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Rutland County Council

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Meeting:	**ADULTS AND HEALTH SCRUTINY PANEL**
Date and Time:	**Thursday, 8 February 2018 at 7.00 pm**
Venue:	**COUNCIL CHAMBER, CATMOSE, OAKHAM, RUTLAND, LE15 6HP**
Clerk to the Panel:	**Corporate Support 01572 720922** **email: corporatesupport@rutland.gov.uk**

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Helen Briggs
Chief Executive

A G E N D A

APOLOGIES FOR ABSENCE

1) RECORD OF MEETING

To confirm the record of the meeting of the Adults and Health Scrutiny Panel held on 30 November 2017 (previously circulated).

To confirm the record of the Special Joint Adults and Health and Children and Young People Scrutiny Panel held on 24 January 2018 (previously circulated).

2) DECLARATIONS OF INTEREST

In accordance with the Regulations, Members are invited to declare any personal or prejudicial interests they may have and the nature of those interests in respect of items on this Agenda and/or indicate if Section 106 of the Local Government Finance Act 1992 applies to them.

3) PETITIONS, DEPUTATIONS AND QUESTIONS

To receive any petitions, deputations and questions received from Members of the Public in accordance with the provisions of Procedure Rule 217.

The total time allowed for this item shall be 30 minutes. Petitions, declarations and questions shall be dealt with in the order in which they are received. Questions may also be submitted at short notice by giving a written copy to the Committee Administrator 15 minutes before the start of the meeting.

The total time allowed for questions at short notice is 15 minutes out of the total time of 30 minutes. Any petitions, deputations and questions that have been submitted with prior formal notice will take precedence over questions submitted at short notice. Any questions that are not considered within the time limit shall receive a written response after the meeting and be the subject of a report to the next meeting.

4) QUESTIONS WITH NOTICE FROM MEMBERS

To consider any questions with notice from Members received in accordance with the provisions of Procedure Rule No 219 and No 219A.

5) NOTICES OF MOTION FROM MEMBERS

To consider any Notices of Motion from Members submitted in accordance with the provisions of Procedure Rule No 220.

6) CONSIDERATION OF ANY MATTER REFERRED TO THE PANEL FOR A DECISIONS IN RELATION TO CALL IN OF A DECISION

To consider any matter referred to the Panel for a decision in relation to call in of a decision in accordance with Procedure Rule 206.

SCRUTINY

Scrutiny provides the appropriate mechanism and forum for members to ask any questions which relate to this Scrutiny Panel's remit and items on this Agenda.

7) DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT

To receive Report No. 31/2018 from the Director of Public Health for Leicestershire and Rutland
(Pages 5 - 54)

8) ADULT SERVICES PERFORMANCE FRAMEWORK

To receive Report No. 35/2018 from the Director for People.
(Pages 55 - 58)

9) MENTAL HEALTH TASK AND FINISH GROUP TERMS OF REFERENCE

To approve the Terms of Reference for the Mental Health and Task and Finish Group.
(Pages 59 - 60)

10) PROGRAMME OF MEETINGS AND TOPICS

a) SCRUTINY PROGRAMME 2017/18 & REVIEW OF FORWARD PLAN

To consider Scrutiny issues to review.

Copies of the Forward Plan will be available at the meeting.

11) ANY OTHER URGENT BUSINESS

To receive any other items of urgent business which have been previously notified to the person presiding.

12) DATE AND PREVIEW OF NEXT MEETING

Thursday 5 April 2018 at 7.00 pm

Proposed agenda items:

- Quarter 3 Performance Management Report
- Quarter 3 Finance Management Report
- Homecare Recommissioning – verbal update
- Sustainability and Transformation Partnership Business: Leicester, Leicestershire and Rutland Carers Strategy
- Sustainability and Transformation Partnership Business: Leicester, Leicestershire and Rutland Dementia Strategy
- Mental Health Task and Finish Group Progress Report
- Healthy Rutland Grant Scheme

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TO: ELECTED MEMBERS OF THE ADULTS AND HEALTH SCRUTINY PANEL

Mrs L Stephenson (Chairman)

Miss R Burkitt	Mr G Conde
Mr W Cross	Mrs J Fox
Miss G Waller	Vacancy

OTHER MEMBERS FOR INFORMATION

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Report No: 31/2018
PUBLIC REPORT

SCRUTINY PANEL

8 February 2018

ANNUAL REPORT OF THE DIRECTOR OF PUBLIC HEALTH 2017

Strategic Aim:	Meeting the health and wellbeing needs of the community improving the health of the population.	
Exempt Information	No	
Cabinet Member(s) Responsible:	Mr Alan Walters Portfolio Holder for Health, Adult Social Care and Community Safety	
Contact Officer(s):	Mike Sandys, Director of Public Health	0116 305 4239 Mike.sandys@leics.gov.uk
	Trish Crowson, Senior Public Health Manager	01572 758 268 trish.crowson@leics.gov.uk
Ward Councillors	All	

DECISION RECOMMENDATIONS
That the Panel: 1. Notes the Director of Public Health's Annual Report. 2. Endorses the recommendations in the report.

1 PURPOSE OF THE REPORT

1.1 The purpose of a DPH Annual Report is to improve the health and wellbeing of the people of Rutland. This is done by reporting publicly and independently on trends and gaps in the health and wellbeing of the population and by making recommendations for improvement to a wide range of organisations.

2 BACKGROUND

2.1 The Director of Public Health's (DPH) Annual, report is a statutory independent report on the health of the population of Rutland.

2.2 The focus of this year's report is an analysis of health in Rutland covering demography, wider determinants of health, lifestyles, ill health, hospital admissions and prescribing.

2.3 The report uses the analysis to identify the key areas of military health, lifestyles and air quality where further investigation and work are necessary.

2.4 The military population have a significant bearing on the population of Rutland and

its use of health and other services. Although there are good links between public health and the military on specific issues, the importance of the military and veteran population in Rutland calls for a review, in line with national publications, on the links between the military defence service and public health.

2.5 Around two-thirds of deaths among the under 75s are caused by diseases and illness that are largely avoidable, including cancer and diseases of the circulatory system. Many of the direct causes are due to lifestyle related factors and are preceded by long periods of ill health. Lifestyle services that tackle multiple lifestyle risk factors need to be integral to developments such as Integrated Locality Teams.

2.6 The hospital admissions indicator is strongly associated with income deprivation locally and there appears to be some correlation with crime levels. I will undertake further analysis exploring the potential association between crime and hospital admissions in the north of Rutland, notably in the Greetham and Exton wards.

3 CONCLUSION AND SUMMARY OF REASONS FOR THE RECOMMENDATIONS

3.1 The annual report is an important vehicle by which Directors of Public Health can identify key issues, flag up problems, report progress and thereby serve their local populations. It is also a key resource to inform stakeholders of priorities and recommend actions to improve and protect the health of the communities they serve.

4 APPENDICES

No appendices

A Large Print or Braille Version of this Report is available upon request – Contact 01572 722577. (18pt)

Annual Report of the Director of Public Health 2017

Rutland's health –

new insights into our population

1. Foreword

Welcome to my annual report for 2017. In my last annual report I set out an analysis of the health profiles for England, highlighting the importance of the place as a setting for health improvement. As can be seen in the 'update on recommendations', presenting such an analysis has led to a renewed focus on the priorities for health in Rutland, while workplace health has been taken up as a priority through the work of the wider Sustainability and Transformation Partnership (STP).

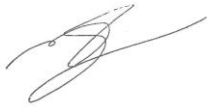
Building on the analysis in the last two years, I have chosen to dig a little deeper into the health of the local population. I believe that the annual report remains an important document setting out information on the health of the population and the areas we need to focus on.

This time around, I have chosen a more visually appealing style to the report. The use of infographics makes data 'come alive' to more people, so I hope this report casts a new light on the way people think about themselves and Rutland.

To that end, I would like to thank the team that have helped produce this: Rob Howard, Joshna Mavji, Mike McHugh, Liz Orton and Colin Thompson from Public Health and especially, Natalie Greasley from the Strategic Business Intelligence Team for her tremendous work in making my vague thoughts and instructions into a fantastic picture of the health of Rutland.

Mike Sandys

Director of Public Health



Contents

2. Introduction

Directors of Public Health have a statutory duty to write an Annual Public Health Report that describes the state of health within their communities.

It is a major opportunity for advocacy on behalf of the population and, as such, can be used to help talk to the community and support fellow professionals, providing added value over and above intelligence and information routinely available such as that contained within health profiles or the Joint Strategic Needs Assessment (JSNA).

It is intended to inform local strategies, policy and practice across a range of organisations and interests and to highlight opportunities to improve the health and wellbeing of people in Rutland.

However the report is not just an annual review of public health outcomes and activity. The annual report is an important vehicle by which Directors of Public Health can identify key issues, flag up problems, report progress and thereby serve their local populations. It is also a key resource to inform stakeholders of priorities and recommend actions to improve and protect the health of the communities they serve**.**

Within this report, data is presented on the population of Rutland, its health, lifestyle behaviours, prescribing and hospitals admissions. The content should be used by commissioners and providers of services to respond to changes in the health of Rutland residents.

3. Recommendations and summary

I am aware that every slide has something in it that organisations and individuals would wish to reflect on and take forward in their future plans. This could range from demographic projections informing future service redesign, through to migration patterns informing economic growth and housing plans, etc. However, there are areas which I will be taking forward this year through the work of the department:

Military Health

The military population have a significant bearing on the population of Rutland and its use of health and other services. Although there are good links between public health and the military on specific issues, the importance of the military and veteran population in Rutland calls for a review, in line with national publications, on the links between the military defence services and public health.

Lifestyles

Around two-thirds of deaths among the under 75s are caused by diseases and illness that are largely avoidable, including cancer and diseases of the circulatory system. Many of the direct causes are due to lifestyle related factors and are preceded by long periods of ill-health. I will ensure that lifestyle services tackle multiple lifestyle risk factors and that such services are integral to developments such as Integrated Locality Teams.

Crime

I will undertake further analysis exploring the potential association between crime and hospital admissions in the north of Rutland, notably in the Greetham and Exton wards.

Health summary of Rutland in 2017

- 5.4% of all-cause adult mortality is attributable to air pollution, measured as fine particulate matter, PM2.5. Nationally, air pollution is attributable to 4.7% of all adult deaths.
- Violent crime (violent offences) is significantly better than the national average
- Children with excess weight aged 4-5 years is similar to the national average
- Children with excess weight aged 10-11 years is similar to the national average
- Excess weight in adults is similar to the national average
- The percentage of physically active adults is significantly better than the national average
- Admissions to hospital for alcohol specific conditions is significantly better than the national average
- Smoking prevalence is similar to the national average
- Under 18 conceptions (teenage pregnancy rate) is significantly better than the national average
- Recorded diabetes is significantly worse than the national average
- Life expectancy for both males and females is significantly better than the national average
- Healthy life expectancy for males and females is significantly better than the national average

Domain	Indicator	
Our Communities	Deprivation score (IMD 2015), Persons	
	Children in low income families (under 16s), Persons	
	Statutory homelessness, Persons	
	GCSEs achieved, Persons	
	Violent crime (violence offences), Persons	
	Long term unemployment, Persons	
Children's and young people's health	Breastfeeding initiation, Female	
	Obese children (Year 6), Persons	
	Hospital stays for alcohol-specific conditions (under 18s), Persons	
	Under 18 conceptions, Female	
	Smoking status at time of delivery - current method, Female	
Adults' health and lifestyle	Smoking prevalence in adults, Persons	
	Percentage of physically active adults - current method, Persons	
	Excess weight in adults - current method, Persons	
Disease and poor health	Cancer diagnosed at early stage, Persons	
	Hospital stays for self-harm, Persons	
	Hospital stays for alcohol-related harm, Persons	
	Recorded diabetes, Persons	
	Incidence of TB, Persons	
	New sexually transmitted infections (STI), Persons	
	Hip fractures in people aged 65 and over, Persons	
	Estimated dementia diagnosis rate (aged 65+), Persons	
Life expectancy and causes of deaths	Life expectancy at birth, Male	
	Life expectancy at birth, Female	
	Infant mortality, Persons	
	Killed and seriously injured on roads, Persons	
	Suicide rate, Persons	
	Smoking related deaths, Persons	
	Under 75 mortality rate: cardiovascular, Persons	
	Under 75 mortality rate: cancer, Persons	
	Excess winter deaths, Persons	

Statistical Significance compared to England:

Better | Not compared | Similar | Worse

Source: Fingertips, PHE, December 2017

Produced by the Strategic Business Intelligence Team, Leicestershire County Council, 2017.

Rutland's population

4.1 Population and population change

Where do people live in Rutland?

In 2015, the population of Rutland was 38,000 people. Of these, 8,600 people were aged 0-19 years (22.7%), 7,900 people were aged 65-84 years (20.6%) and 1,200 people were aged 85 years and over (3.3%).[i]

The population of Rutland is growing and by 2039 the total population is predicted to reach 41,300 people, a total population growth of 8.7% compared with 2014. However, this growth is not uniform across the different age bands. In the next 25 years, the population is predicted to grow as follows:[ii]

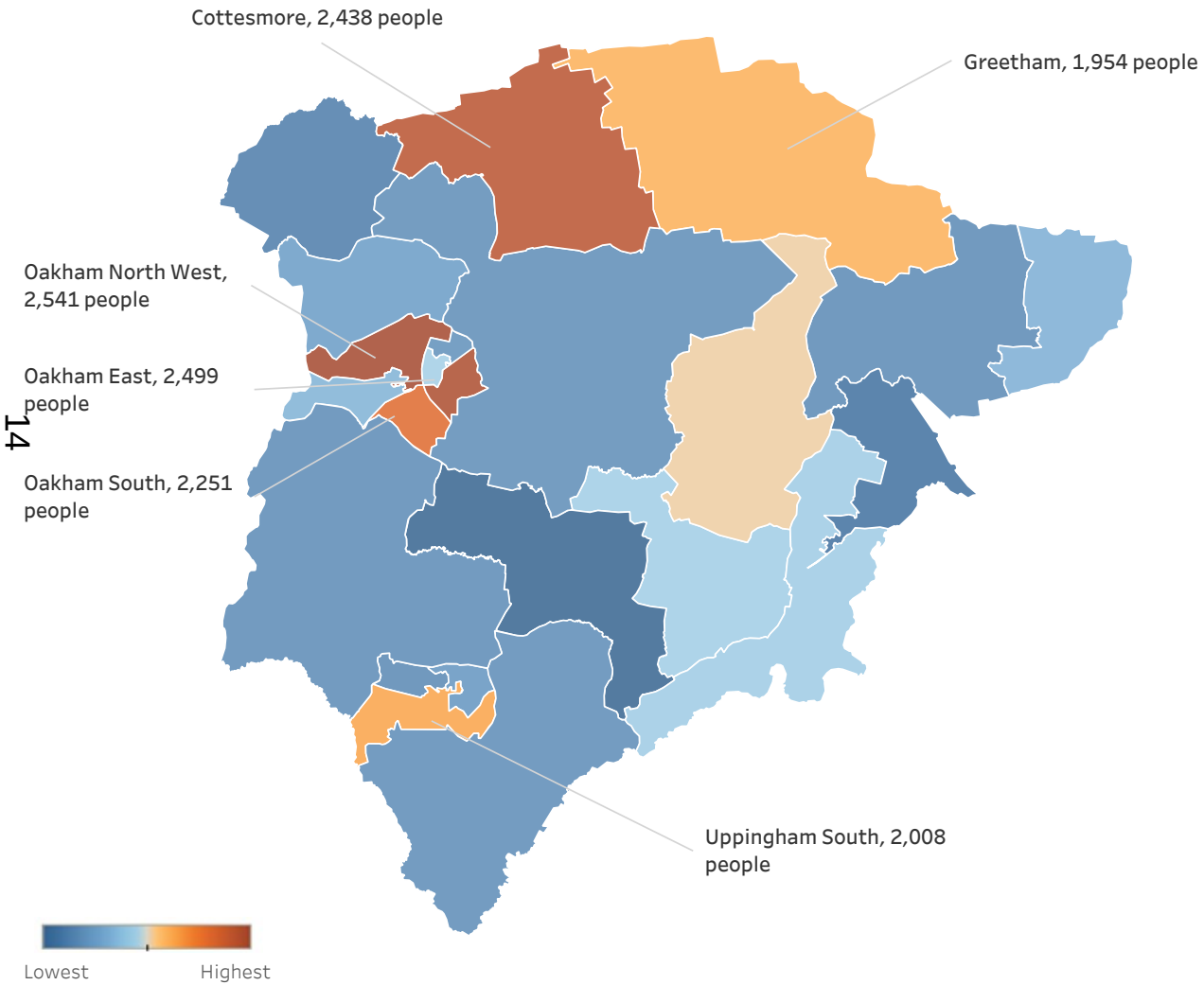
- A 2.8% decrease in children and young people aged 0-24 years (10,600 people to 10,300);
- A reduction in the working age population aged 25-64 of 9.1% (from 18,600 people to 16,900);
- A 37.7% increase in people aged 65-84 (from 7,700 people to 10,600);
- A 169.2% increase in the oldest population group of people aged 85 years and over (from 1,300 people to 3,500).

