

Worcestershire Health and Well-being Board

JSNA Summary Intelligence Update on HWB Priority Areas

September 2014

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Introduction

This report is intended to provide updated information on the four Health and Well-being Board (HWB) priority areas. In addition to this information from the Worcestershire Viewpoint Citizens' Panel and on inequalities and emerging trends in health and well-being is included. Where appropriate, recent Joint Strategic Needs Assessment (JSNA) publications which provide more detailed information are listed. These can be accessed via the JSNA pages of the Worcestershire County Council website:

<http://www.worcestershire.gov.uk/cms/jsna.aspx>

Health and Well-being Board Priorities 2013-16

1. Older people and management of long-term conditions
2. Mental health and well-being
3. Obesity
4. Alcohol

PRIORITY 1: Older People and Management of Long-Term Conditions

Summary

- Worcestershire has a higher proportion of the population over 65 than the national average.
- There is considerable variation in the proportion of over 65s between the districts.
- The increasing population of older people is likely to have a significant effect on the scale and nature of provision needed to meet their needs.
- This is compounded by the fact that this increase will be concentrated in the oldest age groups.

Key JSNA Publications

Well-being in Older People - May 2014

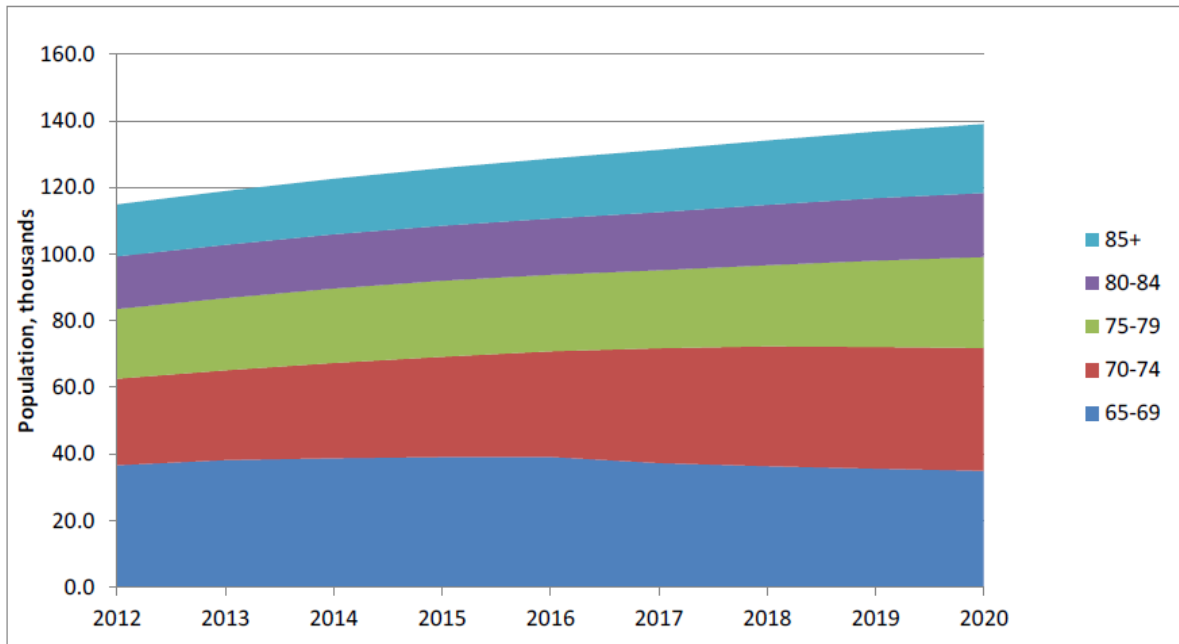
Ageing Well Needs Assessment - October 2013

Information Update

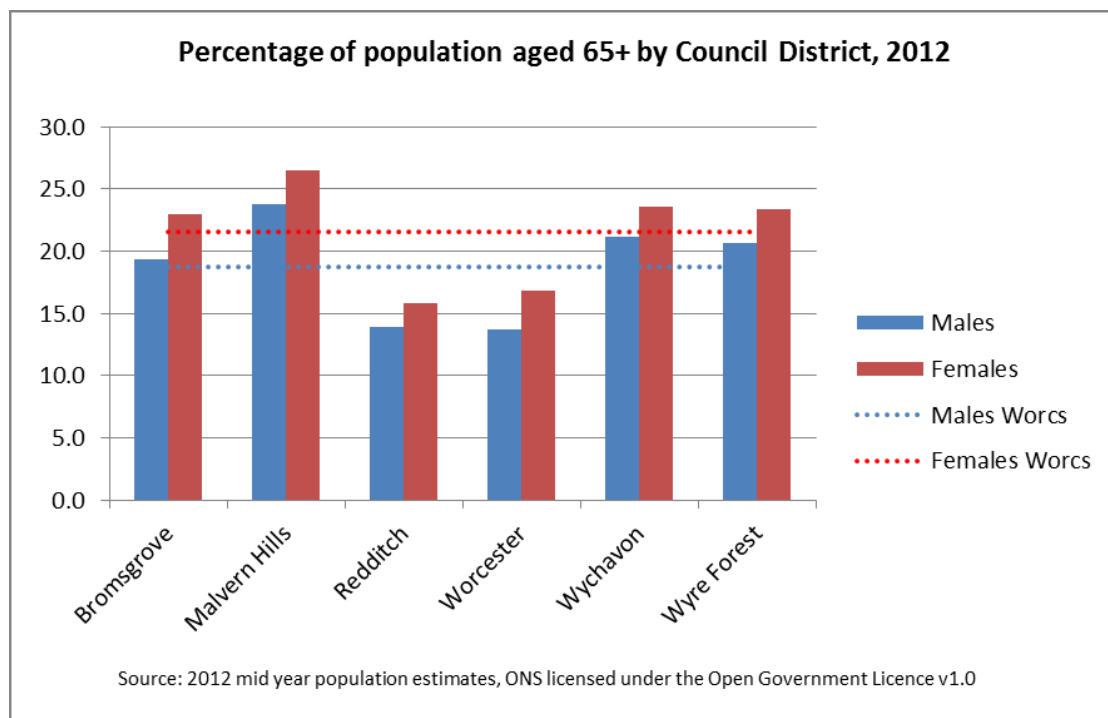
Worcestershire has a higher proportion of the population over 65 than the national average, 20.1% versus 16.9 % in 2012, and this proportion is projected to rise rapidly over the next few years. There is considerable variation in the percentage of over 65s between the districts

with Malvern Hills the highest (27% of women and 24% of men) and Redditch the lowest (16% of women and 14% of men).

Projected 65+ population of Worcestershire 2013-21, thousands



Source: 2011 based interim subnational population projections Office for National Statistics licensed under the Open Government Licence v.1.0



Source: 2012 mid year population estimates, ONS licensed under the Open Government Licence v1.0

Life expectancy in the county is higher than regionally or nationally. If current trends continue, by 2018-20, male life expectancy in Worcestershire is expected to rise to 82.2 years and female life expectancy to rise to 85.7 years.

