

Health and Well-Being Board
Tuesday, 25 September 2018, 2.00 pm, Council Chamber,
County Hall

Presentations

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Date of Issue: Monday, 17 September 2018

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Worcestershire Safeguarding Adults Board

Annual Report
2017/18

Care Act Criteria (Section 42)

To protect adults in its area who:

- *have needs for care and support (whether or not the local authority is meeting any of those needs) and;*
- *are experiencing, or at risk of, abuse or neglect; and*
- *as a result of those care and support needs are unable to protect themselves from either the risk of, or the experience of abuse or neglect.*

Purpose of WSAB

- The statutory duty and vision of the Board is to seek and provide assurance that adults at risk are safeguarded from abuse or neglect.
- All partners to the Board will work collaboratively to seek assurance that people who have care & support needs are empowered and kept safe from abuse or neglect, and that where abuse occurs, partners respond effectively and proportionately.

Board Membership 2017/18

- Worcestershire County Council
 - DASS
 - Lead Councillor for adult social care
- West Mercia Police
- NHS Clinical Commissioning Groups x 3
- Worcestershire Health & Care NHS Trust
- Worcestershire Acute Hospitals NHS Trust
- National Probation Service
- Regulatory Services
- *Worcestershire Housing Strategic Partnership **
- Worcestershire Voices
- Care Homes Association
- Carers Reference Group
- *Advocacy Reference Group**

**New members*

2017/18 Priorities

- To provide and seek assurance of effective leadership, partnership working and governance, holding partners and agencies to account.
- To listen to people who have been subject to abuse or neglect, and seek assurance that people are able to be supported in the way that they want, are involved in decisions and can achieve the best outcomes.
- To be assured that safeguarding is embedded in communities, raising, awareness, promoting well-being and preventing abuse and neglect from occurring.
- To seek assurance that effective policies, procedures and practices are in place that ensure the safety and well-being of anyone who has been subject to abuse or neglect, are proportionate and that action is taken against those responsible.

Improving awareness across stakeholders of what safeguarding is as well as what it isn't.



- Safeguarding Adults Process (SAR) improved;
- Approved list of SAR authors established;
- New Training Strategy being developed;
- Policies reviewed and professional guidelines developed;
- Annual learning event well received and oversubscribed;

Demonstrate listening to adults and gathering their views.



- Advocacy Reference Group established.
- Chair for People with Experience reference group appointed
- Reference group network established
- Website still being developed
- GDPR requirements addressed to ensure we can continue using virtual network

Ensuring Key areas are embedded in practice (MSP, MCA and DoLs)



- Annual Assurance redesigned to focus on ensuring key areas are embedded in practice;
- A dashboard now in place to assess progress of WSAB towards meeting its measurable objectives;
- Sharing learning from SARs including Learning & Development Event

Cross cutting work with Worcestershire Safeguarding Children's Board



- Worked closely to ensure that transition policies and procedures for addressing Child Sexual Exploitation are in place and working effectively;
- Pathway established across children's and adults services to include those young people where CSE has been identified;
- Bi- annual meetings of chairs and officers of WSAB, WSCB, HWBB and CSP to share priorities and identify cross cutting issues continues (e.g CSE, Housing Act changes and Prevent)

Summary



- Good progress overall and no major risks outstanding;
- Though some work has slipped due to capacity issues and meeting host organisations procurement standards;
- Key areas where progress has been made but remain a priority to ensure they are embedded in practice include:
 - Mental Capacity Assessments and Deprivation of Liberty safeguards;
 - Section 42 criteria
 - Making Safeguarding Personal

Safeguarding Adults Reviews

9 Referrals made during 2017/18

Of these:

- **2 met the SAR criteria** – (currently ongoing)
- 3 did not go to SAR but required ‘Single Agency Actions’

2 outstanding SARs from 16/17 published

Themes include:

- Timely record keeping;
- Embedding Mental Capacity Act remains a challenge;
- The Role of lead professional/key coordinator;
- Early offers of support for Carers and Family

All reviews have action plans with target dates for completion which are overseen by Case Review sub-group.