The infographic examines the population density of residents in Rutland by each specified age group. It estimates the counts of residents by each Lower Super Output Area (LSOA).[i] It shows that for all ages of the population, Oakham is the most densely populated area in the county. When examining population density by age, Uppingham has the highest number of children and young people. Oakham East has the highest number of adults aged over 65 and aged 85 and over.

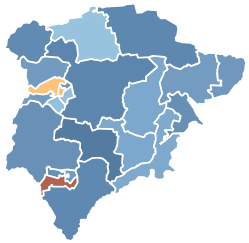
Where do people live in Rutland?

The maps below display population by Lower Super Output Area (LSOA) in Rutland. These are small units of geography used for the dissemination of Census data and, on average, contain a population of 1,500. The darkest orange LSOAs have the highest counts of people in the specified age group.

All Ages Population



Population aged 0-19



Population aged 65+

Population aged 85+

Source: Mid-2015 population estimates, ONS

Produced by the Strategic Business Intelligence Team, Leicestershire County Council, 2017.

Living arrangements in Rutland

The 2011 Census data shows living arrangements vary by age. In 2011:

- almost all young people aged 16-24 were either single, or cohabiting; 85% were single while 10% were cohabiting. The highest density of single people was in Oakham. This could be attributed to the large student population within the town.
- At 25-34, people begin to marry[1] resulting in an increased variation of living arrangements for this age band; in 2011 40% of individuals were married followed by 29% who were single.
- The vast majority of people aged 34-49 were married (65%), while 11% were separated or divorced.
- By age 50-64, almost three-quarters of the population were married (72%) while 13% were divorced or separated, 8% cohabiting and 5% were single.
- At age 65 and over, the vast majority of people were married (63%), but the proportion of people who were widowed increased to 23%, while the proportion of people separated or divorced decreased slightly to 8%. A third of females (33%) aged 65 or over were widowed compared to 11% of males, which reflects longer life expectancy in females compared to males.

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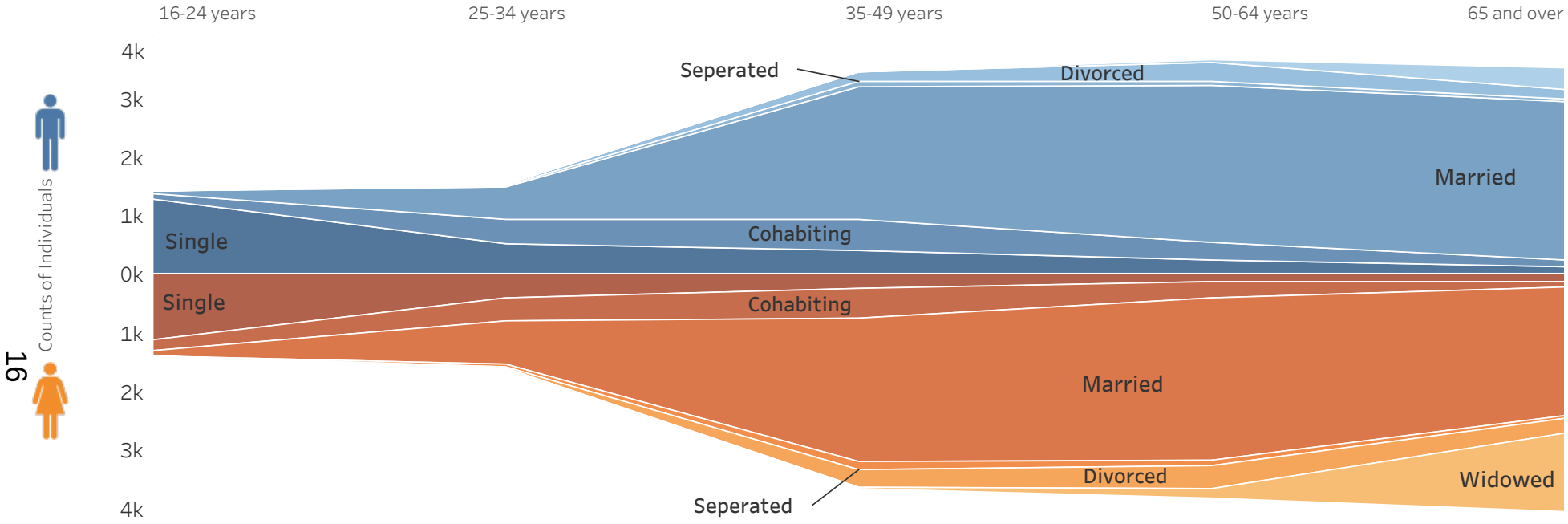
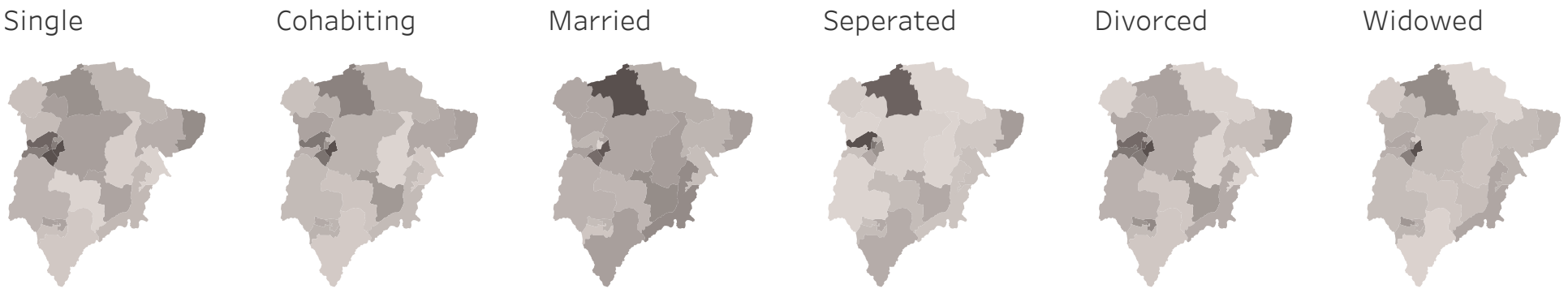
[1] Includes married, or in a same-sex civil partnership. N.B. Homosexual marriages were introduced after 2011 Census.

Living arrangements in Rutland

The Census 2011 estimates the living arrangements of household residents by age. Living arrangements differs from marital and civil partnership status because cohabiting takes priority over other categories. For example, if a person is divorced and cohabiting, then they are classified as cohabiting. The graph examines how living arrangements changes with age. The maps examine the population by living arrangement category by Lower Super Output Area (LSOA) in Rutland. These are small units of geography used for the dissemination of Census data and, on average, contain a population of 1,500. The darkest coloured LSOAs represent a more densely populated area.





Source: Census 2011

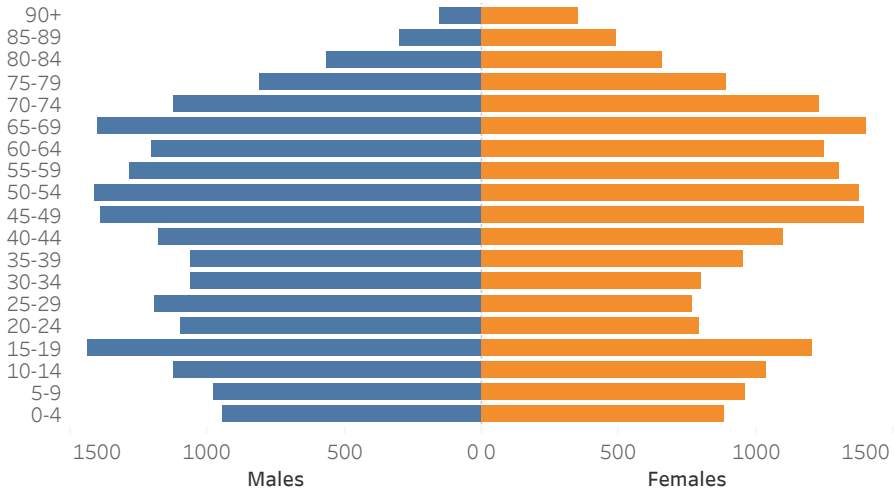
Produced by the Strategic Business Intelligence Team, Leicestershire County Council, 2017.

Military Population in Rutland

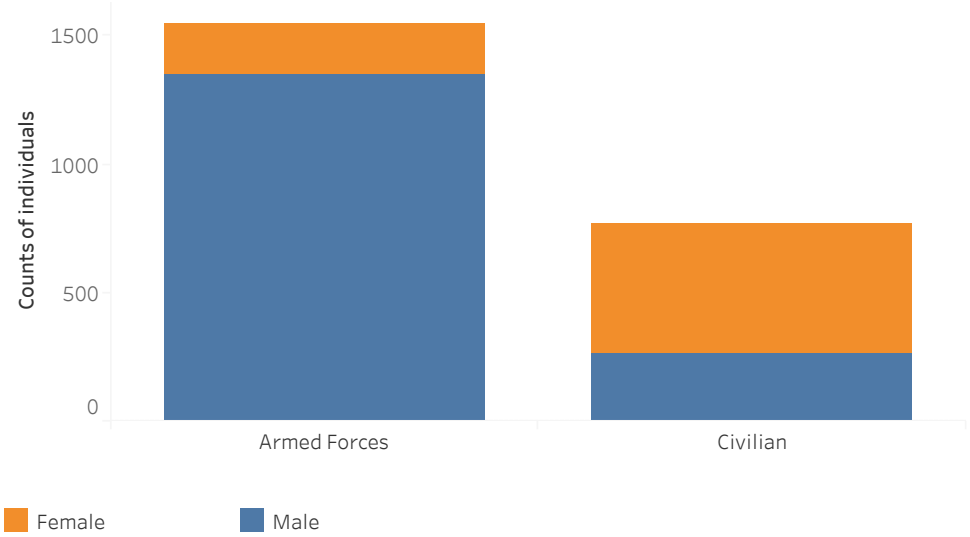
Two British Army barracks are located in Rutland, Kendrew Barracks in Cottesmore and St George's Barracks in North Luffenham. The data presented examines summary statistics on the number of serving UK Armed Forces personnel and entitled civilian personnel with a Defence Medical Services (DMS) registration. Personnel with a DMS registration have their primary care (GP services) provided by the Ministry of Defence rather than the NHS.

The resident population pyramid shows the population structure of all individuals that live in Rutland, including the military population. The military population accounts for 6.0% of the resident population in the county. The military population is younger and has a higher proportion of males compared to the resident population of Rutland. In April 2017, there were 2,320 Armed Forces personnel and entitled civilian personnel registered in Rutland. 1,540 individuals (two-thirds) were in the Armed Forces and 780 individuals (one-third) were entitled civilian personnel. Of those in the Armed Forces, 88% were male compared to a third of the entitled civilian personnel.

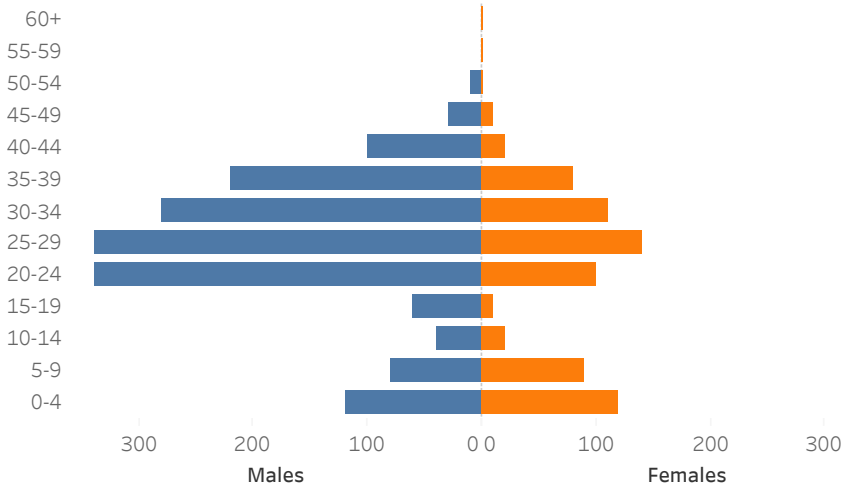
Resident Population in Rutland



Military Registrations by Personnel



Military Registrations by Age



Source: Resident Population - Mid-2016 population estimates, ONS
Military Population - Defence personnel NHS commissioning quarterly statistics: financial year 2017/18, MoD

Produced by the Strategic Business Intelligence Team, Leicestershire County Council, 2017.

Deprivation in Rutland

The wider determinants of health are described and ranked within the English Indices of Deprivation 2015[iii]. These are a group of indicators which gauge different aspects of deprivation. Deprivation is a general lack of resources and opportunities, which includes financial poverty and a range of other aspects such as lack of access to education or good quality housing. The measures are combined into an overall measure of the amount of deprivation in an area called the Index of Multiple Deprivation (IMD), which can be used to compare different local areas.

The indices of deprivation use several measures in each of seven "domains":

- Income;
- Employment;
- Health and disability;
- Education, skills and training;
- Barriers to housing and services;
- Crime; and
- Living environment.

The infographic presents the level of deprivation throughout Rutland according to the IMD 2015. The data are presented as "deciles" of deprivation - areas of Rutland that fall into the most deprived tenth (10%) of areas in England are decile 1, those in the second most deprived tenth of areas are decile 2, and so on, through to decile 10 which are areas that are within the least deprived tenth (10%) in England.

According to the IMD 2015, the population of Rutland is less affected by material deprivation than the average for England, with none of the population living in the most deprived 40% of areas nationally. Almost half (46%) of the Rutland population live in the least deprived quintile of deprivation, accounting for over 17,000 people.

Despite Rutland being a relatively affluent county, the infographic highlights that areas of Rutland fall into the most deprived areas in England for the Barriers to Housing domain and Services and Living Environment domain. The Barriers to Housing and Services Domain measures the physical and financial accessibility of housing and local services and is made up of the following indicators:

- Road distance to a post office
- Road distance to a primary school
- Road distance to general store or supermarket
- Road distance to a GP surgery
- Household overcrowding
- Homelessness
- Housing affordability

Over a half (55%) of the population of Rutland live in the most 20% deprived and most 20-40% deprived of areas in England for Barriers to Housing and Services. This accounts for over 21,100 people. This is likely to be due to the rural nature of the county.

The Living Environment Deprivation Domain measures the quality of the local environment and is made up of the following indicators:

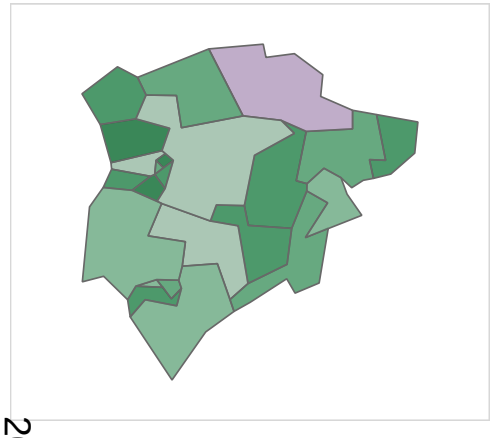
- Housing in poor condition
- Houses without central heating
- Air quality indicator
- Road traffic accidents indicator

In Rutland, 16% of the population (6,200) live in areas categorised within the most 20% deprived and most 20-40% deprived of areas in England for Living Environment.

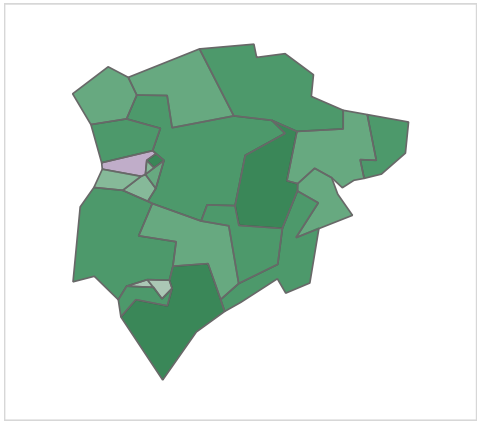
Deprivation in Rutland

The English Indices of Deprivation 2015 are based on 37 separate indicators, organised across seven distinct domains of deprivation which are combined, using appropriate weights, to calculate the Index of Multiple Deprivation 2015 (IMD 2015). This is an overall measure of multiple deprivation experienced by people living in an area and is calculated for every Lower layer Super Output Area (LSOA), or neighbourhood, in England. The analysis presented splits all LSOAs in Rutland into national deciles for each of the seven domains of deprivation and for IMD 2015 overall.

