
RUTLAND JOINT STRATEGIC NEEDS ASSESSMENT 2018

AGEING WELL – 65 YEARS AND OVER

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FOREWORD

The purpose of the Joint Strategic Needs Assessment (JSNA) is to:

- To improve the health and wellbeing of the local community and reduce inequalities for all ages.
- To determine what actions the local authority, the local NHS and other partners need to take to meet health and social care needs, and to address the wider determinants that impact on health and wellbeing.
- To provide a source of relevant reference to the Local Authority, Clinical Commissioning Groups (CCGs) and NHS England for the commissioning of any future services.

The Local Authority and CCGs have equal and joint statutory responsibility to prepare a Joint Strategic Needs Assessment (JSNA) for Rutland, through the Health and Wellbeing Board. The Health and Social Care Act 2012 amended the Local Government and Public Involvement in Health Act 2007 to introduce duties and powers for Health and Wellbeing Boards in relation to JSNAs.

The JSNA has reviewed the population health needs for the people of Rutland in respect of a person's later life. This has involved looking at the determinants of health, the health needs of this population in Rutland, the impact of services, the policy and guidance supporting the older population, the existing services and the breadth of services that are currently provided. The unmet needs and recommendations that have arisen from this needs assessment are discussed.

The JSNA offers an opportunity for the Local Authority, CCG and NHS England's plans for commissioning services to be informed by up to date information on the population that use their services. Where commissioning plans are not in line with the JSNA, the Local Authority, CCG and NHS England must be able to explain why.

EXECUTIVE SUMMARY

- The rate of emergency hospital admissions for injuries due to falls in persons aged 80 and above has declined year on year for the last four years, at a faster rate than nationally. In 2016/16, the rate of emergency hospital admissions due to falls for adults aged 80 and over was 4,329 per 100,000 population, better than the England average value of 5,363 per 100,000 population.
- The rate of emergency hospital admissions for hip fractures in persons aged 65 and above and in persons aged 80 and above (separately) has increased each year between 2014/15 to 2016/17. In both age bands the national rate has declined slightly year on year.
- The ratio of excess winter deaths for all ages and in persons aged 85 and above in Rutland (over 3 years) has remained similar to the national ratio since August 2001 – July 2004.
- In 2016/17, there were 26 new certifications of visual impairment in Rutland. This relates to completions of Certificate of Visual Impairment by a consultant ophthalmologist and initiates the process of registration with a local authority. The rate in Rutland is 67.3 per 100,000 population, significantly worse (higher) than the England rate of 42.4 per 100,000 population.
- In 2014, approximately 8,000 residents in Rutland were estimated to be affected by hearing loss, representing over a fifth (21.0%) of the total population in the county.
- The prevalence of dementia as recorded on GP registers in Rutland has increased significantly over the last seven years, following the national trend. Through this time, the prevalence in Rutland has remained significantly higher than the national prevalence. In 2016/17, 1.0% of the practice population in Rutland were recorded on GP registers with dementia, significantly higher than the national percentage of 0.8%. This equates to 362 patients in Rutland with this diagnosis.
- In Rutland, the directly age standardised rate of emergency inpatient hospital admissions for people with a mention of dementia for Rutland's over 65 population has remained significantly lower than the national rate during the last five years.
- In 2016 in Rutland, 84.5% of all deaths of people with a recorded mention of dementia were in their usual place of residence (DiUPR). This is significantly higher than the national percentage of 67.9%. Almost three-quarters (70.4%) of all deaths of people with a recorded mention of dementia in Rutland in 2016 were in a care home, followed by in hospital (15.5%) and in the home (14.1%). This pattern of place of death is reflected nationally. The latest data shows Rutland has a significantly lower proportion of deaths occurring in hospital and

a significantly higher proportion of deaths of people with a recorded mention of dementia in care homes compared to nationally.

