

Worcestershire County Council Balanced Scorecard - Public Health

Quarter 2 2019/20

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report

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Introduction

Worcestershire County Council's Balanced Scorecard is the Council's single corporate performance management system, which delivers performance information to members, managers, staff and the public. The Balanced Scorecard is made up of a hierarchy of scorecards corresponding to the Council's internal organisational structure. It comprises of one corporate level report, as well as one Scorecard for each Directorate.

Keys

RAG= Red, Amber, Green

| |
|-----------|
| RED |
| AMBER |
| GREEN |
| NO STATUS |

Direction of Travel



Deteriorating



No change




Improving



Not applicable

Health & Wellbeing

Premature mortality from cancers

| Target | Latest Performance | RAG | Direction of Travel | Data Period |
|--------|---------------------------|--------------|--|-------------|
| | 70.6 (Deaths per 100,000) | GREEN |  | 31/03/2019 |


Performance Details

Age-standardised rate of mortality that is considered preventable from selected cancers in persons aged less than 75 years per 100,000 population. Worcestershire has a rate of 70.6 deaths per 100,000 population which is statistically significantly better than the England rate of 78.0. This data is based on three years combined deaths data calculated as an average annual rate based on calendar years, so this figure includes deaths for 2015, 2016 and 2017.

The council commissions a portfolio of work to reduce the risk of premature mortality caused by lifestyle behaviours, such as NHS health checks, and a Lifestyle Service which tailors behaviour change support to the needs of individuals. The Council also commissions an integrated substance misuse service (including a focus on alcohol misuse) to help reduce deaths related to substance/alcohol misuse.

The Council also leads the Health Protection group (which reports into the HWB Board) which receives screening performance data from NHS England and has a direct role in supporting uptake campaigns for screening programmes. The Council engages colleagues in the CCGs to help promote PH campaigns. NHS Health checks performance data is being reviewed to ensure data quality issues are resolved and uptake rates increase. An equity audit will be taking place to identify which population groups are engaging with the NHS Health check across the county.

Premature mortality from circulatory diseases

| Target | Latest Performance | RAG | Direction of Travel | Data Period |
|--------|---------------------------|--------------|--|-------------|
| | 36.3 (Deaths per 100,000) | GREEN |  | 31/03/2019 |


Performance Details

The performance figure calculated is the age-standardised rate of mortality that is considered preventable from all cardiovascular diseases (including heart disease and stroke) in persons aged less than 75 years per 100,000 population. In Worcestershire the rate is 36.3 deaths per 100,000 population which is statistically significantly better than England whose rate is 45.9. Worcestershire also has a better rate than its three closest statistical neighbours. This data is based on three years combined deaths data calculated as an average annual rate based on calendar years, so this figure includes deaths for 2015, 2016 and 2017.

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The Council also leads the Health Protection group (which reports into the HWB Board) which receives screening performance data from NHS England and has a direct role in supporting uptake campaigns for screening programmes. The Council engages colleagues in the CCGs to help promote PH campaigns. NHS Health checks performance data is being reviewed to ensure data quality issues are resolved and uptake rates increase. An equity audit will be taking place to identify which population groups are engaging with the NHS Health check across the county.

Breastfeeding at 6-8 weeks

| Target | Latest Performance | RAG | Direction of Travel | Data Period |
|--------|--------------------|------------------|--|-------------|
| | 47.5% | NO STATUS |  | 31/03/2019 |


Performance Details

The performance figure calculated is the percentage of all infants due a 6-8 week check that are totally or partially breastfed. In Quarter 4 of 2018/19 Worcestershire achieved 47.5% of mothers still breastfeeding at 6 weeks. The rate in Worcestershire is higher than the England rate of 47.3%. Encouragingly rates in the most deprived 40% population have also improved over time.

The 6-8 week breastfeeding rate has increased over the last 2 years and is currently higher than the national rate. This has been achieved through a redesign and performance management of the integrated PH nursing 0-19 service and associated Starting Well services.

There continues to be a focus on breastfeeding promotion & support with an emphasis on younger women who live in more deprived localities as these are where rates have been lowest. Breastfeeding rates for the 40% most deprived localities are also being regularly collected and reviewed.

Deaths from Drug Misuse

| Target | Latest Performance | RAG | Direction of Travel | Data Period |
|--------------------|----------------------|--------------|--|-------------|
| 3 Rate per 100,000 | 4.4 Rate per 100,000 | AMBER |  | 30/09/2019 |


Performance Details

Swanswell, adult and young people substance misuse treatment provider since 2015, reviewing all people in specialist treatment ensuring they are given options around recovery. Transferring appropriate cases into primary care where appropriate and developing further activity with carers and families. Offering new referral opportunities for rapid change to recovery if appropriate.

Quarterly monitoring in public health of all deaths. Introduction of prevention via Naloxone with training rolled out in Worcestershire by treatment provider to service users at risk and families/carers.

Continued quarterly monitoring and review of all deaths and service response in quarterly contract and performance meetings. Timely submission of deaths information made to CQC.

Healthy life expectancy - female

| Target | Latest Performance | RAG | Direction of Travel | Data Period |
|--------|--------------------|--------------|--|-------------|
| | 67.2 (Years) | AMBER |  | 31/03/2019 |

Performance Details


Healthy life expectancy at birth is the average number of years a person would expect to live in good health based on contemporary mortality rates and prevalence of self-reported good health. Female healthy life expectancy in Worcestershire in 2015-17 was 67.2 years, statistically significantly higher than the England rate of 63.8 years. This indicator has remained at stable levels in recent years. The data entry in the graph for Q4 2018/19 reports the 2015-17 value.

The Health and Well-being Board is overseeing a programme of work to improve health, as set out in the Joint Health and Well-being Strategy and the three Strategic Plans: obesity, alcohol, mental well-being and suicide prevention. These plans join up work across the County Council, District Councils, NHS, parish councils, schools, businesses and the voluntary sector to build a health promoting environment where healthy choices are easy to make. The approach aims to empower individuals and communities to help themselves, building resilience through improved access to information about self-care; local services; and a greater use of peer support. These activities are expected to positively impact on healthy life expectancy, and also aim to reduce the healthy life expectancy gap between the most and least deprived groups.

