

WORCESTERSHIRE

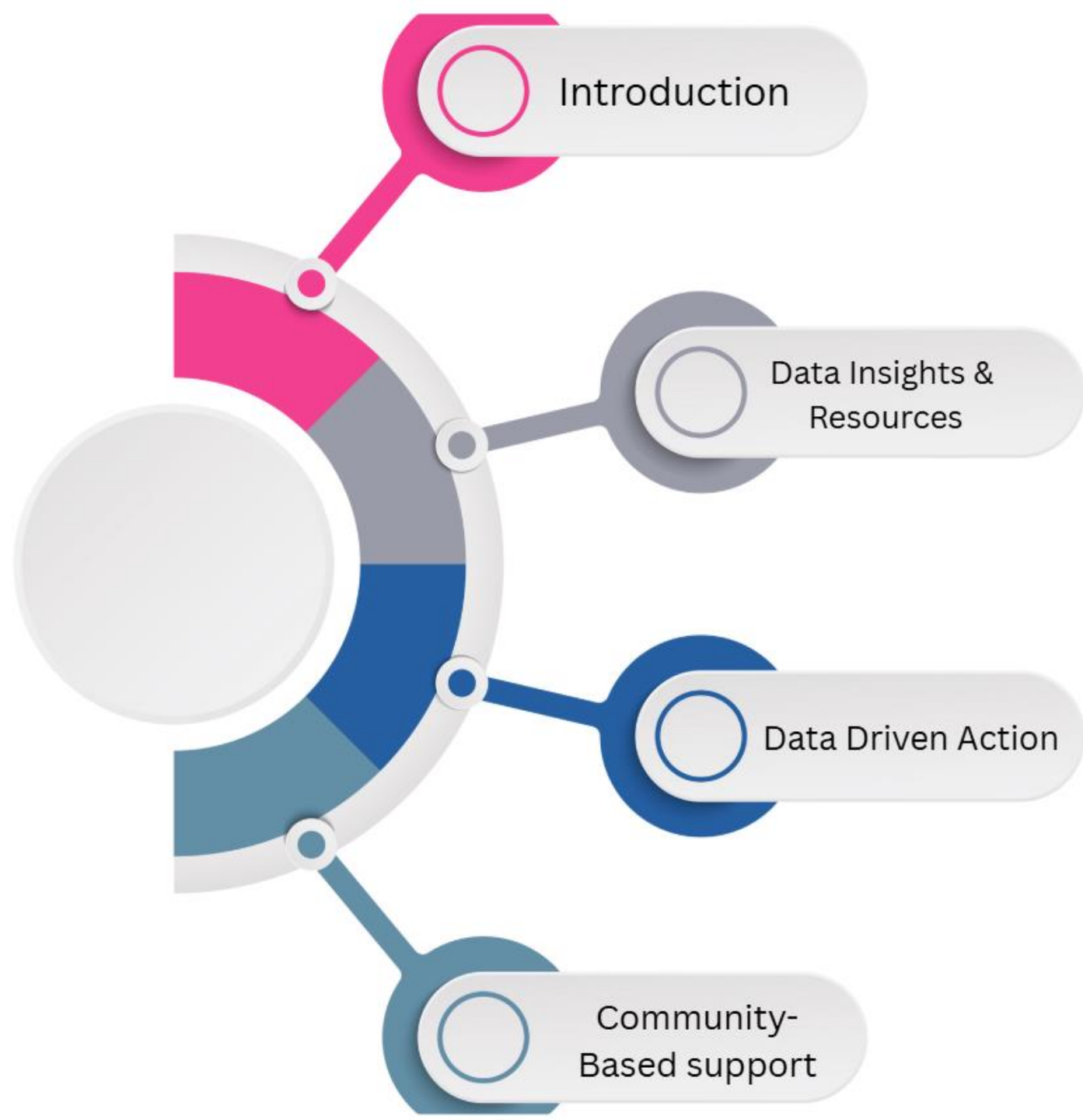
JSNA 2025



Worcestershire JSNA

Contents Page

A separate online [Adult Social Care Document](#) is available



Worcestershire JSNA 2025: Introduction

- This year's JSNA annual report provides analysis of key areas of need and opportunity. By leveraging data-driven insights at neighbourhood level and county level whilst informing community engagement, the JSNA aims to address health inequalities and improve health and wellbeing for all residents.
- The report covers a wide range of topics including neighbourhood health, social determinants of health, and overarching mortality statistics. It serves as a resource for elected members, commissioners, healthcare providers, and community organisations, guiding them in making informed decisions to improve health outcomes.
- We have not included a comprehensive list of public health metrics in this report as these are published and updated on our [Worcestershire Insights website](#), alongside a range of other useful tools.

Worcestershire JSNA 2025: Our Vision and priorities

“ Working together for better health and wellbeing in Worcestershire ”

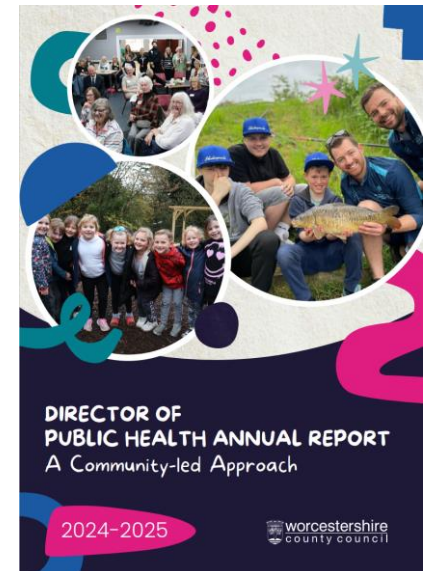


The [Worcestershire Joint Local Health and Wellbeing Strategy 2022-2032](#), is our 10-year plan designed to improve the health of everyone in Worcestershire and reduce health inequalities.

The Strategy views **health inequalities** as a critical issue that must be actively targeted through a comprehensive, collaborative, and preventative approach.

The previous [Director of Public Health Annual Report 2023/24](#), introduced **neighbourhood health** as a proactive approach to address health inequalities. This was a shift from a broad-brush approach to a precise, community-centric model of public health.

Building on from those concepts, the [Director of PH Annual Report 2024-25](#) report showcases our public health strategy that is deeply embedded in the concept of place-based care and community empowerment, which are fundamental to improving **neighbourhood health**.



Worcestershire JSNA 2025: Neighbourhood Health Approach

What is Neighbourhood Health?

Neighbourhood health is a proactive approach to address health inequalities. Whilst the specific terminology and emphasis has been highlighted recently by the [NHS](#), the underlying principles and the role of the social determinants of health in driving health inequality have long been recognised.

Neighbourhood health enables a shift from a broad-brush approach to a precise, community-centric model of public health. Fundamentally, neighbourhood health is about creating healthier, more equitable communities across our county.

Using a population health management (PHM) approach our neighbourhood health programme aims to improve population health through data-driven planning and the delivery of proactive care to optimise health outcomes.

Place-based analysis enables identification of geographical areas where need is greatest. By leveraging local assets and fostering strong partnerships in those areas, we aim to bring health interventions, services, and support directly to where people live.



Worcestershire JSNA 2025: Neighbourhood Health Approach

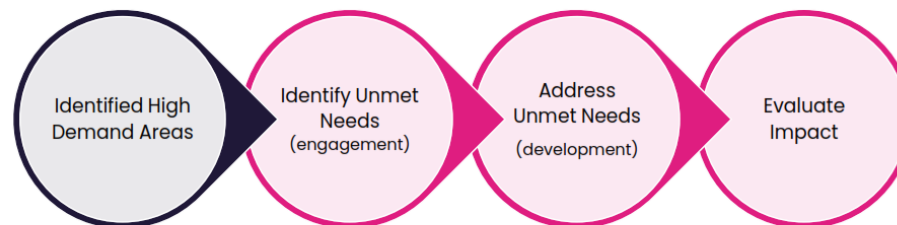
Identifying Areas of Greatest Demand

As part of a data-driven population health management (PHM) approach, the public health intelligence place-based analysis has included:

- Slicing data by LSOA** or MSOA** (small areas geography) and deprivation (IMD*).
- Correlating results to identify relationships between factors such as deprivation and emergency hospital admissions.
- Applying regression analyses to demonstrate statistical significance of relationships.
- Using control chart methodology to highlight outlying areas.

Insight and outputs from this work include:

- A list of statistical outlying geographical priority neighbourhoods where need is greatest.
- Insight to quantify the reductions required to bring outlying areas into expected range and reduce health inequality throughout the county.
- An [online dashboard](#) providing resources to facilitate onward working with our data.



*IMD: Index of Multiple Deprivation is a measure of relative deprivation (a measure of poverty) for small areas (LSOA). Decile 1 is the most deprived and decile 10 is the least deprived. Decile 1: The 10% most deprived small areas of England, Decile 10 is the least deprived 10% of small areas in England.

**LSOAs and MSOAs are statistical boundaries. MSOAs are made up of groups of smaller LSOAs. LSOAs comprise of between of between 1,000 and 3,000 residents. MSOAs comprise of between 2,000-6,000 households and have a usual resident population of between 5,000 and 15,000 persons.

JSNA | SECTION 1

Data Insights & Resources

The Data & Intelligence team provide a number of public resources to facilitate our **data driven** approach to Public Health

Data Insights & Intelligence: Resources Summary

Public health Intelligence team provide a range of public resources, tools and services to facilitate a **data driven** approach to Public Health.

Data & Intelligence website

Public health developed and maintains [Worcestershire Insights website](#).

This resource includes:

- 1) Regularly updated health and wider determinants data, maps & thematic reports.
- 2) Good news, data and community stories celebrating a healthy Worcestershire
- 3) Links to JSNA summaries, reports and assessments
- 4) Local Health & Wellbeing Strategy

See pages 9 & 10 for more details

Data Dashboards & Reports

Data reports are accessible using the Insights Website:

[Priority Neighbourhood Reports](#)

[Population Projection Reports](#)

[Family Hub Profiles](#)

A suite of [PowerBi Dashboards](#) are available through the Insights website including:

- 1) Priority Neighbourhood Resource,
- 2) Childhood Weight Dashboard,
- 3) GP Population Dashboard,
- 4) Census 2021 Dashboard,
- 5) Parish Data Resource
- 6) Population Projections Dashboard

See pages 11 & 12 for more details

Profile request Service

The intelligence team offers a request local profile/data request service.

From this service, you can expect to receive direct access to information at local level on:

Children and Young People

Economy

Environment

Health

Housing

Population

Crime

Deprivation

Data can currently be provided at: Ward, Electoral Division and Parish level.

[Request a profile form link](#)

See page 13 for more details

Data Insights & Intelligence: Insights website

[Worcestershire Health and Wellbeing Insights Website](#) is a central hub for data, reports, and analysis about our county. Whether you're a community leader, business owner, student, or simply a curious resident, this is the place to find the evidence you need to make informed decisions and better understand our community.

Spotlight on Community Projects

Features positive stories from local organisations and community groups. Including articles on new initiatives, successful projects, and key announcements

Stay up-to-date:

The site is regularly updated with the latest available information, ensuring you're always working with the most current data.

Share and reuse:

All data is available under the Open Government Licence, making it easy to share and integrate into your own work with proper acknowledgement.



Explore a wealth of data:

Access thousands of indicators on everything from public health and crime to employment and population trends.

Create custom reports and maps:

Our user-friendly tools allow you to generate tailored reports and visual maps for your specific area of interest, from the county level right down to a local ward.

Inform your work and projects:

Use our data to support funding applications, prepare for strategic planning, conduct academic research, or simply learn more about your local area.

Data Insights & Intelligence: Insights website: Updates

[Worcestershire Health and Wellbeing Insights Website](#) is a central hub for data, reports, and analysis about our county. Whether you're a community leader, business owner, student, or simply a curious resident, this is the place to find the evidence you need to make informed decisions and better understand our community.

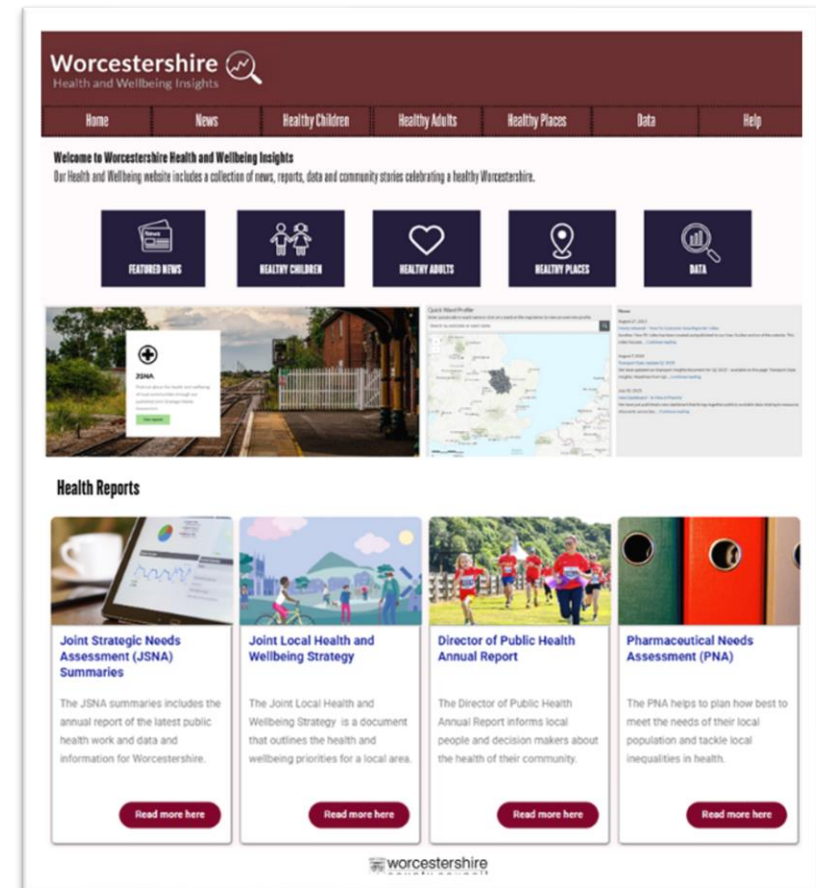
Updates to our website:

We have been working hard to improve and develop our website ensuring it remains effective, relevant, secure and is performing well for optimum user experience.

Why it matters:

Worcestershire Insights is more than just a collection of numbers. It's a resource designed to help build a healthier, more prosperous, and more connected Worcestershire.

By making data open and accessible, we empower local government, community groups, businesses, and residents to collaborate, innovate, and address the real challenges facing our communities.



Mock up of updated website design (due 2025)

Data Insight & Intelligence: Reports

The public health intelligence team produce reports contained within the Insights website that transform raw, complex data into user-friendly, insightful, actionable data reports.

[Link to Priority Neighbourhood Profiles](#)

- Public Health have identified a number of Lower Super Output Areas (LSOA) across Worcestershire where we will be delivering Priority Neighbourhood Development.
- Lower Super Output Areas (LSOAs) are geographical areas made up of groups of Output Areas (OAs), usually four or five. They comprise between 400 and 1,200 households and have a usually resident population between 1,000 and 3,000 persons.
- The profiles include population demographics and information on health, housing, deprivation and public services. The information is correct as of January 2025.

LSOA population profile: E01032204, Malvern Hills 007D, Sherrard's Green

Population

- Sherrard's Green has a population of 1,651 persons, 853 (51.7%) of which are females.
- Sherrard's Green has a younger age structure than Worcestershire.
- Sherrard's Green has a lower proportion of people aged 50 and over than Worcestershire, and a higher proportion of people aged under 50.
- Sherrard's Green has a notably high proportion of young people aged 0-24, and of working aged adults aged 30-34.
- Sherrard's Green has a slightly higher proportion of residents from a minority ethnic background compared to Worcestershire.
- Over 2% of residents in Sherrard's Green are from a Mixed ethnic background, slightly higher than the Worcestershire proportion.



Health Profile

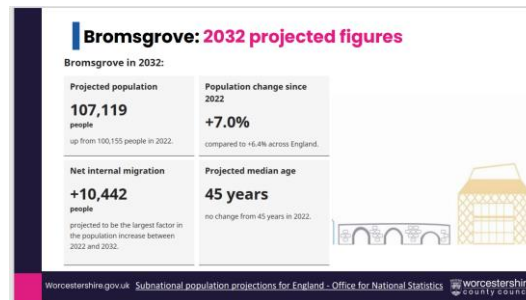
- Sherrard's Green has lower self-reported good health than Worcestershire and England.
- 2.2% of people in Sherrard's Green are in Very Bad health, compared to 1.1% in Worcestershire and 1.2% in England.
- 5.1% of people in Sherrard's Green are in Bad health, higher than Worcestershire (3.9%) and England (4.0%).



Disability

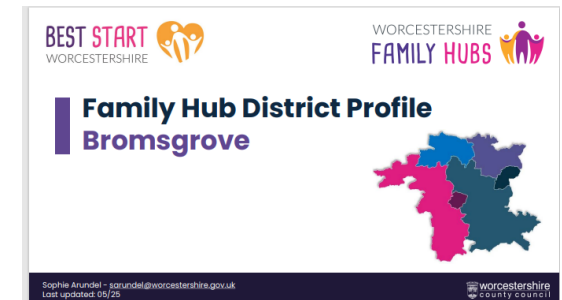
[Link to Population Projection Reports](#)

- These presentations summarise the latest ONS population projections based on 2022 data.
- They can be used for local planning of health, education and other service provisions. They are also sometimes used in the assessment of local authority needs and the funding formula.
- These projections give an understanding of the potential future size of the population, based on current and past trends.
- Demographic behaviour used to develop assumptions for projections is inherently uncertain and so projections become increasingly uncertain the further they are carried forward.



[Link to Family Hub Reports](#)

- Each profile gives an overview of pregnancy, early years and child development indicators.
- District-focused data enables key partners to understand need and identify key priorities when engaging with children and families in the community.
- Children's Priority Neighbourhoods have been included in each district profile. These priority areas have been identified by analysing children's social care data at different geographical levels.
- This analysis provides distinct geographical areas of focus for each of Worcestershire's districts.





Data Insight & Intelligence: Dashboards

The public health intelligence team produce and maintain a [suite of dashboards](#) housed within the Insights website that transform raw, complex data into user-friendly, interactive visualisations.

These assets are designed to make data more accessible, understandable and actionable for everyone.

