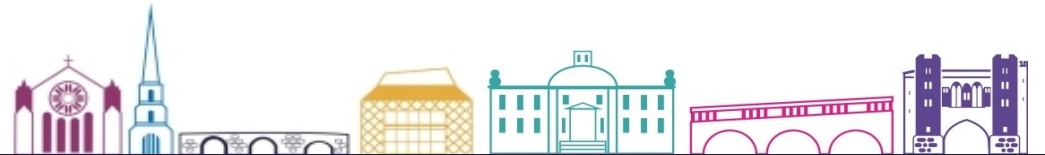
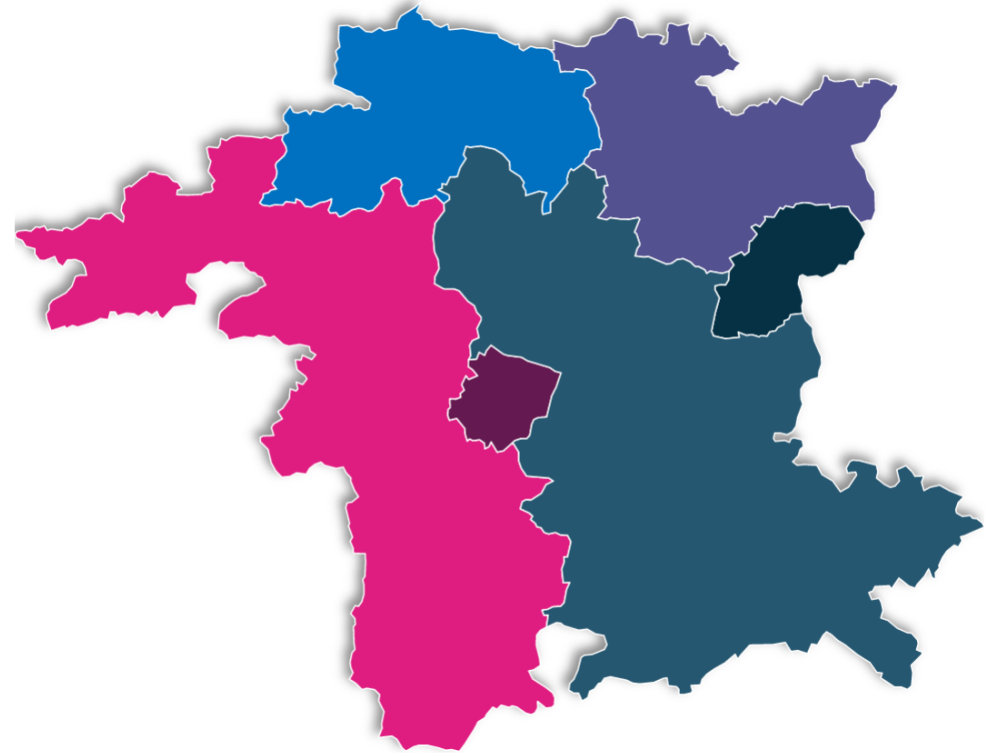


WORCESTERSHIRE JSNA Annual Summary

Joint Strategic Needs
Assessment 2023



A decorative graphic in the top right corner of the page, consisting of a grid of colored circles. The circles are arranged in a pattern that tapers to the right. The colors include magenta, blue, dark blue, teal, and purple.

Worcestershire JSNA

Contents Page

Introduction

Section 1: PHOF Indicators

Section 2: Mortality

Section 3: Population

Section 4: Summary of Reports

Section 5: Health and Social Care

Section 6: Children and Young People

Section 7: Wider Determinants of Health

Worcestershire JSNA Introduction



The Worcestershire Health and Well-being Board under the Health and Social Care Act 2012 has a duty to produce a Joint Strategic Needs Assessment (JSNA). The JSNA a continuous process which is used to determine what actions are required to meet health and social care needs, reduce inequalities and to address the wider determinants that impact on health and well-being. It is designed to inform and drive future investment priorities, to plan services more effectively ensuring services meet the needs of the population.

This is a streamlined annual summary that focusses on those topics that have seen the most change in recent years or need the most attention. It can be used as a prompt to explore data further using the [Health and Wellbeing Insights Worcestershire Webpage](#).

Needs assessments, including the annual summary, have been used to inform the Joint Health and Wellbeing Strategy (JHWS), and to monitor progress against JHWS objectives. The next slide details our JHWS focus and year 1 outcomes, more on the JHWS can be found on the [strategy webpage](#).

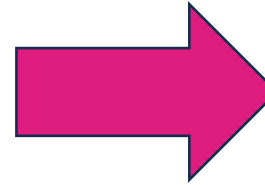
Introduction: Joint Local Health and Wellbeing Strategy

The focus of the strategy is on good mental health and wellbeing, supported by action on determinants of health:

FOCUS

- 1 HEALTHY LIVING AT ALL AGES**
 Maintaining and improving our mental wellbeing enables us to reach our potential and stay well through life's tough times.
- 2 SAFE, THRIVING AND HEALTHY HOMES, COMMUNITIES AND PLACES**
 Whether we live in cities, towns or rural areas, the communities we live in really matter for our wellbeing.
- 3 QUALITY LOCAL JOBS AND OPPORTUNITIES**
 A good job is important for mental health and wellbeing and provides an income and opportunity to make social connections.

YEAR ONE PROGRESS



[Health and Wellbeing Strategy 2022 to 2032](#)

Introduction: Recent Good News Stories

1

SIGNIFICANT DROP IN THE NUMBER OF PREGNANT WOMEN SMOKING

The Public Health Team's Joint working with midwifery teams and patient groups has led to a significant drop in the number of pregnant women smoking

2

WORCESTERSHIRE'S PIONEERING WORK ON YOUTH VAPING

Over 12,000 illegal vapes being seized by our Trading Standards team in the last year. This is the largest research study conducted into vaping and young people. Insights gained are being used in preventative work in schools

3

SIGNIFICANT RISE IN THE UPTAKE OF BOWEL SCREENING

Our work with Primary Care and public facing promotion led to a significant rise in the uptake of bowel screening. This work featured on BBC radio.

4

WORCESTERSHIRE'S PREVENT PROGRAMME

Only Area to be rated as strong across all domains of work by the home office

5

LARGE RISE IN YOUNG PEOPLE'S PHYSICAL ACTIVITY

Our work with schools and youth services have led to a large rise in the proportion of young people meeting physical activity recommendations. Four of the six most active areas in the West Midlands region are now in Worcestershire.

6

WORCESTERSHIRE PERFORMING WELL IN PHOF INDICATORS

Well performing health improvement & wider determinants indicators compared regionally. 90% of Worcestershire Public Health Outcomes Framework indicators are similar or better than England

Introduction: Addressing Inequalities

Despite our many successful initiatives health inequality persists within Worcestershire. For us to improve health outcomes for the whole of Worcestershire's population we must identify and address inequality. Below are our areas of concern and opportunities to improve health and wellbeing further.

AREAS OF CONCERN



HEALTH INEQUALITIES PERSIST

Lower IMD groups experience higher levels of health inequality. Demonstrated in decreased life expectancy and higher mortality rates particularly in CVD.



FACTORS DRIVING INEQUALITY

Examples of factors that drive inequalities include: higher rates of smoking in more deprived groups, higher rates of excess weight in more deprived groups, decreased physical activity in deprived groups and pressures of fuel poverty.



CHILDREN AND YOUNG PEOPLE INEQUALITIES

Significant numbers of children in Worcestershire are currently living in poverty. We also have rising levels of vulnerable children, and higher than the England value of pupils with special educational needs (SEN). Inequality is experienced in these groups and is particularly apparent in school attainment.



MENTAL HEALTH

The COVID-19 pandemic has challenged mental health and wellbeing, coinciding with the largest drops in wellbeing recorded, the most recent data indicated these have improved but are not yet back to pre-pandemic levels. The cost of living pressures continue to impact mental health and wellbeing.

OPPORTUNITIES TO IMPROVE

JOINT HEALTH AND WELLBEING STRATEGY

Continue to leverage the ambitions contained with the Joint Health and Wellbeing Strategy



ORGANISATIONS AND PARTNERS

Organisations and partners are mobilising to improve health and wellbeing, embedding prevention, focussing on deprived populations.



NEW WAYS OF WORKING

New ways of working (including district collaboratives, Your Health Your Wellbeing service)



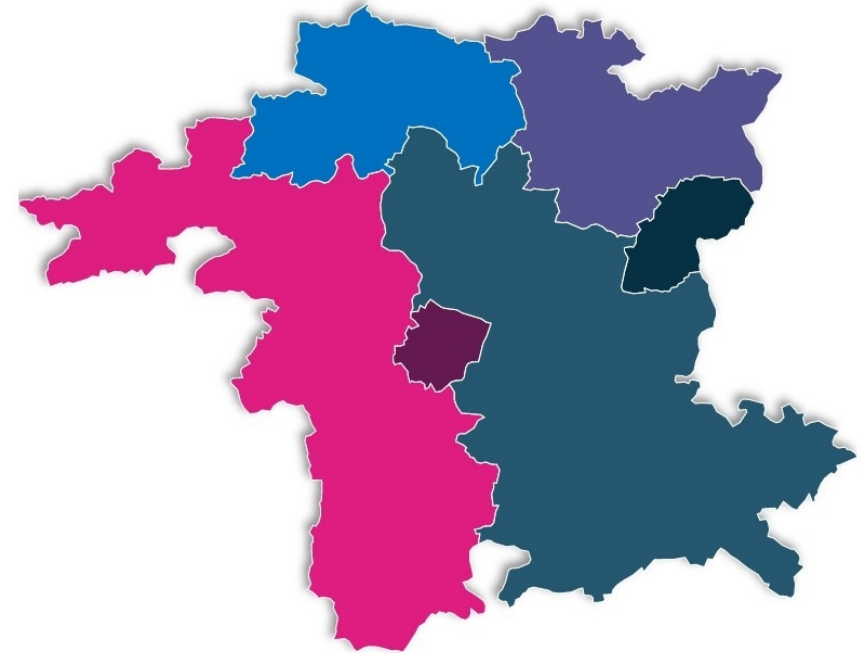
SCALABLE PREVENTION

Scalable prevention & community based interventions such as the best start in life work programme and Healthy Worcestershire.



Section 1: Worcestershire's PHOF Indicators

1. PHOF Regional Metrics Comparison
2. PHOF County Priority Indicators
3. PHOF Matrix Part 1
4. PHOF Matrix Part 2
5. PHOF County Priority Areas for Improvement
6. PHOF Indicators: District Comparisons Summary
7. PHOF District Priorities: Wyre Forest
8. PHOF District Priorities: Bromsgrove, Malvern, Wychavon
9. PHOF District Priorities: Redditch and Worcester



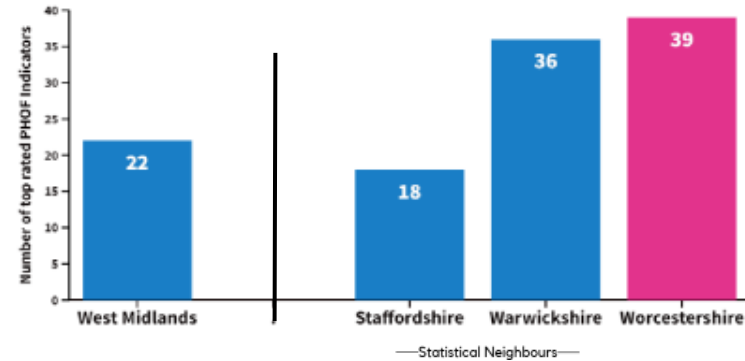
Section 1: Public Health Outcomes Framework (PHOF) Regional Comparison

The latest Public Health Outcomes Framework metrics show that Worcestershire now has more health improvement outcomes rated as *'significantly better than national average'* than any other Council in the West Midlands Region. In total, we have 39 performance indicators awarded this top rating, almost double the overall West Midlands total of 22.

Worcestershire also performs better than all other Councils in the West Midlands region in Wider Determinants outcomes. We have 24 top rated indicators compared to 17 for the West Midlands.

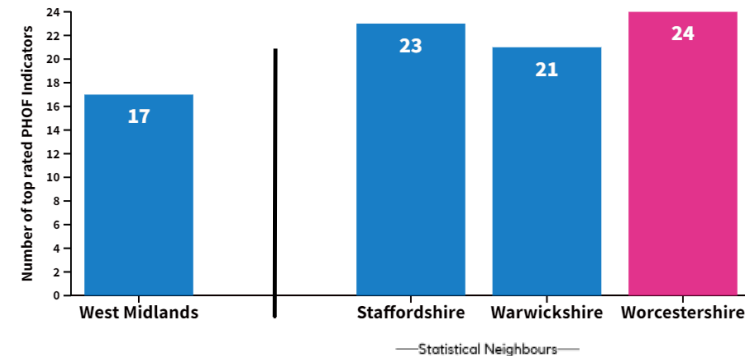
Worcestershire is also performing better than the West Midlands average in both Health Protection outcomes and Healthcare and Premature Mortality Outcomes. Rating overall joint second in the West Midlands region for Health Protection and third in the Region for Healthcare and Premature Mortality.

Top Rated Health Improvement Outcomes
(Oct 23)



Source: QHID, 2023

Top Rated Wider Determinants Outcomes
(Oct 23)



Source: QHID, 2023



Health Improvement Outcomes



Wider Determinants Outcomes



Health Protection Outcomes



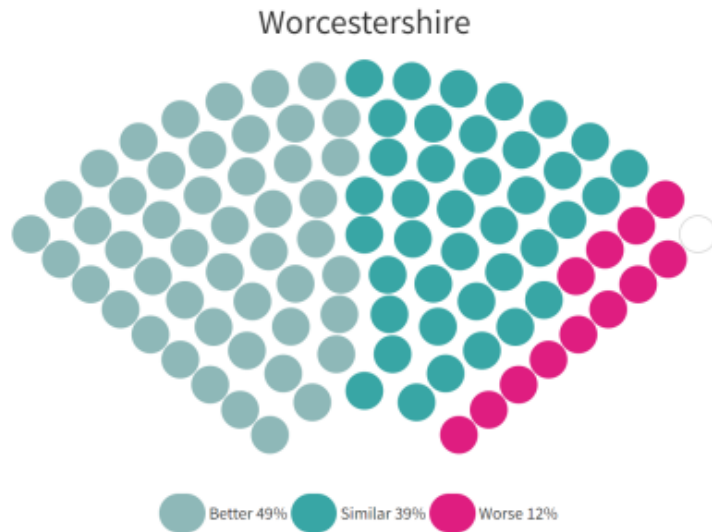
Healthcare and Premature Mortality Outcomes

Worcestershire PHOF Indicators

In 2023, Worcestershire performs either better or similar to England in nearly 90% of the PHOF Indicators.

It is important to focus on the remaining 12% to improve health outcomes for our population. We've highlighted and categorised indicators where improvements can be made at county level, a deeper dive looks into district level priorities for improvement. From this analysis we are able to work within populations and areas to ensure we address health inequalities and improve health outcomes for everyone.

The table below shows the indicators where Worcestershire is performing 'worse' when compared to value for England, and also the indicators where the recent trend has been worsening ↓, to capture any emerging issues within the county.



PHOF Indicators: County Level	Worcestershire	Trend
16 to 17 year olds not in education, employment or training (NEET) or whose activity is not known	Worse	
Admission episodes for alcohol related conditions (Narrow) (Female)	Worse	
Admission episodes for alcohol related conditions (Narrow) (Persons)	Worse	
Adults with substance misuse treatment need who successfully engage in community based structured treatment following release from prison	Worse	→
Baby's first feed breastmilk	Worse	
Breastfeeding prevalence at 6-8 weeks after birth	Worse	→
Cumulative percentage of the eligible population aged 40 to 74 offered an NHS Health Check who received an NHS Health Check	Worse	
Estimated dementia diagnosis rate (aged 65 and over)	Worse	→
Hip fractures in people aged 65 and over	Worse	
Hip fractures in people aged 80 and over	Worse	
Infant mortality rate	Worse	
Percentage of adults (aged 18 plus) classified as overweight or obese	Worse	
Percentage reporting a long term Musculoskeletal (MSK) problem	Worse	
School Readiness: percentage of children with free school meal status achieving a good level of development at the end of Reception	Worse	→
School readiness: percentage of children with free school meal status achieving the expected level in the phonics screening check in Year 1	Worse	
Smoking status at time of delivery	Worse	
Abdominal Aortic Aneurysm Screening Coverage	Similar	↓
Cancer screening coverage: breast cancer	Better	↓
Child development: percentage of children achieving the expected level in communication skills at 2 to 2½ years	Better	↓
Population vaccination coverage: HPV vaccination coverage for one dose (12 to 13 year old)	Better	↓
Population vaccination coverage: MMR for one dose (5 years old)	Better	↓
Proportion of New Birth Visits (NBVs) completed within 14 days	Better	↓
The percentage of the population who are in receipt of long term support for a learning disability that are in paid employment (aged 18 to 64)	Similar	↓

PHOF Matrix

The PHOF Matrix allows comparison across a large range of indicators between districts.

This firstly shows how well the county is performing compared to England values, and secondly provides a snapshot of the county and its districts.

This work is important as it allows a more focused local response to health inequalities and needs.

This first half of the matrix highlights areas where improvements could be made. This is indicated by the pink 'worse' in the table.

PHOF Indicators	Worcester	Bromsgrove	Malvern Hills	Redditch	Wychevavon	Wyre Forest
Estimated dementia diagnosis rate (aged 65 and over)	Worse	Similar	Worse	Worse	Worse	Worse
Percentage reporting a long term Musculoskeletal (MSK) problem	Similar	Worse	Similar	Worse	Similar	Worse
Admission episodes for alcohol related conditions (Narrow)	Worse	Better	Better	Worse	Similar	Worse
Children in absolute low income families (under 16s)	Worse	Better	Better	Worse	Better	Worse
Children in relative low income families (under 16s)	Worse	Better	Better	Worse	Better	Worse
Percentage of adults (aged 18 plus) classified as overweight or obese	Worse	Similar	Better	Worse	Similar	Worse
Admission episodes for alcohol related conditions (Narrow)	Similar	Better	Better	Worse	Similar	Worse
Loneliness: Percentage of adults who feel lonely often or always or some of the time	Worse	Similar	Similar	Similar	Better	Worse
Children in low income families (all dependent children under 20)	Better	Better	Better	Better	Better	Worse
Hip fractures in people aged 65 and over	Similar	Similar	Similar	Similar	Similar	Worse
Percentage of people in employment	Better	Similar	Similar	Similar	Similar	Worse
Smoking status at time of delivery	Similar	Similar	Similar	Similar	Worse	Similar
Emergency readmissions within 30 days of discharge from hospital	Worse	Similar	Better	Worse	Similar	Similar
Percentage of physically active adults	Similar	Similar	Better	Worse	Similar	Similar
Percentage of physically inactive adults	Similar	Better	Better	Worse	Better	Similar
Under 75 mortality rate from cancer	Similar	Similar	Similar	Worse	Better	Similar
Year 6: Prevalence of overweight (including obesity)	Similar	Better	Better	Worse	Better	Similar
Abdominal Aortic Aneurysm Screening Coverage	Better	Worse	Better	Similar	Similar	Better
Hip fractures in people aged 65 to 79	Similar	Worse	Similar	Similar	Similar	Similar
Infant mortality rate	Similar	Worse	Similar	Similar	Similar	Similar
Cancer screening coverage: breast cancer	Worse	Better	Better	Similar	Better	Better
Cancer screening coverage: cervical cancer (aged 25 to 49 years old)	Worse	Better	Better	Better	Better	Better
Cancer screening coverage: cervical cancer (aged 50 to 64 years old)	Worse	Better	Better	Similar	Better	Better
Pupil absence	Worse	Similar	Better	Similar	Similar	Similar
Under 75 mortality rate from cancer considered preventable	Worse	Similar	Similar	Similar	Better	Similar

PHOF Matrix continued

PHOF Indicators	Worcester	Bromsgrove	Malvern Hills	Redditch	Wychavon	Wyre Forest
Emergency hospital admissions due to falls in people aged 65 and over	Better	Better	Better	Better	Better	Better
Emergency hospital admissions due to falls in people aged 80 plus	Better	Better	Better	Better	Better	Better
Estimated diabetes diagnosis rate	Better	Similar	Similar	Better	Similar	Better
Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15 to 24 years)	Better	Similar	Similar	Similar	Better	Similar
New STI diagnoses (excluding chlamydia aged under 25) per 100,000	Better	Better	Better	Better	Better	Better
TB incidence (three-year average)	Better	Better	Better	Better	Better	Better
Cancer screening coverage: bowel cancer	Similar	Better	Better	Similar	Better	Better
Emergency hospital admissions due to falls in people aged 65 to 79	Similar	Similar	Better	Similar	Better	Similar
Emergency Hospital Admissions for Intentional Self Harm	Similar	Similar	Similar	Similar	Similar	Similar
Gap in the employment rate between those with a physical or mental long term health condition (aged 16 to 64) and the overall employment rate	Similar	Better	Similar	Similar	Similar	Similar
Hip fractures in people aged 80 and over	Similar	Similar	Similar	Similar	Similar	Similar
Hospital admissions caused by unintentional and deliberate injuries in children (aged 0 to 14 years)	Similar	Better	Similar	Better	Similar	Similar
Hospital admissions caused by unintentional and deliberate injuries in children (aged 0 to 4 years)	Similar	Similar	Similar	Similar	Similar	Similar
Low birth weight of term babies	Similar	Similar	Similar	Similar	Similar	Similar
Percentage of adults aged 16 and over meeting the '5 a day'	Similar	Similar	Similar	Similar	Better	Similar
Percentage of cancers diagnosed at stages 1 and 2	Similar	Similar	Similar	Similar	Similar	Similar
Reception: Prevalence of overweight (including obesity)	Similar	Better	Better	Better	Better	Similar
Sickness absence: the percentage of working days lost due to sickness absence	Similar	Similar	Similar	Similar	Similar	Similar
Sickness absence: the percentage of employees who had at least one day off in the previous week	Similar	Similar	Similar	Better	Similar	Similar
Suicide rate	Similar	Similar	Similar	Similar	Similar	Similar
The percentage of the population with a physical or mental long term health condition in employment (aged 16 to 64)	Similar	Better	Similar	Similar	Similar	Similar
Under 18s conception rate / 1,000	Similar	Better	Similar	Similar	Similar	Similar
Under 75 mortality rate from all cardiovascular diseases	Similar	Better	Better	Similar	Similar	Similar
Under 75 mortality rate from cardiovascular diseases considered preventable	Similar	Similar	Similar	Similar	Similar	Similar
Under 75 mortality rate from causes considered preventable	Similar	Better	Better	Similar	Better	Similar
Under 75 mortality rate from liver disease	Similar	Similar	Similar	Similar	Similar	Similar
Under 75 mortality rate from liver disease considered preventable	Similar	Similar	Similar	Similar	Similar	Similar
Under 75 mortality rate from respiratory disease	Similar	Similar	Similar	Similar	Similar	Similar
Under 75 mortality rate from respiratory disease considered preventable	Similar	Similar	Similar	Similar	Similar	Similar
Winter mortality index	Similar	Similar	Similar	Similar	Better	Similar
Winter mortality index (age 85 plus)	Similar	Similar	Similar	Similar	Better	Similar

The second half of the table shows areas where we are rated similar or better when compared to England, of which there are many. The next few slides will take a deeper look into the districts within Worcestershire and their priorities in 2023.

