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Rutland County Council

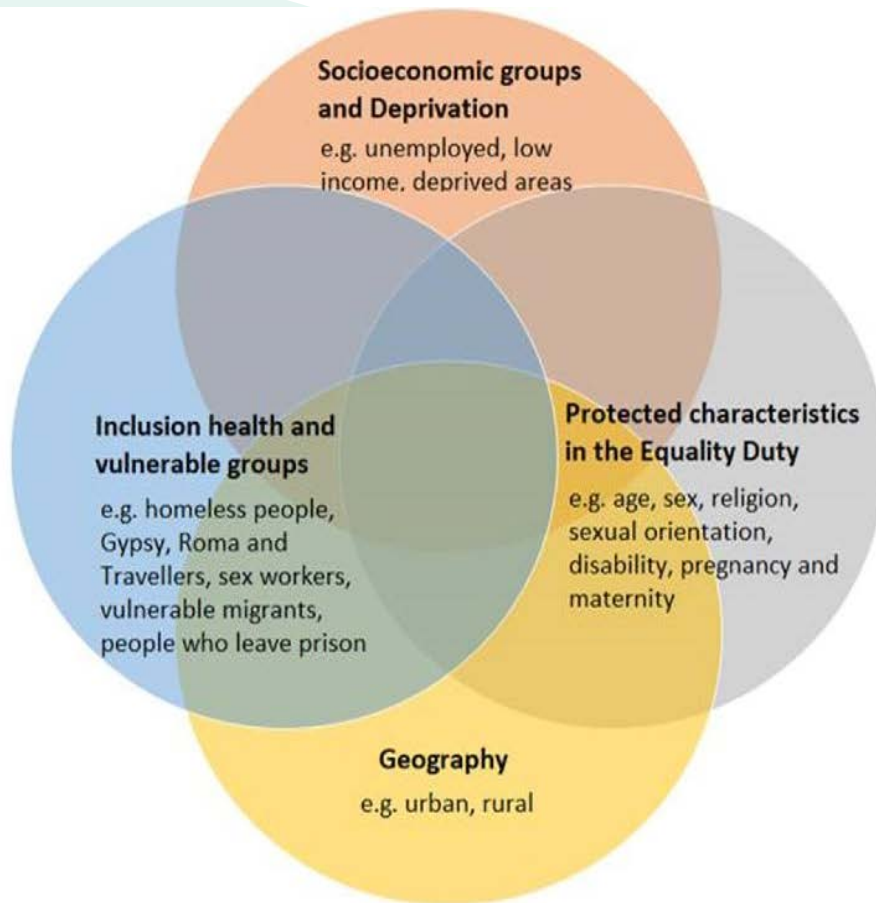
# Rutland Health Inequalities Needs Assessment

Health & Wellbeing Board

October 2022



## Introduction



Overlapping dimensions of health inequalities (HEAT)

### Aims:

- Explore inequalities relating to health outcomes and access to services across population groups and geography.
- Provide recommendations to address Rutland health inequalities with a **proportionate universalism** approach (universal delivery with an element targeted to most in need).

### Notes:

1. Some data presented include caveats or limitations, which are explained in the main report.
2. An updated version will be produced in 2023, including yet to be released Census 2021 data.
3. Lower Super Output Area (LSOA) is an area with a population typically between 1,000 and 3,000 residents. Maps of each Rutland LSOA is within the appendix.

