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Rutland County Council

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Joint Strategic Needs Assessment

Overview 2015

Version 2 – 6th July 2015

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 refreshed 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 1. 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 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
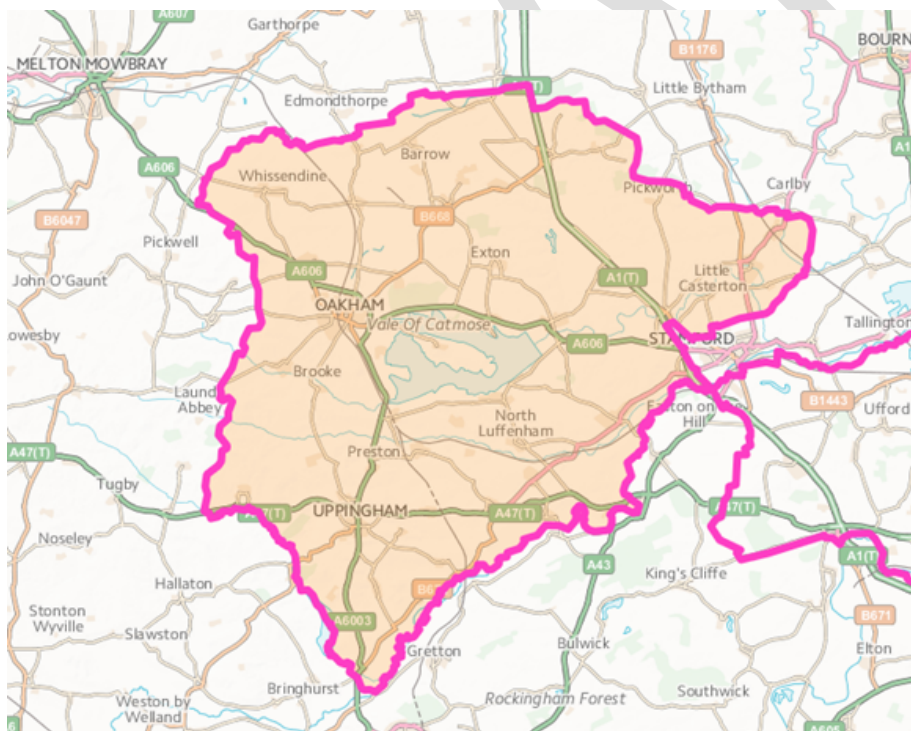
There are 16 wards in Rutland.

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. 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 a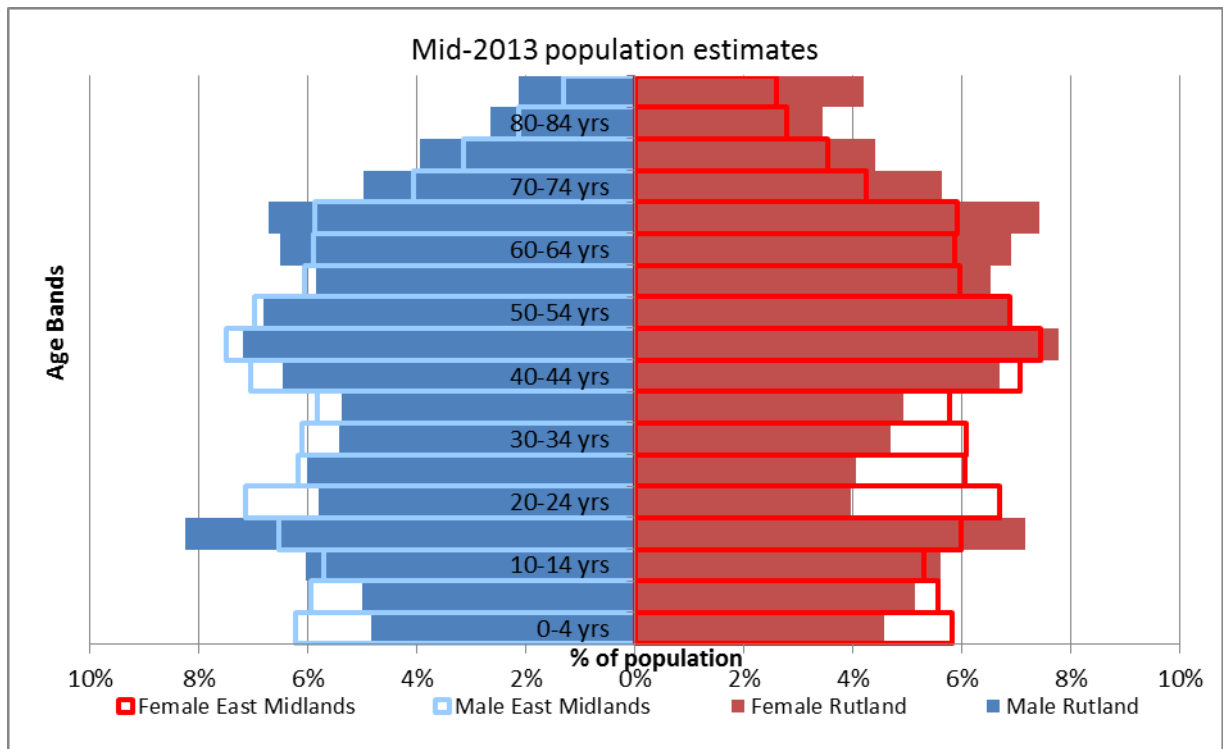way from Rutland in their twenties. There is an overall widening of the pyramid between the 45-49 year group and the 65-69 year age group – again, for the latter this is contrary to the regional picture. With life expectancy set to increase it is expected that the elderly population is set to increase 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 linger life expectancy of females.

