

**NHS
LEICESTERSHIRE
COUNTY AND
RUTLAND
and
RUTLAND COUNTY
COUNCIL**

**JOINT STRATEGIC
NEEDS
ASSESSMENT**

(Refresh 2009)

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1. RUTLAND 2009 JSNA REFRESH SUMMARY - Emerging key priorities and cross cutting themes

1.1. Introduction

The purpose of this report is to summarise the key findings of the Rutland 2009 JSNA refresh report. It sets out the emerging key priorities and cross cutting themes that it is essential that the partners address through their strategic plans in the next 3-5 years.

There are five key themes that have emerged from the 2009 JSNA refresh

1. Demographic changes and a need to plan for our future population – especially the increasing numbers of older people comprising an increasing proportion of the overall Rutland population
2. Ensuring accessibility to health and social care services in the County including for people who may have specialist needs for which they have to travel out of the County.
3. Health promotion. We need to support our population to make informed choices about their health and well-being, particularly in respect of alcohol, smoking and healthy eating. Rutland is a healthy place to live – but if this is to be sustained young people especially need good information and support to avoid some of the major health problems in later life.
4. Affordable housing, financial advice and social inclusion remain important components of addressing issues of vulnerability and disadvantage for some Rutland people.
5. The importance of Carers and the contribution they make to the health and social care of vulnerable members of the community

1.2. Demographic changes

The 2009 JSNA refresh illustrates that there will be a 40% increase in the number of people that are aged 65 and over by 2020. The impact of this population growth will be increased need and demand for health and social care services.

Health and social care services will therefore need a more comprehensive, joined up approach when planning for sustainable services in the future. 15% of frail older people will have complex needs and will need intensive services from both health and social care. These are the people many over 80 years of age where the population increases will be substantial. Current models of health and social care provision / funding will be unsustainable, unless we adopt new approaches and embrace a rethinking of how health and social care is delivered into the future (See Section 4 below).

Another challenge facing service providers with our ageing population is our response to the expectations of the general population of older people. These are the over 50s who are increasingly keeping fit and active and have high expectations about what they demand. Health and care services need to be developed that

ensure we have longer term approaches to keep these people healthy, fit and active so that they avoid becoming part of the 15% of frail older people.

The growth in older people will lead to a growth in the population of Rutland with one or more long term conditions and / or disabilities. People with long term conditions need to be supported by health and social care to manage their conditions effectively in the community. Nationally, people with long term conditions account for approximately 30% of the population. However, this population uses over 50% of GP appointments and two thirds of all outpatient appointments. With the numbers of people with a long term condition predicted to rise by 23% in the next 25 years nationally – and greater increases expected locally – it is essential that health and social care services support these people to manage their conditions effectively and to stay active and well for as long as possible.

The other service area where we anticipate significant future needs is mental health services. This crosses all areas of the health and social care agenda and people with mental health needs must be able to access appropriate, effective services seamlessly across all agencies. This needs to be delivered through providing better support for our populations (as indicated in Section 6).

1.3. Accessibility of health and social care services

Health and social care services need to be universal. Within the health sector there is a need to move people out of secondary care services and to transform the face of healthcare so that services can be provided within community based settings (where this is safe and effective). The development of Rutland Memorial Hospital will be key in this respect. It is essential that all people have access to the right level of care, in the most appropriate setting, at a time when they most need it – be they older people, children or adults with disabilities. It is also essential they can comfortably access mainstream services when they wish and are able to do so.

Self directed support is about giving people who use care and support services (and carers) more choice and control over the services they receive. It is about seeing the person / patient as ‘the expert’ able to self assess and direct their own support. It includes enabling people to take control of their own ‘personal budget’ from which to commission and procure the care and support services they feel best meets their individual needs. They are able to do this with assistance of local authority staff or advocates – or at a cash direct payment- directly controlling expenditure. Again support would be available if required.

Other agendas that link with this include the NHS Choice agenda – giving patients greater levels of choice over the hospital that they use for their treatment. The Wanless Report (April 2002) established that the current health economy was unsustainable and to ensure a sustainable health economy in the future:

- Individuals must take more responsibility for their own health
- Parents are responsible for their children’s health
- Everybody must be responsible for using services properly
- Capacity-building is critical for some groups of citizens and communities

- There must be an emphasis on the risk factors of major diseases, such as heart disease, lung cancer and diabetes
- There must be a focus on children, young people and older people
- More effective management of conditions and diseases can minimise their impact
- Actions should be based on evidence from enhanced research
- The support for carers is vital

It is essential that health and social care work together to support their populations to develop peoples capacity and capability to make informed choices about their own health and well-being.