This indicator will be used to monitor progress against the Health and Wellbeing priority in the Corporate Plan for 2017-22.

We will work with health service leaders at both a strategic and operational level to support the NHS reform in developing new care models which will enable more people to receive treatment and support closer to home, recognising that some of the challenges being faced are just too vast to be tackled by single organisations in isolation, and instead would be better and more effectively solved in partnership.

Healthy life expectancy - male

| Target | Latest Performance | RAG | Direction of Travel | Data Period |
|--------|--------------------|--------------|--|-------------|
| | 65.7 (Years) | AMBER |  | 31/03/2019 |

Performance Details


Healthy life expectancy at birth is the average number of years a person would expect to live in good health based on contemporary mortality rates and prevalence of self-reported good health. Male healthy life expectancy in Worcestershire in 2015-17 was 65.7 years, statistically significantly higher than the England rate of 63.4 years. This indicator has remained at stable levels in recent years. The data entry in the graph for Q4 2018/19 reports the 2015-17 value.

The Health and Well-being Board is overseeing a programme of work to improve health, as set out in the Joint Health and Well-being Strategy and the three Strategic Plans: obesity, alcohol, mental well-being and suicide prevention. These plans join up work across the County Council, District Councils, NHS, parish councils, schools, businesses and the voluntary sector to build a health promoting environment where healthy choices are easy to make. The approach aims to empower individuals and communities to help themselves, building resilience through improved access to information about self-care; local services; and a greater use of peer support. These activities are expected to positively impact on healthy life expectancy, and also aim to reduce the healthy life expectancy gap between the most and least deprived groups.

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Fuel Poverty

| Target | Latest Performance | RAG | Direction of Travel | Data Period |
|--------|--------------------|--------------|--|-------------|
| | 11.5% | AMBER |  | 31/03/2019 |


Performance Details

Estimated proportion of households in fuel poverty. This indicator identifies households where fuel costs are above the average and if the full costs were met the household would be left with a residual income below the official poverty level. Worcestershire had an estimated 28,694 households in fuel poverty on this basis. Its rate of 11.5% is higher than the England figure of 11.1%. This data is collected for calendar years only, so this relates to 2016.

To date the Warmer Worcestershire arrangement for ECO funding has attracted over £600,000 in funding for residents for predominantly heating upgrades. Warmer Worcestershire took part in a pilot Warm Homes Discount Industry Initiative to replace broken gas boilers for fuel poor households, this funding continued for the following winter and is expected to be available for winter 2019/20.. Temporary plug in heaters are available for vulnerable households through the Herefordshire and Worcestershire Fire and Rescue service as part of the home fire safety check process. The Warm Homes fund project for first time gas connections has launched, this will connect 150 households to mains gas (where gas is already available in the street) and provide a central heating system.

A new round of ECO funding began in Autumn 2018. The Warmer Worcestershire Network have revised the Statement of Intent to access Eco flex funding for Worcestershire residents. Measures that can be funded has changed with requirements for secondary measures to be installed alongside replacement boilers and restrictions on funding for private landlords. We are looking at alternative delivery models for ECO.

Hip Fractures

| Target | Latest Performance | RAG | Direction of Travel | Data Period |
|--------|------------------------|--------------|--|-------------|
| | 551 (Rate per 100,000) | AMBER |  | 30/09/2019 |


Performance Details

There were 551 admissions for hip fracture per 100,000 population (729 hip fractures) in Worcestershire in 2017/18 in people aged 65 and over. This figure was not statistically significantly different to the national rate of 578. The data entry for Q4 2018/19 shows the information for 2017/18.

Falls Pathway review is being completed. New models of PSI delivery are to be piloted to improve retention and increase the level of practice which participants do at home. Awareness raising sessions are also being undertaken in acute and community settings to increase the referrals to PSI.

Subject to receiving transformation funding the PSI capacity will be increased and a detailed piece of work is being undertaken to increase the effectiveness of falls prevention work to match the best performing authorities.

Hospital Admissions for alcohol specific conditions in under 18s

| Target | Latest Performance | RAG | Direction of Travel | Data Period |
|-------------------------|-------------------------|--------------|--|-------------|
| 34.2 (Rate per 100,000) | 31.9 (Rate per 100,000) | AMBER |  | 30/09/2019 |


Performance Details

The indicator is calculated using a three financial year pooled period. In the graph the data entry for Q4 2017/18 refers to the three years pooled data up to 2017/18. In 2015/16-2017/18 the Worcestershire rate was 31.9 admissions per 100,000 population (37 admissions per annum) compared to England which had a rate of 32.9.

Drug & Alcohol Provider continue to provide outreach service to young people and their peer support and prevention training workshops through schools. School nurses continue to support schools to tackle identified health issues identified in school health profiles and provide one to one support and screening for young people at their Time4U drop ins in schools. The Community Safety Partnership (Police and PCC) go into some High Schools to talk about alcohol harm reduction. WCC and partners continue to support national campaigns such as Alcohol Awareness week and Dry January.

Swanswell are planning to enhance their family support programme for parents/carers of those affected by alcohol problems and continue to develop ongoing peer support for young people delivered in schools. Further work will commence regarding training of front line staff regarding alcohol harm reduction. Public Health will continue to develop the DPH role as a responsible licensing authority and work closely with WRS and the Police to better tackle underage sales.

Hospital admissions for self-harm in 10-24 year olds

| Target | Latest Performance | RAG | Direction of Travel | Data Period |
|--------|---------------------|--------------|--|-------------|
| | 344.1 (Per 100,000) | GREEN |  | 31/03/2019 |


Performance Details

The performance figure calculated is the directly standardised admission rate for self harm diagnosis code per thousand population aged 10 – 24 for 2017/18. The rate in Worcestershire has improved again this year and is statistically significantly lower than England.

The system wide emotional health & wellbeing transformation plan continues to be implemented. This includes the roll out of training for front line staff, a one stop shop approach for all information, advice & information, an emotional wellbeing toolkit for schools, on-line counselling service for young people (Kooth), group programmes for anxiety and depression (Reach4welbeing service), a specialist consultation, advice and support service, and new eating disorder service, all as part of a stepped care approach.