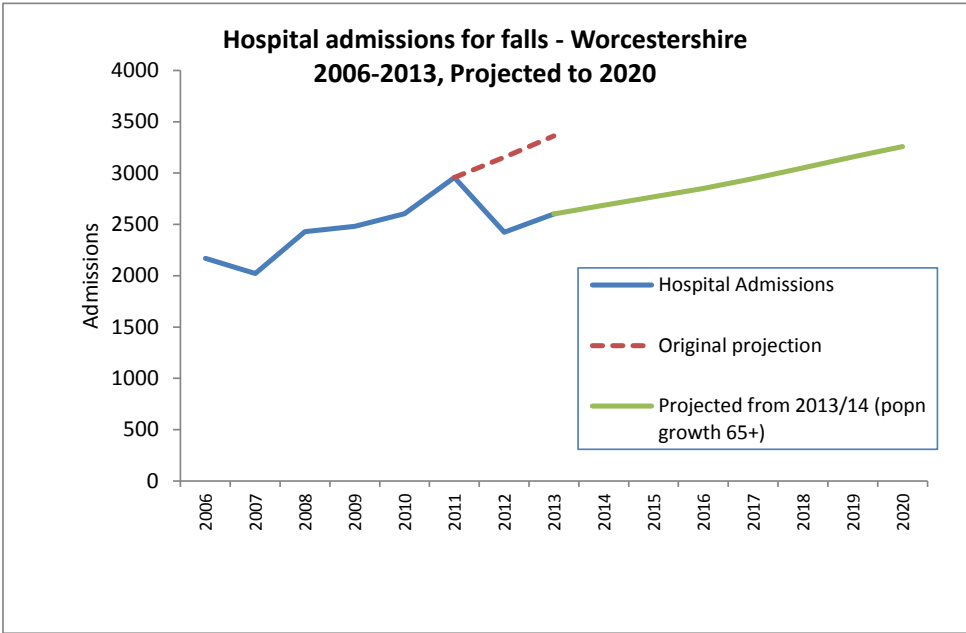
There are a number of key conditions which are most significant in terms of older people and potential costs to social care services. These are:

- 1. Falls
- 2. Stroke
- 3. Dementia
- 4. Other long-term conditions

Falls

There are an estimated 5,000 falls in the 65+ population in Worcestershire every year.

Projections of the number of admissions due to falls are shown below. The original projection is based on data up to 2011 when a number of falls interventions were put in place and shows what would have happened had nothing changed. As it is we can see a drop in the number of falls but as the population ages the number of people at risk of falling will increase and projections based on the latest data show a steady rise if nothing were to change.



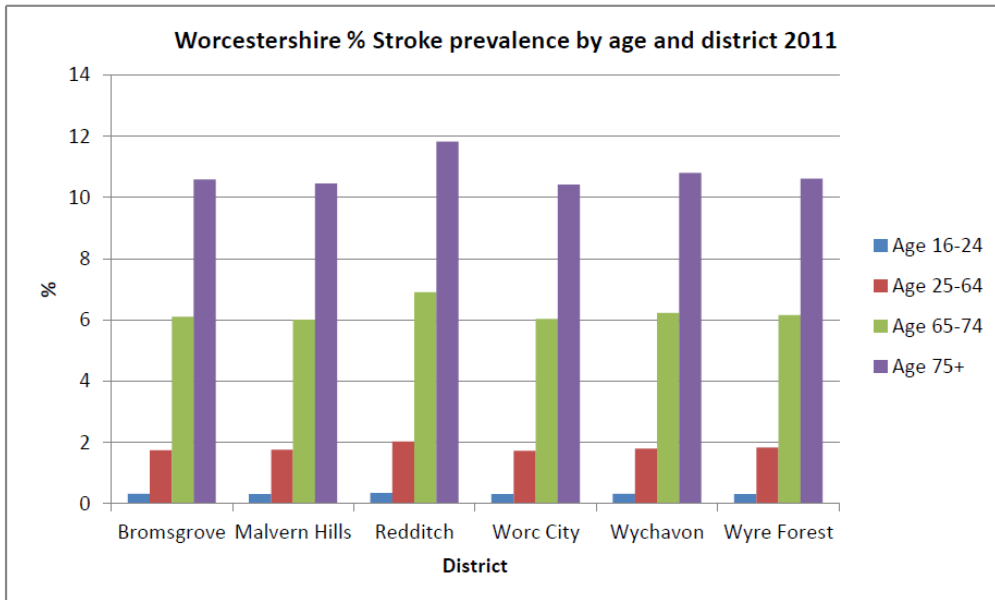
Source: Public Health Intelligence Team, Worcestershire County Council

A range of interventions have been put into place to mitigate this increase.

Projections also show that the number of older people with mobility problems in Worcestershire will increase considerably by 2020, from 20,839 in 2012 to 26,125 (an increase of 25%) with the numbers concentrated in the oldest age groups.

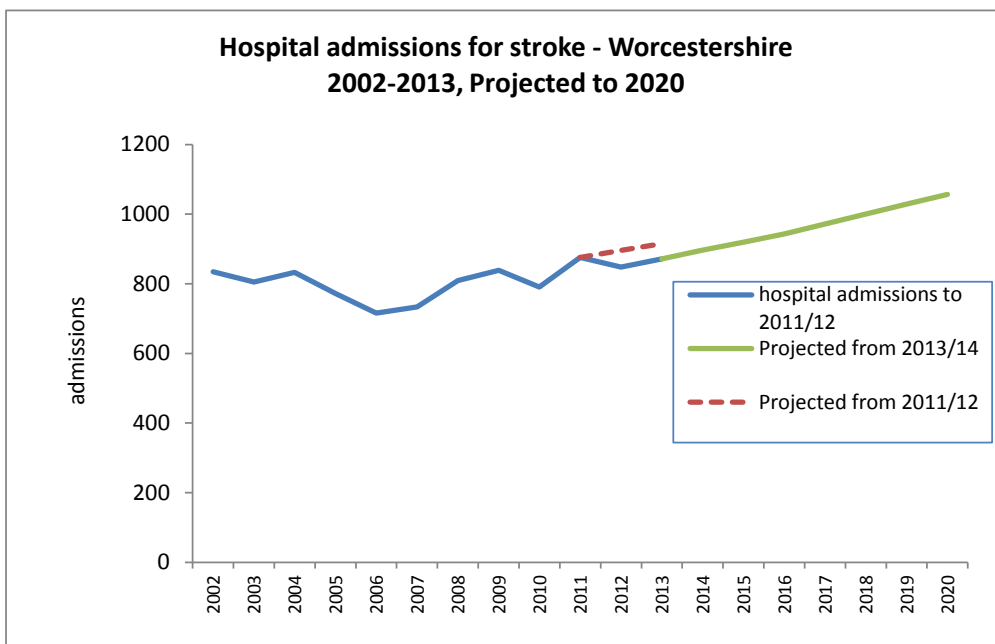
Stroke

Redditch stands out as the district in Worcestershire with the highest prevalence rate for stroke at all ages; 12% of people in Redditch aged 75+ are suffering from stroke, in comparison to around 10.5% for the other districts.



Source: <http://www.apho.org.uk/DISEASEPREVALENCEMODELS>

Projections for the number of admissions for stroke based on data up to 2011 and then from 2011 show a gradually increasing number as would be expected with an increasing elderly population who are at greater risk of strokes. However, the most recent figures have been slightly lower which are reflected in the lower level of the later projections.



Dementia

thing in improving life expectancy but they may at the same time have implications for resource allocation.

Social Care

Due to demographic trends, the number of older people living alone is projected to rise by over a fifth (22%) between 2012 and 2020. The biggest rises are forecast for males and females over 75 (37% and 22% respectively).


According to the 2011 Census of Population 3,500 people aged 65 or over live in care homes in Worcestershire, around 3% of the over 65 population. Demographic change is expected to have the effect of potentially increasing this total by approximately 30% by 2020.





End of Life




85% of older people would prefer to spend their last days at home, though only about 22% of people actually die at home.

High Level Indicators for Older People and Long-term Conditions

The table below provides an overview of HWB dashboard indicators for this priority. Many of the indicators demonstrate an improvement since the previous JSNA Summary, including: permanent admissions to residential and nursing care homes funded by the local authority, deaths at home and excess winter deaths.

Indicators: Based on the HWB dashboard – sources provided where known/available	Current value (Sept 14)	Change from previous year	Indicator description/Data Commentary
1. Older service users who feel they have control over their daily life (ASCOF 2012/13).	78.7%	 No change	Percentage of social care service users who feel that they have control over their daily lives.
2. Proportion of people feeling supported to manage their condition.	-	-	Proportion of people feeling supported to manage their condition. This indicator is dependent on GP survey data which has not yet been collected.