4.1.1   Ethnicity
As at the 2011 Census, the majority of Rutland residents were White British (97%) with the remaining 3 % of the population made up of 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 per cent for the East Midlands region and 14.6 per cent for England. The ward with the highest proportion of BME residents is Greetham at 9.0 per cent.

Less than 1% of the population in Rutland report that they cannot speak English well, or at all. This compares with 1.6 per cent for the East Midlands region, and 1.7 per cent 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 [25] 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 in the high side, as the rate for the region as a whole for 2013 was 1.4%.

4.2   Deprivation

Out 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 deprivation.

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 in housing need, a rate of 1.8 per 1000 compared to the England average of 2.32 per 1000.[20]

Radon
Rutland is an area of high radon, a naturally occurring radioactive gas, which can lead to increased risk of lung cancer with prolonged exposure. The risk is also higher for those who 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%.[20]

4.3   Births

In 2013 there were 339 live births in Rutland, this is a general fertility rate of 9.0 births per 1,000 women aged 15-44 years. This is lower than the England average (12.3 per 1,000 women).[4]

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 [5].

Premature deaths from cardiovascular disease in Rutland were - at 45 per 100,000 population - at a similar rate to the England average of 33.2 per 100,000 population for 2011-13. Cardiovascular disease includes heart disease and stroke. However, 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.[4]

In 2012, 4.2% of all babies in Rutland had a low birth weight . This is significantly better than the England average value of 7.3%.[8]

The conception rate for females aged under 18 was similar in 2012 to the England average at 18.8 per 1,000 population. [11]

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 Leicester and Rutland combined. [11] 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. [6]

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 100 in 2000-02 (similar to the England rate of 5.3 per 1000), and at a peak in 2004-06 of 5.5 per 1000 and a low of 1.9 per 1000 in 2007-09; 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 2012. This is significantly better than the England average value of 12.0%.[6]

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 – *to be inserted when data is available.*

5.6 Healthy weight in children

Data for 2012/13 indicates that the number of children in Reception classified as overweight or obese was 23.0%, 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%[12]

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.[6] 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. [9]

5.8 Unintentional and deliberate injuries

The rate of hospital admissions for 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 above 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 52.3%. 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 67.1% [6] 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%.[11]

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%.[10]

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. [6]

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%.[10]

However, the proportion of school-children with a SEN statement was 3.3%, significantly higher than the England average value of 2.8%.[10]

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%.[6]

Nineteen applicant households with dependent children or pregnant woman 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.[10]

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. [10]

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 similar to the England average value of 440.9 per 100,000 population.[10]

In 2012, the estimated number of children aged under 17 who required Tier 3 CAMHS was 145. [10]

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 (7,574 admissions) similar to the England average value of 103.4 per 100,000 population [6];
-    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.[6]
-    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 100,000 population.[9]

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 similar to the East Midlands average of 20.5 per 100,000 and the England average value of 20.7 per 100,000 population.[9]

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.[9]

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 significantly 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.[10] The proportion of children 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.[10] 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 similar to 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. [10]

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

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.[10] The spend on safeguarding children and young people's services was a rate of £1,364,978 per 10,000 population. [10]

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%); 1,008.0 reported that they were in bad health (2.7%); and 283 reported that they were in very bad health (0.8%). [4]

- 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%).[7]

6.1   Tobacco

The overall smoking prevalence for adults in 2013 was 22.3%, similar to the England average of 18.4%. However, the prevalence for adults in the 'routine and manual' cohort 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.[13]

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.[13]

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.[13] This is significantly better than the England average value of 288.7 per 100,000 population.[13] 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.[13] 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.[13]

6.2   Obesity

In 2013/14, GP recorded obesity in the over 16s was – at 9.9% – similar to the England rate of 9.4%, and better than the regional rate of 10.4%. 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.[6] Conversely, 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]

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% [6]. 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%.[6]

The number of adults diagnosed with diabetes in 2013/14 was 1,967 (6.8%). This is worse than the England value of 6.2% and the East Midlands value of 6.6%.[15]

The number of people diagnosed with coronary heart disease in 2013/14 was 1,337 (3.7%). This is significantly lower than the England average value of 3.3%.[15]

Rutland has the 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 -5.3.