Within Rutland across health and social care there are a small number of people with very complex needs who require access to greater levels of services. Invariably such levels of specialised care and support are more expensive than other more standardised services. Within this section we refer to a number of different groups but particularly:

Young disabled adults - these are small in number but have very complex and expensive care and support needs. The biggest group within this bracket are people with learning disabilities, where increasing numbers of people are surviving well into adulthood. Of particular concern is the area of Autism Spectrum Disorder (ASD) which spans children's services, the transition to adulthood, and adult services. The diagnosis of children with ASD has increased ten-fold in the last 10 years which places additional pressures on health and social care services across all age groups. Consequently, the number of people with ASD requiring adult care and support services continues to rise considerably, as does their expectations for services that meet their particular, individual needs.

1.4. Promoting positive health and well-being

The need to develop preventative approaches that support and maintain people at their maximum level of independence is paramount. This is not about low level, general support services, rather it is about targeted interventions at times when people are at most risk of losing their independence (e.g. after a stroke, a mental health crisis, a fall, carer ill health etc). The risk is that if appropriate, timely support and reablement is not made available to people at this critical stage, their needs escalate to the extent that higher level, more specialised and costly services are then required for people who otherwise could have been supported to remain independent. Experience has shown that in order to reduce people's reliance on institutional models of care, we need to target investment into developing more community based health and social care services.

This has to be linked through to the improving health agenda to ensure that people have the best access to healthy choices and lifestyles. This must be embedded within children and families to ensure that people are given the best possible start in life. For example, by addressing childhood obesity and enabling children and young people to make informed life choices in relation to smoking, alcohol, drugs and sexual behaviours. These are key priorities for Rutland and reflected in the Local

Area Agreement. Furthermore, when young people undergo transition to adulthood we need to support these new adults to make the right choices for their own and their families health and well-being, through developing the right services that promote access to healthy choices and lifestyles, which evidence has shown must focus on areas such as smoking, alcohol and obesity.

1.5. Affordable housing and social inclusion

It is reported that the average Rutland household would need to borrow 8.4 times their income to buy the average Rutland home.

Good housing is essential to peoples health and well-being. This is strongly linked to financial issues and social inclusion. With the current economic climate a greater proportion of the population will be facing financial difficulties and the need to ensure that the people of Rutland have access to high quality affordable housing when they are vulnerable is essential to sustaining peoples well-being.

Alongside the need to develop affordable housing it is also essential to ensure that people have access to the support and adaptations they need to continue to live in their own homes.

Social capital is about building on the strengths and structures within communities, including friends and family networks. We need to ensure there is adequate investment to make communities strong and sustainable to enable them to become more self reliant. Ideally we want healthy, confident people living in healthy, wealthy communities, where volunteering and employment promotion play.

One example of 'social capital' which is increasingly proving popular across many areas of the UK is in the area of 'inter-generational activities' – i.e. encouraging and supporting older and younger generations to work together in shared activities and goals, on a voluntary basis. 'Social capital' is by its very nature 'inclusive', building on the positive resources that individuals, social groups and communities have to offer each other and those around them, and can be an effective way to address a number of issues, such as building active communities, promoting citizenship, regenerating neighbourhoods and addressing inequality. The Rutland Community Spirit project and the social enterprise 'Out of the Rut' are local developments emphasising the importance of social capital.

1.6. Carers

Rutland like many other authorities is fortunate to have a large number of people who undertake unpaid caring responsibility for family members, friends or neighbours. The benefit to the public purse is considerable as without these people, many older people or people with disabilities would be totally reliant on local health and social care services to remain in the community. Many might need to give up their independence and be reliant on expensive institutional care.

It is vital that Carers are given good information on service availability and a right to their own assessment. Key for many carers is a flexible and responsive respite service so that they can have a break from caring. Financial advice and an ability to be economically active where possible allied to effective information and support to

maintain their own health and well being are essential components of the overall strategy for health and social care in the County.

1.7. Addressing inequality

Equality is inextricably linked to the way people live their lives and to the opportunities available to people in the communities in which they live. The 2009 JSNA refresh across Leicestershire and Rutland has clearly identified areas where inequalities are linked to socio-economic deprivation, a person’s ethnicity, or to people that are disadvantaged by an existing condition or circumstances (for example people with learning disabilities or prisoners). There are also equality issues linked to a person’s age and gender.

Rutland Together (the Rutland Local Strategic Partnership) has identified priorities within its ‘Sustainable Communities Strategy’. These priorities were informed by the 2008 JSNA and are again mirrored within this JSNA refresh.