3. Health-related quality of life for people with long term conditions.	-	-	Health related quality of life for people with long term conditions. This indicator is dependent on GP survey data which has not yet been collected.
4. Older service users who receive self-directed support, and those receiving direct payments.	-	-	This indicator is included in the Health and Well-being Strategy but not currently monitored on the HWB dashboard.
5. Management of long term conditions in primary care.	-	-	Local indicator(s) to be developed
6. Permanent admissions care homes people aged 65+ (ASCOF 2012/13).	597	 Down from 622	Adults aged 65 and over who were admitted to residential and nursing care homes who are funded by the local authority. Rate per 100,000 aged 65+ Number of admissions in relation to population reduced from 622 to 597
7. Unplanned hospital admissions for patients with conditions which should be managed in the community (HSCIC 2011/12).	494	 Down from 500	Emergency admissions for acute conditions normally managed in primary care - age/sex standardised rate per 100,000 population Although emergency admissions for acute conditions usually managed in primary care shows improvement, looking over the longer term, this indicator has shown a 37% increase since 2002/3.
8. Deaths at home (HSCIC 2010-12).	22.5%	 Up from 21.2% (2008-10)	Percentage of deaths in own home.
9. Hip fractures in older people (PHOF 2012/13).	570.6	 Up from 556.9	Emergency admissions due to fractured neck of femur in people aged 65+ - age-sex standardised rate per 100,000 population. In 2012/13 the number of emergency admissions for hip fracture in Worcestershire was 681. Although the age and sex standardised rate of

			<p>emergency admissions for fractured neck of femur has increased from the last summary there is uncertainty as to whether this represents a real concern (the increase is not statistically significant). Although an examination of three years data shows a slight upwards trend. However, even if the standardised rate of hip fracture remains the same in the future, we can expect the number of admissions to rise as a result of increases in the older population (Well-being in older people 2013/14).</p>
<p>10. Excess winter deaths (PHOF 2009-12)</p>	17.8	<p> Down from 20.7 (2008-11)</p>	<p>Ratio of excess winter deaths to average non-winter deaths (3 years pooled data 2009-12)</p>
<p>11. Delayed transfer of care from hospital, and those which are attributable to adult social care (ASCOF 2012)</p>	3.3	<p> No change</p>	<p>Average rate per 100,000 aged 18+ population Number of delays in relation to population remained at 3.3</p>
<p>12. Proportion of older people still at home 91 days after discharge from hospital into re-ablement and rehabilitation services (HSCIC 2011/12-2013/14)</p>	77.3%	<p> No change</p>	<p>Performance improved in 2012-13; it was agreed to monitor these indicators more regularly in 2013-14 and the services involved will be looked at in more detail as a part of an overall review of this area.</p>

PRIORITY 2: Mental Health and Well-being

Summary

- Mental health needs to be firmly embedded in the public health agenda; and it is important to stress the positive dimension of mental health and well-being.
- Worcestershire has higher than average levels of the protective factors for good mental well-being.
- Evidence suggests that levels of physical and mental well-being in adults and older people in Worcestershire are higher in comparison with other areas.
- There is a higher prevalence of common mental disorders such as anxiety and depression – many of these cases go undiagnosed and untreated.
- Despite the general prosperity in Worcestershire County there are pockets of high deprivation presenting a number of risks to mental health and well-being.
- The mental and physical health of carers is of increased concern and there is a clear need for better support for this key group.
- There are concerns that children and young people with potential mental ill health are not being picked up by specialist services until they reach crisis point; there has been a steep increase in referrals perhaps as a result of the recession.
- At risk groups in Worcestershire include prisoners, NEETs, victims of crime and fear of crime (including domestic violence), those with a substance misuse problem or dual diagnosis and people with a long-term physical illness or disability.
- A greater emphasis is required on identifying and exploiting 'community assets'.

Key JSNA Publications

Adult Mental Health and Well-being Needs Assessment - May 2014

Information Update

"Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (Promoting Mental Health Concepts, Emerging Evidence, Practice – A summary Report. Geneva; World Health Organization; 2004).

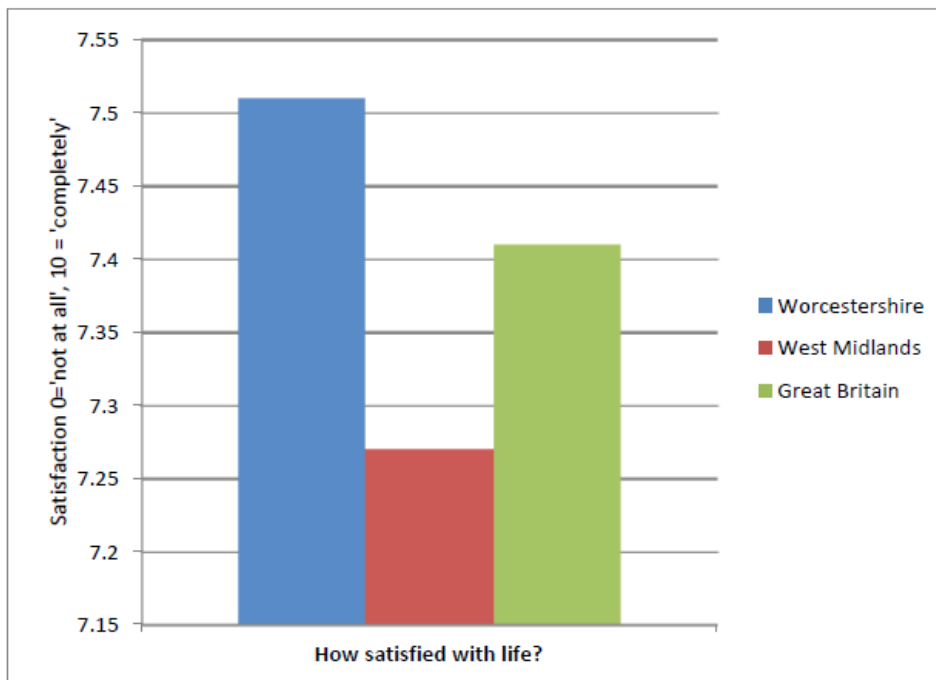
Mental health needs to be firmly embedded in the public health agenda; and it is important to stress the positive dimension of mental health and well-being. The good news is that Worcestershire has higher than average levels of the protective factors for good mental well-being, including high levels of meaningful employment and good access to green spaces and levels of regular physical activity.

The evidence suggests that levels of physical and mental well-being in adults and older people in Worcestershire are higher in comparison with other areas. Despite the general prosperity in Worcestershire County there are pockets of high deprivation presenting a number of risks to mental health and well-being.



Source: ONS 'Measuring National Well-being' * Personal well-being is rated on a scale from 0 = 'not at all happy' to 10 = 'completely happy'. In the case of anxiety, 0 = 'not at all anxious' and 10 = 'completely anxious'. These figures represent the average response for England sample compared with the average for Worcestershire sample of respondents. It is important to note that these are experimental figures.

National Well-being Survey





Source: National well-being Survey 2012


Spend on mental health services in Worcestershire, as elsewhere, has been focused on the acute end of the pathway. A shift to a 'proportionate universalism' approach to promotion is required where actions are universal but with a scale and intensity proportionate with the level of disadvantage. This is because it has been acknowledged that focusing solely on the most disadvantaged will not reduce health inequalities¹.

A greater emphasis is also required on identifying and exploiting 'community assets' – i.e. much of the intervention needed to prevent common mental disorders may be non-NHS spend, for example, learning 'apps' on smart phones, benefit maximisation, building personal resilience, reducing social isolation through local befriending groups etc. This fits well with the Worcestershire County Council Future Lives programme, which aims to develop new models of care that promote health and independence, and reduce the need for long-term services.