## Life expectancy

2020/21		
	Male	Female
Life expectancy in Rutland	82.9	85.2
Life expectancy in England	78.7	82.7
<b>Gap</b>	<b>-4.2</b>	<b>-2.6</b>

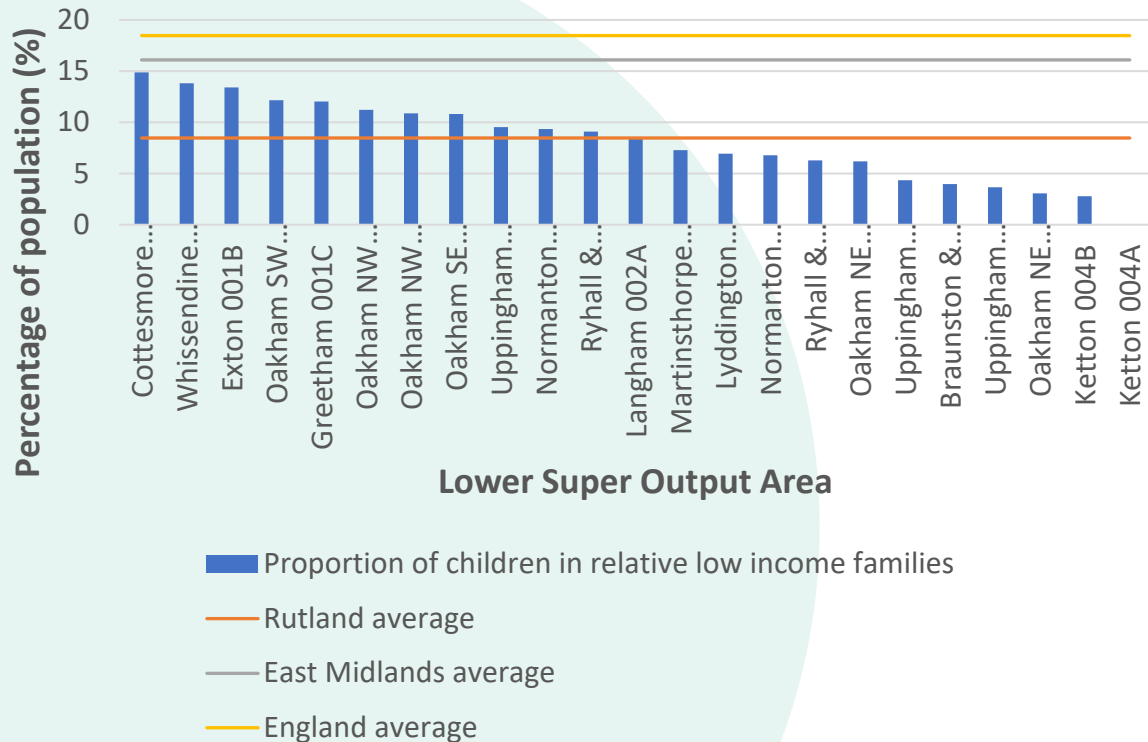
  

2020/21		
	Male	Female
Life expectancy most deprived quintile	81.3	81.9
Life expectancy least deprived quintile	85.3	86.8
<b>Gap</b>	<b>3.9</b>	<b>4.9</b>