- In Rutland, 10.1% of all deaths in 2015 were in those aged under 65. This is significantly lower than the national percentage of 14.8% and has decreased year on year from 13.2% in 2012. Of all deaths in Rutland, 46.6% were from those aged 85 and above., This is significantly higher than the national percentage of 40.4%. The percentage of deaths in this age group has increased significantly over time.
- Two-thirds (66.1%) of all deaths from those aged 85 and above in Rutland were in the usual place of residence, this is significantly higher than the national percentage of 54.1%. The percentage of deaths in usual place of residence in this age group has increased significantly over time.

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CONTENTS

1. Who is at risk?	1
2. Level of need in Rutland	2
3. How does this impact?	8
4. Policy and Guidance.....	8
5. Current Services.....	9
6. Unmet needs/Gaps.....	11
7. Recommendations.....	11

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1. Who is at risk?

There are many factors that influence the health of a person during their older adult years.

1.1. Income deprivation

A person is classed as income deprived if they receive income support, income based job seekers allowance, pension credit or child tax credit. In Rutland, in 2015, 7.9% of people aged 60 years and over were classed as income-deprived households. This is in the lowest quintile nationally and less than half the England average value of 16.2%.¹

1.2. Community and residential care

In 2013/14 in Rutland, the rate of older adults who were supported throughout the year by receiving community and residential care was 10,709 per 100,000 population. (915 older adults). This is higher than the England average value of 9,781 per 100,000 population.

In 2013/14 in Rutland, the rate of older adults who were permanently admitted to nursing and residential care homes was 527 per 100,000 population. (45 older adults). This is statistically similar to the England average value of 651 per 100,000 population.

Since 2013/14 the number of permanent admissions to nursing and residential care homes has fallen significantly: during 2016-17 11 older adults were admitted. This equates to 0.2% of the over 65 population per year in the three years from 2014-15, although with variation year on year with variation in cohorts.

1.3. Reablement

In Rutland, in 2013/14, 2.8% of people aged 65 years and over who were discharged from hospital were offered reablement services. This is similar to the England average value of 3.3%.

The percentage of people aged 65 years and over who were offered reablement services that were still at home after 3 months for Rutland was 66.7%. This is statistically similar to the England value of 82.5%.

Rutland has achieved very high rates of success with reablement services. Between 2014-15 and 2017-18, over 95% of individuals who received reablement services were still at home 91 days after being discharged from hospital.

1.4. Living alone

According to the 2011 census, 6.25% of households in Rutland were occupied by a single person aged 65 and over living alone (2,142 households). This is higher than the England value of 5.24%.²

1.5. Quality of life

The health related quality of life index for people 65 years and over in Rutland in 2016/17 was 0.761. This is similar to the England value of 0.735.**Error! Bookmark not defined.**

2. Level of need in Rutland

In 2016, Rutland's population of over 64 year olds was estimated to be a total of 9,389 (5,029 females and 4,360 males). This is projected to increase by 49% to around 14,000 by 2039.³

2.1. Loss of hearing

A person who is not able to hear as well as someone with normal hearing, hearing thresholds of 25 decibels (dB) or better in both ears, is said to have hearing loss. Unaddressed Hearing Loss can have a serious impact on health and wellbeing:

- People with hearing loss are more likely to experience emotional distress and loneliness.
- Hearing loss doubles the risk of developing depression.
- People with hearing loss are at least twice as likely to develop dementia.

Action on Hearing Loss have estimated the number of people with hearing loss of at least 25 dB in each Local Authority area in the UK, using mid-2014 ONS population estimates. In 2014, approximately 8,000 people in Rutland were estimated to be affected by hearing loss, over a fifth (21.0%) of the total population.⁴

2.2. Loss of sight

Prevention of sight loss helps people to maintain their independence and reduces the need for social care support.