These issues have informed the LAA process and the Caring for All sub- group has now committed additional joint investment to Carers services, financial advice and a recovering alcohol group – directly reflecting priority areas highlighted by the JSNA process. This work now needs to be supplemented by specific targeted health promotion activity, ensuring good levels of accessibility to all health and social care services. These need to develop in the context of the Council’s transformation agenda with truly personalised services giving the choice and control to individuals to maintain their health, wellbeing and independence.

It is essential that the findings of the 2009 JSNA refresh are used to underpin future commissioning decisions and that the commissioning of care and support services is refocused to specifically target and address health and social care inequalities in a more joined-up, holistic way for the benefit of all. This assessment jointly produced across the two local authorities and NHS Leicestershire and Rutland now needs to be reflected in truly joined up services across health and social care in conjunction with the third sector and the full involvement of all members of the community for the benefit of Rutland residents.

1.8. Matrix of JSNA priorities linked to key priorities across health and social care

Top level Area	Priority Areas	Links to service planning frameworks i.e. Sustainable Community Strategy, LAA, PCT Local Operating Plan, WCC targets
<p>Children and Young People</p>	<p>Tackling rates of childhood obesity through action on healthier food;</p> <p>Increasing the amount of physical exercise undertaken by children;</p>	<p>Sustainable Community Strategy -</p> <p><i>"Rutland’s Statement of Intent is to improve the well-being and achievements of children and young people across the five Every Child Matters outcomes by successfully integrating services, in partnership, with an emphasis on early intervention, preventative action through excellent safeguarding procedures and by promoting welfare"</i></p> <ul style="list-style-type: none"> • Be Healthy • Stay Safe

Top level Area	Priority Areas	Links to service planning frameworks i.e. Sustainable Community Strategy, LAA, PCT Local Operating Plan, WCC targets
	<p>Supporting children who do not achieve academically</p> <p>Health promotion in young people</p>	<ul style="list-style-type: none"> • <i>Enjoy and Achieve</i> • <i>Make a Positive Contribution</i> • <i>Achieve Economic Well being</i> <p>Local Area Agreement (NI)/ Local Operating Plan (VS)-</p> <p>WCC: Improve life expectancy</p> <p>WCC: Tackle health inequalities</p> <p>RUTLAND LAA 1& 2</p> <p>NI56: Obesity amongst primary age school age children in year 6</p> <p>NI60 Core assessments for children's social care that were carried out within 35 days of their commencement</p> <p>Local indicator Reduce smoking in 11 - 15 year olds</p> <p>Local indicator - To reduce young people reporting being drunk in the last four weeks by 10% by 2011</p> <p>NI 57: Children and young people's participation in high quality PE and sport</p> <p>NI 91 Participation of 17 years olds in Education or Training</p> <p>NI 110: Young people's participation in positive activities</p> <p>VSB09: Obesity in school age children</p>
<p>Improving General Health</p>	<p>Rutland Health promotion. We need to support our population to make informed choices about their health and well-being, particularly in respect of alcohol, smoking and healthy eating.</p> <p>Systematic, scaled and evidence-based joint action with partners to significantly reduce the impact of major causes of early deaths and ill health within our population. Priorities for action are:</p>	<p>Sustainable Community Strategy – Caring for All</p> <ol style="list-style-type: none"> 2 To ensure and improve the provision and access to appropriate information and advice. 3 To further develop preventative measures that will enable all people but particularly the vulnerable,(Glossary) to improve their health, independence and well-being. 4 To improve the general health of the Rutland population, and address adverse health issues associated with smoking, obesity and alcohol. <p>Local Area Agreement (NI)/ Local Operating Plan (VS)-</p> <p>WCC: Life expectancy</p> <p>WCC: Health inequalities</p> <p>VSB01: All age all cause mortality</p>