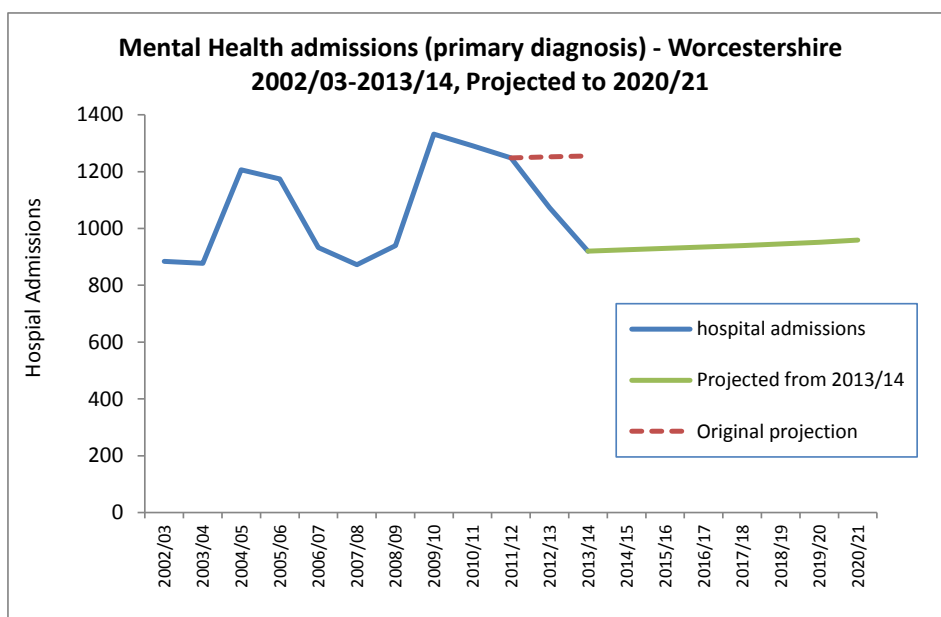
High Level Indicators for Mental Health and Well-being

The percentage of adults in contact with mental health services who are in employment has reduced and is now below the England average. However, the rate of premature death in people with serious mental health problems has decreased and is now similar to the England average.

Indicators: Based on the HWB dashboard – sources provided where known/available	Current value (Sept 2014)	Change from previous year	Indicator description/Data Commentary
1. Adults in contact with specialist mental health services in paid employment (PHOF 2012/13)	8.3%	 10.5% Down	Percentage of adults in contact with specialist mental health services in paid employment. Performance fell from 10.5% in 2011-12 to below the England average.
2. Adults in contact with specialist mental health services living independently, with or without support (ASCOF 2012/13)	67.3%	 58.7% Up	Percentage of adults in contact with specialist mental health services living independently. Numbers have increased over the year from 58.7% and are significantly higher than the England average.
3. Mental health service users who feel they have control over their daily life	-	-	This indicator is included in the Health and Well-being Strategy but not currently monitored on the HWB dashboard.
4. Mental health service users who receive self-directed support and those receiving direct payments	-	-	This indicator is included in the Health and Well-being Strategy but not currently monitored on the HWB dashboard.

5. Referrals to specialist mental health services	-	-	Indicator to be developed.
6. Length of time in treatment with specialist mental health services	-	-	Indicator to be developed.
7. Children and young people seen by mental health services within 18 weeks	100%	-	Percentage of children and young people seen by CAMHS service within 18 weeks. National data is not available for benchmarking.
8. Young people transferring to adult mental health services with high quality transition plan in place	-	-	Data available – indicator to be developed.
9. Premature death in people with serious mental health problems (PHOF Mental Health Profiles 2011/12)	1,089	 Down from 1,265	Excess under 75 mortality in adults with serious mental illness - standardised rate per 100,000 population Improved since 2010/11. Similar to England average.

The chart below shows the actual and projected mental health admissions based on primary diagnosis. As can be seen the numbers are fairly volatile and therefore the projections will have a lot of uncertainty around them. It does appear that numbers have decreased over the latest couple of years, but as this followed two years of increased rates we cannot be sure if this is due to an actual trend or random variations.



PRIORITY 3: Obesity

Summary

- It is estimated that around two thirds (65.5%) of the adult population in Worcestershire are classified as overweight or obese.
- Almost one in four children aged 4-5 (23.0%) and one in three children aged 10-11 (31.9%) were either overweight or obese in Worcestershire in 2012/13.
- The percentage of physically active adults in Worcestershire is significantly higher than the National average.
- The percentage of adults in Worcestershire estimated to be consuming 5 or more portions of fruit and vegetables per day is not significantly different from the National average.
- There is nothing to indicate that the steady rise in the obesity rate for people over 16 in Worcestershire is halting.

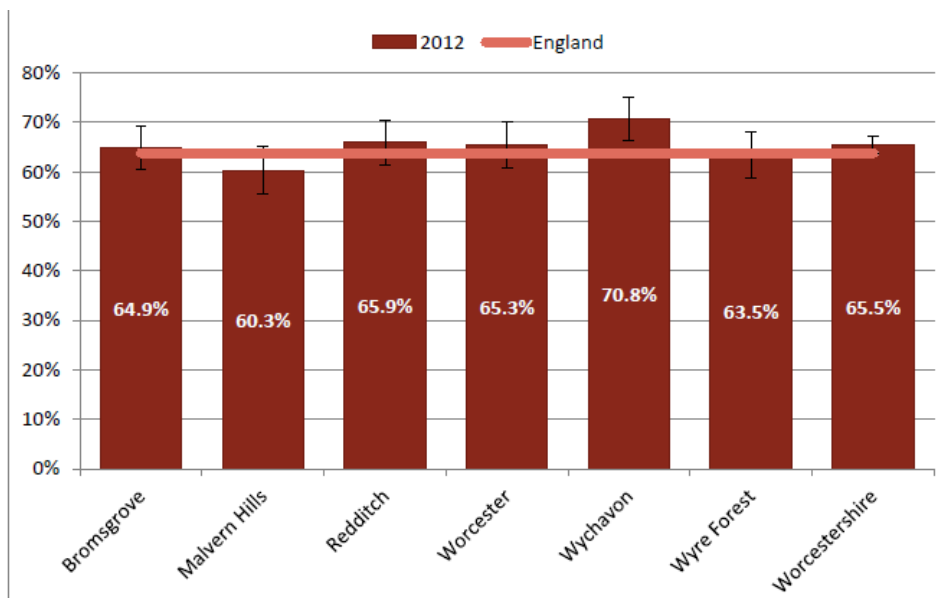
Key JSNA Publications

JSNA Briefing on Obesity April 2014

Information Update

It is estimated that around two thirds (65.5%) of the adult population in Worcestershire are classified as overweight or obese. This is similar to the national average (63.8%).

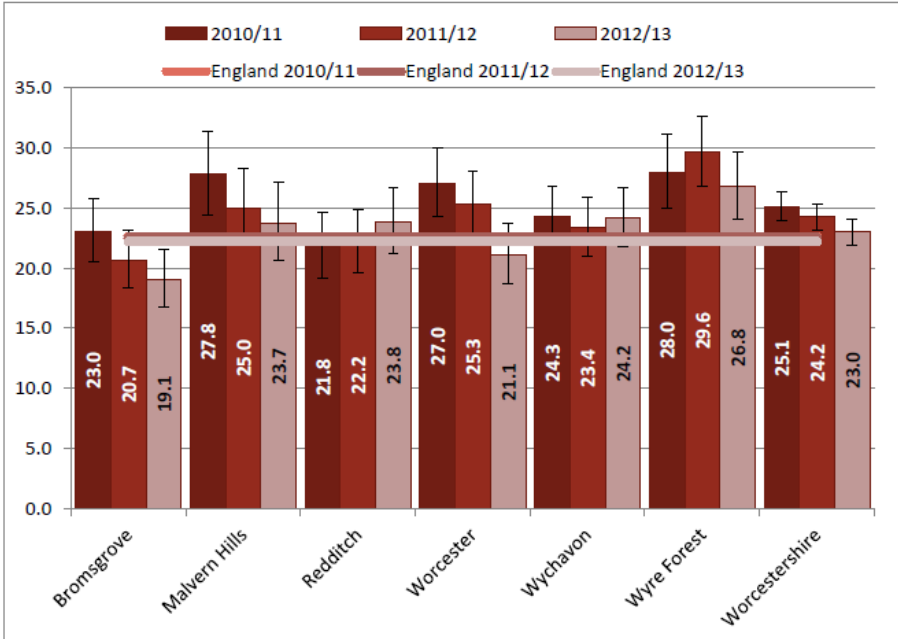
Percentage of adults aged 16+ that are classified as overweight or obese