Summary: County Level Indicators

Well performing indicators

- Decreases every year since 2018/19 in the number of women smoking at time of delivery. Overall, nearly 20% decrease since 2018/19.
- 90.2% of New Birth Visits completed within 14 days. England average 82.7%.
- Over 90% of children are achieving the expected level in communication skills at 2 - 2½ years. England average 86.5%
- 4 of 6 most active areas for young people are in Worcestershire. (Active Lives)
- Child development at 2½ years of age that are significantly better than the national average.
- Screening rates for: Breast Cancer, and Cervical cancer are both higher than the West Midlands average.
- 78.6% of 16–64-year-olds are in employment. Great Britain average 75.5%.
- Violent Crime rates are lower than the national average, 28.9 offences per 1000 population. England average 34.9.

Topical focus indicators

- Cost of living (fuel poverty, healthy eating)
- Inequalities in mental health & wellbeing, and lifestyle risk factors
- Changing demographic profile (inc. ageing population, asylum seekers)
- Lower use of preventive services by most deprived & ethnic groups
- Challenges within the health and care system (inc. waiting lists, emergency department pressures)
- Oral health
- Not in education, training or employment
- Abdominal Aortic Aneurysm Screening Coverage
- Affordability of homes

Poor performing indicators

- Excess weight in adults & children & associated consequences e.g. diabetes
- Alcohol related admissions
- Breastfeeding initiation
- Percentage of adults classified as overweight or obese
- School readiness
- Hip fractures
- Infant mortality
- Low dementia diagnosis rate
- Long Term MSK problems

Worcestershire PHOF Priority Areas for Improvement

Adults

Improve engagement in substance misuse treatment programmes after release from prison

Improve population measures to reduce admissions to hospital

Improve uptake of NHS health checks (most deprived populations)

Improve utilisation of outdoor space for exercise, focus on adult obesity, reduce long term MSK problems

Improve prevention services: Dementia diagnosis, AAA screening, Breast cancer screening

Improve support services to reduce hip fractures for our over 65 population

Children

Improve initiation and continuation of breast feeding

Continue to reduce smoking status at time of delivery

Focus on children with free school meal status: school readiness and further development (including communication and language skills)

Improve vaccination coverage for HPV and MMR

Reduce numbers of children and young people who are NEET

PHOF county indicators where improvements could still be made in Worcestershire have been categorised into Adults and Children.

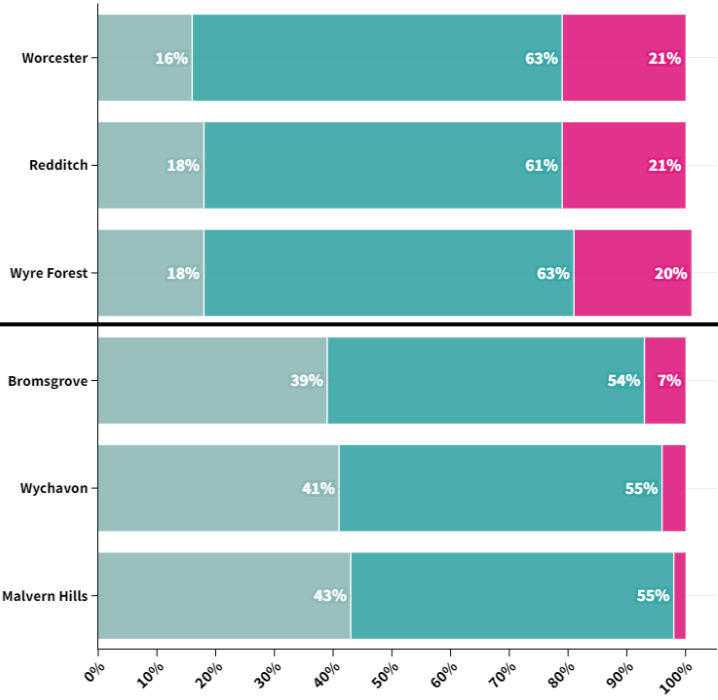
They are presented in separate tables as the priority areas for improvement across the Worcestershire county in 2023.

PHOF Indicator District Comparisons

PHOF Indicators Worcestershire and Districts

Values compared to England value or percentiles

% Better % Similar % Worse

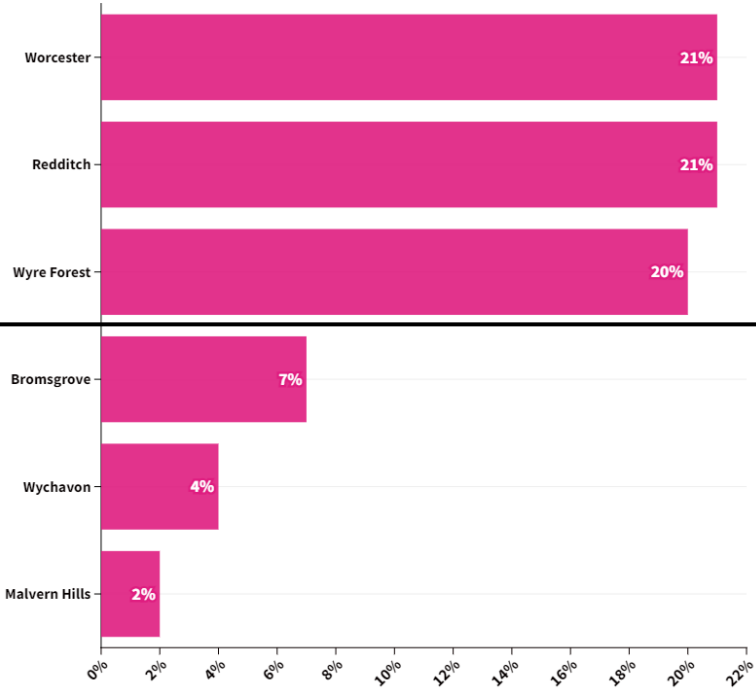


Source: PHOF Fingertips

PHOF Indicators Worcestershire and Districts

Values compared to England value or percentiles

% Worse



Source: PHOF Fingertips

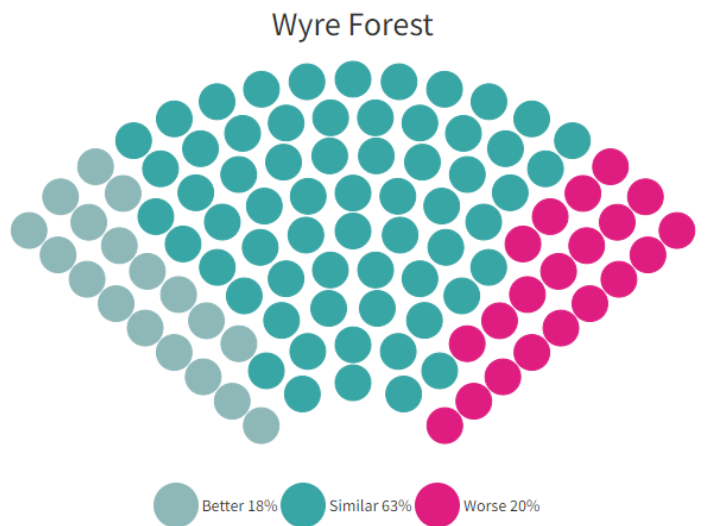
The proportion of indicators rated 'better', 'similar' and 'worse' when compared to the England value is broken down into districts to demonstrate the differences between areas within Worcestershire. There is a clear divide between those with a higher proportion of 'worse' ratings and lower proportion of 'better' ratings: Worcester, Redditch and Wyre Forest; and those with a higher proportion of 'better' ratings, and lower proportion of 'worse' ratings: Bromsgrove, Wychavon and Malvern Hills.

District PHOF Indicators

A deeper dive into district priorities identified both unique and shared indicators that can be improved, and those that have recently declined indicated with the ↓ symbol. It is worth noting that some indicators are measured at county level only and some at district level.

This analysis has identified a common area among all districts that has recently declined despite still being better than the value for England: Abdominal Aortic Aneurysm Screening Coverage. Other common areas in decline were identified as: Cancer screening coverage: breast cancer and cervical cancer (aged 25 to 49 years old).

Estimated dementia diagnosis rate (aged 65 and over) was identified as an indicator common across districts that showed room for improvement. Below, over the next 3 slides, is a representation of the investigation that reveals district level potential priorities.



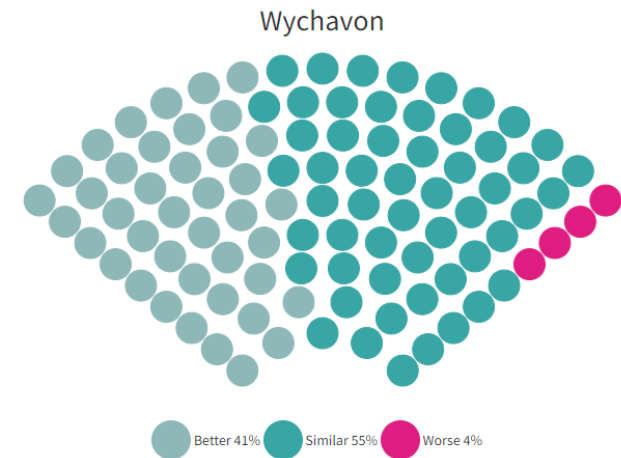
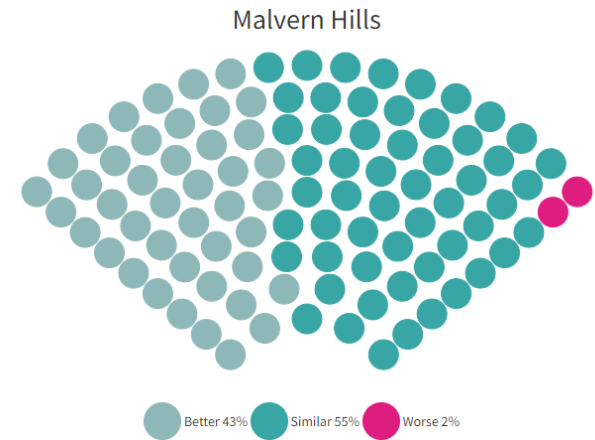
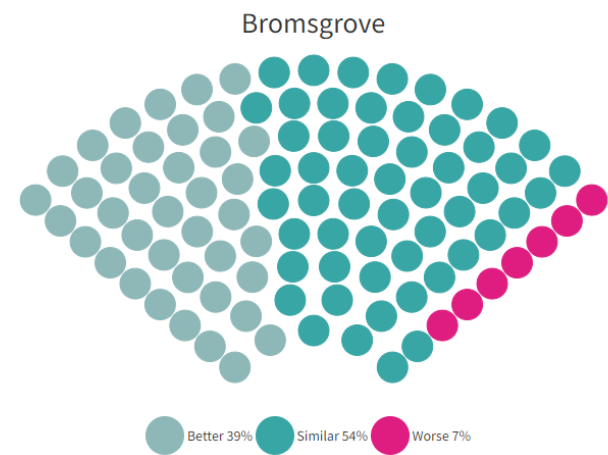
PHOF Indicators	Wyre Forest	Trend
Estimated dementia diagnosis rate (aged 65 and over)	Worse	
Percentage reporting a long term Musculoskeletal (MSK) problem	Worse	
Admission episodes for alcohol related conditions (Narrow)	Worse	
Children in absolute low income families (under 16s)	Worse	
Children in relative low income families (under 16s)	Worse	
Percentage of adults (aged 18 plus) classified as overweight or obese	Worse	
Admission episodes for alcohol related conditions (Narrow)	Worse	
Loneliness: Percentage of adults who feel lonely often or always or some of the time	Worse	
Children in low income families (all dependent children under 20)	Worse	
Hip fractures in people aged 65 and over	Worse	
Percentage of people in employment	Worse	
Cancer screening coverage: breast cancer	Better	↓
Abdominal Aortic Aneurysm Screening Coverage	Better	↓

District PHOF Indicators Continued

PHOF Indicators	Bromsgrove	Trend
Percentage reporting a long term Musculoskeletal (MSK) problem	Worse	↓
Abdominal Aortic Aneurysm Screening Coverage	Worse	
Hip fractures in people aged 65 to 79	Worse	
Infant mortality rate	Worse	
Cancer screening coverage: breast cancer	Better	↓
Cancer screening coverage: cervical cancer (aged 25 to 49 years old)	Better	↓

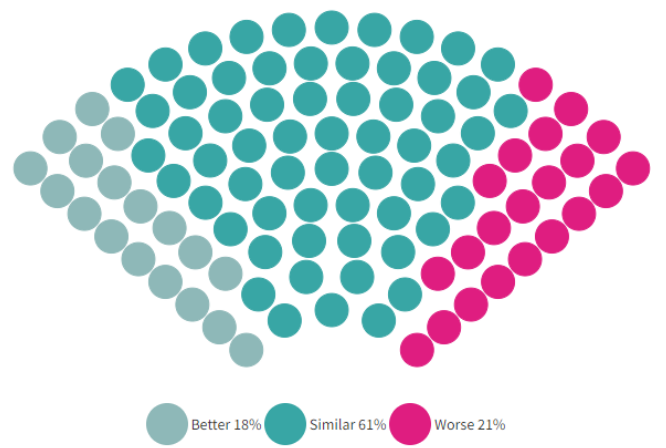
PHOF Indicators	Malvern Hills	Trend
Estimated dementia diagnosis rate (aged 65 and over)	Worse	↓
Cancer screening coverage: breast cancer	Better	↓
Abdominal Aortic Aneurysm Screening Coverage	Better	↓

PHOF Indicators	Wychavon	Trend
Estimated dementia diagnosis rate (aged 65 and over)	Worse	
Smoking status at time of delivery	Worse	
Abdominal Aortic Aneurysm Screening Coverage	Similar	↓
Cancer screening coverage: breast cancer	Better	↓



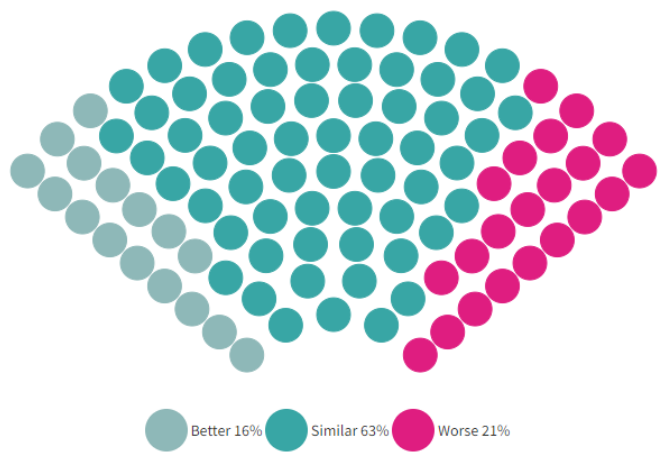
District PHOF Indicators Continued 2.

Redditch



PHOF Indicators	Redditch	Trend
Percentage reporting a long term Musculoskeletal (MSK) problem	Worse	
Estimated dementia diagnosis rate (aged 65 and over)	Worse	↓
Admission episodes for alcohol related conditions (Narrow)	Worse	
Children in absolute low income families (under 16s)	Worse	
Children in relative low income families (under 16s)	Worse	
Percentage of adults (aged 18 plus) classified as overweight or obese	Worse	
Admission episodes for alcohol related conditions (Narrow)	Worse	
Emergency readmissions within 30 days of discharge from hospital	Worse	
Percentage of physically active adults	Worse	
Percentage of physically inactive adults	Worse	
Under 75 mortality rate from cancer	Worse	
Year 6: Prevalence of overweight (including obesity)	Worse	
Cancer screening coverage: breast cancer	Similar	↓
Abdominal Aortic Aneurysm Screening Coverage	Similar	↓
Cancer screening coverage: cervical cancer (aged 25 to 49 years old)	Better	↓

Worcester



PHOF Indicators	Worcester	Trend
Estimated dementia diagnosis rate (aged 65 and over)	Worse	
Admission episodes for alcohol related conditions (Narrow)	Worse	
Children in absolute low income families (under 16s)	Worse	
Children in relative low income families (under 16s)	Worse	
Percentage of adults (aged 18 plus) classified as overweight or obese	Worse	
Emergency readmissions within 30 days of discharge from hospital	Worse	
Loneliness: Percentage of adults who feel lonely often or always or some of the time	Worse	
Cancer screening coverage: breast cancer	Worse	↓
Cancer screening coverage: cervical cancer (aged 25 to 49 years old)	Worse	↓
Cancer screening coverage: cervical cancer (aged 50 to 64 years old)	Worse	↓
Pupil absence	Worse	
Under 75 mortality rate from cancer considered preventable	Worse	
Abdominal Aortic Aneurysm Screening Coverage	Better	↓

Section 2: Mortality

1. Mortality: All causes
2. Mortality and Deprivation
3. Mortality: Circulatory Disease
4. Preventable Mortality: Deprivation

Mortality Rates

Mortality rates remain higher in Worcestershire following the pandemic. The mortality rate was 87.4 for the 5 year period 2015-2019 compared to 98.0 in the latest year (2022)



Mortality and Deprivation

Since the pandemic the gap has continued to widen between mortality rates in the most deprived and least deprived areas of Worcestershire. In 2015-2019 the rate in the most deprived area was 68% higher than the rate in the least deprived area, widening to 85% in 2022.



Preventable Mortality

For preventable mortality in residents aged under 75, the mortality rate for people living in the most deprived decile is three and a half times larger than those living in the least deprived decile



Mortality – All Cause

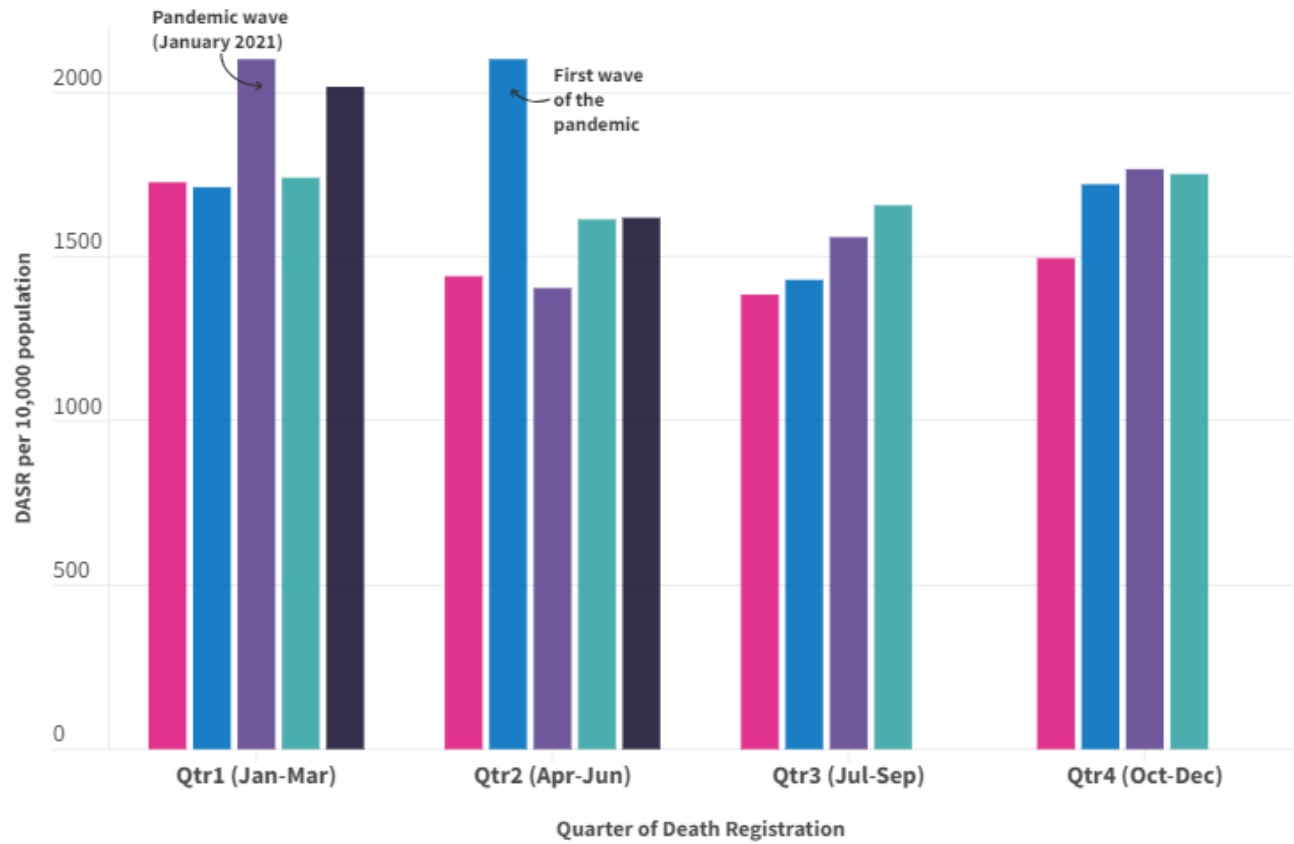
The following series of graphs compare the quarterly or annual number of deaths (on a calendar year basis) over the last 3 years compared with the average number during the 5 years prior to the pandemic (2015-2019).