Top level Area	Priority Areas	Links to service planning frameworks i.e. Sustainable Community Strategy, LAA, PCT Local Operating Plan, WCC targets
	<ul style="list-style-type: none"> - Reducing levels of smoking; - Reducing impact of alcohol related harm; - Increasing levels of healthy eating; - Increasing levels of physical activity. 	<p>WCC NI 121 / VSB02: Premature deaths from all circulatory & vascular diseases at ages under 75</p> <p>WCC VSB03: Mortality rate from all cancers at ages under 75</p> <p>VSA08-15: Cancer related vital signs</p> <p>VSB04: Mortality rate from suicide and injury undetermined</p> <p>WCC NI 123 / VSB05: 16+ current smoking rate prevalence</p> <p>WCC VSC26 NI 39: Rate of hospital admissions per 100,000 for alcohol related harm</p> <p>WCC VSC32 NI 128: Patient and user reported measure of respect and dignity in their treatment</p> <p>WCC VSC54 NI 129: Percentage of all deaths that occur at home</p> <p>WCC VSC27: Diabetes controlled blood sugar</p> <p>WCC: Access to psychological therapies</p> <p>RUTLAND LAA 1 & 2</p> <p>Increase the number of 4 week smoking quitters (attending NHS stop smoking cessation services (LAA1))</p> <p>NI 39 Alcohol-harm related hospital admission rates</p> <p>NI 8: Adult participation in sport and recreation</p> <p>NI124 People with a long term condition supported to be independent and in control of their condition</p> <p>NI 41 Perceptions of drunk or rowdy behaviour as a problem</p>
<p>Younger adults including those with complex needs and mental health difficulties</p>	<p>Providing more personalised support;</p> <p>Ensuring accessibility to health and social care services in the County including for people who may have specialist needs for which they have to travel out of the County.</p>	<p>Sustainable Community Strategy – Caring for All</p> <p>1 To maintain, promote and improve community cohesion</p> <p>5 To encourage the increased use of self directed care schemes and to stimulate the market for the provision of associated services to promote independence & choice</p> <p><i>Action plan</i></p> <p>Provide support and access to appropriate services to</p>

Top level Area	Priority Areas	Links to service planning frameworks i.e. Sustainable Community Strategy, LAA, PCT Local Operating Plan, WCC targets
	<p>The importance of Carers and the contribution they make to the health and social care of vulnerable members of the community. Providing better support for carers.</p>	<p>facilitate independence.</p> <p>Local Area Agreement (NI)/ Local Operating Plan (VS)-</p> <p>NI135: Carers receiving a needs assessment and or review and a specific carers service, or advice and information</p> <p>NI 130 Social care clients receiving self directed support (Direct Payments and Individual Budgets</p>
<p>Older People</p>	<p>Demographic changes and a need to plan for our future population – especially the increasing numbers of older people comprising an increasing proportion of the overall Rutland population</p> <p>Providing more personalised support;</p> <p>Preventing falls and accidents;</p> <p>Providing better support for carers;</p>	<p>Sustainable Community Strategy – Caring for All</p> <p><i>‘The presence of a significant number of retired households has not only pushed up house prices but our aging population also needs strategies and facilities which promote independence and reduce isolation’</i></p> <p><i>To continue to support and develop the capacity of the Third Sector to deliver quality services.</i></p> <p>Local Area Agreement (NI)/ Local Operating Plan (VS)-</p> <p>VSC11: Proportion of people with long-term conditions supported to be independent and in control of their condition</p> <p>VSC30: Mortality rate from causes considered amenable to healthcare</p> <p>WCC VSC32 NI 128: Patient and user reported measure of respect and dignity in their treatment</p> <p>WCC VSC54 NI 129: Percentage of all deaths that occur at home</p> <p>RUTLAND LAA 1& 2</p> <ul style="list-style-type: none"> • Increase the numbers of people helped to live at home following a community care assessment (LAA1) • The number of admissions of people aged 65

Top level Area	Priority Areas	Links to service planning frameworks i.e. Sustainable Community Strategy, LAA, PCT Local Operating Plan, WCC targets
		<p>and over to hospital in relation to serious accidental injury¹, as measured by the Compendium of Clinical Indicators (LAA1)</p> <ul style="list-style-type: none"> The number of emergency unscheduled hospital bed days (defined in the Department of Health guidance for Local Delivery Plans 2005-2008*) occupied by a person aged 65 or more for emergency admissions (admission method 20-29 (LAA1)) <p>NI135: Carers receiving a needs assessment and or review and a specific carers service, or advice and information</p> <p>NI 124 People with a long term condition supported to be independent and in control of their condition</p> <p>NI 130 Social care clients receiving self directed support (Direct Payments and Individual Budgets)</p>
Housing	<p>Improving the supply of affordable housing for families and communities;</p> <p>Affordable housing, financial advice and social inclusion remain important components of addressing issues of vulnerability and disadvantage for some Rutland people.</p>	<p>Sustainable Community Strategy –</p> <p>7 To create a long-term supply of sites and funding to provide sufficient additional, realistically affordable housing to buy or rent.</p> <p><i>Action</i></p> <p>To provide affordable social housing for families and single people and to strengthen the delivery through the planning process.</p> <p>Enhance independent living opportunities for older and disabled people in Rutland</p> <p>Local Area Agreement –</p> <p>NI 142: Number of vulnerable people who are supported to maintain independent living</p> <p>NI 155: Number of affordable homes delivered (gross)</p>

