Report No. 216/2015 – Appendix A

Rutland County Council

Joint Strategic Needs Assessment

Overview 2015

Version Control	Version 1.1
Document Owner / Authorising Officer	Head of Commissioning
Target Audience	Health & Wellbeing Board; RCC Staff; Providers
Publication Date	November 2015
Review Date	November 2016
Links to other policies/processes	Better Care Fund Programme; Better Care Together.

Contents

1. What is a JSNA?

The Joint Strategic Needs Assessment (JSNA) is the means by which we assess the current and future health healthcare and wellbeing needs of the local population in Rutland. It is an assessment of local, current and future health and social care needs that could be met by the local authority, the Clinical Commissioning Groups (CCGs), and other partners. It will inform Rutland's Joint Health and Wellbeing Board, which has a duty and responsibility to identify key priorities to improve the Health and Wellbeing for people living in Rutland. The Health and Wellbeing Board produces a Joint Health and Wellbeing Strategy which is based on the needs identified within the JSNA, and agrees priorities on which to focus.

The JSNA includes a range of quantitative and qualitative evidence looking at specific groups, like hard to reach groups, as well as wider issues that affect health such as crime, community safety, education, skills and planning.

The information within the JSNA is essential to establish:

- the needs of the whole community including how needs vary for people at different ages, and may be harder to meet for those in disadvantaged areas or vulnerable groups who experience inequalities, such as people who find it difficult to access services
- the wider social, environmental and economic factors that impact on health and wellbeing - such as access to green space, air quality, housing, community safety, employment.

Rutland's JSNA was last reviewed in 2012.

2. Our Approach

The public health strategy for England, Healthy Lives, Healthy People 2011 proposed that a life course approach is taken for tackling the wider social determinants of health. The life course approach aims to understand and address how experiences in childhood and adolescence influence socio-economic position and the risk of disease later in life.

Over the life course, the health and wellbeing needs and requirements of the population change. Many needs are relevant in just one stage of the life course, whereas others are relevant over many stages. This makes presenting information over the stages of the life course complicated. The data provided here has therefore been divided into overarching areas, as well as focusing on children and young people and adults

In common with many other local authorities, Rutland is moving to an electronic JSNA which can be updated more frequently. The detailed datasets available and the hyperlinks to them are detailed in Appendix 2. This core dataset is based on nationally available data - and therefore provides comparators against regional, national and similar areas. Alongside this summary document providing the overview of key areas, there will be a number of detailed chapters developed. These chapters will be published as they are written and enable key areas to be interrogated in detail, using additional local data and the input of key stakeholders in each area, and will be updated as new data becomes available.

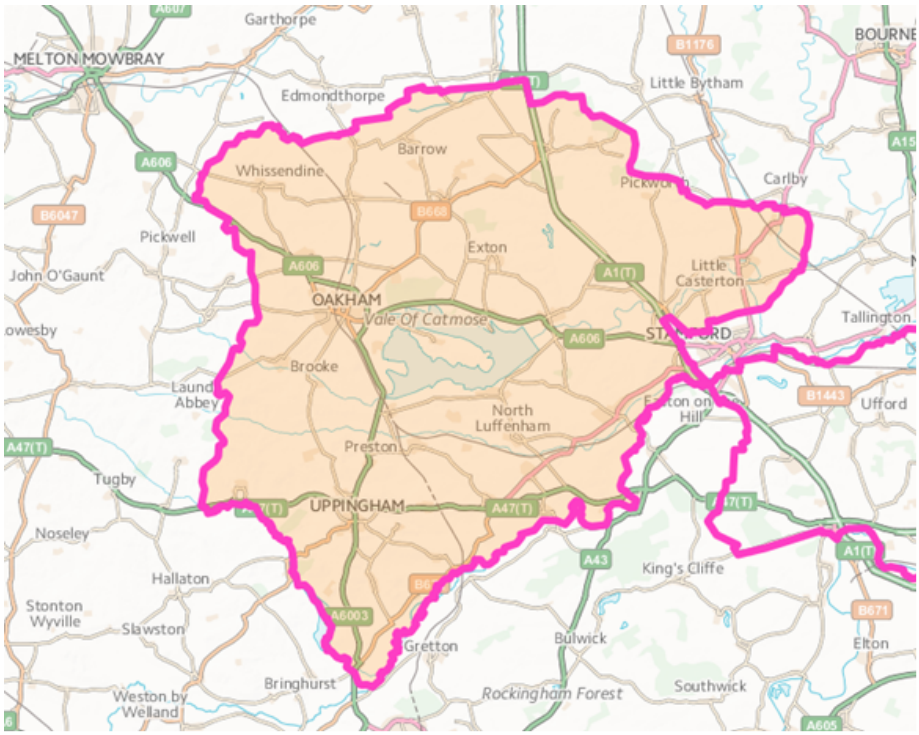
This summary document will inform both the areas chosen for detailed chapters, and the Health & Wellbeing Board's refreshed Strategy.

3. Our Vision

The reason we are here is to serve our children, families, vulnerable adults and communities to the best of our ability. The culture that we will develop is one where we will regularly ask ourselves:
"Would this be good enough for my child, my parent or me?"

Ultimately the needs assessments we develop will be used to influence our strategy and commissioning decisions, directing the services we deliver to residents both in-house and through external providers. Our aim, underpinning all of this work will be the delivery of quality services that meet our communities' needs in the most effective way and at the right time.

4. Rutland's Population



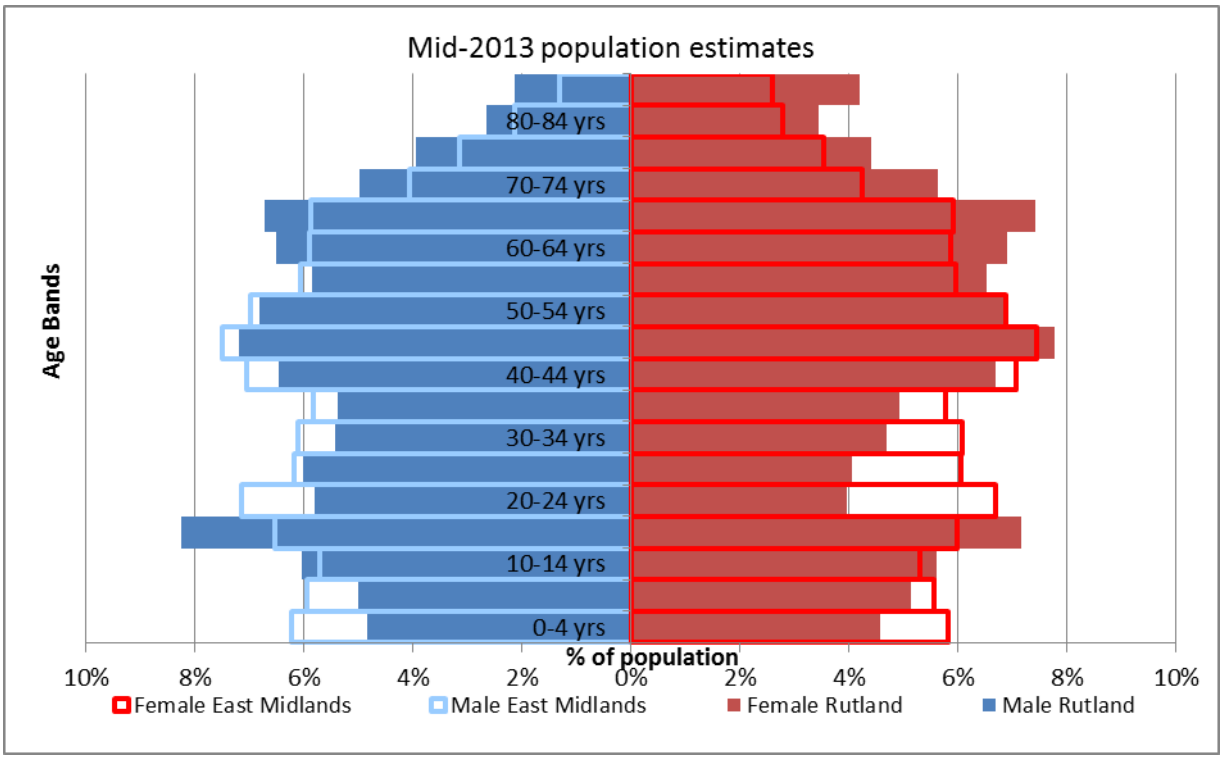
There are 16 wards in Rutland.

There is a total of 15,002 households with an average density of 1.00 persons per hectare; the ward with the highest density is Oakham North East with 24.20 persons per hectare, the lowest density is Braunston and Belton with 0.30 persons per hectare.

4.1 Demographics

The population of Rutland as at the 2013 mid-year estimate was 37,600, comprising 19,200 males and 18,400 females.

The breakdown by age of the population is:



There is a particular spike in the population aged 15 to 19 years, and this is especially pronounced for males. This runs contrary to the regional trend, and may well be as a result of the local independent boarding schools in Oakham and Uppingham. The next age banding of 20 to 24 years shows a significantly lower population that the previous age group and the regional picture, suggesting that young people are migrating away from Rutland post school. There is an overall widening of the pyramid between the 45-49 year group and the 65-69 year age group – again, for the latter this is contrary to the regional picture. With life expectancy set to increase it is expected that the elderly population is set to increase significantly over the next 20-30 years.

The distribution of males to females is fairly even up to the age of 19, whereafter the number of males compared to females almost doubles for the next ten years to the age of 30, although it remains higher. From 40 onwards, the numbers of men and women becomes more even again, with the proportion of females increasing compared to males with age, reflecting the longer life expectancy of females.

4.1.1 Ethnicity

As at the 2011 Census, the majority of Rutland residents were White British (94%) with the remaining 6% of the population made up of: 3% White Other; 1% Mixed/multiple ethnic group; 1% Asian/Asian British; and 1% of Black/African/Caribbean/Black British and other ethnic groups. This compares with a BME population of 10.7% for the East Midlands region and 14.6% for England. The ward with the highest proportion of BME residents is Greetham at 9.0%.