Ongoing development of parenting advice and support and pathways and support to improve parental mental health to help prevent poorer mental health & wellbeing of children. Continued enhancement and improvement of CAMHs service including pathways for vulnerable children & young people, out of hours and urgent care pathway.

Smoking in pregnancy

| Target | Latest Performance | RAG | Direction of Travel | Data Period |
|--------|--------------------|-----|--|-------------|
| | 12.5% | RED |  | 30/09/2019 |


Performance Details

This is a national indicator that measures the percentage of women classed as smokers at the time of delivery. The data entry for Q2 2018/19 refers to the data for 2017/18. The figure for Worcestershire in 2017/18 was 12.5% (625) women. This is statistically significantly higher than the national value of 10.8%.

WCC continue to work with CCGs (commissioner) & the Acute Trust (provider) to review smoking in pregnancy rates & associated pathways. A revised maternity services specification has been agreed and implemented which further strengthens the smoking in pregnancy (SIP) activity and pathway and requires the collection of additional activity data and performance indicators. Additional materials & campaign messages have been received from the Tobacco Control Centre & introduced. New pregnancy stop smoking service providers were commissioned in April 2016 requiring further pathway development with maternity services. The new pathway and providers have now been embedded ensuring referral to a stop smoking service.

WCC have commissioned and provided training for the Acute Trust to pilot the BabyClear initiative which has proven to improve smoking in pregnancy rates in other areas. The main focus of the initiative is the provision of an additional risk perception intervention at dating scan for those women who have not quit or accessed a stop smoking service and continue to smoke in pregnancy. The risk perception intervention is being piloted at the dating scan at Kidderminster and will roll out to Redditch clinics and then evaluated.

Alcohol related admissions

| Target | Latest Performance | RAG | Direction of Travel | Data Period |
|------------------------|------------------------|-----|--|-------------|
| 600 (Rate per 100,000) | 629 (Rate per 100,000) | RED |  | 30/09/2019 |


Performance Details

The performance figure calculated is the number of admissions involving an alcohol-related primary diagnosis or an alcohol-related external cause per 100,000 population (age standardised). The rate in 2017/18 for Worcestershire of 629 per 100000 (3820 admissions) is similar to nationally (632 per 100,000). However it is significantly higher than the target value of 600. The data entry for Q4 2018/19 shows the 2017/18 value.

Recently re-commissioned substance misuse services are in place to help reduce the impact of ill health due to alcohol misuse. Reducing the harm caused by alcohol is one of the Worcestershire Health and Wellbeing Board Priorities and a comprehensive action plan is in place that will in part aim to reduce the level of alcohol related harm in the County. Community safety partnership work and the County alcohol plan also support work in localities to help reduce general and domestic violence associated with the misuse of alcohol (including taxi marshalling, street pastors, education, campaigns and information). In addition we are working with a consortium including PH, acute Trust, CCG, Swanswell and alcohol liaison nurses to review alcohol related admissions impact on emergency departments at Worcester Royal and the Alex with a view to improving quality performance.

New H&WBB Alcohol Plan launched. Key areas of focus are middle aged and older people and those from poorer backgrounds. First year will concentrate on providing clear information and advice and creating a health promoting environment. Work will include training front line staff in ABI, awareness training of alcohol harm, developing data sources to support intervention, developing workplace initiatives to promote healthy workplaces

Health checks delivered


| Target | Latest Performance | RAG | Direction of Travel | Data Period |
|--------|--------------------|--------------|--|-------------|
| | 4,896 | AMBER |  | 30/09/2019 |

Performance Details

The number of health checks delivered was 4,896 in Q1 2019/20. Building performance data league table by provider and identifying poor performers, looking at invite activity by provider in detail and comparing, updating and distributing provider self assessment framework SAF.

Visits to poor performers, assess SAF returns and include in performance visits, issue anonymised league table, work to include in ISQP visits, plan visits to localities in place of steering group meetings.

Number of businesses signed up to and actively participating in Worcs Works Well

| Target | Latest Performance | RAG | Direction of Travel | Data Period |
|--------|--------------------|-------|--|-------------|
| 104 | 105 | AMBER |  | 30/09/2019 |

Performance Details


105 active businesses in Q2 2019/20. The Worcestershire Works Well scheme is constantly striving for improvement ensuring it reflects national and local priorities. In order to achieve this, an internal review was completing using the principles of the Quality Service Improvement and Re-design programme. The recommendations made as part of this review are being embedded into future practice such as, increasing the number of businesses accredited to the scheme, streamlining the processes involved, and highlighting local available opportunities for businesses to support their journey to becoming a healthy workplace. Some of the achievements during 2017 include;

- A successful Bi-Annual event was held in November with over 70 delegates attending. This attendance supported the results from an online participant survey to evaluate, improve, and further develop the scheme in partnership with local businesses
- Celebrated reaching the milestone of over 100 “sign ups” to the scheme
- Achieved the programme target of over 50% of “signed up” businesses reaching accreditation at Level 1, 2, or 3.
- Strengthened the role of the Strategic Board led by the H&W Chamber of Commerce including seeking ways to build capacity e.g. through business mentorship and through the work involved with the Worcestershire County Council 'Open for Business' and the Local Enterprise Partnership.

Based on the results from a business survey and the internal review the Steering Group activity will focus on key priorities to enhance the effectiveness of the programme in targeting routine and manual roles where health inequalities are the most prevalent. These activities include;

- Maximise HWB impact within the scheme and consider targeting smaller businesses and those with majority of routine and manual roles
- Improve efficiency of the programme following the QSIR recommendations
- Review the Level 1 accreditation process with the aim of engaging with more businesses efficiently and effectively
- Respond to the business survey by improving the webpages and providing example policies, increasing links to resources and campaigns especially for smaller businesses at Level 1
- Continue with the review of evidence based practice and consideration of emerging guidance from Public Health England, expected in summer 2018
- Explore the potential of demonstrating 'Return on Investment' of the programme
- Measure impact of capacity of the programme and its partners to deliver the scheme more efficiently and effectively going forward
- Plan to hold another bi-annual event in Bromsgrove in May 2018 focussing on “Empowering the workforce to make and sustain healthier lifestyle choices”.