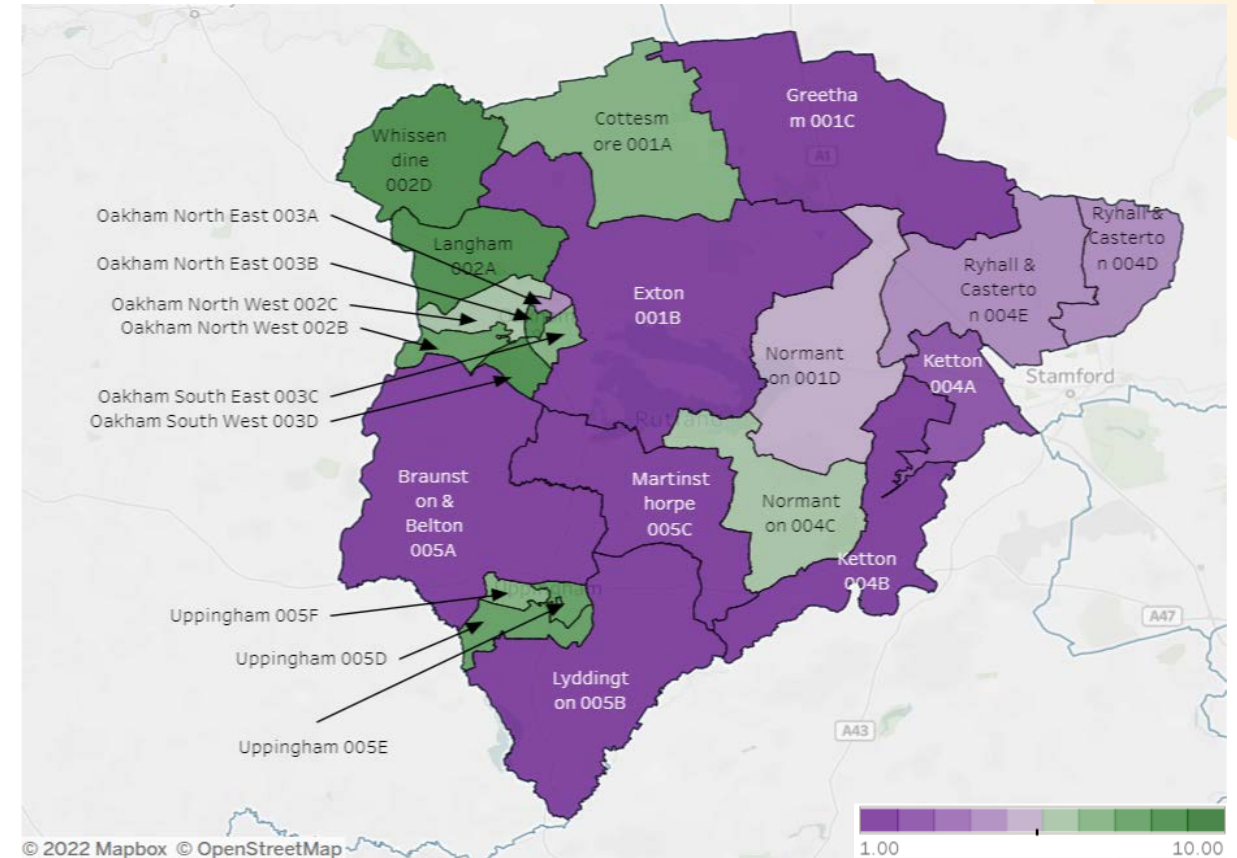
- **Whilst life expectancy is higher in Rutland than the England average, there is variation between areas within Rutland.**
- 2020-21 data will have an element of influence from COVID-19 deaths in younger age groups.

## Section 1 – socio-economic and deprivation

### Proportion of children under 16 in relative low income families - 2020/21



**Barriers to Housing & Services domain** - the physical and financial accessibility of housing and local services, covering physical proximity of local services, and issues relating to access to housing, such as affordability.