1.9. Supporting background information

The JSNA report for Rutland is underpinned by:

1. The JSNA core dataset – this is accessible using both web based tools and a downloadable excel spreadsheet, accessible via

www.rutlandtogether.org

2. The JSNA detailed chapters covering the full analysis of need for Leicestershire County and Rutland PCT, accessible via

www.lcr.nhs.uk

3. Consultation was undertaken predominantly via the Local Strategic Partnership sub group arrangements, the Rutland Health, Housing and Social Care Forum and departmental staff. A summary of consultation feedback from the JSNA process and LSP structure is available at

www.rutlandtogether.org

2. LONG TERM CONDITIONS (INCORPORATING CANCER)

Whilst the overall health of the Rutland population is relatively good there are significant numbers of people with Long Term Conditions in the County. Highly associated with older people heart, respiratory and diabetic conditions account for a majority of visits to general practice. Detailed background information and a more detailed LCR analysis is available in the PCT JSNA Long Term Conditions chapter.

2.1. Diabetes

Diabetes is a chronic and progressive disease that impacts upon almost every aspect of life. It can affect infants, children, young people and adults of all ages, and is becoming more common. The prevalence of diabetes increases with age and people with diabetes have a higher risk of dying prematurely.

1,281 patients have been diagnosed with diabetes in GP practices across Rutland, a prevalence of 4.7% of the adult population or 1 adult in every 20. This is similar to the national prevalence rate. This is modelled to increase to 5.0% in 2015 (2,005 people) and 6% by 2025 (2,636). This is an overall increase of 78% in the number of people living with diabetes by 2025.

Hospital admissions and death rates from the disease are lower in Rutland than the rest of the LCR. There is no indication of a service deficit in this area although early diagnosis and detection is critical to successful management and therefore locally accessible primary health care services are critical in Rutland as in other rural areas.

2.2. COPD Chronic Obstructive Pulmonary Disease

Chronic obstructive pulmonary disease (COPD) is the overall term used to describe a variety of illnesses, including chronic bronchitis, emphysema and chronic obstructive airways disease. People with COPD have permanently damaged lungs and find it difficult to breathe most of the time.

In 2007/08, there were 451 people on COPD registers in Rutland, (1.3%) which gives a slightly higher recorded prevalence than the PCT as a whole. However, national models estimate that the actual levels of COPD in Rutland is closer to 2.2% (2008 figures, persons aged 16+) which is an estimated 708 people with COPD. This suggests that Rutland has approximately 250 people with undiagnosed and therefore untreated COPD.

It is estimated that the prevalence of COPD will grow over time and it is estimated that prevalence will increase to 2.4% in 2015 (840 people) and reach 2.6% by 2020 (930). Overall health outcomes for COPD in Rutland are better than the national average with lower death rates and hospital admissions.

COPD is far more prevalent in disadvantaged communities and there are clear causal links with smoking. Smoking cessation activity within Rutland will clearly contribute to controlling the incidence of some of these conditions.

2.3. Cardiovascular Diseases

Between 2004 and 2006 there were 77 premature deaths from circulatory disease in Rutland. Premature mortality in Rutland currently stands at 58 deaths per 100,000 compared with 84 deaths per 100,000 in England (2004-06). Although Rutland fares better than national levels these are rates which could still be reduced as heart disease remains the single biggest cause of preventable death in the UK.

Premature mortality from CHD has reduced over time and this reduction is expected to continue. However, coronary heart disease is much more prevalent in the older age groups and it is anticipated that as the population becomes older numbers of people with CHD will rise. In 2007/08 there were 1858 people on CHD registers in Rutland (4%) this is above the national prevalence (3.50%). Between 2005 and 2007 there were 37 premature deaths from CHD in Rutland which is significantly lower than the national rate.

In Rutland, 664 people were diagnosed as having had a 'stroke' during 2007/08 which is in-line with national model estimations indicating that GPs in Rutland have high quality stroke registers.

Rutland has significantly lower mortality from stroke with a mortality rate of 35 deaths per 100,000 population (2007/08). Whilst these figures are lower than LCR and national averages, for these individuals this conditions impacts severely on their quality of life.

As the Rutland older population rises heart disease is likely to become more prevalent – but will be heavily affected by lifestyle factors. High blood pressure (hypertension) affects 19% of the Rutland population (aged 16 and over) and clearly has major impact on quality of life as well as increasing risk factors for more serious heart conditions.