Successful completion of alcohol treatment

| Target | Latest Performance | RAG | Direction of Travel | Data Period |
|--------|--------------------|--------------|--|-------------|
| | 41.7% | AMBER |  | 30/09/2019 |


Performance Details

The proportion of completions without re-presentations was reported at 41.7% in Worcestershire (completions in Mar 2018-Feb 2019, reported in Aug 2019). This is not statistically significantly different to the England value of 38% which means that the indicator is rated amber. The graph entry for Q4 2018/19 relates to the reported value in Aug 2019.

Swanswell, substance misuse treatment provider since 2015, focused on working closely with alcohol liaison nurses in Acute Trust to improve co-ordination and delivery of alcohol treatment interventions to achieve treatment completion. Monitoring thresholds for referral into specialist treatment. Working closely with partners to deliver strategic alcohol plan. Swanswell are implementing Blue Light strategy in Worcester City and Redditch as a pilot, in partnership with Alcohol Concern. The aim is to improve outcomes for people with alcohol dependency and associated complex needs not engaged successfully in treatment.

Monitoring waiting times, currently at 0%. Numbers in specialist treatment overall decreasing, but treatment completions increasing. Continuing to monitor performance closely to identify specific needs of people with entrenched drug and or alcohol misuse in addition to needs of most vulnerable including LAC and disability.


Successful completion of drug treatment - opiate users

| Target | Latest Performance | RAG | Direction of Travel | Data Period |
|--------|--------------------|--------------|--|-------------|
| | 7.5% | GREEN |  | 30/09/2019 |

Performance Details

The proportion of completions without re-presentations was reported at 7.5% in Worcestershire (completions in Mar 2018-Feb 2019, reported in Aug 2019). This compares with 5.8% for England, and is significantly higher, which means that the indicator is rated green. Swanswell, adult and young people substance misuse treatment provider since 2015, reviewing all people in specialist treatment ensuring they are given options around recovery. Transferring appropriate cases into primary care where appropriate and developing further activity with carers and families. Offering new referral opportunities for rapid change to recovery if appropriate.

Successful completion of drug treatment – non-opiate users

| Target | Latest Performance | RAG | Direction of Travel | Data Period |
|--------|--------------------|--------------|--|-------------|
| | 35.5% | AMBER |  | 30/09/2019 |


Performance Details

The proportion of completions without re-presentations was reported at 35.5% in Worcestershire (completions in Mar 2018-Feb 2019, reported in Aug 2019). This is not statistically significantly different to the England value of 34.5%, which means that the indicator is rated amber.

Swanswell, substance misuse treatment provider since 2015, monitoring for seasonal trends in referrals. Currently reviewing thresholds for specialist treatment. Quarterly contract and performance monitoring continues and PBR incentives in place.

Streamlining referrals into specialist treatment to ensure appropriate and timely interventions and successful outcomes. Developing close referral pathways with Children's services and Mental Health providers to improve outcomes for vulnerable people with co-morbid conditions and safeguarding concerns.

Deprivation differences in emergency admission rates

| Target | Latest Performance | RAG | Direction of Travel | Data Period |
|--------|--------------------|-----|--|-------------|
| | 58.7 (Rate) | N/A |  | 2014/15 |


Performance Details

The Slope Index of Inequality (SII) is calculated by grouping the population into equal groups according to the relative deprivation level of the area they live in and working out the average life expectancy in these groups (usually 10 groups or deciles). The gradient across these groups is the slope index of inequality or SII. The higher the number the greater the relative inequality and an SII of zero means there is no inequality across the groups. The data is generally analysed annually and this data relates to 2014/15.

The figure for 2014/15 can be interpreted as 58.7 hospital admissions per 1000 population difference between the most and least deprived areas of Worcestershire. This indicator has not been updated nationally and so the most recent changes are unknown at this point.

The Public Health team supports reduction of emergency admission rates (e.g. through commissioning of an integrated substance misuse service & commissioning a falls prevention service), and also supports the CCGs and partner organisations on this agenda, who are leading a range of local initiatives across the County to reduce preventable emergency admissions.

Excess weight in adults

| Target | Latest Performance | RAG | Direction of Travel | Data Period |
|--------|--------------------|-----|--|-------------|
| 62.4% | 65% | RED |  | 31/03/2019 |


Performance Details

The Public Health Outcomes Framework shows that the percentage of adults classified as overweight or obese in Worcestershire for 2017/18 is 65.0% compared to 62.0% in England. The value for Worcestershire is statistically significantly higher than England. The graph value for 03/19 shows the 2017/18 data.

A number of nationally developed campaigns have been supported through our Worcestershire Works Well programme as well as through our Health Champions and via social media, which focus upon healthy eating and excess weight. This includes the One You campaign on 'easy meals' as well as the Change 4 Life campaign to reduce children snacking in-between meals. Referrals to the Living Well lifestyle behaviour change programme have increased from the previous quarter following targeted programme development as part of the commissioning of the service. There has been an increased focus on community living well clubs to support some of the most disadvantaged communities where health is currently the poorest, to eat more healthily and become more physically active. This includes the recent development of two clubs with a physical and emotional wellbeing focus, further groups are planned and are developed to ensure they are sustainable and are designed to be peer led using local volunteers. The NHS Health Checks programme is ongoing and the uptake rates of the Health Check have increased in the preceding three quarters of 2018, with over 11,500 Health Checks being delivered in those quarters. Work to ensure individuals are receiving brief intervention during the Health Check are ongoing focusing upon self-care and local opportunities to become more active and eat more healthily.