In Rutland, in 2013/14, there were 135 people aged 75 and over that were registered blind or partially sighted. This is a rate of 3,468 per 100,000 population and is lower than the England rate of 4,255 per 100,000 population.⁵

In 2016/17, there were 26 new certifications of visual impairment in Rutland. This relates to completions of Certificate of Visual Impairment (all causes - preventable and non-preventable) by a consultant ophthalmologist and initiates the process of registration with a local authority and leads to access to services. The rate in Rutland is 67.3 per 100,000 population, significantly worse (higher) than the England rate of 42.4 per 100,000 population.⁵

There were 12 new certifications of visual impairment due to age related macular degeneration (AMD) for people aged 65 years and over and 6 new certifications of visual impairment due to glaucoma in people aged 40 years and over in Rutland. This gives an AMD rate of 127.8 per 100,000 population, similar to the England rate of 111.3 per 100,000 population. **Error! Bookmark not defined.** The rate of glaucoma is 26.9 per 100,000 population, statistically similar to the England rate of 13.1 per 100,000 population.⁵

2.3. Mental health

2.3.1. Dementia

The prevalence of dementia as recorded on GP registers in Rutland has increased significantly over the last seven years, following the national trend. Through this time, the prevalence in Rutland has remained significantly higher than the national prevalence. In 2016/17, 1.0% of the practice population in Rutland were recorded on GP registers with dementia, significantly higher than the national percentage of 0.8%. This equates to 362 patients in Rutland with this diagnosis. It must be noted that a higher prevalence could point to effective case finding in the practice population, allowing GPs and members of the primary care team to monitor, manage and treat the condition to reduce morbidity and mortality.

The recorded prevalence of dementia in Rutland's over 65 population in September 2017 was 3.76%. This is significantly lower than the England value of 4.33%.⁶

In Rutland, the directly age standardised rate of emergency inpatient hospital admissions for people with a mention of dementia for Rutland's over 65 population has remained significantly lower than the national rate during the last five years. The rate has steadily increased, albeit at a slower rate than nationally. The latest data shows in 2016/17, the directly age standardised rate was 2,203 per 100,000 population (214 admissions), significantly lower than the England rate of 3,482 per 100,000 population.⁶

In 2016 in Rutland, 84.5% of all deaths of people with a recorded mention of dementia were in their usual place of residence (DiUPR). This is significantly higher than the national percentage of 67.9%. Almost three-quarters (70.4%) of all deaths of people with a recorded mention of dementia in Rutland in 2016 were in a care home, followed by in hospital (15.5%)

and in the home (14.1%). This pattern of place of death is reflected nationally. The latest data shows Rutland has a significantly lower proportion of deaths occurring in hospital and a significantly higher proportion of deaths of people with a recorded mention of dementia in care homes compared to nationally. **Error! Bookmark not defined.**

2.3.2. Suicide

In Rutland between 2011-15, there was one male death from suicide and injury of undetermined intent in the 65 and over age range. The crude mortality rate from suicide and injury of undetermined intent in males aged 65 and over was 5.1 per 100,000 population during 2011-15, this is statistically similar to the England rate of 12.6 per 100,000 population.⁷

2.4. Hospital admissions

2.4.1. Emergency Admissions

Against a strong national trend of rising emergency admissions, the rate of emergency admissions has been maintained at a steady level in Rutland, with the 2017-18 rate only 0.5% higher than the rate in 2014-15. Non elective admissions rose by 9% in England over the same period according to national hospital activity data.⁸

2.5. Falls

The largest cause of emergency admissions for older people is falls. Falls impact on long term outcomes and the ability for a person to stay living in their own home. The highest rate of falls is witnessed in the population aged 80 and above.

In Rutland, the rate of emergency hospital admissions for injuries due to falls in persons aged 65+ has declined year on year for the last four years, at a faster rate than nationally. In 2015/16 the rate has declined from 1,869 per 100,000 population to 1,579 per 100,000 population in 2016/17. This represents a decrease of 20 admissions from 172 in 2015/16 to 152 in 2016/17. The latest rate is significantly better than the England value of 2,114 per 100,000 population.⁵

Compared to the previous year, the majority of this decrease was witnessed in the population aged 65-79 years. The rate of emergency hospital admissions for injuries due to falls in persons aged 65-79 years per 100,000 population has declined from 994 per 100,000 population in 2015/16 to 631 per 100,000 population in 2016/17, reflecting a decline of 22 admissions.