What the data tells us:

Risk of Abuse



- Majority of incidents of abuse were recorded as taking place in the persons own home,
- Followed Care homes and nursing homes;
- Again, slight reduction of incidents in both the persons own home and in care homes;
- Initial reporting continues to show majority of abusers are known to the individual (family, neighbour etc);
- followed by staff in a care settings

What the data tells us:

Demographics



- Concerns about women outnumber men in all age groups though less so in the 65-74 age group
- Older women most at risk, reflects demography
- Majority of concerns are for adults identified as white and continues to indicate under-reporting in BME groups
 - Within BME groups Asian adults are the largest group

Looking Forward – 2018/19

priorities



- **To improve awareness across all stakeholders of what safeguarding is. (Section 42 Criteria).**
- **Demonstrate that we are listening to service user and gathering their views.**
- **Further Embedding knowledge and improving practice around MSP, MCA and DoLs).**
- **To continue to embed cross cutting work with Worcesterstershire Safeguarding Children's Board (and other relevant partnership Boards)**

Key Safeguarding Risks

- Mental Capacity – still some inconsistent practice
- People living at home – data on incidents
- Older people - demographic
- Black & Ethnic Minority communities – lower rate of concerns raised per population
- Understanding of professionals and partners of the safeguarding criteria for Section 42 enquiries and pathways for quality concerns

Key Risks for delivery of Objectives & Mitigation



- Capacity of staff across all statutory organisations to support the work of the Board and sub groups could continue to delay delivery of work programme
- Additional capacity been identified and some now in place
- Additional resources identified to support work

Director of Public Health Annual Report 2018 - Prevention Is Better Than Cure

GOOD NEWS

Worcestershire is above national averages for life expectancy, healthy life expectancy and most health outcomes

CHALLENGES

persistent health inequalities, significant differences between deprived and non-deprived areas

rising burden of avoidable ill health at all ages

Increasing numbers of older people living in poor health

ACTION - PREVENTION IS BETTER THAN CURE: ORGANISATIONS WORKING TOGETHER AT SCALE

Creating Healthy Places

- Working in partnership to create healthy places which promote good health
- Healthy planning and homes
- Healthy licensing policy
- Access to green spaces
- Air quality
- Active and integrated travel
- Healthy work places, schools and colleges

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Supporting People To Help Themselves, Their Families And Their Communities

- Encouraging and empowering people to be active in their local community, health literate, and able to take responsibility for their own health
- Engaging with communities to build community assets through people and places
- Citizen training in health and digital literacy including as champions for promotion of mental health and well-being and dementia awareness
- Clear information and advice usually digital
- 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

Delivering Effective Prevention Services

Primary, secondary and tertiary prevention services, universal and targeted, for all ages.

Pre-birth for young people and parents
Universal services from pre-birth for young people and parents including: Midwifery; Health visiting; School nursing

Targeted services for those who need them most including: Perinatal mental health programmes; Parenting programmes; Child and adolescent mental health services

Adults

- Universal services for all including: front line staff training across the whole system in delivering motivational brief interventions; screening & immunisation
- Targeted services for those who need them most including: NHS health checks programmes; Diabetes prevention programmes; Falls prevention programmes

FOCUS ON TAKE-UP AND ENGAGEMENT WITH TARGET POPULATIONS, IN PARTICULAR THOSE LIVING WITH DISADVANTAGE

Worcestershire Pocket Facts (August 2018)

Length Of Life And The Health Gap

Life expectancy: 80 years for men, and 83.8 years for women

Healthy life expectancy: 66.7 years for men, and 68.0 years for women

Difference between most deprived and least deprived areas for life expectancy: 7.6 years for men, and 6.2 years for women

Difference between most deprived and least deprived areas for healthy life expectancy: 11.8 years for men, and 11.5 years for women



Lifestyles

Smoking: 69,000 adults smoke (14.7%)

Alcohol: 142,000 adults (30.2%) drink >14 units per week. 64,500 adults (13.7%) binge drink on the heaviest drinking day (drinking over 8 units for men, 6 units for women)

Physical inactivity: 99,400 adults (21%) are physically inactive (less than 30 minutes of moderate exercise a week)

Older People

Adult carers: 24,200 (38.4%) adult carers receive as much social interaction as they would like