The links with smoking, excessive alcohol intake, obesity and lack of exercise are now clearly established. It is apparent that cardiovascular health and risks of premature death for Rutland people from heart related health problems could be further reduced by positive lifestyle changes and effective health promotion activity. Also critical is monitoring of cholesterol levels and blood pressure to detect, control and treat heart related problems earlier. Accessibility to good primary care facilities are therefore key to the people of Rutland as elsewhere.

2.4. Hearing Impairment

Hearing impairment is closely linked to age but a significant number of people in Rutland also suffer mild to moderate deafness. Estimated figures from Royal National Institute for the Deaf suggest there are about 5000 people in Rutland who are hard of hearing some of whom will have quite severe problems. About 400 people in Rutland – many in younger age groups suffer from profound deafness. Rutland operates an assessment service in conjunction with Leicestershire county Council and Action Deafness who provide advice and support, including interpreting and translation facilities to local deaf people. As a Leicester based organisation, further work is needed as to whether accessibility is an issue although this has not been reported as a local issue. Again critical would be primary care diagnosis to

ensure support and assistance as early as possible and there are clear links to be made with children's services and district and school nursing support

Hearing problems within the older person population will also clearly be an important aspect of their personal care. Hearing ability should be taken account of in the assessment process and construction of their care package, personal budget and possible direct payment.

2.5. Visual Impairment

VISTA² provide specialist support to people in Rutland as well as Leicestershire – although the numbers they deal with and support are small (22 referrals in 08/09). There are 187 people registered blind or partially sighted in Rutland and it is essential they are linked to specialist support – especially at the point of diagnosis. Staff reported limited activity available for this user group – especially in terms of group support and social contact. Locally as well as nationally there is a need for earlier diagnosis of vision impairment problems and development within primary care services. Environments also need to be adjusted to make it easier for those with a sight loss to maintain their independence and access mainstream facilities.

2.6. Orthopaedic

There are a relatively lower number of hip replacements in Rutland – especially amongst men – despite the growing older population. However, there are more fractures overall than on average in the PCT (there may however be a low numbers issue here) which can lead to long term and quality of life health implications.

The recent expansion in the falls service should assist but it is critically important that vulnerable people living alone are given the opportunity to obtain advice, support and get assistance on home health and safety issues. Age concern and the Community Spirit project in Rutland are aiming to address some of these issues.

2.7. Younger Physically Disabled

According to population estimates (PANSI data) there are 2464 people between 18-64 with a physical disability living in Rutland. Many of these will have arisen from ill health associated with some of the long term conditions outlined in this chapter, some from accidents and others from genetic conditions experienced from birth. These figures seem high and they almost certainly include relatively minor conditions which only have a limited impact. However compared with the population currently known to social care services this population requires further analysis. However, local staff have indicated that there is little daytime activity within Rutland for the younger disabled – especially those in wheelchairs where physical accessibility to some mainstream activities can be problematic.

2.8. Cancer

² VISTA - 'Society for the Blind' information advocacy and service provision for those with a visual impairment

In 2007/08 there were 496 people in Rutland registered with a cancer diagnosis, a rate of 1.5 % of the total population. This is significantly higher than the national average and a slightly higher prevalence than the rest of LCR.

Between 2005 and 2007 272 people in Rutland died of cancer, around 30% of all deaths in Rutland. Almost half of the deaths (126) were among people under 75 years of age. 46% of all deaths among those under 75 years (272 total deaths) were due to cancer. Mortality rates from cancer, both premature and all ages, are significantly lower than the England average.

Many cancers are preventable with better lifestyle choices. 84% of lung cancer deaths are attributable to smoking and obesity and poor diet are significant contributory factors. Detailed data for LCR and Rutland specifically (where available) can be found in the PCT cancer chapter.

The number of new cases of cancer (incidence) is anticipated to increase over the next few years due to the increasing numbers of older people. Reducing risk factors, in particular smoking will help reduce the rate of increase in the medium to long-term.

The falling rates in premature mortality for those who have cancer are expected to continue across LCR including Rutland. The combined effect of increasing incidence and survival means that cancer services are likely to see an increasing demand for their expertise in the forthcoming years.

