

Worcestershire Health and Well-being Board

Joint Strategic Needs Assessment

Annual Summary September 2018

www.worcestershire.gov.uk/jsna

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Executive Summary

This report is intended to provide a summary of the latest public health data and information for Worcestershire including an update on the three Health and Well-being Board priorities, a review of issues highlighted in the 2017 report, and a summary of emerging issues for 2018.

For a long period, Worcestershire has generally had good health outcomes and has consistently performed better on many mortality measures than England. However, the gap between England and Worcestershire for premature mortality caused by cardiovascular diseases and cancers, the two biggest causes of mortality for under 75s, had narrowed over time and for cancers had closed entirely. For this reason the narrowing gap between Worcestershire and England was highlighted in the 2017 JSNA Annual Summary. Encouragingly, 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. Future data releases will help to confirm if this is a sustained positive change.

Local data highlights that health inequalities continue to exist in Worcestershire. The gap in life expectancy between the most and least deprived areas is 7.6 years for males and 6.2 years for females¹ and there has been no significant change since the last period².

The gap between Healthy Life Expectancy and Total Life Expectancy is smaller in Worcestershire than for England as a whole. In Worcestershire females have a larger gap between healthy life expectancy and total life expectancy than males meaning they are living longer but in poorer health.

On some specific measures, Worcestershire is not performing as well as England as a whole. These include, the percentage of children with free school meal status achieving a good level of development at the end of reception, smoking status at the time of delivery, and eligible homeless people not in priority need. These topics are discussed further in this report.

The County Council, Districts, Health Services and other partners are encouraged to use findings from this report to inform plans, strategies and commissioning to help address existing and emerging issues, whilst keeping a focus on reducing health inequalities.

¹ 2014-16 data

² 2013-15 data

Health and Well-being Board Priorities Update

To help track data relating to the current Health and Well-being Board priorities (2016-2021), a live online dashboard has been created which is openly accessible, and can be accessed via the Health and Well-being Board³ and the JSNA websites⁴. A review of each Health and Well-being Board priority area follows:

Keeping active at every age^[1] □

- Premature mortality from cardiovascular disease is significantly lower in Worcestershire in comparison to both West Midlands and national rates.
- There are geographical variations in the prevalence of excess weight.
- Prevalence of excess weight in children in Reception (4-5yr olds) across Worcestershire is similar to both West Midlands and the national rate.
- Prevalence of overweight and obese children in Year 6 (10-11yr olds) is similar to the England rate and significantly lower than the West Midlands rate.
- Worcestershire has levels of physical inactivity similar to the England rate at 21.1% vs 22.2% respectively. Rates are significantly lower than the West Midlands.
- Worcestershire had a similar proportion of respondents reporting they were 'fairly active' in comparison to the West Midlands and England.
- Worcestershire has a proportion of people reporting that they were 'Active' and undertaking 150 minutes exercise or more per week of 67.2%. This is similar to the England rate and significantly higher than the West Midlands rate.
- The proportion of individuals who reported taking part in sport and physical activity at least twice in the last 28 days in Worcestershire is higher than England and is significantly higher than the West Midlands.

Preventing alcohol harm at all ages^[2] □

- The rate of alcohol-specific hospital admissions for under 18's has fallen considerably from 97.0 per 100,000 in 2006/7–2008/9 to 29.7 per 100,000 in 2014/15-16/17. Rates are similar to the national average. Worcestershire has one of the lowest rates amongst the CIPFA nearest statistical neighbours.

