

CABINET

26 OCTOBER 2023

THE HEALTHY WORCESTERSHIRE PROGRAMME

Relevant Cabinet Members

Councillor Karen May, Cabinet Member with Responsibility for Health and Wellbeing
Councillor Adrian Hardman, Cabinet Member with Responsibility for Adult Social Care

Relevant Chief Officer

Dr Lisa McNally, Director of Public Health

Local Member(s)

Not Applicable

Recommendation

- 1. The Cabinet Members with Responsibility for Health and Wellbeing and Responsibility for Adult Social Care recommend that Cabinet:**
 - a) agree the termination of funding for the current Lifestyle Service, PLUS Service, and Strong and Steady Service at the end of March 2024, enabling these budgets to be pooled to create a more integrated health improvement service commencing in April 2024;**
 - b) authorise the Director of Public Health to procure a new service that provides an integrated health improvement programme aimed at enabling adults to stay active, healthy, socially connected, and safe from crime as they get older; and**
 - c) authorise the Director of Public Health to enter into and execute, under seal as may be required, any contracts or ancillary documentation in relation to the award of the contract referred to in the recommendation above.**

Overall Aim

2. The Healthy Worcestershire Programme will offer an integrated range of health improvement services in a way that brings people together and builds social connections. Weekly sessions will be run in local venues within the heart of communities. They will offer strength and balance programmes, healthy lifestyle advice, community safety information and links to a wide range of other health promoting activities in the local community. The aim will be to provide a positive experience for our residents which enables them to achieve the best physical, mental, and social wellbeing possible.

Background

3. The County Council Corporate Plan: [Shaping Worcestershire's Future](#) sets a clear ambition to “*support Worcestershire residents to become more active, healthy and self-reliant in managing their health for as long as they can.*” Within this overall objective, there

was a commitment to “*encourage people to do 150 minutes of moderate or 75 minutes of vigorous activity a week*”, as well as to “*tackle loneliness and isolation and ensure people feel connected and involved in their local area*”.

4. The Joint Local Health and Wellbeing Strategy (JLHWS) reinforces this ambition through a commitment to improve mental health and wellbeing, supporting people to live well in good health for as long as possible, particularly those who have poorer health outcomes. The strategy champions the collective action required across the system to ensure residents live longer, more independent lives in good health, with fewer people going on to need care and support. It also recognises the link between having good physical health and mental health, and the importance of access to affordable physical activity opportunities in local communities.

5. As part of the commitment to delivering the ambitions of the JLHWS a mental health needs assessment has taken place. This examined levels of mental health and wellbeing in Worcestershire and the factors which influence these. It showed that social isolation and loneliness are associated with poorer mental health and wellbeing, and actions that bring people together make a positive contribution to wellbeing. We know that physical health and mental health and wellbeing are inextricably linked, and it recommends the promotion of opportunities to encourage physical activity and other healthier lifestyle changes across the life course.

Heathy Ageing:

6. Worcestershire has a relatively old population. The proportion of people aged 65-plus in Worcestershire is almost 23%, which equates to 138,000 people. This is high compared to the national average of just over 18%.

7. According to the 2021 Census, the Worcestershire population is ageing faster than in other areas. The number of people aged 65-plus in Worcestershire has increased by almost 29,000 since 2011, a rise of almost 27%. This compares to a rise of just over 20% nationally.

8. Across the country there is a significant gap between life expectancy and healthy life expectancy. Worcestershire is no different, with the gap being 15 years for men and 17 years for women (PHOF, 2023).

9. These prolonged periods of poor health, aside from placing pressure on health and care resources, are the opposite to what most people would want for themselves, which is to enjoy good quality of life for as long as possible. Improving healthy ageing and quality of life in older adults is therefore a key public health priority.

Key evidence:

10. Physical activity:

- Research shows that quality of life as we age is particularly dependent on regular physical activity. For example, a University of Cambridge study of almost 1,500 adults found that a reduction in the amount of time spent physically active when adults are over 60 years old is linked to lower quality of life (Yerrakalva et al 2023)¹.
- Regular physical activity can contribute significantly to healthy ageing which includes good physical function, social interaction, managing disease symptoms and a sense of control over one's health and wellbeing. There is strong evidence that physical activity contributes to increased physical function, reduced impairment, independent living, and improved quality of life in both healthy and frail older adults.
- Currently, there are 126,000 adults in Worcestershire classed as physically inactive (doing less than 30 minutes of physical activity per week) which is highlighted in **Appendix A**. Physical activity levels also tend to decline as people get older and this can have a detrimental impact on health. This is happening across Worcestershire, also shown in **Appendix A**.