We are working closely with a pilot whole system approach to obesity with Leeds Beckett University and Public Health England. This approach will support us to map our current activity to tackle obesity against the Foresight report which quantifies the causes of obesity. This will support the development of a Worcestershire action plan to tackle obesity and healthy eating in all ages in the County. In order to strive towards improvement of the NHS Health Checks programme we are investigating the potential to complete a health equity audit. This will support us to understand how equitable the access to the initiative is across different population groups. This will support targeted interventions and promotions with those less likely to receive a NHS Health Check and improve detect and prevent heart disease, stroke and type 2 diabetes. Making Every Contact Count (MECC) is an approach to supporting frontline staff and volunteers to routinely engage in conversations with patients, clients, service users and members of the public about healthier lifestyles, when appropriate to do so, to improve health and wellbeing. The programme has been revised (previously known as 'Health Chats') following the inclusion within the four prevention streams of the local Sustainability and Transformation partnership for Herefordshire and Worcestershire. The revised programme allows knowledge based e-Learning to be completed which can be followed, where applicable, by a face to face delivered session focusing upon skills and delivery of MECC.


Flu immunisations for the at risk population

| Target | Latest Performance | RAG | Direction of Travel | Data Period |
|--------|--------------------|------------|--|-------------|
| 55% | 52.9% | RED |  | 2017/18 |

Performance Details

In 2016/17 52.9% of at risk individuals in Worcestershire received flu immunisations. This is statistically significantly above the England level of 48.9%. The reason for the red RAG rating is that, in common with most other local authority areas, we are below the national target level of 55%. The data entry for Q4 2018/19 shows the 2017/18 data.


Avoidable sight loss

| Target | Latest Performance | RAG | Direction of Travel | Data Period |
|--------|-----------------------|--------------|--|-------------|
| | 33.7 Rate per 100,000 | GREEN |  | 2017/18 |

Performance Details

In 2017/18 there were 33.7 sight loss certifications in Worcestershire per 100,000 population. This is statistically significantly lower than the England value of 41.1.

Breastfeeding Initiation


| Target | Latest Performance | RAG | Direction of Travel | Data Period |
|--------|--------------------|------------------|--|-------------|
| | 67.2% | NO STATUS |  | 2016/17 |

Performance Details

The performance figure calculated is the percentage of all babies born who initiated breastfeeding within 48 hours of birth as a percentage of all deliveries. In quarter 4 of 2016/17, Worcestershire achieved 67.2% compared with 74.6% nationally.

Breastfeeding initiation rate has decreased over the last 2 years and is below the national rate. There is emphasis, support & advice from both midwives and Health visitor's during the antenatal period and breastfeeding specialist and peer support available at birth and post-delivery. Both WHAT and WHCT have achieved Unicef Baby Friendly Standard assessment which gives evidence based standards of practice and ongoing audit and training for supporting breastfeeding. The new Local Maternity System plan, part of the Herefordshire & Worcestershire STP, identifies increasing breastfeeding initiation as a priority. The plan and associated service specification will be implemented in April next year. An action plan to achieve the required outcome trajectories is being developed


First time entrants to youth justice system

| Target | Latest Performance | RAG | Direction of Travel | Data Period |
|--------|------------------------|-----|--|-------------|
| | 284.8 Rate per 100,000 | RED |  | 2018 |

Performance Details

In 2018 there were 284.8 first time entrants to the youth justice system per 100,000 population (179 people). This is statistically significantly higher than the England value of 238.5. However, both the value and gap with England have improved since 2017.

Gap between the percentage of Reception pupils living in IMD Quintile 1 and IMD Quintile 5 with healthy weight

| Target | Latest Performance | RAG | Direction of Travel | Data Period |
|--------|--------------------|------------------|--|-----------------------|
| | 7.9% | NO STATUS |  | Academic year 2017/18 |


Performance Details

The performance figure calculated is the difference (or gap) between the percentage of pupils in Reception with a healthy weight living in IMD Quintile 1 (most deprived) and those living in Quintile 5 (least deprived). This figure uses the national deprivation quintiles. The data is based on school year so runs from 1st September 2017 to 31st August 2018.

The breastfeeding support service provides targeted support for young women breastfeeding who live in more disadvantaged areas. The Starting Well Public Health nursing services provide universal support and advice regarding healthy weaning, play and physical activity and healthy eating and provide more intensive support to young first mothers and to those families with identified additional needs. School Nurses provide pro-active support and advice in schools to tackle health issues identified via school health profiles. Local healthy eating and physical activity campaigns are being targeted at adults and families living in deprived areas. In addition, continuing work to address wider structural determinants of health will impact on reducing the gap.

The Starting Well services continue to focus on promoting & supporting healthy weight and increasing physical activity amongst infants, children, and families as well as through early years and educational settings. Action to increase Physical activity and healthy eating is a priority in the Worcestershire CYPP.

Gap between the percentage of year 6 pupils living in IMD Quintile 1 and IMD Quintile 5 with healthy weight

| Target | Latest Performance | RAG | Direction of Travel | Data Period |
|--------|--------------------|------------------|--|-----------------------|
| | 12.8% | NO STATUS |  | Academic year 2017/18 |


Performance Details

The performance figure calculated is the difference (or gap) between the percentage of pupils in Year 6 with a healthy weight living in IMD Quintile 1 (most deprived) and those living in Quintile 5 (least deprived). This figure uses the national deprivation quintiles. The data is based on school year so runs from 1st September 2017 to 31st August 2018.

School nurses are pro-actively working with all schools to tackle health issues identified via school.

The Starting Well services continue to focus on promoting & supporting healthy weight and increasing physical activity amongst children, young people and families as well as through educational settings as well as rolling out the local NCMP programme. Action to increase Physical activity and healthy eating is a priorities in the Worcestershire CYPP.

Health related quality of life for older people

| Target | Latest Performance | RAG | Direction of Travel | Data Period |
|--------|--------------------|--------------|--|-------------|
| | 0.76 Score | GREEN |  | 2016/17 |


Performance Details

The health related quality of life for older people was 0.76 in 2016/17. This is statistically significantly higher than the national value of 0.74.

This indicator will provide a greater focus on preventing ill health, preserving independence and promoting well-being in older people - this is key to keeping systems functioning and to ensure that the needs of this large group of users are addressed.

Developing an effective and collaborative approach to enabling older people to maintain health and wellbeing and feel connected.

Inactive adults

| Target | Latest Performance | RAG | Direction of Travel | Data Period |
|--------|--------------------|-------|--|-------------|
| | 21.1% | AMBER |  | 2017/18 |

Performance Details

The Public Health Outcomes Framework shows that the percentage of physically inactive adults in Worcestershire in 2017/2018 is 21.1% compared to 22.2% in England. The difference is not statistically significant.