6.4   Substance Misuse

In 2011/12 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.[17] 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.[17]

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 1.1 per 100,000 population.[18]

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. [17]

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 [6].

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.[19]

For the same period the rate of mortality from causes considered amenable to healthcare was 64.3 per 100,000 population, similar to the England average of 86.8 per 100,000 population.[19]

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]

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 better than the England average value of 52.7 per 1,000 population [11].

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.[11] Of those, 76.0% of abortions were performed under 10 weeks gestation, similar to the England average value of 79.4%.[11]

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 better than the England average value of 2.1 per 1,000 population.[11]

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.[11] 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.[11]

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 609.7 per 100,000 population.[6] 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%).[7]

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%.[20] 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 64.1%.[20]

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 the county. This is significantly worse than the England average value of 73.4%.[6]

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 similar to the England average value of 22.9.[6]

In Rutland, in Aug 2008 - Jul 2011, the excess winter deaths index was 25.0. This is significantly better than the England average value of 64.1.[20]

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. [20]

In 2013/14, the proportion of people aged over 18 years who used services who have control over their daily life was 75.1%. This is significantly better than the England average value of 76.1%.[20]

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%.[20]

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%.[20]

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%.[20] 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%.[20]

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%.[20] 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 [20].

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.[20]

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.[20]

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.[20]
-   adults who received direct payments: 462.0 per 100,000 population. (135 people) compared to 352.0 per 100,000 population.[20]
-   adults who received equipment and adaptations: 1,505.8 per 100,000 population (440 people) compared to 887.1 per 100,000 population.[20]
-   adults who received home care: 1,368.9 per 100,000 population (400 people) compared to 1,152.7 per 100,000 population.[20]
-   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.[20]

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.[20]

8.2   Delaying and reducing the need for care and support

In 2013/14, only 35.8% 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. [20]

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.[20]

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.[20] 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.[20] 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 [20]; 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.[20]

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.[20]
- in permanent nursing care during the year: 68.4 per 100,000 population (20 admissions) compared to 206.1 per 100,000 population.[20]

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%.[20]

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%.[20]

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 fractured neck of femur 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 1,794.4 per 100,000 population, and 695.4 per 100,000 population (n = 60) compared to 568.1 per 100,000 population respectively.[6]

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 [20].

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 64.1 per 100,000 population for both measures [20].

For the same period, rate of adult carers (aged 18 years and over) receiving assessments was also significantly higher: 667.4 per 100,000 population (195 people), compared to the England average value of 64.1 per 100,000 population.[20]

8.4   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, 928 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.

8.5   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 64.1%.[20]. 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%, significantly better than the England average value of 64.1%.[20]

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 significantly worse than the England average value of 64.1 per 100,000 population.[20]

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%.[15]

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%). [10]

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%.[21]
- 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%.[21]
- 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%.[21]

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 [21].

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.[21]
- the rate of adults supported throughout the year was 71.5 per 100,000 population compared to 377.6 per 100,000 population.[20]
- 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.[23]

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%.[21]

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.[21]

In the mortality ratio for excess under 75 mortality in adults with serious mental illness was 373.2 in 2011/12. Again, this is similar to the England average value of 347.2.[23]

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.[21]

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.[23]

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.[22]

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.[10]

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.[21]

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.[21]

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%.[10]

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.[24]
- 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.[24]
- 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.[24]
- No children a profound or multiple learning difficulty, significantly lower than the England average of 1.2 per 1,000 pupils.[24]

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%.[20]

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.[24]

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%.[24]

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%.[20]

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.[20]

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 compares to the England average values of 347.2 per 1,000 population and 749.7 per 1,000 population respectively.[24]

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 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.[20]

The rate of 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.[20]

13. Military Population

To be inserted when data is available.

14.   Prison Population

To be inserted when data is available.

15.   Caveats re Data

15.1   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.

15.2   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 three 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]

15.3   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 that 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.

16.   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.

16.1   Proposed 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.

In addition, a number of areas have already been identified for further work, some of which has started:

- Sexual health needs and service provision
- Children's health provision 0-19
- Children and young people's mental health
- Children's oral health
- Learning disabilities
- Residential care for older people
- Substance misuse
- Frequent attendees to Primary Care

Appendix 1 – Summary of Indicators

To be inserted – Table indicating overarching indicators.

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 - References

To be included with final document

Appendix 4 – 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 PHE for public health performance reporting:

North Yorkshire

West Berkshire

Wiltshire

Cheshire East

Worcestershire

Cambridgeshire

East Riding of Yorkshire

Oxfordshire

Central Bedfordshire

Buckinghamshire