Less than 1% of the population in Rutland report that they cannot speak English well, or at all. This compares with 1.6% for the East Midlands region, and 1.7% for England. The ward with the highest proportion, and number, of households with no adults that have English as a

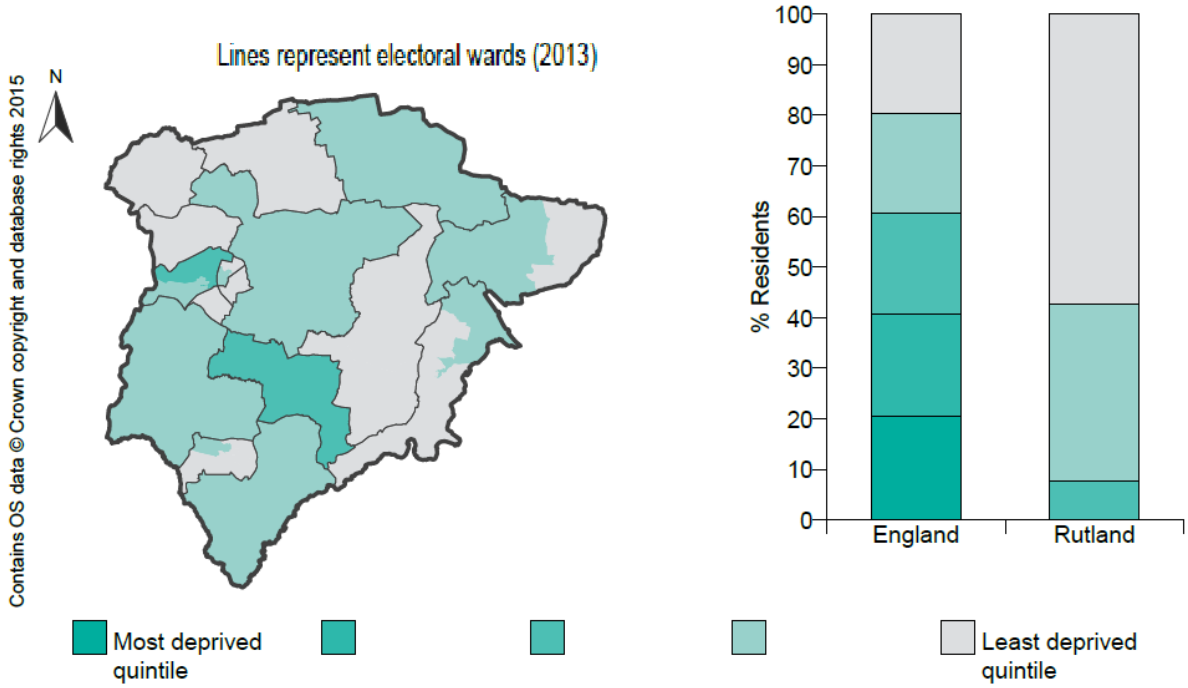
main language is Oakham North East, with 0.20%. This compares with 3.60% for the East Midlands, and 4.40% for England.

4.1.2 Sexual Orientation

There are no specific statistics relating to the sexual orientation of the Rutland population. 1.6% of adults in the UK identified themselves as gay, lesbian or bisexual in 2013. This comprised of: 1.2% of adults who identified as gay or lesbian; and 0.5% of adults who identified as bisexual. If this rate is applied to the population of Rutland, it means that there were approximately 520 people in the county who identified themselves as gay, lesbian or bisexual in 2013. This may be slightly on the high side, as the rate for the region as a whole for 2013 was 0.2% lower than the national figure, at 1.4%.

4.2 Deprivation

Rutland is one of the most affluent counties in England; of 149 Upper Tier Local Authorities in 2010, Rutland ranked 148 (with 1 being the most deprived, and 149 being the least deprived) (Indices of Deprivation: 2010 by County Council). In the last three years of Health Profiles released by Public Health England (2013-15), Rutland has ranked first in the 10 best performing local authority districts for levels of deprivation. At a more granular level, there is variation across Rutland in levels of income deprivation. In 2010, when placed in a national context, while there were no wards that ranked in the two most deprived quintiles nationally, two wards were in the middle quintile – Uppingham and Oakham North West (see below).



Source: Rutland Health Profile - 2 June 2015, Public Health England

4.2.1 Housing

Affordability and access to housing is a major issue for Rutland. The lower quartile house price (where a quarter of houses are below that price) in Rutland was £150,000 in Q2 of 2013 (CLG Table 583 at 10/6/15). This was the joint third highest figure in the East Midlands and 20% higher than the England figure.

In 2013/14 in Rutland, 27 people were accepted as homeless, a rate of 1.8 per 1000 compared to the England average of 2.32 per 1000.

Radon
Radon is a natural radioactive gas which is present in all parts of the UK. In some parts of Rutland, some buildings contain a higher than average amount of radon due to local geological conditions. Sometimes, owners of mainly older properties need to carry out works in order to reduce radon to a safe level. This can help to prevent health problems such as an increased risk of lung cancer with prolonged exposure, particularly for those who also smoke.

4.2.2 Unemployment & Wages

Unemployment rates in Rutland are extremely low in comparison to both regional and national averages.

Data for 2014 indicates that 17,200 people in Rutland are economically active and of these 16,600 (79.7% of the population) were employed. In May 2015, 126 people were claiming Job Seekers Allowance, 0.6% of the working age population compared to 1.7% for the East Midlands and 1.8% for Great Britain as a whole. Of these, 100 had been claiming for up to 12 months, and the remaining 25 for a period of over 12 months. A further 1,150 people were of working age and claiming key benefits as at November 2014.

The average gross weekly pay for males and females in Rutland is slightly above the regional average, but falls short of the national average by 5% for males, and 9.4% for females. The wage difference between males and females is 4% wider than the national average.

4.2.3 Fuel Poverty

In 2012 the number of households in fuel poverty in England was estimated to be 2.28 million, which represents approximately 10.4 per cent of all households. This was a fall on the numbers published for the previous year which estimated 2.39 million households to be in fuel poverty. Almost 10,000 Winter Fuel Payments were made to the elderly over the winter of 2012/13 in Rutland, a figure of around £2.2 million. This can be expected to rise to £3.7 million by 2030 given the projected population increases (not taking into account inflation over the next 15 years).

In 2012, the percentage of households in Rutland experiencing fuel poverty was 11.9%. This is better than the East Midlands percentage of 13.2%, but worse than the England value of 10.4%.

4.3 Births

In 2013 there were 339 live births in Rutland. This is a general fertility rate of 58.6 births per 1,000 women aged 15-44 years. This is lower than the England average (62.4 per 1,000 women).

4.4 Life Expectancy

The average life expectancy of Rutland residents, particularly female residents, places Rutland within the top 10% of all Upper Tier Local Authorities nationally – with men expected to live 2 years longer on average, and women expected to live 1.7 years longer to 81 and 84.7 years respectively. Residents can also expect to spend a greater proportion of their lives in good health than compared to the national average: for men, this is an average of 2 years longer at 65.8 years compared to a national average of 63.4 years; and for women, an

average of 6 years longer in good health, at 70.3 years compared to 64.1 years nationally. The Local Authority Health Profiles indicate that in 2015, Rutland had the fifth highest healthy life expectancy for females of all Local Authority District areas.

There are variations in life expectancy within the county: Oakham North West has the lowest life expectancy at birth for males at 76.0 years and Uppingham has the highest life expectancy at birth for males at 82.4 years. Ryhall and Casterton has the lowest life expectancy at birth for females at 80.0 years and Oakham South East has the highest life expectancy at birth for females at 96.8 years.

4.4.1 Premature Mortality

There were 324 deaths in Rutland in 2013; 172 (53%) males and 152 females. In 2010-12 in Rutland the all age, all cause mortality rate was 861.7 per 100,000 population (n = 1069 deaths). This is significantly lower than the England average value of 988.3 per 100,000 population.

Premature deaths from cardiovascular disease in Rutland were - at 65.7 per 100,000 population – lower than the England average of 78.2 per 100,000 population for 2011-13. Cardiovascular disease includes heart disease and stroke. The rate is significantly better for premature deaths from cancer: a rate of 119.3 per 100,000 population compared to the England average rate of 144.4 per 100,000 population (n = 131). There is no data for mortality by respiratory or liver disease due to the low numbers.

5. The Best Start in Life

In 2013 there were an estimated 8,773 children and young people under the age of 20 in Rutland.

In 2011, 2.3% of all babies in Rutland had a low birth weight. This was similar to the England average value of 2.8%. In 2012, the number of low birth babies was small and therefore the figure is not available.

The conception rate for females aged under 18 was similar in 2012 to the England average at 18.8 per 1,000 population.

In 2012, the conception rate for females aged 13-15 was 6.4 per 1,000 population (43 conceptions). This is similar to the England average value of 5.6 per 1,000 population. Caution should be exercised when using this figure however, as it is the value for Leicestershire and Rutland combined. Data for the termination of teenage pregnancies is suppressed due to low numbers.

The Local Authority Health Profiles show Rutland as performing best out of all Local authority district areas for teenage pregnancy (under 18s) in 2013, and sixth in the top 10 best performing in 2015.

5.1 Children in Poverty

The proportion of children under 16 years old living in poverty in Rutland in 2011 was 8.4%, decreasing to 8% of young people under 20 years. This is significantly better than the England average values of 20.6% and 20.1% respectively, and reflective of the deprivation levels in the county more generally.

The Local Authority Health Profiles indicate that Rutland was ranked 7th of the best performing 10 local authority districts for child poverty in 2013, but didn't rank within the top ten during 2014 or 2015. It is unclear whether this is due to Rutland's performance declining, or other local authority areas improving at a greater rate.

5.2 Infant Mortality

The infant mortality rate (deaths under 1 year) for the county was 3.0 per 1,000 live births between 2010 and 2012. In this time period, there were 3 infant deaths, averaging approximately 1 death per year. [6] The rate of infant mortality has been inconsistent over the past fifteen years, from a rate of 5.4 per 1,000 in 2001-03 (similar to the England rate of 5.3 per 1,000), and at a peak in 2005-07 of 5.5 per 1,000 and a low of 1.9 per 1,000 in 2008-10; however with such low numbers, a small change will impact more greatly on the overall rate.

5.3 Smoking in Pregnancy

The proportion of mothers smoking at the time of delivery was 8.4% in 2013/4. This is significantly better than the England average value of 12.0%.

5.4 Breastfeeding

In 2013/14, the proportion of mothers initiating breastfeeding was 81.1%. This is significantly better than both the East Midlands rate of 71.9% and the England rate of 73.9%. [6] The proportion of those continuing to breastfeed at 6-8 weeks remained good, with 56.5% of mothers' breastfeeding.

5.5 Immunisations and Vaccinations

Only combined immunisation data is available for Rutland and Leicestershire. In 2013/14, the percentage of children vaccinated in Leicestershire and Rutland was generally higher than the national average (see Table), meaning in some cases that World Health Organisation targets are met locally that are not met nationally (eg. take-up of Diphtheria, Tetanus, Pertussis, Polio and *Haemophilus influenzae* type b vaccine in the first year of life, where the local rate of 97.7% exceeds the WHO target of at least 95%).

Although take-up of the MMR vaccine has been increasing nationally since heath scares reduced take-up, the World Health Organisation target of at least 95% having received a first and second MMR dose by 5 years is not quite met locally (with a rate of 94.2% in Leicestershire and Rutland). This is a national issue: the target is met in none of the English regions and, at a more granular level, is only met in 8 Local Authority areas.

2013/14 Child Vaccination Figures

Cohort	Vaccination	Take-up England	Take-up Leicestershire and Rutland
Children by their first birthday	Diphtheria, Tetanus, Pertussis, Polio and *Haemophilus influenzae* type b	93.4%	97.9%
Children by their first birthday	Pneumococcal conjugate vaccine (PCV)	96.1%	97.7%
Children by their second birthday	Pneumococcal conjugate vaccine (PCV)	92.4%	96.9%
Children by their second birthday	MMR first dose	92.7%	96.7%
Children by their fifth birthday	MMR first dose	94.1%	96.1%
Children by their fifth birthday	MMR first and second dose	88.3%	94.2%

Source: NHS Immunisation Statistics, England, 2013-14 Excel tables, www.hscic .gov.uk.

5.6 Healthy Weight in Children

Data for 2012/13 indicates that the number of children in Reception classified as overweight or obese was 23%, and as underweight was 0.9%, both similar to the England averages of 22.2% and 0.9% respectively. By Year 6 (age 10-11 years), those classed as underweight remains in line with England values, but those classified as overweight was significantly better at 24.1% compared to 33.3%.