Therefore, given the evidence of the benefits of physical activity summarised above, work to increase activity, especially among older adults, should be a local priority.

- While a range of physical activities are likely to be beneficial in later life, those aimed at improving the risk of a fall may be particularly effective in supporting active ageing. According to the latest data, there are well over 2,000 emergency hospital admissions for falls in Worcestershire each year¹. The distribution of these admissions by electoral ward can be found in **Appendix A**.
- Falls in older people often result in hip fractures and other injuries which, in turn, can lead to significant disability, increased dependency and poorer quality of life². A review of 84 research trials showed that exercise programmes are effective in reducing falls. Programmes that combine balance and functional exercises with resistance exercises have a particularly positive effect⁴.

On this basis, more work to increase activity in a way that contributes to falls prevention should be a particular priority for Worcestershire.

11. Staying socially active:

- Those who stay socially active also reap benefits in relation to health and quality of life. Decades of research across multiple scientific disciplines and methodological approaches have extensively documented the positive effect of social connection on physical and mental health, as well as quality of life³.

¹ [Associations between change in physical activity and sedentary time and health-related quality of life in older English adults: the EPIC-Norfolk cohort study | Health and Quality of Life Outcomes | Full Text \(biomedcentral.com\)](#)

² [Exercise for preventing falls in older people living in the community - PMC \(nih.gov\)](#)

³ [Social Connection as a Public Health Issue: The Evidence and a Systemic Framework for Prioritizing the "Social" in Social Determinants of Health | Annual Review of Public Health \(annualreviews.org\)](#)

- Many studies have also found a link between social isolation and increased use of health and social care services. For example, Mosen et al (2021) found that social isolation was predictive of future hospital admission and accident and emergency presentation among people aged 65 and older, even after adjusting for age, sex, ethnicity, deprivation, and prior health care utilisation⁴. Another study found evidence of loneliness as a risk factor for care home admission⁵.
- Programmes aimed at improving social connectedness can go hand in hand with those designed to increase physical activity. One example is the LinkAge Programme delivered in Bristol, which brings local people together in a way that encourages befriending and exercise, including Tai Chi. Evaluations of the impact showed a 50% relative increase in those exercising often and a nearly 60% relative increase in social connectedness⁶.

12. Staying Safe:

- As we get older, we become more likely to fall victim to certain types of crime. For example, Age UK has reported that almost five million people over the age of 65 believe they have been targeted by scammers. These include telephone and emails scams, as well as rogue traders on the doorstep offering home improvement services, or claiming to be from the council, police, or utility companies.
- Social isolation and loneliness can be a key factor in making people more vulnerable becoming a victim of crime, abuse, or exploitation (Tripathi et al., 2021)⁷. This can be particularly true for older adults. There are a number of reasons for this: first, a lack of social connections reduces people's opportunities to discuss potential scams and seek advice from others when they have concerns or doubts about the legitimacy of online requests. Second, loneliness can provide a context through which offenders can establish a relationship with a potential victim. Fraudsters can create a sense of trust that increases the victim's willingness to act on their guidance or advice. As with other types of fraud, 'grooming' or befriending is common in investment fraud, and these can often result in significant financial losses.
- As well as social support groups having a positive effect in community safety by reducing isolation, they can also reduce crime by directly educating participants on how they can keep themselves safe. For example, Ards & North Down Policing Community Safety Partnership found that group-based programmes which allowed older people to talk about crime and how to reduce it were evaluated very positively⁸. These types of groups have the potential to cover issues such as doorstep fraud, financial scams, and internet-based crime. They are likely to be particularly effective if tailored to a particular local area utilising police and local authority intelligence.

⁴ [Social Isolation Associated with Future Health Care Utilization | Population Health Management \(liebertpub.com\)](#)

⁵ [Loneliness as a risk factor for care home admission in the English Longitudinal Study of Ageing | Age and Ageing | Oxford Academic \(oup.com\)](#)

⁶ [3a Social isolation-Full-revised.pdf \(publishing.service.gov.uk\)](#)

⁷ [ucl_policy_briefing - older people and financial crime december21.pdf](#)

⁸ [Facilitation: Older People's Events — McGarry Consulting](#)

13. It is clear from the evidence above that physical activity, social well-being and community safety are interrelated. For example, staying physically active enables us to also stay socially connected, which in turn gives us the social support that we need to stay safe. Feeling safe makes it more likely that we will get out and maintain our social life, which in turn helps us stay physically active.



Community Insight in Worcestershire

14. Engagement and insight work with local people was conducted in August and September 2023 in order to gauge opinion on health improvement work. Survey participants (n=130) were asked their opinion on what the top priority should be in “keeping adults healthy” (selecting from a range of options).