Source: Public Health Outcomes Framework, <http://www.phoutcomes.info/>, February 2014

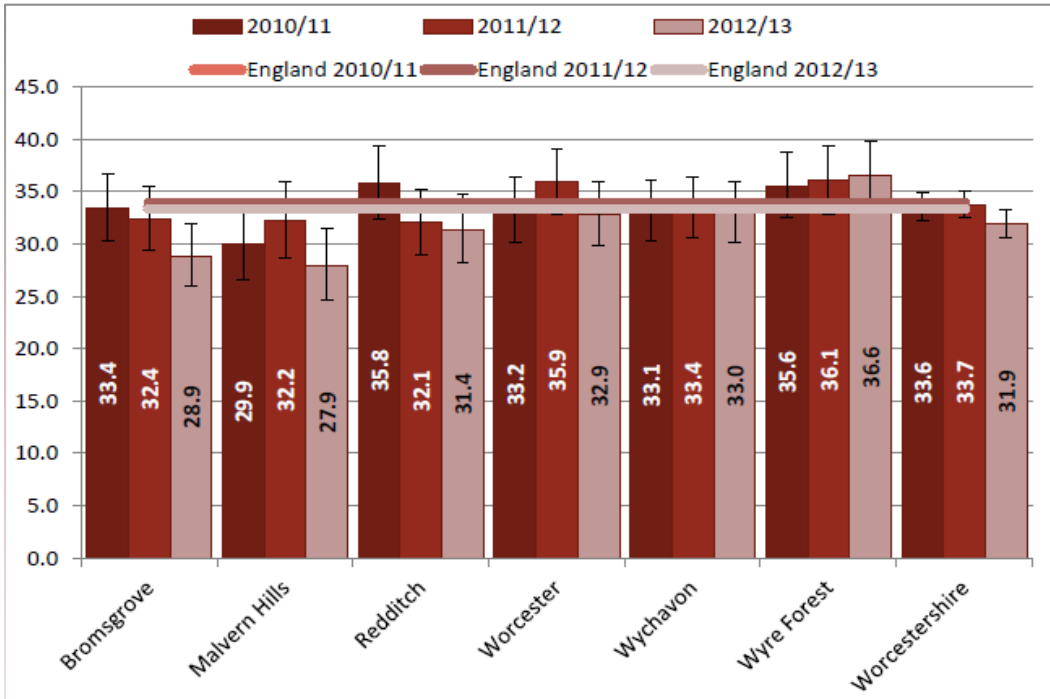
Almost one in four children aged 4-5 (23.0%) and one in three children aged 10-11 (31.9%) were either overweight or obese in Worcestershire in 2012/13.

Percentage of children aged 4-5 classified as overweight or obese



Source: Public Health Outcomes Framework, <http://www.phoutcomes.info/>, February 2014

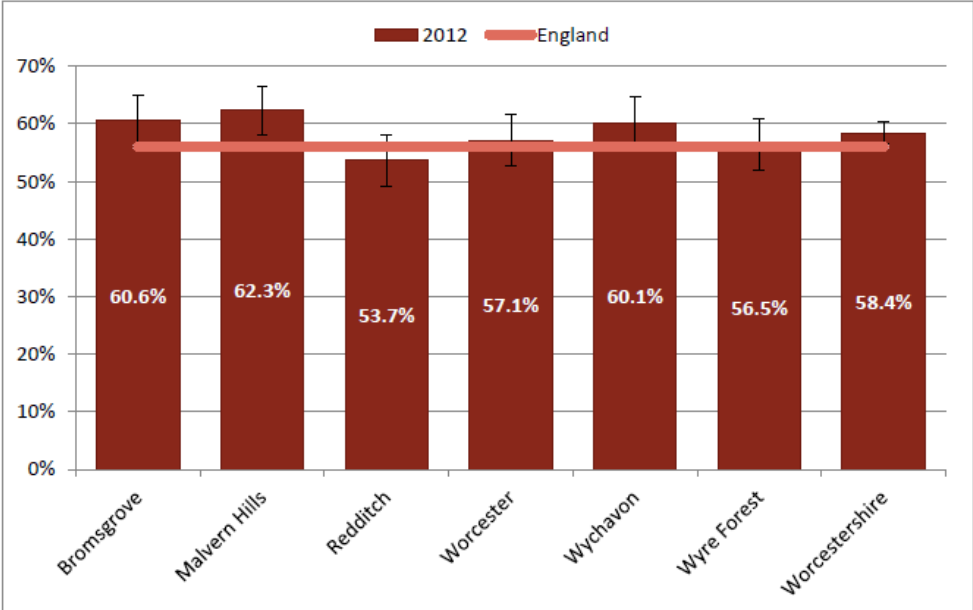
Percentage of children aged 10-11 classified as overweight or obese



Source: Public Health Outcomes Framework, February 2014

The percentage of physically active adults in Worcestershire is significantly higher than the National average.

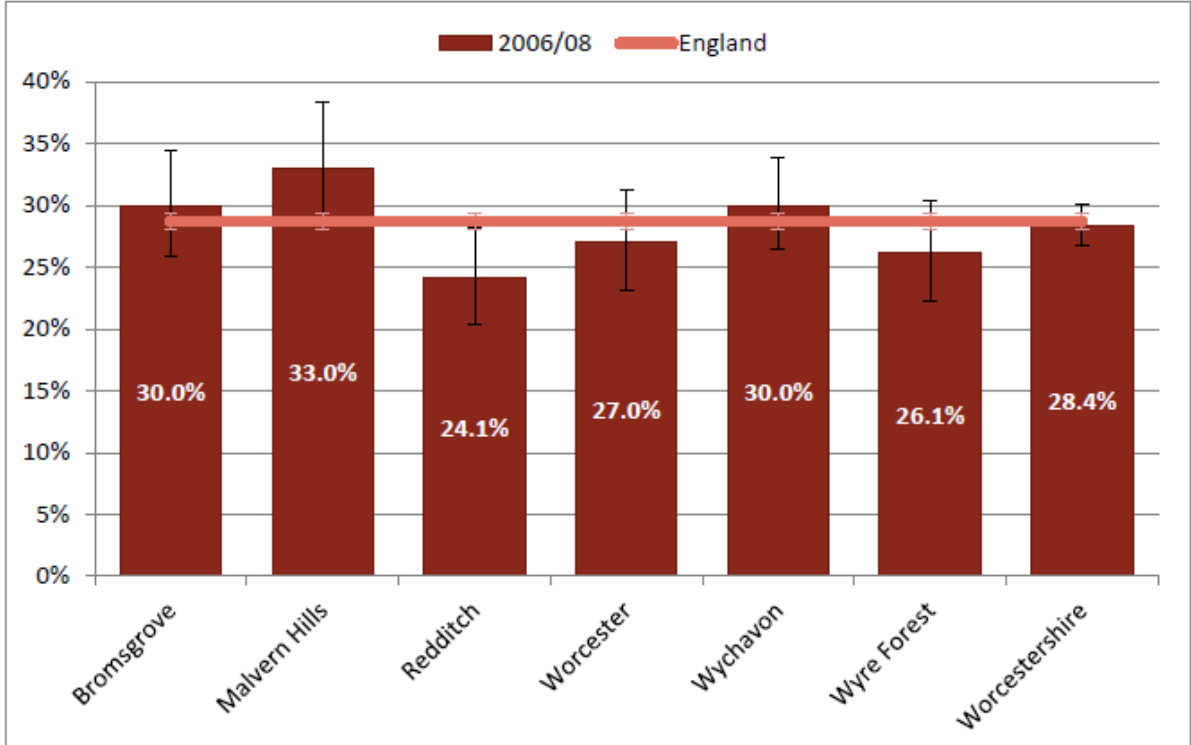
Percentage of physically active adults



Source: Public Health Outcomes Framework, <http://www.phoutcomes.info/>, February 2014

The percentage of adults in Worcestershire estimated to be consuming 5 or more portions of fruit and vegetables per day is not significantly different from the National average.