5.7 Tooth Decay

In 2011/12, the average number of teeth per aged 5 child sampled in Rutland which were either decayed or had been filled or extracted was 1.1. This is similar to the England average value of 0.9 per child. The proportion of children aged 5 with one or more decayed, missing or filled teeth was 40.3%, significantly higher than the East Midlands rate of 29.8% and the England rate of 27.9%. Therefore although the level of decay was comparable to the England average, the number of children experiencing that level of decay was much higher.

5.8 Unintentional and Deliberate Injuries

The rate of hospital admissions for unintentional and deliberate injuries in children aged 0-4 years was 73.5 per 10,000 population in 2013/14, this is significantly better than the England rate of 140.8 per 10,000. Similarly for children aged up to 14 years the rate remains well

below the England average at 78.4 per 10,000 compared to 112.2, and second best in comparison to statistical neighbours. For young people aged 15 to 24, the rate for Rutland is similar to the England average at 118 compared to 136.7.

5.9 Education

Data for 2012/13 indicates that the percentage of children achieving a good level of development at the end of reception was 57.3%. This is significantly better than the England average value of 51.7%. The percentage of children achieving the expected level in the Year 1 phonics screening check was 71.8%. This is similar to the England average value of 69.1%. The number of pupils aged 14-16 achieving 5A*-C in GCSE examinations was 318 (67.2%). This is significantly better than the England average value of 60.8%.

The number of half days missed in primary schools in 2012/13 was 32,751 (4.0%). This is significantly better than the England average value of 4.7%. The number of half days missed in secondary schools was 41,076 (4.7%), again significantly better than the England average value of 5.9%.

In Rutland, in 2013, the number of 16-18 years olds not in education, employment or training was 20 (1.8%). This is significantly better than the England average value of 5.3%, and puts Rutland first in comparison with statistical neighbours.

5.9.1 Children with Special Educational Needs

In Rutland, in 2014, the number of school age pupils with a special educational need (SEN) was 918 (12.1%). This is significantly lower than the England average value of 17.9%. Of these, 5.0% were classified on school action compared to the England average value of 8.7% and 3.6% were classified on school action plus compared to the England average value of 5.6%.

However, the proportion of school-children with a SEN statement was 3.3%, significantly higher than the England average value of 2.8%.

Overall the proportion of school pupils in Rutland with behavioural, emotional and social support needs, with speech, language and communication needs, or with autism spectrum disorder is significantly lower than the England average values at 1.1%, 0.9% and 0.4% respectively, compared to 1.7%, 1.7% and 0.9% respectively.

5.10 Children at risk of Poor Health

The risk factors associated with poor health for children are lower in Rutland compared to England averages: the number of children under 16 living in poverty in 2011 was 500 (8.4%). The total number of dependents under 20 living in poverty that year was 565 (8.0%). Both were significantly better than the England average value of 20.6% and 20.1%.

Nineteen applicant households with dependent children or pregnant women were accepted as unintentionally homeless and eligible for assistance in 2012/13. This equates to a rate of 1.3 per 1,000 households. This is similar to the England average value of 1.7 per 1,000 population.

The number of lone parent households as at the 2011 Census was 714 (4.8%); the number of households with dependent children with one person with a long term health problem or disability was 456 (3.0%); and the number of households with dependent children with no adults in employment was 235 (1.6%); all of which were significantly better than the England average values of 7.1%, 4.6% and 4.2% respectively.

In 2013, there were 11 young people from Rutland aged 10-18 years who entered the youth justice system. This equates to a rate of 241.1 per 100,000 population. This is lower than the England average value of 440.9 per 100,000 population.

In 2012, the estimated number of children aged under 17 who required Tier 3 CAMHS was 145.

5.11 Hospital Admissions and Mortality

Rates of hospital admissions in 2012/13 were similar or significantly better than England average values:

- for children aged 0-14 years for unintentional and deliberate injuries: 79.6 per 10,000 population (47 admissions), lower than the England average value of 103.4 per 10,000 population;
- for young people aged 15-24 years for unintentional and deliberate injuries was 94.4 per 10,000 population (43 admissions) significantly better than the England average value of 130.7 per 10,000 population;
- for asthma for children aged under 19 years was 94.6 per 10,000 population (8 admissions) significantly better than the England average value of 221.4 per 10,000 population.

The rate of children killed or seriously injured in road traffic accidents was 15.1 per 100,000 population (3 children) for 2010-12, this is lower than the East Midlands average of 20.5 per 100,000 and the England average value of 20.7 per 100,000 population.

In 2010-12 the mortality rate for children aged 1-17 years was 12.7 per 100,000 population (3 children). This is similar to the England average value of 12.5 per 100,000 population.

5.12 Children in Need

In 2012/13, 372 children in need referrals were made in Rutland; this equates to a rate of 452.8 per 10,000 population. This is better than the England average value of 520.7 per 10,000 population.[10] The proportion of these referrals with a completed initial assessment was 70.4% - similar to the England average of 74.4%, although there are some concerns over data quality issues with this indicator.

During the same period, a total of 454 children under the age of 18 in Rutland were classified as children in need and of these cases, 245 were new. This equates to a rate of 552.6 per 10,000 population. This is significantly better than the England average value of 645.8 per 10,000 population. Of the children in need, the proportion in need due to abuse, neglect or family dysfunction was 45.6%, and again, this is significantly better than the England average value of 65.3%.

The proportion of children in need for over two years for the same year of 2012/13 was 31.3%. This is similar to the England average value of 34.2%.

5.13 Looked After Children

In 2012/13, 30 children under the age of 18 were classified as looked after in Rutland, which equates to a rate of 38.0 per 10,000 population compared to the England average value of 60.0 per 10,000 population. In addition, the rate of those looked after in foster placements was 100%, again significantly better than the England average of 74.7%.

In 2013, 12 (81.0%) of eligible looked after school aged children had an emotional and behavioural health assessment. This is slightly higher than the England average value of

71.0%. All looked after children under the age of 5 had up-to-date development assessments, and 75% had an annual health assessment.

However, the rate of children leaving care during this period was 12.8 per 10,000 population, significantly lower than the England average value of 24.9 per 10,000 population. It is worth noting that this rate may be skewed by the very low numbers in Rutland.

5.14 Safeguarding of Children

Thirty-five children were subject of a child protection plan in Rutland in 2012/13. This equates to a rate of 42.6 per 10,000 population. This is similar to the England average value of 37.9 per 10,000 population. The spend on safeguarding children and young people's services was a rate of £1,364,978 per 10,000 population.

6. Staying Healthy

The 2011 Census collected data on people's self-reported health and activity, for Rutland:

- 18,828 people reported that they were in very good health (50.4%); 12,718 reported that they were in good health (34.0%); 4,532 reported that they were in fair health (12.1%); 1,008 reported that they were in bad health (2.7%); and 283 reported that they were in very bad health (0.8%).

- 2,194 people in Rutland reported that their daily activities were limited a lot by a long term condition or disability (7.2%) and 3,418 reported that their daily activities were limited a little by a long term condition or disability (11.1%).

6.1 Tobacco

The overall smoking prevalence for adults in 2013 was 22.3%, slightly higher than the England average of 18.4%. However, the prevalence for adults in the 'routine and manual' cohort (ie. those in manual occupations) was 47.5%, significantly worse than the England average value of 28.6%, and putting Rutland eleventh in comparison to its statistical neighbours – the best performing local authority being Central Bedfordshire at 22.4.

In 2013/14, the rate of successful quitters who were CO validated at 4 weeks was 6,949.7 per 100,000 population (282 quitters). This is significantly better than the England average value of 2,471.9 per 100,000 population.

Despite this high level of smoking, during 2009-11, the rate of lung cancer registrations was 42.1 per 100,000 population (n = 50), significantly better than the England average value of 75.5 per 100,000 population [13] and during the following two years - 2011-13 - the rate of deaths from lung cancer was also significantly better at 32.3 per 100,000 population (n = 40) compared to 60.2 per 100,000 population.[13] The rate of oral cancer registrations during 2009-11 was 6.7 per 100,000 population (n = 8). This is similar to the England average value of 12.8 per 100,000 population.[13]

During 2011 - 13, the rate of deaths attributable to smoking was 197.2 per 100,000 population (148 deaths). The rate of deaths from chronic obstructive pulmonary disease (COPD) was 29.0 per 100,000 population (37 deaths). This is significantly better than the England average value of 51.5 per 100,000 population. The rate of smoking attributable deaths from heart disease was 31.9 per 100,000 population (24 deaths). This is similar to the England average value of 32.7 per 100,000 population. The rate of smoking attributable deaths from stroke was 10.4 per 100,000 population (8 deaths). This is similar to the England average value of 11.0 per 100,000 population.

6.2 Obesity

In Rutland, in 2012, the rate of adults over the age of 16 who were overweight or obese was 65.6%, this is similar to the England average value of 63.8%. In 2013, the number of adults achieving the recommended 150 minutes of physical activity per week was 314 (65.9%). This is significantly better than the England average value of 56.0%, and the best performance compared with statistical neighbours. Those achieving less than 30 minutes of physical activity per week was only 126 (19.7%). Again, significantly better than the England average value of 28.3%.

6.3 Long-term Conditions

In Rutland, in 2013/14, the number of adults aged between 40 and 74 who were offered an NHS Health Check was 2,463 (20.5%). This is significantly better than the England average value of 18.4%. Of those offered an NHS Health Check, the number receiving the Health Check was 1,684 (68.4%), also significantly better than the England average value of 49.0%.

The number of adults diagnosed with diabetes in 2013/14 was 1,967 (6.8%). This is higher than the England value of 6.2% and similar to the East Midlands value of 6.6%.

The number of people diagnosed with coronary heart disease in 2013/14 was 1,337 (3.7%). This is higher than the England average value of 3.3%.

In 2013/14, Rutland had the second lowest gap in the employment rate between those with a long-term condition and the overall employment rate in comparison with statistical neighbours, with a rate of -2.2.

6.4 Substance Misuse

In 2012/13 in Rutland the rate of adults in alcohol treatment was 1.9 per 1,000 population. (50 adults). This is significantly lower than the East Midlands average value of 2.7 per 1,000 population. In 2011-12 in Rutland the rate of alcohol-related admissions to hospital was 485.8 per 100,000 population (182 adults). This is significantly lower than the East Midlands average value of 645.7 per 100,000 population.

For 2010-12, the alcohol specific mortality rate for males in Rutland was 5.3 per 100,000. This is similar to the England average value of 14.6 per 100,000 population.

The rates of adults and of young people in structured drug treatment are lower or similar than the East Midlands average. There were no recorded parents in treatment as at September 2014, although this may be due to unrecorded data or to a genuine lack of parental substance misuse.

The Local Authority Health profiles show Rutland as ranking fifth best performing local authority district area for drug misuse overall in 2015.

6.5 Avoidable Injury

The rates of those killed or seriously injured on the roads between 2011 and 2013 was 52.2 per 100,000 population (n = 58 people), similar to the England average.

The rate of hospital admissions for self-harm for 2011/12 was significantly better than the England average at 133.8 per 100,000 population (n = 47) compared to 188.0 per 100,000 population.

Between 2010 and 2012, the rate of mortality from causes considered amenable to healthcare was 110.5 per 100,000 population, similar to the England average of 116.4 per 100,000 population.