The other main determinant of preventing and/or delaying deaths from cancer are by effective screening programmes (breast, bowel and cervical) which need to be more accessible within the context of envisaged improved and expanded local community hospital provision in Rutland. Improved and extra screening is likely to increase the number of cancer diagnoses and place further pressure on cancer service

2.9. Specialist Chronic conditions

Rutland obviously has small numbers of people with specialist long term conditions such as multiple sclerosis (MS), muscular dystrophy, motor neurone disease etc. Consultation suggests that heavy reliance is placed on specialist voluntary sector support groups (e.g. for cancer and MS). Statutory health and social care services are available in Rutland equally with the rest of the PCT but issues of accessibility remain key. It must also be monitored as to when there are overall service shortfalls across the PCT these don't differentially impact on rural areas such as Rutland. There was some concern from Rutland based staff that specialist nursing provision was difficult to access – especially when there were cross geographical boundary issues and different GPs, PCTs and Local Authorities having responsibility. These cross boundary issues need to be addressed in order to ensure continuous and responsive services for all client groups.

2.10. Links to other sections

People with Long Term Conditions have many of the same issues as other vulnerable groups. It is therefore important that the relevant links are made. The

following sections will significantly impact on those suffering with Long Term Conditions

Carers. The needs of carers for those with chronic conditions can be significant – as many of these conditions can severely inhibit ability to self care. Rutland has access and links to specialist carer organisations such as CLASP³ and advocacy via MOSAIC⁴. Access to such support is critically important. By their very nature these health conditions are long and enduring – it therefore vital that carers are identified and recognised (GP's have a key role here) and that a good range of support and respite services are available.

Learning Disability. Diagnosis of health problems for people with learning disability has been traditionally poor. This is being recognized with annual health assessments and health action plans to ensure proper recognition of long term conditions at an early stage and to ensure that both assessment and treatment processes and environments recognize the particular communication problems that can be experienced by those with a learning disability.

Housing and Supported Living. People with chronic long term conditions may have physical needs which require adaptation of existing properties, extra care or sheltered housing with support or even residential care. Rutland needs to ensure there is access to an adequate supply of different accommodation to meet the changing needs of people with long term conditions and that occupational therapy assessments, aids and adaptations are available quickly to assist people to live as independent a life as possible.

Children and Young People. Most chronic long term conditions start in adulthood but some emanate from childhood disease or accident and the needs of children with severe longstanding health problems – and their parents as carers needs to be recognised. Rutland has some established third sector support organisations for children with disabilities but little local specialist health provision. This needs to be recognised in plans for the future of the local hospital and development of transport infrastructures to access specialist children health units.

Older people. Rutland has a growing and proportionately older population and the incidence of all these long term health conditions is likely to increase. Older people living alone in poverty are more likely to experience chronic physical health conditions and therefore the general wellbeing of older people, and encouragement of active healthy lifestyles, should help prevent some of the long term conditions referred to in this chapter.

2.11. Factors influencing Long Term Conditions in Rutland.

Deprivation. Generally speaking adults and children from disadvantaged backgrounds are more prone to ill health. Rutland is a relatively affluent locality (ranked 334 out of 354 on the deprivation index, and has an IMD score which is the second lowest in LCR) but there are small areas of relative deprivation and it is

³ CLASP - Carers of Leicestershire Advocacy and Support project

⁴ MOSAIC - 'Shaping Disability Services' Advocacy for people with a disability

important to ensure accessibility to both primary and secondary health services for this population – some of whom may be traditionally difficult to engage.

Empowerment and social inclusion are vital elements of good health and social care systems. Relatively low unemployment in Rutland has lessened this as an influential factor in general population mental ill health – however, we do need to be mindful of significant increases in unemployment due to the recession (2009) and the possible decrease in good health. Appropriate support systems need to be in place to support people to maintain or retain employment. Rutland County council has recently invested in further Citizens Advice Bureau advice in this area and is currently pressing to get greater local accessibility from job centre plus within the County. We also need to ensure that those who are permanently disabled or are unable to work do have access to good financial advice and benefit entitlement information

Promoting positive health. Physical activity, balanced and nutritional diets and reduction in smoking, alcohol and drug misuse are known factors that would impact on reducing the amount of long term ill health, in respect of cardiovascular disease, cancer and respiratory diseases. As such positive health promotion, anti-smoking campaigns and guidance on alcohol/drugs should have a pay off in terms of the overall health of the Rutland population.

2.12. Long Term Conditions – summary of issues for Rutland

Accessibility. It is important to maintain and enhance good primary health care facilities. For the successful prevention, management and treatment of some of these conditions swift access to good diagnostic facilities services (including in-patient) is required. Within Rutland therefore the development of the local community hospital as a sustainable and expanding resource facilitating joint health and social care working will be vital in the task of reducing and managing long term conditions, as well as to continue to provide local palliative care. Where specialist secondary and tertiary health services are required, good transport links are essential to assist those whose long term conditions which may severely impair their ability to drive themselves. In addition, good use should also be made of new technology to monitor patients' conditions from within their own homes or the GP's surgery. It is also essential that communication between primary and secondary care needs is improved.