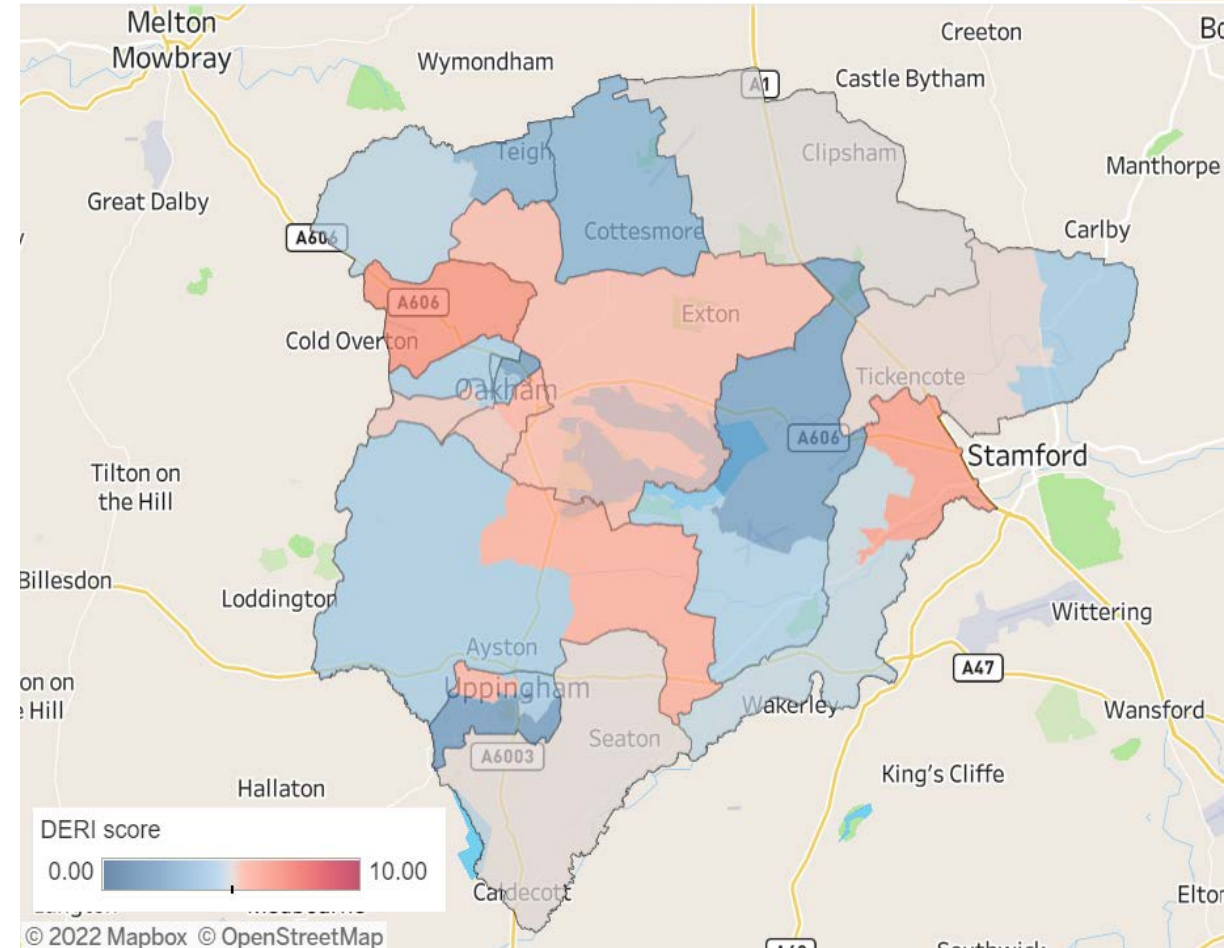
- Rutland performs better than regional and national comparators for most economic deprivation indicators. However, there is still considerable variation *within* Rutland.
- The section also explores service demand, including Rutland Foodbank. The number of meals provided by Rutland Foodbank has significantly increased from 5,686 in 2015/16 to 42,525 in 2020/21.

## Section 2 – rurality and access

All Party Parliamentary Group on Rural Health & Social Care identified 5 common characteristics of rural health. These are explored within the report for Rutland, as all rural areas are different.

1. **Ageing population:** rural areas commonly have a disproportionate number of older people.
2. **Mental health:** geographical isolation and loneliness can heighten mental health issues in rural areas.
3. **Distance from services:** people in rural areas need to travel further to access treatment (often costing more).
4. **Housing:** issues in rural communities such as cost, older properties, fuel poverty, older populations and living alone.
5. **Cultural and attitudinal differences,** combined with remoteness from specialist provision.