The Health and Well-being Board established the 'Being Active Plan' as one of three priorities from 2016-2021. The plan outlines a number of actions to decrease the number of people who do not meet the Chief Medical Officers guidelines for being physically active. This includes a range of promotional activity using Insight Based Social Marketing, promoting the local assets including green space in the County and creating active environments which promote physical activity and healthy eating.

The Worcestershire Health Walks programme continues to support residents to become more physically active and has a number of walks available throughout the County. This includes an increased number of walks from local GP surgeries and walks located in areas where health inequalities are the most persistent and current physical activity rates are lowest.

The number of older adults attending and demand for postural stability classes is increasing. Participants are achieving good outcomes with increasing functional ability and a reduced fear of falling. Future activity will focus upon retention of participants to reach the NICE recommended guidelines.

Worcestershire was selected as one of ten pilot sites for a national research project between Public Health England and Sport England. This pilot project aims to increase the number of health care professionals in England who integrate brief advice on physical activity into their routine clinical practice. The programme has been promoted to a number of healthcare settings in the County and had upskilled a number of healthcare professionals in brief interventions for physical activity. This work is supported throughout a number of settings across the County with a refreshed Making Every Contact Count county-wide programme which encourages brief interventions on a number of lifestyle issues including physical inactivity. A programme of work is being developed to use an Insight Based Social Marketing approaches within campaigns and promotion of physical activity. This includes working closely with the local community and priority groups including to explore barriers and attitudes towards activity, in order influence their behaviour through targeted campaigns and promotions. This will work to focus promotion of a range of opportunities to become more active through the numerous activities available in the County including; Health Walks, Park Run, Postural Stability, Leisure facilities, cycling for transport and other exercise based activities. A programme of work aligned to the Children and Young People's plan in the County. This aims to support children, young people and their families to become more active and make healthy lifestyle choices. This will be in partnership with the Sports Partnership Herefordshire and Worcestershire to promote the number of opportunities available throughout the county including free to access activities using Change 4 Life and One You Public Health England programme and locally developed resources to reduce time spent being sedentary .

Proportion of five year old children free from dental decay

| Target | Latest Performance | RAG | Direction of Travel | Data Period |
|--------|--------------------|--------------|--|-------------|
| | 78.2% | AMBER |  | 2016/17 |


Performance Details

The proportion of 5 year olds who are free from obvious dental decay in Worcestershire in 2016/17 was 78.2%. This is statistically significantly higher than the England value of 76.7.

We have set up a Local Authority Oral Health Network, one of the aims of which is to improve child oral health.

Working closely with the dental health consultants at PHE to help deliver improvements in child oral health.


Smoking prevalence (adults)

| Target | Latest Performance | RAG | Direction of Travel | Data Period |
|--------|--------------------|--------------|--|-------------|
| | 11.8% | GREEN |  | 2018 |

Performance Details

11.8% of the adult population in Worcestershire were smokers in 2017 (source: Annual Population Survey), this is statistically significantly better than the England value of 14.4%. The data entry for 09/19 shows the 2018 value.


Smoking prevalence (routine and manual)

| Target | Latest Performance | RAG | Direction of Travel | Data Period |
|--------|--------------------|--------------|--|-------------|
| | 23.5% | AMBER |  | 2018 |

Performance Details

23.5% of the adult population in the routine and manual group in Worcestershire were smokers in 2018 (source: Annual Population Survey), this is statistically similar to the England value of 25.4%. The data entry for 09/19 shows the 2018 value.

Inequality in life expectancy at birth within English local authorities, males

| Target | Latest Performance | RAG | Direction of Travel | Data Period |
|--------|--------------------|--------------|--|-------------|
| | 8.4 Years | AMBER |  | 2015-17 |


Performance Details

This is a national indicator that represents the range in years of life expectancy from the least deprived to the most deprived, based on a statistical analysis of the relationship between life expectancy and deprivation. In males in Worcestershire the range was 8.4 years in 2015-17 (England=9.4). This is similar to the 2014-16 value of 7.9. Statistical neighbour values are Herefordshire (5.2), Gloucestershire (8.4), and Warwickshire (7.8). The entry for Q4 2018/19 shows the value for 2015-17.

The Health and Well-being Board is overseeing a programme of work to improve health, as set out in the Joint Health and Well-being Strategy and the three Strategic Plans: obesity, alcohol, mental well-being and suicide prevention. These plans join up work across the County Council, District Councils, NHS, parish councils, schools, businesses and the voluntary sector to build a health promoting environment where healthy choices are easy to make. The approach aims to empower individuals and communities to help themselves, building resilience through improved access to information about self-care; local services; and a greater use of peer support.

Efforts are targeted at those areas where health is poorest. In the wake of the 2014 Director of Public Health Annual report, the Board requested that member agencies working through the Health Improvement Group and Children's Trust develop a single cross-cutting action plan to address health inequalities.

Inequality in life expectancy at birth within English local authorities, females

| Target | Latest Performance | RAG | Direction of Travel | Data Period |
|--------|--------------------|-----|--|-------------|
| | 7.1 Years | RED |  | 2015-17 |


Performance Details

This is a national indicator that represents the range in years of life expectancy from the least deprived to the most deprived, based on a statistical analysis of the relationship between life expectancy and deprivation. In females in Worcestershire the range was 7.1 years in 2015-17 (England=7.4). This is slightly higher than the 2014-16 value of 6.7 years and this indicator has deteriorated since 2010-12 when the value was 5.0. Statistical neighbour values are Herefordshire (3.2), Gloucestershire (5.7), and Warwickshire (5.1). The entry for Q4 2018/19 shows the value for 2015-17.

The Health and Well-being Board is overseeing a programme of work to improve health, as set out in the Joint Health and Well-being Strategy and the three Strategic Plans: obesity, alcohol, mental well-being and suicide prevention. These plans join up work across the County Council, District Councils, NHS, parish councils, schools, businesses and the voluntary sector to build a health promoting environment where healthy choices are easy to make. The approach aims to empower individuals and communities to help themselves, building resilience through improved access to information about self-care; local services; and a greater use of peer support.

