of 61.3%. Higher levels of deprivation are associated with an increased likelihood of excess weight. For example, nationally in 2016/17, 67.3% of people who lived in the 10% most deprived areas were estimated to have excess weight compared to 56.7% of people who lived in the 10% least deprived areas. This was a difference of over 10%.

Public Health England advocate ensuring evidence-based weight management services are accessible to the local population and also that these services are integrated with mental health services, NHS Health Checks and the Diabetes Prevention Programme. In Worcestershire, as nationally, there is weak evidence for weight management services, in terms of maintaining significant weight loss. **However, this is an area where further work is needed, to find new approaches to support people to prevent the burden of obesity-associated ill-health. In some areas, a different approach, focussing on mental health and well-being, has been found to be useful, building levels of self-efficacy before specific weight loss can be achieved.**

[26] Gillespie LD, Robertson M, Gillespie WJ, Sherrington C, Gates S, Clemson LM, Lamb SE. Interventions for preventing falls in older people living in the community. Cochrane Systematic Review. September 2012.

Conclusions and Recommendations

It is clear that there is still considerable progress to be made in Worcestershire in terms of strengthening our approach to prevention, but this is essential if we are to control the rising burden of preventable ill-health. It is also essential if we are to narrow the health inequalities gap which continues to be evident throughout life, limiting the life chances of some young people, and restricting the quality of life of older ones.

There is strong and clear evidence about the impact of universal and targeted prevention services and these should be further developed, with investment and a focus on increasing uptake and reach. A move to a community assets approach has less clear evidence, but should be further developed and tested locally, and could change the scale and pace of change, bringing a transformational shift towards upstream prevention , empowering people to help themselves and their communities.

The data and discussion here form the building blocks of a new approach. Although detailed recommendations are embedded in the narrative, and highlighted in bold, to achieve these there are four overall recommendations:

1. **To recognise that a refreshed, system approach to prevention will be an investment for a healthier future and a means of improving outcomes and reducing demand**
2. **To work differently with communities, so that people are helped to help themselves and each other through community asset building and a shared approach with our residents**
3. **To work better together across a fragmented and challenged system to sharpen the lens on prevention and take shared ownership of it**
4. **To set up a Worcestershire Prevention Board, to drive improvement in prevention services to oversee development of the community assets approach in our County.**

Compendium of Health Indicators

Introduction

This is the third time in Worcestershire we have produced a Compendium of this sort to accompany the Director of Public Health Annual Report. Once again we have taken a selection of indicators from the Public Health Outcomes Framework produced online by Public Health England. The selection reflects local priorities and important issues either where Worcestershire has rates or numbers that are higher than they should be or that are important to monitor on an ongoing basis.

The compendium has been laid out with overarching indicators of life expectancy followed by a life-course division of the indicators. The indicators show the Worcestershire value compared to the national value, with each section a spine chart showing the indicators for that section and then a page for each indicator showing a table and chart of the time-series. The sections are:

- Overarching indicators
- Conception & Early Years
- Adult Health
- Older People
- Mortality

Summary

- Overall Worcestershire has good health outcomes.
- However until recently there was a general pattern of decreasing gap to England for the life expectancy and premature mortality measures. The latest data seems to suggest that the gap has begun to widen again. Future data releases will help to confirm if this is a sustained positive change.
- Some measures of child health indicate poor outcomes in Worcestershire, especially for the most vulnerable, for example school readiness for those eligible for free school meals.
- In addition smoking in pregnancy and breastfeeding initiation rates are poor.
- In general screening and vaccination rates across the County are good compared to the national rates.
- Rates of domestic abuse and violent crime show increases in the latest year's data although this may be due to better recording rates.
- Most indicators for older people are relatively good, with the exception of fuel poverty.

The full Compendium of indicators can be viewed on-line.