This first graph shows the number of deaths from all causes, for the 5-year average pre-pandemic (2015-2019) and the years following. We currently only have the first 2 quarters of 2023.

Since the start of the pandemic, 12 out of the 13 quarters had numbers of death which exceeded the pre-pandemic average for those quarters.

In the quarter (January - March 2023), there were almost as many deaths as in quarter one for 2021 at the height of the second wave of the pandemic.

Number of Deaths from All Causes by Quarter for Worcestershire Residents



2015-2019 (5 year average) 2020 2021 2022 2023

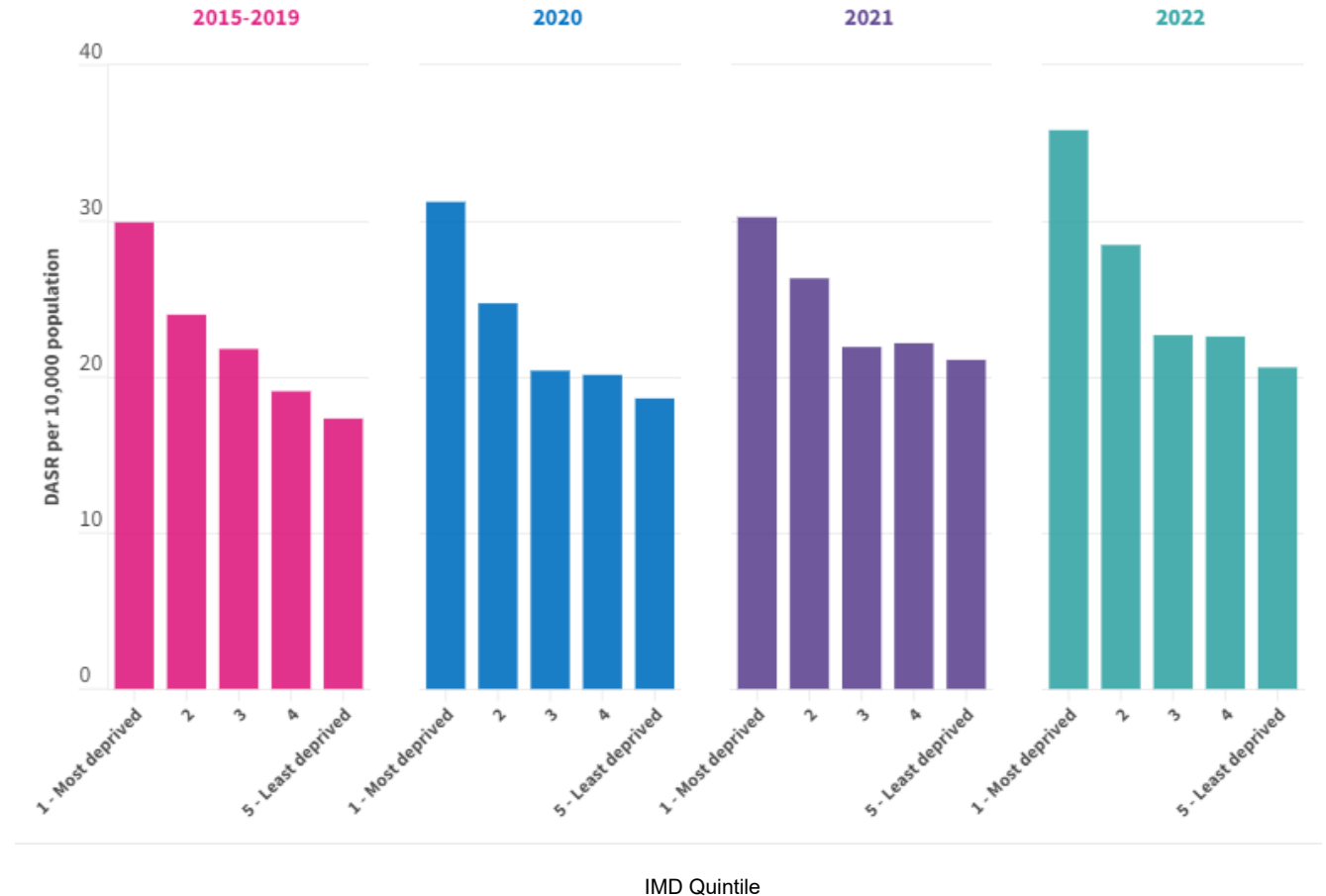
Source: Local analysis of Primary Care Mortality Dataset

Mortality: Deprivation

This graph shows the mortality rates by deprivation quintile for circulatory disease deaths, however, it is a similar picture for all causes.

- The mortality rate for people living in the most deprived quintile are statistically significantly higher than the rate for those people living in the least deprived quintile.
- Although rates have generally increased in all groups, the gap between the mortality rates in the most and least deprived groups of our population have widened since the pandemic and continue to do so.

Directly Standardised Mortality Rate (DASR) by Deprivation Quintile for Circulatory disease deaths in Worcestershire Residents



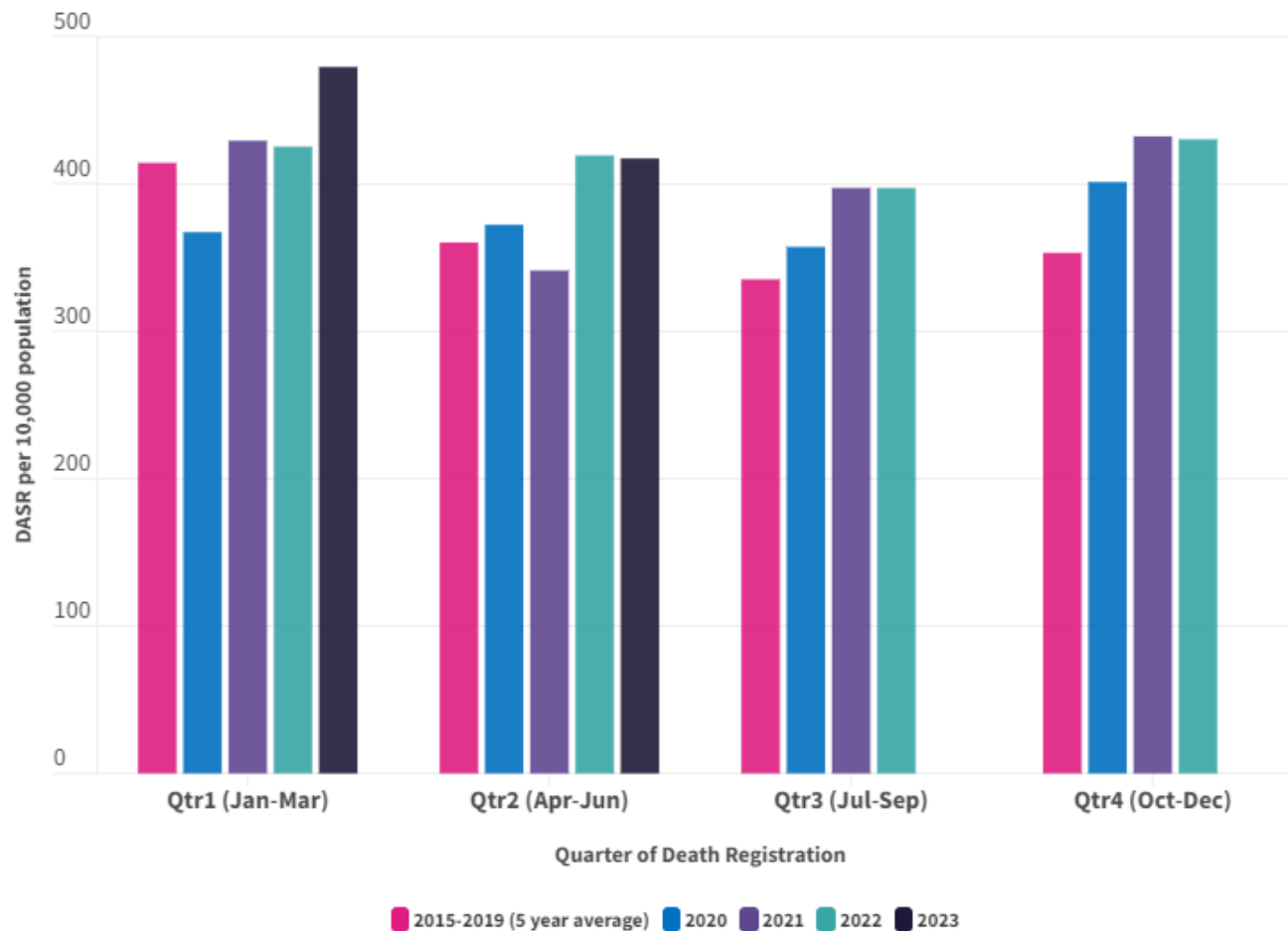
Source: Local analysis of Primary Care Mortality Dataset

Mortality: Circulatory Disease

This graph shows the number of Circulatory disease deaths by quarter.

- Circulatory disease deaths are increasing. In the first quarter of 2023, we saw the highest quarterly number of deaths from circulatory diseases in the last 13 years (since 2010).
- In only one quarter since the pandemic started (Q2, 2020) have we seen circulatory deaths at or below the five-year pre-Pandemic average.

Number of Deaths from Circulatory disease by Quarter for Worcestershire Residents



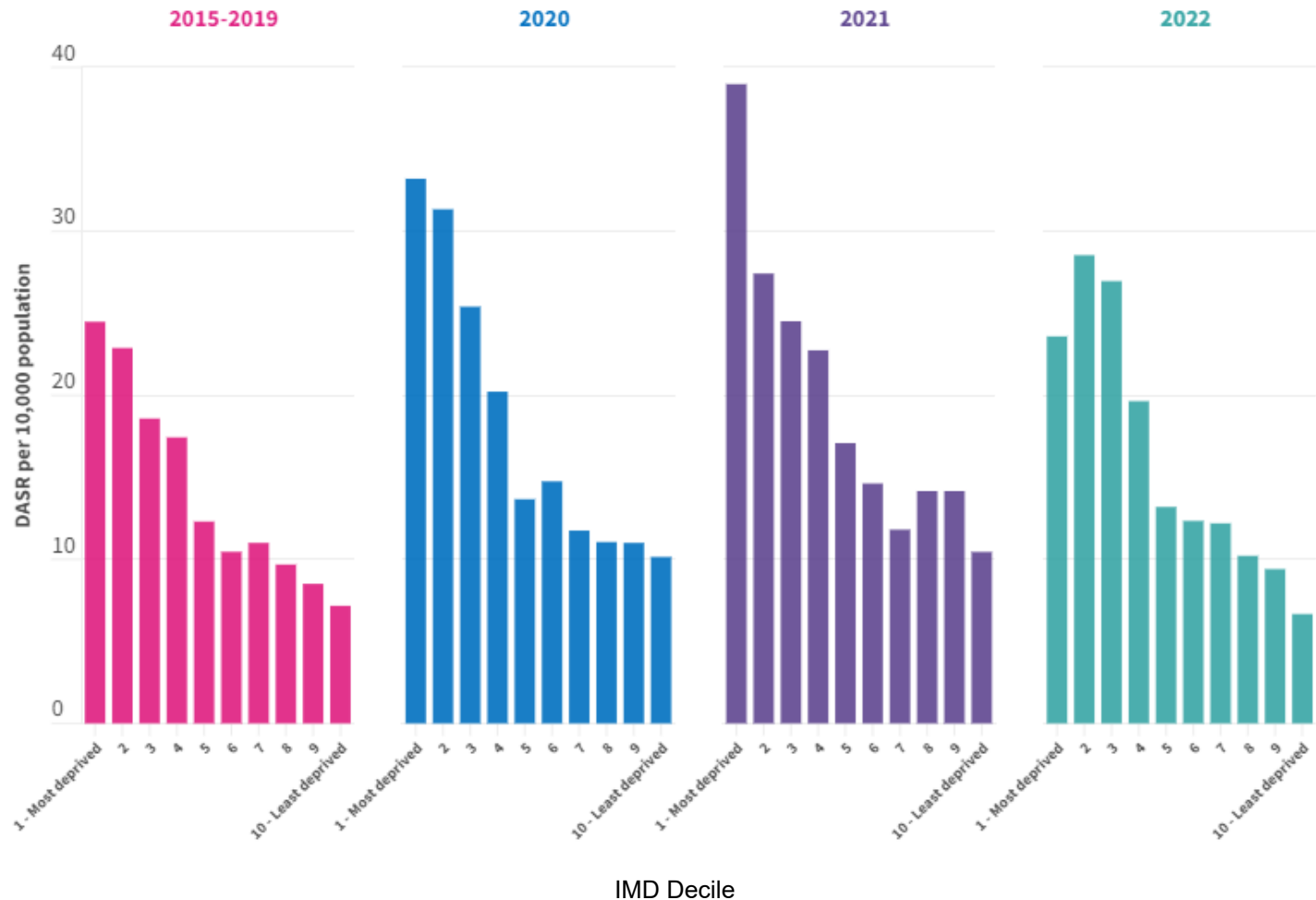
Source: Local analysis of Primary Care Mortality Dataset

Preventable Mortality: Deprivation

This graph shows the mortality rates by deprivation decile for under 75 year olds whose underlying cause of death is considered preventable.

- Mortality rates increased during 2020 and 2021 for all residents, however, this increase was most dramatic in those living in the most deprived areas of our county.
- Despite a decrease in the most recent year, the mortality rate for people living in the most deprived decile was still three and a half times larger than the rate for those living in the least deprived decile.

Directly Standardised Mortality Rate (DASR) by Deprivation Decile for causes considered preventable in Worcestershire Residents aged <75

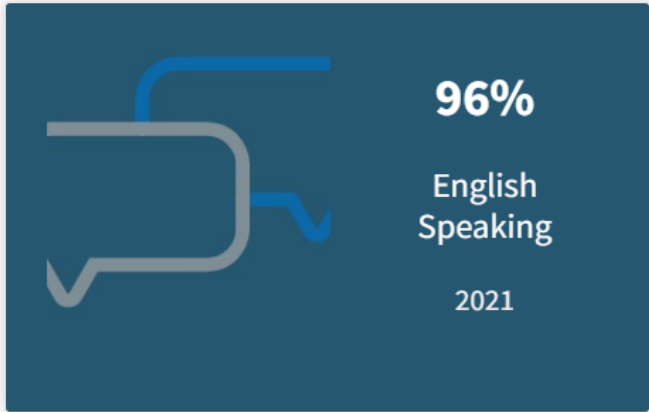
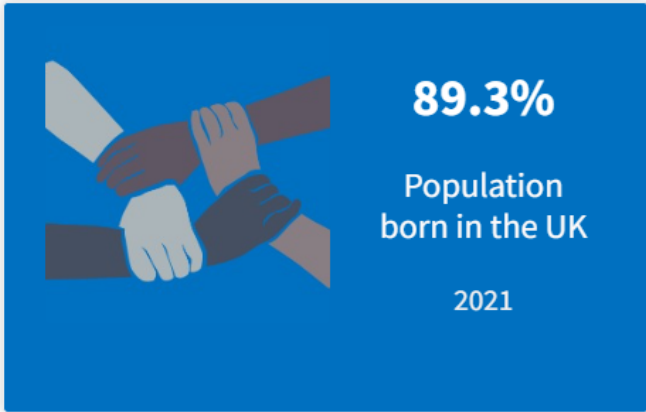
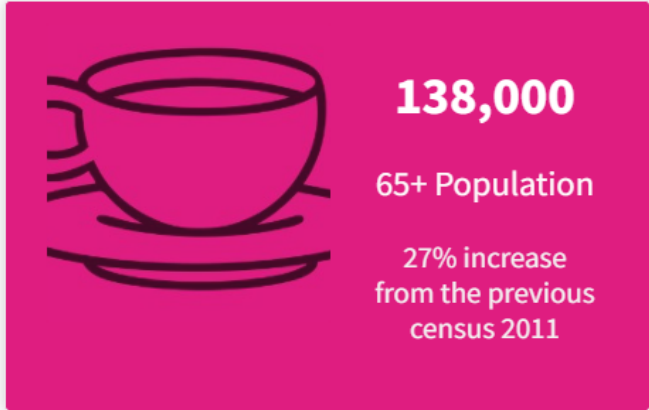
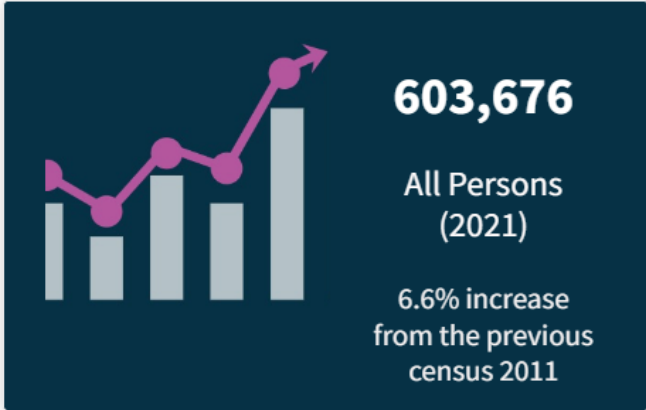


Source: Local analysis of Primary Care Mortality Dataset

Section 3: Population

Worcestershire Insights: Population Report

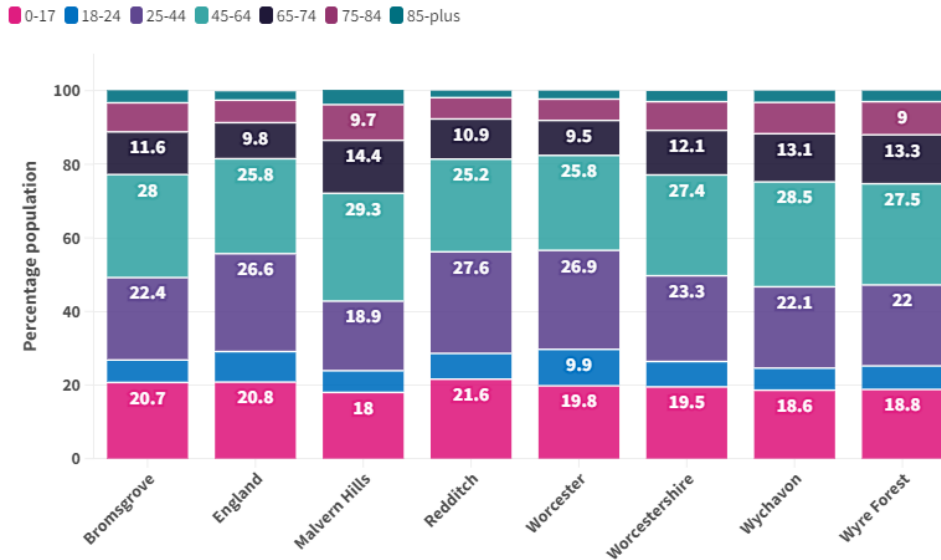
- 1. Age group & ethnicity
- 2. Health
- 3. Migration & population churn
- 4. Disability



Population: Age Group & Ethnicity

The 2021 Census records the Worcestershire population to be 603,600. This is compared to 566,200 in 2011. The population in the county has increased by 37,400 (6.6%) since 2011.

Age groups in Worcestershire & districts (percentage)



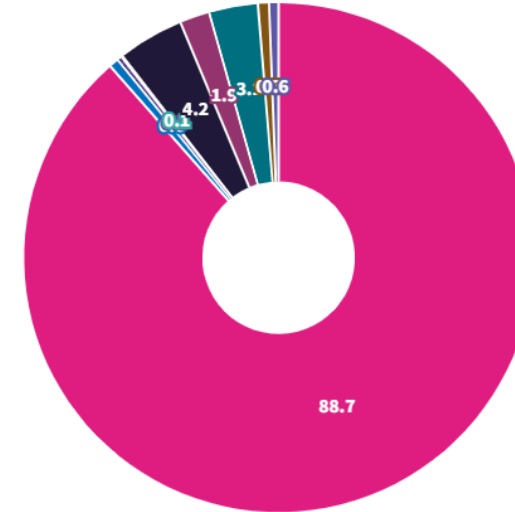
ONS Census

The number of people aged 65-plus in Worcestershire is 138,000, almost 23% of all people living in the county. Proportions of people aged 65-plus are particularly high in Malvern Hills

The number of people aged 65-plus in Worcestershire has increased by almost 27% since 2011. This compares to a rise of just over 20% nationally.

Ethnicity in Worcestershire (percentage)

White: English, Welsh, Scottish, Northern Irish or British | White: Irish | White: Gypsy or Irish Traveller | White: Roma | White: Other White | All Mixed Groups | All Asian Groups | All Black Groups | All Other Ethnic Groups



ONS Census

The number of people from an ethnic minority groups in Worcestershire is almost 68,200., around 11.3% of the population.

This is notably lower than the national average of over 26%. The proportion of ethnic minority groups in the county in 2021 has grown from 7.6% in 2011.

Proportions of ethnic minorities are relatively high in Redditch and Worcester. Proportions of ethnic minorities in all districts are lower than the average across the whole of England.

The population of 'Other White' ethnic group now represents almost 25,500 people, the 2nd largest ethnic group in the county. It contains many people from Europe including eastern Europe.

Population: Health

2021 Census results show that 5% of people in Worcestershire are in Bad or Very Bad health, representing over 30,000 people. Just over 6,700 people (1.1% of the population) are in Very Bad health. Proportions of people in bad health in Worcestershire have declined slightly since the 2011 Census, when 5.2% were in Bad or Very Bad Health, and 1.2% were in Very Bad health.