Estimated percentage of healthy eating adults 2006/08



Source: Association of Public Health Observatories 2012-13, <http://www.apho.org.uk>

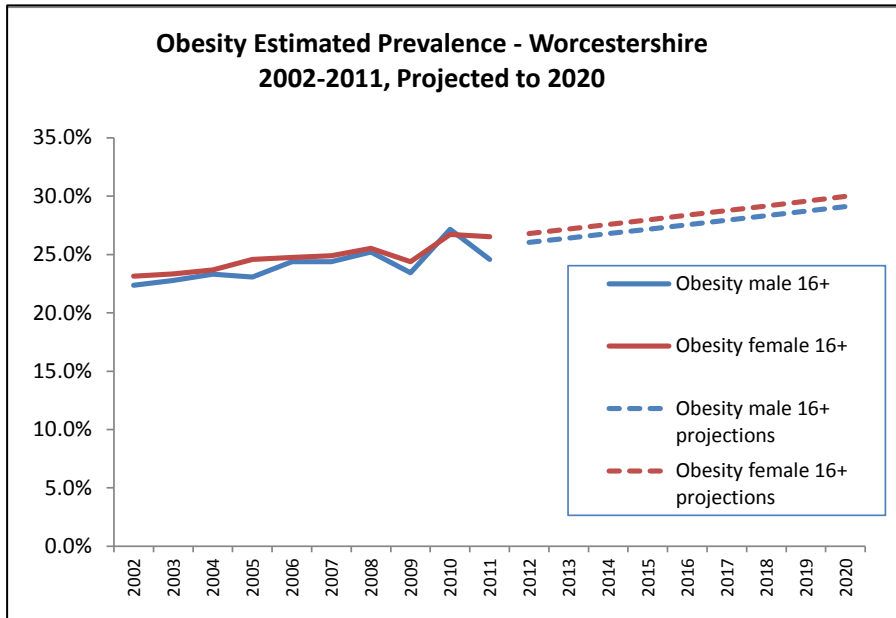
High Level Indicators for Obesity

The percentage of overweight or obese children in reception and year 6 has decreased. However, there has been no change in the proportion of adults being physically active.

Indicators: Based on the HWB dashboard – sources provided where known/available.	Current value (Sept 14)	Change from previous year	Indicator description/data commentary
1. Physically active adults (PHOF 2013)	58.0%	 No Change	Proportion of adults achieving at least 150 minutes of physical activity per week (% aged 16+). Sourced from the Sport England Active People Survey.
2. Percentage of children classified as overweight or obese at reception year and year 6 (PHOF 2012/13)	23.0% in Reception year (4-5 year olds)	 24.2% Down	Percentage of children valid height and weight measurements in Reception Year and Year 6 that are classified as overweight or obese (as having excess weight). 4-5 years; improved and now not significantly different to the English average. 10-11 years; improved and now significantly lower than England average.
	31.9% in Year 6 (10-11 year olds)	 33.7% Down	
3. People with diabetes (PHOF 2012/13)	6.27%	 5.92% Up	Percentage of people aged 17yrs + diagnosed with diabetes mellitus; higher than the England average (6.01%). QOF registers are constructed to underpin indicators on quality of care, and they do not necessarily equate to prevalence as may be defined by epidemiologists.

In 2012/13 there were an estimated 29,613 people registered as having diabetes by GP practices in Worcestershire (QOF recorded diabetes in people 17 years and over). As this is a measure of recorded diabetes and not actual prevalence it is likely to be an underestimate (in particular groups who are less likely to be registered with a GP, such as ethnic populations, young people, homeless people, migrants and travellers are under reported).

The estimated obesity levels for Worcestershire below are based on the national levels. There has been a fairly steady rise from around 23% in 2002 to 25% in 2011 and there is nothing yet to indicate that this rise is halting. If it continues then the rates for men and women are estimated be around 29 or 30% by 2020, with all the health consequences that go with that.



PRIORITY 4: Alcohol

Summary

- There are an estimated 84,562 increasing risk drinkers and 23,379 higher risk drinkers in Worcestershire.
- Rates of alcohol related mortality and months of life lost related to alcohol vary across the Worcestershire districts.
- Months of life lost to liver disease is increasing for both genders in some districts.
- Recently there has been a decrease in the number of alcohol related hospital admissions in Worcestershire.

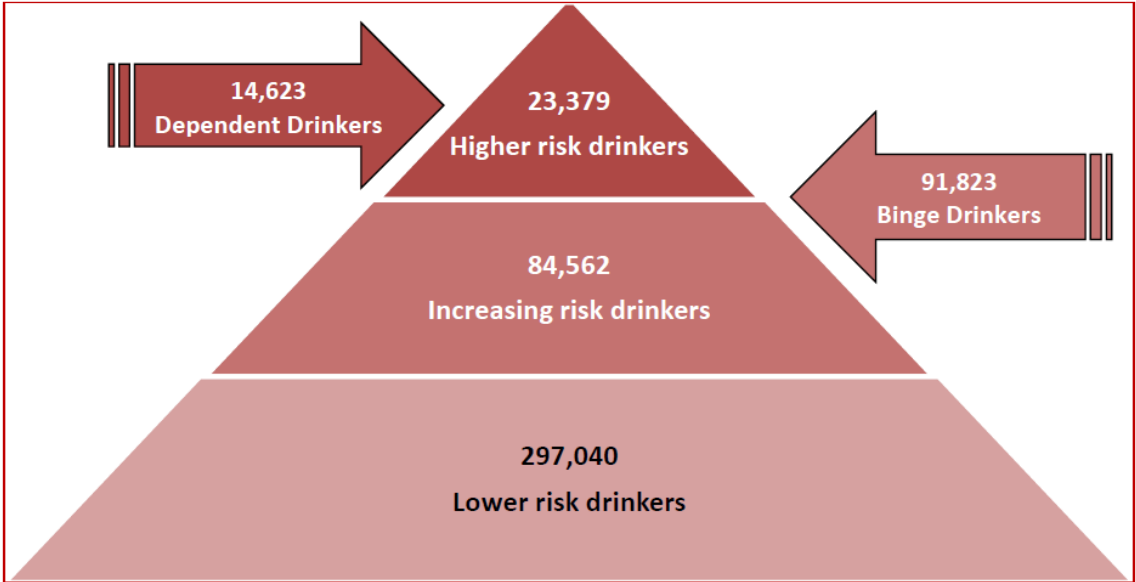
Key JSNA Publications

Substance Misuse Needs Assessment - March 2014

Information Update

There are an estimated 84,562 increasing risk drinkers and 23,379 higher risk drinkers in Worcestershire; of these 91,823 are classed as binge drinkers and 14,623 as dependent drinkers.

Mid-2009 Estimated Drinking Population aged 16 years and over in Worcestershire by Category



Source: Topography of Drinking Behaviour 2011, 2011 Census & Association of Public Health Observatories 2007/08 revised and published 2011

Rates of alcohol related mortality and months of life lost related to alcohol vary across the Worcestershire districts. The table below shows the alcohol related mortality rates and months of life lost related for each Worcestershire district and how this compares to its 'nearest neighbours'. The nearest neighbour approach groups each local area with 15 other

areas that are similar across a range of demographic, socio-economic and geographic variables.

Worcestershire Nearest Neighbour Comparison by District Area

District	Nearest Neighbour Comparison									
	Months of Life Lost due to alcohol: Males aged less than 75 years (2008-2010)		Months of Life Lost due to alcohol: Females aged less than 75 years (2008-2010)		Alcohol-Specific Mortality: all genders (2008-2010)		Liver Mortality: all genders (2008-2010)		Alcohol Attributable Mortality all genders (2008-2010)	
Bromsgrove	5.79	↓	4.17	↓	0.07	↓	0.07	↓	0.27	↓
Malvern Hills	11.07	↓	5.26	↓	0.13	↓	0.17	↓	0.38	↑
Redditch	9.76	↑	4.87	↓	0.08	↑	0.10	↑	0.26	↓
Worcester	11.05	↑	6.50	↑	0.13	↑	0.15	↑	0.30	↑
Wychavon	7.66	↓	3.92	↑	0.07	↑	0.10	↑	0.27	↑
Wyre Forest	12.51	↑	5.11	↓	0.16	↑	0.18	↑	0.41	↑

Local Authorities with the most amount of harm compared to the benchmark	↑ Harm generally increasing since 04/06
Local Authorities with higher harm levels compared to the benchmark	
Local Authorities with lower harm levels compared to the benchmark	↓ Harm generally decreasing since 04/06
Local Authorities with the least amount of harm compared to the benchmark	

Source: Alcohol and drugs: JSNA support pack Key data to support planning for effective alcohol prevention, treatment and recovery

Months of life lost to liver disease is increasing for both genders in some districts.