³ http://www.worcestershire.gov.uk/info/20565/health_and_well-being_board

⁴ http://www.worcestershire.gov.uk/info/20122/joint_strategic_needs_assessment

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

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

- Hospital admission episodes for alcohol-related conditions (broad) are now lower than the national average.
- The latest rate of females admitted to hospital for alcohol-related conditions (narrow) in Worcestershire is similar to the national average, and has decreased compared to the previous year.
- The latest rate of males admitted to hospital for alcohol-related conditions (narrow) is significantly better than the national average. However, rates still remain higher than they were in 2011/12.
- Hospital admissions for alcohol-related conditions in females aged over 65 are significantly higher than the England rate and have increased over the last three years.
- The latest rate of alcohol-specific mortality in Worcestershire is similar to the national average, this has remained relatively stable since 2011-13.
- The latest rate of alcohol-related mortality in Worcestershire is similar to the national average but remains higher than 2013 rates.
- Pooled data from 2014-16 shows the premature mortality rate from liver disease was similar to the national average at 16.6 per 100,000 vs 20.9 per 100,000 respectively.
- The rate of hospital admission episodes for alcoholic liver disease has reduced significantly from 125.5 per 100,000 population in 2013/14 (when rates were highest) to 110.2 per 100,000 population in 2016-17.
- In 2016-17, the proportion of individuals waiting longer than three weeks to receive treatment for alcohol was significantly higher than both England and West Midlands rates at 13.7%. However, this is a significant improvement from 2015-16 where the rate was 23.9% and the highest in the West Midlands region.
- In 2016, the rate of successful completion of treatment for alcohol clients in Worcestershire was similar to the national average at 38.9%. This indicator showed a steady decline from 2012 and was significantly lower in 2013, 2014 and 2015, in comparison to nationally, where rates steadily increased.

Good mental health and well-being at all ages

- Prevalence of dementia in Worcestershire is similar to the national average and is increasing.
- There is a higher prevalence of common mental disorders such as depression and anxiety in Worcestershire. Prevalence of depression⁵ is significantly higher in Worcestershire than England, at 10.5% and has increased from the previous year (10.0%).
- Emergency admissions to hospital for self-harm are similar to the national average and have been falling steadily since 2014-15.

⁵ Public Health Outcomes Framework, <http://www.phoutcomes.info/>, July 2018

- Male mortality from suicide is similar in Worcestershire to the national average at 18.0 per 100,000 (vs 15.9 per 100,000). Female mortality from suicide is similar to the national average at 3.8 per 100,000 (vs 4.8 per 100,000).
- The proportion of the population using outdoor space for exercise and/or health reasons is statistically lower than the national and West Midlands average. It is also one of the lowest across all CIPFA nearest neighbour areas. There has been a year on year downward trend since data collection began in 2011-12.
- The proportion of individuals reporting a long-term health problem or disability is significantly higher in Worcestershire in comparison to the West Midlands and England.
- The proportion of children who receive school meals achieving a good level of development at the end of reception has increased year on year. However, the gap between Worcestershire and national rates has widened slightly in 2016-17, and remains significantly lower than England overall and lower than the proportion of all children who achieve a good level of development.

Emerging and Persistent Issues (2018)

A number of issues are emerging from routine analysis as being challenges for Worcestershire. A brief summary of these issues follows:

- **Antibiotic prescribing:** Worcestershire has seen a declining trend in antibiotic prescribing in primary care. However, the decline has not kept pace with national trends and all three Clinical Commissioning Groups have higher rates of antibiotic prescribing in primary care than England as a whole.
- **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. The impact of particulate matter (PM) and NO₂ on District populations has been modelled. The model shows the estimated benefit of reducing exposure to these pollutants in terms of associated costs and morbidity.
- **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%).
- **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).

Update on Emerging Issues Highlighted in the 2017 JSNA Annual Summary

The last JSNA Annual Summary highlighted a number of emerging issues for Worcestershire. This section provides a brief update on these.

- **Mortality:** Overall Worcestershire has good health outcomes and was consistently better on some mortality measures than England for a long period. However, for cardiovascular diseases and cancers, the two biggest causes of mortality for under 75s, the gap between the England average and Worcestershire had narrowed over time and for cancers had closed entirely. For this reason the narrowing gap between Worcestershire and England was highlighted in the JSNA Annual Summary 2017. 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.
- **Autistic spectrum disorder:** There are no estimates of the overall numbers of people with ASD in Worcestershire. However, schools do submit data on the number of children recorded as having ASD as a primary Special Educational Need (SEN) to the Department of Education. In January 2018, 868 children in Worcestershire were recorded as having ASD as a primary SEN (253 primary school pupils, 439 secondary school pupils and 176 children in special schools), which is a slight increase on 2017.
- **Infant mortality:** Infant mortality in Worcestershire historically was similar to the England average. However, the latest figures have risen and are now significantly above the England average. In 2014-16, of the six Worcestershire Districts, only Worcester had a statistically significantly higher rate of infant mortality than the national average at 7.1 deaths per 1,000.
- **Drug misuse deaths:** Nationally, the rate of deaths from drug misuse is rising and this trend is mirrored in Worcestershire. For the latest period (2014-2016), the rate was 4.3 deaths per 100,000 population in Worcestershire compared with 4.2 nationally. This represents 70 deaths over the three year period.
- **Excess weight and type 2 diabetes:** Excess weight is a contributory factor for type 2 diabetes. In 2016/17 the majority of adults in Worcestershire were estimated to be overweight or obese (62%) which is statistically similar to England (61.3%)⁶.
- **Homelessness:** Homelessness is a significant issue in Worcestershire, with many indicators being close to the national level. The economic recession saw statutory homelessness in the county peak in 2011, since then it has fallen, but it still remains above pre-2011 levels. In recognition of the health issues faced by homeless people, the Worcestershire Health and Wellbeing Board have signed up to a 'Charter for Homeless Health'. As part of this commitment a JSNA profile which explores homelessness and the health of homeless people in Worcestershire has been produced.