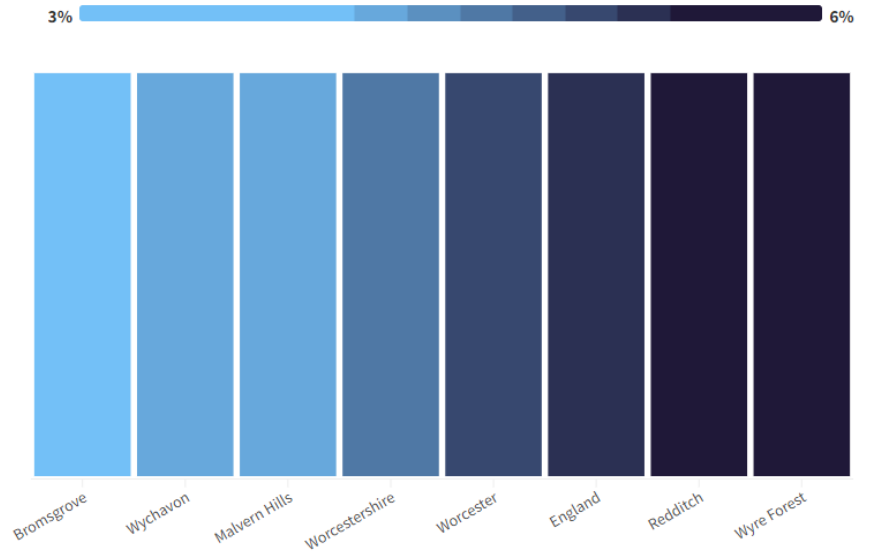
Proportions of people who are in Bad or Very Bad health in the county are slightly lower than the national average. At a district level, Redditch and most notably Wyre Forest have high levels of Bad or Very Bad health, with proportions in these districts higher than the average across England.

Age standardized rates reaffirm that levels of health in Worcestershire are better than the national average, and the relatively high levels of people in Bad or Very Bad health in Redditch and Wyre Forest are genuine and not due to an older age structure in those areas

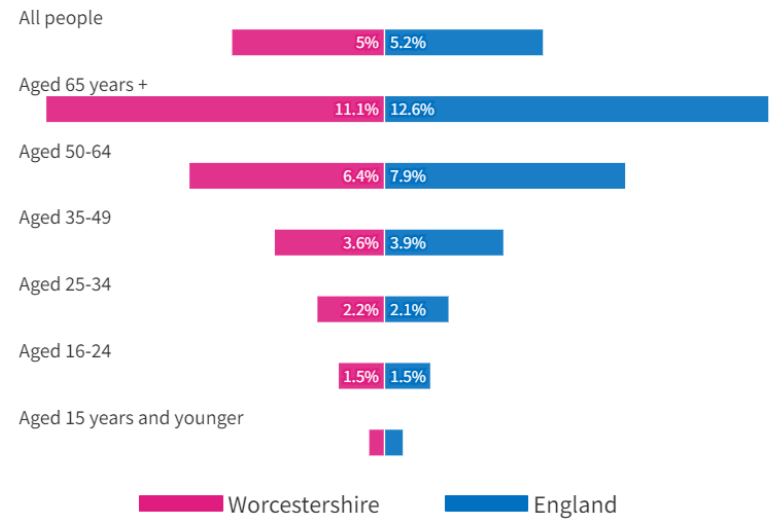
Health data by age group suggests that Worcestershire has lower proportions of people in Bad or Very Bad health than the national average across all age groups.

Proportions of people in Good or Very Good health in Worcestershire are slightly lower than the national average, but again this is due to the older age structure in the county. Age standardised rates suggest that people in Good or Very Good health are higher in Worcestershire than in England. Redditch, Wyre Forest and Worcester have lower rates of people with Good or Very Good health than the national average.

Census 2021
Age Standardised response of Bad or Very Bad



Census 2021 : Health Data
Response of Bad or Very bad health



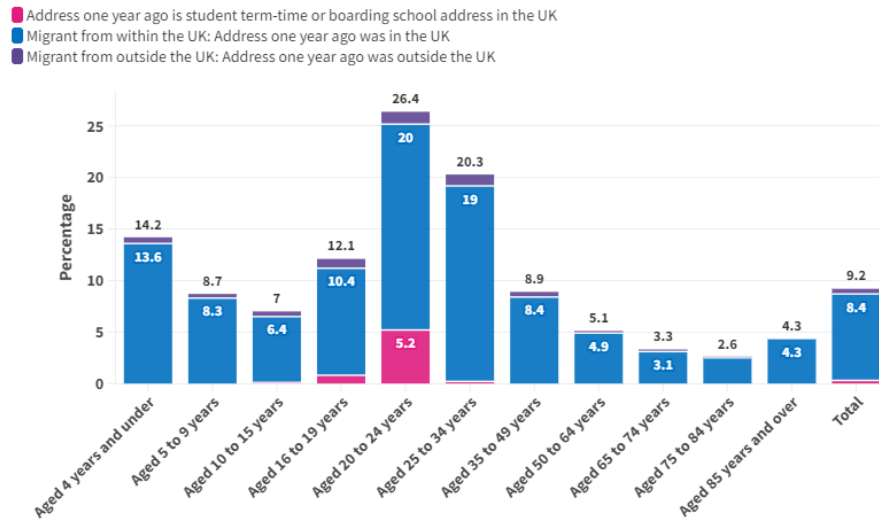
Note - Respondents were asked to assess their general health on a five-point scale: "Very good", "Good", "Fair", "Bad", or "Very bad". Census 2021 was conducted during the coronavirus (COVID-19) pandemic. This may have influenced how people perceive and rate their health and therefore may have affected how people chose to respond. The question was similar in the 2011 census

Population: Migration & population churn

Census data shows that almost 9% of Worcestershire residents have changed their address in the previous year.

- Over 8% of Worcestershire residents who have changed their address lived at a different address within the UK one year ago. Proportions are particularly high among the 20-34 age group.
- 0.5% of people in the county lived outside the UK one year ago. Again, the highest proportions are within the 20-34 age range.
- 0.3% lived in student accommodation or a boarding school one year ago, notably high among the 20-24 age group.

People in Worcestershire who have changed address in the past year (percentage)

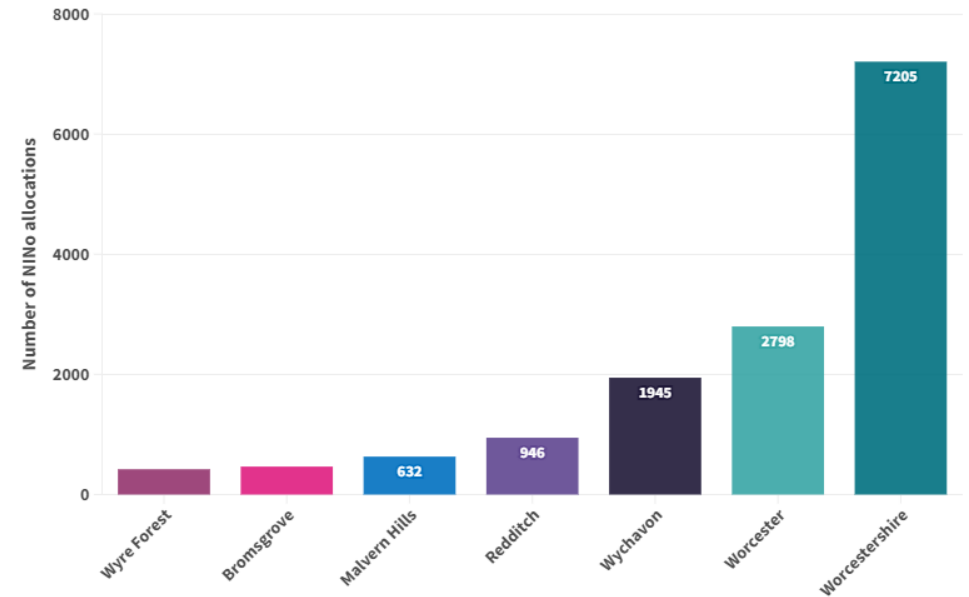


Source - ONS Census

The University of Worcester also contributes to population churn, with approximately 10,000 students and over 1,000 university single occupancy rooms on campus. The census suggested that in 2021 there were over 28,000 full time students in Worcestershire.

There are also just over 800 non-UK short term residents in Worcestershire.

NINo applications in Worcestershire by district, 2021-23



Source - DWP data, Stat-Xplore

For the years 2021-22 and 2022-23 there were over 7,200 National Insurance Number (NINo) registrations in Worcestershire, with numbers noticeably high in Worcester and Wychavon. People from overseas require a NINo in order to work or claim benefits.

Population Disability

2021 Census results show that 18% of people in Worcestershire are disabled under the Equality Act, representing almost 109,000 people.

- Almost 44,000 people (7.2% of the population) are disabled with their day-to-day activities limited a lot.
- Proportions who are disabled are similar to the 2011 census, although proportions whose day-to-day activities are limited a lot have decreased from over 8% in 2011.

Proportions of people who are disabled in the county are slightly higher than the national average of 17.3%. At a district level, Malvern Hills and most notably Wyre Forest have high levels of disability, at over 20% and over 19% respectively.

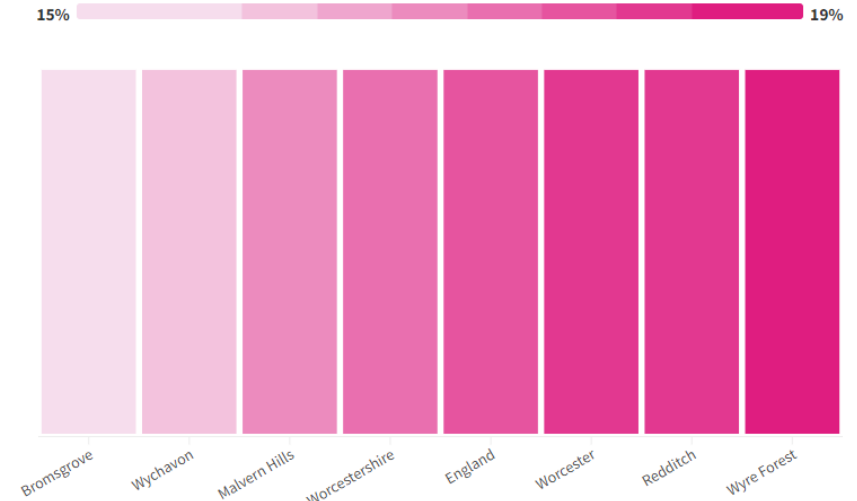
Age standardized rates suggest that disability levels in Worcestershire are lower than the national average, showing that the higher disability levels are due to the older age structure in the county. This is also true of Malvern Hills, although the relatively high levels of disability in Wyre Forest are genuine and not due to an older age structure.

Worcestershire has lower proportions of disabled people aged 50 and over than the national average, and higher proportions among people aged 34 and under.

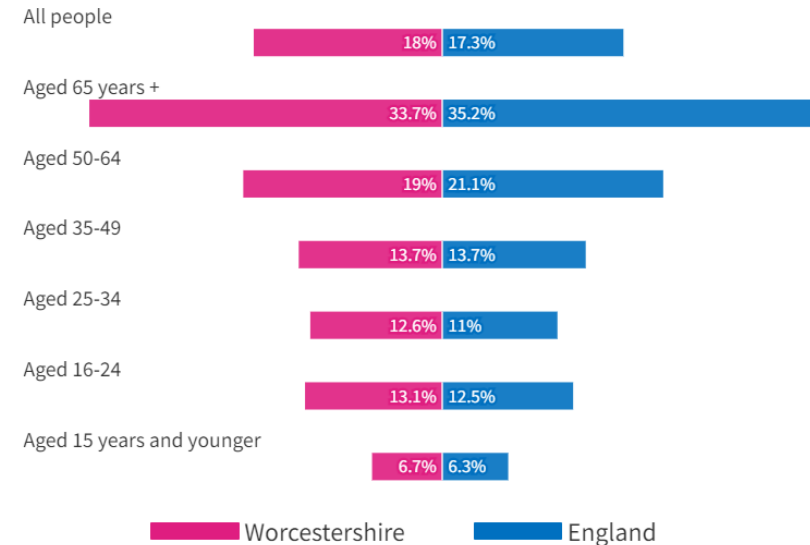
Census 2021

Age Standardised disability rates

Disabled under the Equality Act: Day-to-day activities limited



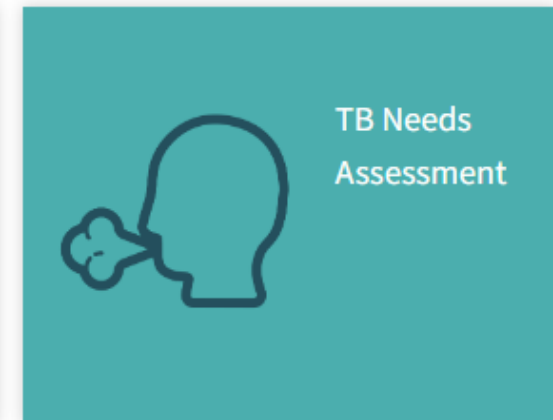
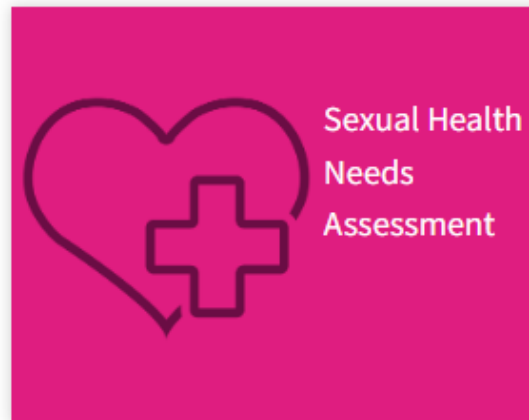
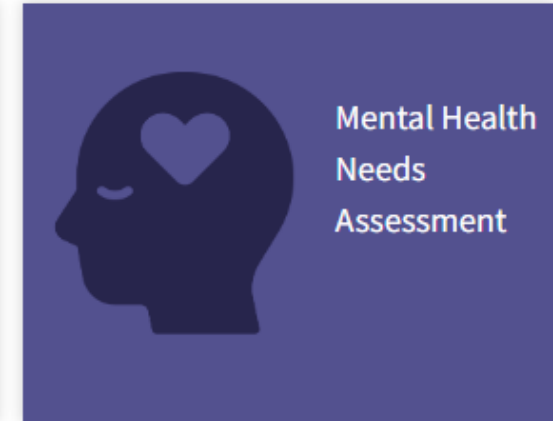
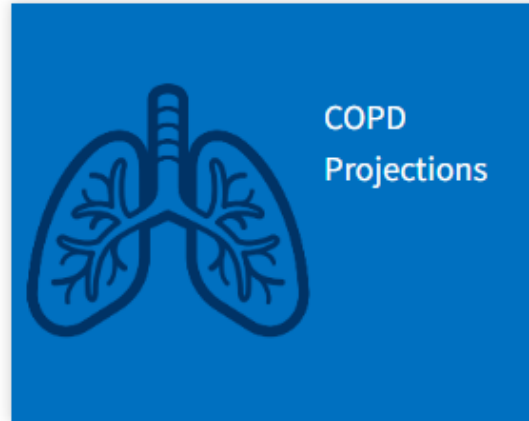
Census 2021 : Health Data
Disabled under the Equality Act



Note - To identify disability people were asked "Do you have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more?". If they answered yes, a further question "Do any of your conditions or illnesses reduce your ability to carry out day-to-day activities?" was presented. This differs from the 2011 Census question, which asked "Are your day-to-day activities limited because of a health problem or disability which has lasted, or expected to last, at least 12 months?".

Section 4: Summary of reports

1. COPD Projection
2. Mental Health Needs Assessment
3. Sexual Health Needs Assessment
4. TB Needs Assessment



Reports: COPD

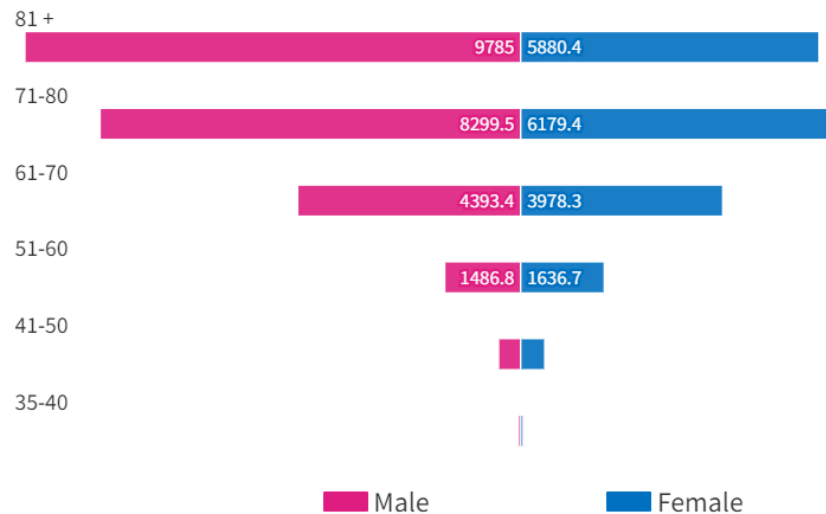
Projections

Chronic Obstructive Pulmonary Disease (COPD) is the name for a group of lung conditions that cause breathing difficulties, and mainly affect middle aged and older adults who smoke.

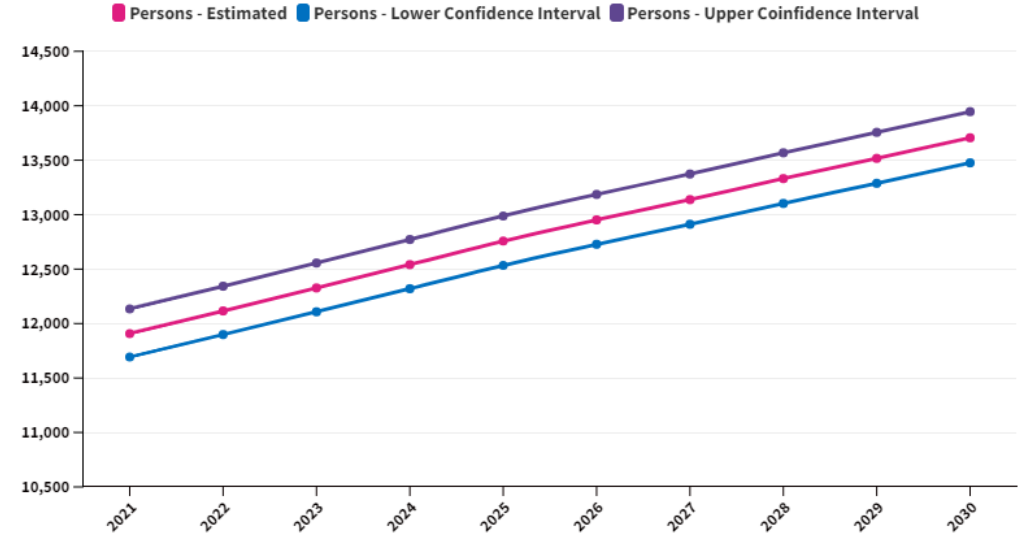
COPD is a disabling condition with high mortality. Estimates and projections of this condition using prevalence rates and population projections have been obtained.

Prevalence rates were taken from data in the CPRD (Clinical Practice Research Datalink) database from 2015. When applied to 2021 age groups in Worcestershire this resulted in similar COPD estimates to observed numbers.

Prevalence of COPD in Worcestershire per 100,000 persons



Projected numbers of people with COPD in Worcestershire
Upper and Lower CI included
2021-2030



Source: CPRD, 2015

Prevalence rates were applied to 2018-based population estimates for Worcestershire to obtain projections of COPD in the county up to 2030, with confidence intervals also calculated.

Results suggest that numbers of people with COPD could increase from 11,800 in 2021 to between 13,400 and 14,000 in 2030.

It is noted that projections assume prevalence rates stay CONSTANT so increases in COPD are purely down to the change in age structure and increase in numbers of older people in the coming years.

Reports: Mental Health Needs Assessment

Context of mental health and wellbeing

- Mental health and wellbeing shape our lives and are a key resource to individuals, families, communities, and wider society in leading healthy and fulfilling lives. Many public health interventions are likely to be cost saving in the short and long term.
- The COVID-19 pandemic has challenged mental health and wellbeing, coinciding with the largest drops in wellbeing recorded, the most recent data indicated these have improved but are not yet back to pre-pandemic levels. The cost of living pressures continue to impact mental health and wellbeing.
- Worcestershire has experienced similar drops in average wellbeing to the national population and is found to have slightly lower levels of wellbeing than comparable local authorities. However, Worcestershire generally has better than average levels of risk and protective factors for mental health and wellbeing.
- The report and more information about the recommendations are available here: [Mental Health Needs Assessment](#)



There is a wide array of factors that influence and are influenced by mental health and wellbeing.

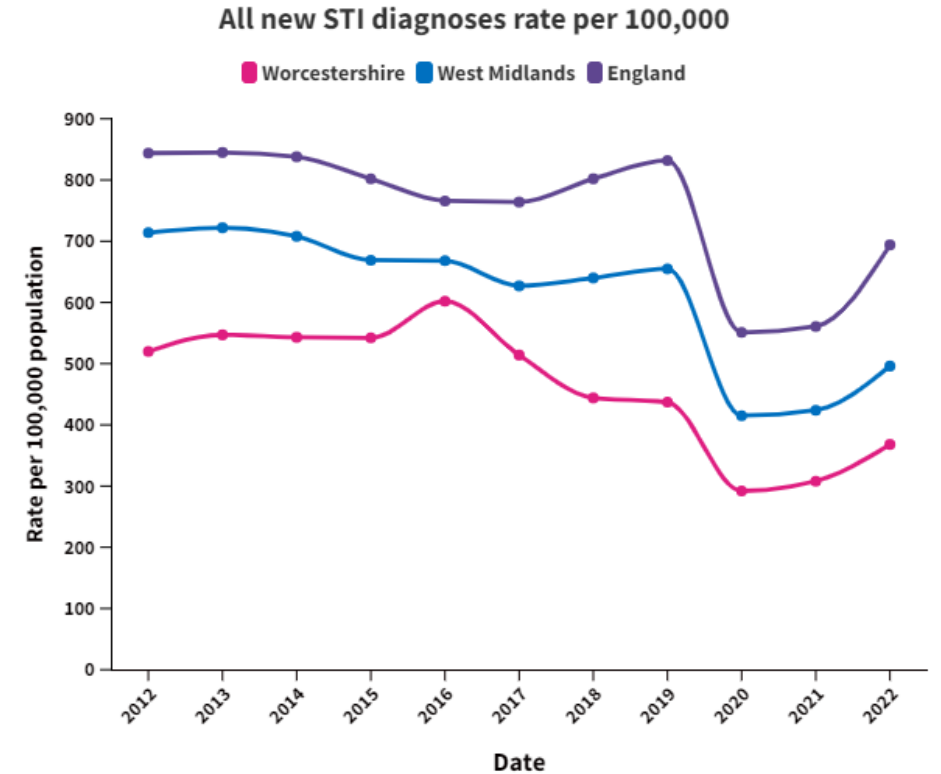
No single group or organisation can influence all of these factors and this requires a wider recognition of the way work can be considered through a lens of its links to supporting good mental health and wellbeing.