PowerBi Dashboards

GP Population Dashboard  Click link Here	Census: 2021 Dashboard  Click link Here	Population Projections dashboard  Click link Here
Parish Data Resource  Click link Here	Priority Neighbourhood Resource  Click link Here	Child Healthy Weight Dashboard  Click link Here

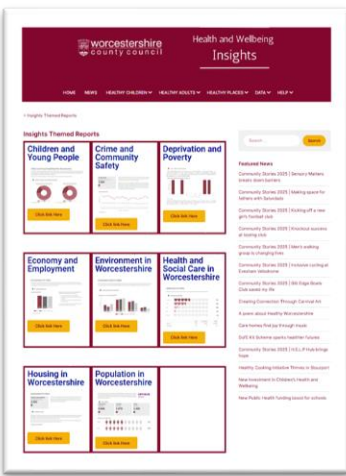
Key uses and benefits of the Dashboards

- **Open data for all** promotes transparency and a single source for data.
- **Provide Context and Insight** through allowing comparison of geographical areas and measures.
- **Targeting services** The ability to visualize data at a granular level (e.g., by LSOA) is crucial for resource allocation. Dashboards allow the council to see where specific needs are most concentrated, enabling them to allocate funding and services more effectively.
- **Data-driven decision making** for strategic planning and resource allocation.
- **Fosters collaboration and Innovation** by gaining a shared understanding of complex issues.
- **Breaking Down Silos:** The dashboards pull data from a variety of internal and external sources, helping to break down traditional departmental silos. This integrated view of data allows for a more holistic understanding of issues and prevents decision-making in isolation.

Data Insight & Intelligence: Profile Request Service

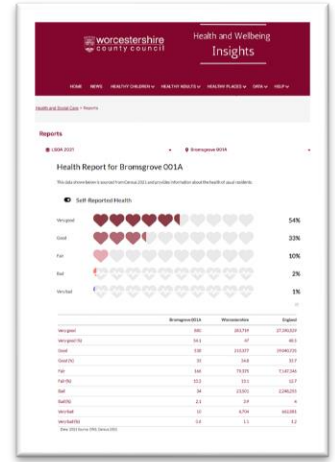
The public health intelligence team offers a profile request service that provides bespoke data reports for Wards, Parishes, Town Councils, and Electoral Divisions.

Reports can be requested through our Insights Website or directly using the [link to Profile Request Form](#)



Profiles are built using the Insights Website custom area reporter tool and Insights themed Reports.

Topics included in the profile are Children and Young People, Crime, Deprivation, Economy, Environment, Health, Housing and Population



Ward Profile Requests

- Wards are administrative geographical boundaries that can change over the years. This makes tracking changes over time difficult.
- They vary in size and cannot directly be compared to each other.
- They cannot be made up of LSOAs.
- The main source of data for Ward profiles is from the Census 2021.

Parish and Town Council Requests

- Parish and Town council boundaries can be made up of Lower Super Output Areas (LSOAs) using a best fit approach.
- LSOAs are Statistical boundaries that don't change. They can be directly compared and changes over time can be tracked.
- LSOAs are consistent and comprise of between 1,000 and 3,000 residents.
- Reports are made using multiple data sources that are up to date.

Electoral Division Requests

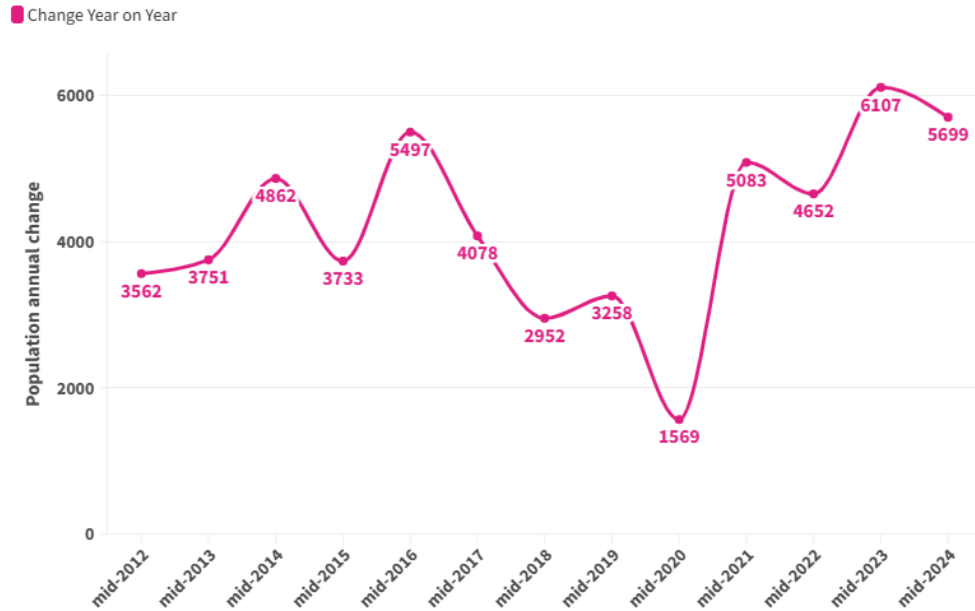
- Electoral division boundaries are like Wards, administrative geographical boundaries that can change over the years.
- They can however be made up of Lower Super Output Areas (LSOAs) using a best fit approach.
- Reports are made using multiple data sources that are up to date.

Population: Terms and Definitions

Term	Explanation
Usually resident population	These data estimate the “usually resident population”. This is the standard United Nations definition outlined on page 40 in the Principles and Recommendations for Population and Housing Censuses (PDF, 2.36MB). It includes only people who reside in a country for 12 months or more, making them usually resident in that country. Visitors and short-term migrants are excluded.
Components of change	The factors that contribute to population change. This includes births and deaths (commonly referred to as natural change) and net migration . Migration includes movements of people between England and Wales and the various countries of the world (international migration) and between local authority areas within the UK (internal migration).
Natural change	The difference between births and deaths. If natural change is greater than zero, then there have been more births than deaths. If natural change is negative, then there have been more deaths than births.
Internal migration	Describes moves made between local authorities, regions, or countries within the UK. Unlike international migration, there is no internationally agreed definition.
International migration	The United Nations (UN) recommended definition of a long-term international migrant: “a person who moves to a country other than that of his or her usual residence for a period of at least a year (12 months), so that the country of destination effectively becomes his or her new country of usual residence.”
Net international migration	Is the difference between the number of people moving into and out of England and Wales from outside the UK. EU+ migration refers to the migration of people who hold EU nationality. Non-EU+ is the sum of the rest of the world, including the rest of Europe, not included in the EU+ category. British nationals are excluded from these numbers. More information is available in Long-term international migration, provisional: year ending December 2024 .
Net migration	The difference between the number of people coming to live in an area (immigration) and the number of people leaving to live elsewhere (emigration). When more people are coming to the area than leaving, net migration is above zero and so adds to the population. Net migration takes account of both international and internal migration.

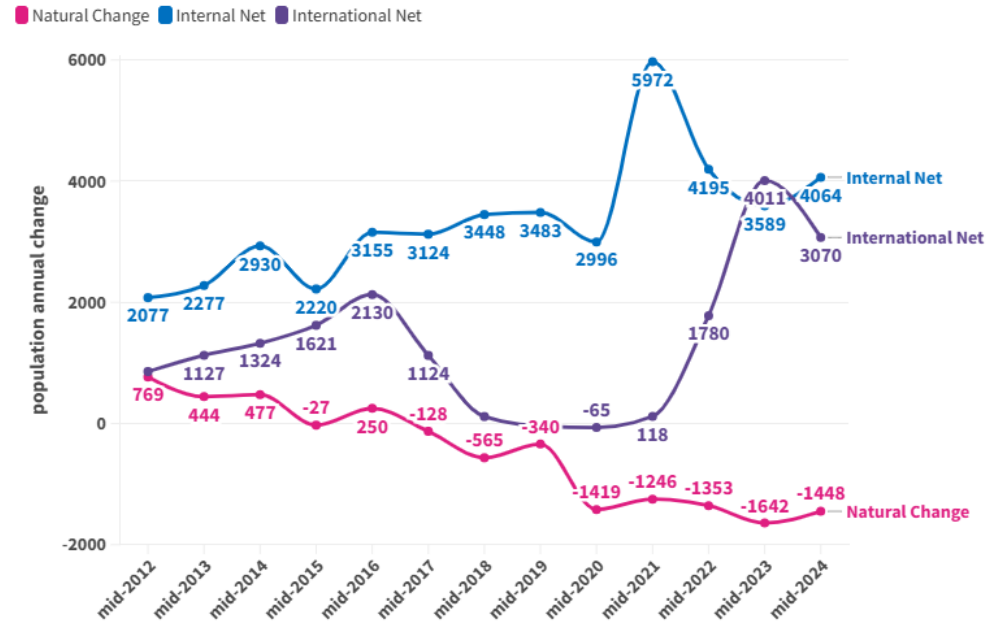
Population: Components of change

Population change by year in Worcestershire, 2011-24



ONS population estimates 2011-24

Components of change by year in Worcestershire, 2011-24



ONS population estimates 2011-24 ONS Census

Natural change (births minus deaths) has decreased from plus 800 in 2011-12 to minus 1,500 in 2023-24 - births have decreased and deaths have increased.

Note– Natural change, internal and international net migration components will **not** add exactly to total population change due to changes in special populations (armed forces and prison population), and unattributable population change

The last four years have seen a sustained relatively high increase in population in Worcestershire.

The 2023-24 increase was almost 5,700, with increases of over 4,600 in the previous 3 years

Internal migration (from the rest of the UK) has tended to increase over the time period but has declined from a peak of almost 6,000 in 2020-21 to stand at over 4,000 in 2023-24.

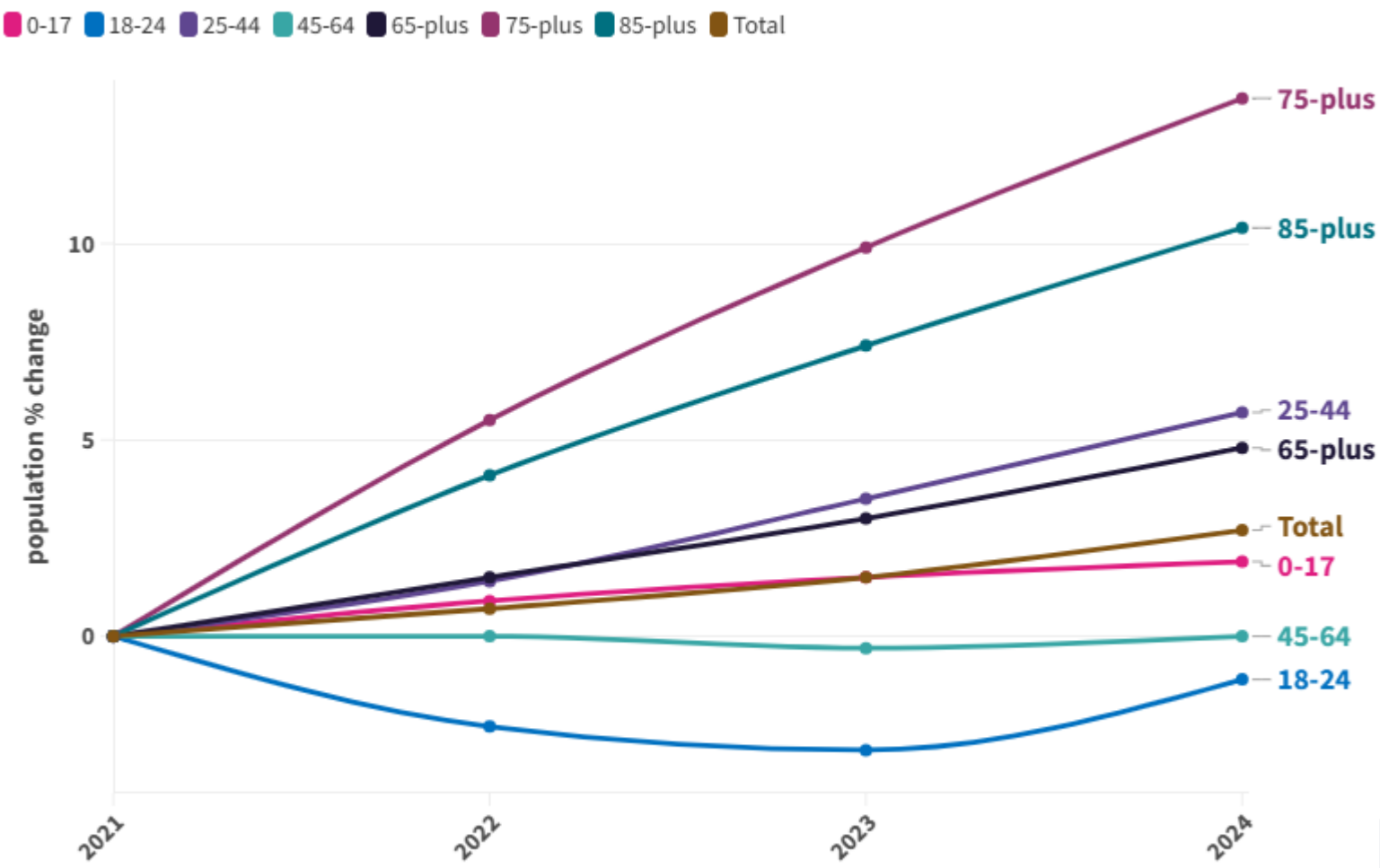
International migration has increased in the last four years and stands at almost 3,100 in 2023-24, lower than the previous year of 2022-23 but higher than the peak in 2015-16 of over 2,100.

	Three-year average - 2021-24	Five-year average - 2019-24
Natural change	-1,481	-1,422
Internal migration	3,949	4,163
International migration	2,954	1,783

Data Source – ONS population estimates 2012-24

Population: Population change by age group

Population change in Worcestershire by age group, 2021-2024



ONS mid-year estimates 2021-24

The total population in Worcestershire stands at almost 621,400 in 2024. The population in the county has increased by over 16,000 (2.7%) since 2021.

Age group	2021-24 change	2021-24 percentage change
0-17	2,276	1.9%
18-24	-465	-1.1%
25-44	7,964	5.7%
45-64	36	0.0%
65-plus	6,602	4.8%
75-plus	9,005	13.7%
85-plus	1,881	10.4%
Total	16,413	2.7%

Population increases are particularly high in Wychavon, at over 4,900 (3.7%)

Increases continue to be high in older age groups, most notably among people aged 75-plus (13.7%) and 85-plus (10.4%)

Increases in the 85-plus population are particularly high in Wychavon and Wyre Forest, both at around 13%. Increases in the 75-plus population are almost 15% in Wychavon, and around 14% Worcester and Wyre Forest.

Data Source – ONS population estimates 2021-24

Public Resources: District Population Projections

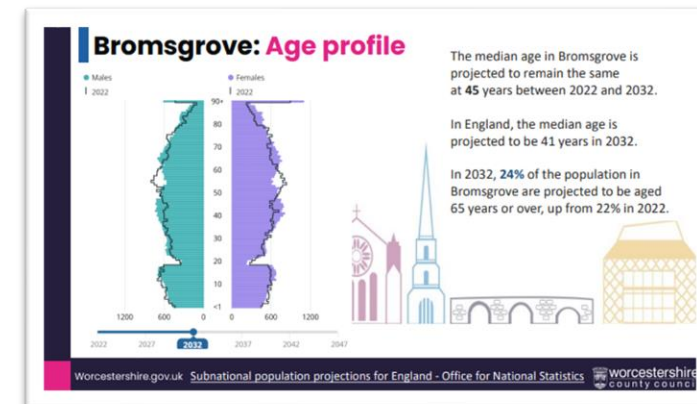
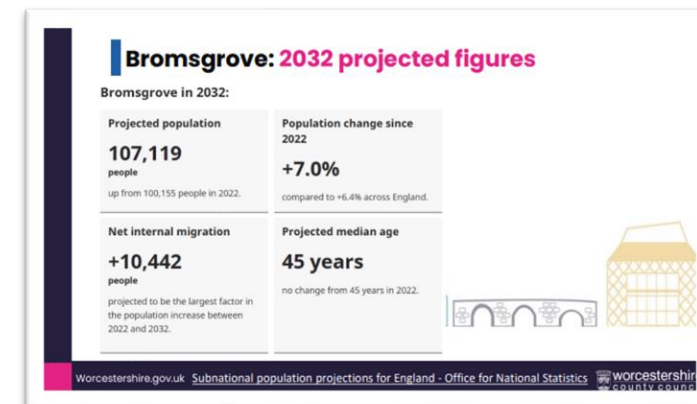
[District Population Projection Reports](#)

The intelligence team has produced summaries of the latest district level ONS population projections, including migration, based on 2022 data. They can be used for a range of uses including in health, education and other service provisions. They are also sometimes used in the assessment of local authority needs and funding formulae.

These projections give an understanding of the potential future size of the population, based on current and past trends. They are not forecasts or predictions. They don't take into account potential future policy changes.

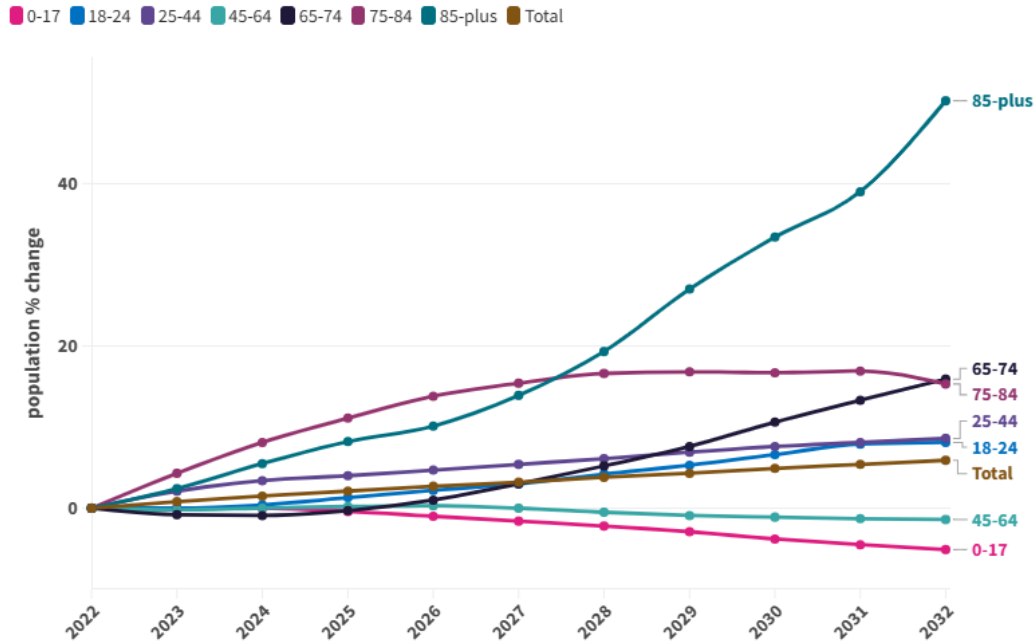
When using these resources, note that demographic behaviour used to develop assumptions for projections is inherently uncertain and so projections become increasingly speculative the further they are carried forward. This is particularly so for smaller geographical areas and detailed age and sex breakdowns.