Efforts are targeted at those areas where health is poorest. In the wake of the 2014 Director of Public Health Annual report, the Board requested that member agencies working through the Health Improvement Group and Children's Trust develop a single cross-cutting action plan to address health inequalities.

Percentage of physically active adults (at least 150 minutes "equivalent" minutes of at least moderate intensity physical activity per week)

| Target | Latest Performance | RAG | Direction of Travel | Data Period |
|--------|--------------------|--------------|--|-------------|
| | 66.6% | AMBER |  | 2017/18 |

Performance Details

The Public Health Outcomes Framework shows that the percentage of physically active adults in Worcestershire in 2017/18 is 66.6% compared to 66.3% in England. The difference is not statistically significant.

Actions progressing for the Worcestershire Health and Well-being Boards 'Being Active Plan' include, establishing of a social prescribing pilot programme in Worcestershire, promoting healthy activities to local schools, promoting of activity in the workplace through the Worcestershire Works Well programme, improvement of local online signposting through the Sports Partnership Herefordshire and Worcestershire's 'Activity Finder', as well as an increase in the number of older adults completing falls prevention activities.

Awareness raising campaigns regarding the benefits of physical activity have been promoted throughout the county including the national One You, Change 4 Life campaigns on increasing physical activity. This has been supported through the County Council roadshows with the public, social media platforms and by partner organisations such as the Sports Partnership Herefordshire & Worcestershire.


The Worcestershire Social Prescribing pilot programme is working with Primary Care and local Voluntary and Community sector organisations to create an opportunity for GPs and other health care professionals to refer patients to local non-medical interventions. The social prescriber works with the individual one to one to explore the patient needs in order to improve their health and well-being this includes offering brief advice on physical activity and signposting to local physical activity opportunities including local programmes such as the Health Walk programme. The Health Walk programme has increased the number of walking groups from primary care settings as well as local libraries, maximising the health outcomes for GP patients and working towards reducing social isolation in local communities. The promotion of the opportunity has been supported by the creation of short videos to outline how to access the groups and the benefits of taking part.

We will be working in partnership with Children's services to support the health and well-being priorities within the Children and Young People's Plan. To ensure children and families have good health and well-being throughout life including becoming physically active. This includes supporting physical activity within the school setting through school based initiatives such as the 'daily mile' or 'wake and shake' to ensure pupils reach the Governments recommended guidelines for activity and reduce time being spent sedentary.

Worcestershire County Council – Balanced Scorecard

Work will continue to share local opportunities to be active including free to access opportunities and use of green space and local assets. A programme of work is being developed to use an Insight Based Social Marketing approaches with campaigns and promotion of physical activity. This includes working closely with the local community and priority groups including to explore barriers and attitudes towards activity, in order influence their behaviour through targeted campaigns and promotions.

Under 18 Conceptions

| Target | Latest Performance | RAG | Direction of Travel | Data Period |
|--------|----------------------------------|--------------|--|-------------|
| | 13.4 (Rate per 1,000 population) | GREEN |  | 2017 |


Performance Details

This performance figure is the rate of conceptions to females aged under 18 at time of conception per thousand female population aged 15-17. It is rated green for Worcestershire as the baseline value is within 95% statistical limits of the national rate. The data is based on calendar year basis, so this data relates to 2017.

Teenage Conception rates have reduced both nationally and in Worcestershire by 62% since 1998 and the rate is currently the lowest it has ever been. The teenage conception rates remain highest in Wyre Forest and in Redditch. Work continues to focus on the prevention of teenage conceptions through targeted sexual health support for vulnerable or at risk young people and the provision of quality SRE in schools.

Sexual health services across the county now provide more prevention and targeted activities and interventions for vulnerable young people and seek to better influence the local provision of SRE in schools as well as traditional treatment and contraception services. The strategic reproductive and sexual health multiagency group will continue to ensure conception rates continue to decrease.

Reception: Prevalence of healthy weight

| Target | Latest Performance | RAG | Direction of Travel | Data Period |
|--------|--------------------|------------------|--|-----------------------|
| | 77% | NO STATUS |  | Academic Year 2017-18 |


Performance Details

The performance figure calculated is the percentage of children in reception who are classified as having a healthy weight. Worcestershire has a lower percentage than England. The data is based on school year so runs from 1st September 2017 to 31st August 2018.

The 0-19 PH nursing service undertakes the NCMP in all schools. The service provides classroom or assembly activities in each school to support the program, feedback letters to parents, and group or individual support to families upon request.

The 0-19 PH Nursing service continues to be monitored regarding their activities to tackle childhood obesity, support healthy weight and healthy eating and increasing physical activity. Public Health are reviewing system wide partnership interventions and activities to tackle childhood obesity in line with the national Childhood obesity plan.

Year 6: Prevalence of healthy weight

| Target | Latest Performance | RAG | Direction of Travel | Data Period |
|--------|--------------------|------------------|--|-----------------------|
| | 65.9% | NO STATUS |  | Academic Year 2017-18 |


Performance Details

The performance figure calculated is the percentage of children in year 6 who are classified as having a healthy weight. Worcestershire has a higher percentage than England. The data is based on school year so runs from 1st September 2017 to 31st August 2018.

The 0-19 PH nursing service undertakes the NCMP in all schools. The service provides classroom or assembly activities in each school to support the program, feedback letters to parents, and group or individual support to families upon request.

The 0-19 PH Nursing service continues to be monitored regarding their activities to tackle childhood obesity, support healthy weight and healthy eating and increasing physical activity. Public Health are reviewing system wide partnership interventions and activities to tackle childhood obesity in line with the national Childhood obesity plan.


Chlamydia detection rate (15-24 year olds)

| Target | Latest Performance | RAG | Direction of Travel | Data Period |
|--------|--------------------------|------------|--|-------------|
| | 1,572 (Rate Per 100,000) | RED |  | 2017 |

Performance Details

The chlamydia detection rate in Worcestershire for 2017 was 1,572 per 100,000 young people aged 15 to 24. This is statistically significantly lower than the England value of 1,882. The graph entry for 09/18 shows the value for 2017.