15. By far the highest priority was “Helping people avoid social isolation and loneliness by providing community activities.” Nearly two-thirds of people chose this as their first or second priority. Other popular choices were advice on staying healthy (e.g.: weight management) and falls prevention for older adults. Over a third of the sample (37%) listed the latter option as their first or second choice despite only 32% of the respondents being older adults themselves (aged 65 or over).

16. In the open-text responses, the importance of the local community in health improvement emerged as a strong theme. One participant cited the importance of “supporting local groups to provide activities and support” while another said that we should: *“Support people and groups in local communities to help themselves, through a wide range of activities such as lunch groups, social activities in community settings, health walks, activity sessions run in local parks and green spaces. Build on the experience and good will of people out in communities rather than telling them what they should do or where they should go (e.g., the leisure Centre- may suit some but certainly not all).”*

17. This focus on health improvement in the community reflects the findings of other recent consultation work. Key findings drawn from the COVID-19 Impact Engagement Report, Worcestershire’s JLHWS consultation and wider engagement highlight that:

- Participants felt that support services need to be localised, providing better access and opportunity to meet others locally.

- Residents want affordable, local, and community-led groups, sessions, events, or activities to improve mental health and wellbeing and tackle social isolation.
- Some participants spoke about how being physical active can significantly affect social interaction: *“When they started opening gyms etc. I joined a couple of groups to meet someone new twice a week. It motivated me to do more physical activity. I think that many people were influenced by the fact that we had the opportunity to do something again, and many people benefit from it.”*

The Healthy Worcestershire Programme

18. A new service is proposed that provides an integrated health improvement programme aimed at enabling adults to stay active, socially connected, and safe from crime as they get older. The key design principal should be integration. Members of our local population should no longer be required to access strength and balance classes at one service but have to go to a separate service for help with diet, and then another to reduce their social isolation or get advice on avoiding crime. Rather, they should be able to access all this support in one place. Integrating services is not only more convenient for our population, but better reflects the integrated nature of their needs.

19. The Healthy Worcestershire programme will be operated out of a range of community venues and be delivered via structured, professionally led sessions. These sessions will be delivered on a weekly basis and include a range of supportive activities:

- First, these sessions will incorporate an evidence-based physical activity programme targeted towards improving strength and balance. The focus will be on preventing falls and maintaining participants’ mobility, health, and confidence. This will be supplemented with lifestyle advice including support with weight management and other positive health behaviours.
- Second, the sessions will also incorporate a strong focus on community safety, including advice and sessions on how to avoid fraud, doorstep crimes and internet-based scams. These sessions will be tailored to the local area based on up-to-date intelligence from the Police, Trading Standards and Community Safety Partnerships.
- Third, the emphasis within both the health and community safety elements of the programme will be on building social connections. The sessions themselves will be enjoyable, incorporating activities that provide a positive experience for attendees that they will want to keep coming back to. In addition, participants will be signposted to other community activities and projects, such as walking groups, arts and music projects or volunteering opportunities. Grants will be made available by Public Health to build and enhance the local choice of community activities available in each area where sessions run.

20. The Healthy Worcestershire programme will blend the efficiency of a county-wide approach with significant tailoring and ownership at a local community level. This will be reflected in the branding and promotion of the programme as well as the content and focus of the sessions themselves. Care will be taken to work with the local community and compliment rather than compete with existing local activities and groups. The provision of grants in addition to the structured programme will support this aim.

Commissioning and Strategic Development

21. A Healthy Worcestershire Steering Group will be established and include representatives of the County Council, District Collaboratives, the NHS, Active Herefordshire & Worcestershire, the Voluntary Sector and Healthwatch. This group will assist in the commissioning of the programme as well as its ongoing development over time as an embedded part of the local service system.

22. The structured part of the programme will be commissioned via a competitive tender process. The successful provider will be required to demonstrate not only value for money but also the ability to add social value to local areas through the employment, training, and development of local people.

23. An outcomes framework will be developed to monitor the impact of the service. This will combine quantitative measures with more qualitative evaluations by participants. Potential providers will be asked to demonstrate their ability and willingness to vary and evolve the service in response to the data and feedback collected.

24. The Healthy Worcestershire Programme will be subject to a continuous improvement cycle, with data and feedback constantly fed back into service design. This will be an open and transparent process, creating a sense among local people that they can shape how their local programme works.

25. District Councils and District Collaboratives will be key to the implementation of the service. For example, they will advise on how the sessions should run, determine where the sessions operate and play a key role in promotion.

26. Work with District teams will also be undertaken to ensure that the Healthy Worcestershire sessions complement existing health and wellbeing initiatives in local areas. Referral pathways will be established to and from other community-based activities as well as from NHS and social care providers.