A range of scenarios, or variants, are presented so decision makers can use the right projection for their needs.



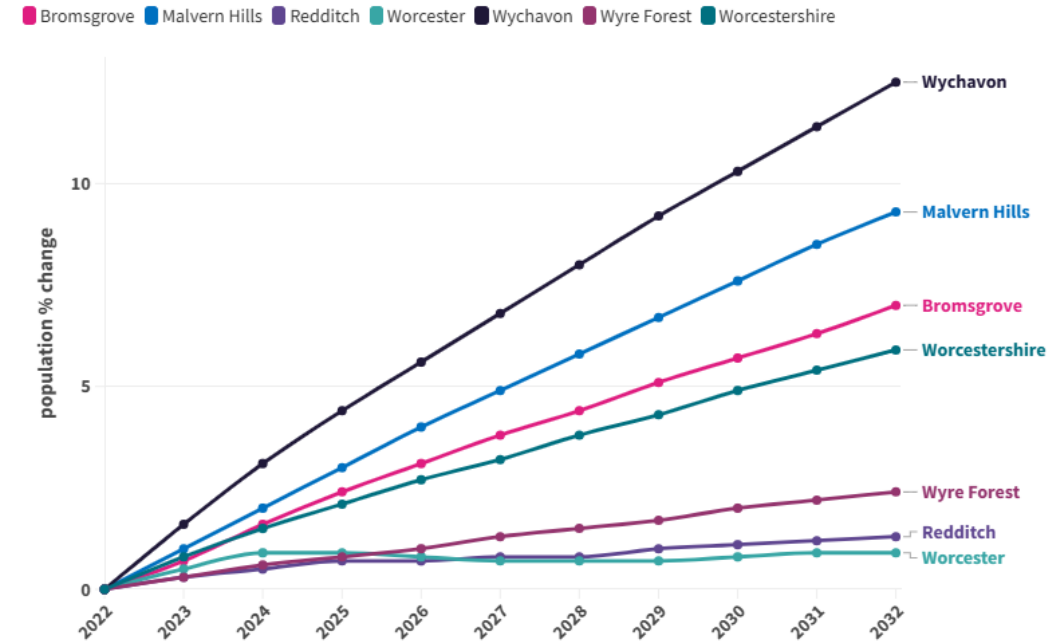
Population: Projected population change 2022-32

Projected population change in Worcestershire by age group, 2022-2032



ONS 2022-based population projections

Projected population change in Worcestershire by district, 2022-2032



ONS 2022-based population projections

Population in Worcestershire is projected to increase by just under 6%.

Projected increases are particularly notable in older age groups. The 85-plus age group projected to rise by over 50%. The 65-74 and 75-plus age groups are also projected to increase substantially by over 15%.

By contrast numbers of children are projected to fall by just over 5%.

Increase due to internal migration projected to be almost 50,000 persons, whilst international migration projected to increase numbers by just over 9,000

Highest population increase is projected to be in Wychavon, at 12.5%. Malvern Hills (over 9%) and Bromsgrove (around 7%) are also projected to rise notably.

In contrast Wyre Forest has a projected rise of just over 2%, whilst Redditch and Worcester City have projected increases of around 1%.

Data Source – ONS population projections 2022-based. Projections presented are migration category variant which are the best reflection of short-term population change

JSNA | SECTION 2

Data Driven Action: Neighbourhood Health

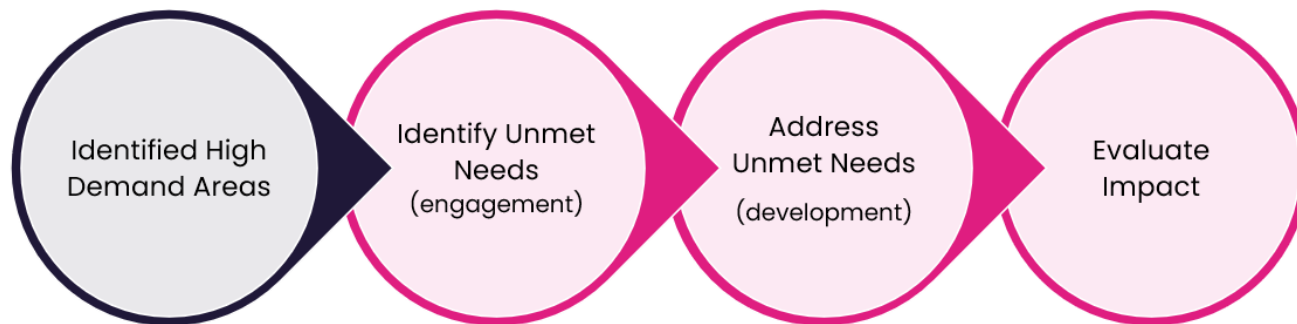
Data Driven Action

Neighbourhood Health Programme development

A population health management (PHM) approach has been used to support the development of a neighbourhood health programme. This aims to improve population health through data-driven identification of need, planning and delivery of proactive interventions to optimise health outcomes.

Place-based analysis enables identification of geographical areas where need is greatest. From this insight we can use limited resources in a more efficient way by applying them more intensively and powerfully where needed most.

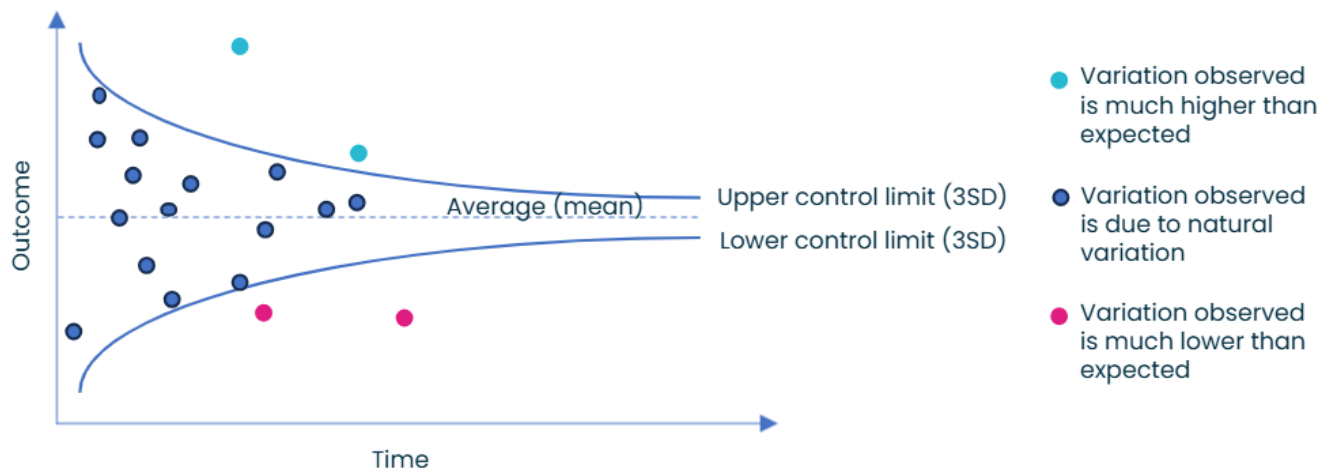
Collaboration with partners and working with the community is key to using data to drive action building on community assets. Examples of how this approach has been successfully demonstrated is outlined later in this report.



Data Driven Action

Neighbourhood Health Method Development

Example of a funnel plot



Local processes have been developed to identify specific small areas using statistical process control charts, which highlight differences in health outcomes due to chance or natural variation, and areas where outcomes vary and may be due to other causes.

The first core set of indicators passed through this process include triangulation of outlying areas in emergency admissions data, respiratory and cardiovascular admissions. Rationale for this approach is linked to how amenable to prevention/intervention admissions are within each of these core sets of data, for instance, providing earlier support & removing barriers to accessing health and care in communities. By leveraging local assets and fostering strong partnerships in those areas, we aim to bring health interventions, services, and support directly to where people live.

This section of the JSNA describes how this data has been used to drive action at hyper-local level.



All Emergency admissions

This data includes admissions for all causes of emergency admissions



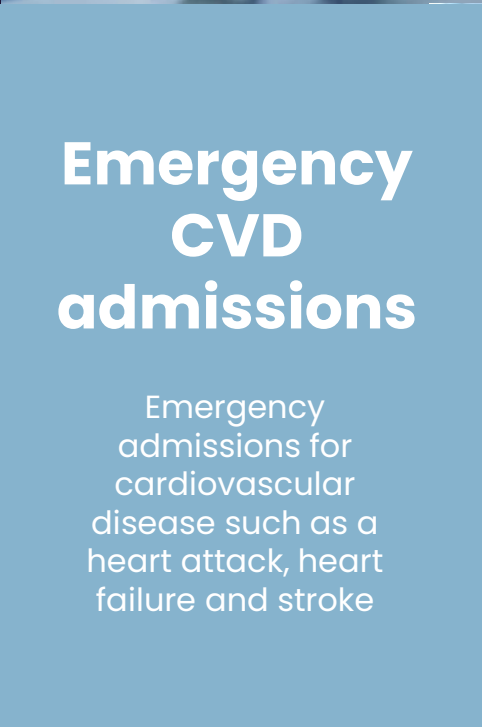
Data Driven Action

Neighbourhood Health Method development

Three emergency admissions measures have been used as a way of identifying unmet need

These measures are chosen as they provide the best indicator of where we have the chance to improve outcomes by:

- Focusing on prevention
- Delivering early interventions
- Providing additional support
- Supporting community development
- Delivering more place based / community health and care
- Focused system-wide working



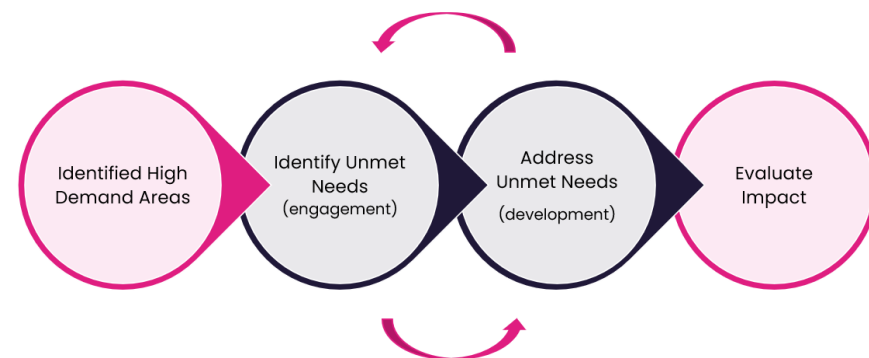
Emergency CVD admissions

Emergency admissions for cardiovascular disease such as a heart attack, heart failure and stroke



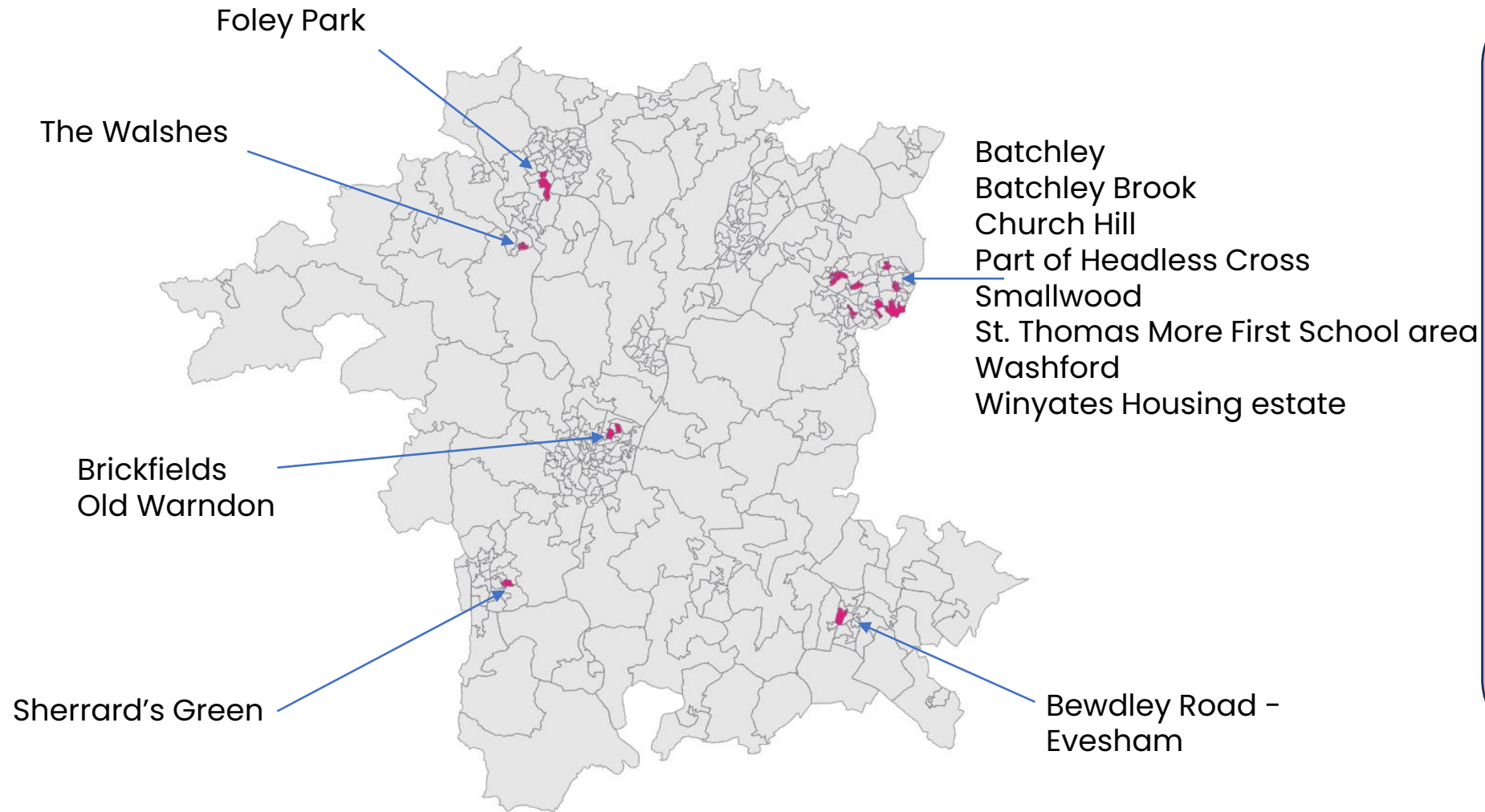
Emergency Respiratory admissions

Respiratory (breathing) emergencies



Neighbourhood Health

Identifying Priority Neighbourhood Areas (PND)



Triangulating the 3 core analyses resulted in 14 PND areas of high demand being identified - shown on the map opposite

Maps for all PND areas are available within the [Priority Neighbourhood PowerBi dashboard](#)

Neighbourhood Health

Priority Neighbourhood Areas (PND): Deep Dive

[Priority Neighbourhood PowerBi dashboard](#) has been produced to further support a focus on PND areas, providing information and signposting to further resources.

The dashboard is available on our [WCC Insights website](#). It has the ability to search PND's by name or postcode and also provides interactive maps.

The public health team have also developed a suite of population profiles for each of the PND areas. The profiles are available through both the [dashboard](#) and [WCC Insights website](#).

The profiles include details on population demographics, health profiles including disability, deprivation and housing.

These resources have been utilised through joint working with members of the District Collaboratives: NHS, district council, voluntary sector (CAB etc.) Work has started in developing action plans for the PND areas.

Priority Neighbourhood Information

The data and Intelligence team in Public Health have been busy developing a bespoke analysis to identify priority areas of need within the county. We have initially looked at hospital emergency admissions data for all ages in the whole population. This included general, respiratory and cardiovascular disease emergency admissions. From this analysis we have identified 14 Lower Super Output Areas (LSOA) areas across Worcestershire that are above the control limits and therefore have the highest unmet need.

Below are a list of those Priority Neighbourhoods (PND) and hyperlinks to population reports that we have compiled. The population reports are filled with data and information on population demographics, health, housing, deprivation and public services specific to those areas.

Data in the reports is correct as of January 2025.

Priority Neighbourhood name	Population Profile Link
Batchley	Link
Batchley Brook	Link
Bewdley Road	Link
Brickfields	Link
Church Hill (YMCA Surrounding Area)	Link
Foley Park	Link
Old Warndon, east of Cranham Drive	Link
Part of Headless Cross, High Trees Close	Link
Sherrard's Green	Link
Smallwood	Link
St. Thomas More First School Area	Link
The Walshes	Link
Washford	Link
Winyates housing estate (area around Ipsley C.E. Middle School)	Link

Our [Health & Wellbeing Insights](#) website can be used to access many other useful resources:

- [Priority Neighbourhood Profiles](#)
- [IG Inform themed Reports](#)
- [Insights Themed Reports](#)
- [Community stories and updates](#)

Priority Neighbourhood Map

Priority Neighbourhood Name look up

Geographies included in: **Washford**

Search Priority Neighbourhood name here:

Postcode	Output area Code (OAZ1CD)	Ward Name (WD24NM)	Parish Name (PAR22NM)	LSOA Name (LSOA21NM)	MSOA Name (MSOA21NM)	District Name (LAD22NM)
B980TY	E00164572	Matchborough & Woodrow	Redditch, unparished area	Redditch 009B	Redditch 009	Redditch
B980TU	E00164573					
B980TT	E00164577					
B980TS	E00164578					
B980HY	E00164579					
B980HQ						
B980HL						
B980HF						
B980HE						
B980HD						
B980HB						
B980HA						
B980FY						
B980FS						
B980FQ						

worcestershire county council

Neighbourhood Health PND: Deep Dive Analysis

During 2024/25, work has been ongoing with the NHS in Worcestershire to develop the approach of 10 Primary Care Networks (PCN) to neighbourhood health.