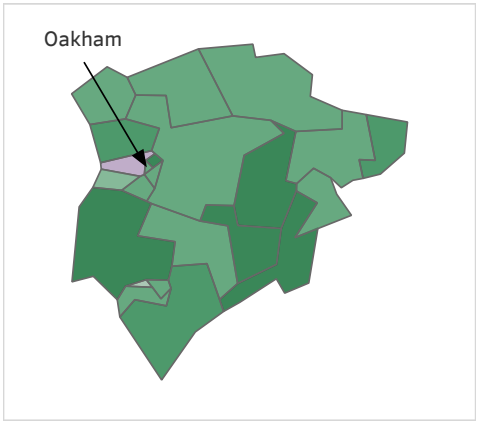
Index of Multiple Deprivation 2015



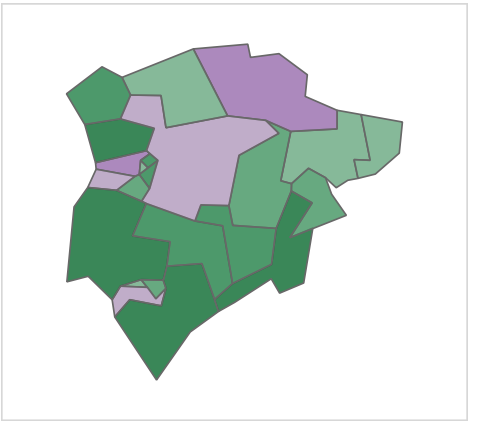
Income Domain



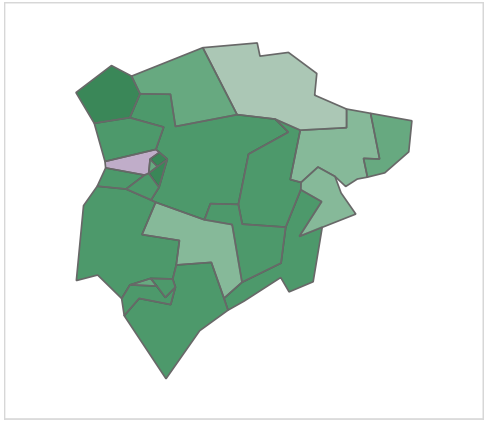
Employment Domain



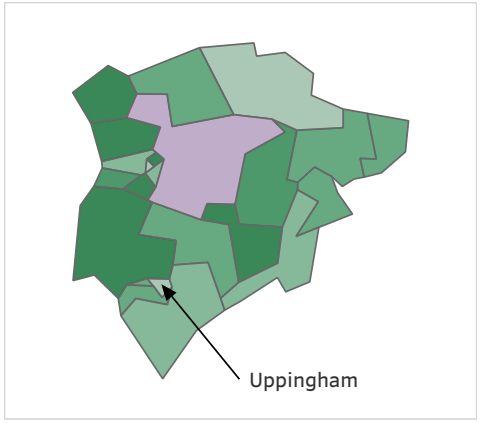
Education, Skills and Training Domain



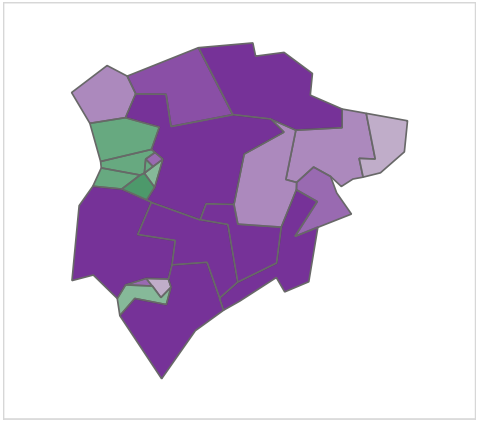
Health Deprivation and Disability Domain



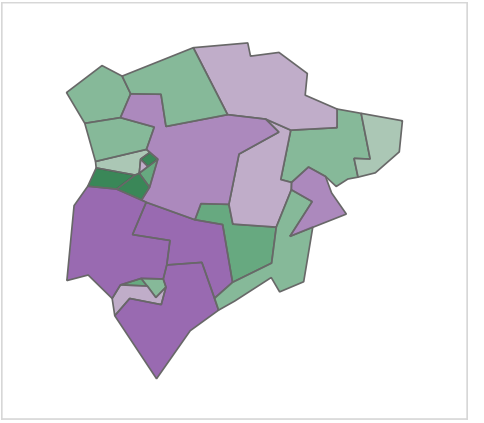
Crime Domain



Barriers to Housing and Services Domain



Living Environment Domain



National Deprivation Decile

Source: Department for Communities and Local Government

Produced by the Strategic Business Intelligence Team, Leicestershire County Council, 2017.

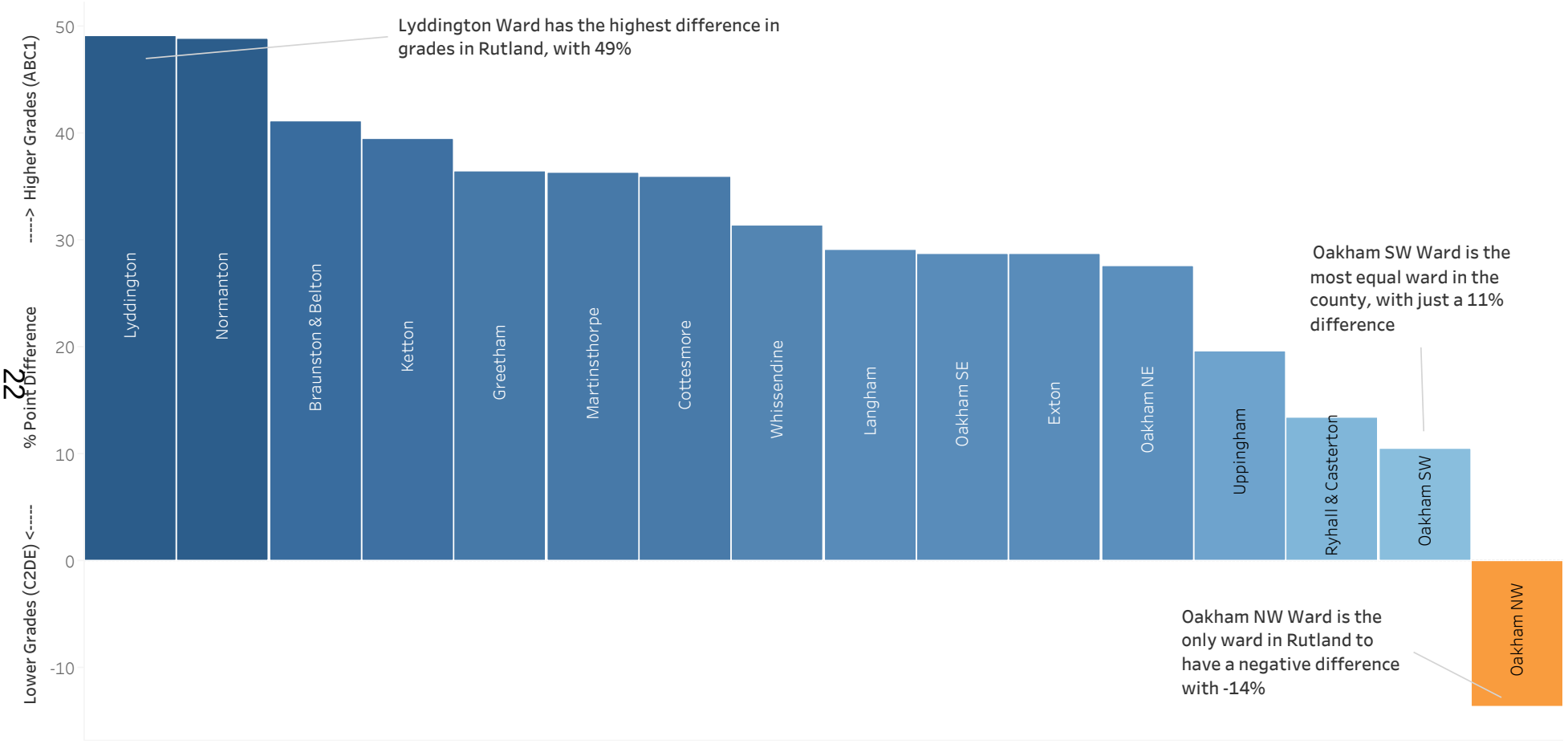
Social classification in Rutland

The social classification chart displays the percentage point difference between the proportion of the population in a ward that are classed as higher social grades (ABC1) compared to lower social grades (C2DE).[iv] Wards with a very high or very low score are more uneven in their social grade composition, while wards with a score close to zero are more even in their composition.

In Rutland, there are 15 wards with a higher proportion of the population in higher social grades, compared with one ward with lower grades. Lyddington Ward followed by Normanton Ward have the highest difference in social grade. Both wards have a 49 percentage point difference between higher and lower social grades. At the other end of the chart, Oakham North West Ward has the highest proportion of the population in social grades C2DE, with a 14 percentage point difference. In comparison, Oakham South West Ward is the most equal wards in the county, with just an 11 percentage point difference between both social grade groups.

Social classification in Rutland

Social Grade is the socio-economic classification used by the Market Research and Marketing Industries, most often in the analysis of spending habits and consumer attitudes. Although it is not possible to allocate Social Grade precisely from information collected by the 2011 Census, a method for using Census information to provide a good approximation of Social Grade has been performed. The chart examines the percentage point difference between high (ABC1) and low (C2DE) grades throughout each ward in Rutland.



Occupation Classification
AB: Higher and intermediate managerial/administrative/professional occupations
C1: Supervisory, clerical and junior managerial/administrative/professional occupations
C2: Skilled manual occupations
DE: Semi-skilled and unskilled manual occupations; unemployed and lowest grade occupations

Source: 2011 Census

Produced by the Strategic Business Intelligence Team, Leicestershire County Council, 2017.

Migration in Rutland

Understanding migration, both internal and international, provides a picture of those entering and leaving Rutland and allows us to better understand our evolving population. This learning is essential for local government and health sector planning. The infographic shows long-term international and internal migration increased the population of Rutland by 279 residents between 2015 and 2016. Internal migrants accounted for four times as many international migrants in this change. The percentage of live births to non-UK born mothers has risen from 9.0% in 2006 to 16.4% in 2016.[v]

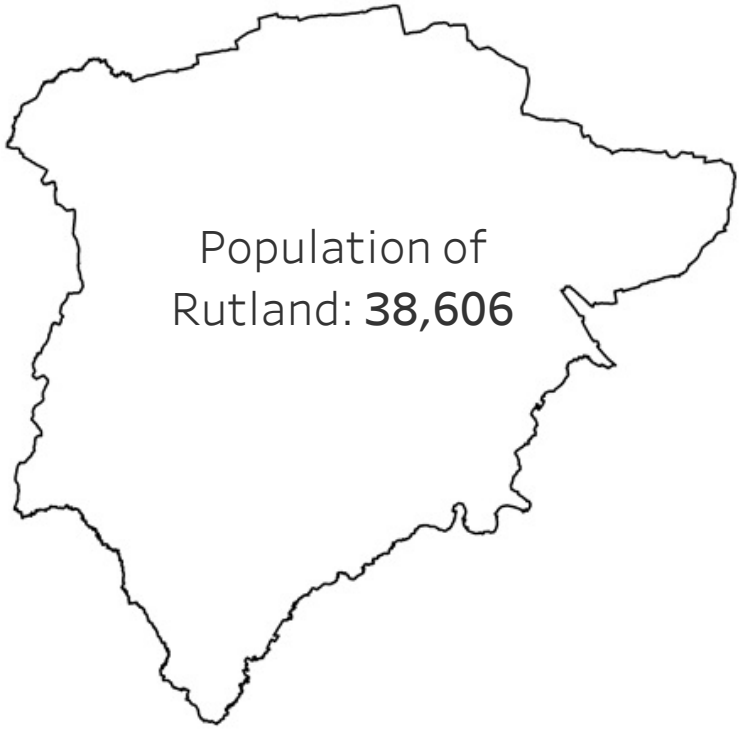
Migration in Rutland

This graphic examines the migration flows throughout Rutland in 2016. Long-term international migration is when someone changes their country of usual residence for a period of at least a year, so that the country of destination effectively becomes the country of usual residence. Internal migration is defined as residential moves between different local authorities in the UK, including those that cross the boundaries between the four UK nations. Long-term international and internal migration increased the population of Rutland by 279 residents between 2015 and 2016.

INFLOW

LONG-TERM INTERNATIONAL MIGRATION: **153**

INTERNAL MIGRATION (WITHIN THE UK): **2,430**



OUTFLOW

LONG-TERM INTERNATIONAL MIGRATION: **94**

INTERNAL MIGRATION (WITHIN THE UK): **2,210**

In 2016 in Rutland, there were:

84 migrant National Insurance number registrations (0.4% of 16-64 aged population)

231 new migrant GP registrations (0.6% of population)

The population increased by **279** due to migration

55 live births to non-UK born mothers (16.4% of all births)

Source: Local Area Migration Indicators, ONS

Produced by the Strategic Business Intelligence Team, Leicestershire County Council, 2017.

4.2 The wider determinants of health

Air quality

The Public Health Outcomes Framework examines the fraction of all-cause adult mortality attributable to human-made particulate air pollution (PM2.5). The map examines the levels of PM2.5 throughout Rutland.[vi] The highest levels in the county are closely correlated with major roads and road junctions, such as the A1.

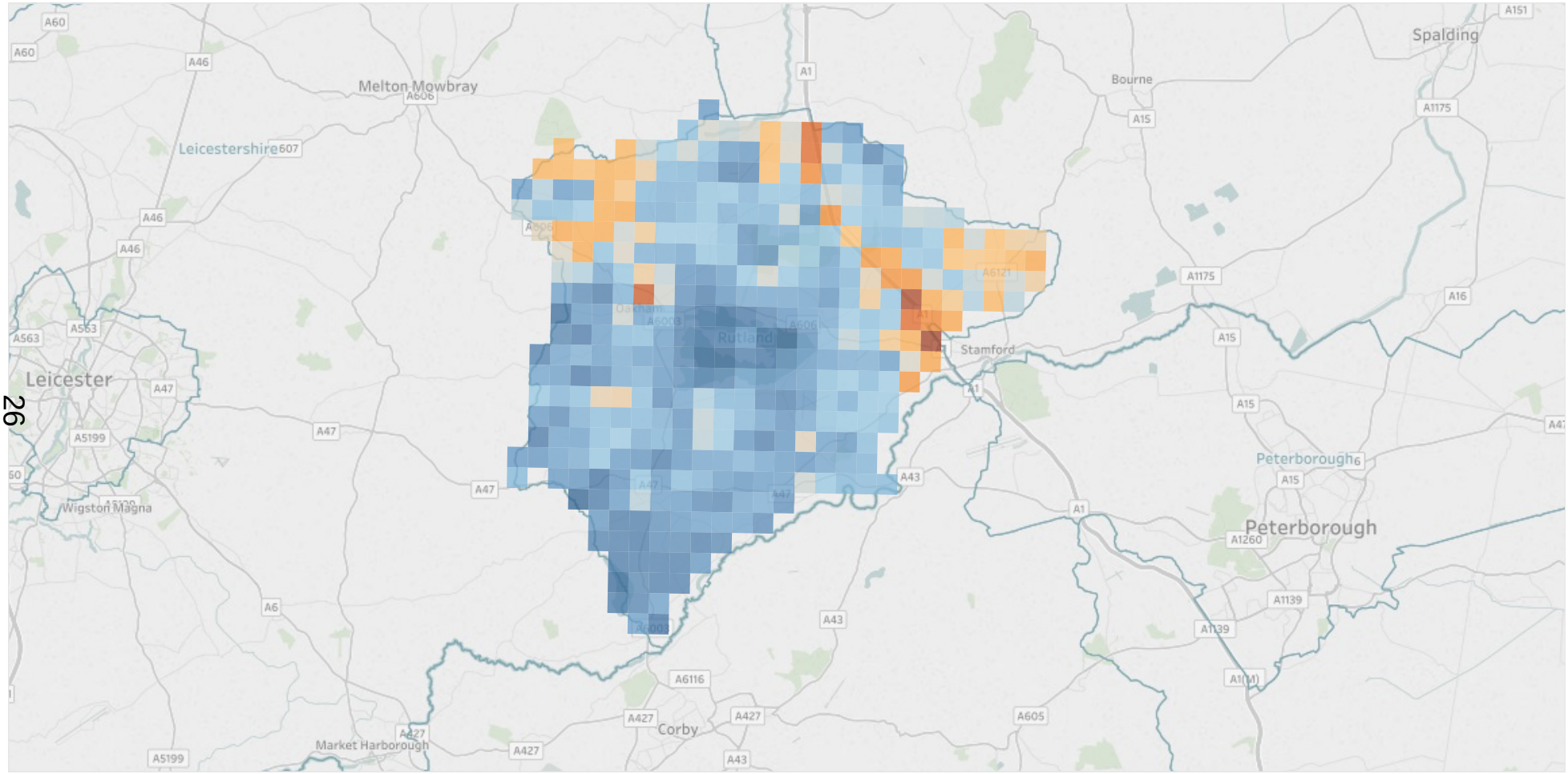
There is emerging evidence from the Royal College of Physicians (amongst others) of possible links with a range of other adverse health effects including diabetes, cognitive decline and dementia, and effects on the unborn child.

The Government's recently public Air Quality Plan passes responsibility for tackling NO2 emissions largely onto Local Authorities but offers little detail as to how this will be achieved.