Meanwhile the rate of emergency hospital admissions for injuries due to falls in persons aged 80 and above has also declined year on year for the last four years, at a faster rate than nationally. In 2016/16, the rate of emergency hospital admissions due to falls for adults aged 80 and over was 4,329 per 100,000 population. This is better than the England average value of 5,363 per 100,000 population. This represents 110 admissions in 2016/17.⁹

2.5.1. Fractured neck of femur

Only one in three people that suffer a hip fracture return to their former levels of independence. The condition is so debilitating that one in three sufferers end up moving into long-term care facilities.

The rate of emergency hospital admissions for hip fractures in persons aged 65 and above and in persons aged 80 and above (separately) has increased each year between 2014/15 to 2016/17. In both age bands the national rate has declined slightly year on year.

Emergency hospital admissions for hip fractures in persons aged 65 and above per 100,000 population has increased (worsened) from 532 per 100,000 population in 2015/16 to 558 per 100,000 population in 2016/17, representing an increase of 4 admissions. The latest rate performs similar to the national average. In 2016/17, the rate of emergency hospital admissions for hip fractures in males aged 65 and above per 100,000 population is significantly worse than the national average, whereas the rate in females is significantly better than the national average.

Meanwhile in 2016/17, the rate of emergency hospital admissions due to fractured neck of femur for adults aged 80 and over was 1,432 per 100,000 population, this is similar to the England average value of 1,545 per 100,000 population. The counts of emergency hospital admissions for hip fractures in persons aged 80 and above has increased by 5 admissions compared to the previous year, from 31 in 2015/16 to 36 in 2016/17.⁹

2.6. Excess winter deaths

Excess winter deaths are largely due to circulatory and respiratory diseases. Factors that impact on excess winter deaths include: the ability to cope with drops in temperature and the level of disease in the population. The excess winter deaths index is the ratio of extra deaths from all causes in the winter months compared with the expected number of deaths, based on the average number of non-winter deaths.

The ratio of excess winter deaths for all ages in Rutland (over 3 years) has remained similar to the national ratio since August 2001 – July 2004. The latest data shows for the period August 2013 – July 2016, there were 38 winter deaths in Rutland. This gives an excess winter deaths

index of 10.9 and is statistically similar to the England value of 17.9.⁹ Rutland's excess winter deaths index for females was 17.4, and was statistically similar to the England value of 20.2.⁹ Meanwhile, the excess winter deaths index for males was 4.4 and was statistically similar to the England value of 15.4.⁹

The ratio of excess winter deaths for people aged 85 and over in Rutland (over 3 years) has remained similar to the national ratio since August 2001 – July 2004. The latest data (for the period August 2013 – July 2016) shows there were 18 winter deaths in Rutland for people aged 85 years and over. This gives an excess winter deaths index of 11.5 and is statistically similar to the England value of 24.6.⁹ Rutland's excess winter deaths index for females aged 85 years and over was 23.5, and was statistically similar to the England value of 25.3.**Error! Bookmark not defined.** Meanwhile, the excess winter deaths index for males aged 85 years and over was -5.3, and was statistically similar to the England value of 23.3.⁹ The ratio for males infers there were less deaths in winter compared to non-winter throughout this time period.

