

**Two items on the agenda**

- 1. Annual review of Public Health**
- 2. Overview from West Midlands Ambulance Service**

**Annual Review of Public Health – Health Overview and Scrutiny Committee (9 January 2026)**

The Annual Review of Public Health provides an overview of population health trends in Worcestershire, progress against Health and Wellbeing Board priorities, and emerging risks for the county. It sits within the wider statutory framework for annual public health reporting.

**Key Positives**

**1. Statutory Accountability and Transparency**

The report reflects the statutory duty of the Director of Public Health to provide an independent annual assessment of population health.

This ensures democratic oversight, transparency, and regular scrutiny by elected members.

**2. Data-Driven Strategic Approach**

The review aligns with Joint Strategic Needs Assessment (JSNA) processes, summarising latest health data and identifying emerging issues for Worcestershire.

This strengthens evidence-based commissioning and helps target resources toward priority needs.

**3. Focus on Health Inequalities**

Worcestershire Public Health uses neighbourhood-level data (e.g., small area analysis) to identify unmet need and priority communities.

This targeted approach supports reduction of health inequalities, particularly in areas with high emergency admission rates or deprivation.

**4. Partnership Working**

Public Health reporting connects with NHS partners, Healthwatch, and the Health and Wellbeing Board.

Engagement with community pharmacy, voluntary sector, and wider system partners demonstrated an integrated system perspective.

**5. Identification of Emerging System Pressures**

Recent board discussions highlighted pharmacy closures (6% reduction since 2022) and concerns about access and opening hours.

Incorporating such system pressures into the annual review demonstrated awareness of evolving service challenges.

**6. Clear Governance Route**

Presentation to the Health Overview and Scrutiny Committee embeds public health within formal member oversight structures.

This provides opportunities for challenge, debate, and forward planning.

## **Potential Drawbacks / Limitations**

### **1. High-Level Strategic Tone**

As with many JSNA and annual public health summaries, the report prioritises aggregated data and trends over operational detail.

Members found limited granular breakdown by district or ward.

### **2. Limited Direct Outcome Attribution**

Public health outcomes are influenced by NHS services, social care, housing, employment, and behavioural factors.

The review described system-wide trends without clearly attributing improvements (or deterioration) to specific Public Health interventions.

### **3. Access and Service Sustainability Risks**

Recent evidence of pharmacy service reduction and concerns about rural access suggest fragility in community provision.

If similar pressures exist in other services (e.g., prevention programmes), sustainability risks were not yet fully quantified.

### **4. Engagement and Communication Challenges**

Healthwatch reports have previously made recommendations regarding public health messaging and communication effectiveness.

This implies that translating strategic priorities into accessible, community-facing messages remains an ongoing improvement area.

### **5. Financial Context Not Always Explicit**

Public health is delivered in a constrained local government funding environment. While performance is reported, financial trade-offs and prioritisation decisions are not be fully transparent within the review itself.

## **Highlights**

- Educational settings can receive grants up to £3000.00.
- Increased rate of physical activity in children in the county except in Redditch where it is falling.
- 2.2 million invested into both targeted family support and preventative programmes
- Healthy Worcestershire programme ensured that at least 1000 residents have engaged in physical activity.
- Smoking cessation has been a success with reduction to 7.5% (33%) as compared to England 4.5% and neighbours who have gone up by 10.59%.
- Highest uptake of measles vaccine uptake.

## **Overall Assessment**

The Annual Review of Public Health demonstrated strong governance, statutory compliance, and a data-driven approach to tackling health inequalities across Worcestershire. It reflected system awareness, partnership engagement, and responsiveness to emerging pressures.

However, as with many strategic annual reports, it would have benefited from:

- clearer attribution of outcomes to interventions,
- stronger district-level granularity,
- explicit linkage to financial constraints and resource allocation,
- and clearer communication of measurable impact to residents.