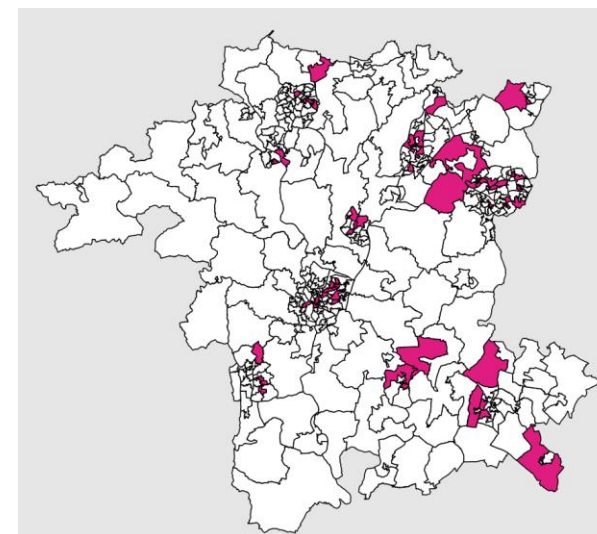
The previously described priority neighbourhood development methodology was adapted to ensure that all PCNs had similar sized target populations to prioritise. This led to the creation of 60 PCN priority areas in total.

Initially we focused on two of the priority areas and began to investigate further into demographics and deprivation within the registered patients.

Further analysis was then conducted into medical and social factors that may contribute to the high emergency admissions.

This work highlighted high levels of risk within patient groups and low levels of uptake of preventative services.

This work generated previously unknown insight into the potential drivers into inequality within the two priority areas.



Map of 60 PCN priority areas

Area 1 Deep Dive Results

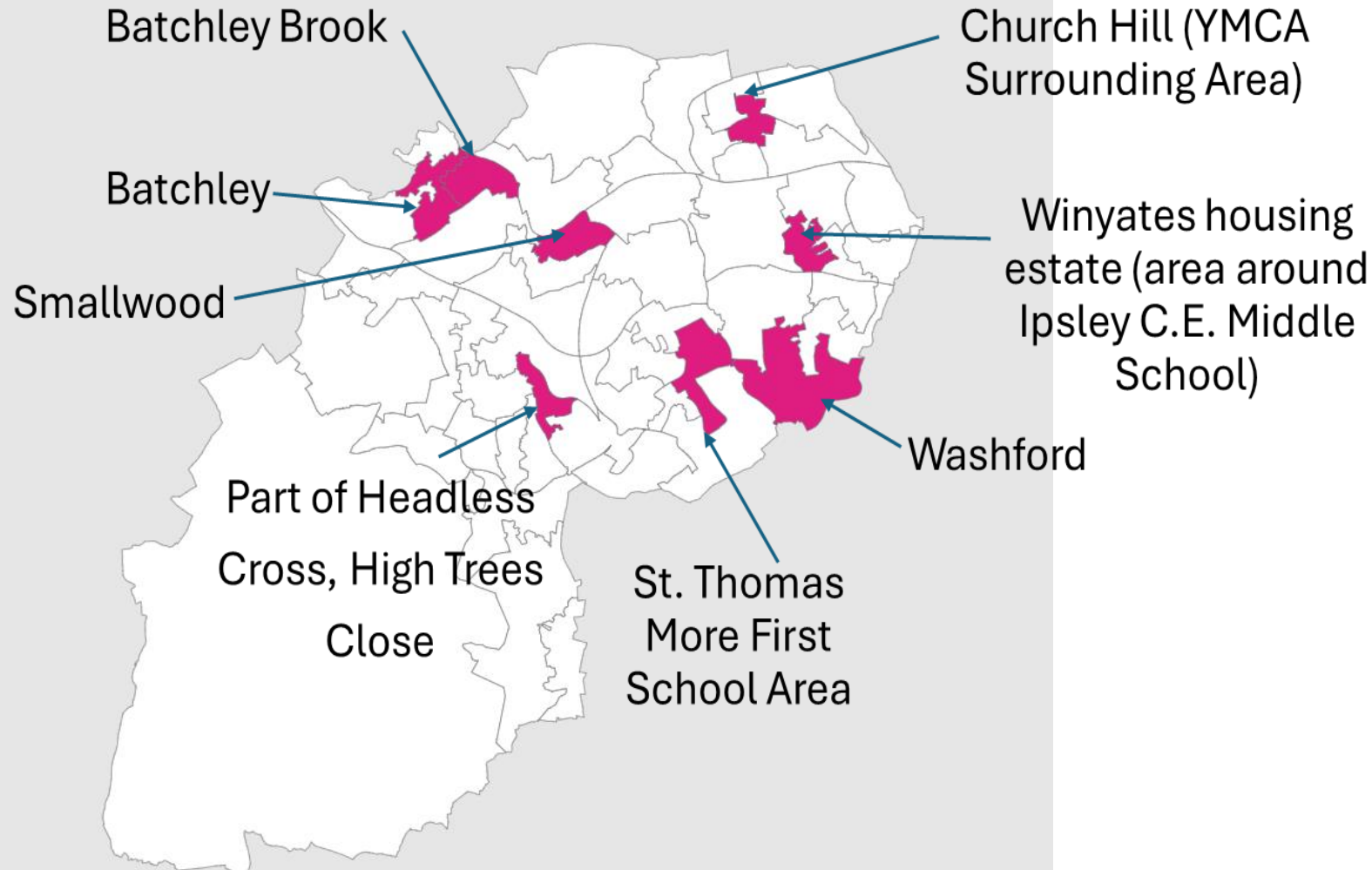
- Negligible rates of NHS health checks
- High rates of obesity compared to ICB
- High rates of smoking
- High prevalence of anxiety and depression
- High prevalence of asthma
- High rates of depression and HTN amongst those admitted

Area 2 Deep Dive Results

- High rates of smoking
- High rates of obesity
- High prevalence of depression
- High prevalence of asthma
- High rates of depression and HTN
- Few of those admitted had an NHS health check

Neighbourhood Health: PND: Data into Action – Redditch

We have used Redditch as an example of how the neighbourhood health programme has impacted data driven action that can be used to address unmet needs.



The map opposite shows the Priority Neighbourhood areas (PND) identified in Redditch.

8 of 14 PND areas identified in the County were in Redditch.

We have used Redditch as an example of how the neighbourhood health programme has impacted data driven action that can be used to address unmet needs.

Map reference: [Priority Neighbourhood PowerBi dashboard](#)

Neighbourhood Health

PND: Data into Action – Redditch example

Redditch Priority Neighbourhood Development Action Plan

- This is an extract from the Redditch action plan, the other five districts are developing their own approaches. It describes actions that are taking place in the 8 priority neighbourhoods in Redditch.
- It shows how interventions by various local partners can be implemented at neighbourhood level
- Using scientific data analysis as a guide, resources are focused where they make most difference to communities and individuals

Community Engagement and Development	
Opportunity	Actions
Engagement with residents, workforce and community partners to understand key health and wellbeing issues, service access and how to target services and support.	Develop key questions and topic guide for use by all Undertake engagement activities in each targeted LSOA
Analyse and develop findings, amplifying community voice	Thematically analyse, identify trends, outliers and produce findings summary.

Healthcare and Primary Care	
Opportunity	Actions
Admissions data	Local review and analyses of all admissions/discharges from the areas using health records
Patient list investigation	Risk stratification of patients from the areas to identify opportunities for tailored interventions
NHS Health Checks	Optimise health checks in these areas and identify health plans
Immunisation & screenings	Review and optimise all screening and immunisations

Assets and Existing Opportunities	
Opportunity	Actions
Maximise Healthy Worcestershire Programme	Maximise roll out of Healthy Worcestershire to increase connections and physical activity
Increase awareness and uptake of current services/opportunities	Promote local offer/provision through Directories, websites, networks and signposting
Roll out community grant	Continued promotion, identification and implementation of community grants in target LSOAs. Maximise and promote support opportunities in areas of most unmet needs with a focus on at risk population groups.
Targeted approaches through Family Hub Network	Development of Redditch Family Hub Network and family support to include targeted LSOAs

Neighbourhood Health

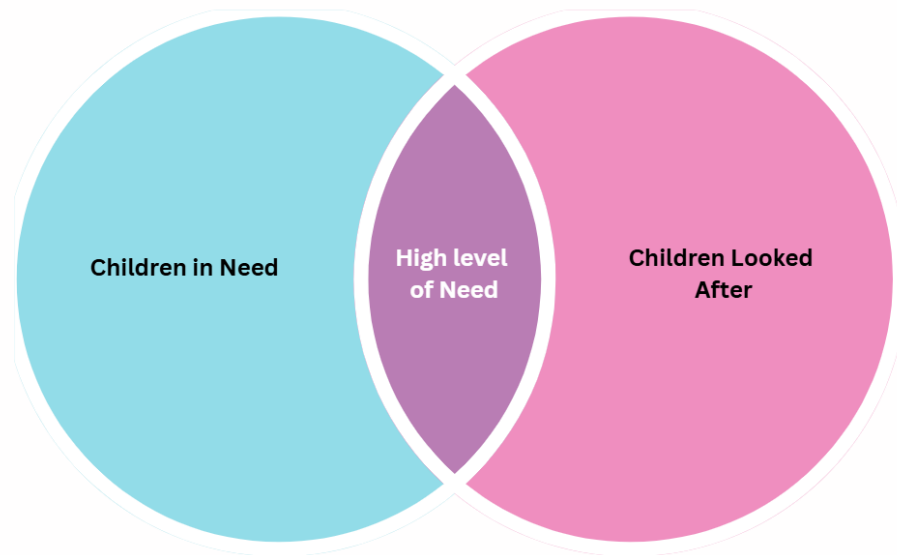
Identifying Childhood Priority Neighbourhood Areas

The Public Health Intelligence Team have been busy developing a bespoke analysis to identify priority areas of need within the County.

We developed and expanded our initial analysis to focus on identifying **childhood priority areas**. To do this we used data on Children in Need (CIN) and Children Looked After (CLA).

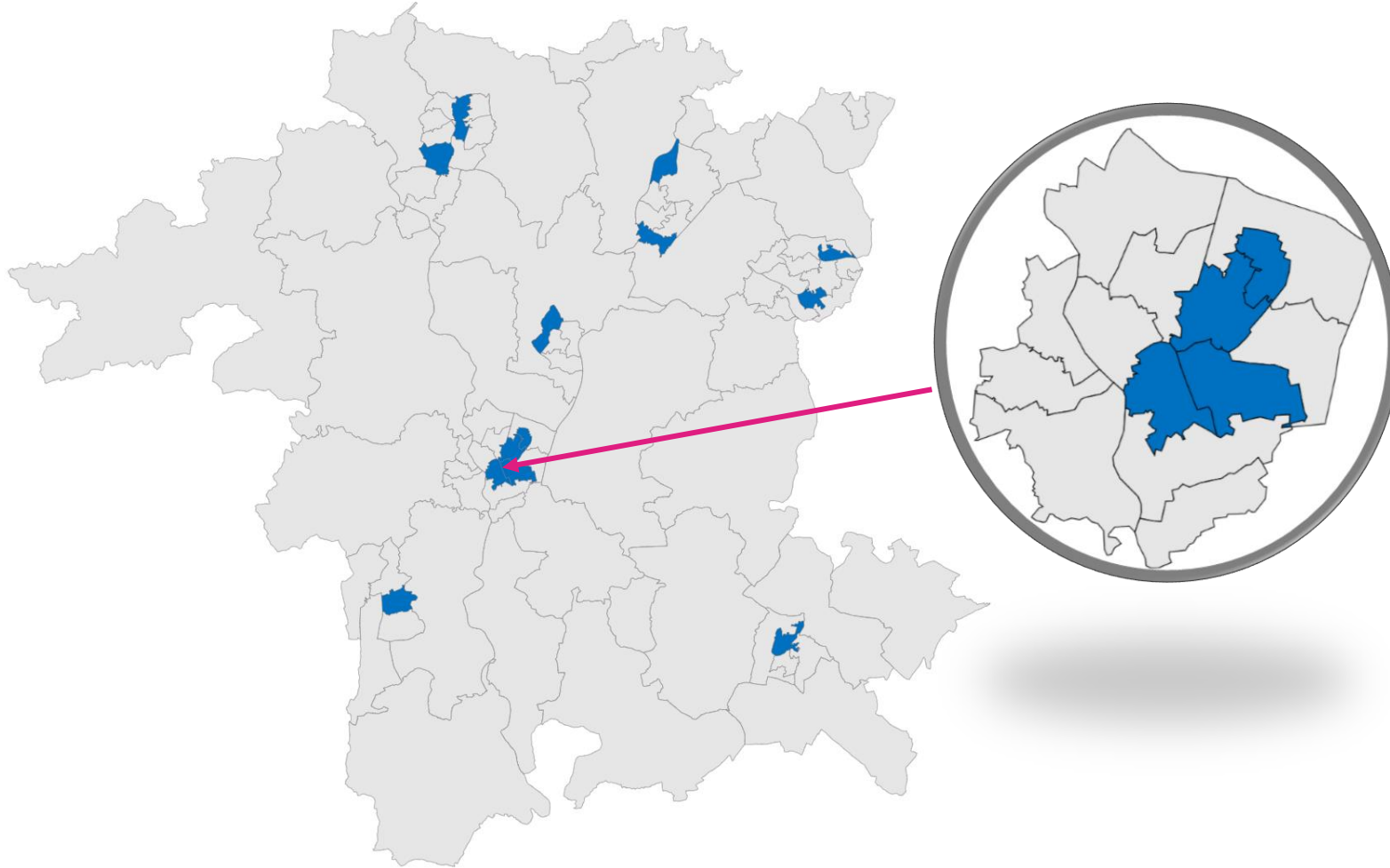
From this analysis we have identified 13 Middle Super Output Areas (MSOA) across Worcestershire that are above the control limits and therefore highest in unmet need. These are named the **Childhood Priority Neighbourhoods**.

This is an evolving programme of work. Initially Lower Super Output Areas (LSOAs) were identified and have been used across Family Hub Networks for service prioritisation. This work has now moved towards MSOA data, as it provides a more robust approach to priority neighbourhood areas.



Neighbourhood Health

Identifying Childhood Priority Neighbourhood Areas



The map opposite shows the 13 MSOA Childhood Priority Neighbourhood areas (PND) in the county.

The smaller map shows a zoomed in close up of the 4 Childhood PND areas in Worcester.

Neighbourhood Health

Childhood Priority Neighbourhood Areas: Deep dive

The Public Health Intelligence Team have produced a [Priority Neighbourhood PowerBi dashboard](#) that provides information and signposts to further resources. Currently the dashboard includes PND areas and Childhood PND areas.

The dashboard is available on our [WCC Insights website](#). It has the ability to search the Childhood PND's by name or postcode and also provides interactive maps.

The Public Health Team have also developed a suite of [Family Hub Profiles](#) for each district. The profiles are available through both the [dashboard](#) and [WCC Insights website](#).


The profiles include details on population demographics, health profiles including pregnancy, smoking, breastfeeding, early years development and school metrics such as childhood weight.

This work has started to be used in our family hub and district networks to expand offers of community groups and outreach support. This programme continues to develop and expand.

Childhood Priority Neighbourhood Information

The data and Intelligence team in Public Health have been busy developing a bespoke analysis to identify priority areas of need within the county. We developed and expanded our initial analysis to focus on identifying **childhood priority areas**. To do this we used data on Children in Need (CIN) and Children Looked After (CLA).

From this analysis we have identified 13 Middle Super Output Areas (MSOA) areas across Worcestershire that are above the control limits and therefore highest in unmet need. These are named the Childhood Priority Neighbourhoods.




Our Health & Wellbeing Insights website can be used to access many other useful resources:

- [IG Inform Themed Reports](#)
- [Insights Themed Reports](#)
- [Community stories and updates](#)
- [Family Hub Profiles](#) - District links below:

Family Hub Profile name	Link
Bromsgrove Family Hub Profile	Link
Malvern Hills Family Hub Profile	Link
Redditch Family Hub Profile	Link
Worcester Family Hub Profile	Link
Wyche Family Hub Profile	Link
Wyre Forest Family Hub Profile	Link

Childhood Priority Area Name
Birchen Coppice
Bromsgrove Charford
Catshill
Church Hill South
Droitwich Spa West & North
Evesham Central
Greenlands
Kidderminster Town
King George's Field
Malvern Pickersleigh
Ronkswood & Nunney Wood
Wardon West
Worcester Town South

Childhood Priority Neighbourhood Areas



worcestershire

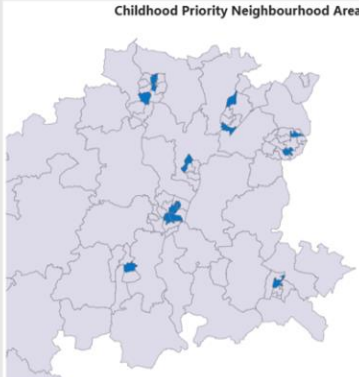
Childhood Priority Neighbourhood Postcode look up

Childhood Priority Area Name	District Name (LAD22NM)
Bromsgrove Charford	Bromsgrove
Catshill	Bromsgrove
Malvern Pickersleigh	Malvern Hills
Church Hill South	Redditch
Greenlands	Redditch
King George's Field	Worcester
Ronkswood & Nunney Wood	Worcester
Wardon West	Worcester
Worcester Town South	Worcester
Droitwich Spa West & North	Wyche
Evesham Central	Wyche
Birchen Coppice	Wyre Forest
Kidderminster Town	Wyre Forest

Search postcode here

With no spaces

Childhood Priority Neighbourhood Areas



worcestershire

- If the postcode is included in one of the priority areas it will appear on the table above and the map opposite.
- If the postcode is not included in one of the priority areas the table and map will be blank.

JSNA | SECTION 3

Data Driven Action:

Data surveillance, monitoring and tracking

Data Driven Action

Data surveillance, monitoring and tracking

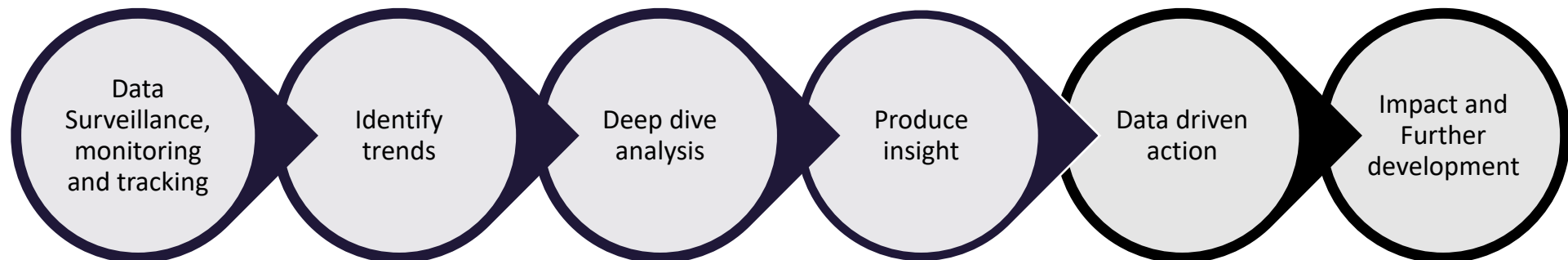
This section of the JSNA highlights a different data driven method to our neighbourhood health programme to identify where needs are greatest.