Fuel poverty: 30,000 (12.3%) households experience fuel poverty (based on low income, high cost methodology)

Falls: 784 people aged between 65-79 years, and 1,531 people over 80 years were admitted to hospital due to a fall in 2016/17

Hip fractures: 189 people aged between 65-79 years, and 532 people over 80 years were experienced a hip fracture in 2016/17

People dying from preventable causes: In 2016, people over 65 years 3,993 people over 65 years old died from cardiovascular disease, 3,923 people died from cancer, and 2,246 people died from respiratory disease in 2016x

Children

Excess weight: 1,512 children (23.6%) aged 4/5 years; 1,899 children (33.8%) aged 10/11 years

School readiness: 385 children (49.3%) aged 4/5 years receiving free school meals achieve a good level of development at the end of reception

Smoking in pregnancy: 626 women (12%) are recorded as smoking at the time of delivery

Breastfeeding at 6-8 weeks: 2,636 (45.6%) women are still breastfeeding at 6-8 weeks after delivery

JSNA Annual Summary 2018

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Health and Wellbeing Board

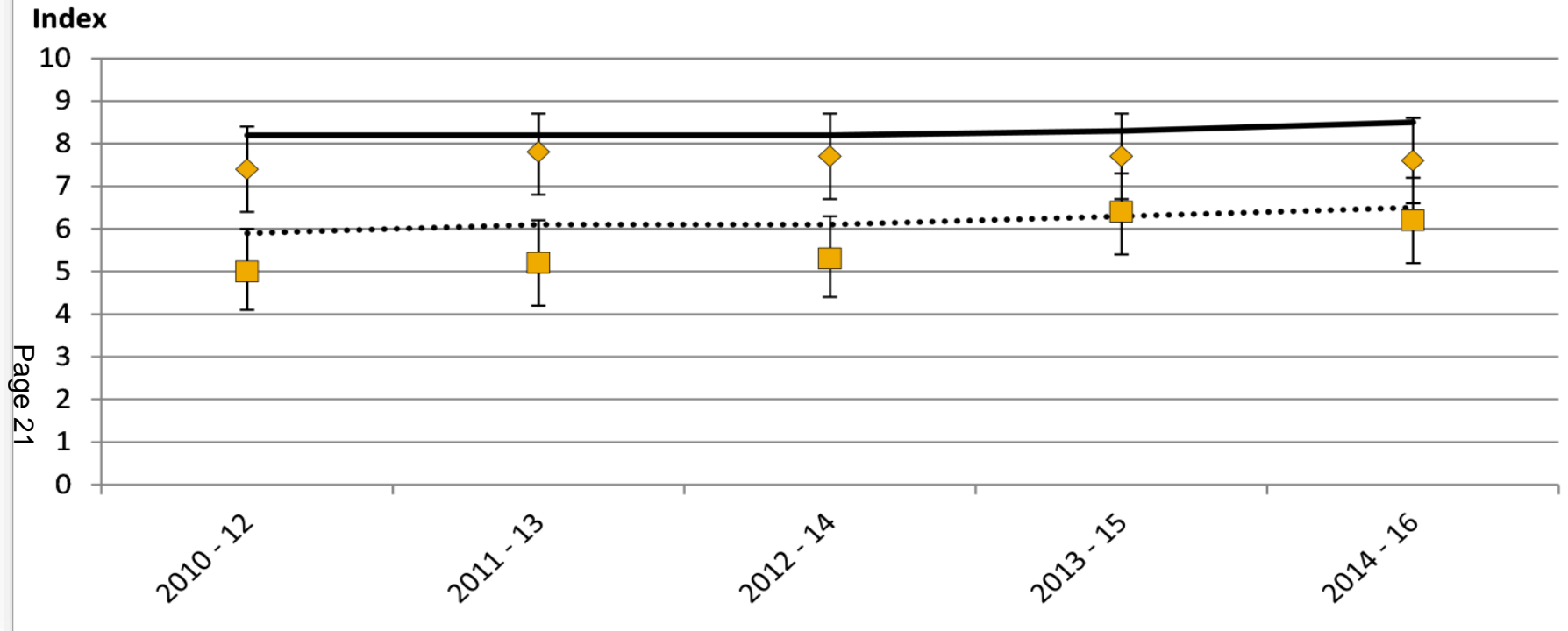
Matthew Fung

Consultant in Public Health
Directorate of Public Health

Introduction

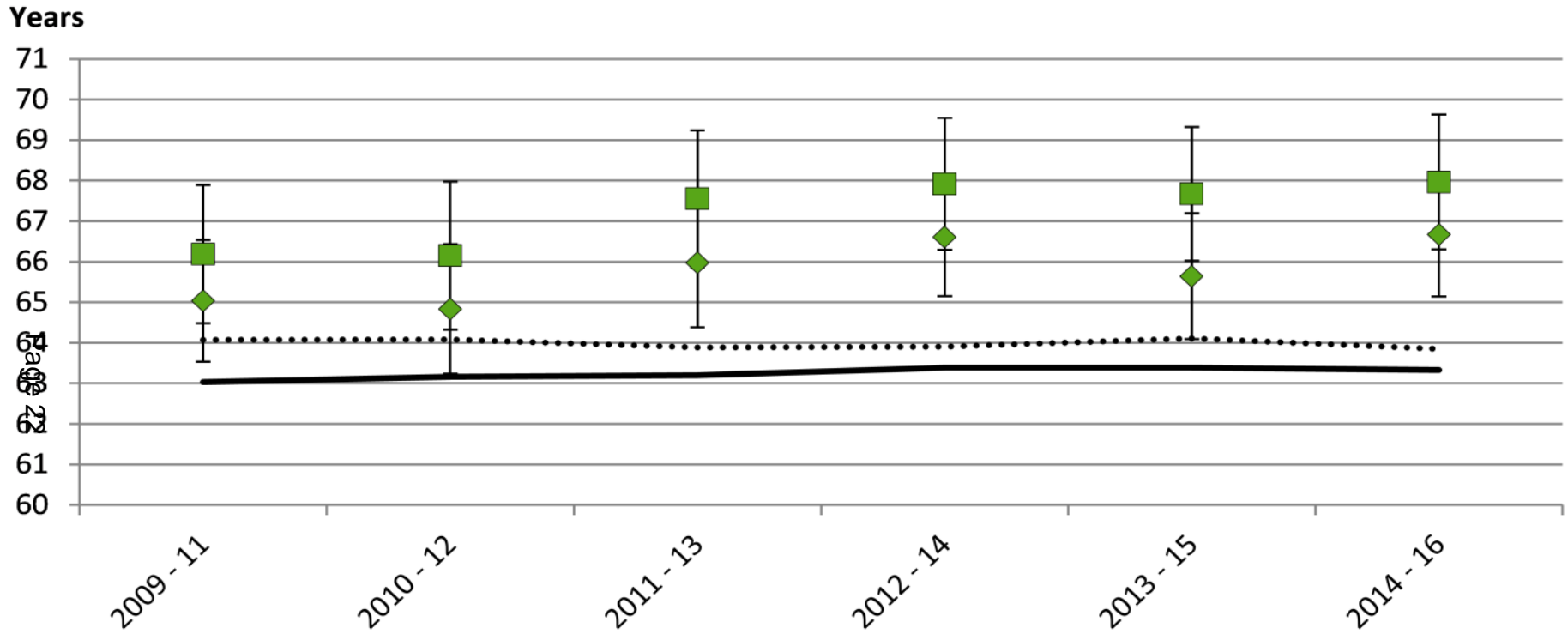
- The Joint Strategic Needs Assessment (JSNA) is a statutory duty & involves a continuous process which provides information on health and well-being to inform decision making.
- The JSNA facilitates the improvement of health and well-being and the reduction of inequalities for the local population.
- It is used to determine what actions local authorities, the NHS and other partners need to take to meet people's health and social care needs and to address the wider determinants that impact on health and well-being.
- A JSNA summary is produced annually for the Health and Wellbeing board.