Reports: Sexual and Reproductive Health Needs Assessment

Sexual health outcomes in Worcestershire demonstrated lower diagnosed rates of sexually transmitted infections (STI's) including HIV, abortions, and high rates in the prescribing of all methods of contraception.

However, of concern are persistent teenage pregnancy rates in some parts of the county, low chlamydia screening and detection rates amongst young people and the variability of relationships and sex education (RSE).

There is also evidence of poorer sexual health within some key groups and in areas of greater deprivation.



Source: [OHID, 2023](#)

The needs assessment identified that we have consistently strong and effective sexual health services meeting the needs of patients but that more work is needed to address sexual health needs for Worcestershire at a systemwide level and, that the adequate and sustained promotion of sexual health services is required in order to ensure the population are fully aware of available services which to their needs.

Reports: TB Needs Assessment

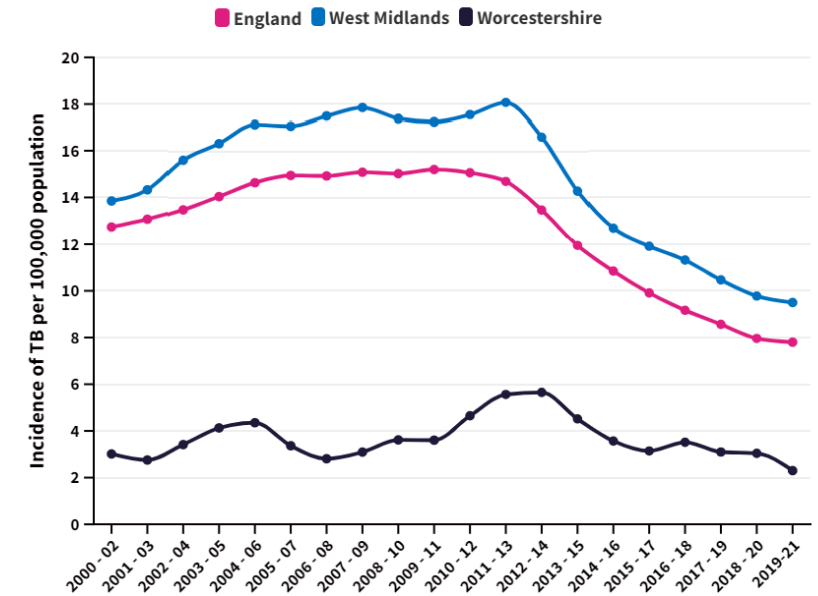
TB is a Global health priority with Global and National targets. Worryingly, TB cases in England increased by 7% in the first half of 2023 compared to the same timeframe in 2022. The TB Needs Assessment was conducted in Worcestershire to establish:

1. How to meet the current and future needs of the local population
2. How to improve detection, treatment and control of TB in Worcestershire.

TB rates in Worcestershire as a whole have been stable and are classed at a low incidence level, resulting in Worcestershire receiving less funding for TB services. However, within Worcestershire there is an increasing risk of TB infection from social risk factors, deprivation, and increases in populations from high incidence countries either working or studying in the county. An increasing number of cases will likely change incidence rates. Funding and service constraints may exacerbate health inequalities as individual needs can be higher than population needs at a county level.

This needs assessment highlights gaps in service provision in the county of awareness training, screening, and in capacity to manage cases once identified, that could lead to undetected and untreated latent TB cases. Also highlighted are delays in commencing treatment in patients with active TB. These deficits in service increase the risk of transmission in the community, are detrimental to patient outcomes, and increase costs to the system.

Three-year average incidence of TB per 100,000 population (2000 to 2021)



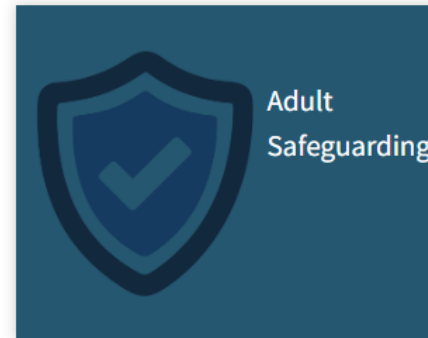
Source: [TB strategy Monitoring Indicators](#)

The report recommends that increased funding and resources are required to expand the service within the county to serve patients with possible latent TB and those with an increased risk of TB as recommended in NICE guidance.

Investing in TB prevention and control in Worcestershire would contribute to the Global and National targets for disease elimination and would result in substantial savings to the whole health and social care system.

Section 5: Health and Social Care

1. Vaccinations: COVID
2. Vaccinations: Flu
3. Adult Social Care
4. Adult Safeguarding
5. Falls
6. Resistance Band research



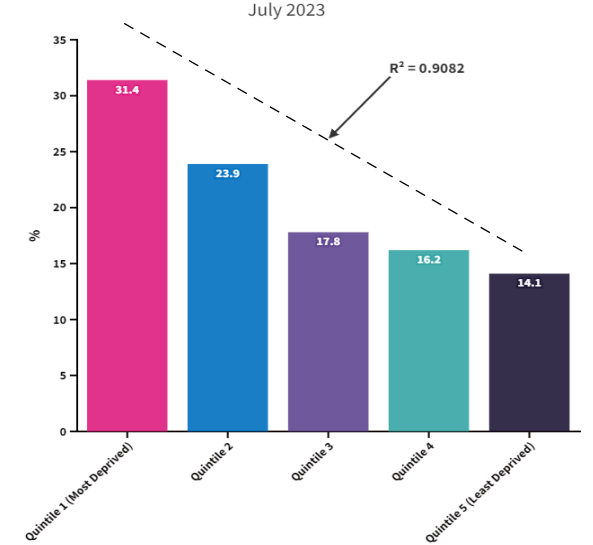
Vaccinations: Covid

Almost 97% of people aged 65-plus have completed the primary course in Covid vaccinations, whilst 92% have received their 2nd booster.

Notably lower numbers of people have received Covid vaccinations in more deprived areas. Over 31% of people aged 5-plus are unvaccinated in the most deprived quintile, compared to just over 14% in the least deprived quintile. This correlation is significant with an R² value of = 0.9, the more deprived the area the least likely you are to have had a vaccination.

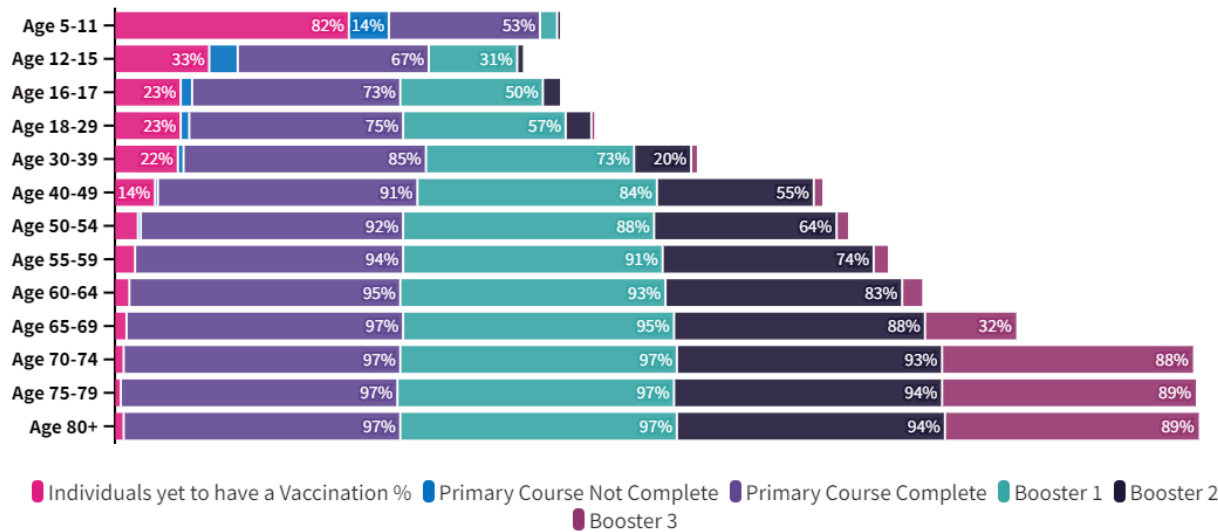
Proportions of unvaccinated people are notably high in some ethnic minority, most notably among African, Mixed White & Black African, Mixed White & Black Caribbean, Arab, and Traveler communities.

Individuals yet to have a COVID vaccination by Deprivation Quintiles in Worcestershire



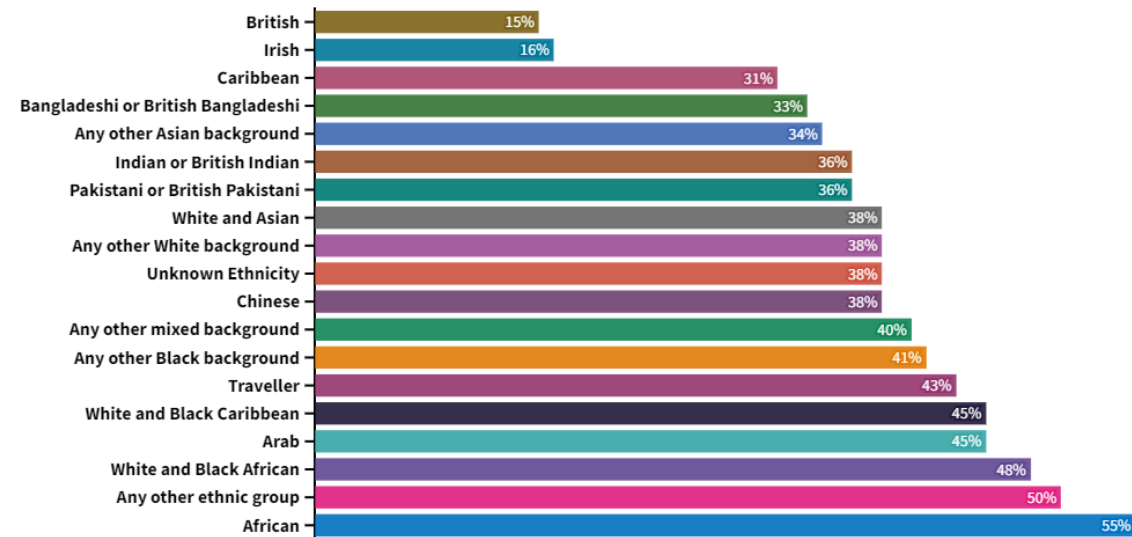
COVID Vaccinations by Age in Worcestershire

July 2023



Individuals yet to have a COVID Vaccination by Ethnicity in Worcestershire

July 2023

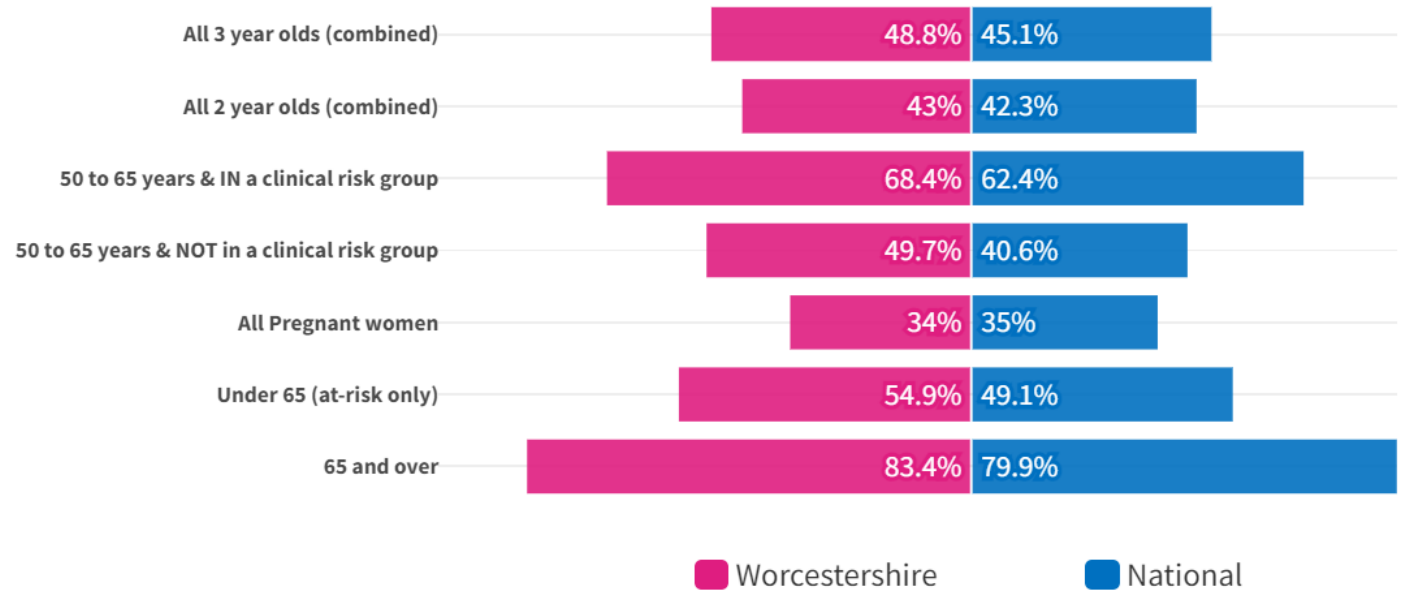


Source: MINS

Vaccinations: Flu

- Compared to national averages, Worcestershire has a higher proportions of flu vaccine uptake with the exception of pregnant women, which is slightly lower at 34% compared to 35% nationally.
- Over 83% of people aged 65 and over have received the flu vaccination in Worcestershire, whilst over 68% of people aged 50 to 65 in a clinical risk group have received the flu vaccine.
- Proportions of children receiving the flu vaccine is slightly higher than the national average, with 43% of 2-year-olds and almost 49% of 3-year-olds receiving the flu vaccine

Flu Vaccinations 2022-23 season in Worcestershire



Adult Social Care: Outcomes

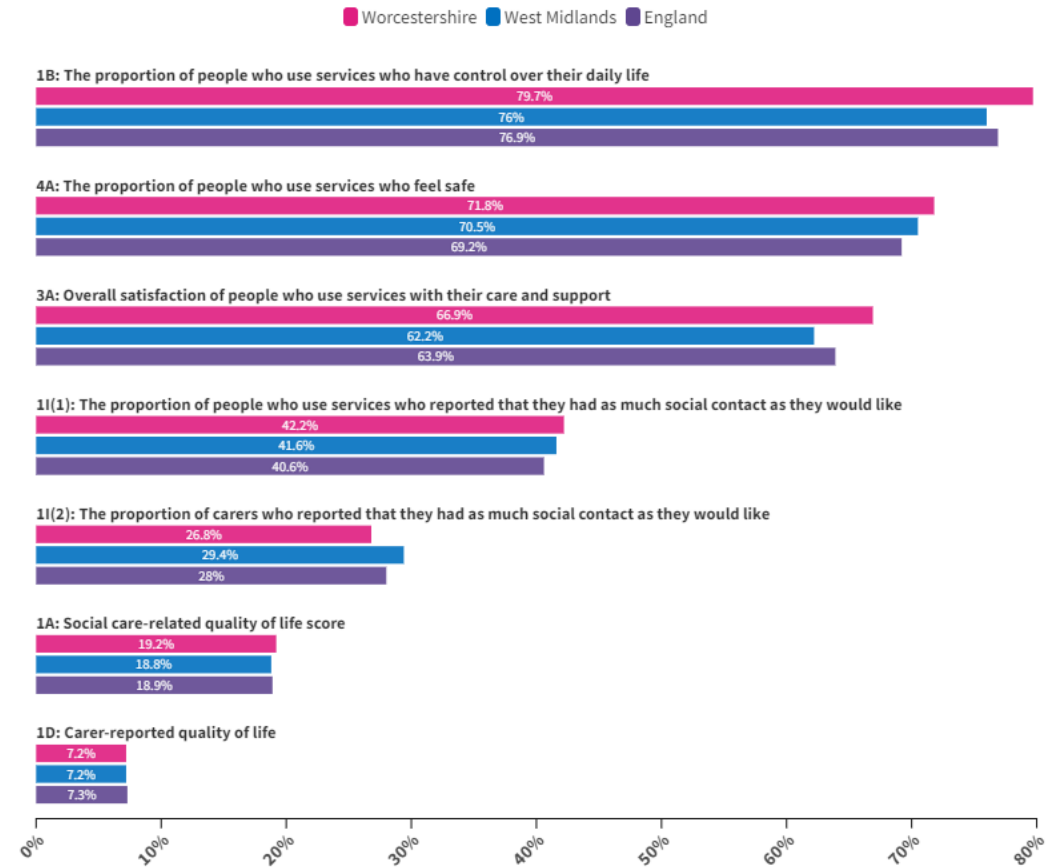
The Adult Social Care Outcomes Framework (ASCOF) measures how well care and support services achieve the outcomes that matter most to people.

2021/22 data is the latest published information. Worcestershire’s outcomes are better than England and West Midlands for most indicators.

Numbers of people receiving adult social care in Worcestershire have been increasing, reflecting an increase in demand. About 60% of these are aged 65+, the remainder are aged 18-64.

Adult social care services include domiciliary home care (36% of people receiving adult social care in 2023), long term residential care (18%), direct payments (16%), supported living (11%), long term nursing (10%) and Extra Care (5%).

Key ASCOF indicators 2021/22



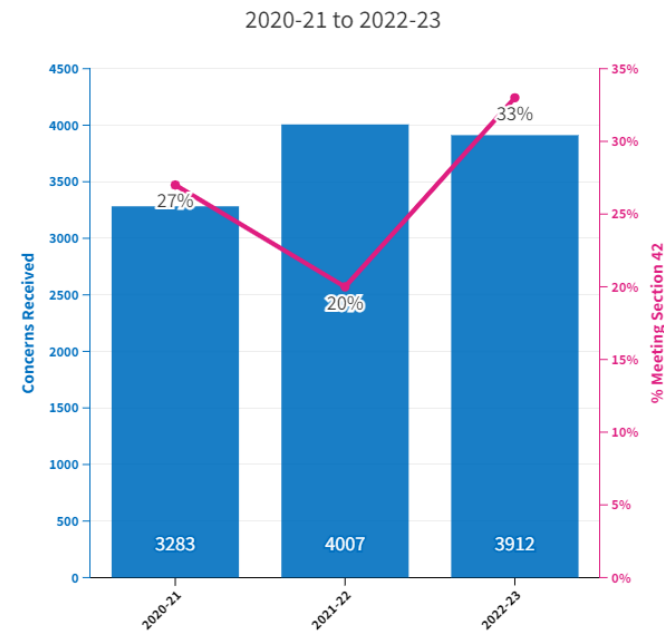
Numbers of people receiving adult social care in Worcestershire

	April 20	March 21	March 22	March 23	Sept 23
WCC	6,359	6,399	6,639	6,754	7,083

Adult Social Care: Adult Safeguarding

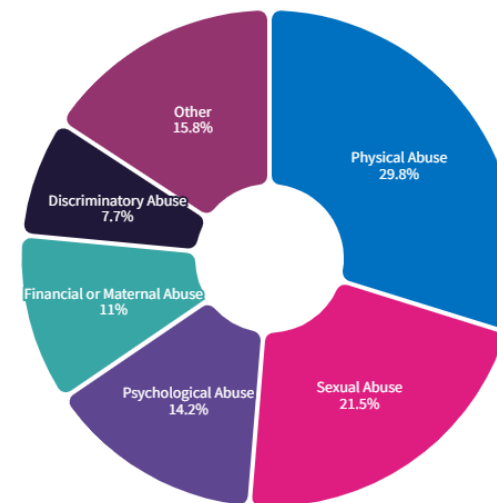
- Adult safeguarding means protecting a person’s right to live in safety, free from abuse and neglect. In adult safeguarding we work together, with the person who is experiencing or at risk of abuse, so they can access the support and protection needed.
- When the local authority has reason to suspect that an adult has need for care and support and is at risk of or experiencing abuse or neglect, and unable to protect themselves as a result of their care needs, they then have a duty to undertake section 42 enquiries.
- In 2022/23, 3912 concerns were raised, affecting 2515 individuals. 33% of these concerns met section 42.
- The most common types of abuse requiring section 42 enquiries in 2022/23 were physical abuse (29.8%), sexual abuse (21.5%) and psychological abuse (14.2%).

Concerns raised in Worcestershire against % meeting section 42



Source: Safeguarding Adults Collection

Section 42 Enquiries by type of Abuse in Worcestershire 2022-23



Source: Safeguarding Adults Collection

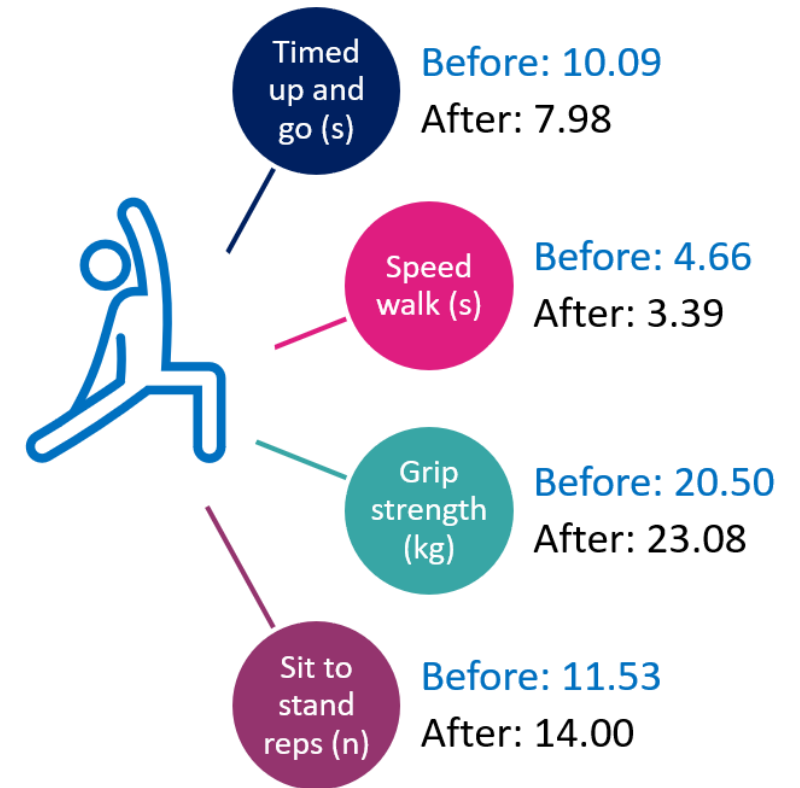
Older People: Resistance bands research

- Worcestershire has an aging population which is predicted to increase representing 28.9% of population by the year 2035.
- We recognised that a targeted intervention for older people, who are at increased risk of falls and disability due to muscle loss and decreased strength would be beneficial.
- Based on studies that show regular resistance training in older people can slow this functional decline, a programme was delivered using resistance bands twice weekly for 12 weeks.
- It aimed to assess the impact on strength, balance, and mental wellbeing of resistance band exercise training in older adults of Worcestershire.