Data surveillance, monitoring and tracking of public health data is a vital method for informing policy, detecting health problems and trends, assessing population risk, and evaluating the effectiveness of interventions.

We describe in this section the process illustrated by the visual below of producing data stories that highlight where surveillance, monitoring and tracking have produced insight into health inequalities or significant trends in our population's health in Worcestershire.

This investigation provides data-driven insights that can be used to inform strategic decision-making and aid in the planning and the delivery of proactive public health interventions that optimise health outcomes and reduce inequality.

We also highlight how the monitoring and tracking of public health data can be used to measure impact and to inform development of future work.



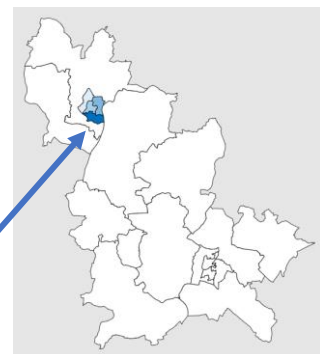
We are Westlands!

Surveillance, tracking and identifying trends

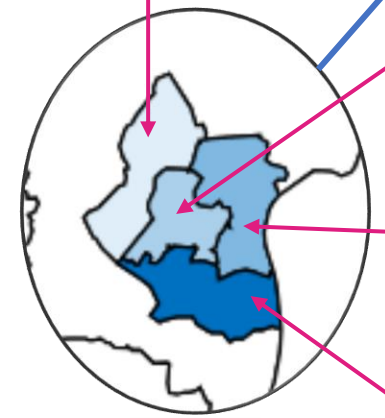
The "**We are Westlands!**" programme is our award-winning community development project located on the Westlands estate in Droitwich Spa, Worcestershire, England. The estate sits within the MSOA* of Wychavon 002 (Droitwich Spa West & North).

Our data surveillance and monitoring of Healthy Life Expectancy among other local health data revealed a worrying disparity between the Westlands area compared to adjacent areas. As shown on the map opposite, the residents in the Westlands area were experiencing healthy life expectancy that was over 10 years lower than their nearest neighbours.

* MSOAs are statistical boundaries that are made up of groups of smaller LSOAs. MSOAs comprise of between 2,000-6,000 households and have a usual resident population of between 5,000 and 15,000 persons.



Wychavon 002 'The Westlands Estate'
Healthy Life Expectancy **60.4 years**



Wychavon 003
Healthy Life Expectancy 64.6 years

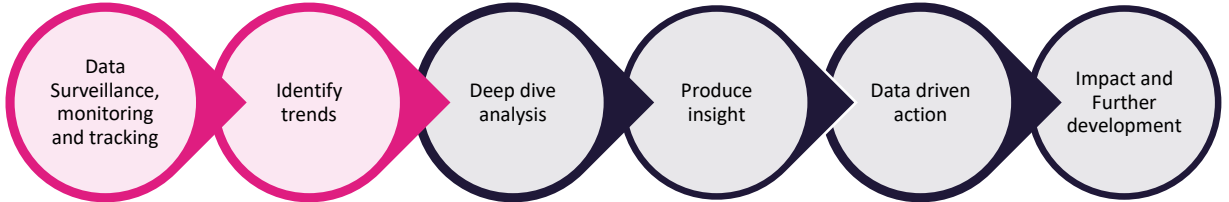
Wychavon 004
Healthy Life Expectancy 62.7 years

Wychavon 005
Healthy Life Expectancy **70.2 years**

Data Source: [ONS](#)

Indicator	Period	002 Droitwich Spa West & North		Worcs		England		England	
		Count	Value	Value	Value	Worst	Range	Range	
Life Expectancy									
Life expectancy at birth (Male)	2019 - 23	-	75.6*	79.6	79.1	65.6	[Bar chart showing 75.6 is significantly lower than 79.1 and 79.6]		
Life expectancy at birth (Female)	2019 - 23	-	80.0*	83.4	83.0	73.1	[Bar chart showing 80.0 is significantly lower than 83.4 and 83.0]		
Mortality									
Mortality from all causes	2019 - 23	256	126.9*	96.0	100.0	283.1	[Bar chart showing 126.9 is significantly higher than 96.0 and 100.0]		
Mortality from all causes (aged under 75)	2019 - 23	119	143.8*	91.7	100.0	288.0	[Bar chart showing 143.8 is significantly higher than 91.7 and 100.0]		
Mortality from cancer	2019 - 23	74	129.7*	95.7	100.0	217.4	[Bar chart showing 129.7 is significantly higher than 95.7 and 100.0]		
Mortality from cancer (aged under 75)	2019 - 23	42	142.5*	96.2	100.0	227.1	[Bar chart showing 142.5 is significantly higher than 96.2 and 100.0]		
Mortality from cardiovascular disease	2019 - 23	64	137.4*	95.7	100.0	274.5	[Bar chart showing 137.4 is significantly higher than 95.7 and 100.0]		
Mortality from cardiovascular disease (aged under 75)	2019 - 23	25	140.0*	90.5	100.0	353.3	[Bar chart showing 140.0 is significantly higher than 90.5 and 100.0]		
Mortality from coronary heart disease	2019 - 23	30	145.1*	88.1	100.0	360.4	[Bar chart showing 145.1 is significantly higher than 88.1 and 100.0]		
Mortality from stroke	2019 - 23	12	122.8*	105.3	100.0	486.0	[Bar chart showing 122.8 is significantly higher than 105.3 and 100.0]		
Mortality from respiratory diseases	2019 - 23	40	181.1*	97.0	100.0	394.3	[Bar chart showing 181.1 is significantly higher than 97.0 and 100.0]		
Mortality from causes considered preventable (aged under 75)	2019 - 23	60	155.7*	87.8	100.0	366.9	[Bar chart showing 155.7 is significantly higher than 87.8 and 100.0]		

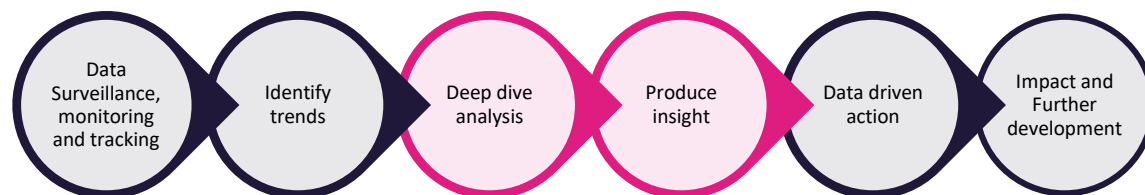
Data Source: [Local Health, public health data for small geographic areas](#)



We are Westlands! Deep dive analysis and producing insight



Video Source: [We Are Westlands Now](#)



The team began a **Deep Dive** analysis that was split into two components: quantitative and qualitative. The quantitative work consisted of segmenting data by various fields (Age, Gender, Ethnicity, IMD). We also analysed supporting data sources to triangulate findings such as (Hospital admissions, GP, community support, wider determinants)

Rather than relying solely on quantitative data, within our deep dive we gave equal weight to the lived experiences of the community. This qualitative data was gathered through:

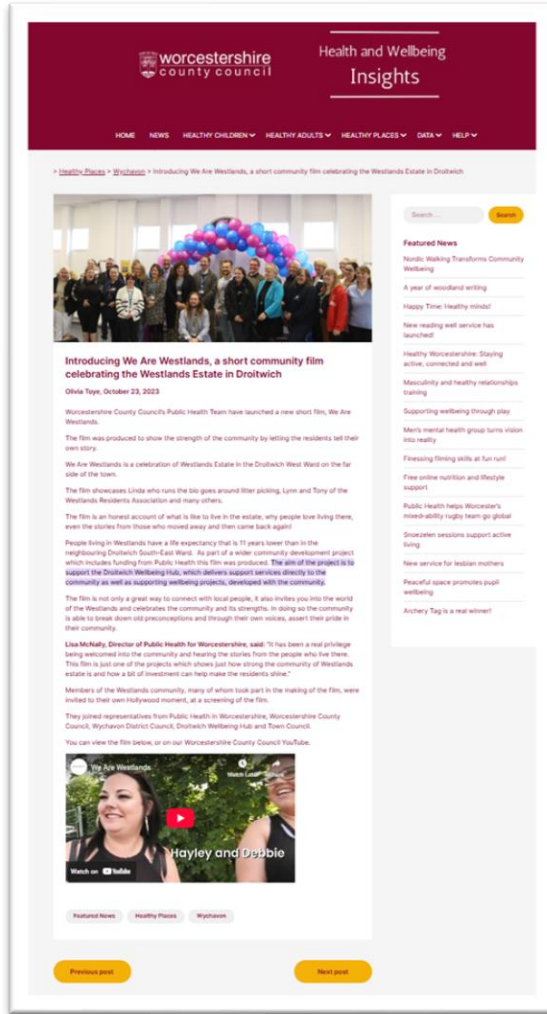
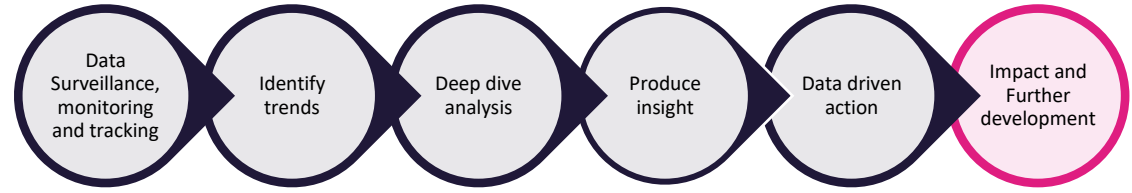
Resident and Community Leader Consultations: We built insight from organizing extensive conversations with residents, community leaders, and local groups. This feedback identifies the specific issues that matter most to people on the ground, such as feelings of loneliness, lack of community cohesion, or a sense of stigma.

Co-design Workshops and Meetings: We brought residents into the process of designing and delivering projects. This generated a wealth of qualitative data about what solutions are most likely to be used and effective. The activities that result—such as gardening projects or community litter picks—are a direct result of this resident input.

Narrative and Storytelling: We used media like a short film to showcase the community's own stories. This kind of qualitative evidence is powerful because it builds empathy and highlights the pride and resilience of the community, challenging preconceived negative notions.

We are Westlands!

Impact of our work



Featured News article on our [Public Health and Wellbeing Insights Website](#)

Public Health [LGC Award winners 2025](#)

The project's core aim is to prevent health problems before they arise. It achieves this by focusing on wider determinants of health like social isolation, mental well-being, and access to resources. The programme gives residents the tools and support to create a more resilient and connected community, which in turn reduces the need for costly health interventions down the line.

- The project has led to numerous locally-driven initiatives.** For instance, it has helped address issues of loneliness and isolation, which residents themselves identified as major problems on the estate. This approach builds trust and ensures that the changes are relevant and sustainable.
- Award-Winning Recognition:** The programme received a prestigious national award at the **Local Government Chronicle (LGC) Awards**. The judges described it as a "standout winner," highlighting its innovative, flexible approach and the tangible public health benefits it created with a relatively small amount of money. They also praised its ability to create a sustainable infrastructure for community development.
- A Powerful Model for Others:** The success of "We are Westlands!" has provided a powerful blueprint for other areas. Its methodology of working collaboratively with communities, rather than imposing top-down solutions, is now being used to inform neighbourhood health guidelines for the NHS and other public sector organisations.



Mortality: Surveillance, tracking and identifying trends

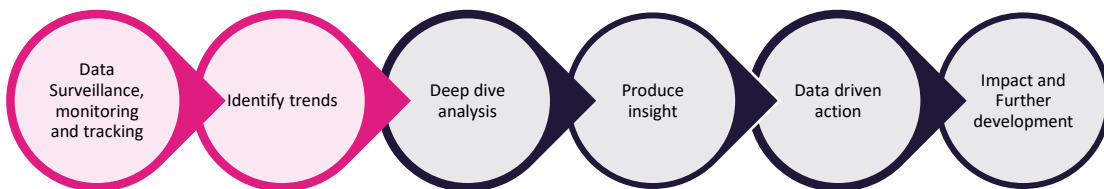
Mortality monitoring is an example of one type of data surveillance conducted by the Public Health Intelligence Team.

Excess deaths are the number of deaths above the average for a particular time period. They are monitored to identify spikes and areas of concern for further investigation.

During the COVID pandemic, data requirements exponentially increased to at its peak, daily reporting and monitoring of death registrations.

Data from this enhanced analysis was used to produce an ongoing chart (figure 1) that shows the total number of excess deaths per month since the pandemic. We noticed that excess deaths continued to be higher than the 5-year average post COVID_19.

We conducted a deep dive into the data to uncover the underlying cause of the increase. Data was segmented into broad groups of cause of death by quarter, this revealed a consistent upward trend for circulatory disease as a cause of death during both 2020 and 2021 (figure 2).



Excess deaths per month in Worcestershire compared to the 5 year average (2015 - 2019)

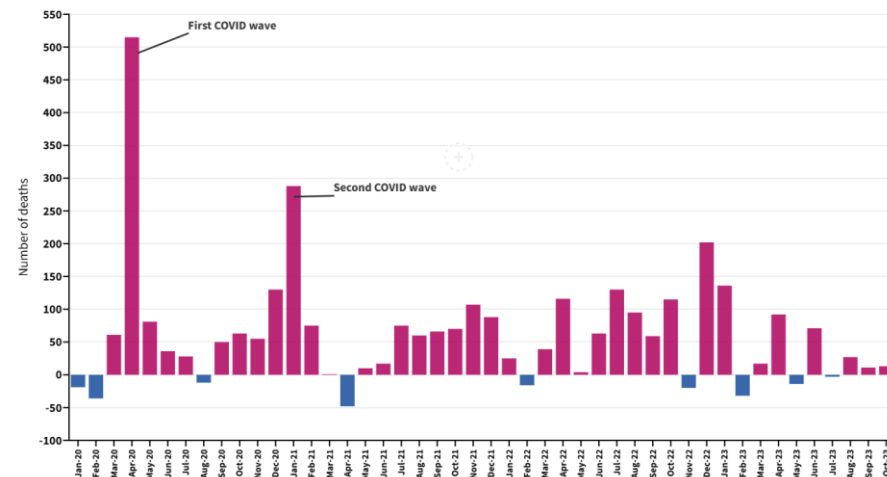


Figure 1.

Number of Deaths from Diseases of the Circulatory System by Quarter for Worcestershire Residents

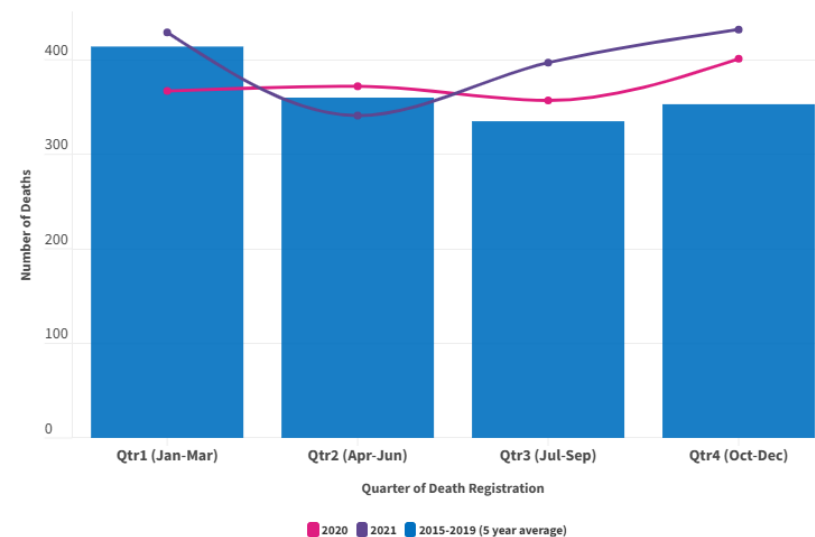


Figure 2.

Mortality: Deep dive analysis and producing Insight

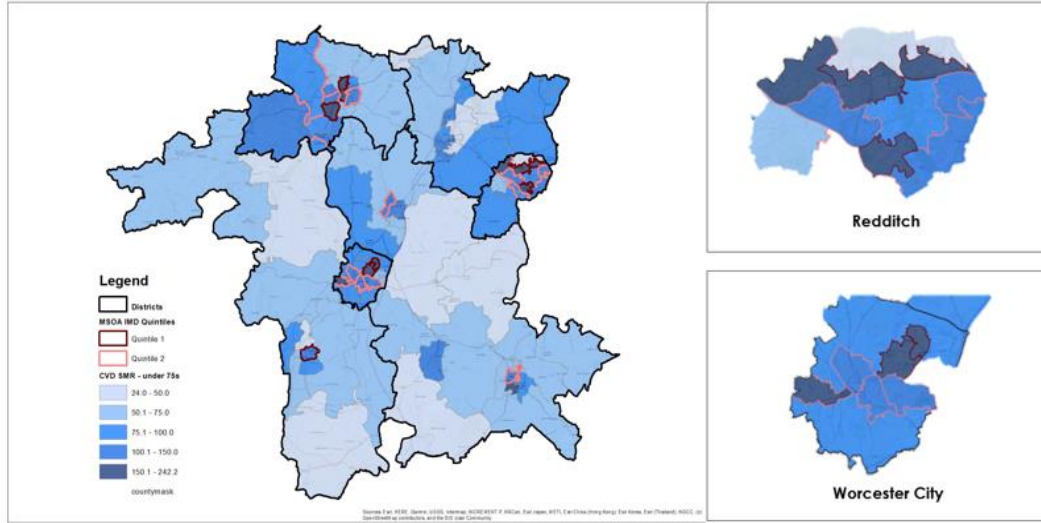


Figure 1

Directly Standardised Mortality Rate (DASR) by Deprivation Quintile for Diseases of the Circulatory System in Worcestershire Residents

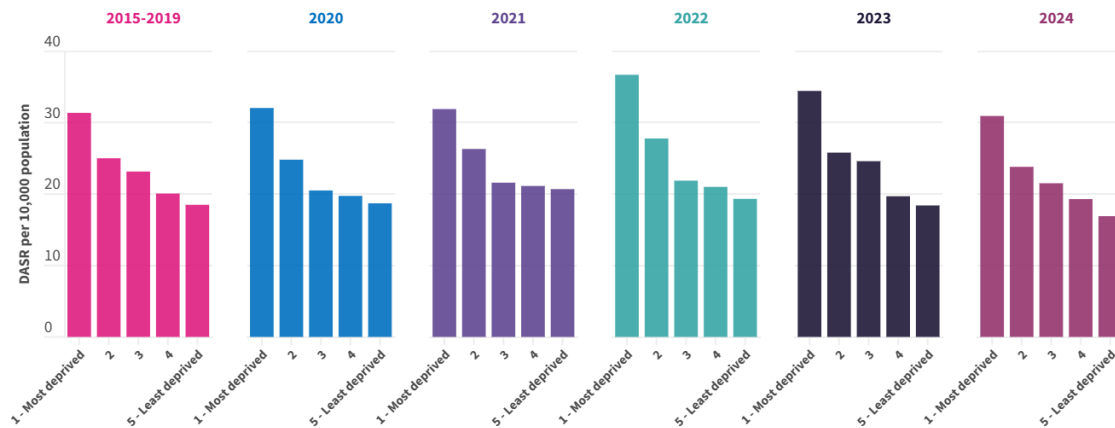
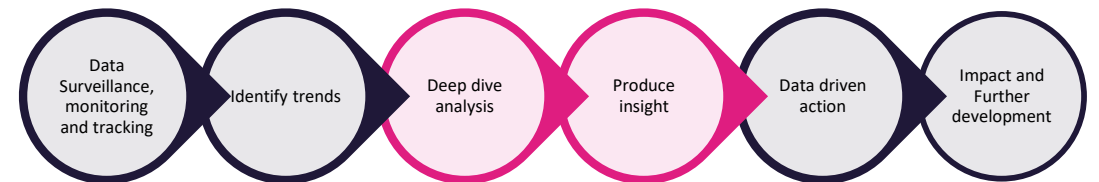


Figure 2

- ▶ The deep dive analysis consisted of segmenting data by various fields (Age, Gender, Ethnicity, IMD, Geography, conditions within circulatory disease)
- ▶ Also analysing supporting data sources to triangulate findings such as (hospital admissions, GP, community support, wider determinants)
- ▶ The data was correlated with IMD (figure 2) and visualised with a map (figure 1). This revealed that the most deprived in our population have the highest rate of circulatory disease deaths.