6.6 Workplace Health

The data available indicates that the impact of ill health on working during 2010-12, were

similar to the England average values for both proportion of workers who had one or more days off sick, and rate of working days lost due to ill health.

6.7 Sexual Health

In 2013, the rate of GP prescribed Long Acting Reversible Contraceptives (LARC) for Rutland was 76.1 per 1,000 population (n = 440 people). This is significantly higher than the England average value of 52.7 per 1,000 population.

In 2013, the rate of abortions was 9.0 per 1,000 population (n = 53). This is significantly better than the England average value of 16.6 per 1,000 population. Of those, 76.0% of abortions were performed under 10 weeks gestation, similar to the England average value of 79.4%.

6.7.1 HIV

In 2013 in Rutland, the HIV diagnosed prevalence rate was 0.7 per 1,000 population (15 people). This is significantly lower than the England average value of 2.1 per 1,000 population.

6.7.2 Sexually Transmitted Infections

In 2013, the diagnosis rates for genital herpes was 37.8 per 100,000 population and genital warts was 140.5 per 100,000 population both are similar to the England rates of 58.8 per 100,000 population and 133.4 per 100,000 population. In 2013 in Rutland, the diagnosis rate for gonorrhoea was 18.9 per 100,000 population. This is significantly better than the England average value of 52.9 per 100,000 population.

In 2013, the detection and treatment rate for chlamydia for males aged 15-24 years was 952 per 100,000 population, compared to the England average of 1387.5 per 100,000 population. For females the same age, the detection and treatment rate was 2659 per 100,000 population compared to the England average of 1997.4 per 100,000. The overall rate for Rutland being worse than England and East Midlands' averages at 1713 per 100,000 population in comparison to 2016 and 2171 respectively.

7. Ageing Well

In the 2011 Census, 2,194 people reported that their daily activities were limited a lot by a long term condition or disability (7.2%) and 3,418 reported that their daily activities were limited a little by a long term condition or disability (11.1%).

In 2010, 8.8% of people aged 60 years and over were classed as living in income-deprived households. This is significantly better than the England average value of 18.1%. In 2011/12, 97.6% of people aged 65 years and over were receiving winter fuel payments. This is significantly better than the England average value of 96.7%.

7.1 Flu Vaccinations

In 2012/13, the percentage of people aged 65 years and over that were vaccinated against flu was 72.7%. This value is estimated from the former Primary Care Trust covering Leicestershire and Rutland combined. This is 0.7% worse than the England average value of 73.4%. In 2013-14, combined Rutland and Leicestershire figures showed a rate of immunisation of 73.6%, similar to the English figure of 73.2%.

7.2 Winter Deaths

Between August 2011 and July 2012 , there were 8 excess winter deaths for people aged 85 and over. This gives an excess winter deaths index of 12.6. This is lower than the England average value of 22.9.

Rutland was the second best performing local authority district for excess winter deaths in the 2015 Local Authority Health Profiles.

8. Social care

8.1 Enhancing Quality of Life for People

The social care-related quality of life score for the county in 2013/14 was 18.9 out of 24, this measure is calculated using a combination of responses to the Adult Social Care Survey, which asks how satisfied or dissatisfied users are with indicators of quality of life, such as personal cleanliness and safety. Rutland's score is in line with the England average and with the regional East Midlands' score.

In 2013/14, the proportion of people aged over 18 years who used services who have control over their daily life was 75.5%. This similar to the England average value of 76.8%.

In 2012/13, the proportion of people aged over 18 years who received self-directed support was 68.2%. This is significantly better than the England average value of 56.2%.

The proportion of people aged over 18 years who received direct payments was during the same period was 19.1%, again significantly better than the England average value of 16.8%.

In relation to mental health services, for 2012/13, the proportion of people aged 18-69 years in contact with mental health services who were in settled accommodation was 27.8%, significantly worse than the England average of 58.5%. However, the proportion of people aged 18-69 years in contact with mental health services who were in employment was similar to the England average value of 8.8%, at 9.3%.

The proportion of people supported to manage their long term condition during 2010/11 was 86.9%, significantly better than the England average value of 77.6% and for the last quarter of that year, the proportion of vulnerable people supported to maintain independent living was - at 98.5% - the same as the England average.

The rate of clients receiving direct payments/personal budgets on 31st March 2013 was 325.1 per 100,000 population (n = 95 people). This is similar to the England average value of 274.1 per 100,000 population.

At the same date, the rate of adults receiving community support was 1,403.1 per 100,000 population (n = 410 people). This is significantly lower than the England average value of 1,704.6 per 100,000 population.

During 2012/13 the rates for Rutland were significantly higher than the England averages for:

- adults receiving day care services: 410.7 per 100,000 population (120 people) compared to 335.5 per 100,000.
- adults who received direct payments: 462.0 per 100,000 population. (135 people) compared to 352.0 per 100,000 population.
- adults who received equipment and adaptations: 1,505.8 per 100,000 population (440 people) compared to 887.1 per 100,000 population.
- adults who received home care: 1,368.9 per 100,000 population (400 people) compared to 1,152.7 per 100,000 population.
- adults who received any community based support: 3,268.3 per 100,000 population (955 people) compared to 2,619.8 per 100,000 population.

In comparison, for the same period the rate of adults who received short term residential care (not respite) during the year was 0.0 per 100,000 population (0 people), significantly lower than the England average value of 156.1 per 100,000 population.

8.2 Delaying and Reducing the Need for Care and Support

In 2013/14, only 36.5% of adult social care users in Rutland self-reported that they have as much social contact as they would like, compared to 43.1% for East Midlands and 44.5% for England as a whole.

In 2012/13, Rutland's rates of those older adults who were supported throughout the year community and residential care was 9,340.1 per 100,000 population, significantly higher than the England average of 7,858.8 per 100,000 population. However, the rates of those permanently admitted to nursing and residential care homes was 691.4 per 100,000 population, similar to the England average, suggesting more older people remain accessing care in the community rather than through residential means.

The rate of delayed transfers of care for 2012/13 was 13.1 per 100,000 population (4 delays). This is similar to the England average value of 9.4 per 100,000 population. Of these, those attributable to social care was 4.6 per 100,000 population (1 delay), again similar to the England average value of 3.2 per 100,000 population.

The rate of permanent admissions to care homes for adults aged 18 and over, during 2012/13 significantly worse than the England average at 171.1 per 100,000 population (50 admissions) compared to 109.8 per 100,000 population. The rate of permanent admissions into nursing care for adults aged 18 and over for the same period was - at 34.2 per 100,000 population (10 admissions) - similar to the England average of 52.1 per 100,000 population. Given the rates of older people permanently admitted are lower than England averages, we may assume that there were greater numbers of younger adults permanently admitted.

However, the rate of adults aged 18 and over in permanent residential care on 31st March 2013 was similar to the England average: 359.3 per 100,000 population (105 admissions) compared to 376.0 per 100,000 population; and the rate of adults aged 18 and over in residential care during the year was significantly better at 359.3 per 100,000 population (105 admissions) compared to 497.2 per 100,000 population.

The same rates for permanent nursing care were also both significantly better:

- in permanent nursing care on 31st March 2013: 68.4 per 100,000 population (20 admissions) compared to 134.0 per 100,000 population.
- in permanent nursing care during the year: 68.4 per 100,000 population (20 admissions) compared to 206.1 per 100,000 population.

Given the seemingly contradictory nature of this data, further detailed analysis, and of local data, would be helpful.

In 2010/11, the proportion of emergency readmissions within 28 days for people aged 16 and over was 9.1%. This is significantly better than the England average value of 11.4%.

The rate of those aged 65 years and over who were discharged from hospital and were offered reablement services was 2.4% in 2012/13, similar to the England average value of 3.2%.

In addition, the rates for the same period of emergency hospital admissions due to falls for adults aged 65 and over, and emergency hospital admissions due to hip fractures for adults aged 65 and over were similar to the England average values, at 2,099.6 per 100,000 population (n = 182) compared to 2,011 per 100,000 population, and 695.4 population (n = 60) compared to 568.1 per 100,000 population respectively.

8.3 Ensuring a Positive Experience of Care and Support

The overall satisfaction of people aged 18 and over who used services with their care and support was 71.5% in 2012/13. This is significantly better than the England average value of 64.1%. For the same year, 80.3% of people aged 18 and over who used services and carers found it easy to find information about services.

In 2012/13, the rate of referrals of new clients (aged 18 years and over) that were dealt with at point of contact and that resulted in further assessment of need was significantly higher than the England averages at 3,422.3 per 100,000 population (1,000 people) and 2,772.1 per 100,000 population (810 people), compared to 2,636 and 2,229 per 100,000 population respectively.

For the same period, rate of adult carers (aged 18 years and over) receiving assessments was also significantly lower: 667.4 per 100,000 population (195 people), compared to the England average value of 977 per 100,000 population.

8.4 Safeguarding Vulnerable Adults

In 2012/13, the proportion of people aged 18 and over who use services who feel safe was 64.3%, similar to the England average value of 65.1%. The proportion of people aged 18 and over who use services who say those services have made them feel safe and secure was 78.7%, similar to the England average value of 78.1%.

In 2011/12, the rate of injuries due to falls in people aged 65 years and over was 1,834.9 per 100,000 population (161 injuries). This is similar to the England average value of 2,035.2 per 100,000 population.

9. Mental Health

In 2013/14, the number of people in Rutland registered with dementia was 266 (0.7%). This is significantly higher than the England average value of 0.6%.

The data in the following sections is from the former Primary Care Trust and therefore covers East Leicestershire and Rutland, unless specifically indicated.

9.1 Prevalence

In 2013, the number of Rutland children aged 5-16 estimated to have a mental health disorder was 440 (8.3%).

Prevalence data from 2012/13 indicates:

- the proportion of people aged 18 and over reporting a long-term mental health problem was 3.6%, significantly lower than the England average value of 4.5%.

- the proportion of people who were diagnosed with a mental health problem was 0.7%, significantly lower than the England average value of 0.8%.

- the proportion of people who were diagnosed with a depression or anxiety was 10.3%, significantly lower than the England average value of 12.0%.

An estimated 145 children in Rutland needed specialist mental health interventions (Child and Adolescent Mental Health Service, CAMHS) in 2013.

9.2 Indicators of Need

For 2013/14 Q1, the rate of detentions under the Mental Health Act was 8.3 per 100,000 population, significantly lower than the England average value of 15.5 per 100,000 population.

Data for 2012/13 indicates that assessment and support was significantly worse than the England average rates:

- the rate of carers of mental health clients receiving assessments was 43.2 per 100,000 population compared to 68.5 per 100,000 population.
- the rate of adults supported throughout the year was 71.5 per 100,000 population compared to 377.6 per 100,000 population.
- the rate of new social care assessments per year for mental health clients aged 18-64 was 23.8 per 100,000 population compared to 257.4 per 100,000 population.

In 2013/14 Q1, the proportion of patients assigned to a mental health cluster was 78.0%. This is significantly higher than the England average value of 69.0%.

9.3 Mortality and Suicide

The latest available suicide data is for 2010-12, this indicates a rate of 9.1 per 100,000 for East Leicestershire & Rutland, which is similar to the England average value of 8.5 per 100,000 population.