2.7. Mortality

The directly age standardised mortality rate (ASMR) is calculated to take into account the age structures of the population. Since 2004, the ASMR for all ages in Rutland has remained significantly lower than the national average. The latest data in 2015 shows when the ASMR is broken down into age groups, those under 65, between 65 and 74, between 75 and 84 and above 85 years all have a similar rate to the national average.⁵

In Rutland, 10.1% of all deaths in 2015 were in those aged under 65. This is significantly lower than the national percentage of 14.8% and has decreased year on year from 13.2% in 2012. Of all deaths in Rutland, 46.6% were from those aged 85 and above, this is significantly higher than the national percentage of 40.4%. The percentage of deaths in this age group has increased significantly over time.⁵

2.7.1. Place of death

Over a third (38.9%) of all deaths in Rutland in 2016 were in hospital, followed by: in the home (27.7%) in care homes (27.7%), hospices (3.2%) and other places (2.4%). This pattern of place of death is reflected nationally. The latest data shows Rutland has a significantly lower proportion of deaths occurring in hospital and a significantly higher proportion of deaths in care homes compared to nationally. In Rutland the trend is significantly decreasing over time for in-hospital deaths and significantly increasing over time for deaths in care homes.⁵

In Rutland, over half (51.9%) of deaths in the under 65 years age group occurred in hospital in 2016, this is the highest percentage out of all age groups. The lowest percentage of in-

hospital deaths occurred in those aged over 85 years. In 2016, less than a third of deaths (29.8%) in this age group were in hospital, significantly lower than the national percentage of 43.8%. The trend of in-hospital deaths has been significantly decreasing across the 65-74 age band and 85 and above age band over time.⁵

As age increases, the percentage of deaths in care homes increases. Almost half (45.7%) of all deaths in the 85 and above age bands occurred in care home, a significantly higher percentage to the national average (36.7%). The trend of care home deaths has been significantly increasing in the county across the 85 and above age band over time.⁵

Nationally the percentage of deaths at home decreases with age. In 2016 in Rutland, over a third (39.7%) of deaths in those aged 65-74 years died at home, similar to the national percentage of 30.3%. This was the highest percentage out of all age bands in Rutland residents. In those aged 85 and above, a quarter (24.5%) of all deaths were in the home. This is a significantly higher percentage compared to the national average (16.4%).⁵

In 2016, hospice deaths accounted for 3.2% of all deaths in Rutland. This is similar to the national percentage of 5.7%. In Rutland the trend is significantly increasing over time for deaths in hospices.⁵

2.7.1.1. Deaths in Usual Place of Residence

In Rutland, over half (52.4%) of all deaths were in usual place of residence (DiUPR) in 2015, this is significantly higher than the national percentage of 46.0%. The trend has increased significantly in Rutland over time and the percentage of DiUPR has continued to have a significantly higher percentage than nationally since 2006. Two-thirds (66.1%) of all deaths from those aged 85 and above in Rutland were in the usual place of residence, this is significantly higher than the national percentage of 54.1%. The percentage of DiUPR in this age group has increased significantly over time.⁵

2.7.2. Cancer

Nationally, a steady decline in deaths from cancer among people aged 65 and over has been seen since 2001-03. Throughout this time in Rutland, the rate of deaths from cancer among people aged 65 and over has remained significantly better (lower). The latest data shows during 2014-16, there were 255 deaths from cancer in people in Rutland aged 65 years and over. This is a rate of 933.4 per 100,000 population and is better than England's rate of 1,115.2 per 100,000 population.**Error! Bookmark not defined.**

2.7.3. Cardiovascular disease

The rate of deaths from cardiovascular disease among people aged 65 and over has declined each year since 2001-03. Throughout this time, the rate in Rutland has remained lower, although not significantly so between 2008-10 to 2012-14. The latest data shows during 2014-16, there were 251 deaths from cardiovascular disease in people in Rutland aged 65 years and over. This is a rate of 894.8 per 100,000 population and is significantly better than England's rate of 1,149.2 per 100,000 population.**Error! Bookmark not defined.**