Many of the solutions to poor air quality also have enormous co-benefits by increasing levels of physical activity – for example by encouraging active travel. Future housing developments should encourage physical activity by design – making active travel the easiest, quickest and most enjoyable option.

Air quality in Rutland

Inhalation of particulate pollution can have adverse health impacts. The biggest impact of particulate air pollution on public health is understood to be from long-term exposure to fine particulate matter, PM2.5, which increases the age-specific mortality risk, particularly from cardiovascular causes. The map examines the levels of human-made particulate air pollution, measured as PM2.5, throughout Rutland. The highest levels in the county are present along the A1 road.



Please note, each square represents one Ordnance Survey 1km grid square.

Range of PM2.5 values throughout Rutland

8.2 — 11.5

Source: DEFRA, 2013

Produced by the Strategic Business Intelligence Team, Leicestershire County Council, 2017.

Crime in Rutland

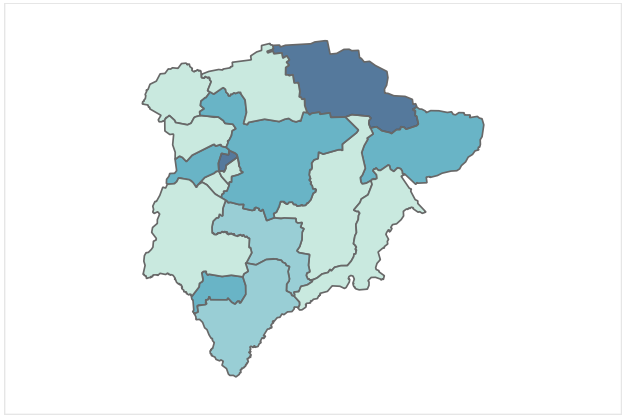
There were 1091 recorded crimes in Rutland County in 2016/17, a 1.5% increase on the previous year.[vii] Total crimes recorded have remained fairly consistent over the last 3 years. Of all crimes reported, 24% (266) were recorded as violent crime. Just over a third (36%, 96) of all violent crime is domestic related and a fifth (20%, 52) of all violent crime is alcohol related. Both domestic violent crimes and alcohol related crimes are likely to be under recorded.

Rutland has the lowest crime rates in the country with 29 offences per 1,000 population, compared to the England average of 74 offences per 1,000 population. Oakham, the County Town of Rutland, has the highest rates for crime, including violent crime, alcohol related violence, domestic related violence and sexual offences.

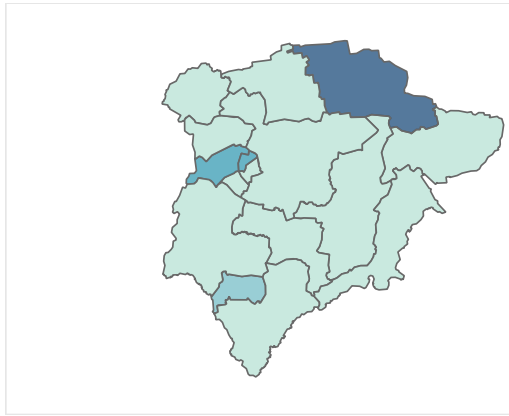
Crime in Rutland

The maps examine the crime rate per 1,000 population in each ward in Rutland between April 2016 and March 2017 by offence. Each rate of crime is split into local quintiles, with the darkest areas equating to the highest crime rate throughout the county. Please note, the counts of crimes in Rutland are small and variation is likely.

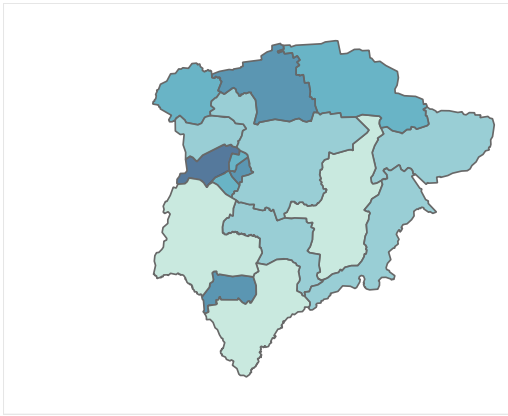
Total Crimes
Rutland rate: 1.62 per 1,000 population



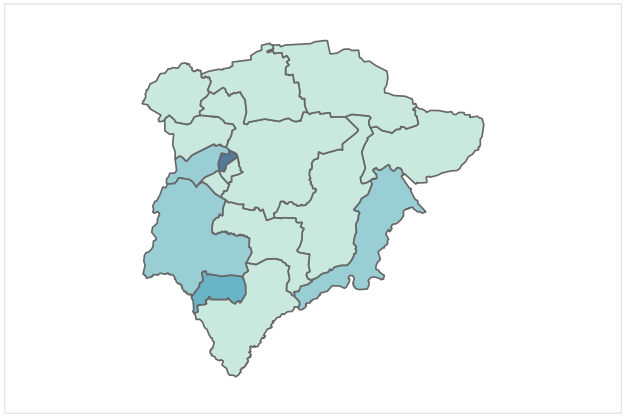
Violent Crimes
Rutland rate: 0.39 per 1,000 population



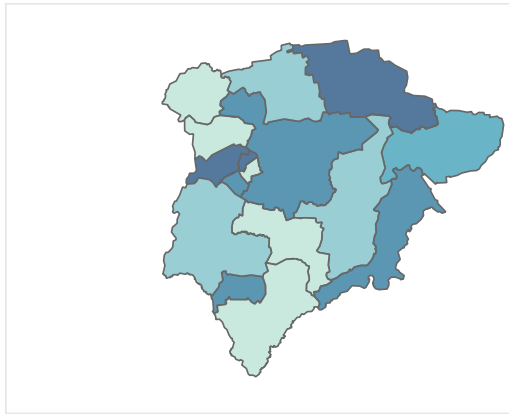
Domestic Violence
Rutland rate: 0.14 per 1,000 population



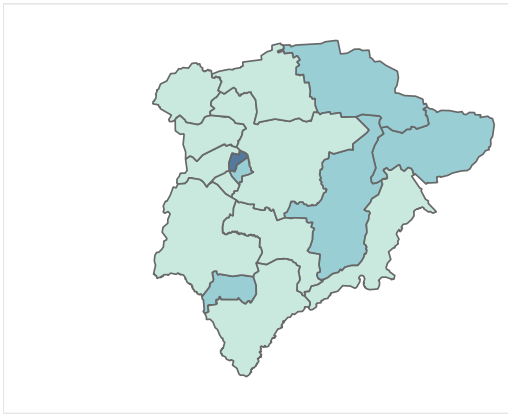
Alcohol-related Crimes
Rutland rate: 0.08 per 1,000 population



Sexual Offences
Rutland rate: 0.05 per 1,000 population



Drug Offences
Rutland rate: 0.02 per 1,000 population



Key

Source: Leicestershire Police, 2016/17

Produced by the Strategic Business Intelligence Team, Leicestershire County Council, 2017.

4.3 Lifestyle behaviours

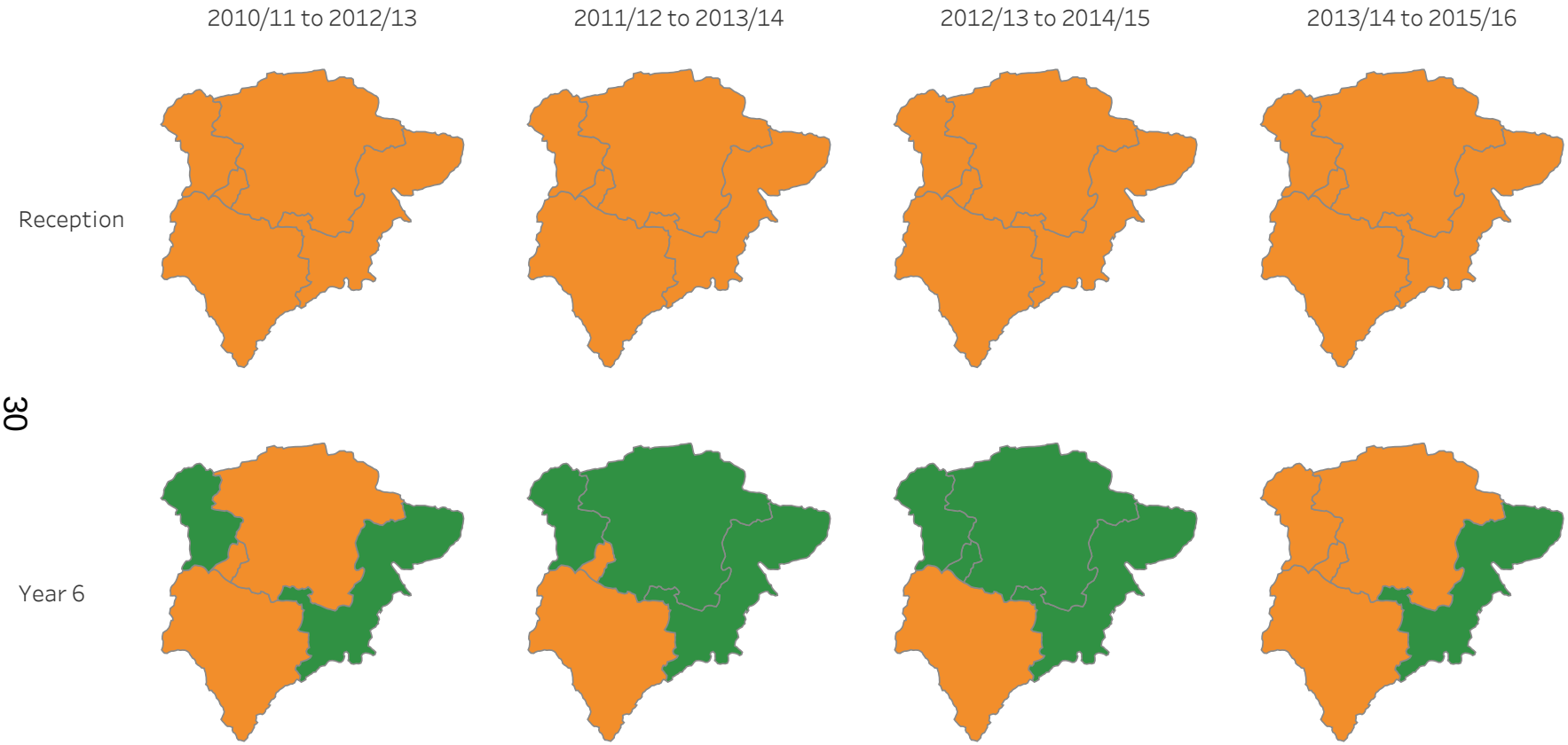
Overweight and obese children in Rutland

The extent of unhealthy weight, including overweight and obesity, in Rutland's children is surveyed through the National Child Measurement Programme (NCMP). This measures the height and weight of children aged 4-5 and 10-11 years each year in state maintained primary schools. Children are classified as overweight (including obese) if their BMI is on or above the 85th percentile of the British 1990 growth reference (UK90) according to age and sex. The latest data shows that in Rutland a quarter of children in both Reception (24.0%) and Year 6 (25.4%) were overweight or obese in 2016/17. This equates to 82 children in Reception and 85 children in Year 6.[viii] Rutland has the lowest prevalence of obese children in Year 6 nationally, at 11.3%. The national pattern of the proportion of children with excess weight increasing with age is not as strongly apparent in Rutland.

The maps use three years' worth of NCMP data to examine areas in Rutland that have a significantly high or low percentage of overweight or obese children in Reception or Year 6, when compared to England. All areas within Rutland perform similar to England in the Reception age range. The east of Rutland has continued to perform significantly better for the prevalence of overweight or obesity in Year 6 in the last four time periods.[ix]

Overweight and obese children in Rutland

The latest National Childhood Measurement Programme (NCMP) data shows in 2016/17, a quarter of children in both Reception (24.0%) and Year 6 (25.4%) were overweight or obese. This equates to 82 children in Reception and 85 children in Year 6. Pleasingly, this data shows Rutland has the lowest obesity prevalence for Year 6 children out of the whole country. The maps presented use three years worth of NCMP data to examine over time, areas in Rutland that have a significantly high or low percentage of overweight or obese children in Reception or Year 6. The Rutland data is compared to the England percentage for a national comparison.



Source: National Childhood Measurement Programme, PHE

Produced by the Strategic Business Intelligence Team, Leicestershire County Council, 2017.

Physical activity and weight management in Rutland

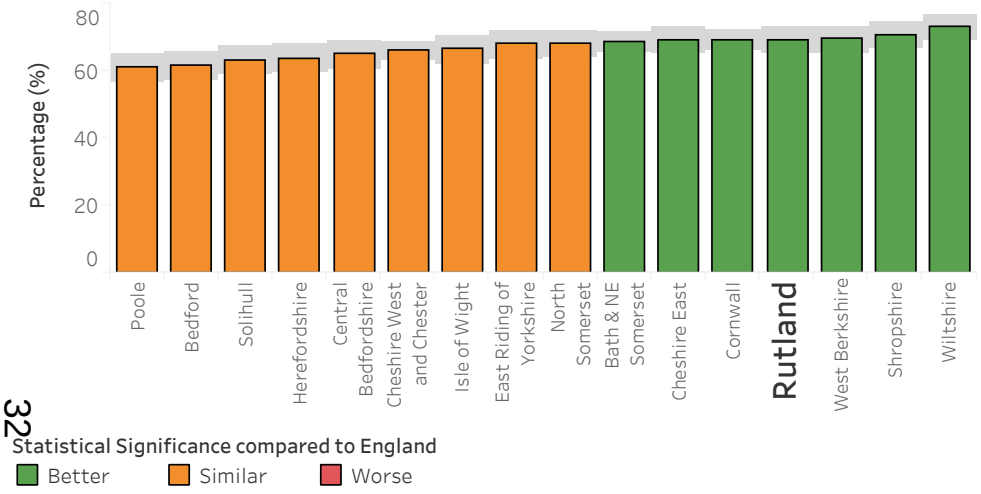
Physical inactivity is the fourth leading risk factor for global mortality accounting for 6% of deaths globally. People who have a physically active lifestyle have a 20-35% lower risk of cardiovascular disease, coronary heart disease and stroke compared to those who have a sedentary lifestyle. Regular physical activity is also associated with a reduced risk of diabetes, obesity, osteoporosis and colon/breast cancer and with improved mental health. In older adults, physical activity is associated with increased functional capacities.

In 2015/16, 69% of residents aged 19 and over in Rutland achieved the Chief Medical Officer (CMO) recommendations of undertaking 150 minutes of moderate activity per week. This is a significantly better percentage of adults achieving the CMO recommendations compared to the national average (65%). Despite performing significantly better than nationally for physical activity, over half of adults (58%) in Rutland are classified as overweight or obese. This is similar to the national percentage of 61%.[x]

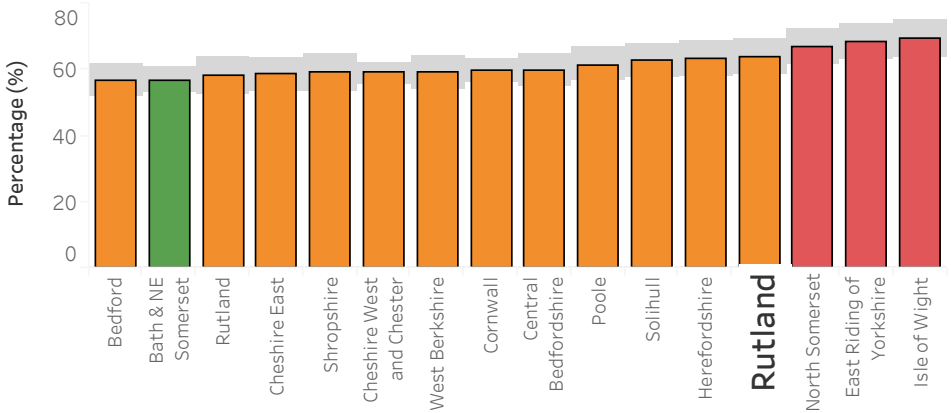
Physical activity and weight management in Rutland

In 2015/16, 69% of residents in Rutland achieved the Chief Medical Officer's recommendation for physical activity. The maps below highlight the location of specified sports facilities in Rutland. Despite performing significantly better than nationally for physical activity, over half of adults (58%) in Rutland are classified as overweight or obese. This is similar to the national percentage of 61%. Please note, for both graphs, the grey shading represents 95% confidence intervals and Rutland is compared to its similar Local Authority neighbours.