⁶ Public Health England, Public Health Profiles

- **Violent crime:** The rate of violent crime recorded in Worcestershire continues to increase and this reflects what is happening nationally. The latest figures available are for 2016-17 and show there were 12,688 violent offences recorded in Worcestershire or a rate of 21.9 violent offences per 1,000 population. It is difficult to determine whether high or low levels of violence offences are due high or low prevalence, or high or low levels of recording.

District Level Information

Bromsgrove: is one of the 20% least deprived districts in England and relative to England it has an older population.

However, health inequalities are evident as life expectancy is 8.8 years lower for men and 5.5 years lower for women in the most deprived areas of Bromsgrove compared to the least deprived areas.

Areas of potential concern for Bromsgrove include: breastfeeding initiation, influenza vaccination and the chlamydia detection rate.

Malvern Hills: has the highest proportion of people aged 65 and over (27.6%) in comparison to other Worcestershire districts. There are a lower proportion of people living in most deprived areas in the country when compared to the England average.

The gap in life expectancy for men is 4.0 years and for women is 5.3 years between the most deprived and least deprived areas in Malvern Hills.

Areas of potential concern for Malvern Hills include: breastfeeding initiation, diabetes diagnosis and chlamydia detection rate (15-24 year olds).

Redditch: has a higher proportion of people living in most deprived areas compared to the England average. It has a higher proportion of children and young people aged 0-19 (24.4%) in comparison to Worcestershire.

There are considerable health inequalities: Life expectancy is 9.3 years lower for men and 9.0 years lower for women in the most deprived areas of Redditch, compared to the least deprived.

Areas of potential concern for Redditch include: breastfeeding initiation, hospital admissions caused by unintentional and deliberate injuries (and for young people), average number of vegetables consumed daily, admission episodes for alcohol related conditions, smoking prevalence (in the general population and in routine and manual occupations), cervical cancer screening coverage, hip fractures, and influenza vaccination.

Worcester: overall is less deprived than England but has significant pockets of deprivation in the central area and towards the north east of the city.

Health inequalities are evident as life expectancy is 9.0 years lower for men and 4.1 years lower for women in the most deprived areas of Worcester, in comparison to the least deprived.

Areas of potential concern for Worcester include: statutory homelessness, breastfeeding initiation, cervical screening coverage, chlamydia detection rate, adjusted antibiotic prescribing in primary care by the NHS, infant mortality and estimated dementia diagnosis rate (aged 65+).

Wychavon: has a higher proportion of people aged 65 and over (24.5%) in comparison to Worcestershire overall. It has lower levels of deprivation than England.

Life expectancy is 7.5 years lower for men and 6.7 years lower for women in the most deprived areas of Wychavon, in comparison to the least deprived.

Areas of potential concern for Wychavon include: breastfeeding initiation, gap in the employment rate between those with a long-term health condition and the overall employment rate, killed and seriously injured (KSI) casualties on England's roads, child excess weight (4-5 year olds) and estimated dementia diagnosis rate (aged 65+).

Wyre Forest: has a higher proportion of people living in most deprived areas in the country compared to the England average. It has a higher proportion of people aged 65 and over (24.4%) in comparison to Worcestershire overall.

Life expectancy is 9.4 years lower for men and 8.5 years lower for women in the most deprived areas, in comparison to the least deprived.

Areas of potential concern for Wyre Forest include: the gap in the employment rate between those with a long-term health condition and the overall employment rate, breastfeeding initiation, smoking status at the time of delivery, child excess weight (4-5 year olds), child excess weight (10-11 year olds), proportion of the population meeting the recommended '5-a-day' on a usual day and under 75 mortality rate from liver disease.