2.7.4. Respiratory disease

Nationally, a steady decline in deaths from respiratory disease among people aged 65 and over has been seen since 2001-03. Throughout this time in Rutland, the rate of deaths from respiratory disease among people aged 65 and over has remained significantly better (lower). The latest data shows during 2014-16, there were 137 deaths from respiratory disease in people in Rutland aged 65 years and over. This is a rate of 490.5 per 100,000 population and is better than England's rate of 629.1 per 100,000 population.**Error! Bookmark not defined.**

3. How does this impact?

The last few years have seen a steady increase in the prevalence of a range of long term conditions in Rutland, many of which are largely preventable and closely associated with lifestyle factors including increased levels of obesity, lack of exercise and smoking. Supporting people to stay healthy for longer is therefore a key area for action. The number of complex cases is also increasing, as more people are living with more than one long term condition.

4. Policy and Guidance

The Care Act 2014 sets out the primary statutory duties of adult social care. People have a right to a free needs assessment from the council regardless of finances or presenting needs or are too low to qualify for help. All councils must use new national eligibility criteria to decide whether someone can get help from them.

If people get social care support, they now have a right to request a personal budget enabling people to commission their own care. If the needs assessment shows they don't qualify for help from the council, they must advise people how the care system works and how to pay for their own care. Carers too have a legal right to a care assessment from the local council and can also get support services if they qualify for them.

If people find it difficult to communicate or to understand the issues being discussed, the council must provide an advocate to help when discussing their care. They will represent

people's interests if they don't have a friend or relative who can help.

The council is the lead agency in preventing abuse to vulnerable adults and now has powers under section 42 of the Care Act to cause enquiry. This means the council can ask providers of health and domiciliary services to investigate concerns and present the findings to the council for scrutiny. The council works closely with the Police and other statutory agencies at these times; always keeping in contact with and supporting the alleged victim.

Better Care Fund

The Better Care Fund (BCF) programme was set up in 2014, spanning both the NHS and local authorities, to join-up health and care services, in order that people can manage their own health and wellbeing, and live independently in their communities for as long as possible. Rutland's Better Care Fund programme aims to shape more integrated, efficient and effective health and care services which work well for the people of Rutland. This is so that people receive the right care and support at the right time to maintain their health and wellbeing, staying well for as long as possible, thus preventing, delaying or reducing their need for care. The programme is run jointly by Rutland County Council and East Leicestershire and Rutland Clinical Commissioning Group, and overseen by the Rutland Health and Wellbeing Board.

5. Current Services

Rutland Information Service RIS is designed to support people with a wide range of information to enable them to access support and information and to help themselves.

Rutland Community Wellbeing (RCWS) Service offers information, support and signposting to help residents of Rutland with a range of health and wellbeing needs. This includes self-help tools, and onwards referral to a variety of community support, through an interactive website, (<https://www.rutlandwellbeing.org.uk/>) single telephone number and drop-in services. They provide a wide range of assistance to help people to overcome some of the factors which may have a negative impact on their health and wellbeing, such as poor housing and debt. This includes help to access specialist military/veteran support. RCWS also provides support to help people around a range of lifestyle issues such as help to stop smoking, basic dietary and weight management advice and referral.

Active Rutland provides details of all the activity and sports available within the county, including those aimed at specific groups such as older people, young people with disabilities and those recovering from injury.¹⁰

The Exercise Referral Scheme is a programme for adults (16+) with health conditions, who could benefit from increased physical activity. It is a partnership between Public Health,

Leicester-Shire and Rutland Sport, local authorities, GP practices and other healthcare professionals. It offers an opportunity for these individuals to exercise in a safe, supervised and structured environment.

Rutland operates a Passport to Leisure scheme which allows specific groups the opportunity to access daytime services and facilities at the local sports centre at a discounted rate, this includes low income families, students and individuals with a disability or impairment.

Rutland County Council, Adult Social Care (ASC) Service has a number of specialist teams covering all aspects of adult social care from both a commissioning perspective and a provider perspective.