## **2. Overview from West Midlands Ambulance Service (WMAS)**

The **WMAS Overview** report reviews performance of the West Midlands Ambulance Service (WMAS) across the county, focusing on response times, demand pressures, system flow, and winter resilience.

### **Key Improvements**

#### **1. Response Time Performance (Category 1 Incidents)**

There has been sustained improvement in life-threatening (Category 1) response times compared with the severe pressures seen during the pandemic and immediate post-pandemic recovery period. Performance is closer to national standards, reflecting:

- Improved clinical prioritisation.
- Better fleet and rota management.
- More effective deployment models.

#### **2. Workforce Stabilisation**

The report highlighted progress in:

- Recruitment of additional paramedics and technicians.
- Reduction in vacancy rates compared with previous years.
- Stronger staff retention and training pathways.

This has improved resilience and reduced reliance on overtime and agency support.

#### **3. Hospital Handover Focus**

There has been structured collaboration with local acute trusts to reduce ambulance handover delays. While not fully resolved, there is evidence of:

- Joint escalation protocols.
- Better monitoring of delayed handovers.
- More consistent reporting to system partners.

#### **4. System Integration & ICS Working**

WMAS is increasingly embedded within the local Integrated Care System (ICS), improving:

- Multi-agency coordination.
- Winter planning alignment.
- Data sharing and performance transparency.

This collaborative model strengthens strategic oversight.

#### **5. Winter Preparedness**

The Winter Plan showed more proactive risk assessment and board-level assurance, indicating improved forward planning for seasonal pressures.

### **Areas Not Improving / Ongoing Pressures**

#### **1. Category 2 Response Times**

Performance for urgent but not immediately life-threatening calls (e.g., strokes, chest pain) remains inconsistent. Delays persist in peak periods due to:

- High call volumes.
- Hospital discharge bottlenecks.
- Ambulance queuing outside A&E departments.

This continues to be a major area of public concern.

#### **2. Handover Delays**

Although monitored more closely, hospital handover delays remain a structural challenge. Delays reduce ambulance availability in the community and directly impact response standards.

This is primarily a system-wide issue rather than solely WMAS performance.

#### **3. Demand Growth**

Demand for ambulance services continues to rise year-on-year. Contributing factors include:

- Ageing population.

- Increased complexity of cases.
- Mental health-related callouts.

Demand growth is outpacing workforce growth, placing ongoing strain on response targets.

#### **4. Conveyance Rates and ED Pressures**

Ambulances continue to experience difficulty transferring patients into Emergency Departments, especially during surges. This contributes to:

- Longer turnaround times.
- Reduced fleet availability.
- Slower response to subsequent calls.

#### **5. Workforce Fatigue & Wellbeing Risks**

Although staffing levels are improving, sustained operational pressure creates:

- Burnout risks.
- Sickness absence concerns.
- Morale pressures during peak winter months.

Long-term resilience remains dependent on system-wide flow improvements.

#### **Overall Assessment**

The report demonstrated **clear operational improvement and stronger governance**, particularly in life-threatening response performance, workforce stabilisation, and winter planning. However, structural system challenges—especially hospital handover delays, rising demand, and Category 2 response times—remain significant barriers to achieving consistent performance standards.

In summary:

##### **What is improving**

- Category 1 response performance
- Recruitment and staffing stability
- ICS integration and winter planning
- Monitoring of hospital delays

##### **What remains under pressure**

- Category 2 response times
- Handover delays
- Rising demand
- Emergency Department flow
- Long-term workforce resilience

The trajectory is positive, but sustained improvement will depend on broader NHS system capacity rather than ambulance service performance alone.

#### **Local news article after the HOSC Meeting**

West Midlands Ambulance Service (WMAS) crews across the region lost more than 50,000 hours to handover delays in January, which is more than any other ambulance trust in England.

"The next highest was around 27,000 – that's how much of an outlier we are in the country," said Vivek Khashu, the director of strategy and engagement at WMAS. "We are the worst by far."

**Around 6,500 hours** were spent waiting outside hospitals in Worcestershire and Herefordshire.