Mortality: Impact of our work

Following an intensive few years of targeted interventions across the health and social care sector, the circulatory disease mortality rate for all ages has started to reduce and in 2024 was at its lowest level for 10 years (figure 1).

Despite the encouraging reduction in the rate for all ages, there is still more work to do with circulatory disease mortality in the <75 age group. Rates are over 3 times higher in the most deprived quintile than in the least deprived (figure 2).

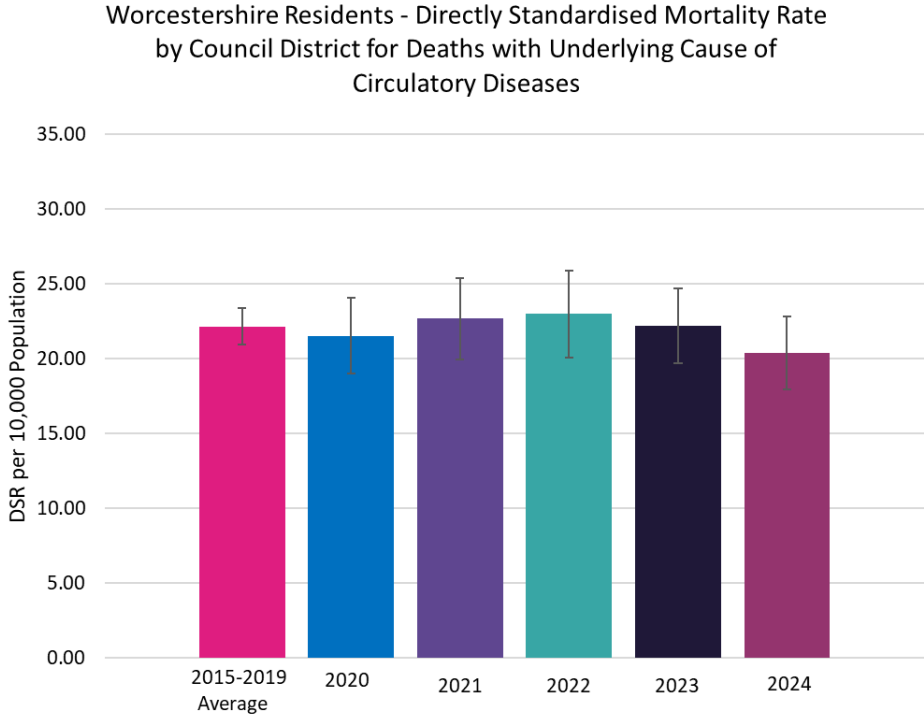


Figure 1.

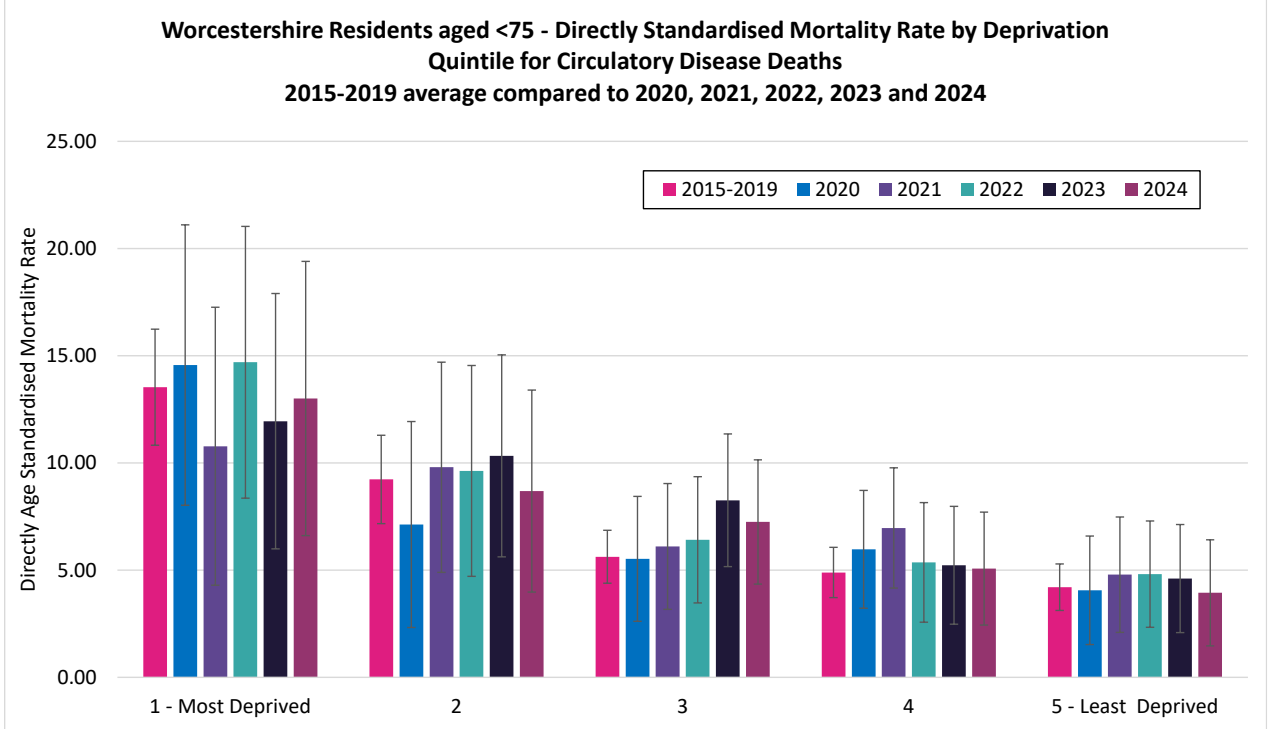
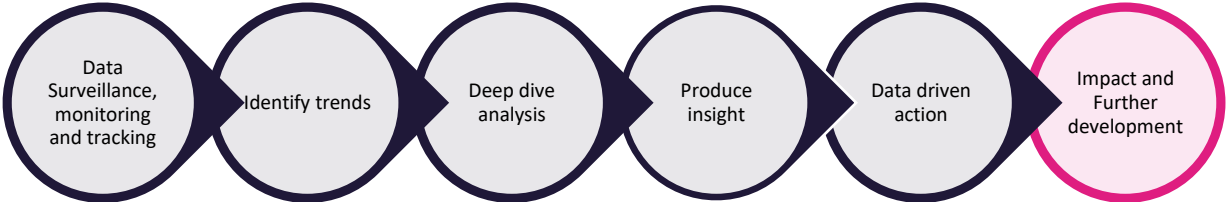


Figure 2.



Mortality: Future development of our work

Alongside focusing our attention on Circulatory Disease mortality over the last few years, we have still been monitoring other causes of death in Worcestershire.

After three years of falling rates, we have seen an increase in cancer (neoplasm) mortality in 2024.

Following a deep dive into cancer mortality data over the last 5 years, we can see a sharp rise in the most deprived population in the latest year (see figure 1) but no noticeable rise in any specific age group, sex or type.

We will continue to monitor this going forward, as this could be a one-off rise, but the figures are being closely analysed on a quarterly basis to see if this pattern continues in the 2025 data.

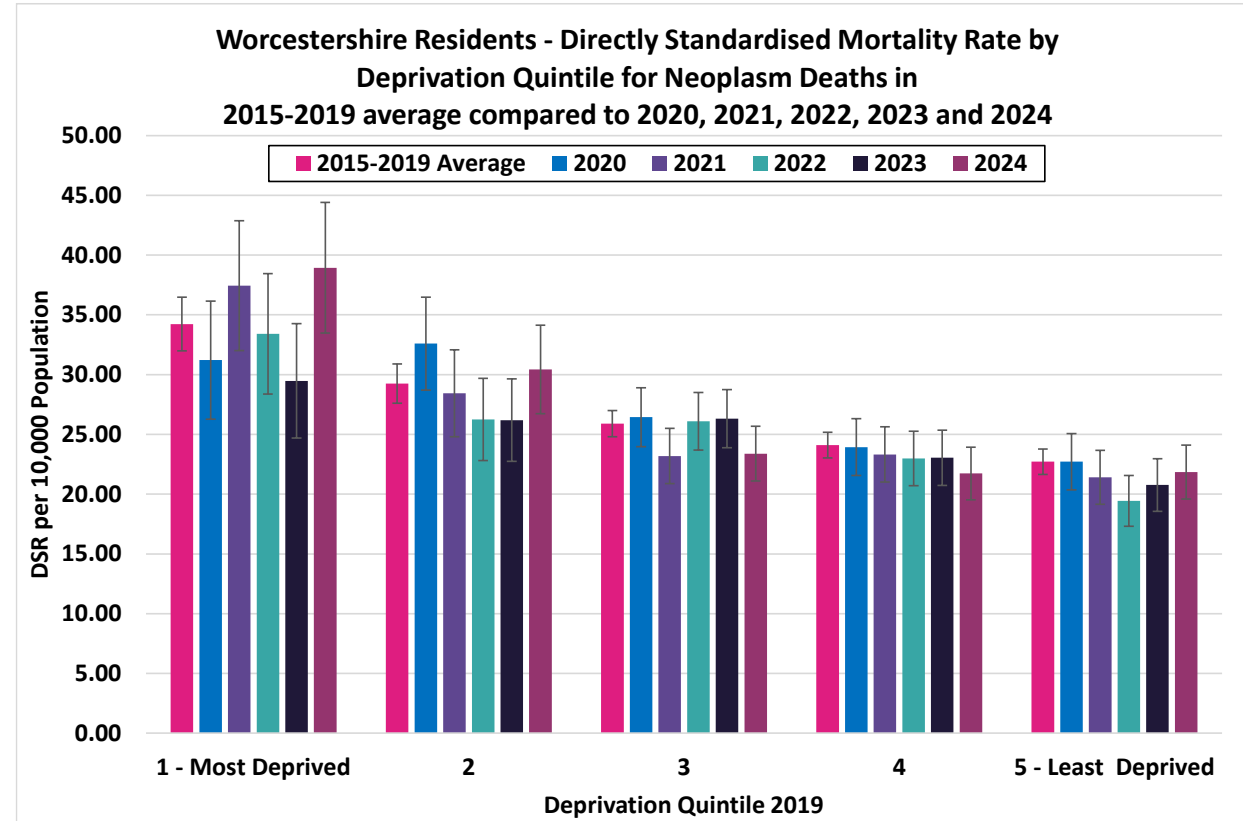
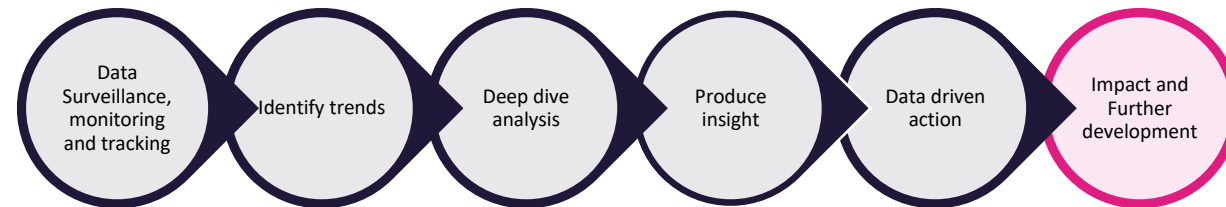


Figure 1

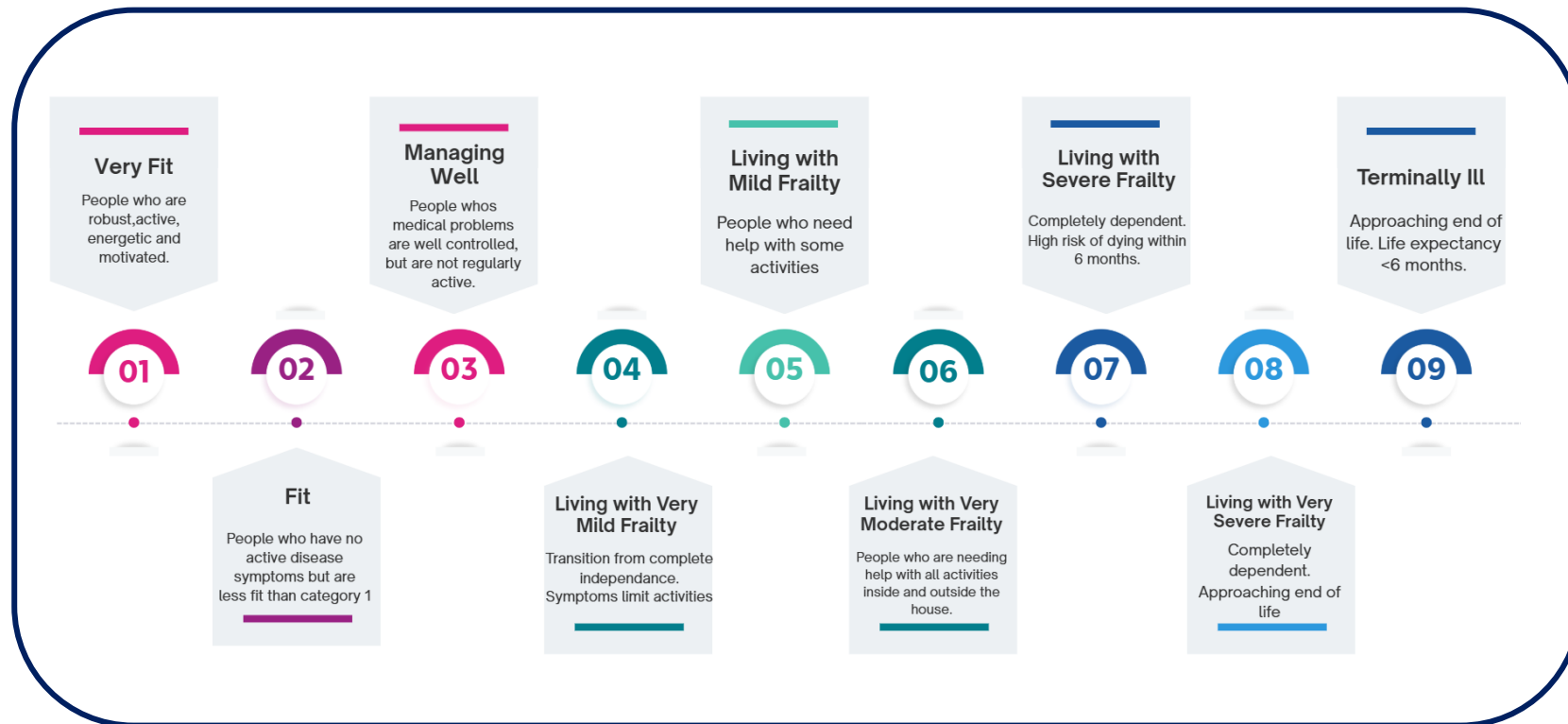


Frailty: Surveillance, tracking and identifying trends

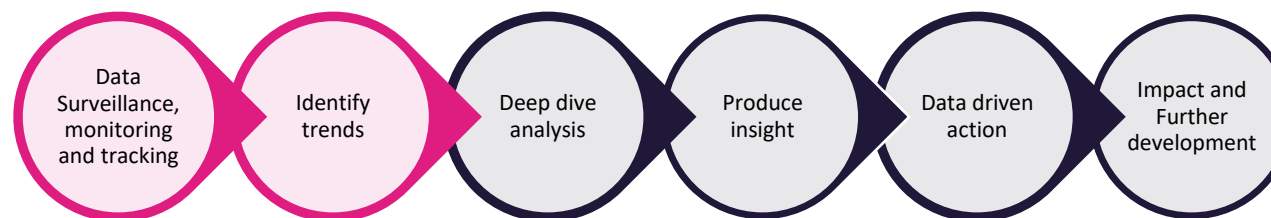
Frailty has been identified as a priority area of concern both nationally or locally. A number of metrics can be used as a proxy to estimate the burden of frailty on the population and health system:

- An ageing population,
- Increase in emergency admissions for older people,
- Longer length of stay
- High occurrence of readmission

The Rockwood Clinical Frailty Score is used to monitor and measure frailty for patients. Hospital admissions for frailty are not coded separately, therefore the Public Health Intelligence Team have developed a deep dive analysis to produce insight into frailty locally.