Proposed service design:

27. A core offer of community-based strength and balance exercise classes will be provided across the County (five sessions per week in each district based on need and demand). This will be delivered by appropriately qualified staff and in locally accessible venues in each district. The service will:

- Provide a rolling physical activity programme (operating a minimum of 46 weeks per year) designed to improve strength, balance and flexibility that's delivered by appropriately qualified instructors (CIMSPA accredited). The programme will be progressive and include a combination of high intensity resistance training, exercises that involve impact (e.g., running, jumping), balance training or Tai Chi.
- Provide support beyond the core programme that encourages service users to take part in individual tailored home exercises at least once a week, which are based on the OTAGO model. The OTAGO model is an evidence-based set of leg muscle strengthening and balance retraining exercises designed specifically to prevent falls.

- Ensure that there is a single point of access to allow for a good customer journey. This will include a telephone line available during the daytime, evenings, and weekends where individuals can be triaged and referred appropriately.
- Provide a universal self-care offer, which will comprise of an interactive website providing evidence-based healthy lifestyle advice and support (including healthy eating and weight management) accessible to people across Worcestershire.
- Provide flexible person-centred support proportionate to a Service Users need and ability to self-care. The aim is to ensure that those who can self-care are equipped to do so and those who experience the biggest barriers to adopting a healthy lifestyle receive the additional support they need.
- Coordinate talks on community safety (scam awareness, fraud prevention), digital inclusion by appropriate professionals.
- Support the groups to co-design their own initiatives and activities based on service-user feedback. This will include encouraging groups to make use of the public health grant programme which supports local health and wellbeing initiatives.

28. The service will aim to host sessions in a number of locations in every district of the County, with a focus on those areas with higher need. This will include areas with the most people being admitted to hospital due to hip fractures (detailed in **Appendix A**). As mentioned above, District Councils and District Collaboratives will be involved in determining where the sessions are located, how they are run and how they are promoted.

29. Grant funding will be made available from Public Health to support activities and groups within the local area.

Overview and Scrutiny

30. Not Applicable

Legal, Financial and HR Implications

Legal

31. Local authorities' statutory responsibilities for public health services are set out in the Health and Social Care Act 2012. Local authority public health teams have, since 1 April 2013, been responsible for improving the health of their local population and for public health services. Services should be commissioned based on evidence of need using the key indicators set out in the Public Health Outcomes Framework. Details of the evidence of need is set out in the background.

32. Three existing contracts are impacted by this proposal: Lifestyles and Behaviour Change service, Strong and Steady (strength and balance) service, PLUS (People Like Us) loneliness service.

33. Necessary steps have been taken in accordance with the terms and conditions of each contract and the Public Contract Regulations 2015 to end existing services in March 2024.

- Lifestyles and Behaviour Change – Contract extension to ensure continuity of services up until March 2024.
- Strong and Steady – Negotiations with supplier to agree mutual early termination of contract.
- PLUS – Contract reaching its natural end March 2024, due notice has been given to the supplier.

34. For any new contract required for this service, which is anticipated to have a value in excess of £1million, the Council will follow the procurement process as outlined in its Contract Standing Orders and Procurement Code and in compliance with Public Contracts Regulations 2015 (PCRs 2015). These services are subject to the “Light Touch Regime” under the PCRs. The procurement process, including route to market, will be managed by the Council’s Commercial Team and will follow the Commercial Board’s governance process for approval. Contract award would be subject to approval by the Budget Holder, Director of Public Health, Assistant Director of Transformation and Commercial, and the Commercial Board.

Financial

35. A total budget of £1,500,000 will be made available from the Public Health Ringfenced Grant (£500,000 per year 2+1-year contract) for the core offer of the Healthy Worcestershire service. This would be eligible expenditure incurred or to be incurred by Worcestershire County Council for the purposes of our public health functions as specified in section 73B(2) of the National Health Service Act 2006 (‘the 2006 Act’).

HR

36. HR implications are being considered in relation to the Strong and Steady contract as TUPE may apply. This will be a provider to new provider issue however, the County Council must have due regard to possible impact.

37. Consideration of HR implications for the PLUS and Lifestyle Service terminations is currently underway.

Risk Implications

38. Regarding risks to health of residents, the highest risk relates to doing nothing, which is likely to lead to an adverse impact on the long-term health of residents.

39. In terms of risk of underperformance, key deliverables will be outlined in the service specification and performance monitored in regular commissioner/provider review meetings.

40. Initial legal advice has been taken on any potential financial implications of the HR considerations mentioned above. Further advice will be taken once more information becomes available during the procurement process.