From 2008-09 to 2011-12 there was a 55% reduction in the number of adults engaged in structured alcohol treatment in Worcestershire. This compares to an increase of around 10% nationally. The rate of successful completion for Alcohol clients in Worcestershire has been in steady decline since 2012/13, whilst the National average has remained stable.

Just 27% of clients in Worcestershire's young persons' substance misuse treatment cited Alcohol as an issue compared to 56% nationally and 53% on the Child Well-being index.

The rate of alcohol specific hospital stays among those under 18 was 57.8, worse than the average for England. This represents 66 stays per year.

High Level Indicators for Alcohol

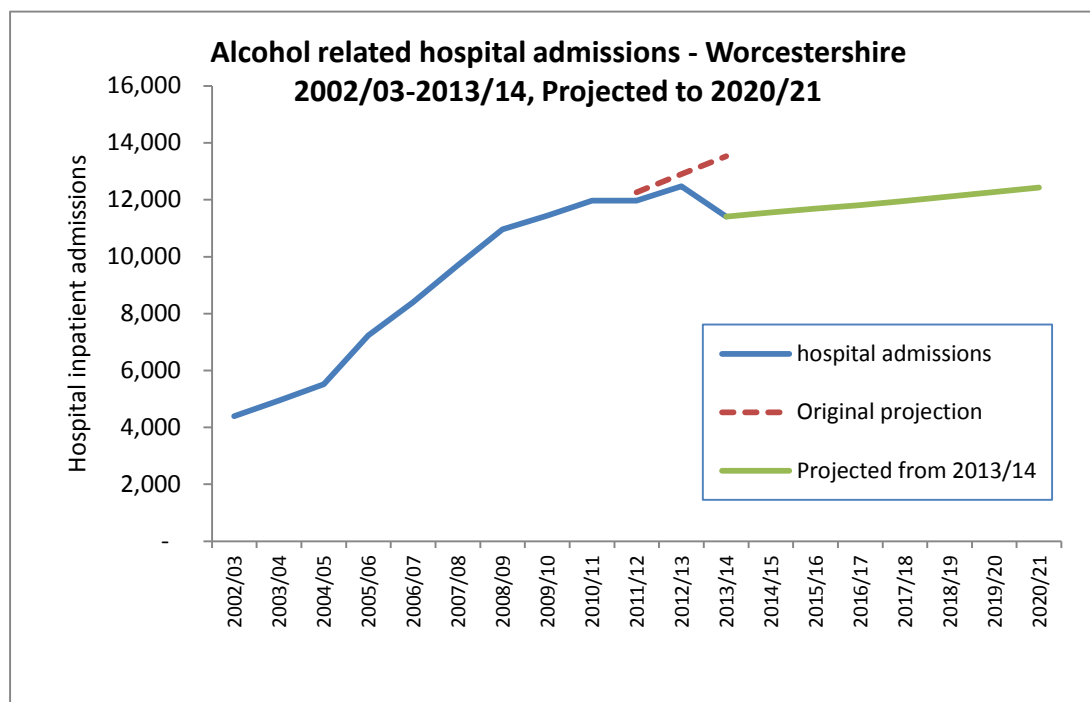
The Worcestershire alcohol related crime rate/1,000 in has decreased, mirroring the national trend. The rate varies considerably by district, however, from 3.17 in Malvern Hills to 6.64 in Worcester City.

Indicators:	Current value	Change from previous year	Indicator description/data commentary
Based on the HWB dashboard – sources provided where known/available.			
1. Number of responsibly	-	-	This indicator is included in the Health and Well-being Strategy but not

managed licensed premises			currently monitored on the HWB dashboard.
2. Alcohol related admissions (all ages) (PHOF 2012/13)	606	600 No change ↔	Directly age and sex standardised hospital admissions for alcohol-related harm at all ages rate per 100,000 resident population. Significantly lower than England average.
3. Alcohol related crime rate per 1,000 (LAPE 2012/13)	5.01	5.58 Down ↓	Number of recorded crimes with an 'alcohol interest' marker. Reduction on previous year and below England average of 5.74.
4. Reduce Domestic violence incidents where alcohol was a factor	-	-	Indicator to be developed.

In 2012/13 there were 3,465 alcohol related admissions to hospital in Worcestershire.

The actual and projected admissions for alcohol-related causes for Worcestershire are shown below. The projection based on data up to 2010/11 shows a steeper gradient than the latest projection, suggesting that there may have been a slowing in the rate of increase following increased focus of activity.



'Health in Worcestershire' - Viewpoint Survey Results

The following questions were included in the Worcestershire Viewpoint Residents Survey for the first time in May 2014:

"What do you consider to be the three most important threats to health facing people in Worcestershire today?" (% of respondents who listed in their three most important threats).

	Worcs County	Broms	M/Hills	Redditch	Worc City	Wych	W/For
<i>Physical inactivity</i>	39	43	44	33	38	40	37
<i>Overweight/Obesity</i>	65	69	70	63	61	64	64
<i>Tobacco/smoking</i>	36	40	33	43	35	32	33
<i>Drinking too much alcohol</i>	36	34	35	40	36	31	41
<i>Drug abuse</i>	24	20	26	24	31	23	31
<i>Mental health & well-being</i>	24	23	26	24	31	23	19
<i>Long term conditions</i>	15	14	17	14	17	13	15
<i>Access to Health Care</i>	17	19	13	18	16	18	19
<i>Environmental quality</i>	4	3	2	3	7	2	3
<i>Poor diet/nutrition</i>	20	17	20	19	21	22	22

Source: Viewpoint Residents Survey May 2014

- In Worcestershire as a whole *overweight and obesity* is seen as by far the greatest threat to health (mentioned by 65% of respondents), followed by *physical inactivity* (a relatively lower 39% of residents).

- Other major threats to health of concern (in order of importance to people in Worcestershire) are *smoking, drinking too much alcohol* (36% of respondents) and *drug abuse and mental health and well-being* (24% of respondents).

- There is some clear variance by district in terms of what residents consider to be the most important threats to health in their locality:

(i) *Drinking too much alcohol* is seen as a health threat by a higher proportion of people in Redditch and Wyre Forest than other districts.

(ii) In comparison, *overweight and obesity* is seen as the biggest threat by a higher proportion of residents in Bromsgrove and Malvern Hills than other districts. More people in these two districts also see *physical inactivity* as a major threat to health.

(iii) *Environmental quality* is not considered a particular threat to health in Worcestershire; however the highest proportion expressing concern is in Worcester City district where noise and pollution is higher than the more rural districts.

(iv) A higher proportion of residents of Worcester City and Malvern Hills consider *long term conditions* to be a threat to health than the other districts.

(v) *Diet and nutrition* is seen as a particular threat to health by a greater proportion of the population in Wychavon and Wyre Forest districts.

(vi) Interestingly, residents in those districts with arguably the best proximity to health services (Bromsgrove and Wyre Forest) are the ones who consider *access to health care* to be more of a threat to health than Worcestershire as a whole.

(vii) In Worcester City a third of residents consider *mental health and well-being* to be health issue of concern, in comparison with only a quarter in Worcestershire as a whole; there is evidence to suggest urban living can be more stressful (Lederbogen *et al.* 2011)ⁱⁱ.

"To what extent do you agree or disagree with the following statements regarding the importance of good health and a healthy lifestyle?" (% of respondents).