The mortality ratio for excess under 75 mortality in adults with serious mental illness was 373.2 in 2011/12 for Rutland. Again, this is similar to the England average value of 347.2.

9.4 Use of Services

In 2013/14 Q1, the rate of people in contact with mental health services was 2,187.7 per 100,000 population. This is similar to the England average value of 2,175.7 per 100,000 population.

For Rutland, in 2012/13, the rate of emergency hospital admissions for intentional self-harm was 133.8 per 100,000 population. This is significantly better than the England average value of 188.0 per 100,000 population.

During 2009/10 - 11/12, the rate of hospital admissions for unipolar depressive disorders was 11.6 per 100,000 population, significantly better than the England average of 32.1 per 100,000 population.

During 2010/11 - 2012/13, there were 45 young people admitted to hospital for self-harm. This equates to a rate of 229.9 per 100,000 population. This is significantly better than the England average value of 352.3 per 100,000 population.

During 2012/13, there were 121 attendances at A&E for a psychiatric disorder. This equates to a rate of 37.9 per 100,000 population. This is significantly lower than the England average value of 243.5 per 100,000 population.

During Q1 2013/14, there were 8,105 bed days for mental health disorders. This equates to a rate of 3,205.3 per 100,000 population. This is significantly lower than the England average value of 4,685.9 per 100,000 population.

As the majority of data for which there is national comparators, is for East Leicestershire & Rutland, further work to explore local data and build a more detailed picture of need would be helpful.

10. Learning Disabilities

10.1 Children

In 2014, the number of school pupils with a learning disability was 209 (2.8%). This is similar to the England average value of 2.9%.

Data for January 2012, provides a more detailed split:

- the rate of learning disabilities known to schools was 16.0 per 1,000 pupils, significantly lower than the England average of 24.5 per 1,000 pupils.
- 103 children had a moderate learning difficulty (14.4 per 1,000 pupils), significantly lower than the England average of 19.7 per 1,000 pupils.
- 12 children had a severe learning difficulty (1.7 per 1,000 pupils), significantly lower than the England average of 3.7 per 1,000 pupils.
- No children had a profound or multiple learning difficulty, significantly lower than the England average of 1.2 per 1,000 pupils.

10.2 Adults

For 2012/13, the number of people aged 18 and over registered with a learning disability was 122 (0.4%), similar to the England average of 0.5%.

The rate of adults (aged 18-64 years) with learning disabilities known to the local authority in 2011/12 was 3.0 per 1,000 population, significantly lower than the England average of 4.3 per 1,000 population.

The number of eligible adults with a learning disability who had a GP health check in 2011/12 was 74 (68.2%). This is significantly better than the England average value of 52.7%.

In 2012/13, the proportion of adults with a learning disability who were in paid employment was at 23.1%, significantly better than the England average of 7.2% and the proportion of adults with a learning disability who lived in settled accommodation was 72.3%, similar to the England average of 73.5%.

The rate of adults with learning disabilities supported throughout the year was 214.5 per 100,000 population for 2012/13, significantly lower than the England average value of 317.6 per 100,000 population.

Rates of adults with learning disabilities using day care services supported by the local authority and receiving community services supported by the local authority were 76.9 per 1,000 population and 615.4 per 1,000 population in 2011/12. This is compared to the England average values of 347.2 per 1,000 population and 749.7 per 1,000 population respectively.

11. Autism

Rutland has much lower rates of autism compared to nationally: with a rate of 3.8 per 1000 children with autism known to schools, compared to an England rate of 9.1 and an East Midlands rate of 8.9 for 2013/14; the equivalent of 0.38% of pupils with an autism spectrum disorder.

Further local data on autism is available and will be included within the relevant detailed chapters.

12. Physical & Sensory Disabilities

In 2010/11, the rate of people aged 18-64 who were registered blind or partially sighted was 139.5 per 100,000 population (30 adults). This is significantly lower than the England average value of 206.9 per 100,000 population. Of people aged 65-74, the rate was 347.4 per 100,000 population (15 adults), again significantly lower than the England average of 653.5 per 100,000 population. The rate of people aged 75 and over was 3444.5 per 100,000 population (125 adults), again significantly lower than the England average value of 4,774.0 per 100,000 population.

The rate of adults aged 18-64 with physical disabilities supported through the year in 2012/13 was 595.9 per 100,000 population (125 adults). This is significantly higher than the England average value of 451.7 per 100,000 population.

13. Carers

According to the 2011 Census, 2,709 people (all ages) reported that they provided between 1 and 19 hours of unpaid care per week; 346 people reported that they provided between 20 and 49 hours of unpaid care per week; and 661 people reported that they provide over 50 hours of unpaid care per week. This is a total of 3,716 people providing unpaid care, 10.8% of Rutland's population. For young people aged 25 years and under, 164 provided unpaid care of at least 1 hour per week. Of those aged 64 years and over, 1,117 people reported they provided unpaid care, equating to 14.7% of older people in Rutland. The majority of these (337 people) provided over 50 hours per week.

14. Military Population

There are two military bases within Rutland:

St George's Barracks North Luffenham is situated between the villages of Edith Weston and North Luffenham close to the south shore of Rutland Water. Kendrew Barracks Cottesmore is on the North shore of Rutland Water

St Georges is home to three units:

i) 16 Regiment Royal Artillery, an air defence Regiment. The Regiment are currently rebasing to Thorney Island in West Sussex, although elements of the regiment will remain in North Luffenham until summer 2016. The Regiment undertake rolling deployment in the Falkland Islands.

ii) The 1st Military Working Dog Regiment is currently relocating to North Luffenham from Germany, with a completion date of the latter part of 2017. The Regiment is now a hybrid unit consisting of both regulars and reserve personnel.

iii) 2 Medical Regiment focuses on patient-centred excellence in the pre-hospital environment and delivers deployed medical, dental and nursing support to the force in the pre-hospital care setting; delivering emergency, community and primary care. During 2014, the Regiment became a hybrid Medical Regiment consisting of Regular and Reserve personnel.

Kendrew houses two units:

i) Second Battalion The Royal Anglian Regiment is the Infantry Regiment for the ten counties of East Anglia and the East Midlands. The Battalion has completed operational tours in Sierra Leone, Iraq, Northern Ireland and Afghanistan.

ii) 7 Regiment The Royal Logistics Corps relocated to Cottesmore in 2013. 7 Regiment RLC is part of 102 Logistic Brigade and consists of almost 500 personnel.

There is no recent healthcare assessment available, however an in-depth assessment undertaken in 2012, gives some indication of the types of health needs residents on the barracks may face. It should be noted that there has been a changeover in units based there since the needs assessment was undertaken.

14.1 Healthcare needs

Primary Care
The military population is young and generally in good health as most common health conditions prevent military service. The families are also likely to be young and thus much less likely to suffer with the more common conditions seen in Rutland such as cardiovascular disease, stroke and respiratory disease. The GP is likely to primarily manage infectious disease, sexual health, musculo-skeletal problems and minor injuries.

Anecdotally it has been suggested that some personnel prefer to register with a practice local to their barracks however this is not recommended nor supported by the Army and is contrary to the NHS contract for Her Majesty's forces which states that all personnel should deregister with their local practice upon enlistment. Families may choose to register with a local practice if they prefer.

Dental Services
There is some research to show that serving Army personnel have consistently lower levels of dental health than other personnel in the military, and that this reflects dental health at the time of recruitment. It is suggested that this represents the lower socio-economic background of Army recruits compared with their other service colleagues. A defence dental service (DDS) facility is planned for MOD Cottesmore but this will treat serving personnel only, dependants will require treatment within the local system.

Opticians
There is no evidence to suggest that soldiers' or their families' need for opticians will differ from the civilian population.

Pharmacies
The incoming population should have a lower than average need for repeat prescriptions or rare drugs as a consequence of their younger age.

Podiatry
There is little published evidence regarding the use of podiatry services by soldiers however the nature of both training and operational deployment makes injuries to the foot and ankle a likely occurrence. Local NHS community services run podiatry clinics on weekdays at Rutland Memorial Hospital.

Planned Care
As a consequence of their younger age and lower than average chronic health issues service personnel are unlikely to be heavy users of planned care services.

Paediatrics and maternity services will probably be the only areas where an increase is noted, however both UHL and Peterborough have capacity to manage the expected numbers.

Acute Care
Acute care services for Army personnel and their families will be provided by the local hospitals; University Hospitals Leicester and Peterborough and Stamford Hospitals Trust. The number of incoming personnel is likely to be too small to have a noticeable impact on services within the hospitals.

Minor Injuries
Anecdotally it has been suggested that the presence of a military population drives up the use of minor injuries services, although there is no published evidence to support this. The nature of military training puts the population at a higher risk of musculo-skeletal injury; there is also a culture of physicality which increases the risk of sports injuries. Unfortunately this culture, when combined with increased use of alcohol, does lead to physical aggression resulting in minor injuries. Taking risks is also inherent within military culture and may result in injury. There may be an increase in the number of cases seen in the minor injuries unit at Rutland Memorial Hospital.

Mental Health
The military population is not at greater risk of mental health problems than the general population, however the type of disorder is likely to be different from those affecting the Rutland population. Common mental health disorders in the military population include alcohol abuse, depression and anxiety.

Risk factors for the development of mental health problems include deployment to active operations and having a combat role whilst deployed. It is clear that the mental health needs of the service population are going to be different from that of the current population in Rutland.

Obesity
A 2011 study found that risk factors for obesity within the Army included being male, white, and a non-commissioned officer. Commissioned officers of both sexes had the same, lower level of obesity. Obesity levels tended to be higher in those who were not in a frontline fighting role and in those who were aged over 35. One third of those with a raised BMI were not found to have an increased waist circumference so around one in three soldiers classified as obese may simply have a high non-fat mass. However with an overall prevalence of 13% this still leaves a significant proportion of soldiers with a weight problem.

Alcohol Use
In a 2007 study Fear et al found that 67% of men and 49% of women in the UK Armed Forces had an Alcohol Use Disorders Identification Test (AUDIT) score of greater than 8 (classified as hazardous drinking). This is high in comparison with the UK general population.

Drug use
The Army maintains a near-zero tolerance policy on drug use and nearly all service personnel found to be using drugs will be dishonourably discharged. The near-zero tolerance policy combined with compulsory drugs testing (CDT), introduced across the Army in 1995, act as a deterrent.

Smoking
Published studies show a reduction in the rate of smoking within the Army in line with that seen in the population at large. Smoking is associated with similar factors as in the general public (males under 25) but outside this age group smoking rates are lower than in the rest of the UK. This is likely to be related to the levels of physical fitness required to perform the job and attitudes which see smoking as a sign of weakness and lack of self-discipline in much the same way as drug use.

Sexual Health
Anecdotally, soldiers are heavy users of GU medicine services and will tend to access local rather than MOD clinics for issues of privacy. There is a walk-in clinic in Peterborough and another in Leicester. There is no published evidence to suggest that being in the Army nowadays is in itself a risk factor for the development of sexually transmitted infection (STI) however rates of STI are known to be highest amongst young men and women (aged <25) and amongst those from more deprived backgrounds. As a consequence of the influx of young men there may also be an increase in the need for GU medicine services for the civilian population. Similarly, there may be an increase in the number of individuals or establishments offering sexual services in return for payment in Rutland and this could have public health implications.