Adults achieving at least 150 minutes of physical activity per week



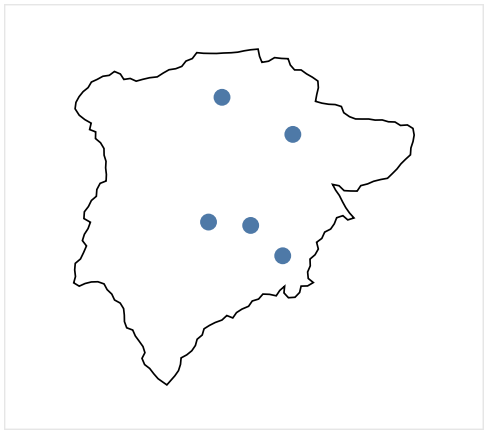
Adults classified as overweight or obese



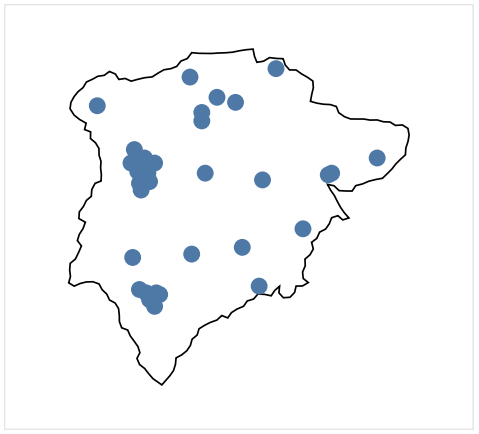
Statistical Significance compared to England

Better Similar Worse

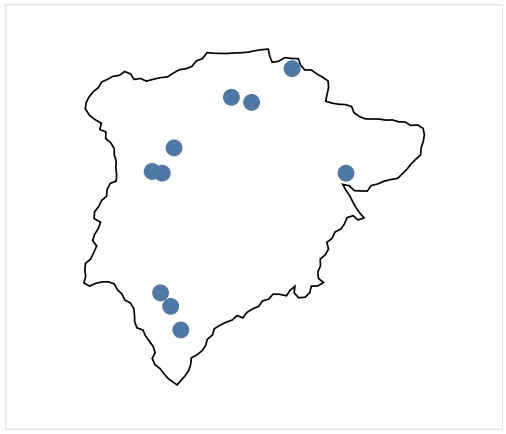
Golf Course Locations



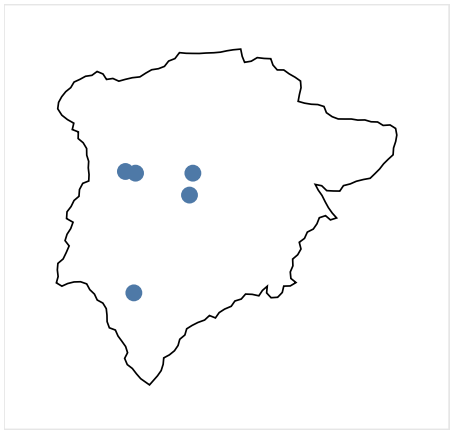
Grass Pitch Locations



Sports Hall Locations



Swimming Pool Locations



Source: Fingertips, PHE and Active Places, May 2017. Contains Data © Sport England

Produced by the Strategic Business Intelligence Team, Leicestershire County Council, 2017.

4.4 **Life and death and illness**

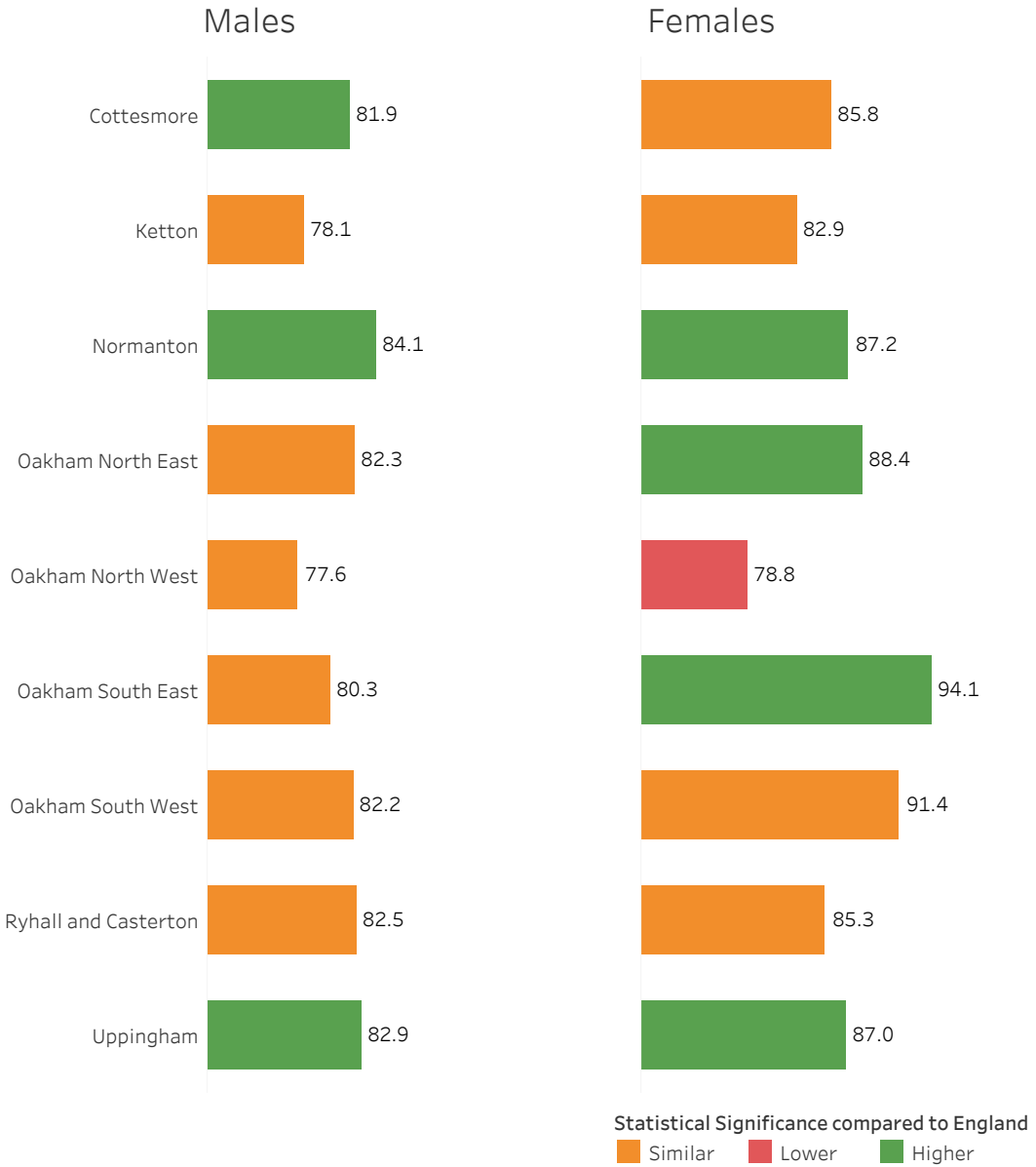
Life expectancy

Choices and behaviours during adulthood can have profound impacts on people's health for the rest of their lives. A number of factors such as socioeconomic, environmental (including working conditions), education and lifestyle factors may impact the average age of life expectancy. In Rutland, life expectancy for males is 81.8 years and for females is 85.2 years, both significantly higher than the national average.[xi] The infographic highlights that throughout the county, variation in life expectancy exists for both males and females. There is an eight year difference in life expectancy between males who live in the Oakham North West Ward (77.6 years) and Greetham Ward (85.4 years). In females these differences are also apparent, with life expectancy varying by fifteen years between females who live in the Oakham North West Ward (78.8 years) and Oakham South East Ward (94.1 years).[xvii]

Life Expectancy at birth in Rutland

Life Expectancy by Ward in Rutland

The charts highlight the variations in life expectancy that exists throughout the residents of Rutland, for both males and females. The data reflects mortality of those living in these wards between 2010-2014. Please note, data is missing for Greetham, Whissendine, Exton, Langham, Martinsthorpe, Braunston and Belton and Lyddington.



Source: Local Health, PHE

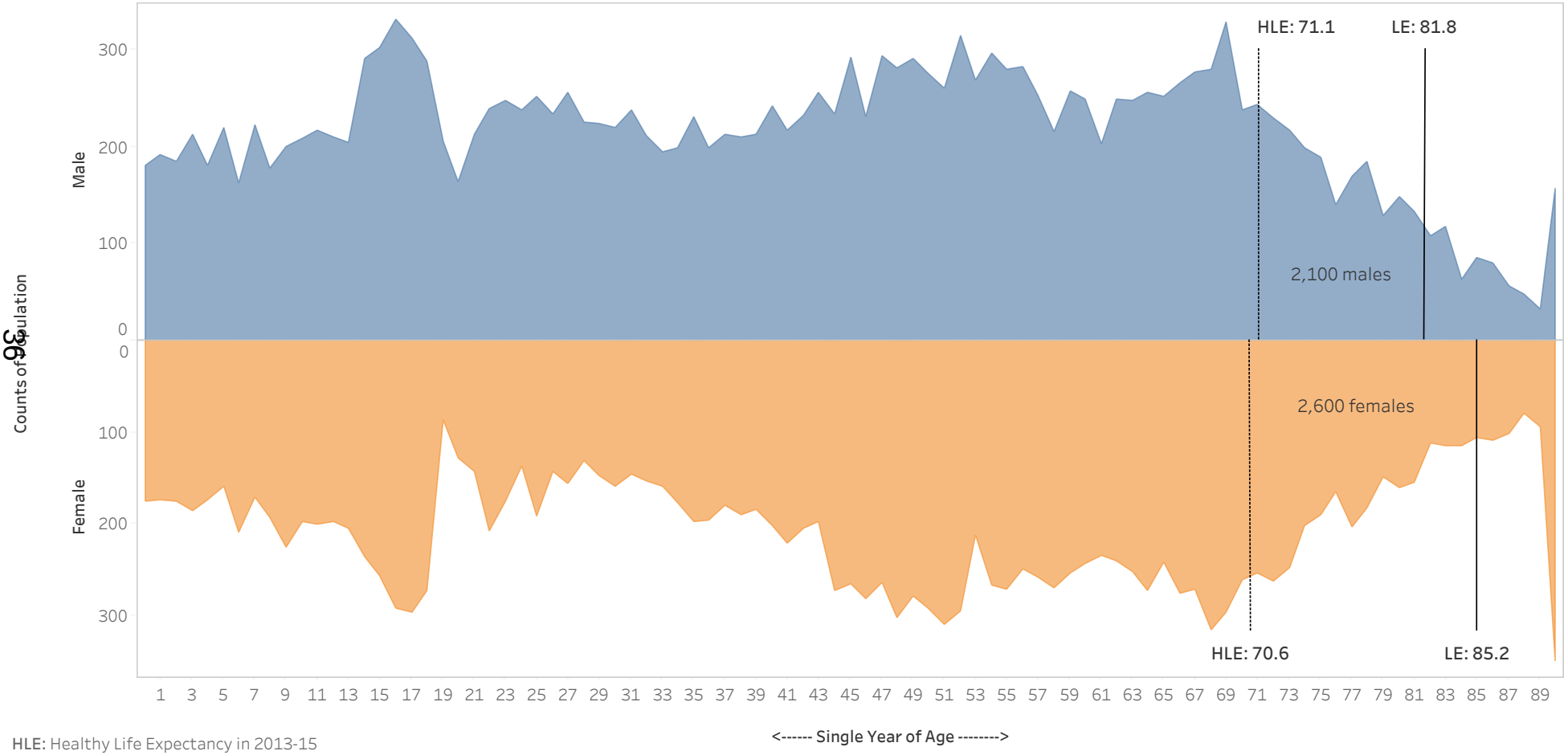
Produced by the Strategic Business Intelligence Team, Leicestershire County Council, 2017.

Healthy life expectancy

Healthy life expectancy (HLE) measures 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. In Rutland, HLE is 71.1 years for men and 70.6 years for females, whereas life expectancy (LE) for males is 81.8 years and for females is 85.2 years.[xi] On average, this equates to males and females in Rutland spending 10.7 years and 14.6 years in poor health before death. Currently, there are 2,100 males and 2,600 females in Rutland living in the age gap between HLE and LE.[xii]

Gap between healthy life expectancy and life expectancy in Rutland

Healthy life expectancy measures the average number of years a person would expect to live in good health whereas life expectancy measures the average number of years a person would expect to live. These indicators are based on contemporary mortality rates and prevalence of self-reported good health. Please note, the figures reflect the prevalence of good health and mortality among those living in an area in each time period, rather than what will be experienced throughout life among those born in the area. These two indicators are extremely important summary measures of mortality and morbidity. The graph examines the population of Rutland in 2016 by single year of age. It estimates that 2,100 men and 2,600 women are living in the age gap between healthy life expectancy and life expectancy, potentially in poor health. This accounts for 12% of the population in the county.



HLE: Healthy Life Expectancy in 2013-15
LE: Life Expectancy in 2013-15
Please note, the population estimates presented for 90 includes all individuals aged 90 and above.

Source: Mid-year 2016 population esimtates, ONS.

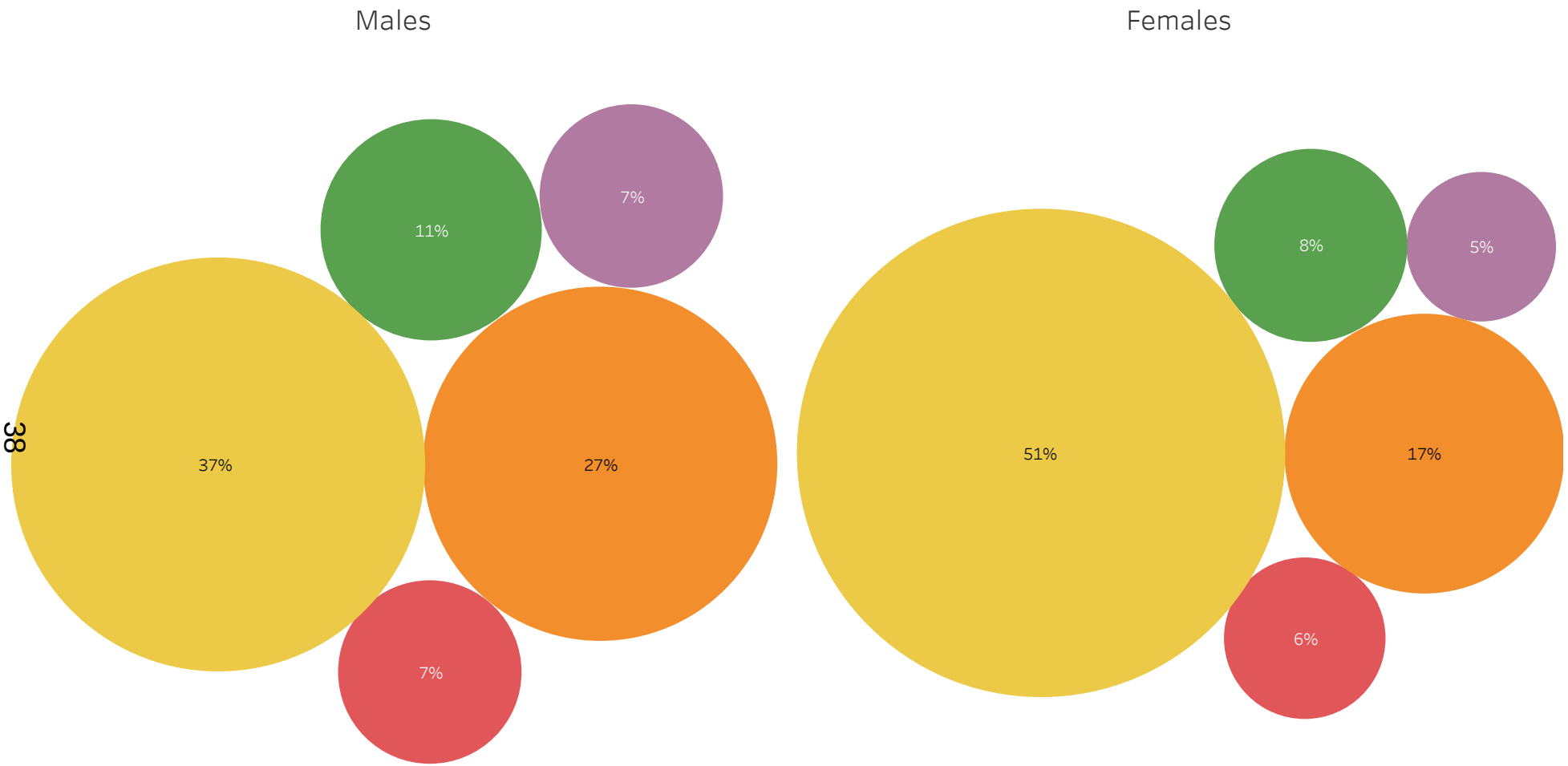
Produced by the Strategic Business Intelligence Team, Leicestershire County Council, 2017.

Premature death

Approximately 1 in 4 deaths (26%) in Rutland occur among people are under the age of 75. Around two-thirds of deaths among the under 75s are caused by diseases and illness that are largely avoidable, including cancer and diseases of the circulatory system. In females, over half of all premature deaths are caused by cancer, compared with 37% in males. Circulatory diseases account for over a quarter of all premature deaths in males (27%) compared with 17% in females. Many of the direct causes are due to lifestyle related factors and are preceded by long periods of ill-health.[xiii]

Causes of premature death in Rutland

One in 4 deaths in Rutland occur among people are under the age of 75. Around two-thirds of deaths among the under 75s are caused by diseases and illness that are largely avoidable, including cancer and diseases of the circulatory system.