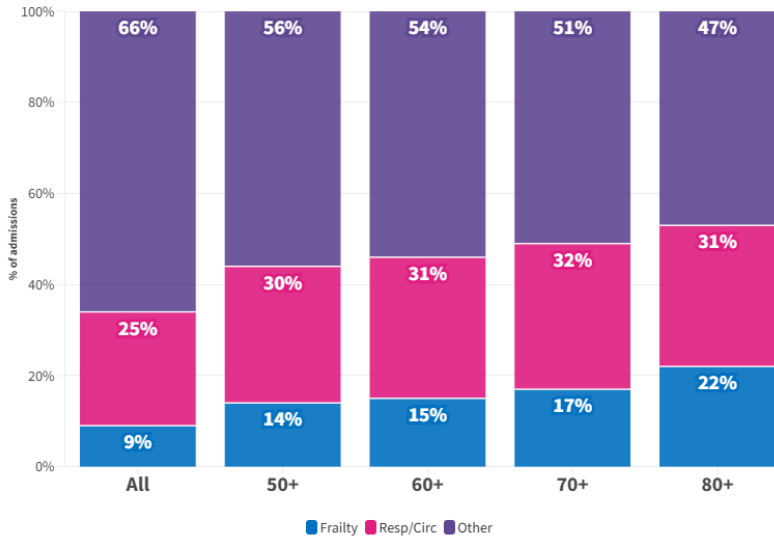


Adapted graphic from: The Rockwood Clinical Frailty Score

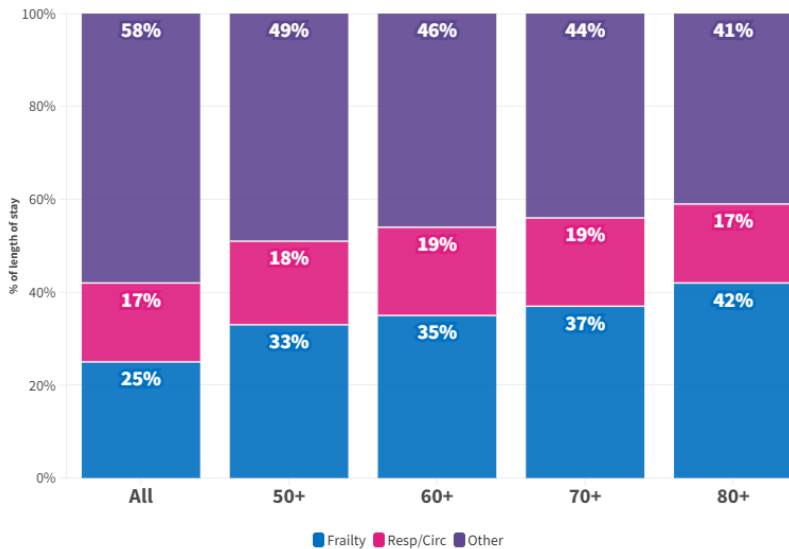


Frailty: Deep dive analysis and producing Insight

Percentage of emergency hospital admissions by type (2023 & 2024)



Percentage of length of stay (emergency bed days) by type (2023 & 2024)



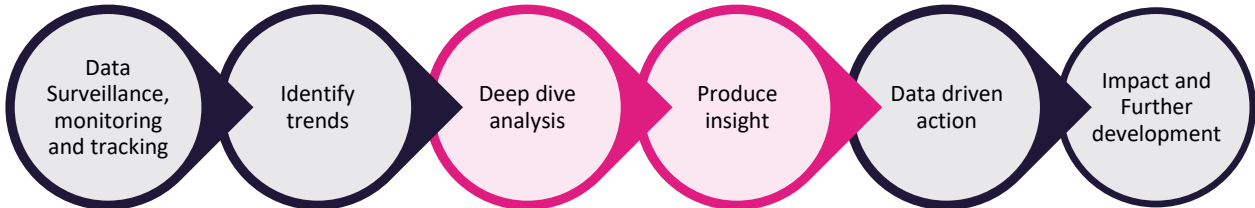
Source: PH calculation using Hospital Episode Statistics (NHS Digital)

Hospital admissions for frailty are not coded separately in the national dataset. Therefore, the deep dive analysis applied a definition of frailty from academic research to local hospital admissions for Worcestershire residents for 2023 and 2024. The aim was to understand admission numbers and length of stay compared to other diagnoses.

The analysis identified 122,929 emergency admissions to hospital of which an estimated 10,817 (8.8%) were frailty related and three times as many were circulatory or respiratory related: 30,928 (25.4%) (1st chart)

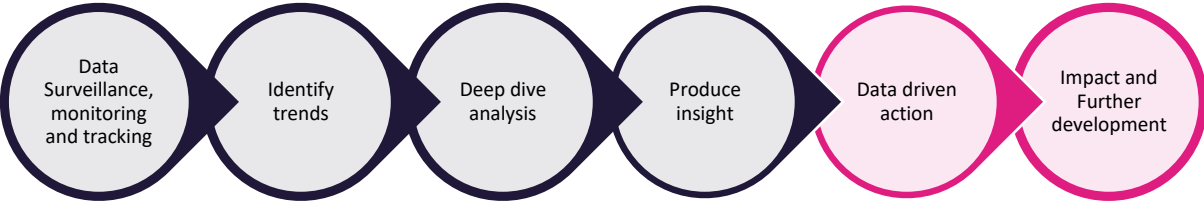
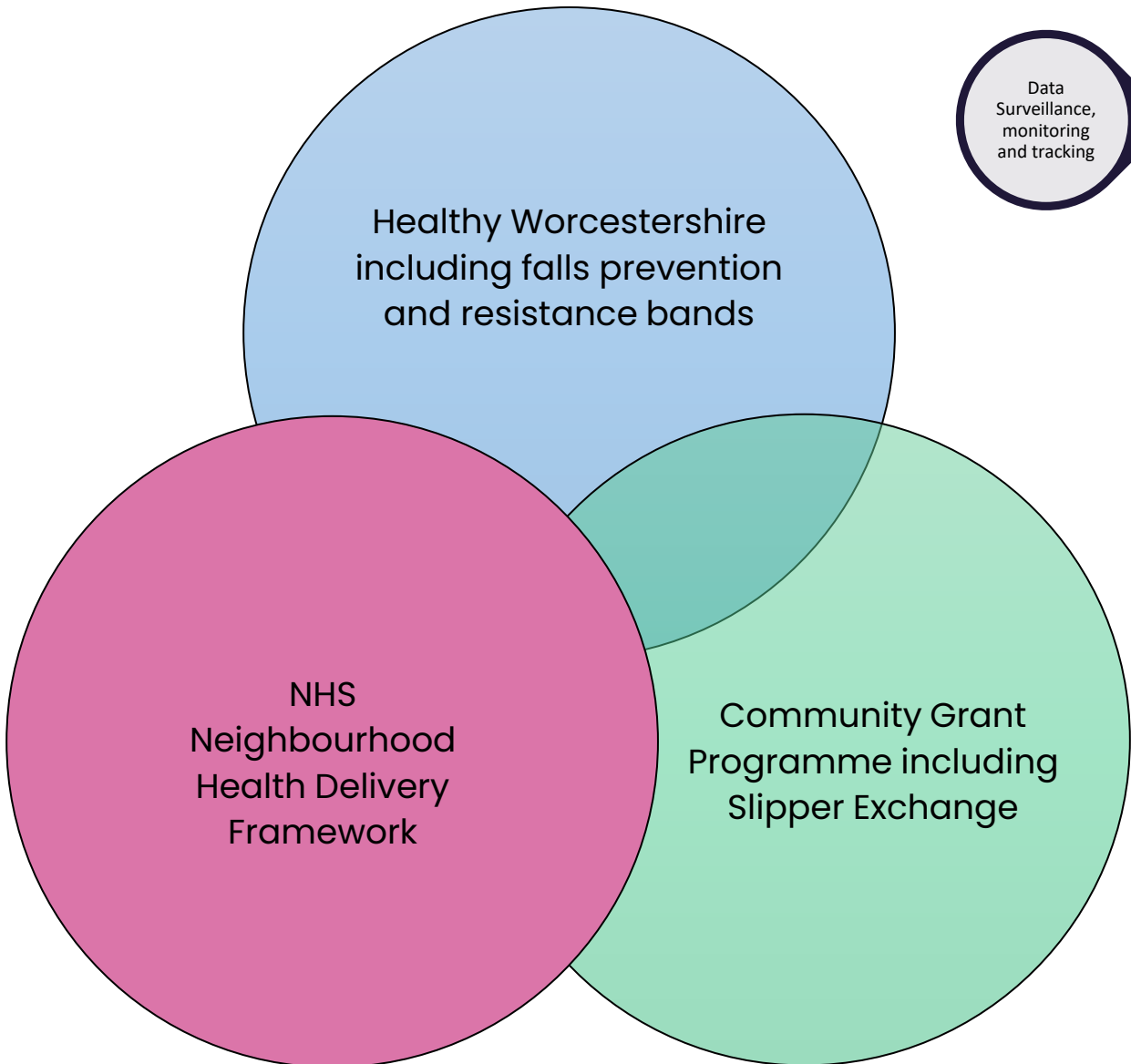
When considering total bed days rather than admissions a very different pattern emerges with 25% of bed days accounted for by frailty and 17% circulatory or respiratory related. (2nd chart)

Average length of stay for frailty related admissions in Worcestershire is 10 days which is over three times as high as for respiratory/circulatory conditions 3 days.



Frailty: Data driven Action

Examples of the interventions and programmes addressing frailty



Future Developments

Linking Health and Social Care data over the coming year will enable Public Health and the wider system to more fully explore opportunities to prevent and treat frailty using new models of care.

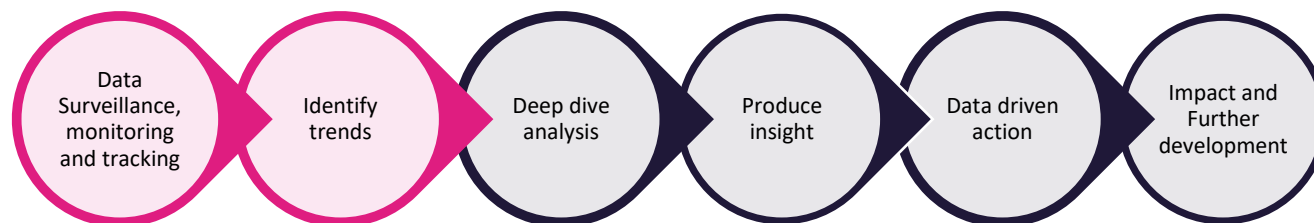
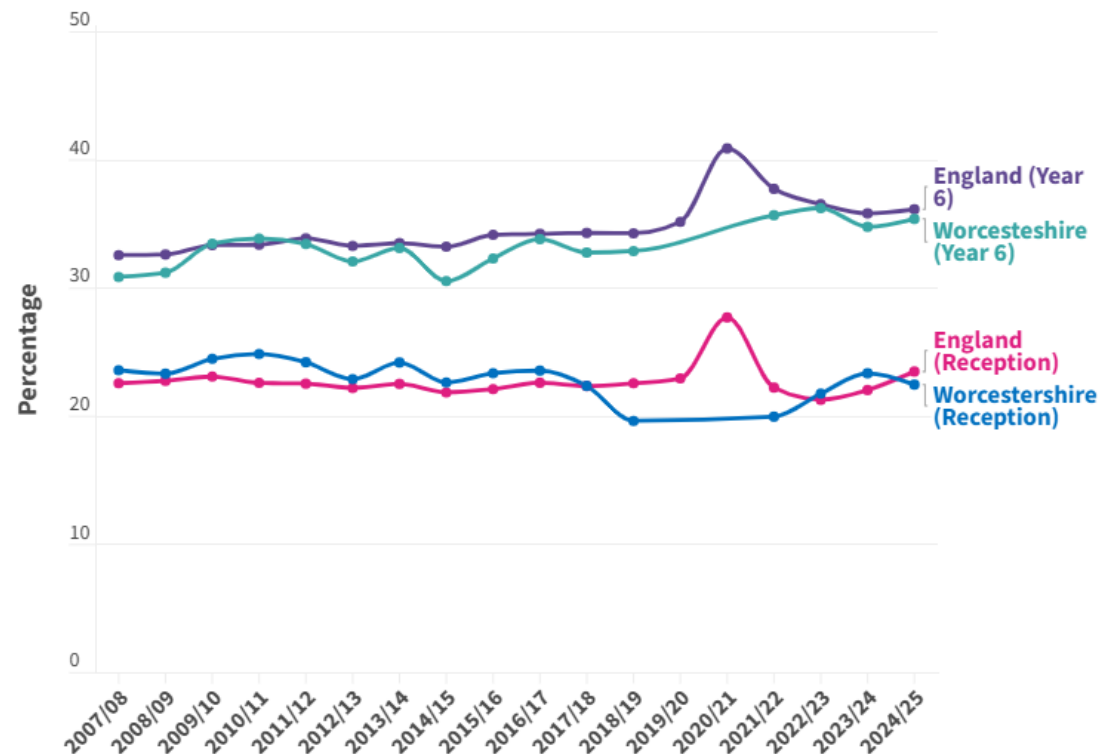
Childhood Healthy Weight: Surveillance, tracking and identifying trends

Child weight has been measured in Reception (age 4/5) and year 6 (age 10/11) via the National Child Measurement Programme (NCMP) since 2006/07 and as a Public Health team we have continually monitored the rates for our population since that time. The dataset contains a wealth of information enabling us to produce analysis at a lower geographical level than is available nationally by IMD, ethnicity, gender, various geographical levels and school. Briefings have been produced with the latest available on the JSNA website.

This graph shows the trend in Worcestershire compared to England since 2007/08 for children with excess weight. The rate of reception children who have excess weight in Worcestershire has been historically higher than England, however, just prior to the pandemic the rate had started to reduce, but increased back to a rate higher than England following the pandemic. There are some signs in the latest year's data that this may be reducing again. Year 6 rates are generally lower than England although it should be reiterated that this equates to 35 children in every 100 who have excess weight.

More information is available on [Obesity, physical activity and nutrition - Data | Fingertips | Department of Health and Social Care](#)

Child Excess Weight Timetrend in Worcestershire

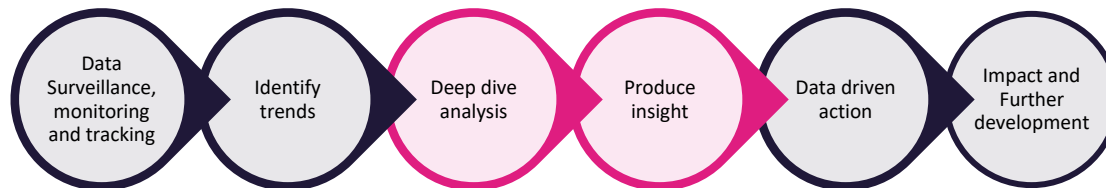
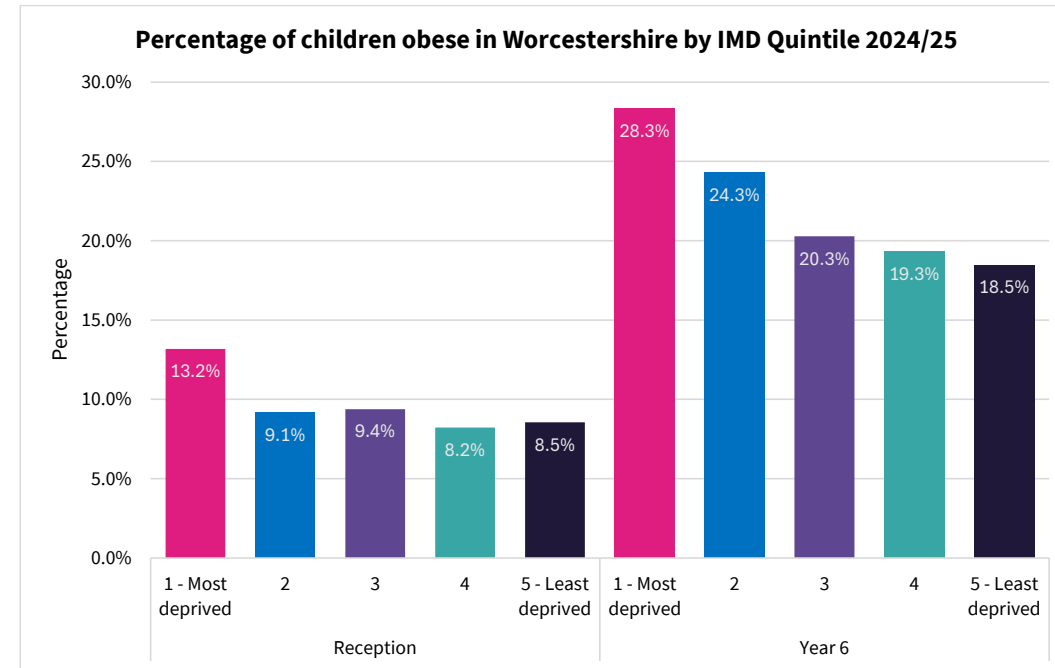


Childhood Healthy Weight: Deep dive analysis and producing insight

Every year the data is analysed to identify cohorts of children who would benefit from additional interventions, and some targeted work is carried out, where resources are available.

Using the local dataset, the following observations can be made:

- **IMD** – Consistently higher rates for children who live in more deprived areas (see graph). This has been a continuous theme throughout the last 20 years.
- **Council District/MSOA/LSOA** – Usually those areas with more deprived populations have higher rates.
- **Gender** – Boys generally have higher rates than girls especially in year 6 where the gap between them widens.
- **Ethnicity** – Non-white categories tend to have higher rates of excess weight in year 6 although these are based on smaller numbers with wide confidence intervals.
- **Rurality** – children living in urban areas tend to have higher rates of excess weight
- **School** – schools with higher rates tend to serve more deprived populations.



Despite various targeted interventions over the years the rate has remained stubbornly high and following an increase in both year groups during Covid we have not seen the expected reduction, so this area has been deemed to be a priority for action.

The Public Health Intelligence Team have started to collate data sets available across a range of indicators linked to child healthy weight and analysed by MSOA. This includes maternal BMI at booking and NCMP data. Comparing small areas with statistically significantly high values, highlights the areas needing further support with prevention and early intervention.

Childhood Healthy Weight: producing insight

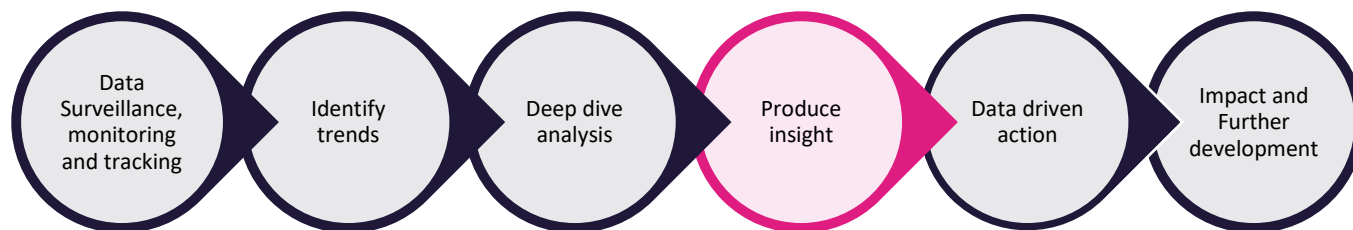
The public health Intelligence team have produced a Child Healthy Weight Dashboard that provides a summary of all child weight indicators.