Joint Equality, Public Health, Data Protection and Sustainability Impact Assessments

41. Joint Impact Assessment screening (attached at **Appendix B**) in respect of these recommendations identified that further impact analysis was required in respect of data protection, equality, public health, and environmental sustainability.

42. A full Equality and Public Health, Data Protection and Environmental Sustainability Impact Assessment (attached at **Appendix B**) was subsequently carried out which did not identify any negative impacts, but neutral or positive impacts. The Healthy Worcestershire programme will include regular reviews of the relevant impact assessments.

Supporting Information

- Appendix A: Worcestershire Data
- Appendix B:
Joint Impact Assessment Screening (available online)
Joint Impact Assessment Data Protection Full (available online)
Joint Impact Assessment Equality and Public Health Full (available online)
Joint Impact Assessment Environmental Sustainability Full (available online)

Contact Points

Specific Contact Points for this report

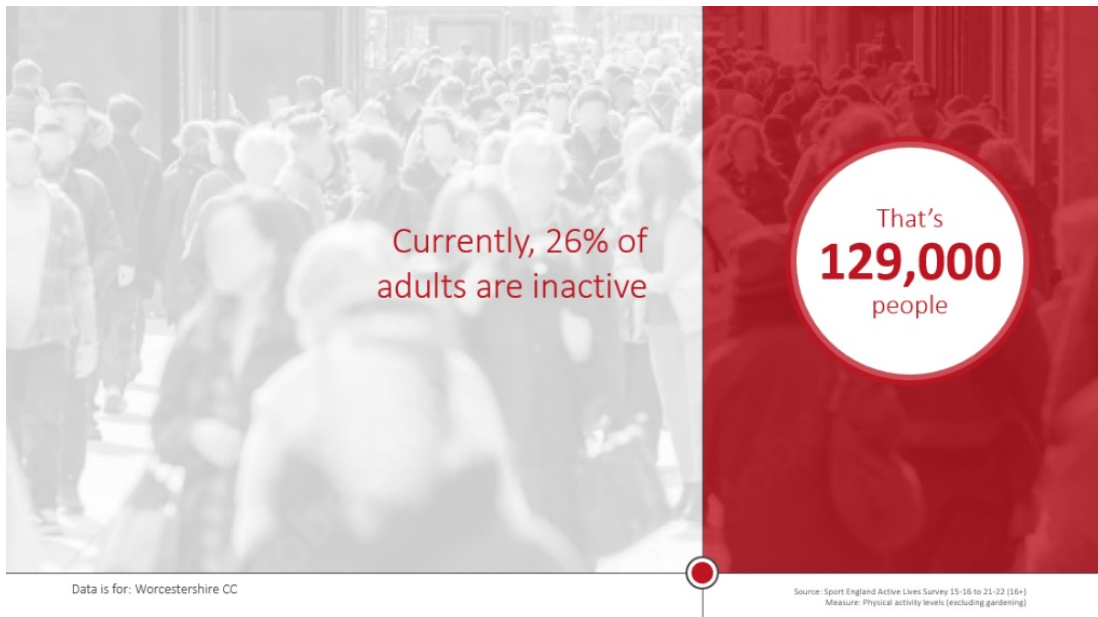
Name: Dr Lisa McNally- Director of Public Health
Tel: 01905 643822
Email: lmcnally@worcestershire.gov.uk

Background Papers

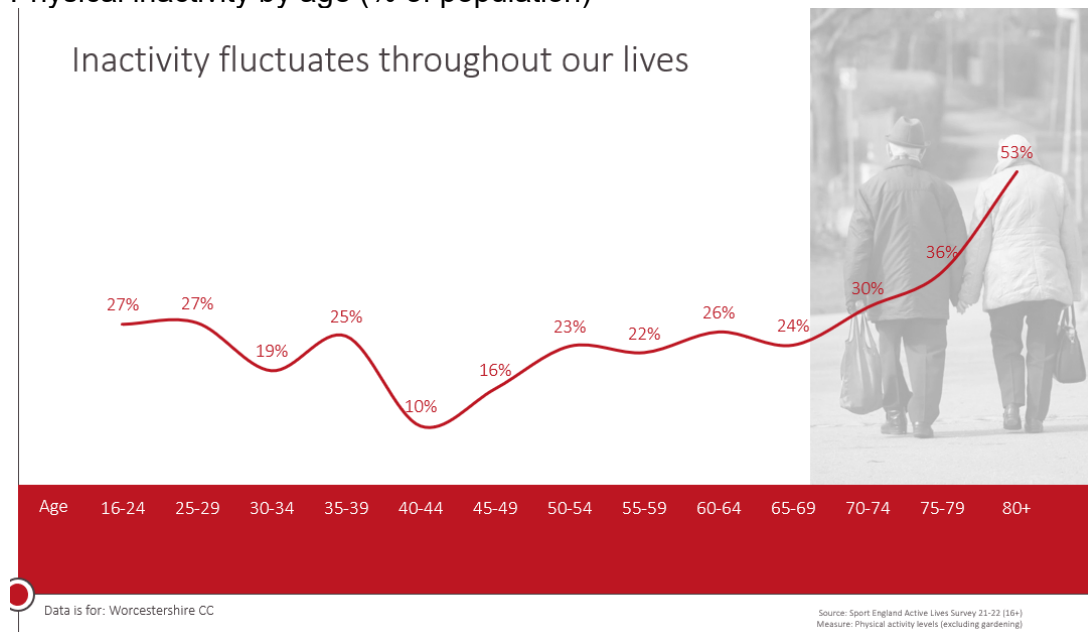
In the opinion of the proper officer there are no relevant or required background papers relating to the subject matter of this report.