	Strongly Agree	Tend to Agree	Neither agree or disagree	Tend to disagree	Strongly disagree
Following healthy lifestyles is an effective way to reduce the chances of becoming ill	67	29	3	-	-
There is nothing more important than good health	58	34	7	2	-
I am in control of my own health	41	44	11	3	1
The main thing which affects my health is what I personally do	42	42	10	5	1
I consider that I currently live a healthy lifestyle	26	49	17	8	1
I intend to change to a healthier lifestyle	14	30	40	10	6

Source: Worcestershire Viewpoint Resident's Survey May 2014

These questions reveal a good deal about the attitudes and perceptions of people in Worcestershire to their own health and well-being:

- Two thirds of residents (68%) strongly agree that a *"healthy lifestyle will reduce their chance of getting ill"*.

- However, the proportion strongly agreeing with statements about having control of their own health decreases to just over 40%.

- Only a quarter of Worcestershire residents strongly agree that they *"live a healthy lifestyle"*; and even fewer (14%) strongly agree that they *"intend to change to a healthier lifestyle"*.

"About your well-being: please tick the box that best describes your thoughts and feelings over the past two weeks" (% of respondents).

	None of the time 1	2	Some of the time 3	4	All of the time 5
I've been feeling optimistic about the future	7	8	43	26	15
I've been feeling useful	5	8	40	29	18
I've been feeling relaxed	6	14	47	23	11
I've been interested in other people	5	9	37	30	19
I've been feeling good about myself	6	11	42	28	13
I've been feeling confident	5	11	39	29	16

© Warwick and Edinburgh mental well-being scale (WEMWBS) part of the Worcestershire Viewpoint Residents Survey May 2014

These questions are designed to provide a metric for well-being, in some ways more difficult to measure than physical health.

- The lowest proportion of respondents report *"I've been feeling relaxed"* and *"I've been feeling good about myself"* most or all of the time.

- Conversely, a higher proportion of respondents report feeling *"interested in other people"* and *"useful"* most or all of the time.

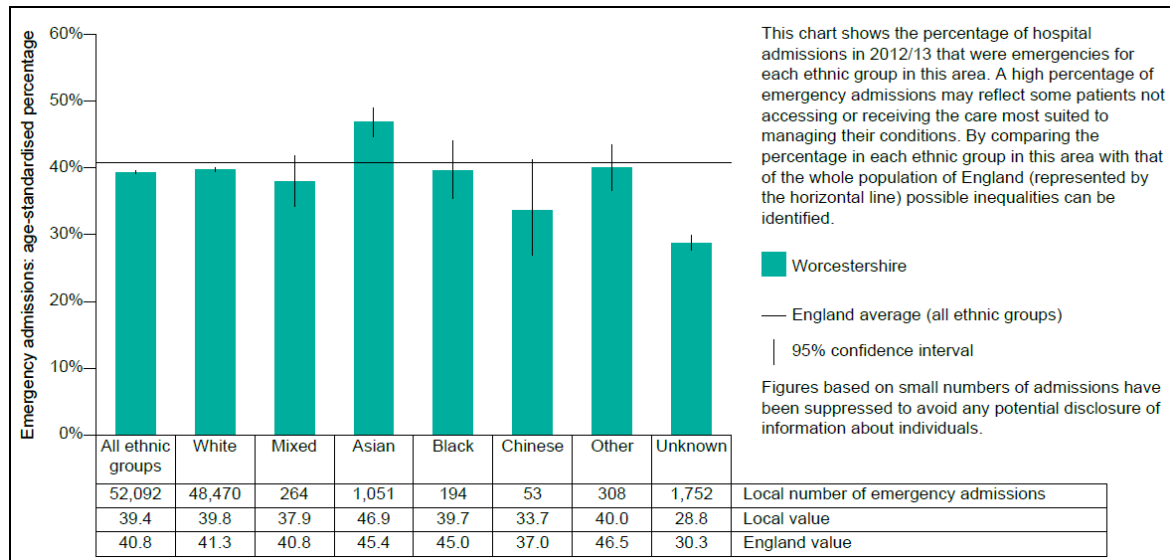
- There is also a relatively low proportion of respondents who report *"feeling optimistic about the future"*.

Inequalities

Life expectancy is 8.0 years lower for men and 5.3 years lower for women in the most deprived areas of Worcestershire than in the least deprived areas.

Deprivation is lower than average, however about 15.7% (15,600) children live in poverty.

Percentage of hospital admissions that were emergencies by ethnic group



Source: PHE Health Profile Worcestershire 2014. © Crown Copyright 2014

Emerging Trends

National Trends

In her annual reportⁱⁱⁱ the Chief Medical Officer for England highlighted the following:

- 38% of work-related illness is due to work-related mental health problems. Reducing the burden of work-related mental health problems should benefit our economy. Providing facilities to encourage healthy behaviours in the workforce can benefit employers as well as employees.
- The average age of workers is increasing as a result of an increasing average age of retirement and a high rate of unemployment in the young. The wider social implications of this change are not yet fully understood.
- The public should be educated on the often high sugar (and thus calorie) content of fruit juices, smoothies, and carbonated soft drinks.

- Closer investigation of the association between fast food outlets and deprivation may help to inform local policy.
- While cancer incidence is increasing, cancer mortality is decreasing. The gap in cancer mortality between the most and least deprived areas of the country is widening.
- Liver disease is the only major disease category in which premature mortality is increasing in England while decreasing among our European neighbours.
- The average quantity of alcohol consumed per person in the UK remains far higher than fifty years ago. Excess alcohol consumption is associated with cardiovascular disease, cancers of the digestive organs, breast cancer, and suicide.
- On- and off-licence retailers of alcohol could refrain from using promotions to encourage individuals to purchase large amounts of alcohol.
- Encouraging more people to engage in active travel, such as walking and cycling, is crucial to reducing the prevalence of obesity. In order to improve uptake, we need to improve safety. The relative risk associated with journeys by active travel methods are unacceptably high and must be reduced. Compared with travelling the same distance by car, the risk of death from travelling one kilometre on foot or by bicycle is more than 17 times higher. The risk of serious injury for each kilometre travelled is almost 16 times higher on foot than by car, and 21 times higher on a bicycle than by car.

Local Trends

- The percentage of people offered a diabetic retinopathy screening test who attend is lower than the England average.
- Rates of treatment completion for tuberculosis are low although it should be noted that numbers are small with just 25 people contracting TB during 2010-2012.
- The proportion of women in Worcestershire who are smokers at the time of delivery is higher than the England average.
- The percentage of people successfully leaving drug treatment who do not re-enter treatment within 6 months is lower in Worcestershire than the England average:
 - For non-opiate users it is 24%
 - For opiate users it is just 7%, meaning 93% of opiate users who leave treatment are back in treatment within 6 months
- The rate of homelessness acceptances in Worcestershire is higher than the England average.

- School readiness particularly amongst those receiving free school meals. Less than half of children achieve a good level of development by the end of reception and for those on free school meals this is just 27%.
- As of June 2014 the proportion of claimants who have been in receipt of JSA benefit between 6 and 12 months is 2.5% below the equivalent figure in June 2013 at 16.8%. However, the proportion in receipt of JSA benefit for more than 12 months has increased by 3.2 percentage points over the same period to 28.1% of all claimants.

Conclusions and Recommendations

This report has drawn on health and well-being information published as part of the JSNA and other key sources including the Worcestershire Viewpoint Survey. It is recommended that the information contained is used to help inform decision making.

For further information about the JSNA in Worcestershire, including access to publications and data mapping tools please go to: <http://www.worcestershire.gov.uk/cms/jsna.aspx>

References

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- ⁱ The Marmot Review (2010). *Fair Society Healthy Lives*. Available at: <http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review> Accessed 15 August 2014.
- ⁱⁱ Lederbogen *et al.* (2011). City living and urban upbringing affect neural social stress processing in humans. *Nature: Vol. 474* pp. 498-501.
- ⁱⁱⁱ Department of Health (2014). Annual Report of the Chief Medical Officer: Surveillance Volume, 2012: On the State of the Public's Health. Available at: <https://www.gov.uk/government/publications/chief-medical-officer-annual-report-surveillance-volume-2012> Accessed 15 August 2014.