Source: Public Health Mortality Files, 2014-16

Produced by the Strategic Business Intelligence Team, Leicestershire County Council, 2017.

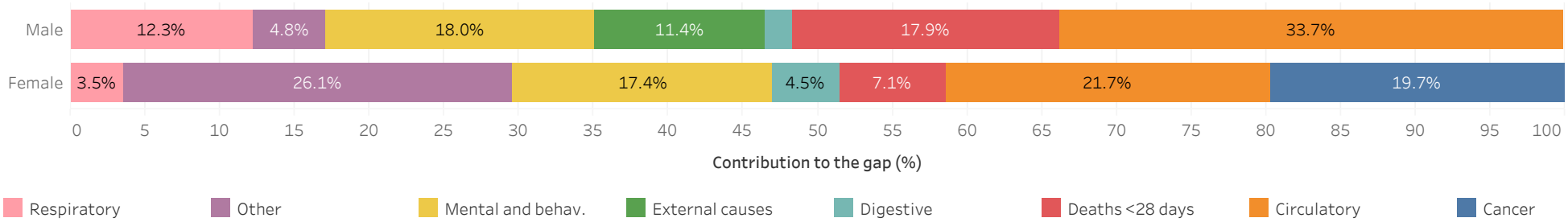
Difference in life expectancy

This infographic provides information on the causes of death that are driving inequalities in life expectancy in Rutland. Targeting the causes of death which contribute most to the life expectancy gap could have a large impact on reducing inequalities. The absolute gap in life expectancy between the most and least deprived areas in Rutland is 1.8 years in males and 2.7 years in females. The broad causes of death that contribute to difference have been examined in the infographics. In males, half of the gap in life expectancy between the most and least deprived areas in Rutland is due to excess deaths from circulatory disease (heart disease and stroke) and mental and behavioural disorders e.g. Dementia and Alzheimer's disease. In females, over half of the gap in life expectancy between the most and least deprived areas in Rutland is due to excess deaths from other causes, circulatory disease (heart disease and stroke) and cancer. This means that if people in the most deprived areas in Rutland had the same mortality rate for these causes as the least deprived areas, the gap in life expectancy would reduce by over a half.

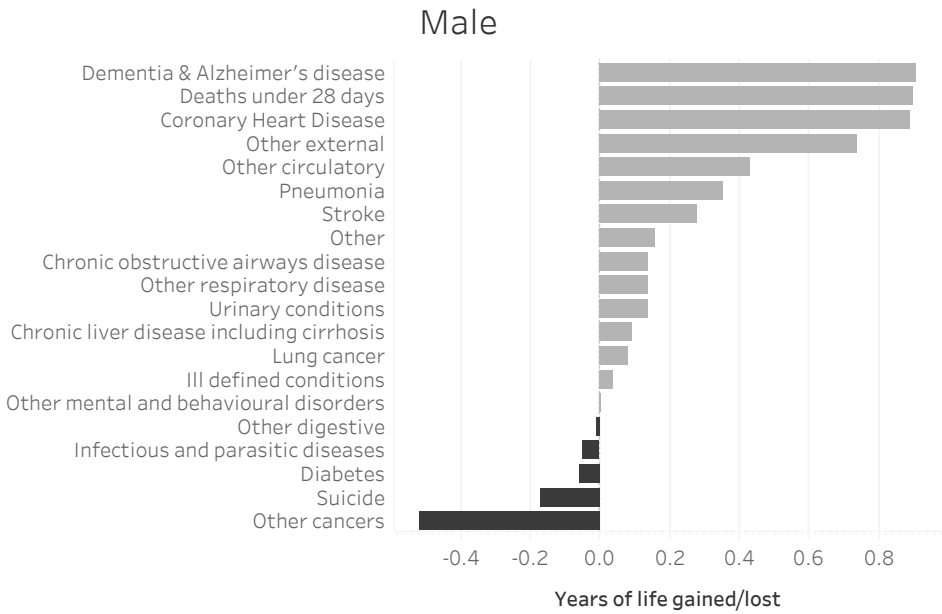
The specific cause of death that accounts for the difference in life expectancy throughout Rutland has also been examined. The chart shows males and females in Rutland would gain 0.91 years and 0.97 years of life expectancy if Rutland's most deprived quintile had the same mortality rate for Dementia and Alzheimer's disease as Rutland's least deprived quintile. The most life expectancy years would be lost if Rutland's most deprived quintile had the same mortality rate as Rutland's least deprived quintile where the cause of death was other external causes e.g. suicides in females and other cancers in males.[xiv]

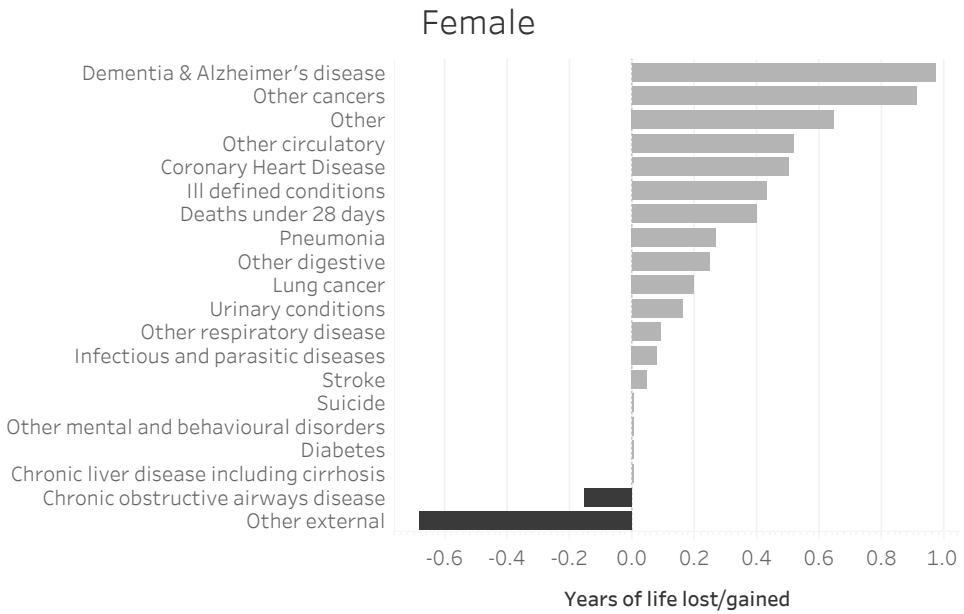
Difference in life expectancy by cause of death in Rutland

The gap in life expectancy between the most and least deprived areas in Rutland can be broken down by the broad causes of death that contribute to the years of difference. In males, over half of the gap in life expectancy between the most and least deprived areas in Rutland is due to excess deaths from circulatory disease (heart disease and stroke) and mental and behavioural disorders . In females, over half of the gap in life expectancy between the most and least deprived areas in Rutland is due to excess deaths from other causes, circulatory disease (heart disease and stroke) and cancer. This means that if people in the most deprived areas in Rutland had the same mortality rate for these causes as the least deprived areas, the gap in life expectancy would reduce by over a half.



The graphs examine the specific diseases that accounts for the difference in life expectancy throughout Rutland. A positive figure indicates that life expectancy years would be gained and a negative figure indicates that life expectancy years would be lost if the Rutland's most deprived quintile had the same mortality rate as the Rutland least deprived quintile.





Source: PHE Segment Tool, 2012-14

Produced by the Strategic Business Intelligence Team, Leicestershire County Council, 2017.

4.5 Prescribing

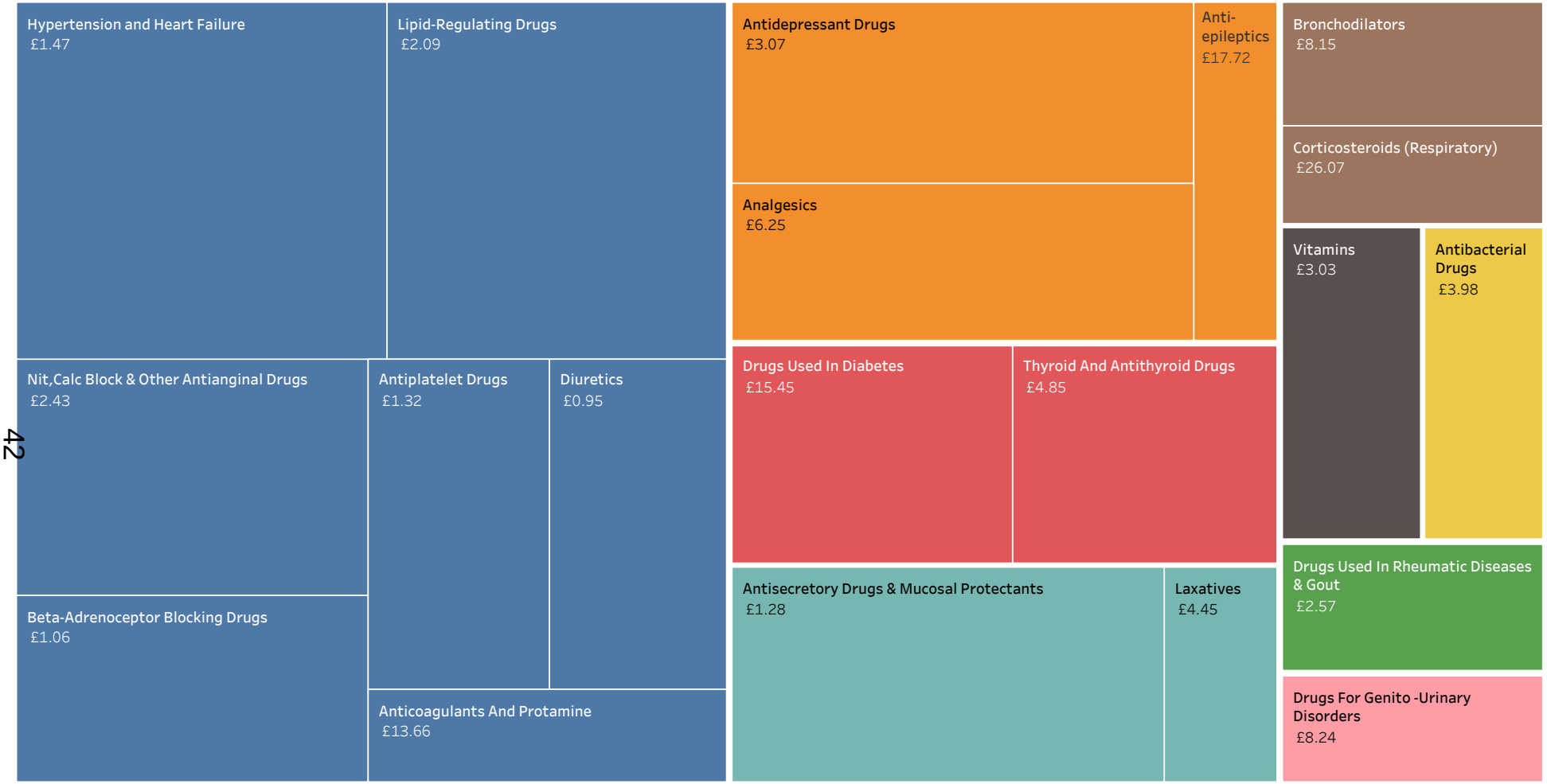
Prescribing – Items

The data presented in the infographic examines details of prescribing for GP practices in Rutland for each section of the British National Formulary (BNF) in 2016/17. It is important to note, the data does not include prescriptions written in hospitals or hospital clinics that are dispensed in the community, prescriptions dispensed in hospitals, prescribing by dentists and private prescriptions. Certain medicines, such as some of those in the treatment for rheumatoid arthritis, have a high proportion of prescriptions written in hospitals that are dispensed in the community.

The infographic presents the twenty drugs (by BNF Section Names) with the highest number of items prescribed in 2016/17 throughout GP practices in Rutland. It shows Hypertension and Heart Failure drugs have the most items prescribed, followed by Lipid-Regulating drugs and Antidepressants. Drugs for the Cardiovascular System account for seven out of the top twenty items prescribed. Out of all these drugs, Corticosteriods, used to provide relief for inflamed areas of the body e.g. in treatment for asthma, have the highest cost per item at £26.07, followed by Antiepileptics at £17.72 and drugs used in Diabetes at £15.45 per item.[xv]

Number of items prescribed throughout Rutland

This infographic examines the twenty drugs with the highest number of items prescribed by GP Practices in Rutland between April 2016 to March 2017. The size of the box relates to the total number of items prescribed and the average cost per item is stated.



BNF Chapter

- Cardiovascular System
- Central Nervous System
- Endocrine System
- Gastro-Intestinal System
- Infections
- Musculoskeletal & Joint Diseases
- Nutrition And Blood
- Obstetrics, Gynae & Urinary Tract Disorders
- Respiratory System

Source: Commissioning Group Prescribing Data, NHS Digital

Produced by the Strategic Business Intelligence Team, Leicestershire County Council, 2017.

Prescribing – Costs

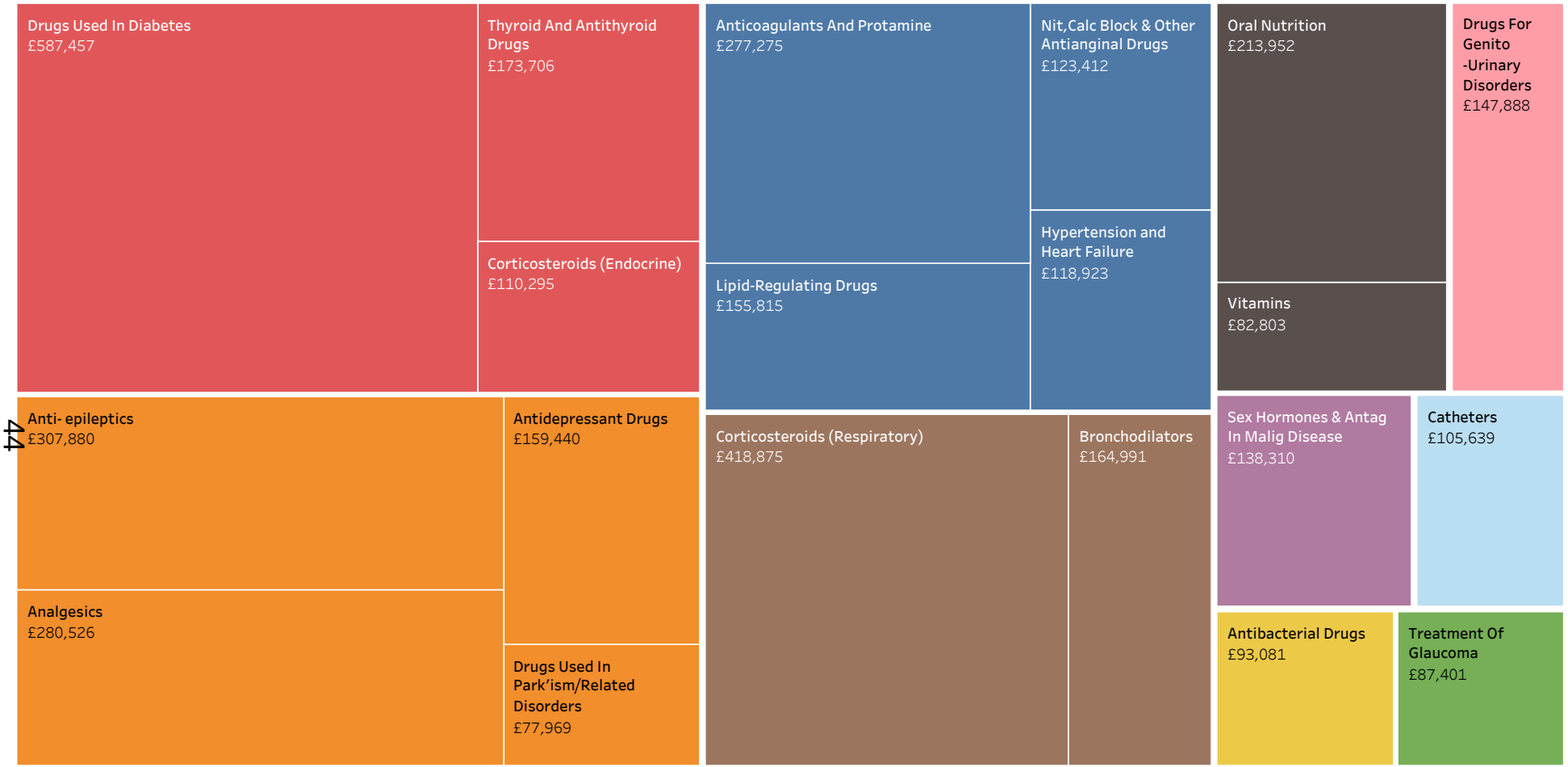
The following infographic presents the twenty drugs (by BNF Section Name) with the highest actual cost in 2016/17 throughout GP practices in Rutland. It shows drugs used in diabetes have the highest actual cost (£587,457), followed by Corticosteriods (£418,875) and Antiepileptics (£307,880). In this financial year, the actual cost of Oral Nutrition and Vitamins to the GP practices in Rutland was £277,275.[xv]

Locally in General Practice in Rutland we spend £5.7 million on prescribed drugs (excluding specialised drugs such as chemotherapy). Prescribing practice mirrors the burden of illness locally and the evidence suggests that the conditions that have the biggest and most sustained impact on residents and on services are heart disease, high blood pressure, diabetes, respiratory disease and depression. Many of these problems and their associated drug treatments require close monitoring and support from primary care. People with these long-term conditions now account for about 50 per cent of all GP appointments, 64 per cent of all outpatient appointments and over 70 per cent of all inpatient bed days.[xvi]

Clearly many patients get considerable health benefits from prescribed medication for long term conditions. However we also know that adopting and maintaining a healthy lifestyle will reduce the risk of many illnesses and thereby diminish or eliminate the need for medication in many cases.