Appendix A: Worcestershire Data

Levels of physical inactivity



Physical inactivity by age (% of population)



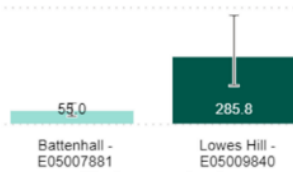
(Source: Active Herefordshire and Worcestershire)

Emergency hip fractures:

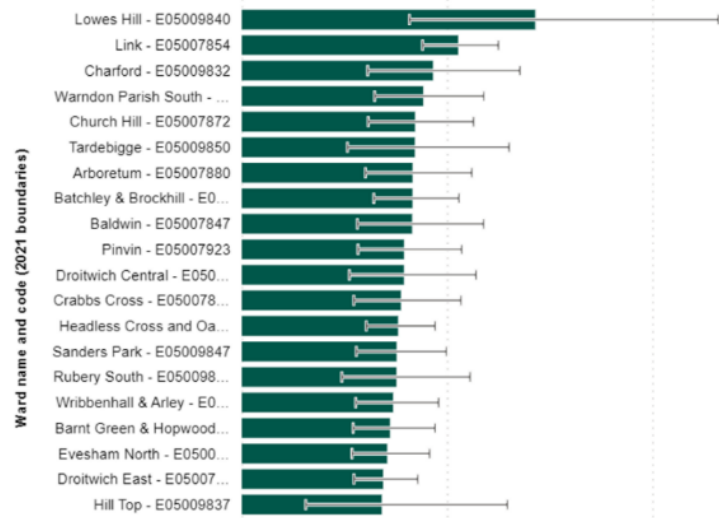
Emergency admissions for hip fracture (65 yrs +) by ward