This includes county, district and MSOA level child weight data. The dashboard highlights the areas which are significantly higher than England average.

New indicators also highlight the change in child weight between Reception and Year 6. Highlighting key areas of improvement allows for quick understanding of geographical differences in child weight.

This can guide further targeted work and action in communities and schools to support child healthy weight.

The dashboard is available on our [WCC Insights website](#).



Worcestershire Child Healthy Weight Dashboard

Child Healthy Weight Data

The aim of this dashboard is to provide one key source for child weight in Worcestershire.

The National Child Measurement Programme (NCMP) takes place yearly and is submitted around August for the relevant school year. This data is uploaded onto Fingertips where it can be analysed at different geographical levels. Data has been downloaded from Fingertips to summarise the key date for Worcestershire.

Geographical data is based on where a child lives, rather than where the child goes to school. Child weight data for Worcestershire is therefore all children who live in Worcestershire, even if they attend a school outside of Worcestershire.

Note - there was limited data collection for the NCMP in 2019/2020 due to COVID-19. For this reason, the data for this time is limited and should be interpreted with caution.

Key Indicators

- 1 - Reception Prevalence of Overweight Including Obesity, 3 years combined
- 2 - Year 6 Prevalence of Overweight Including Obesity, 3 years combined
- 3 - Healthy Weight to Overweight (including obesity)- Reception to Year 6
- 4- Children Remaining Overweight- Reception to Year 6

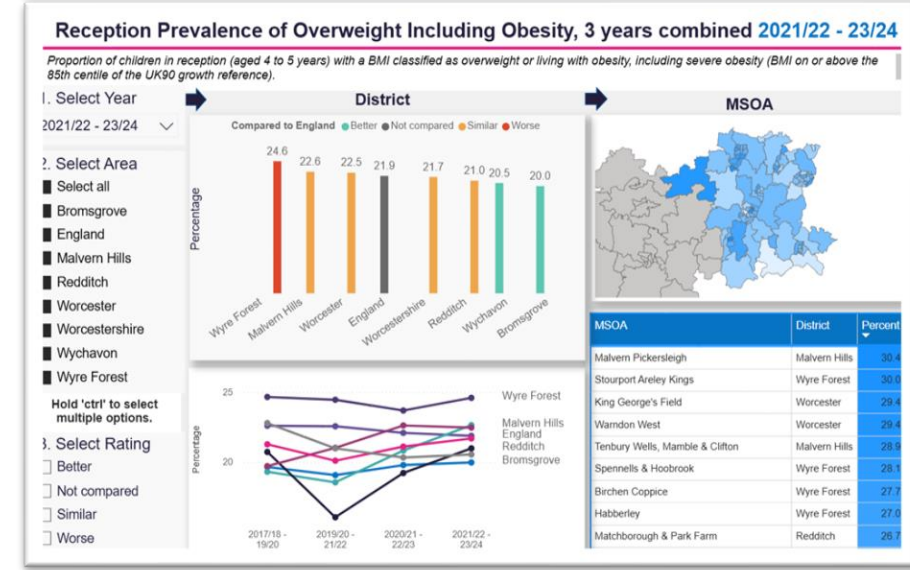
All other available child weight indicators are available on page 5.

How To Use This Dashboard

For each indicator:

- 1 - Select a year
You must only select one year. If no year is selected, the data will summarise all years.
- 2 - Select area
All indicators are available at district level. Hold 'ctrl' to select multiple areas. The dashboard will automatically display MSOA level data if available.
- 3 - Select rating compared to England
Each area has a comparison rating compared to England and has been colour coded accordingly :
Worse than England (red)
Similar to England (orange)
Better than England (green)

You can clear your selection by using the eraser icon which is on the top right of the box.



JSNA | SECTION 4

Community-based support

Summary of key Public Health Programmes
with a focus on prevention, early intervention, and community-based support.

Community Based Work: Healthy Worcestershire



Healthy Worcestershire is our free, community-based programme designed to help residents improve their physical and mental health, with a specific focus on supporting older adults to live well and independently for as long as possible. The programme has weekly group sessions where residents can enjoy:

- **Gentle Exercise:** Sessions include low-impact physical activities like strength and balance exercises, aimed at improving mobility and reducing the risk of falls.
- **Social Connection:** A significant component of the program is its social aspect. It provides a friendly and welcoming space for people to meet others, combat loneliness, and build new friendships.
- **Educational Talks and Lifestyle Advice:** The sessions also offer informative talks on a range of health and wellbeing topics. This can include advice on healthy eating, weight management, and community safety (e.g., avoiding fraud).
- **Personalised Support:** The program offers a flexible approach, allowing participants to provide feedback that helps shape future sessions and topics. For example, a request for stress management support might lead to the inclusion of a yoga instructor to teach breathing exercises.

Testimonials and personal stories from people attending the service and the impact it's having on their lives is available here: [Personal Stories – Healthy Worcestershire's Services](#)

Some recent quotes include *Jenny Bruton, who attends Healthy Worcestershire sessions regularly, said:*

***"My doctor suggested it. I was struggling a bit.
"I've met new people, which is very nice, and I've enjoyed the exercises very much.
"You're not over pushed. You can do it at your own pace and it's super."***

The programme has grown significantly in its first year expanding to over 30 different venues with approximately 700 people taking part in Healthy Worcestershire each week.

Improved Health and Lifestyles

A very high percentage of participants, with some reports citing as high as 99%, have stated that they are now leading healthier lifestyles as a result of attending the sessions.

Enhanced Physical Health:

Data indicates that a large proportion of participants (around 70%) have seen improvements in their strength, balance, and flexibility, which is crucial for preventing falls and maintaining independence.

Reduced Demand on the NHS:

The program is helping people stay well and out of hospital. Many participants have reported that the sessions have helped them avoid visits to A&E and other hospital services.

Boosted Mental Wellbeing:

Participants have reported gains in self-confidence and a reduction in social isolation, highlighting the program's success in addressing mental and social wellbeing.

Community Growth:

The program has been successful in building strong social connections within local communities, creating a sense of belonging for attendees.

[More information on Healthy Worcestershire](#)

Community Based Work:

Work Well Live Better

Our "Work Well Live Better" programme is a free, county-wide network that is designed to support businesses across the county in improving the health and well-being of their employees. The program operates on the principle that a healthier workforce leads to increased productivity, reduced absenteeism, and a more positive workplace culture. With 235 current members registered, there is a range of topics covered including: mental health awareness, sleep and wellbeing, neurodiversity, stress and nutrition, menopause, grief and loss support in the workplace.

The programme offers several types of support, including:

- **Online Resource Hub:** An extensive collection of over 200 accredited resources for businesses to use.
- **Events:** Regular in-person and online events, such as monthly "bitesize" sessions, quarterly breakfast networking events, and bi-annual showcase events with expert speakers.
- **Targeted Support:** Eligible businesses can receive up to five days of free, tailored support to address their specific health and well-being needs. This could include bespoke training, one-on-one coaching, or the development of a wellness strategy.
- **Workplace Health Champions:** The programme encourages businesses to train "Workplace Health Champions" from their own staff to lead health initiatives internally.



Targeted support Case study:

A Workplace Health Needs Assessment identified a lack of mental health awareness amongst staff in general, stigma around mental health, and lack of training for managerial and supervisory staff. 70 managerial staff members attended a series of mental health workshops.

- 75% of attendees across the 5 workshops rated an improvement in their confidence talking about mental health
- 73% of attendees rated an improvement in their confidence to support a colleague with their mental health.

“ This will help me to spot the signs of declining mental health in my own team”

“It was a good reminder that we can all experience poor MH, and we need to put time into looking after ourselves”

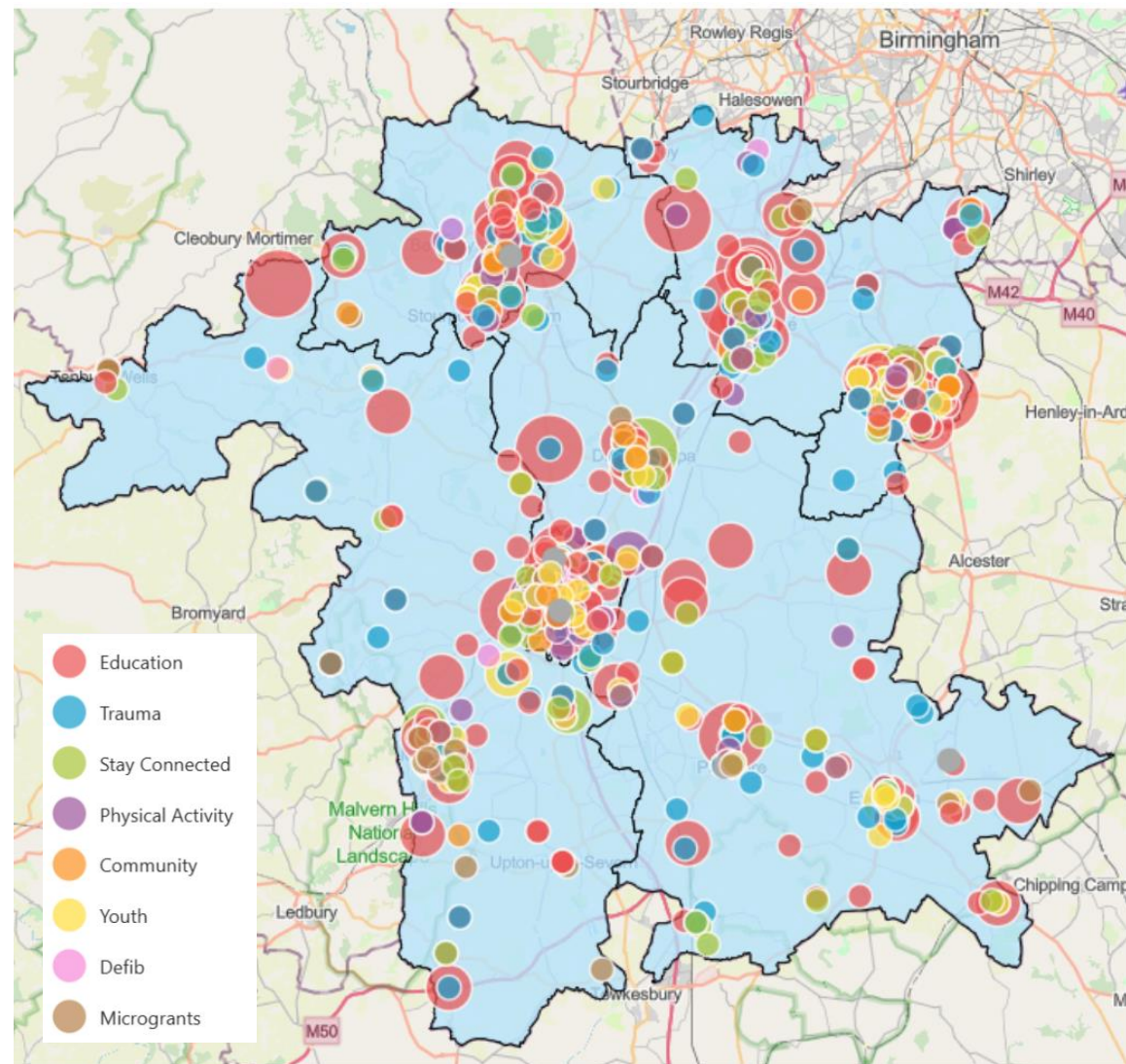
Community Based Work: Community Wellbeing Grants

[Healthy Worcestershire Community Wellbeing Grant Programme | Worcestershire County Council](#)

Public Health Community Wellbeing Grants are about backing brilliant local ideas that help people live happier, healthier lives. Whether it's a community group running wellbeing workshops, a charity tackling loneliness, or a grassroots project getting people active, this funding helps turn great ideas into real impact.

- ✓ Building on **what's strong** in our communities
- ✓ Working **with** residents, not *doing to* them
- ✓ Enabling **residents** to make **ideas** for health improvement a reality
- ✓ Building community **capacity** and **resilience**
- ✓ Funding **sustainable** one-off initiatives

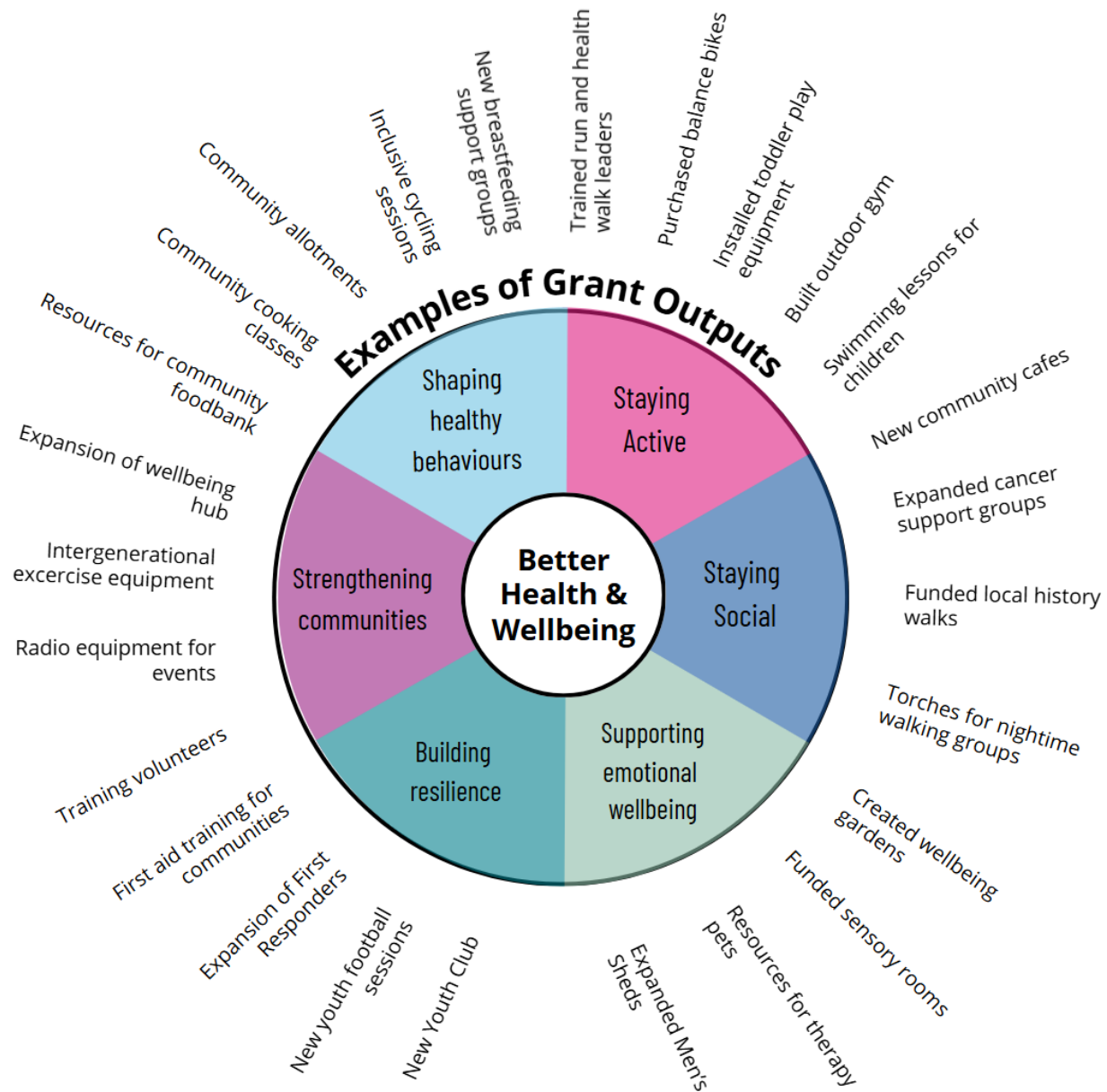
Over 50 different grants have been awarded in our Priority Neighbourhood Areas (PNDs). This has injected approximately £336,500 directly where the needs are greatest in the county.



Mapping of Community Wellbeing Grants across Worcestershire

Community Based Work:

Community Wellbeing Grants: Outcomes



Outcomes and Outputs: We have categorised the outcomes from the programme into six main themes. These are shown in the graphic opposite; Staying Active, Staying Social, Supporting Emotional Wellbeing, Building Resilience, Strengthening Communities, and Shaping Healthy Behaviours.

Within the themes there have been numerous outputs such as swimming lessons for children, training volunteers and resources for therapy pets. The visual opposite shows a small snapshot of examples where the programme has helped our communities.

Qualitative success: We receive and share "inspiring stories" from the community that highlight the personal impact of the grants, such as individuals' improved mental wellbeing, increased confidence, and a stronger sense of belonging.

You can read the case studies through our news feature within the [Public Health Insights Website](#).

Supporting wellbeing through play

Jemma Bufton, July 31, 2025
A new eco-friendly trim trail installed at Eckington First School is fostering

Men's mental health group turns vision into reality

Sam Collison, July 29, 2025
A grassroots community initiative supporting men's mental wellbeing

Finessing filming skills at fun run!

Jemma Bufton, July 28, 2025
On June 22nd, 16 young people from Woodrush Youth and Community Centre took part in...

Community Wellbeing Grants: Key Indicators



*2023-2024 to 2024-2025 data compared



OF COMMUNITY GRANTS SUPPORTED
EQUALITY, DIVERSITY AND INCLUSION GROUPS

TOTAL NUMBER OF GRANTS AWARDED



INCREASED

VISIBILITY & ACCESSIBILITY

UPDATING WEBSITE & STREAMLINING APPLICATION PROCESS



This group has changed my life for the best. I'm a more confident and positive-thinking person. I've met lovely people who are now my friends. I can do things for myself that I hadn't considered before. Everyone contributes and it's rewarding to be part of the planning. I love everything about this group—it's fantastic for my mental health.



To recap, there are several ways that the Public Health Intelligence Team can help you:

1. Public Health Insights:

An online resource for the evidence & information you need to make informed decisions and better understand your community, to include:

- Data reports
- Dashboards
- Analyses (including population segmentation and risk stratification)

- Maps
- News, information on programmes and projects
- Population projections & migration data

2. Local area profile request service:

Combining health, social care, housing and socioeconomic data

3. Evidence reviews:

Working with partners organisations to develop needs assessments relevant to Worcestershire

4. Population health management:

Working with partners to establish a new approach to improving population health.