“

There was a gentleman who used to have a walking stick for “confidence” purposes rather than needing to use it. After he started the program, he got the confidence to walk everywhere without the walking stick

”



Results indicated an improved performance in various measures (see above graphic) of strength and balance in older people. Benefits of this may include:

1. Reduction in the likelihood of falls.
2. Reduced concern about falling.
3. Improvement in the mental wellbeing of older people.
4. Reduced falls would hopefully reduce injuries and associated hospital admissions.

Older People: Hip Fractures and Falls

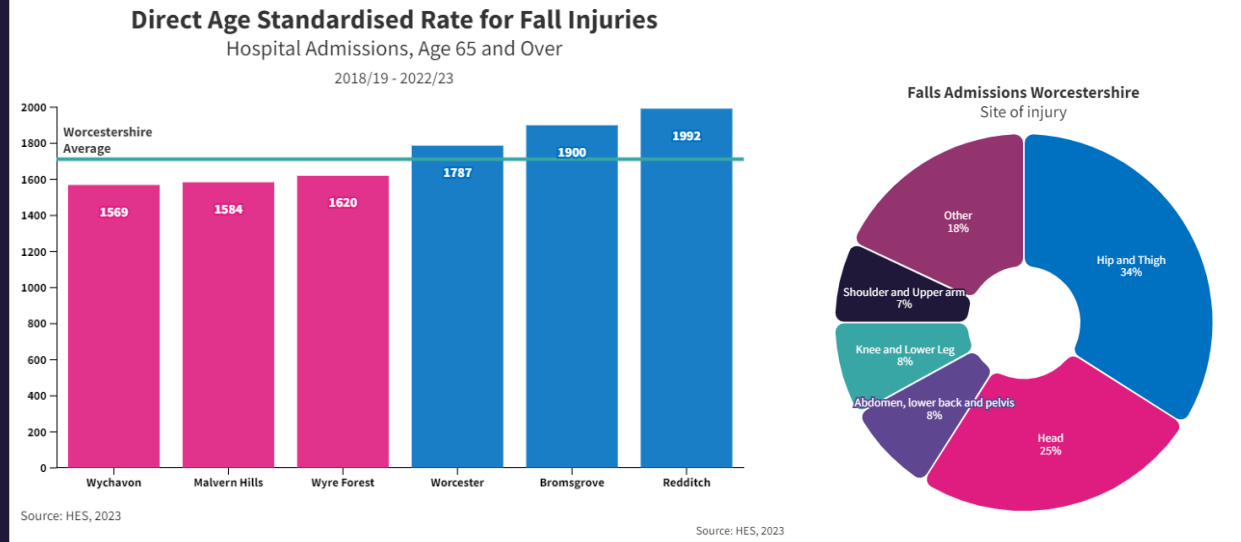
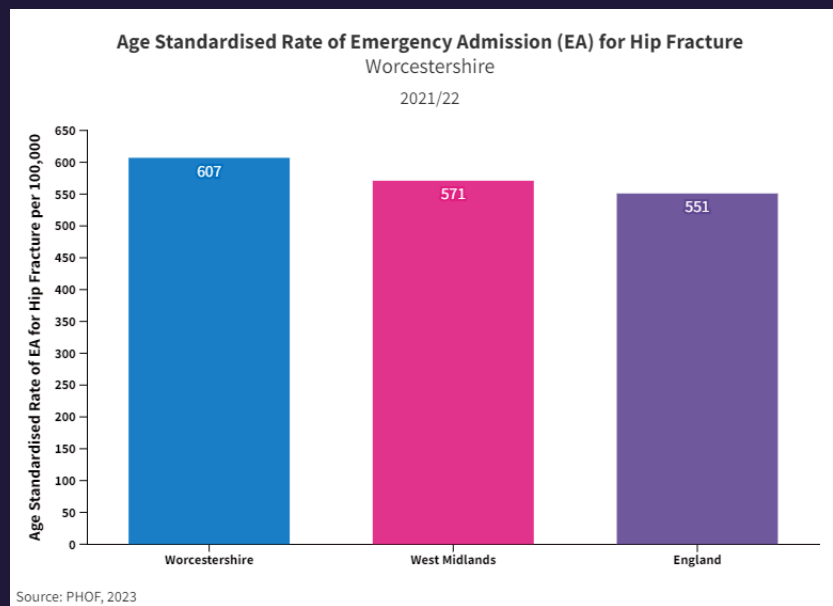
In 2021/22 there were 850 emergency hospital admissions for hip fractures in Worcestershire for people aged 65 or over, 575 of which were for people aged 80 and over.

The age standardised rate of 607 per 100,000 was significantly higher than both the West Midlands (571 per 100,000) and England (551).

There were 2355 falls with an injury in 2022/23, an increase of 70 since 2017/18.

Around a third of falls admissions with an injury result in a hip/thigh injury followed by a quarter of head injuries.

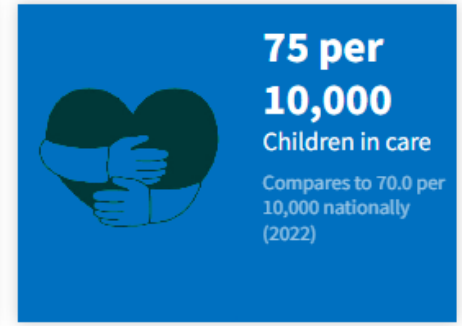
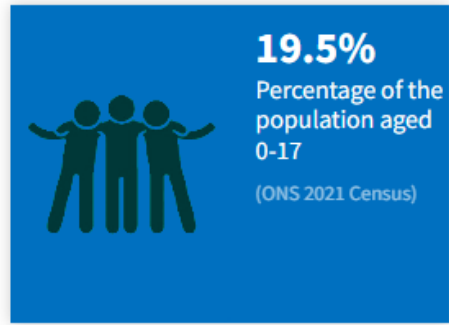
Falls injury rates are highest in Redditch, Bromsgrove and Worcester.



Section 6: Children and Young People

Worcestershire Insights: Children and Young people report

- 1. Not In Education, Employment or Training (NEET)
- 2. Vulnerable Children
- 3. Early Years Development
- 4. Excess weight in children
- 5. Children in poverty



Children and Young People

Not in Education, Employment or Training (NEET)

The proportion of 16-17 years olds NEET or whose activity is not known in Worcestershire has increased in recent years, from 4.9% in 2019 to 6.5% in 2023.

The proportion of NEET in Worcestershire was significantly lower than the national average for the years 2016-18, but recent increases has seen the proportion significantly higher than the national average in 2023.

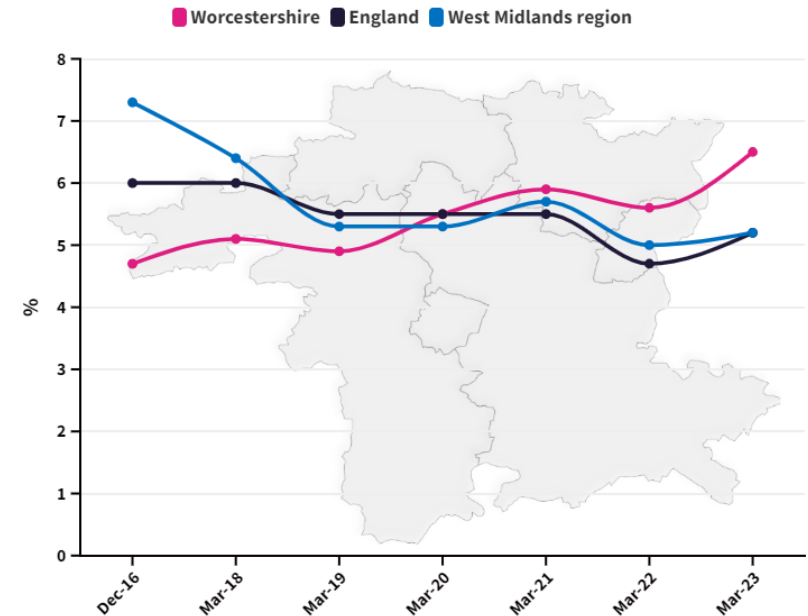
837 young people aged 16-17 in Worcestershire are not in education, employment or training (NEET) or whose activity is not known in 2023.

This represents a rate of 6.5%, significantly higher than the national rate of 5.2%. The trend of proportions of NEET in Worcestershire is increasing

% 16–17-year-olds NEET - 2023



16-17 year olds not in education, employment or training (NEET) or whose activity is not known



Source: [NEET and participation: local authority figures gov.uk](https://neetandparticipation.localauthorityfigures.gov.uk)

Children and Young People

Vulnerable Children

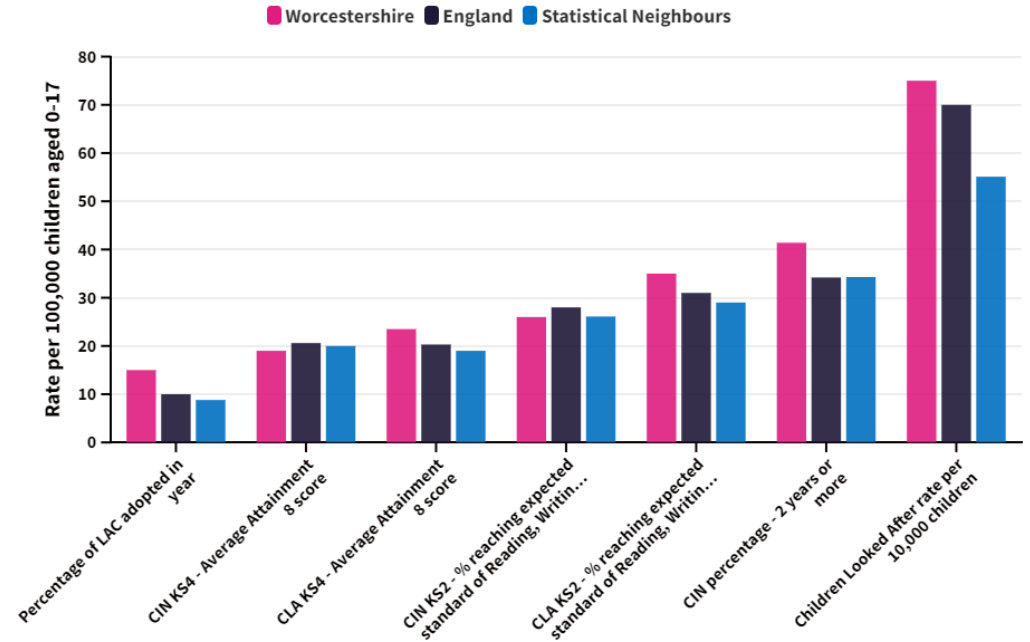
There were 890 Children Looked After (CLA) in Worcestershire as of 31 March 2022. This represents a rate of 75.0 per 10,000 children aged 0-17, higher than the national average (70.0) and average among statistical neighbours (55.1).

Children in Need (CIN) rate is 293.6 per 10,000 in 2022, lower than the national average (334.3 per 10,000) but slightly higher than the average across statistical neighbours (286.25 per 10,000).

Over 41% of Children in Need in Worcestershire have been in need for 2 years or more. Children in Need in Worcestershire have a lower attainment than national and statistical neighbours at both KS2 and KS4.

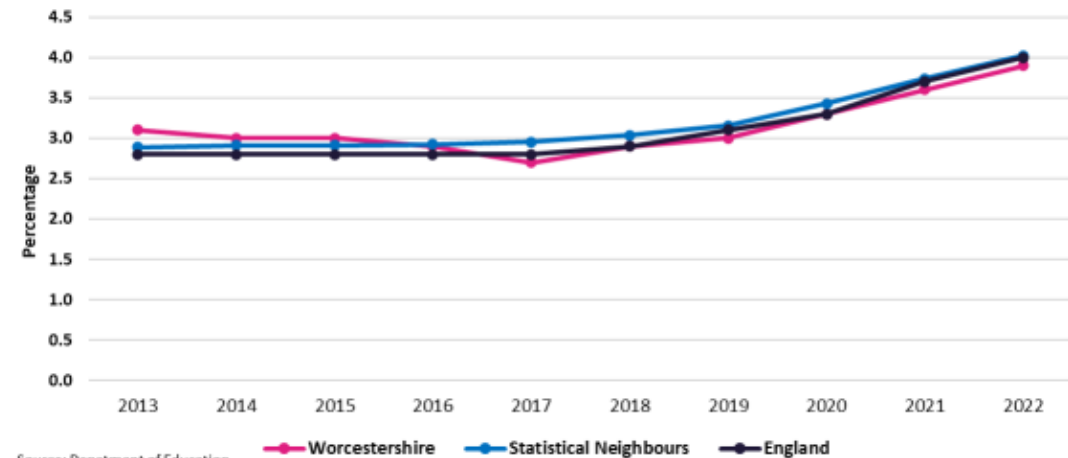
In 2022 there was a slightly lower percentage of pupils in Worcestershire schools with an Education, Health and Care Plan (EHCP) at 3.9% than both the national average and the average among statistical neighbours, both of which were 4%. However, proportions have increased from 2.9% in 2016, which is in line with increasing national trends along with an increase in the complexity of needs.

Data for Children Looked After/ Children In Need, 2022



Source: [Outcomes for children in need, including children looked after by local authorities in England](#)

Percentage of pupils with either statement (pre 2018) or EHCP (post 2018)



Source: Department of Education

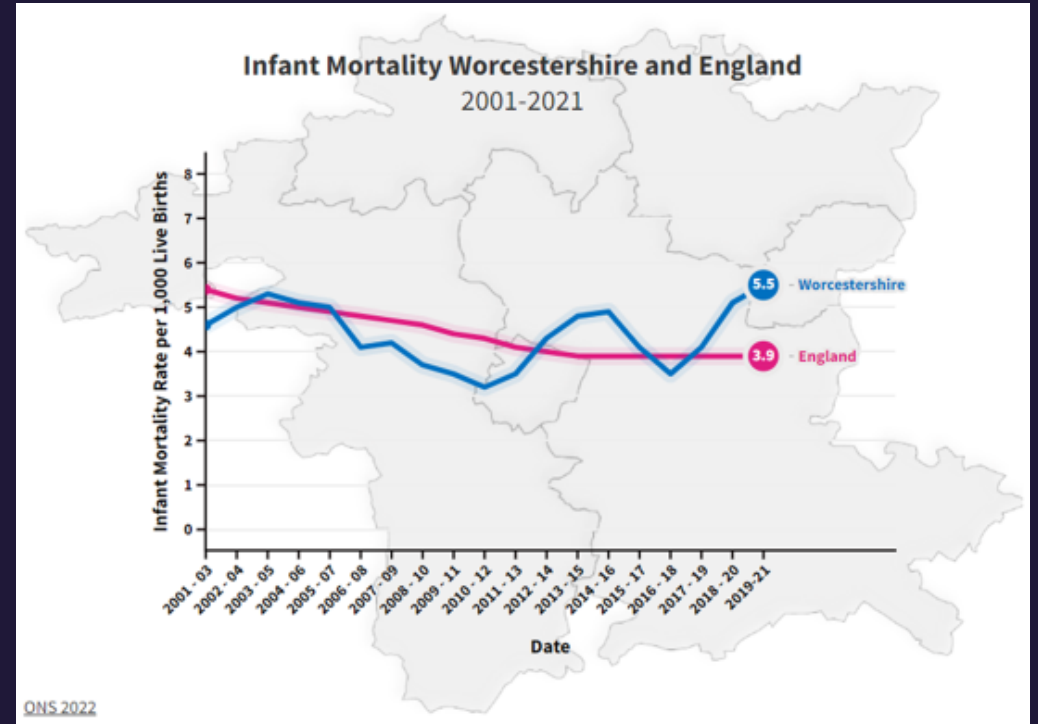
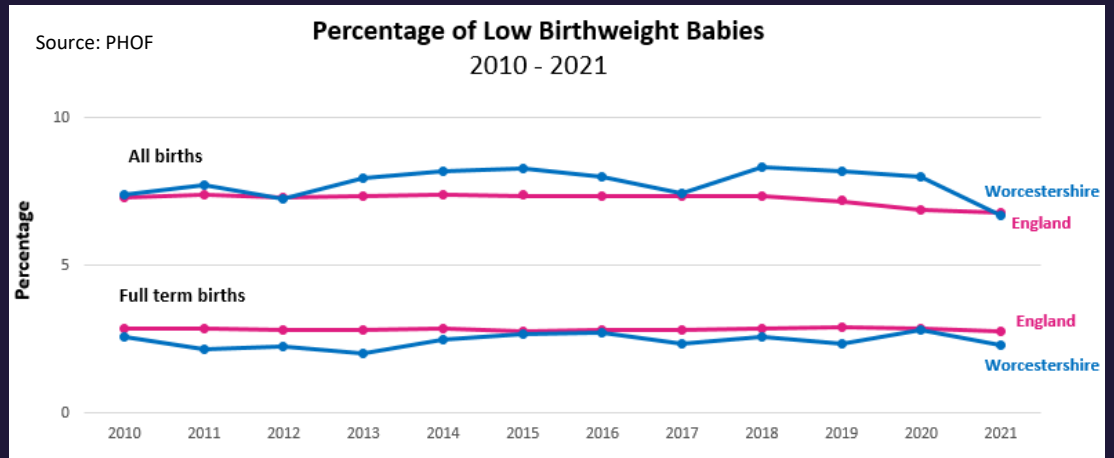
Children and Young People

Pregnancy and Birth

The percentage of mothers still smoking at time of delivery in has historically been statistically significantly higher in Worcestershire compared to England, however, the rate has been reducing since 2018/19 and the gap is narrowing. The latest data for 2022/23 indicates a further decrease to a level only just above England.

Worcestershire has consistently had a higher premature birth rate than England, although over the last few years, the rate has reduced and the gap has narrowed. Consequently, Worcestershire generally has a high rate for low birthweight for all babies born. However, if the premature births are excluded and we concentrate on the birthweights of the 'term babies', Worcestershire has a significantly lower percentage of low birthweight babies.

The Infant mortality rate in Worcestershire was 5.5 per 1,000 live births for the 3-year period 2019-2021. This is statistically significantly higher than the comparative rate in England which was 3.9 per 1,000 live births.



** Please note: The 2019 figure was particularly high which has influenced the high rate in the last 3 time periods. Initial analysis of the figures for 2022 indicate that the rate will reduce when the 2020-22 rate is published later in the year.

Children and Young People

Early Years development

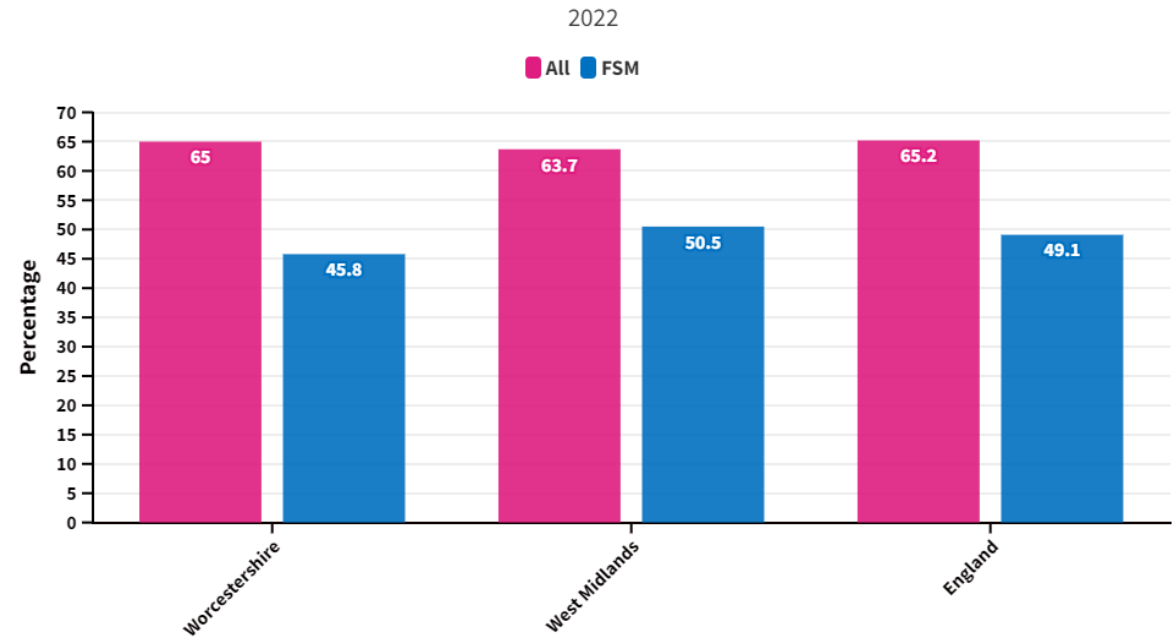
- For all children, the school readiness figure for Worcestershire is similar to England, but it is significantly lower for Free School Meal (FSM) eligible children.
- The gap between all children and FSM eligible children is wider at 19.2 in Worcestershire compared to 16.1 in England in 2021/22. This gap has been consistently wider over the years in Worcestershire when compared to national figures.
- This suggests a need to prioritise inequalities.

This is the first publication since the 2021 to 2022 EYFS reforms were introduced in September 2021. As part of those reforms, the EYFS profile was significantly revised.