The teams are divided into three service areas and contain a number of professionals and support staff. These include social workers, occupational therapists, physiotherapists, nurses and care managers. The areas they cover are Prevention and Safeguarding, Long-term Support, and Hospital Discharge. All of the teams work on an outcome-focused ethos with the person at the centre involving and empowering them to take decisions over their own lives at often very difficult times for them and their families. The Hospital Discharge team is a fully integrated team which includes health professionals from the community health provider (LPT) as well as local authority employed staff.

The teams work closely with other professional agencies, GPs and appropriate third sector partners to ensure the best possible outcome for the person concerned and their families.

In addition, Adult Social Care have a reablement team who specialise in helping people back to being independent such as after a hospital stay. The service will support and encourage people in their own homes facilitating them to stay there as long as possible.

Rutland is one of only two local authorities within the UK to directly employ an Admiral Nurse to support people following a diagnosis of dementia. Services are being restructured to increase provision and support available for dementia.

The local authority commissions services from other sources to assist it with its statutory duties. This includes advocacy services for those who lack capacity and equipment services for occupational therapy and home adaptations.

In addition to adult social care, the local authority commission a number of external providers to deliver residential and nursing care, homecare (domiciliary care), and wider support services, including specific older people's support from Age UK Leicester-Shire and Rutland, via Rutland Access Partnership (a VSCE consortium).

6. Unmet needs/Gaps

7. Recommendations

Develop work to extend healthy life expectancy by:

- Helping people to remain well, active and connected
- Encouraging and enabling individuals to take a greater role in their own care
- Minimising the impact of ill health and prolonging independence and quality of life
- Raising awareness and take-up of preventative opportunities and services.
- Broadening prevention opportunities, particularly where they promote active and connected lifestyles.

Develop holistic health and care services for people with long term conditions by providing more coherent integrated services for people with impaired health. To achieve this reshape demand for primary, community, social care and acute health services and treating people as close to home as possible and in the community so relieving pressure on acute care

Supporting integrated health and care service development through:

- Improvements to IT systems and infrastructure, Information Governance assurance, and support for workforce planning and development.
- Understanding users' experience of health and care services to inform and help prioritise improvements
- Further progressing integrated commissioning.

GLOSSARY OF TERMS

CCG	Clinical Commissioning Group
JSNA	Joint Strategic Needs Assessment
LSOA	Lower Super Output Area
NHS	National Health Service
NICE	National Institute for Health and Care Excellence
PHE	Public Health England

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REFERENCES

- ¹ Public Health England. Wider Determinants of Health Profiles (2018). At <https://fingertips.phe.org.uk/profile/wider-determinants>
- ² Public Health England. Mental Health and Wellbeing JSNA (2018). At <https://fingertips.phe.org.uk/profile-group/mental-health/profile/mh-jsna>
- ³ Office for National Statistics, Revised population estimates for England and Wales: mid-2012 to mid-2016 (2018). At <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/annualmidyearpopulationestimates/mid2012tomid2016>
- ⁴ Action on Hearing Loss. Hearing Matters (2015). At: <https://www.actiononhearingloss.org.uk/how-we-help/information-and-resources/publications/research-reports/hearing-matters-report/>
- ⁵ Public Health England. End of Life Care Profiles (2018). At <https://fingertips.phe.org.uk/profile/end-of-life>
- ⁶ Public Health England. Dementia Profile. (2018) At. <https://fingertips.phe.org.uk/profile-group/mental-health/profile/dementia>
- ⁷ Public Health England. Suicide Prevention Profile (2018) At <https://fingertips.phe.org.uk/profile-group/mental-health/profile/suicide>
- ⁸ NHS England (2018) Monthly Hospital Activity Data. At. <https://www.england.nhs.uk/statistics/statistical-work-areas/hospital-activity/monthly-hospital-activity/mar-data/>
- ⁹ Public Health England. Public Health Outcomes Framework.(2018) At <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework>
- ¹⁰ Active Rutland (2018) At <https://www.activerutland.org.uk/>