Inequality in life expectancy at birth LA Worcestershire, Males and Females, All ages



Males ◆ Significantly better than England ◆ Not significantly different to England ◆ Significantly worse than England England
 Females ■ Significantly better than England ■ Not significantly different to England ■ Significantly worse than England England

Healthy life expectancy at birth Worcestershire, Males and Females, All ages



Males ◆ Significantly better than England ◇ Not significantly different to England ◆ Significantly worse than England England
 Females ■ Significantly better than England ■ Not significantly different to England ■ Significantly worse than England England

In 2009-13 the slope index of inequality for HLE was 11.8 for males and 11.5 females in Worcestershire (12.8 and 12.6 respectively for England).

Resident population (ONS) population changes

Age Category	England (000's)		% Change (2016–2033)	Worcestershire (000's)		% Change (2016–2033)
	2016	2033		2016	2033	
All ages	55268.1	60251.5	9.0	583.5	626.8	7.4
0-19	13107	13698.2	4.5	129	132.9	3.0
20-64	32278.4	32882.7	1.9	326.5	319.6	-2.1
65+	8554.8	11372	32.9	111	141.5	27.5
85+	1328	2298.6	73.1	17.1	32.6	90.6

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Mortality gap between England and Worcestershire

- Worcestershire had many consistently better mortality measures than England for a long period.
- However, the gap between England and Worcestershire for premature mortality caused by cardiovascular diseases and cancers had narrowed over time.
- For this reason the narrowing gap between Worcestershire and England was highlighted in the 2017 JSNA Annual Summary.
- More recent data suggests that this trend may be changing in a positive direction and that the gap between Worcestershire and England may have begun to widen.

County-wide emerging issues & structural determinants of health (1/2)

- **Antibiotic prescribing:** Worcestershire has seen a declining trend in antibiotic prescribing in primary care. However, the decline has not kept pace with national trends
- **Air pollution:** is rising similarly to the England average. However, around 0.3% of the population in Worcestershire live in an air quality management area (AQMA) compared with 0.2% nationally.
- **School readiness:** the percentage of children with free school meal status achieving a good level of development at the end of reception is significantly lower in Worcestershire (49.3%) than England (56.0%).

County-wide emerging issues & structural determinants of health (1/2)



- **Educational outcomes:** KS2 level outcomes are worse in Worcestershire than England and considerably worse for disadvantaged children.
- **Children needing social care:** the numbers of children who receive additional help or protection from Children's Social Care is continuing to rise. Numbers of children assessed as children in need (CIN), children looked after (CLA) and those subject to child protection plans (CP) continue to increase.



- **Oral health:** the percentage of 5 year olds with any dental decay varies by district, and the two worst areas, Worcester and Wyre Forest, have seen an increase between 2014/15 – 2016/17 (from 27.3% to 29.9%, and 23.6% to 29.3% respectively).

Air quality

- New PHE tool to model air quality
- Estimated fewer deaths if all people moved from high levels of pollution to lower levels of pollution
- Poor air quality affects everyone - older people, children, those living in deprived areas and those with a pre-existing medical condition are more vulnerable to the adverse effects of poor air quality.

AVERAGE PERCENTAGE OF ADULT POPULATION LIVING IN AREAS OF LOW, MEDIUM AND HIGH EXPOSURE PM 2.5

District	Low	Medium	High
Worcester (males)	26.3	34.6	39.1
Worcester (females)	26.1	34.8	39.1
Wyre Forest (males)	61.7	37	1.3
Wyre Forest (females)	62	37	1
Wychavon (males)	26.3	34.7	39
Wychavon (females)	26.2	34.7	39.1
Malvern (males)	42.8	51.5	5.7
Malvern (females)	42	52	6
Redditch (Males)	25	67.5	7.5
Redditch (Females)	25.4	67.1	7.6
Bromsgrove (males)	46.5	52.0	1.5
Bromsgrove (females)	44.8	53.6	1.6

Estimated cases prevented

Example: Worcester City

- If 100% of the pollution in Worcester city currently being exposed to high annual exposure of PM_{2.5} move to an area with low air pollution then:
 - **487 cases of coronary heart disease (CHD)** per 100,000 population are expected to be avoided by 2037.
 - **223 cases of chronic obstructive pulmonary disease (COPD)** per 100,000 are expected to be avoided by 2037.
 - **125 cases of stroke per 100,000 population** are expected to be avoided by 2037.
 - This could avoid a cumulative cost of £3.05 million per 100,000 population in primary care, £11.1 million per 100,000 population in secondary care, £5.78 million per 100,000 population in medication costs and £2.04 million per 100,000 population in social care costs.