Inequality in life expectancy at 65 LA (male)

| Target | Latest Performance | RAG | Direction of Travel | Data Period |
|--------|--------------------|--------------|--|-------------|
| | 3.8 Years | AMBER |  | 2017/18 |


Performance Details

This is a national indicator that represents the range in years of life expectancy at age 65 from the least deprived to the most deprived, based on a statistical analysis of the relationship between life expectancy and deprivation. In males in Worcestershire the range was 3.8 years in 2015-17 (England=4.9). This is slightly higher than the 2014-16 value of 3.4 years. Statistical neighbour values are Herefordshire (2.3), Gloucestershire (5.7), and Warwickshire (4.8). In the graph the entry for Q4 2018/19 shows the value for 2015-17.

The Health and Well-being Board is overseeing a programme of work to improve health, as set out in the Joint Health and Well-being Strategy and the three Strategic Plans: obesity, alcohol, mental well-being and suicide prevention. These plans join up work across the County Council, District Councils, NHS, parish councils, schools, businesses and the voluntary sector to build a health promoting environment where healthy choices are easy to make. The approach aims to empower individuals and communities to help themselves, building resilience through improved access to information about self-care; local services; and a greater use of peer support.

Efforts are targeted at those areas where health is poorest. In the wake of the 2014 Director of Public Health Annual report, the Board requested that member agencies working through the Health Improvement Group and Children's Trust develop a single cross-cutting action plan to address health inequalities.

Inequality in life expectancy at 65 LA (Female)

| Target | Latest Performance | RAG | Direction of Travel | Data Period |
|--------|--------------------|-----|--|-------------|
| | 4.4 Years | RED |  | 2015-17 |

Performance Details


This is a national indicator that represents the range in years of life expectancy at age 65 from the least deprived to the most deprived, based on a statistical analysis of the relationship between life expectancy and deprivation. In females in Worcestershire the range was 4.4 years in 2015-17 (England=4.5). This is higher than the 2014-16 value of 3.8 years and this indicator has deteriorated significantly since 2010-12 when the value was 3.3. Statistical neighbour values are Herefordshire (2.2), Gloucestershire (3.4), and Warwickshire (3.9). In the graph the entry for Q4 2018/19 shows the value for 2015-17.

The Health and Well-being Board is overseeing a programme of work to improve health, as set out in the Joint Health and Well-being Strategy and the three Strategic Plans: obesity, alcohol, mental well-being and suicide prevention. These plans join up work across the County Council, District Councils, NHS, parish councils, schools, businesses and the voluntary sector to build a health promoting environment where healthy choices are easy to make. The approach aims to empower individuals and communities to help themselves, building resilience through improved access to information about self-care; local services; and a greater use of peer support.

Efforts are targeted at those areas where health is poorest. In the wake of the 2014 Director of Public Health Annual report, the Board requested that member agencies working through the Health Improvement Group and Children's Trust develop a single cross-cutting action plan to address health inequalities.


Our Finance

Expected budget position at end of financial year

| Target | Latest Performance | RAG | Direction of Travel | Data Period |
|-----------|--------------------|--------------|--|-------------|
| -£344,000 | -£453,000 | AMBER |  | 31/03/2019 |

Our People


Employees - Actual Full Time Equivalents

| Target | Latest Performance | RAG | Direction of Travel | Data Period |
|--------|--------------------|-----------|--|-------------|
| 38 | 32.95 | NO STATUS |  | 30/09/2019 |

Performance Details

Number of FTE employees as at 30th September 2019 (target and RAG rating based on budgeted establishment FTE derived from 2018/19 Budget Book).


Sickness Rates

| Target | Latest Performance | RAG | Direction of Travel | Data Period |
|----------|--------------------|-----|--|-------------|
| 7 (Days) | 5.74 (Days) | RED |  | 30/09/2019 |

Performance Details

5.74 Average days sick per person [FTE] / 0.15 Average episodes per person during financial year 2019/2020 to date. Direction of travel based on the same period 2018/19 (4.37).


Staff turnover rate

| Target | Latest Performance | RAG | Direction of Travel | Data Period |
|--------|--------------------|------------------|--|-------------|
| | 10.81% | NO STATUS |  | 30/09/2019 |

Performance Details

Number of leavers to date expressed as a percentage of the workforce.


Staff voluntary resignation rates

| Target | Latest Performance | RAG | Direction of Travel | Data Period |
|--------|--------------------|------------------|--|-------------|
| | 10.81% | NO STATUS |  | 30/09/2019 |

Performance Details


Number of leavers to date expressed as a percentage of the workforce.

Agency spend

| Target | Latest Performance | RAG | Direction of Travel | Data Period |
|--------|--------------------|-----|--|-------------|
| | £0 | N/A |  | 30/09/2019 |


Our Customer

Public Health - Corporate Complaints received that were fully or partially upheld


| Target | Latest Performance | RAG | Direction of Travel | Data Period |
|--------|--------------------|-----|--|-------------|
| | 0 | N/A |  | 30/09/2019 |

Our Future


Performance Reviews Completed

| Target | Latest Performance | RAG | Direction of Travel | Data Period |
|--------|--------------------|--------------|--|-------------|
| 100% | 100% | GREEN |  | 30/06/2019 |


Your Voice staff survey response rate

| Target | Latest Performance | RAG | Direction of Travel | Data Period |
|--------|--------------------|--------------|--|-------------|
| | 100% | GREEN |  | 31/03/2019 |


Engagement Rating

| Target | Latest Performance | RAG | Direction of Travel | Data Period |
|--------|--------------------|--------------|--|-------------|
| | 4.43 | GREEN |  | 2017/18 |

Staff who feel valued for their contribution to the Council

| Target | Latest Performance | RAG | Direction of Travel | Data Period |
|--------|--------------------|-------|--|-------------|
| | 56% | GREEN |  | 2017/18 |

Staff who feel the Council has a clear vision for the future

| Target | Latest Performance | RAG | Direction of Travel | Data Period |
|--------|--------------------|-------|--|-------------|
| | 36% | AMBER |  | 2017/18 |

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