Disability
Serving soldiers are at increased risk of significant disabling injury, including traumatic amputation. The Armed Forces have an excellent pathway in place from point of wounding through to rehabilitation but eventually a wounded soldier who has been discharged from service will come under the remit of the local healthcare system.

Ante-natal and midwifery services
Army wives tend to have more children and to have them at a younger age than their civilian counterparts (22½ years vs 25 years), though they tend to be in stable relationships and are often married. There is no available UK research into specific midwifery and health visiting needs of Army families, however a US study suggested that the transition to motherhood for women married to soldiers was more challenging because of the additional stresses of military life, and because they were often a long distance from their mothers, traditionally the primary source of support. The same study found that group ante-natal classes provided more benefit to military mothers than one-to-one sessions.

Children's Health and Wellbeing
A report on the health needs of children living at Catterick Garrison found that service children were no more or less likely than their civilian peers to be diagnosed with developmental, medical, or speech and language problems. There are however some areas where service children differ. A report by the Royal Navy and Royal Marines Children's Fund identified ten key areas where service children faced increased challenges:

- Stresses and strains on children when their parent is away
- Impact of living in a temporary one-parent or no-parent family, when parents are deployed
- Influence of the media
- Adjustments to family life when the parent returns
- Impact of moving homes, schools and communities
- Stigma of being viewed as a 'military brat'
- Dealing with bereavement
- Dealing with parental illness or injury
- Dealing with divorce and family breakdown
- Living with special educational needs or a disability

The report also identifies challenges which are not in themselves unique to service life but which are made unique by the circumstances in which the child has to cope with them: for instance studying for an exam whilst a parent is deployed to Afghanistan.

There is evidence of differences in social and emotional development of service children and the reasons for this - alongside those listed above – include family function affected by:

• Mothers who are younger when their first child is born
• Parents who may have had a poor parenting experience themselves
• Frequent mobility
• The loss of extended family and social networks

There are also clear differences in behaviour with relation to lifestyle choices and staying healthy: service children are more likely to smoke, drink alcohol, use illegal drugs and engage in risky sexual behaviour. They are also significantly more likely to be victims of bullying.

Immunisation and Vaccination
Reports of the immunisation of service children in the UK show there is no difference in the numbers who have not completed a course of vaccination by school entry.

Accessibility of health services
MOD Cottesmore is approximately four miles from Oakham. It has been noted that there are only 7 buses per day between Cottesmore the base and the town and that four miles is an unrealistic distance to walk for routine purposes. The people most likely to need to access the town are young mothers with children and many of them are presumed not to have cars, however this will not be confirmed until the families have arrived. It is important to recognise however the community spirit engendered amongst Army wives as a result of a shared experience. This cannot be understated and garrison families have usually developed strong networks of mutual support. It is to be expected that these families will not live in isolation and will provide lifts or share cars more readily than might be seen in the rest of the population.

Promoting Health and Wellbeing
Both barracks have a central information facility known as the HIVE designed as a support centre for both service personnel and their dependants. The HIVEs provide local information

sheets on accommodation; education; employment; health; and other local community information.

Social Inclusion
Although the close-knit nature of garrison life provides mutual support and assistance it can lead to exclusion from the wider community. Soldiers' wives are often in the unique position of being a part-time single parent. This means that they face the challenges shared with other single parents throughout the UK; taking decisions alone, managing children upset at missing their father, coping alone with behavioural problems and compromising on employment options, yet they miss the recognition and support that 'true' single parents are offered by wider society. However, a great deal depends on the nature of the garrison, the number of regiments based there and the speed of turnover and redeployment amongst personnel.

14.2 Kendrew Community Survey

A community survey was undertaken with residents at Kendrew in January 2014. Uptake of the survey was low, although it was noted that the responses received were broadly in line with anecdotal evidence from RCC staff who engage with the community there. The survey indicated that:

- Generally, facilities are thought of as adequate, but people want more activities available at different times
- Evening events were the most popular activity idea offered
- Advertising and promotion of activities needs to be improved.
- Facilities in Oakham are not being visited regularly by Kendrew residents
- There is not a culture of broad community engagement at the present time
- Residents feel passionately about community, yet do not feel that there is a strong sense of it on Kendrew

15. Prison Population

HMP Stocken is an adult all-male prison. It was built in 1985 as a Young Offenders Institution and opened as a category C closed training prison, with an operational capacity of 320. Over the years, it has been expanded on a number of occasions with new accommodation being built. At the time of carrying out the Health and Social Care Needs Assessment (HSCNA) in November 2014, there were a total of 844 prisoners, 98% of the operational capacity.

Primary healthcare and substance misuse services are provided by Nottinghamshire Healthcare NHS Foundation Trust. Mental health services are provided by Northamptonshire Healthcare NHS Foundation Trust. There are a variety of healthcare services provided within HMP Stocken including GP, nursing, psychology, psychiatry, psychosocial interventions, pharmacy, dental, optician, podiatry, physiotherapy and sexual health services.

15.1 Health & Social Care Needs Assessment 2014

A full Health & Social Care Needs Assessment was undertaken and published in November 2014[1] which identified a number of issues, and made recommendations to address these. A summary of the main key issues is below:

1) Demands on GP It was reported that the GP waiting list had been steady increasing. The waiting time was around 4 weeks and there were 70 prisoners on the waiting list. It may be helpful to review the workload and priorities of the GP in order to assess the current demands and to consider how they can be addressed in order to reduce waiting times.

2) Out of Hours GP Provision: The Healthcare staff raise no specific issues of concern about the Out of Hours service, although some staff commented that some of the on-call GPs could be reluctant to come out due to the distance that they had to travel from Leicester, so prison staff have to resort to calling an ambulance. The data for 2014 shows that the Out of Hours GPs were called on 27 occasions but only came out to the prison on 3 occasions, but an ambulance was called out or a prisoner was escorted to hospital on 18 occasions. It is important that access to this service is equitable with access to community-based Out of Hours GP provision.

3) Mental Health and Stigma: In 2011/12, around 39% of assessed prisoners were provided with ongoing support from the Team. In 2012/13, this had reduced to 30% and by 2013/14, only 25% of assessed prisoners were receiving ongoing support from the Team. It is unclear why this should be so, as referrals to other sources do not appear to have increased.

4) Mental Health Team Capacity: While the work of the Mental Health Team is viewed by staff and prisoners as positive, the Team is small and there are concerns about the capacity of the Team to cope with the increasing demands around mental health issues, particularly in providing more flexible and accessible support to help prisoners deal with stress, anxiety, and thoughts around self-harm and suicide.

5) Learning Disabilities Screening: There is a pathway for those prisoners with learning difficulties or autism for staff to use during the Induction process, which will help Healthcare staff identify prisoners and to create a care plan. In spite of the pathway for learning

[1] The full report is available as a separate document on the JSNA section of the RCC website (*link to be added*).

difficulties there were concerns amongst Healthcare staff that some vulnerable prisoners with learning disabilities were *"not always recognised and pick up at reception screening"*

6) Recording of Disability and Mobility Issues

There is a lack of clarity and discrepancies about the number of prisoners with disability and mobility issues. The discrepancies may be the result of under-reporting or variations in recording practices, but it is important that the range and type of mo0bility issues are correctly recorded to ensure the needs of vulnerable prisoners are being met.

16. Caveats re Data

16.1 Indicators with No Data

Several indicators for Rutland have no data presented in the Public Health Outcomes Framework. In some cases, where the values for Rutland are estimates based on the Leicestershire and Rutland CCGs (for example, low birth weight of term babies), the Rutland estimate would be swamped by the Leicestershire proportion, therefore, the estimates for Leicestershire are combined data for Leicestershire and Rutland respectively - this ensures that all valid CCG data are included in the England total.

Some estimates are based on survey data (for example, utilisation of outdoor space for exercise/health reasons) and are not available due to small sample size. These have been omitted from this summary.

For indicators that are presented as age-standardised rates (for example, under 75 mortality rate from liver disease), where the observed total number of events is less than 25, the rates have been suppressed as the figures are too small to calculate directly standardised rates reliably. Other indicators that are based on small numbers (for example, treatment completion for Tuberculosis) are supressed due to the risk of disclosure of patient identifiable information.

16.2 Indicators Based on Rate per Thousand

As Rutland has a population of 38,000, rates that are calculated as per 100,000 population effectively give numbers two and a half times the size of Rutland's. At first glance numbers may therefore appear to be much higher than they really are; this effect is particularly noticeable with smaller cohorts, for example the hospital admission rate for asthma for children under 19 years in Rutland was 94.6 per 100,000 population, however this is calculated from 8 admissions for a 8,600 population of children. [9]

16.3 Confidence Intervals

Confidence intervals are used to address imprecisions in data rates - either as a result of sample sizes being used, or as a result of a natural variation – by presenting estimates with a confidence interval which indicates how certain we can be that the true rate lies somewhere between the lower and upper limits of the confidence interval. For example, a 95% confidence interval indicates that the true rate is 95% likely to lie between the upper and lower confidence limits. For a given level of confidence, the wider the confidence interval, the greater the uncertainty in the estimate. The confidence interval may be used to compare an estimate against a benchmark value; if the benchmark value is outside the confidence interval it can be inferred that the difference between the estimate and the benchmark is statistically significant. For example: in 2011 Fuel Poverty was reported to be 18.4% with 95% confidence intervals of 17.8% - 19.1%. The England value was 14.6% and this is below the confidence intervals range for Rutland, resulting in Rutland being worse than the England average for Fuel Poverty.

17. What does this mean for Rutland?

Overall, the data for Rutland indicates that our residents experience largely low levels of deprivation, good health, and long lives. Indeed, the Public Health Outcome Framework indicators show Rutland as one of the healthiest places in England to live.

However, this doesn't mean that we don't have issues within the county nor that there aren't areas in which our performance could be improved. It is important that as we move forward, we clearly identify where our areas of need are and target our resources accordingly to address them – in particular our local data and service user voices will help us to identify these.

17.2 Detailed Chapters

The nationally comparable data has some time lags and consequently local data may give us a better picture of the 'here and now'. The more detailed chapters focusing on specific areas will enable both nationally comparable data and local data to be drawn together.

From the data contained herein, a number of key areas of additional focus have been identified:

1) Planning care for an ageing population

2) Dementia

3) Carers

4) Obesity

5) Children's oral health

6) Factors affecting access to information and advice, including access to preventative services.