Dashboard- county

Health and Well-being Board Indicator Dashboard



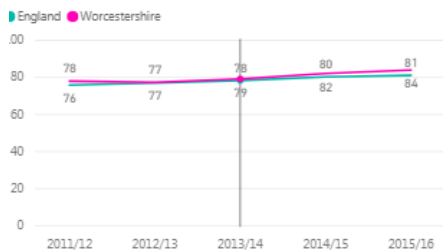
Produced by Worcestershire County Council Public Health Team

Data is auto-refreshed on a daily basis via API In

Good Mental Health and Well-being throughout life

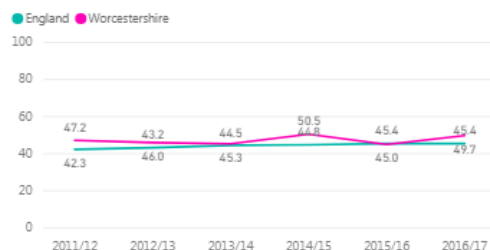
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1. Self-reported well-being - high satisfaction % of respondents



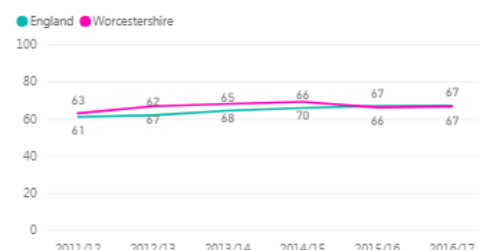
Not compared

2. % of Adult Social Care Users who have as much social contact as they would like



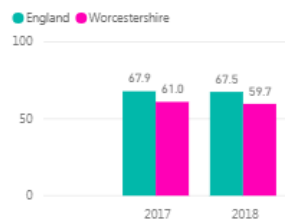
Similar

3. % of adults in contact with secondary mental health services in paid employment



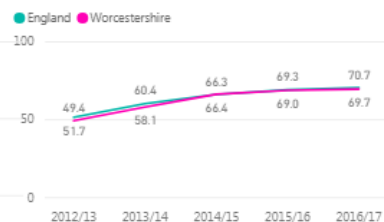
Not compared

4. Dementia: Estimated Diagnosis Rate (65+)



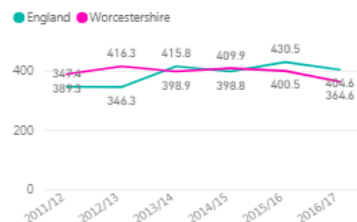
Worse

5. School Readiness: Achieving a good level of development



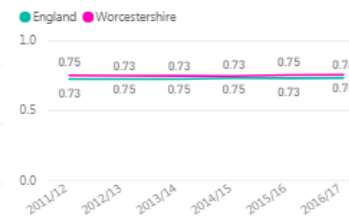
Similar

6. Hospital admissions as a result of self-harm (per 100,000)



Similar

7. Health related Quality of Life for Older People (65+)



Better

letter. Same, Worse, Higher, Lower - in comparison to the England Average
Not compared: Indicator is not compared to the England average.

Recommendations

- **Note and use the contents of the JSNA Annual Summary and compendium of indicators.**
- **Note the production of new dashboards to track HWBB priority data**
(http://www.worcestershire.gov.uk/info/20122/joint_strategic_needs_assessment)

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HPG Annual Report

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Dr Kathryn Cobain
Public Health Consultant
On Behalf of the Director of Public Health

Overview

- Council statutory duty ensure all parties discharge their roles effectively for protection of local population
- The DPH has pleasure in reporting overall robust performance
- All partners have worked hard in year to address issues that were reported on last year and ensure robust system wide solutions and processes
- Fragmentation in the system and a need to work closer together

Screening programmes

- Uptakes generally around national averages. BUT this means in bowel screening programme **40%** eligible don't uptake screening!
- Downward trend of uptake in breast and cervical cancer screening programmes
- Missed opportunity! Screening programmes should be aiming for 100%
- Inequalities/higher risk (lifestyle/socioeconomic factors) are less likely to be screened
- Need to better understand local screening profile and develop action to improve uptake
- Also locally not on trajectory for implementing of bowel scope

Vaccination programmes

- Uptake in some programmes is reducing.
- Some are now below national clinical standard to control disease and ensure patient safety! (Child programme)

Flu

- Flu vaccination key element for system resilience over the winter period
 - Good uptake in healthcare workers locally! Need to embed flu vaccination uptake in social care workforce
- Under 65 at risk! only half of those eligible receive a vaccine!