Standardised admission ratio over last five years

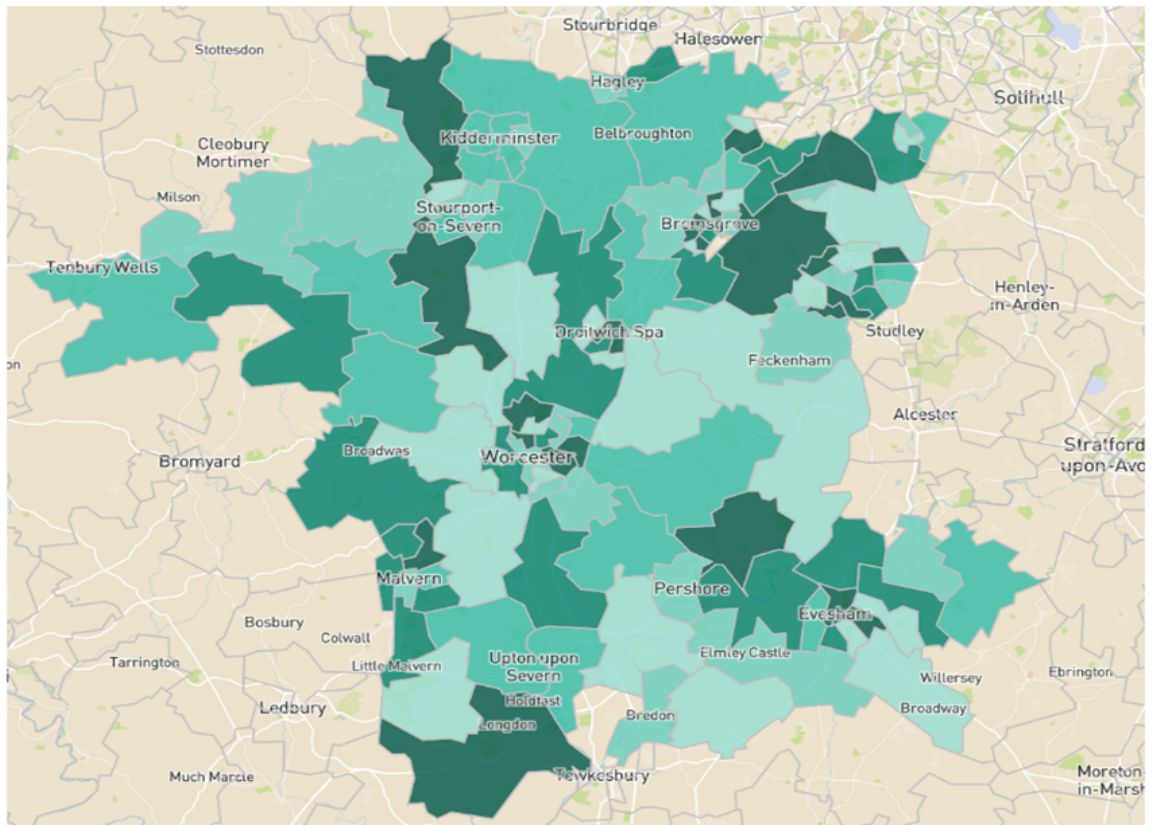
Lowest & Highest



Top 20



NB: See next page for data on all wards.



Emergency hospital admissions for hip fracture in persons 65 years and over, standardised admission ratio 2016/17 - 20/21:

	Value	Lower CI 95.0 limit	Upper CI 95.0 limit	Compared to England
Bromsgrove	109.0	101.3	117.1	Worse
Lowes Hill	285.8	163.3	464.2	Worse
Charford	186.2	122.7	271.0	Worse
Tardebigge	168.6	103.0	260.4	Worse
Sanders Park	150.8	111.6	199.4	Worse
Rubery South	150.7	97.5	222.4	Similar
Barnt Green & Hopwood	144.3	108.4	188.3	Worse
Hill Top	136.3	62.3	258.8	Similar
Hagley East	124.2	86.0	173.6	Similar
Cofton	121.4	58.1	223.3	Similar
Avoncroft	119.4	82.7	166.9	Similar
Bromsgrove Central	113.1	85.0	147.6	Similar
Lickey Hills	112.7	78.5	156.8	Similar
Wythall West	109.7	80.0	146.8	Similar
Marlbrook	104.6	63.9	161.5	Similar
Wythall East	104.0	66.6	154.7	Similar
Belbroughton & Romsley	100.1	76.7	128.3	Similar
Hollywood	96.7	63.2	141.8	Similar
Slideslow	94.8	59.4	143.5	Similar
Alvechurch Village	94.7	57.8	146.2	Similar
Perryfields	92.2	46.0	165.0	Similar
Catshill North	91.7	43.9	168.6	Similar
Catshill South	88.9	54.3	137.3	Similar
Hagley West	86.4	55.3	128.6	Similar
Rubery North	79.3	50.8	118.0	Similar
Rock Hill	75.9	36.3	139.6	Similar
Norton	74.6	38.5	130.4	Similar
Alvechurch South	67.4	30.8	127.9	Similar
Drakes Cross	65.8	36.0	110.5	Similar
Sidemoor	63.3	32.7	110.6	Similar

(Aston Fields value suppressed for disclosure control due to small amount)

	Value	Lower CI 95.0 limit	Upper CI 95.0 limit	Compared to England
Malvern Hills	116.5	108.4	125.1	Worse
Link	210.7	176.2	250.1	Worse
Baldwin	165.9	112.7	235.5	Worse
Longdon	131.9	86.9	191.9	Similar
Wells	129.9	89.4	182.4	Similar
Teme Valley	121.4	70.7	194.4	Similar
Alfrick and Leigh	121.4	82.5	172.3	Similar
West	119.9	78.3	175.7	Similar
Chase	118.7	94.4	147.4	Similar
Dyson Perrins	111.4	72.7	163.2	Similar
Kempsey	110.2	77.1	152.5	Similar
Tenbury	107.7	77.9	145.1	Similar
Ripple	106.5	65.9	162.8	Similar
Pickersleigh	103.5	73.2	142.1	Similar
Woodbury	101.2	55.3	169.7	Similar
Martley	100.6	55.0	168.8	Similar
Upton and Hanley	99.1	71.1	134.4	Similar
Priory	96.0	71.5	126.2	Similar
Lindridge	95.8	53.6	158.0	Similar
Powick	81.8	54.3	118.2	Similar
Morton	81.5	46.6	132.4	Similar
Hallow	73.7	35.3	135.5	Similar
Broadheath	73.3	47.4	108.2	Similar