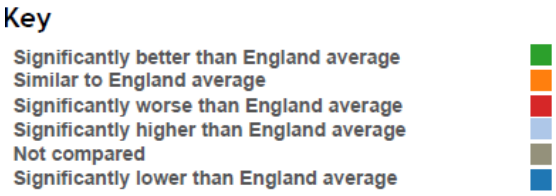
In addition, a number of other areas have already been identified for further work and/or part of other workstreams already underway and will form additional chapters:

- Sexual health needs and service provision
- Children's health provision 0-19
- Children and young people's mental health
- Learning disabilities in children and adults
- Substance misuse
- Frequent attendees to Primary Care
- Physical and sensory disabilities in children and adults

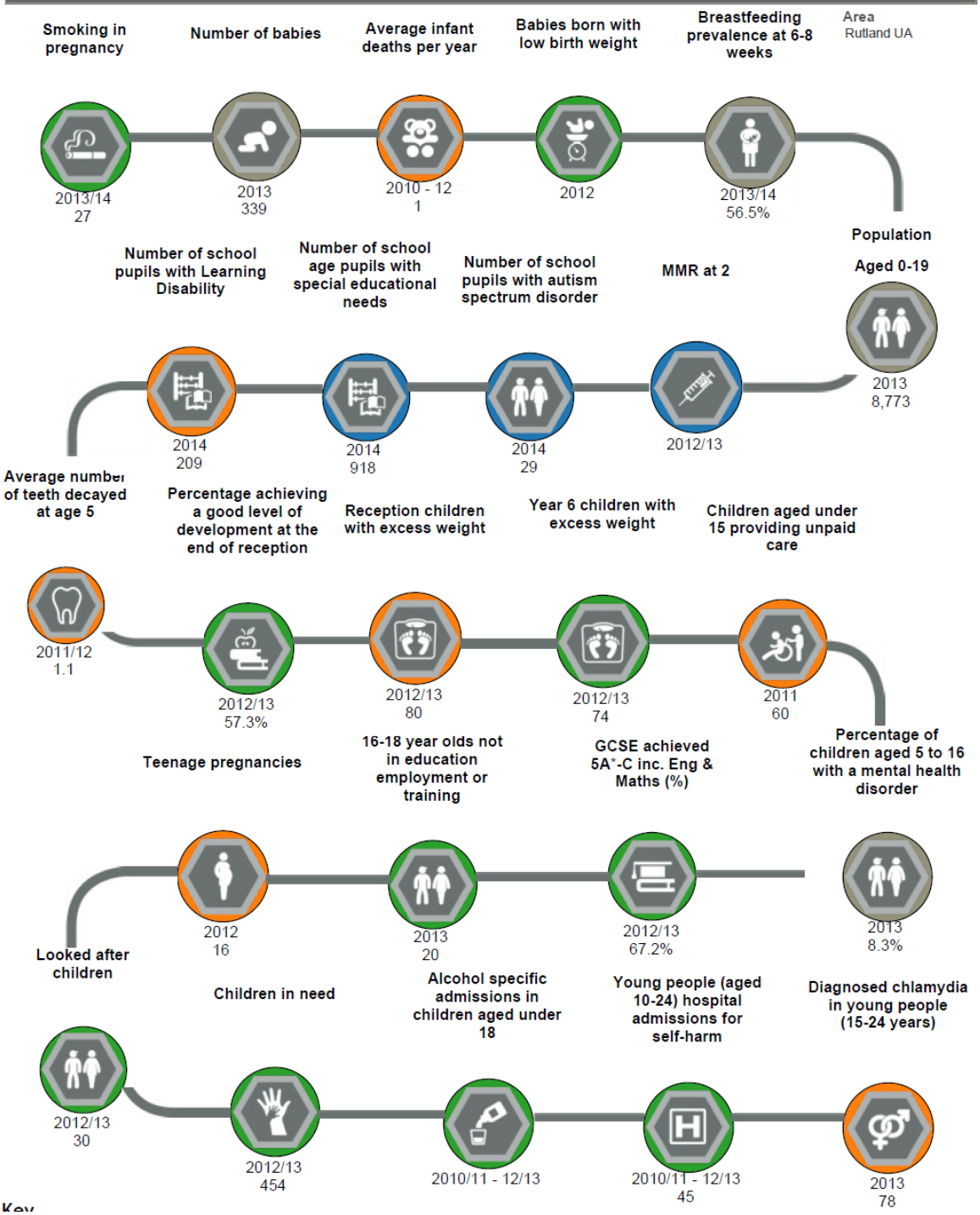
Additional themes may be further developed during the lifetime of the JSNA, depending on the requirements of the Health and Wellbeing Board.

Appendix 1 – Summary of Indicators

The diagrams below provide a pictorial summary of the indicator data for each theme.