Other Issues highlighted by HPG 17/18

- Poor air quality intermittent and linked to congested streets at peak traffic times
- WRS successful performance but challenges to maintain preventive versus reactive activity evident (PHRFG)
- There have been a number of incidents this year in equitable healthcare provision for our prison population
- Local Health Resilience Partnership (LHRP) Audit highlighted a number of issues to be resolved in system wide surge capacity
- System pieces of work completed this year now need to be embedded (TB service review, Oral health needs assessment, Surge capacity and UTI avoidance work)

Summary

Work better together to.....

1. Reach 100% uptake in screening and immunisation programmes and reduce access inequalities
2. Ensure system resilience in promoting uptake of health and social care flu immunisations
3. Ensure system resilience to balance preventive and reactive work within Worcestershire Regulatory Services
4. Ensure and advocate for equitable healthcare access for prisoners
5. Embed system work completed on TB, Surge Capacity, Oral health and Infection avoidance.

Cancer

Indicator	Lower threshold ¹	Standard ²	Geography	2010	2011	2012	2013	2014	2015	2016	2017
2.20i - Cancer screening coverage - breast cancer (%)	70	80	Worcestershire	81.0	81.8	82.2	80.7	79.4	79.6	79.5	79.2
			England	76.9	77.1	76.9	76.3	75.9	75.4	75.5	75.4
2.20ii - Cancer screening coverage - cervical cancer (%)	75	80	Worcestershire	77.4	77.5	77.1	75.5	75.5	75.5	75.0	74.9
			England	75.5	75.7	75.4	73.9	74.2	73.5	72.7	72.0
2.20iii - Cancer screening coverage - bowel cancer (%)*	55	60	Worcestershire						62.4	62.1	62.1
			England						57.1	57.9	58.8

ANNB/DESP/AAA

Indicator	Lower threshold ¹	Standard ²	Geography	2013	2014	2015
2.20ix - Infectious Diseases in Pregnancy Screening – Hepatitis B Coverage (%)			Worcestershire England	97.9	97.4	98.1
2.20viii - Infectious Diseases in Pregnancy Screening – Syphilis Coverage (%)			Worcestershire England	98.0	97.4	98.2

Indicator	Lower threshold ¹	Standard ²	Geography	2013/14	2014/15	2015/16	2016/17
2.20ii - Infectious Diseases in Pregnancy Screening – HIV Coverage (%)	≥ 95%	≥ 99%	Worcestershire England	98.9	98.9	99.1	99.5
2.20i Sickle Cell and Thalassaemia Screening – Coverage (%)	≥ 95.0%	≥ 99.0%	Worcestershire England	98.9	98.9	99.1	99.3
2.20xi - Newborn Blood Spot Screening – Coverage (%)	≥ 95.0%	≥ 99.9%	Worcestershire England	99.1 93.5	99.1 95.8	99.1 95.6	96.5
2.20xii Newborn Hearing Screening – Coverage (%)	≥ 97%	≥ 99.5%	Worcestershire England	98.8 98.5	99.4 98.5	99.8 98.7	98.4
2.20xiii - Newborn and Infant Physical Examination Screening – Coverage (%)	≥ 95.0%	≥ 99.5%	Worcestershire England		93.3	94.9	93.5
2.20v – Diabetic eye screening - uptake (%)	≥ 70.0%	≥ 80.0%	Worcestershire England		82.9	83.0	82.2
2.20iv – Abdominal Aortic Aneurysm Screening – Coverage (%)	≥ 75%	≥ 85.0%	Worcestershire England	86.3 77.4	84.8 79.4	84.3 79.9	85.8 80.9