## Digital Exclusion Risk Index (DERI) - deprivation, demography and digital connectivity.



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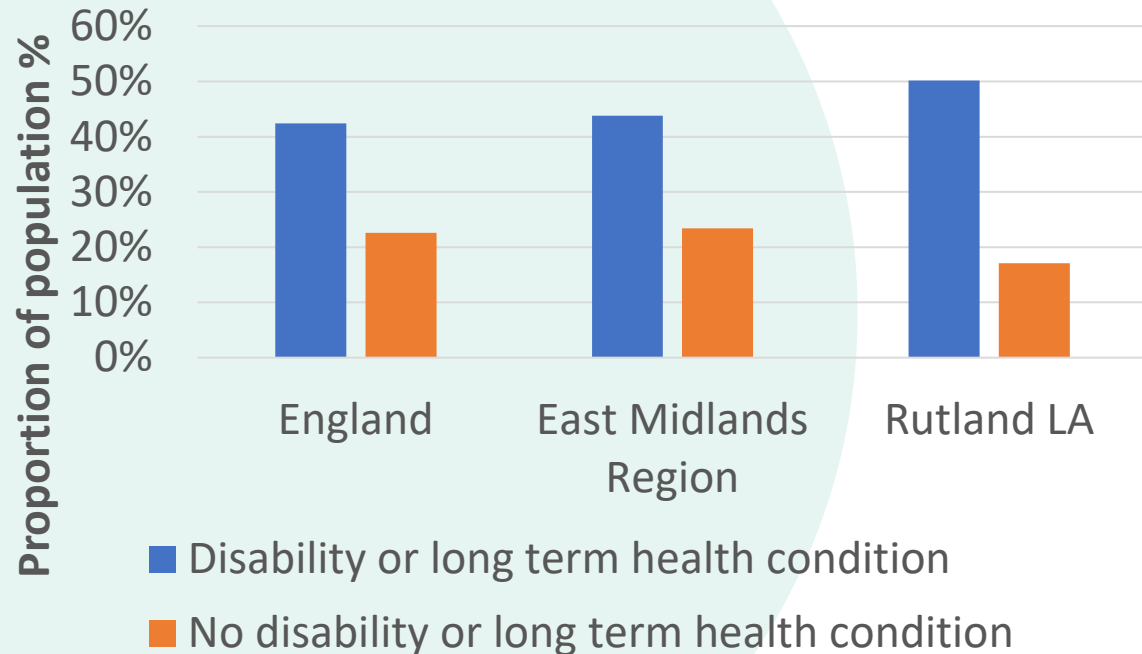
### Section 3 – inclusion health groups, vulnerabilities and large population groups

Population (awaiting Census for clear position)	Inequality
<b>Armed forces community</b>	<ul style="list-style-type: none"> <li>Although not an inclusion health group, given the high proportion of personnel and veterans in Rutland, specific needs should be explored to prevent inequality.</li> <li>National and local insight suggests signs of inequality within the armed forces community, <b>particularly for female veterans mental health and social relationships.</b></li> </ul>
<b>Carers</b>	<ul style="list-style-type: none"> <li>COVID-19 significantly impacted Carers, with an <b>estimated 26% of the national population providing care during the pandemic.</b></li> <li>Applying this estimate to Rutland, approximately 11,000 people <i>may</i> have been providing care, although this is thought to have decreased.</li> </ul>
<b>Homelessness</b>	<ul style="list-style-type: none"> <li><b>85 Rutland households (4.5 per 1,000) were owed a homelessness prevention or relief duty in 2020/21</b>, lower than the England average (11.3 per 1,000).</li> <li><b>Rutland residents predominantly identified breakdowns in relationships and domestic abuse as the main contributing factors.</b></li> </ul>
<b>Gypsy, Roma and Traveller communities</b>	<ul style="list-style-type: none"> <li>Gypsy, Roma and Traveller communities often have poorer health outcomes and access to health services than the general population.</li> <li>RCC have commissioned a Gypsy, Traveller and Travelling Showpeople Accommodation Assessment starting in September 2022 to gain further insight.</li> </ul>