	Value	Lower CI 95.0 limit	Upper CI 95.0 limit	Compared to England
Redditch	119.4	108.8	130.8	Worse
Church Hill	168.8	123.1	225.9	Worse
Batchley & Brockhill	166.3	128.6	211.6	Worse
Crabbs Cross	155.0	109.1	213.6	Worse
Headless Cross and Oakenshaw	152.2	121.4	188.4	Worse
Lodge Park	127.8	84.9	184.8	Similar
Greenlands	120.4	84.7	165.9	Similar
Winyates	100.3	66.6	144.9	Similar
Matchborough	96.0	63.2	139.6	Similar
Central	94.2	61.5	138.0	Similar
Astwood Bank and Feckenham	89.5	62.0	125.1	Similar
Abbey	82.5	53.4	121.8	Similar
West	67.7	43.8	99.9	Better

Worcester	112.5	103.4	122.3	Worse
Warndon Parish South	176.8	129.4	235.8	Worse
Arboretum	166.4	120.4	224.1	Worse
Claines	131.7	105.9	161.9	Worse
Nunnery	130.9	95.1	175.8	Similar
Bedwardine	130.8	103.7	162.8	Worse
Rainbow Hill	115.6	72.4	175.0	Similar
St Clement	109.9	79.5	148.0	Similar
Warndon Parish North	99.0	51.1	173.0	Similar
Cathedral	97.8	69.5	133.7	Similar
Gorse Hill	96.1	60.9	144.2	Similar
Warndon	91.4	52.2	148.4	Similar
St Peter's Parish	90.6	57.4	135.9	Similar
St John	89.8	63.5	123.2	Similar
St Stephen	69.1	42.2	106.7	Similar
Battenhall	55.0	32.0	88.0	Better

	Value	Lower CI 95.0 limit	Upper CI 95.0 limit	Compared to England
Wychavon	103.8	97.2	110.7	Similar
Pinvin	158.0	113.4	214.3	Worse
Droitwich Central	157.9	104.9	228.2	Worse
Evesham North	141.6	107.5	183.0	Worse
Droitwich East	137.7	109.2	171.4	Worse
Bengeworth	131.4	91.5	182.8	Similar
Bretforton and Offenham	130.0	84.9	190.5	Similar
Fladbury	128.4	88.4	180.4	Similar
Lovett and North Claines	126.8	94.4	166.7	Similar
Harvington and Norton	111.5	69.8	168.8	Similar
Little Hampton	110.0	71.2	162.4	Similar
Droitwich South West	108.2	80.3	142.6	Similar
Drakes Broughton	105.2	67.4	156.6	Similar
Great Hampton	104.3	66.8	155.2	Similar
Upton Snodsbury	103.9	64.3	158.9	Similar
Hartlebury	100.8	61.5	155.6	Similar
Dodderhill	99.0	59.6	154.6	Similar
Honeybourne and Pebworth	98.5	53.8	165.3	Similar
Norton and Whittington	97.3	53.1	163.2	Similar
Pershore	96.5	75.9	121.0	Similar
Bredon	94.1	55.8	148.8	Similar
The Littletons	90.8	51.9	147.5	Similar
Elmley Castle and Somerville	85.7	49.9	137.2	Similar
Broadway and Wickhamford	84.1	62.2	111.2	Similar
Evesham South	82.5	54.8	119.2	Similar
Inkberrow	81.5	56.5	113.9	Similar
Droitwich South East	77.7	48.1	118.7	Similar
Eckington	77.5	45.1	124.1	Similar
Badsey	76.5	47.3	116.9	Similar
Droitwich West	72.4	41.3	117.6	Similar
South Bredon Hill	70.8	38.7	118.7	Similar
Ombersley	68.8	35.5	120.3	Similar
Bowbrook	58.0	27.7	106.6	Similar

Wyre Forest	101.1	93.6	108.9	Similar
Wribbenhall & Arley	147.3	111.0	191.8	Worse
Aggborough & Spennells	106.2	82.3	134.9	Similar
Blakebrook & Habberley South	105.4	77.7	139.7	Similar
Broadwaters	104.8	73.4	145.1	Similar
Foley Park & Hoobrook	104.2	77.8	136.6	Similar
Areley Kings & Riverside	102.0	78.5	130.2	Similar
Franche & Habberley North	101.0	79.2	127.0	Similar
Wyre Forest Rural	97.9	76.3	123.7	Similar
Offmore & Comberton	95.4	74.1	121.0	Similar
Mitton	90.9	69.2	117.2	Similar
Bewdley & Rock	90.6	70.6	114.4	Similar
Lickhill	80.4	48.4	125.6	Similar

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