Flu/Shingles

Indicator	Lower threshold ¹	Standard ²	Key	Geography	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
3.03xii - Population vaccination coverage - HPV (%)	80	90	<80 80-90 >=90	Worcestershire					92.4	84.8	87.4
				England					89.4	87.0	87.2
3.03xiii - Population vaccination coverage - PPV (%)	65	75	<65 65-75 >=75	Worcestershire	74.9	71.6	72.4	72.0	72.9	73.3	73.1
				England	70.5	68.3	69.1	68.9	69.8	70.1	69.8
3.03xiv - Population vaccination coverage - Flu (aged 65+) (%)	70	75	<70 70-75 >=75	Worcestershire	73.3	74.8	74.0	74.3	74.2	72.6	72.7
				England	72.8	74.0	73.4	73.2	72.7	71.0	70.5
3.03xv - Population vaccination coverage - Flu (at risk individuals) (%)	50	55	<50 50-55 >=55	Worcestershire	52.2	53.7	52.3	54.9	54.1	49.4	53.4
				England	50.4	51.6	51.3	52.3	50.3	45.1	48.6
3.03xviii - Population vaccination coverage - Flu (2-4 years old) (%)	30	40	<30 30-40 >=40	Worcestershire					38.0	39.1	40.2
				England					37.6	34.4	38.1
3.03xvii - Population vaccination coverage - Shingles vaccination coverage (70 years old) (%)	50	60	<50 50-60 >=60	Worcestershire					64.5	58.5	50.8
				England					59.0	54.9	48.3

Childhood immunisations

Cohort	Indicator	Lower threshold ¹	Standard ²	Geography	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
12 months	3.03i - Population vaccination coverage - Hepatitis B (1 year old)			Worcestershire England							
	3.03iii - Population vaccination coverage - Dtap / IPV / Hib (1 year old)	90	95	Worcestershire England	94.6 94.2	96.3 94.7	95.6 94.7	96.4 94.3	96.1 94.2	96.8 93.6	94.2 93.4
	3.03iv - Population vaccination coverage - MenC	90	95	Worcestershire England	94.3 93.4	95.7 93.9	95.1 93.9			97.8	
	3.03v - Population vaccination coverage - PCV	90	95	Worcestershire England	94.0 93.6	95.7 94.2	95.1 94.4	95.8 94.1	95.1 93.9	96.3 93.5	95.0 93.5
Page 42 24 months	3.03i - Population vaccination coverage - Hepatitis B (2 years old)			Worcestershire England							
	3.03iii - Population vaccination coverage - Dtap / IPV / Hib (2 years old)	90	95	Worcestershire England	96.7 96.0	97.2 96.1	97.6 96.3	97.5 96.1	97.9 95.7	97.5 95.2	96.1 95.1
	3.03vi - Population vaccination coverage - Hib / MenC booster (2 years old)	90	95	Worcestershire England	93.5 91.6	94.2 92.3	95.1 92.7	95.1 92.5	95.5 92.1	95.3 91.6	94.3 91.5
	3.03vii - Population vaccination coverage - PCV booster	90	95	Worcestershire England	90.7 89.3	92.2 91.5	93.9 92.5	94.4 92.4	94.7 92.2	94.8 91.5	94.4 91.5
	3.03viii - Population vaccination coverage - MMR for one dose (2 years old)	90	95	Worcestershire England	89.9 89.1	93.1 91.2	94.6 92.3	95.1 92.7	95.3 92.3	95.2 91.9	94.5 91.6
5 years	3.03ix - Population vaccination coverage - MMR for one dose (5 years old)	90	95	Worcestershire England	92.1 91.9	92.9 92.9	94.6 93.9	95.6 94.1	96.5 94.4	97.6 94.8	97.5 95.0
	3.03vi - Population vaccination coverage - Hib / Men C booster (5 years old)	90	95	Worcestershire England		86.9 88.6	86.2 91.5	89.0 91.9	91.2 92.4	95.4 92.6	96.2 92.6
	3.03x - Population vaccination coverage - MMR for two doses (5 years old)	90	95	Worcestershire England	82.2 84.2	85.4 86.0	88.3 87.7	91.6 88.3	91.9 88.6	93.2 88.2	92.4 87.6