## Section 4 – protected characteristics

### Disability

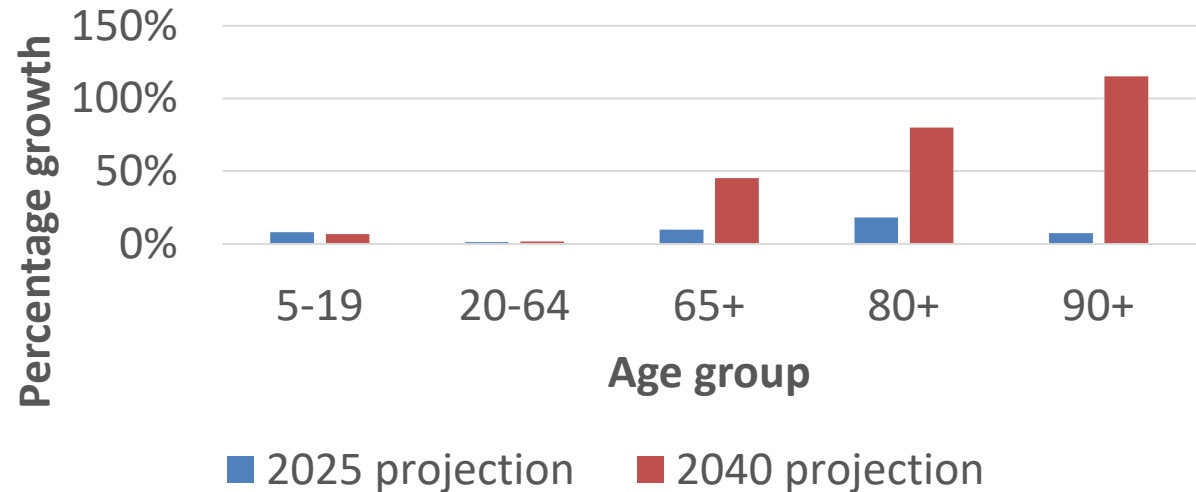
Levels of activity : Inactive: less than 30 minutes a week (2020/21)



### Age

- Rutland has a significantly higher proportion of people aged 65+ (25.1%) and 80+ (7.1%) than England.
- The 80+ population is projected to increase by 80% in 2040, from 2,819 residents in 2020 to 5,074 in 2040.
- Rutland significantly worse for estimated dementia diagnosis and Excess Winter Deaths Index.

Projected growth based on 2020 baseline population by age



Other protected characteristics covered within the report.

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## Health and Wellbeing Board recommendations

1. Note report findings and approve publication of the needs assessment on the Rutland Joint Strategic Needs Assessment (JSNA) website.
2. Approve development of a Health and Wellbeing Board development session on health inequalities with a deep dive on needs assessment findings (Appendix A) and further discussion on the report recommendations set out in Appendix C.



## Report recommendations

### Section 1

- Support available within the community to provide targeted provision to the most rural areas of Rutland identified with higher economic need and more distant from support.

### Section 2

- Targeted engagement with Whissendine 002D and Braunston & Belton 005A to develop understanding of potential barriers to accessing primary care and whether they are at greater disadvantage than other areas. Both areas are most distant from GP practices by time to travel and barriers may be hidden in GP/PCN wide engagement.
- Ensure services are prioritising cross border working with neighbouring ICS to maximise opportunity for people to access support closest to home. For example, working with cross boundary ICS on access to acute hospital services.
- Provide targeted digital skills programmes for population groups most in need, alongside universal provision. Identified in the report are people with mental health, learning, memory, physical and sensory impairments.
- Engage with local farming organisations and communities to develop local understanding and consider the farming report recommendations on relieving loneliness.

## Report recommendations

### Section 3

- Develop new insight for the armed forces community in Rutland, covering the impact of COVID-19, female veterans and mental health.
- Respond to findings from the LLR Carers Strategy consultation before determining specific recommendations for Rutland.
- Respond to findings from the commissioned Gypsy, Traveller and Travelling Showpeople Accommodation Assessment.

### Section 4

- Ensure health and wellbeing implications of the population projections for older age groups are embedded into the Local Plan and other long-term strategies.
- Consider deeper dives on dementia diagnosis and excess winter deaths.
- The specific access barriers for people with learning disabilities and/or sensory impairments should be factored into all service plans.
- Consider the LGBT national survey recommendations to improve access and personalised support for mental health, smoking cessation and substance misuse.