Actual cost of prescribing throughout Rutland

This infographic examines the twenty drugs with the highest actual cost of prescribing in GP Practices in Rutland between April 2016 to March 2017. The size of the box relates to the total actual cost of prescribing in the financial year, this figure is stated.



BNF Chapter

- Appliances
- Cardiovascular System
- Central Nervous System
- Endocrine System
- Eye
- Infections
- Malignant Disease & Immunosuppression
- Nutrition And Blood
- Obstetrics, Gynae & Urinary Tract Disorders
- Respiratory System

Source: Commissioning Group Prescribing Data, NHS Digital

Produced by the Strategic Business Intelligence Team, Leicestershire County Council, 2017.

4.6 Hospital admissions

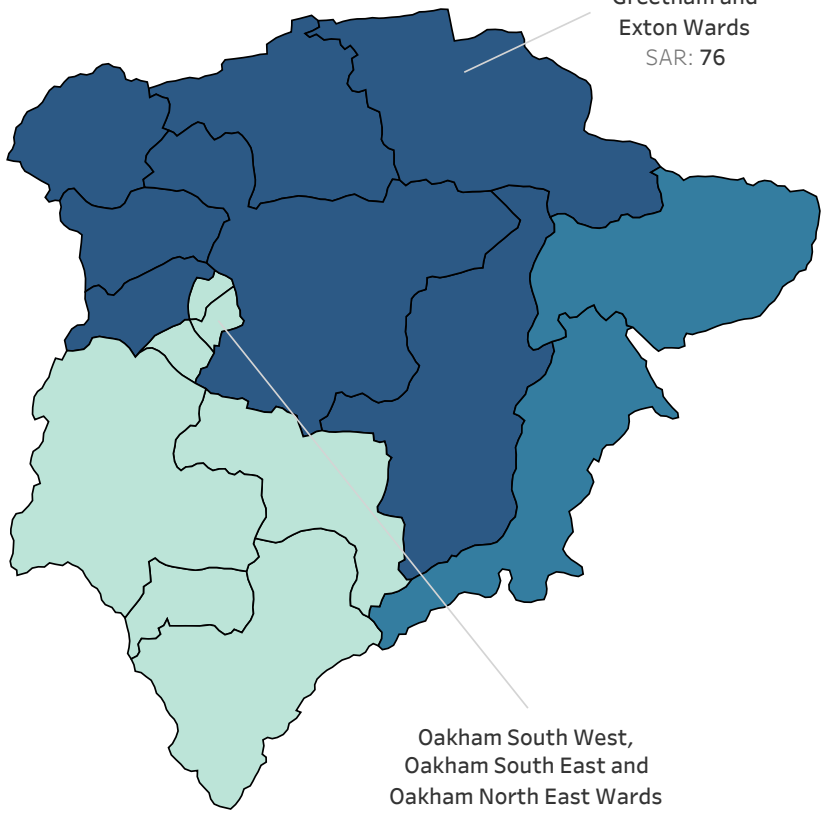
These infographics demonstrate inequalities in important high-burden diseases throughout Rutland. They show each hospital admission indicator is strongly associated with income deprivation locally. Levels of emergency admissions are measured as a Standardised Admission Ratio (SAR). The SAR is a ratio of the number of emergency admissions in Rutland compared to the number expected if Rutland had the same age specific admission rates as England, multiplied by 100. A SAR of 100 indicates that Rutland has an average emergency admission rate, higher than 100 indicates that Rutland has a higher than average emergency admission rate, lower than 100 indicates a lower than average emergency admission rate. The standardised admission ratios are accompanied by 95% confidence intervals (shaded grey on the bar charts) to provide some indication of the margin of error around each estimate.

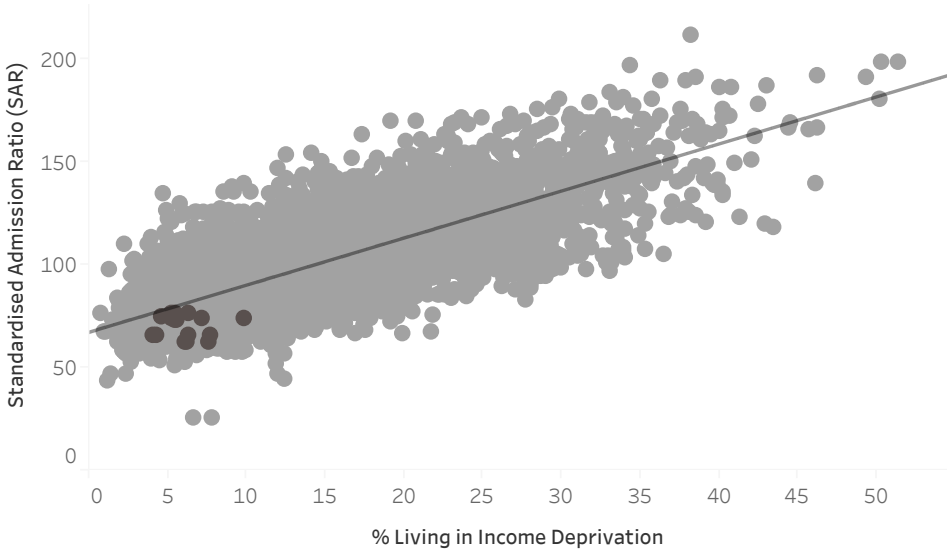
Emergency hospital admissions

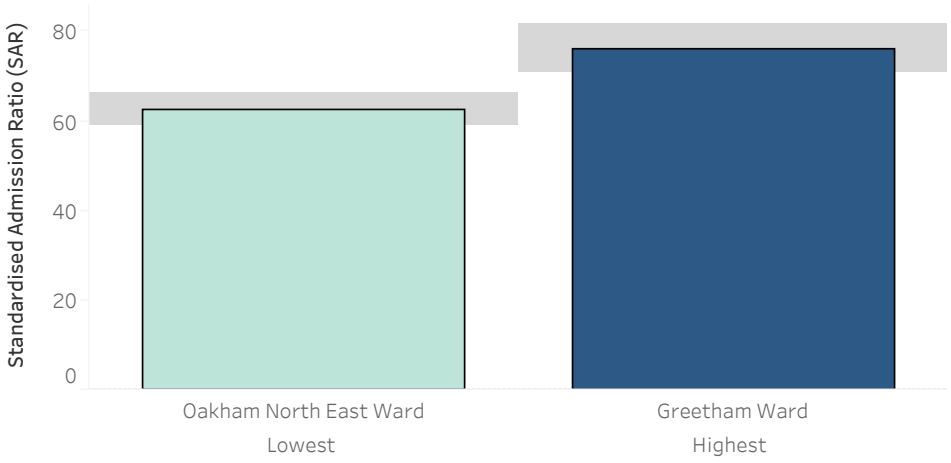
The scatter graph shows there is a statistical linear relationship with income deprivation and emergency hospital admissions at ward level in Rutland; this relationship is also witnessed nationally. High levels of emergency admissions may be due to a variety of causes such as high levels of injury within a population or poor management of chronic conditions within Primary Care. It should be viewed as an indication of the levels of unplanned secondary care use within Rutland. Throughout the county, Oakham South West, Oakham South East and Oakham North East Wards have the lowest Standardised Admission Ratio (SAR) for emergency admissions and Cottesmore, Greetham and Exton Wards, the highest.[xvii]

Emergency hospital admissions for all causes

High levels of emergency admissions may be due to a variety of causes such as high levels of injury within a population or poor management of chronic conditions within primary care. It should be viewed as an indication of the levels of unplanned secondary care use within Rutland. The scatter graph shows there is a statistical linear relationship with income deprivation (2015) and emergency hospital admissions for all causes (2011/12-2015/16) in England by ward. The bar chart (with 95% confidence intervals shaded grey) highlights the wards with the highest and lowest admission ratios in Rutland.







Source: Local Health, PHE

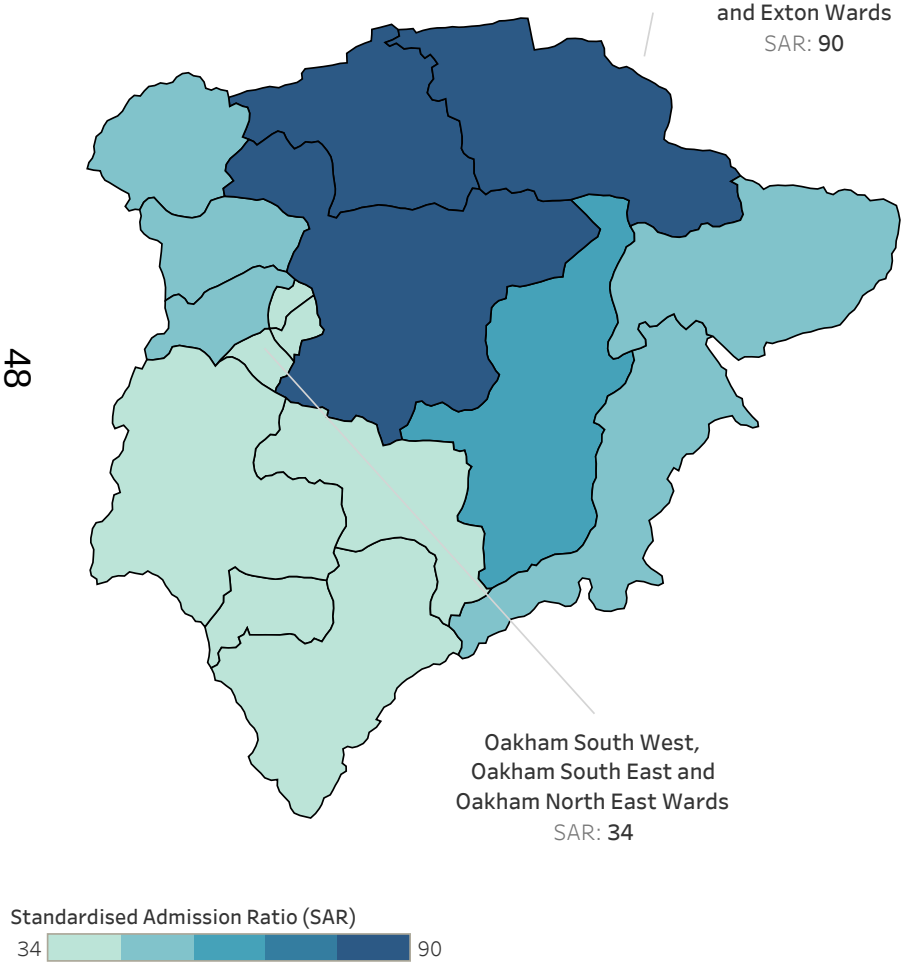
Produced by the Strategic Business Intelligence Team, Leicestershire County Council, 2017.

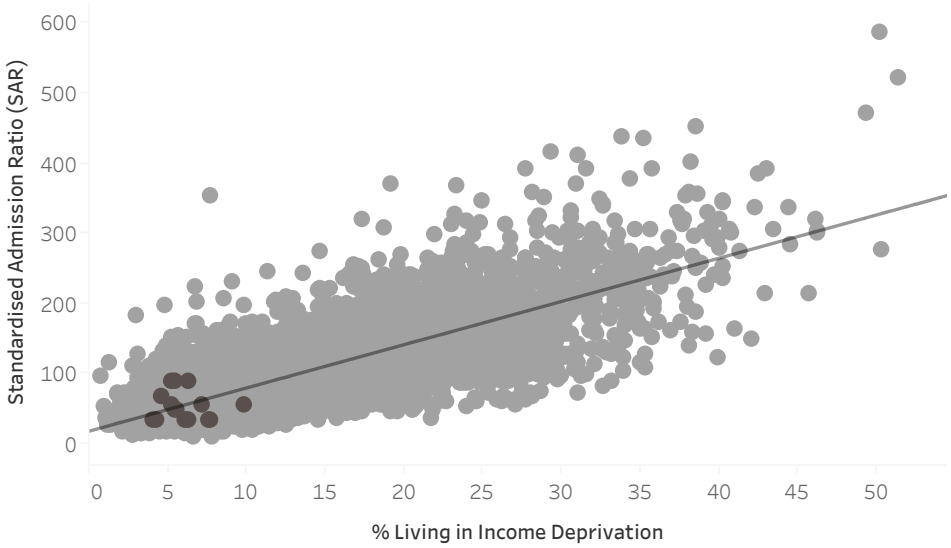
Emergency hospital admissions – Chronic Obstructive Pulmonary Disease (COPD)

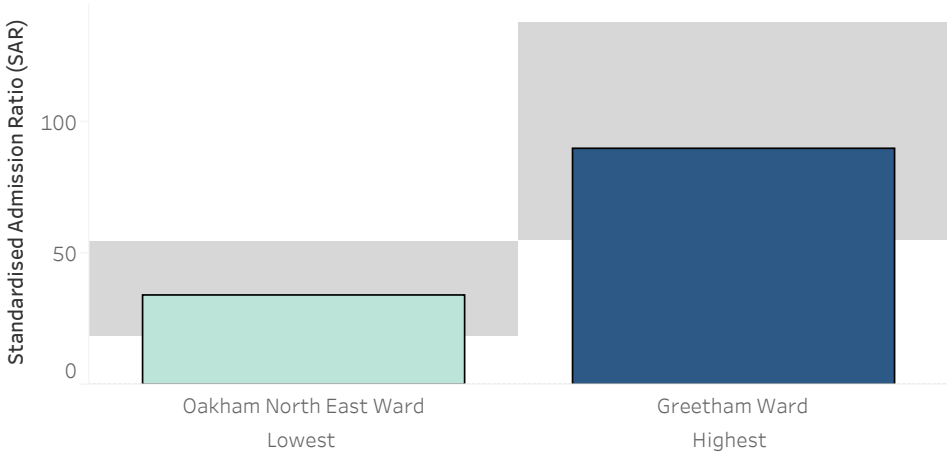
The scatter graph shows there is a statistical linear relationship with income deprivation and emergency hospital admissions for Chronic Obstructive Pulmonary Disease (COPD) at ward level in Rutland; this relationship is also witnessed nationally. COPD is one of the most common respiratory diseases in England, usually affecting people over the age of 35. The main risk factor for COPD is smoking; with the risk increasing the longer a person has smoked. Lifestyle changes, such as stopping smoking, can have a marked improvement on the condition and there is therefore a need to identify areas where public health interventions may be targeted for prevention and management of the condition. Throughout the county, Oakham South West, Oakham South East and Oakham North East Wards have the lowest Standardised Admission Ratio (SAR) for emergency admissions for COPD and Cottesmore, Greetham and Exton Wards, the highest.[xvii]

Emergency hospital admissions for Chronic Obstructive Pulmonary Disease (COPD)

COPD is a common respiratory disease, usually affecting people over the age of 35. The main risk factor for COPD is smoking, with the risk increasing the longer a person has smoked. Lifestyle changes, such as stopping smoking, can have a marked improvement on the condition and there is therefore a need to identify areas where public health interventions may be targeted for prevention and management of the condition. The scatter graph shows there is a statistical linear relationship with income deprivation (2015) and emergency hospital admissions (2011/12-2015/16) for COPD in England by ward. The bar chart (with 95% confidence intervals shaded grey) highlights the wards with the highest and lowest admission ratios in Rutland.