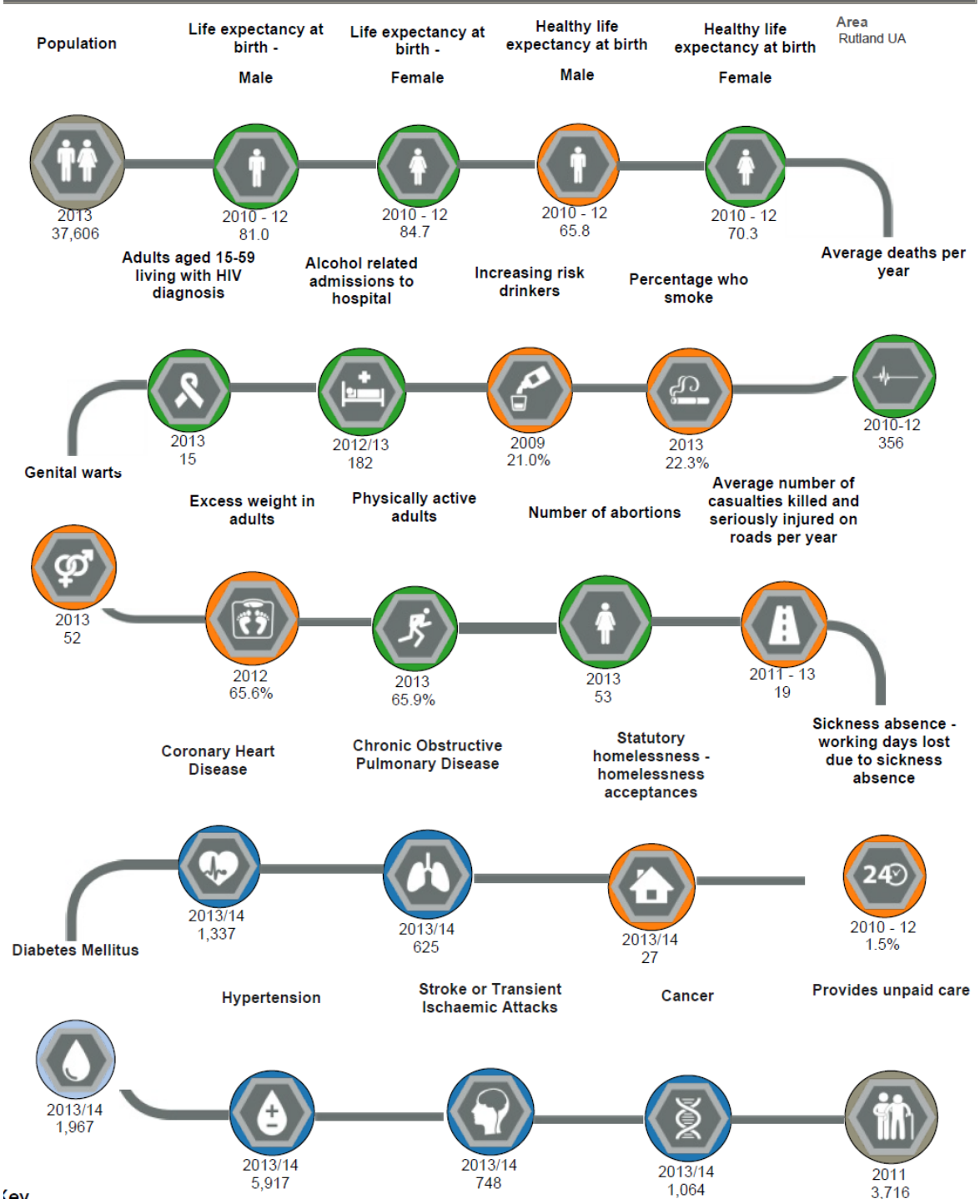


Best start in life: Rutland UA

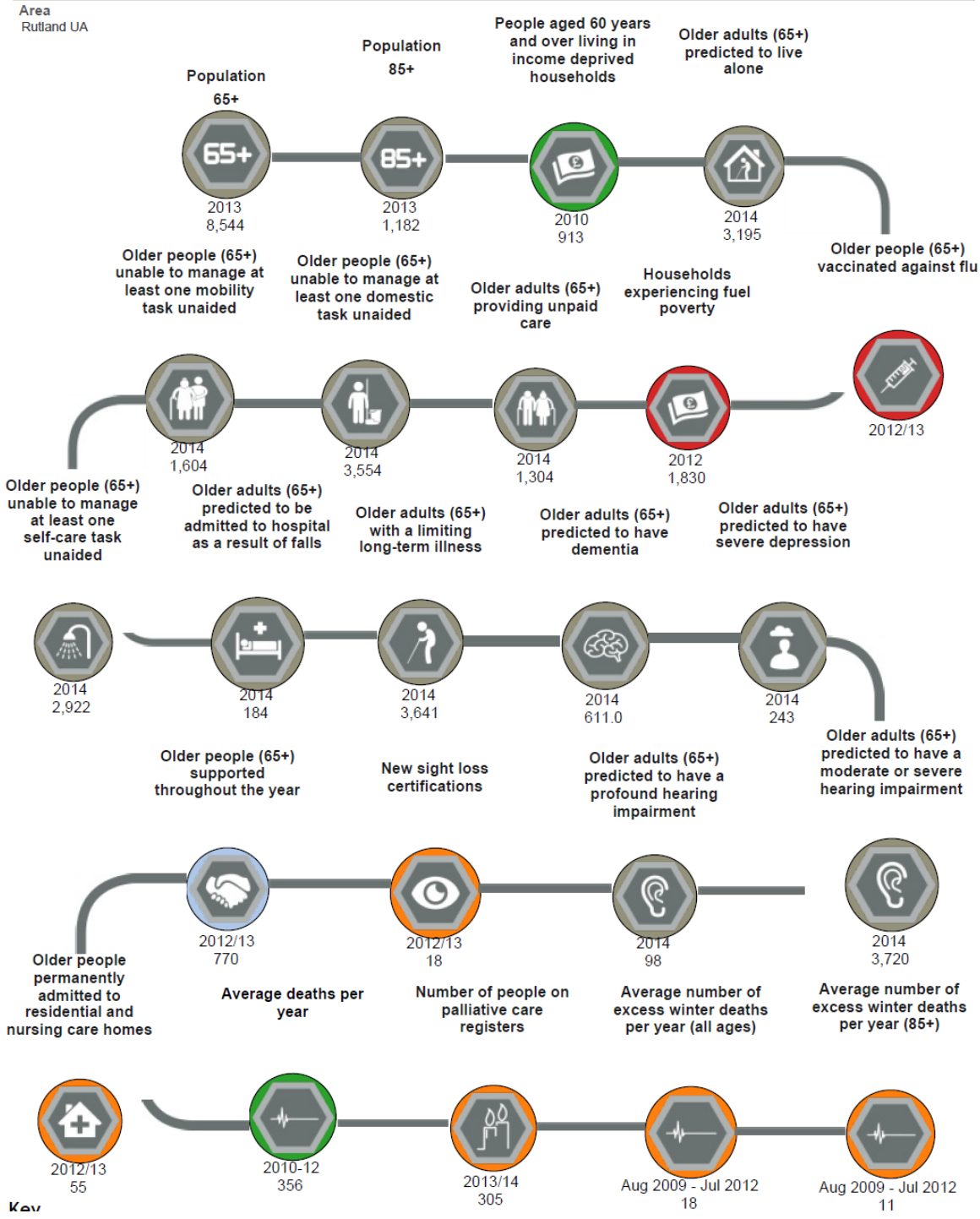


Key

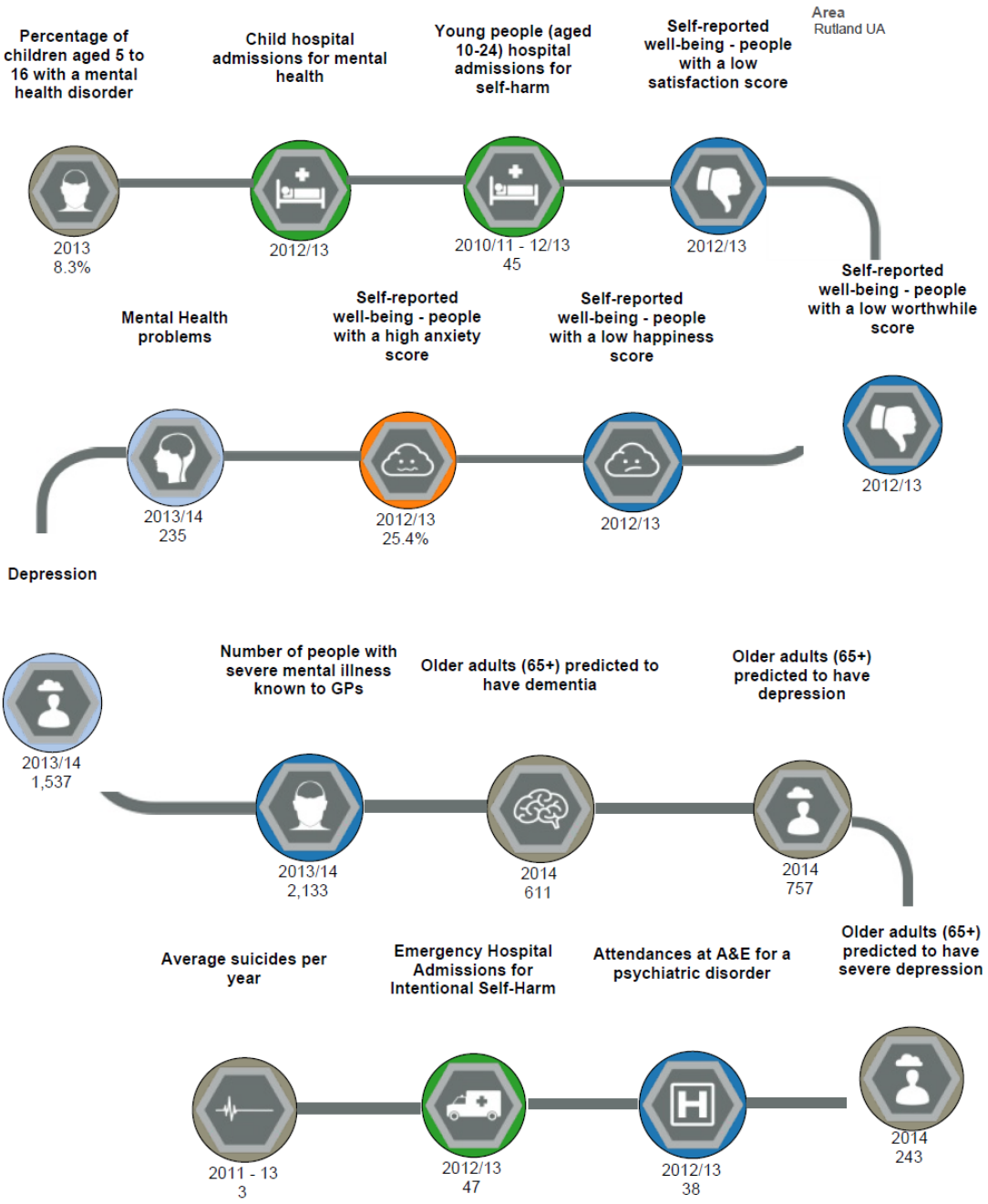
Health and wellbeing of adults: Rutland UA



Issues specific to ageing: Rutland UA

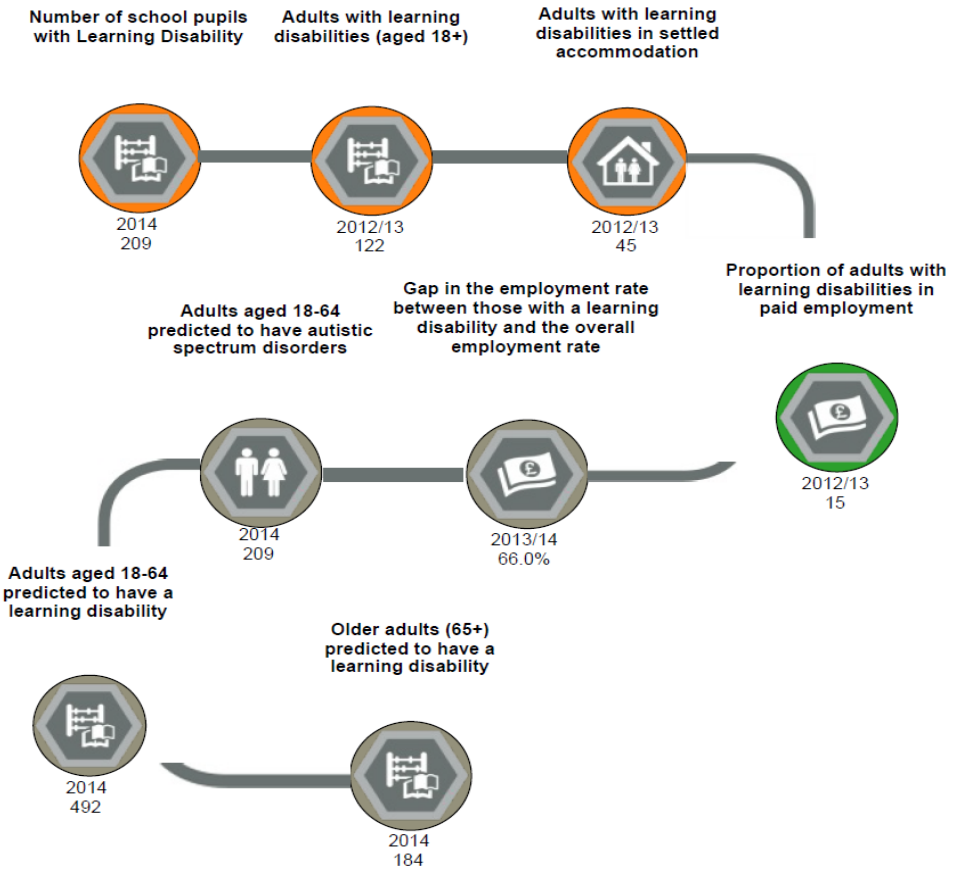


Mental health: Rutland UA



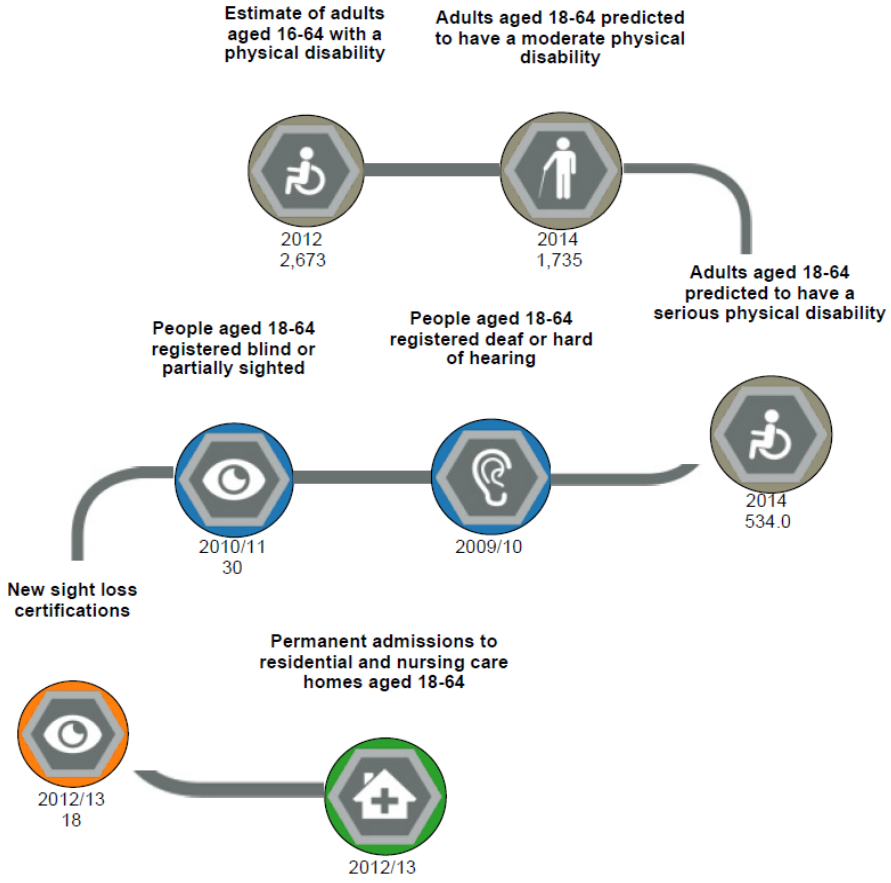
Learning disabilities and autism: Rutland UA

Area
Rutland UA



Physical and sensory disabilities: Rutland UA

Area
Rutland UA



Appendix 2 – Detailed Datasets

The detailed data can be found at the following hyperlinks. Please note that this data covers Leicestershire and Rutland and in some cases, Rutland specific information will need to be selected from the drop-down boxes.

Overarching:
https://public.tableau.com/views/CoredatasetMASTER_Overarching/OverviewandMetadata?:embed=y&:showTabs=y&:display_count=yes&:showVizHome=no

Best Start in Life:
https://public.tableau.com/views/CoredatasetMASTER_Beststartinlife/MetadataandOverview?:embed=y&:showTabs=y&:display_count=yes&:showVizHome=no

Health and Wellbeing of Adults:
https://public.tableau.com/views/CoredatasetMASTER_Earlyintervention/MetadataandOverview?:embed=y&:showTabs=y&:display_count=yes&:showVizHome=no

Ageing:
https://public.tableau.com/views/CoredatasetMASTER_OlderPeople/MetadataandOverview?:embed=y&:showTabs=y&:display_count=yes&:showVizHome=no

Learning Disabilities:
https://public.tableau.com/views/CoredatasetMASTER_Learningdisabilities/MetadataandOverview?:embed=y&:showTabs=y&:display_count=yes&:showVizHome=no

Physical and Sensory Disabilities:
https://public.tableau.com/views/CoredatasetMASTER_Disabilities/MetadataandOverview?:embed=y&:showTabs=y&:display_count=yes&:showVizHome=no

Mental Health:
https://public.tableau.com/views/CoredatasetMASTER_Mentalhealth/MetadataandOverview?:embed=y&:showTabs=y&:display_count=yes&:showVizHome=no

Appendix 3 – Statistical Neighbours

The following are the statistical neighbours used to compare Rutland with other authorities. The list is the statistical neighbours which are used by Public Health England for public health performance reporting:

- North Yorkshire
- West Berkshire
- Wiltshire
- Cheshire East
- Worcestershire
- Cambridgeshire
- East Riding of Yorkshire
- Oxfordshire
- Central Bedfordshire
- Buckinghamshire