It is therefore not possible to directly compare 2021 to 2022 assessment outcomes with earlier years. It is also the first release since the publication of the 2018 to 2019 statistics, as the 2019 to 2020 and 2021 to 2022 data collections were cancelled due to coronavirus (COVID19).

School Readiness: Percentage of children achieving a good level of development at the end of Reception.

(All children and free school meal (FSM) eligible children)

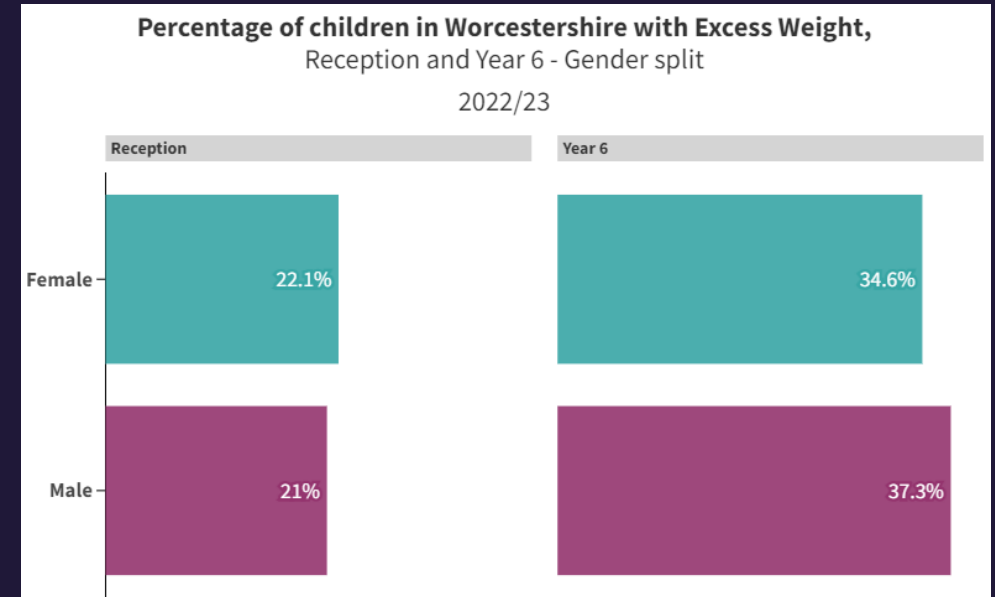
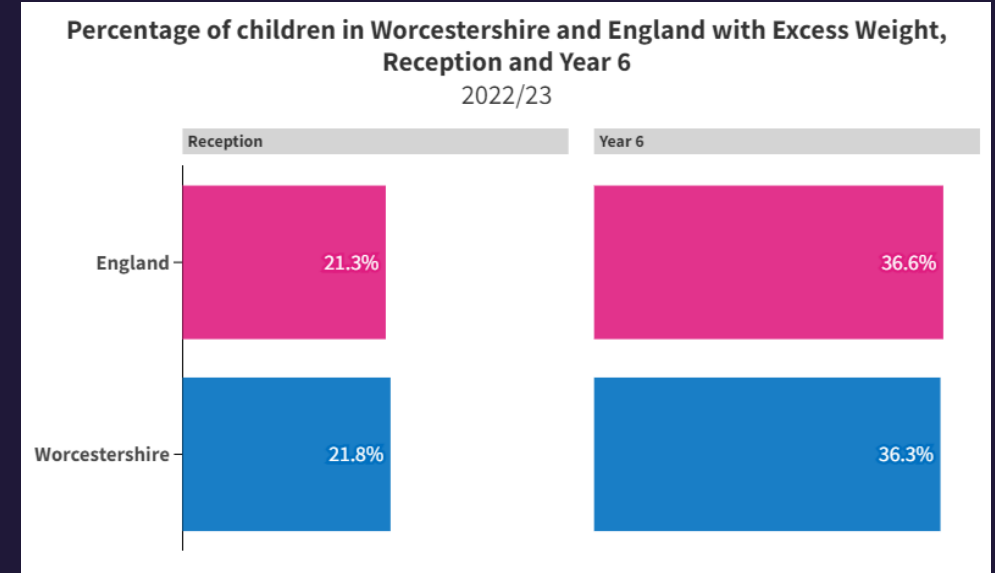


Source: [Department for Education, Early Years Foundation](#)

Children and Young People

Excess weight in Children

- In the 2022/23 school year, nearly 22% of Worcestershire's Reception children had excess weight.
- This increased by 67% from 21.8% in Reception to 36.3% of all children having excess weight in Year 6.
- Compared to England, Worcestershire had a higher rate in Reception and a slightly lower rate for Year 6.
- The NCMP programme was paused during Covid with only national figures, based on small samples being published for 2019/20 and 2020/21. Nationally, we know that figures rose sharply over this period for both year groups.
- Despite an initial reduction last year back to pre-pandemic levels, the percentage of Reception children in 2022/23 with excess weight in Worcestershire has increased.
- Year 6 children, however, have not returned to pre-Pandemic levels, neither nationally nor locally, and in Worcestershire are now at their highest level since the programme started, with over 36% of children classed as having excess weight.
- Results by gender in Reception year in Worcestershire are similar, however, by Year 6, 37% of boys have excess weight compared to 35% of girls.



Children and Young People

Excess weight in Children continued

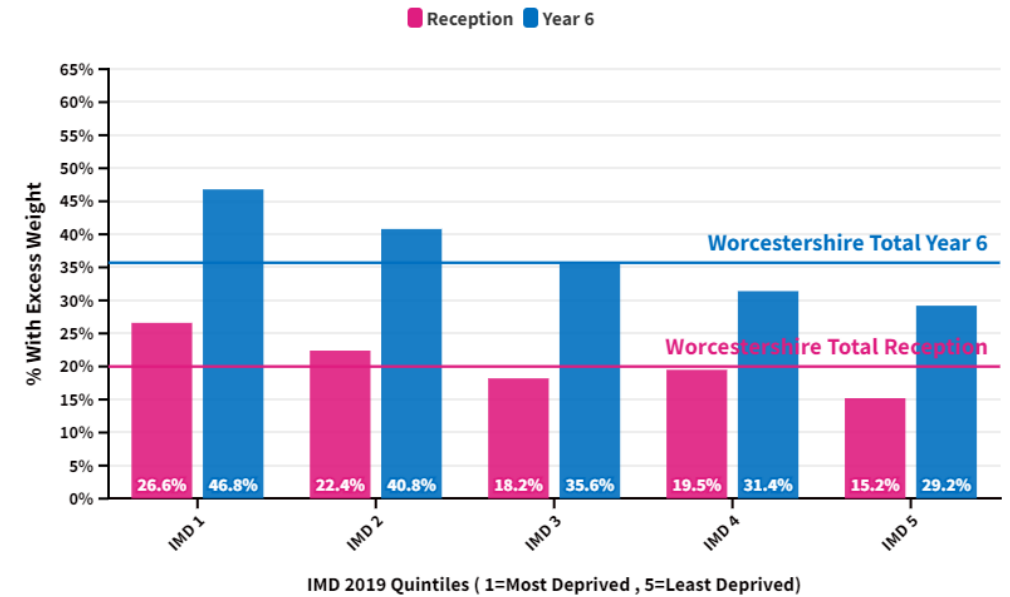
Excess Weight and Deprivation

A detailed deprivation analysis of the 2021/22 NCMP data showed:

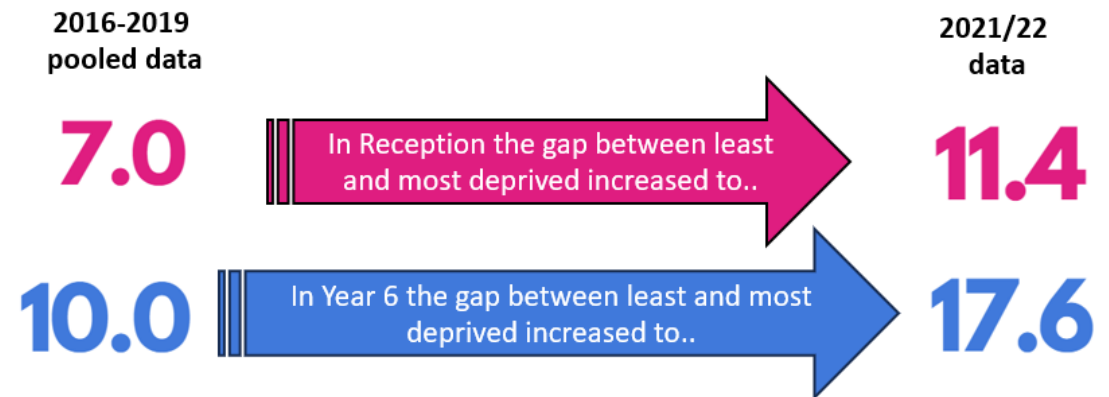
- Worcestershire's children that live in more deprived areas are disproportionately affected by excess weight.
- There is a negative relationship between the IMD score and the percentage of excess weight in children.
- The **lower** the IMD quintile (more deprived) the **higher** the % excess weight.
- This relationship begins in reception and becomes more pronounced by year 6.

The inequality of burden in excess weight in the most deprived children has increased post COVID 19 pandemic. This inequality is demonstrated by the gap between the most and least deprived areas widening considerably following the pandemic. This is particularly apparent for year 6 children where the gap has risen from a pre-Pandemic figure of 10.0 to 17.6 in 2021/22.

% Children in Worcestershire with Excess weight
Reception and Year 6 2021/22



Source: National Child Measurement Programme 2021/22



Children in Poverty

Relative & Absolute Poverty

This section looks at the number and proportion of children living in low-income families, Before Housing Costs (BHC).

In Worcestershire, 18% of children aged under 16 are living in Relative low-income families, whilst almost 14% of children are living in Absolute low-income families. These proportions are lower than the national averages.

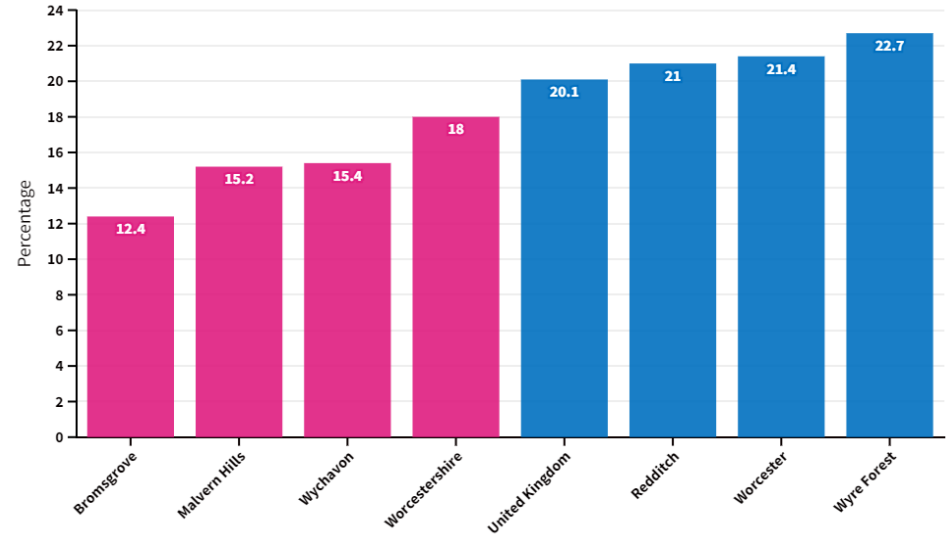
At a district level, Wyre Forest and Worcester have the highest proportions of children living in poverty, with both absolute and relative poverty levels above national averages, whilst proportions are also relatively high in Redditch.

Relative low income is defined as a family in low income Before Housing Costs (BHC) in the reference year.

Absolute low income is defined as a family in low income Before Housing Costs (BHC) in the reference year in comparison with incomes in financial year ending 2011.

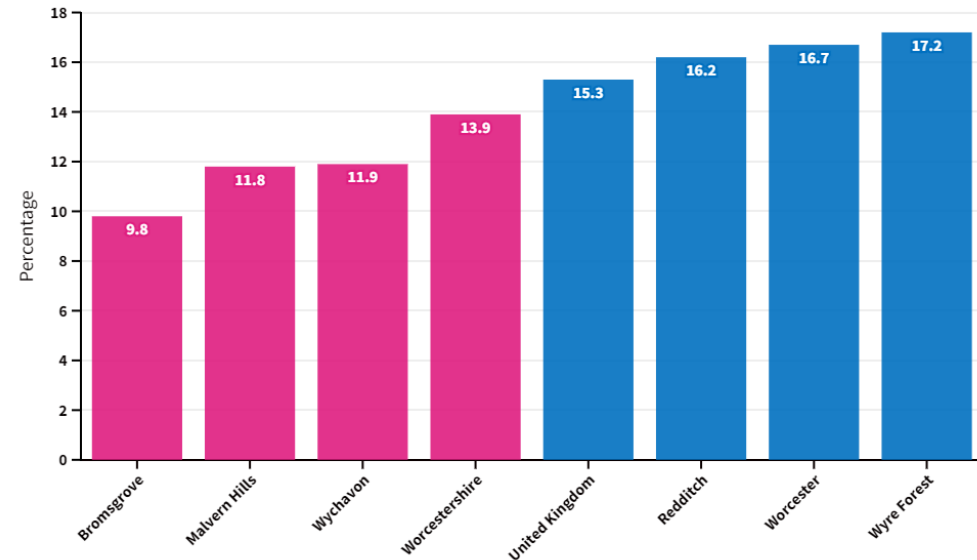
A family must have claimed Child Benefit and at least one other household benefit (Universal Credit, tax credits, or Housing Benefit) at any point in the year to be classed as low income in either of these statistics.

Proportion of children living in relative low income families
2022



Source: [Dept of Education, Gov.uk, Local Authority Interactive Tool](#)

Proportion of children living in absolute low income families
2022




Source: [Dept of Education, Gov.uk, Local Authority Interactive Tool](#)

Section 7: Wider Determinants of Health


1. Housing
2. Housing Affordability
3. Crime and Community Safety
4. Economy and Employment
5. Air Quality & Green Space Index
6. Census Dimensions of Deprivation 1
7. Census Dimensions of Deprivation 2



Overcrowding
2.1% of households are overcrowded in Worcestershire




Affordability
Houses are less affordable in Worcestershire than is the case nationally



Crime Rate
The overall crime rate in Worcestershire in 2022 was 77 crimes per 1,000 people



Claimant Rate
The claimant rate in Worcestershire is 2.9%



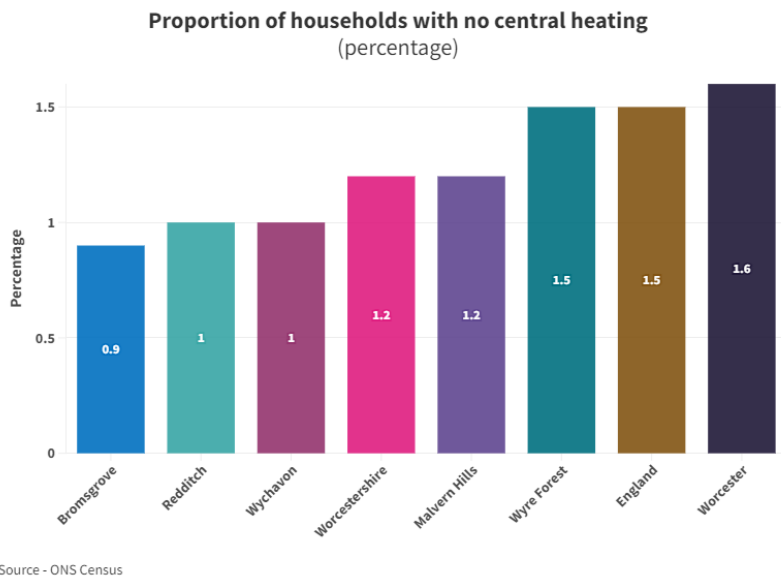
Air Pollution
5.1% of annual all-cause adult mortality is attributable to particulate air pollution



Deprivation
Almost a half of households in Worcestershire are classified as deprived in at least one dimension

Wider Determinants of Health: Housing

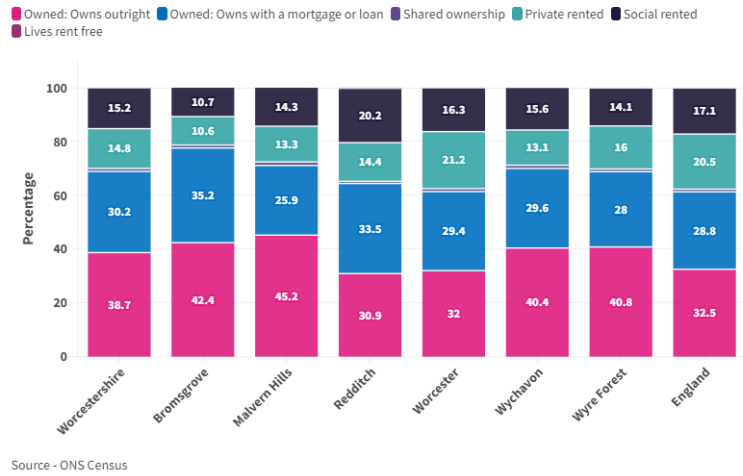
1.2% of households in Worcestershire have no central heating, This represents over 3,100 households, and has decreased from 5,800 households (2.4% of households) in 2011. The proportion in 2021 is lower than the national average of 1.5%.



Proportions of households without central heating are relatively high in Wyre Forest (1.6%) and Worcester (1.5%).

Just over 15% of households in Worcestershire live in socially rented properties, representing over 39,400 households in the county. The number has increased from 35,500 (14.8% of households) in 2011. The proportion of households living in socially rented properties is particularly high in Redditch at over 20%.

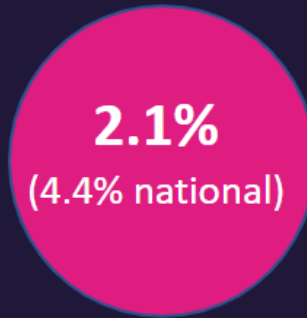
Tenure of household (percentage)



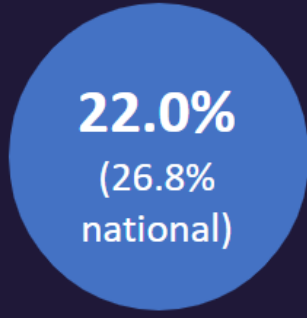
Occupancy rating provides a measure of whether a household's accommodation is overcrowded or underoccupied. 2021 Census results show that 2.1% of households are overcrowded in Worcestershire, representing just over 5,400 households. The proportion of overcrowded households has decreased from 2.5% in 2011.

Proportion of overcrowded households are relatively high in Redditch at 3.3%, but still lower than the national average of 4.4%.

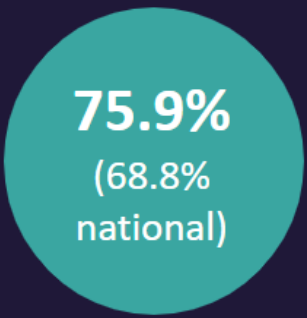
Occupancy rating for bedrooms in Worcestershire



Overcrowded



Ideal



Undercrowded

Wider Determinants of Health: Housing Affordability

The affordability ratio is a measure of the house price to income ratio in an area. A larger number reflects a less affordable area.

The ratio of median house price to median gross annual residence-based earnings in Worcestershire currently stands at 8.66. This is higher than the national average of 8.28.

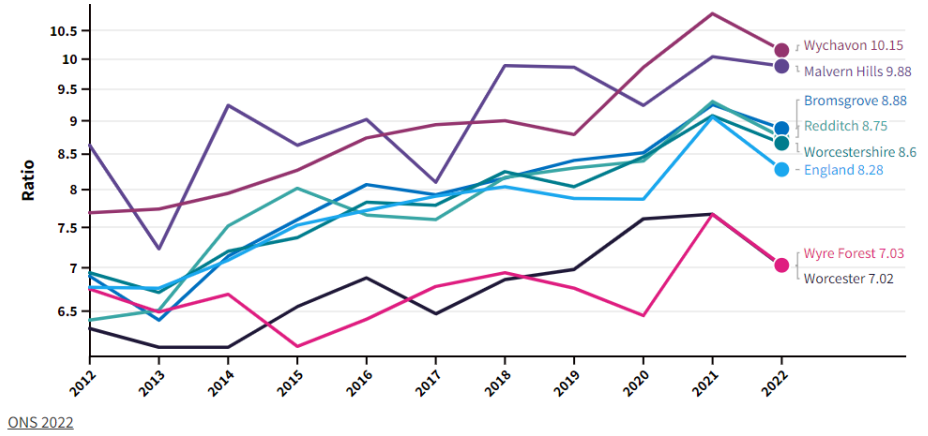
The affordability ratio comparing median house prices to median earnings in Worcestershire has increased from 6.9 in 2012 and from 8.04 in 2019, although 2021 to 2022 has seen a slight decline in both measures.

The ratio of lower quartile house price to lower quartile gross annual residence-based earnings in Worcestershire is 8.29, considerably higher than the national average of 7.36.

Affordability ratios are particularly high in Wychavon and Malvern Hills for both the median and lower quartile ratios, and in Bromsgrove for the median quartile.