Source: Local Health, PHE

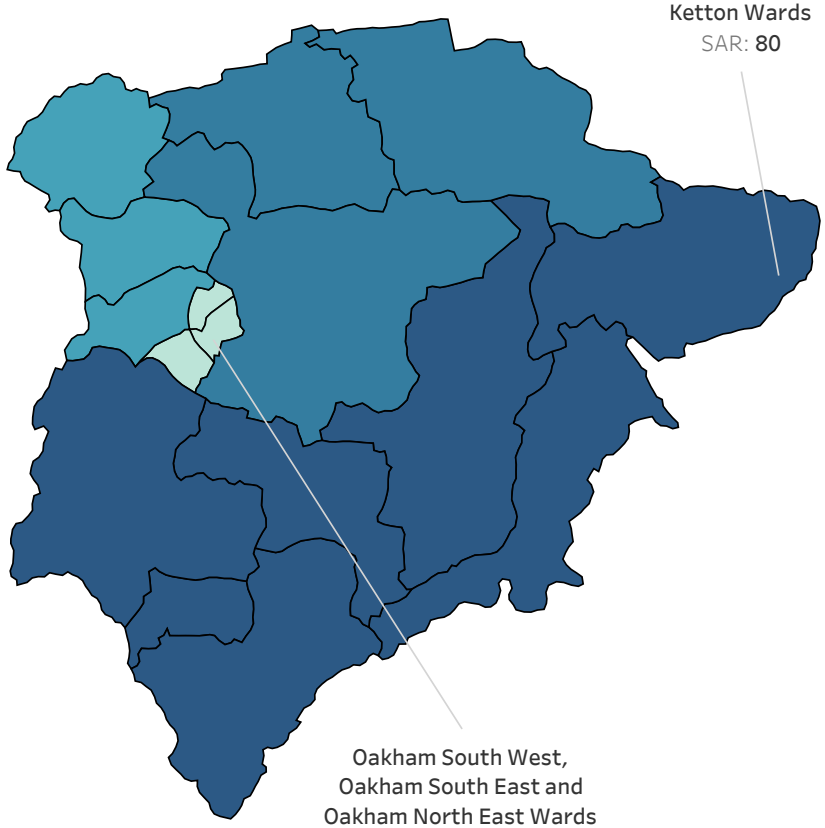
Produced by the Strategic Business Intelligence Team, Leicestershire County Council, 2017.

Emergency Hospital Admissions – Coronary Heart Disease (CHD)

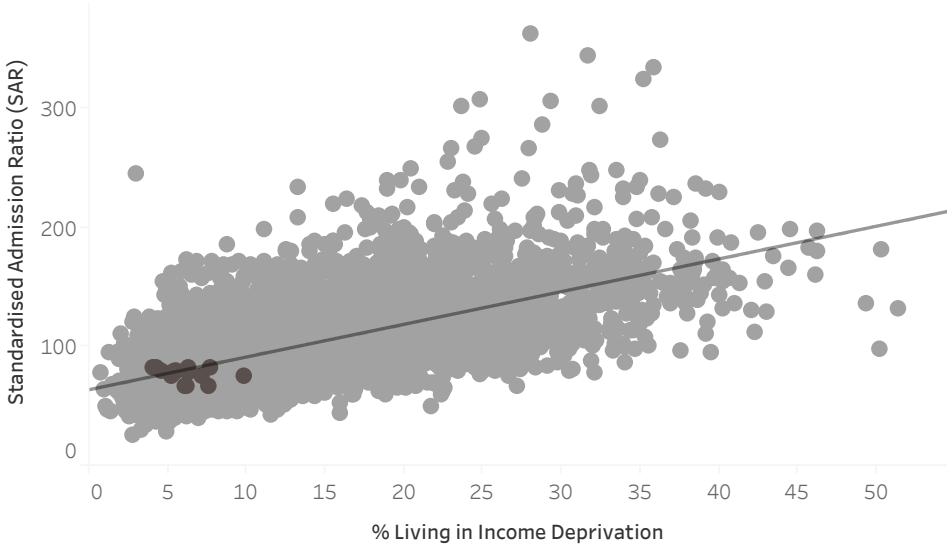
The scatter graph shows there is a statistical linear relationship with income deprivation and emergency hospital admissions for Coronary Heart Disease (CHD) at ward level in Rutland; this relationship is also witnessed nationally. In 2015, heart disease was England's second biggest killer causing around 61,000 deaths, it is therefore important to understand variation in the level of CHD in the community and the resulting demand upon local secondary healthcare services. High levels of emergency admissions for CHD may reflect high levels of disease within a population or may be indicative of unsatisfactory primary healthcare. Throughout the county, Oakham South West, Oakham South East and Oakham North East Wards have the lowest Standardised Admission Ratio (SAR) for emergency admissions for CHD and Ryhall and Casterton and Ketton Wards, the highest. The bar chart shows the 95% confidence intervals overlap between the lowest and highest areas; this indicates there is no statistical difference in admission rates.[xvii]

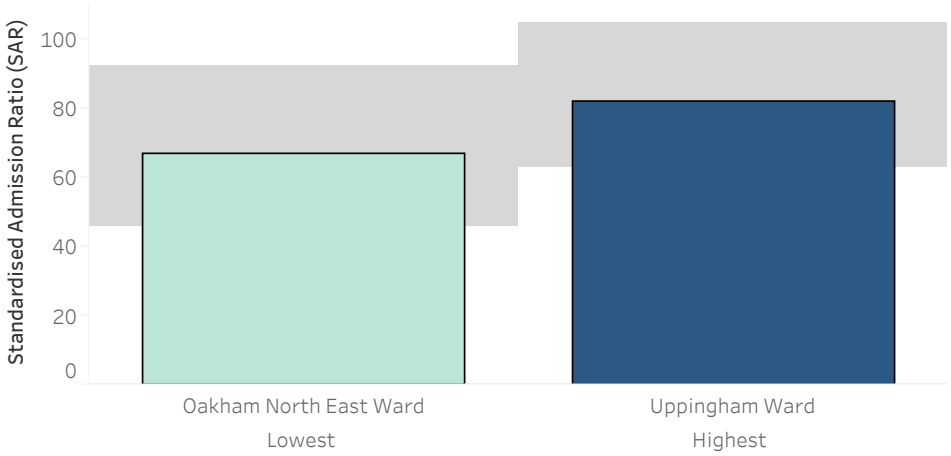
Emergency hospital admissions for Coronary Heart Disease (CHD)

In 2015, heart disease was England's second biggest killer causing around 61,000 deaths. It is therefore important to understand variation in the level of CHD in the community and the resulting demand upon local secondary healthcare services. High levels of emergency admissions for CHD may reflect high levels of disease within a population or may be indicative of unsatisfactory primary healthcare. The scatter graph shows there is a statistical linear relationship with income deprivation (2015) and emergency hospital admissions for CHD (2011/12-2015/16) in England by ward. The bar chart (with 95% confidence intervals shaded grey) highlights the wards with the highest and lowest admission ratios in Rutland.



Standardised Admission Ratio (SAR)
67 82





Source: Local Health, PHE

Produced by the Strategic Business Intelligence Team, Leicestershire County Council, 2017.

5 Feedback on recommendations for 2016

We will refresh our strategic work on overweight and obesity in adults in 2017

Response:

Physical Activity Network meetings have brought a wide range of organisations together to better coordinate approaches, with a focus on helping sedentary people become more active.

The Community Wellbeing Service includes support and advice on weight management. The range of GP exercise on referral options has been extended to include a weight management programme. There are also plans to further extend the choice of activities that will appeal to people rather than just being Gym based.

Rutland Council has a key role to play in our work on the wider determinants of health. We will continue to provide specialist expertise on approaches to health impact assessment and health in all policies.

Response:

Public Health contributed to the local transport plan, highlighting issues around air quality.

As a partner to the NHS, we will work with University of Hospitals of Leicester Trust and Leicestershire Partnership Trust on joint approaches to workforce health as part of the Leicester, Leicestershire and Rutland (LLR) response to the NHS 5 Year Forward View.

Response:

Workforce health is a priority in the emerging Sustainability and Transformation Plan (STP) with an NHS employed clinical research fellow leading policy and interviews development across public sector organisations.

Endnotes

[i] Office for National Statistics (C) Crown Copyright. ONS Mid-2015 Population Estimates. at < https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates>

[ii] Population Projections Unit; Office for National Statistics. 2014-based Subnational Population Projections for Local Authorities in England. (2016). at https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/localauthoritiesinenglandz1

[iii] Department for Communities and Local Government. English indices of deprivation 2015. www.gov.uk (2015). at https://www.gov.uk/government/publications/english-indices-of-deprivation-2015

[iv] Office of National Statistics. Census 2011. (2013) at https://www.nomisweb.co.uk/census/2011

[v] Office of National Statistics. Local Area Migration Indications, 2016. (2017) https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/migrationwithintheuk/datasets/localareamigrationindicatorsunitedkingdom

[vi] Department for Environment Food & Rural Affairs. Background Mapping data for local authorities 2013. At: https://uk-air.defra.gov.uk/data/laqm-background-home

[vii] Leicestershire Police. Crime Statistics 2016/17 (2017)

[viii] NHS Digital. National Child measurement Programme. England 2016/17 school year (2017). At: http://digital.nhs.uk/catalogue/PUB30113

[ix] Public Health England. Child obesity and excess weight: small area level data (2017) at https://www.gov.uk/government/statistics/child-obesity-and-excess-weight-small-area-level-data

[x] Public Health England. Physical Activity profile in Fingertips (2017) at https://fingertips.phe.org.uk/profile/physical-activity

[xi] Public Health England. Public Health Outcomes Framework. (2017). at http://www.phoutcomes.info/

[xii] Office for National Statistics (C) Crown Copyright. ONS Mid-2016 Population Estimates. at < https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates>

[xiii] Public Health Mortality Files, 2014-16.

[xiv] Public Health England. Segment Tool. (2017). at https://fingertips.phe.org.uk/profile/segment

[xv] NHS Digital. Commissioning Group Prescribing Data. (2017) at http://content.digital.nhs.uk/article/2021/Website-Search?productid=25160&q=prescribing+ccg&sort=Relevance&size=10&page=1&area=both#top

[xvi] The King's Fund. Long-term conditions and multi-morbidity (2017) at https://www.kingsfund.org.uk/projects/time-think-differently/trends-disease-and-disability-long-term-conditions-multi-morbidity

[xvii] Public Health England. Local Health. (2017). At http://www.localhealth.org.uk

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Report No: 35/2018
PUBLIC REPORT

ADULTS AND HEALTH SCRUTINY PANEL

8 February 2018

ADULT SERVICES PERFORMANCE MANAGEMENT

Report of the Director of People

Strategic Aim:	Safeguarding the most vulnerable and support the health & well-being needs of our community	
Exempt Information	No	
Cabinet Member(s) Responsible:	Councillor Alan Walters	
Contact Officer(s):	Jon Adamson, Business Intelligence Manager	01572 75 8259
	Mark Andrews, Deputy Director of People	01572 75 8339
	John Morley, Head of Adult Services & Principal Social Worker	01572 75 8442
Ward Councillors	All	

DECISION RECOMMENDATIONS
That the Panel: 1. Approves the 18 Key Performance Indictors (KPIs) to be reported to Scrutiny on a quarterly basis for performance management of adults' services.

1 PURPOSE OF THE REPORT

1.1 This report describes the performance framework for adult services. The purpose is to provide an overview of all the relevant performance measures used for monitoring adult services and to establish a suite of Key Performance Indicators (KPIs) which will be reported to Scrutiny.

2 BACKGROUND AND MAIN CONSIDERATIONS

2.1 Rutland County Council makes a number of statutory data returns to Government regarding adult services. This, along with some additional data from health services, informs the national Adult Social Care Outcomes Framework (known as ASCOF). ASCOF measures how well care and support services achieve the outcomes that matter most to people. The measures are calculated by NHS Digital and published annually. This is the main national publication which is used to

compare performance of adult services across Local Authorities.

2.2 Alongside the national measures (outlined above) Rutland County Council also reports on 70 performance indicators (PIs) to the local Safeguarding Adults Board (SAB) and reports local performance indicators for adult services on a quarterly basis in the form of our six Better Care Fund (BCF) outcomes and our six Corporate Performance Measures (under the theme of 'Safeguarding').

2.3 As we continue to improve our business intelligence service we are adopting some new local performance indicators to monitor adult services. Some of these measures are 'for information only' as they provide information on the demand for services and workflow, rather than directly measuring performance. For example, the number of 'contacts' (requests for service) which we receive each quarter. Other local indicators will be used to help monitor performance – such as the number of requests for support that are triaged within 48 hours.

2.4 The national, regional and local measures for adult services are numerous, with potentially over 130 PIs reported on a regular basis. It is not necessary or appropriate for Scrutiny to review such a large number of indicators; rather it is proposed that a small number of Key Performance Indicators (KPIs) are reviewed on a quarterly basis. This will provide a broader and timelier overview of adult services for Scrutiny than is currently made available via the Corporate Performance Report without being overly burdensome.

2.5 Appendix A provides a list of the proposed KPIs to report quarterly to Scrutiny. The list includes those performance indicators currently reported through the Corporate Performance Report and five of the six Better Care Fund measures (the excluded measure is taken from a national survey conducted once a year and not helpful in understanding service delivery). In addition to this we are proposing five measures of demand/workflow and five new local performance measures. There are 18 KPIs proposed in total.

3 CONCLUSION AND SUMMARY OF REASONS FOR THE RECOMMENDATIONS

3.1 It is recommended that the Panel approves the proposed list of 18 Key Performance Indicators (KPIs) to be reported to Scrutiny on a quarterly basis for performance management of adults' services. This will provide a broader and more timely oversight of adult services than is currently available to Scrutiny through the Corporate Performance Report.

4 BACKGROUND PAPERS

4.1 There are no additional background papers to the report.

5 APPENDICES

5.1 Appendix A. Adults Services: Key Performance Indicators for Scrutiny

A Large Print or Braille Version of this Report is available upon request – Contact 01572 722577.

Appendix A. Adults Services: Key Performance Indicators for Scrutiny

The following Key Performance Indicators (KPIs) are proposed for quarterly review of adult services by Scrutiny:

	Performance Indicator	Corporate PI	Better Care Fund	New local PI	Info only
1	Number of new requests for service (Contacts)				✓
2	Contact outcomes by category				✓
3	Number of existing support plans				✓
4	Number of existing services commissioned				✓
5	Number of existing carers supported				✓
6	Percentage of carers signposted to appropriate follow on services following assessment	LI111			
7	Percentage of adult social care reviews for Learning Disability completed annually	LI176			
8	Percentage of adult social care reviews completed on time	LI18			
9	Percentage of service users who were still at home 91 days after discharge	LI182	BCF2		
10	Total number of delayed days in transfer of care (DTOC) per 100,000 population (aged 18+)	LI191	BCF3		
11	Permanent admissions of older people (65+) to residential and nursing care homes	LI192	BCF1		
12	Total non-elective admissions in to hospital (general and acute), all ages		BCF4		
13	Rate of emergency hospital admissions for injuries due to falls in persons aged 65+		BCF6		
14	Percentage of new referrals from clients who had previously received a service within the last 12 months.			1.1	
15	Percentage of requests for support triaged within 48 hours			1.2	
16	Percentage of people/carers receiving direct payments			3.2	
17	Overall satisfaction of people who use adult services with their care and support			3.5	
18	Percentage of people who feel safer as a result of a safeguarding enquiry being undertaken			5.6	

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MENTAL HEALTH TASK AND FINISH GROUP
TERMS OF REFERENCE

1. Objectives

1.1 To review access to mental health services in order to identify ways in which the patient experience may be improved in terms of early identification; timely and appropriate treatment; success of outcomes; costs and availability of information.

1.2 To make recommendations to appropriate organisations and partners in order to improve support for those with mental health conditions.

2. Background

Adults and Health and Children's Scrutiny panels have noted that mental health has become a focus at both a national and a local level. It has frequently been a topic of discussion for both our panels and as a result of this it was decided to form a task and finish group to explore access to mental health services.

The 2017 Primary Care Survey report carried out by Healthwatch Rutland made the following conclusion in relation to Mental Health Services in Rutland *"A theme of considerable concern on the part of those experiencing the service runs though replies to questions about mental health services. These concerns need to be addressed."*

3. Scope/Purpose

3.1 Review of the existing provision of Mental Health Services in Rutland, access to these services and outcomes for users including:

- Demand for mental health services
- Availability of information
- Thresholds for service
- Waiting times
- Assessment
- Length of time for treatment to start
- Success of treatment in each service
- Rutland specific needs assessments

3.2 Consultation with commissioners; providers; relevant organisations and service users in order to collate relevant evidence;

3.3 To collate a body of research evidence and data to inform the outcomes of the review. This will be facilitated by the provisions of

Regulation 26 Local Authority (Public Health, Health and wellbeing boards and Health Scrutiny) Regulations 2013 requiring 'responsible persons' to provide a local authority with such information about the planning, provision and operation of health services in the area of the authority as it may reasonably require to discharge its health scrutiny functions.

3.4 Investigation into models which may be effective in prevention, timely identification and early intervention;

3.5 Evaluation of costs in relation to outcomes; and

3.6 Monitoring provision of service for those patients that choose to go outside of the Rutland area for geographical reasons.

4. Roles and Responsibilities

4.1 The membership of the Task and Finish Group will be Councillors' Lucy Stephenson, Nick Begy, June Fox, Rachel Burkitt, Gary Conde, William Cross and Gale Waller.

4.2 The Chair of the Task and Finish Group will be Councillor Lucy Stephenson (Chair of Adults and Health Scrutiny Panel).

4.3 Corporate Support and Scrutiny Officer will provide administration support when required.

4.4 Mark Andrews (Deputy Director for People) will be kept informed on the process of the Groups progress and will coordinate with the Chair the officer support and information the Group will require.

5. Key Milestones

Activity	**Provisional Dates**
Agreement of Terms of Reference	8 February 2018 (Adults and Health Scrutiny Panel)
Information gathering	January to July 2018
Consultation	TBC
Development of Recommendations	July 2018 – September 2018
Report to Scrutiny	October/November 2018
Report to Council (If applicable)	January 2019