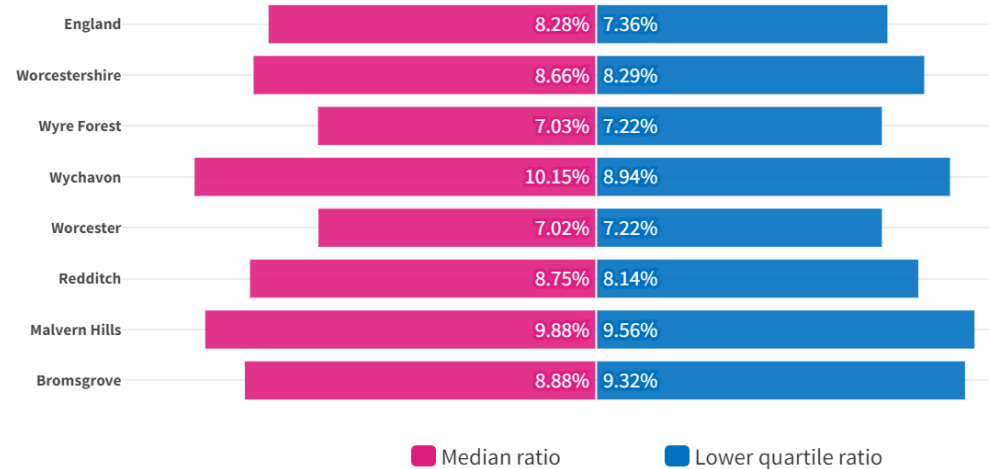
Affordability ratios can be downloaded from [House price to residence-based earnings ratio - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk/house-price-to-residence-based-earnings-ratio)

Ratio of median house price to median gross annual residence-based earnings by District 2012-2021



Houses are less affordable in Worcestershire than is the case nationally both at the median and lower quartile level

Ratio of house price to gross annual residence-based earnings



Source: ONS, 2022

Wider Determinants of Health: Crime and Community Safety

The overall crime rate in Worcestershire in 2022 was 77 crimes per 1,000 people, and the most common crimes were violence and sexual offences,

Worcestershire is among the 30 counties in England, Wales, and Northern Ireland with the lowest crime rate. However, areas within Worcestershire do have notably higher rates of crime, such as Worcester, Kidderminster, Pershore and Evesham.

There were over 20,300 violence and sexual offenses in Worcestershire, representing a rate of about 34.2 per 1,000 residents. The number of violence and sexual offences in Worcestershire is increasing, as are the numbers of robberies, including muggings.

There were almost 10,700 Anti-Social Behaviour (ASB) offences in Worcestershire, 17.9 per 1,000 residents.

Crime statistics in Worcestershire and the main towns within for 2022 can be accessed via [Worcestershire Crime and Danger | CrimeRate](#) whilst recorded crime rates for the year ending March 2023 by Community Safety Partnership area can be accessed via [Recorded crime data by Community Safety Partnership area - Office for National Statistics \(ons.gov.uk\)](#)

Total recorded crime (Excluding fraud)
per 1,000 population in Worcestershire



Crime rates are for year ending March 2023.

Worcestershire has a lower rate than is seen nationally for total recorded crime (excluding fraud) and for all individual offences with the exception of shoplifting.

Wider Determinants of Health: Economy & Employment

The claimant count in Worcestershire in August 2023 stands at 10,665 persons, representing a claimant rate of 2.9%. The rate is lower than regional and national rates.

Rates have declined since the peak of 19,500 during the pandemic in May 2020, but remain higher than pre-pandemic levels of just over 8,300 in March 2020.

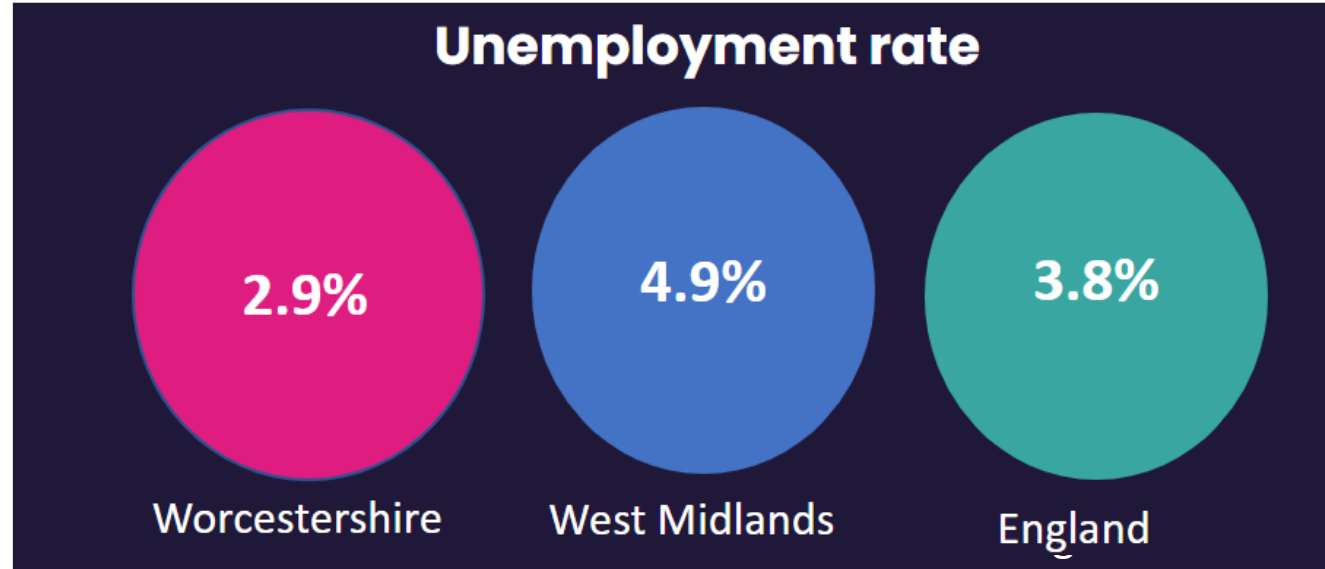
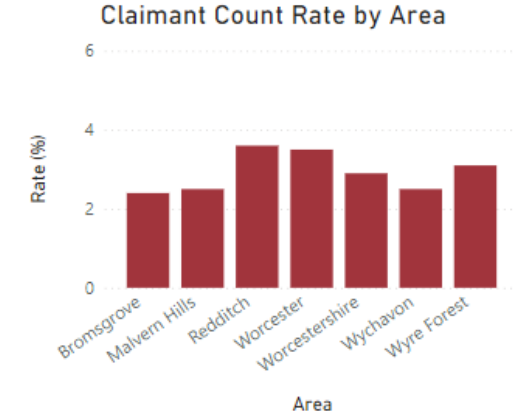
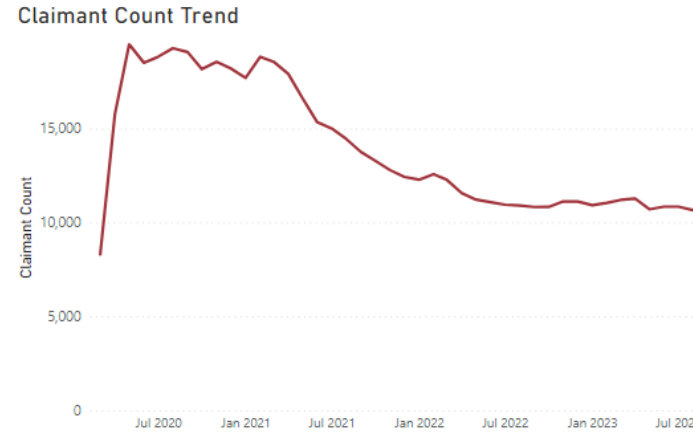
Claimant rates are highest in Redditch (3.6%) and Worcester (3.5%).

Almost 20% of Worcestershire residents aged 16-64 are economically inactive, representing 68,900 people.

Economy profile for Worcestershire can be accessed from Nomis at [Labour Market Profile - Nomis - Official Census and Labour Market Statistics \(nomisweb.co.uk\)](#) and the economic summary including up to date claimant rates which is updated monthly can be accessed via [Information on the Worcestershire economy | Worcestershire County Council](#)

Worcestershire Claimant Count August 2023

10,665 Claimant Count -185 monthly change 2,360 change since March 2020

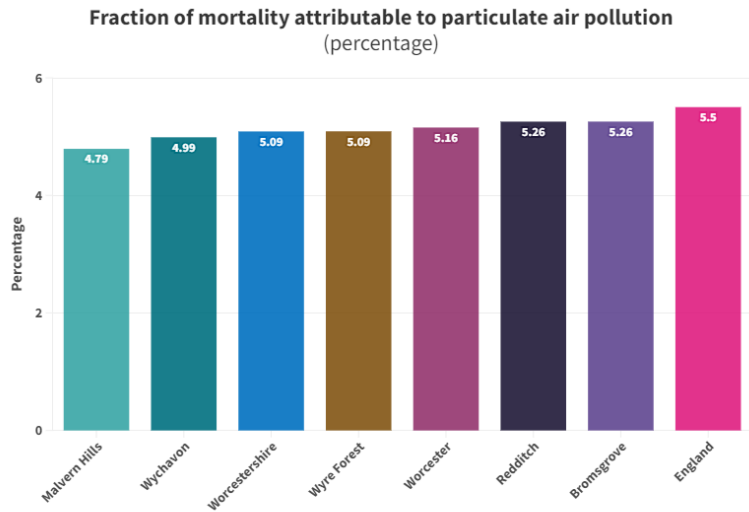


Wider Determinants of Health: Air Quality & Green Space Index

Poor air quality is a significant public health issue. There is strong evidence that air pollution causes the development of coronary heart disease, stroke, respiratory disease, and lung cancer, exacerbates asthma and has a contributory role in mortality

Pollution data measuring annual concentration of fine particulate matter shows Worcestershire has a level of 6.8µg/m3, lower than regional and national averages.

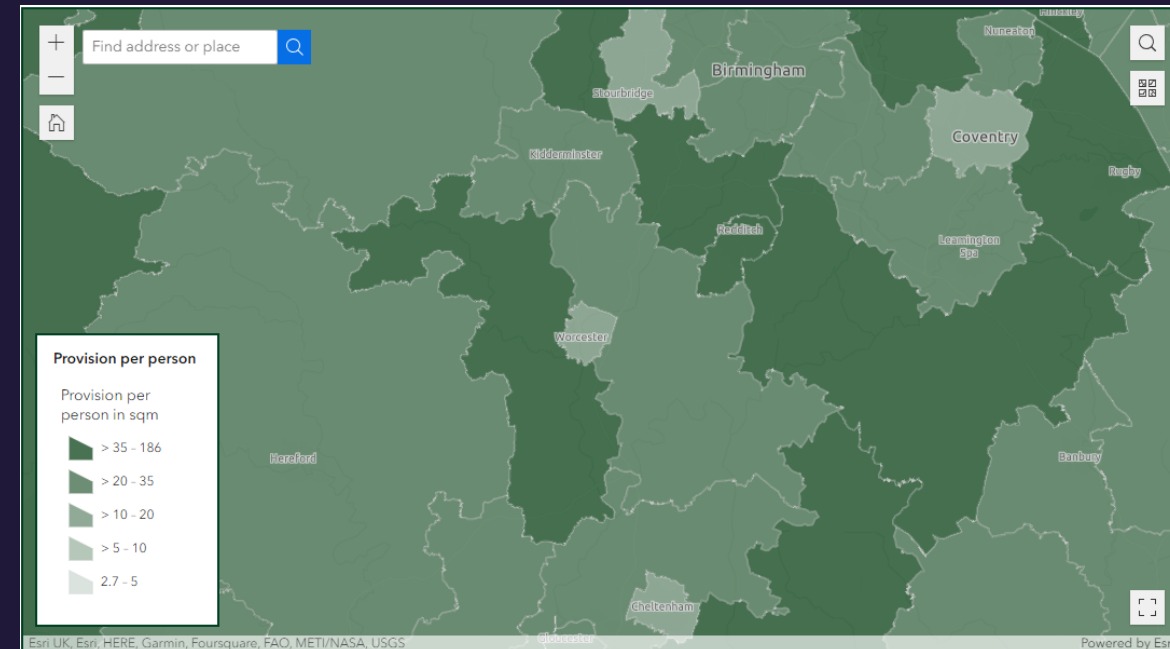
Approximately 5.1% of annual all-cause adult mortality is attributable to particulate air pollution, slightly lower than the national and regional averages of 5.5%. Percentages are slightly higher in Worcester, Redditch and Bromsgrove.



Mortality burden associated with long term exposure to particulate air pollution at current levels, expressed as the percentage of annual deaths from all causes in those aged 30 and older.

Findings from the Green Space Index 2023 [Green Space Index 2023 \(arcgis.com\)](https://arcgis.com) which analyses publicly accessible park and green space provision suggest that:-

- Worcester, Wychavon and Wyre Forest do not meet the minimum standard on levels of open space, based on a minimum recommendation of 2.4ha for every 1,000 persons.
- Between 20% and 30% of the population in Wychavon and Malvern Hills do not have close walking distance access to a local park or green space.
- Worcester, Wychavon and Wyre Forest do not meet the minimum standard green space provision of 24 sqm of green space per individual.



Wider Determinants of Health: Census Dimensions of Deprivation 1

Almost a half of households in Worcestershire are classified as deprived in at least one dimension. This is slightly lower than the national average of 51.6% and represents almost 129,100 households across the county.

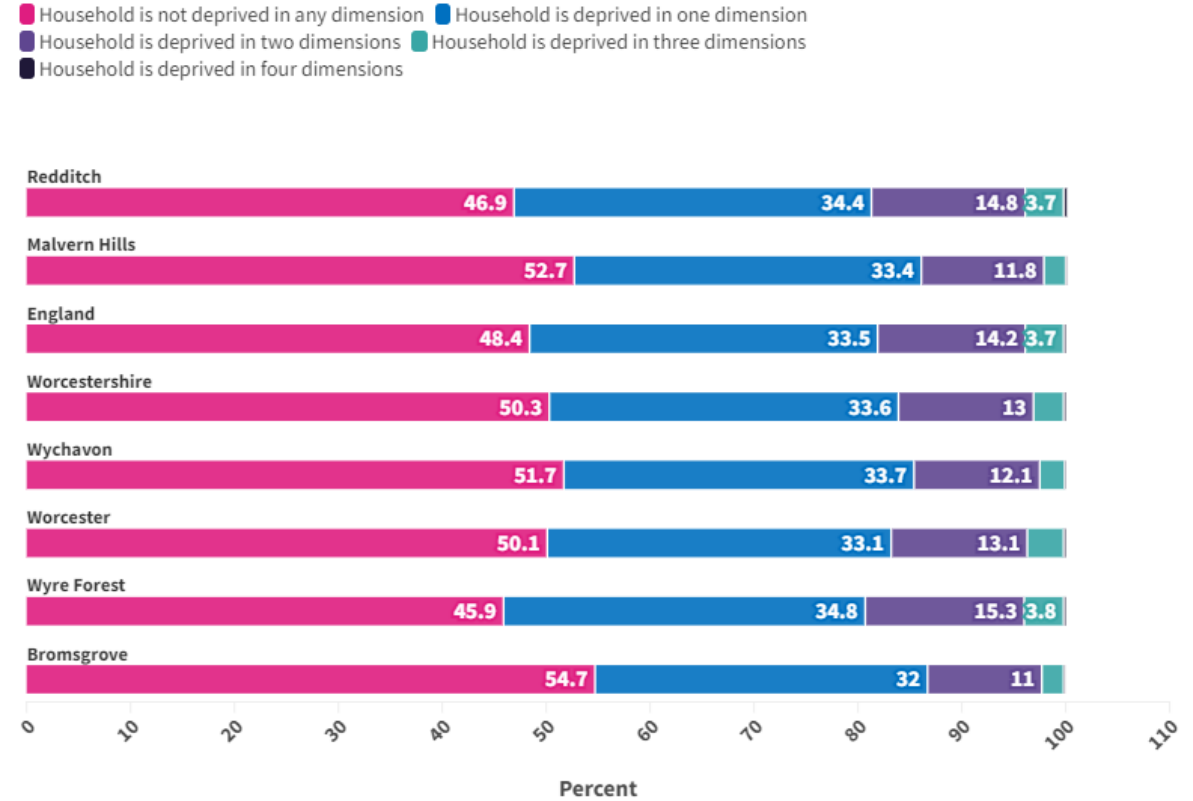
Over 54% of households in Worcestershire were deprived in at least one dimension in the 2011 census. The proportion of deprived households has decreased.

Proportions of households that are deprived in at least one dimension are particularly high in Wyre Forest, at just over 54%, and Redditch, at just over 53%. These are higher than the national average. Proportions of households deprived in at least one dimension are lowest in Bromsgrove, at just over 45%.

Over 16% of households in Worcestershire are deprived in at least two dimensions. Proportions of households that are deprived in at least two dimensions are again particularly high in Wyre Forest and Redditch.

Further details on dimensions of deprivation can be found at [Census 2021 briefing no. 2 - Demography, migration, ethnicity and veterans \(ONS phase 2, part 1\) \(worcestershire.gov.uk\)](#)

Proportion of households deprived by numbers of dimensions (percentage)



Source - ONS Census

Note - This dataset provides Census 2021 estimates that classify households in England and Wales by four dimensions of deprivation: Employment, education, health and disability, and household overcrowding.

- Education - A household is classified as deprived in the education dimension if no one has at least level 2 education and no one aged 16 to 18 years is a full-time student.
- Employment - A household is classified as deprived in the employment dimension if any member, not a full-time student, is either unemployed or disabled.
- Health - A household is classified as deprived in the health dimension if any member is disabled.
- Housing - A household is classified as deprived in the housing dimension if the household's accommodation is either overcrowded, in a shared dwelling, or has no central heating.

Wider Determinants of Health:

Census Dimensions of Deprivation 2

There are notably more households deprived nationally in the Health & Disability dimension and the Education dimension than is the case for the Housing and Employment dimensions

Worcestershire has similar proportions of households deprived in the Health & Disability and Education dimensions as the national average and have lower proportions of households in the Housing & Employment dimensions than nationally.

Districts with high proportions of households deprived in each dimension are:-

- Wyre Forest in Health & Disability dimension – at almost 36% this is higher than the national average. Malvern Hills and Redditch are also higher than nationally for Health & Disability.
- Worcester and Redditch in the Housing dimension – no districts are higher than the national average.
- Redditch and Wyre Forest in the Employment dimension – no districts are higher than the national average.
- Wyre Forest and Redditch in the Education dimension, at almost 26% and almost 25% respectively. Wychavon is also slightly higher than the national average.

Proportion of households deprived in each dimension (percentage)



Source - ONS Census

- Note - This dataset provides Census 2021 estimates that classify households in England and Wales by four dimensions of deprivation: Employment, education, health and disability, and household overcrowding.
- Education - A household is classified as deprived in the education dimension if no one has at least level 2 education and no one aged 16 to 18 years is a full-time student.
 - Employment - A household is classified as deprived in the employment dimension if any member, not a full-time student, is either unemployed or disabled.
 - Health - A household is classified as deprived in the health dimension if any member is disabled.
 - Housing - A household is classified as deprived in the housing dimension if the household's accommodation is either overcrowded, in a shared dwelling, or has no central heating.

Further details on dimensions of deprivation can be found at [Census 2021 briefing no. 2 - Demography, migration, ethnicity and veterans \(ONS phase 2, part 1\) \(worcestershire.gov.uk\)](#)

Useful Links

Internal Data links

•Public Health Insights Worcestershire:

This site brings together a collection of news, reports, data and community stories from local and national sources that celebrate a healthy Worcestershire.

You can view content relating to healthy children, young people and families, healthy adults, healthy places and a range of data and intelligence reports:

1. [Children and Young People Report \(worcestershire.gov.uk\)](https://www.worcestershire.gov.uk/children-and-young-people-report)
2. [Crime & Community Safety Report \(worcestershire.gov.uk\)](https://www.worcestershire.gov.uk/crime-and-community-safety-report)
3. [Deprivation Report \(worcestershire.gov.uk\)](https://www.worcestershire.gov.uk/deprivation-report)
4. [Economy and Employment Report \(worcestershire.gov.uk\)](https://www.worcestershire.gov.uk/economy-and-employment-report)
5. [Environment Report \(worcestershire.gov.uk\)](https://www.worcestershire.gov.uk/environment-report)
6. [Health and Social Care \(worcestershire.gov.uk\)](https://www.worcestershire.gov.uk/health-and-social-care)
7. [Housing Report \(worcestershire.gov.uk\)](https://www.worcestershire.gov.uk/housing-report)
8. [Population Report \(worcestershire.gov.uk\)](https://www.worcestershire.gov.uk/population-report)

External Data links

- [Nomis: Official labour market statistics](https://www.nomis.gov.uk/)
- [DataShine](https://www.data-shine.org/)
- [Office of National Statistics](https://www.gov.uk/government/organisations/office-of-national-statistics)
- [English indices of deprivation 2019: mapping resources](https://www.gov.uk/government/collections/english-indices-of-deprivation-2019-mapping-resources)
- [Fingertips: Public Health Profiles](https://www.worcestershire.gov.uk/fingertips-public-health-profiles)
- [Public Health Outcomes Framework At a glance: Worcestershire](https://www.worcestershire.gov.uk/public-health-outcomes-framework)
- [NHS Digital](https://www.nhs.uk/digital)
- [General Practice data hub](https://www.worcestershire.gov.uk/general-practice-data-hub)
- [Adult Social Care Analytical Hub](https://www.worcestershire.gov.uk/adult-social-care-analytical-hub)
- [Mental Health Data Hub](https://www.worcestershire.gov.uk/mental-health-data-hub)
- [West Mercia Police Stats and Data](https://www.worcestershire.gov.uk/west-mercia-police-stats-and-data)
- [Data.Police.uk](https://www.data.police.uk/)
- [Nomis: Official labour market statistics: LA profile](https://www.nomis.gov.uk/official-labour-market-statistics/la-profile)
- [Nomis: Official labour market statistics: Ward Profile](https://www.nomis.gov.uk/official-labour-market-statistics/ward-profile)
- [National Atmospheric Emissions Inventory](https://www.gov.uk/government/collections/national-atmospheric-emissions-inventory)
- [UK Emissions Interactive Map](https://www.worcestershire.gov.uk/uk-emissions-interactive-map)
- [CO2 Interactive Map](https://www.worcestershire.gov.uk/co2-interactive-map)
- [UK Ambient Air Quality Interactive Map](https://www.worcestershire.gov.uk/uk-ambient-air-quality-interactive-map)
- [MAGIC](https://www.worcestershire.gov.uk/magic)
- [CHLDRN: Childhood Local Data on Risks and Needs](https://www.worcestershire.gov.uk/chldrns-childhood-local-data-on-risks-and-needs)
- [Local Authority Interactive Tool \(LAIT\)](https://www.worcestershire.gov.uk/local-authority-interactive-tool-lait)
- [Schools, Pupils and their Characteristics \(School Census\)](https://www.worcestershire.gov.uk/schools-pupils-and-their-characteristics-school-census)
- [Ofsted Data View](https://www.worcestershire.gov.uk/ofsted-data-view)