Palliative Care As in the rest of the PCT still too many people (56%) die in hospital when the general view is that most people would prefer to die at home (only about 20% actually die at home). Community specialist palliative care services are available in Rutland (Rutland is now part of the mainstream DALE (Dignity at Life's End) service) and there is a well regarded palliative care suite at RMH. However, both the PCT and LA need to ensure that community support for people who are dying is available to maximise choice and reduce hospital admissions during the later phases of people's illness.

Prevention and good general health. A common theme amongst all sections will be the need to promote healthy lifestyles, greater physical activity, better diets and guidance on the use of drugs and alcohol. This is critical if we are to limit and minimise the number of Rutland people experiencing life limiting long term health conditions.

Changing demography. A growing population with a higher proportion of older people will bring increased numbers of people liable to develop chronic health conditions. However, these conditions are not inevitable with old age. For example good ophthalmic care will prevent sight loss and a reduction in smoking would similarly reduce the onset of some eye diseases.

2.13. Conclusions

Rutland is a healthy place but still significant numbers die prematurely or experience a reduced quality of life due to long term health conditions. Individuals and their families will require the range and flexibility of resources and treatment to meet their problems, fully accessible – within the Rutland rural environment. Healthy lifestyles will reduce the incidence of some of these problems and investment in this area of activity should pay dividends in the long term. We also need to be mindful that for many people with a disability – especially hearing or visual, the problem of stigma and unsuitable, unadapted environments exacerbates their condition. Health and social care services need to combat this issue.

3. PRIMARY CARE

3.1. General Practitioners

Rutland covers a GP registered population of 32,581 patients. It has 4 GP surgeries, 9 Dental Surgeries, 8 Opticians and 6 Pharmacies. However, most of these facilities are based in either Oakham or Uppingham with Rutland residents having some distance to travel. In this respect the rural areas of Rutland are in the worst 20% of authorities nationally for access within the authority (beyond 7.5 miles). It must be remembered that many residents in the East of the County will access services, including their GP over the county border in Lincolnshire within this geographical limit. A local issue raised by users and staff is the problem of cross boundary working when the commissioning GP or Local Authority is in a neighbouring area. Although in theory cross agency purchasing is possible and there is some flexibility over individual cases efficient working across health and social care in such circumstances is difficult.

Primary care in Rutland operates at about the PCT average for patient satisfaction rates and the offering of choice to individuals as to where they have their treatment. Local practices hope to work together as a commissioning group to enhance primary care within Rutland by developing the Oakham based community hospital facility and increasing the number of treatments, diagnostics and procedures on offer to Rutland residents. This is an important element of the strategic approach to meet needs across health and social care in Rutland and needs to be taken forward in 2009/10.

3.2. Dental Services

Following a period about three years ago when there were no NHS dentists in the Council the area is now reasonably well served. Access to Dentists did not come out as a significant issue in recent consultation.

The Dental health (children's tooth decay) of 5 year olds in Rutland is better than the national average. Healthy eating advice should assist Rutland children and young people maintain this positive start and could be a positive spin off in the effort to combat the growing levels of obesity.

4. PLANNED CARE

In 2007/08 there were 3,368 planned hospital stays for patients registered with Rutland GPs. The main provider for planned care in Rutland is University Hospitals Leicester (57%), followed by Peterborough Hospitals (17%) and care provided in local community hospitals (16%)

There were 20,398 planned out-patient attendances by people in Rutland during 2007/08, 29% (5,951) were new appointments with the rest being follow-up appointments. This gives a new : follow-up ratio of 1 : 2.43.

51% of hospital stays were for surgical specialties, 27% for medical specialties. Appendix 1 illustrates that 32% of hospital care was for patients aged 45-64, 23% was for patients aged 75 and over and 22% was for patients aged 65-74 years.

5. ACUTE CARE

Unscheduled care refers to NHS care in hospitals that is either emergency care or unplanned (non-elective) care. On an individual basis, the episodes of care are unanticipated. However, at a population level, there are consistent patterns of care provided to groups within the population.

In 2007/08 patients registered with Rutland GPs had 3,040 unplanned spells of hospital care. For the PCT as a whole, activity levels for unplanned inpatient hospital care are higher than the national average when related to the overall health needs of the population.

The estimated growth for spells to 2013 will be at 8.1% for the PCT. This is a greater rate of growth than will be seen in the total population, which is projected to rise by 4.9% within the same time period.

There is little geographically specific data currently collected in these areas and trends for Rutland are as indicated in the main PCT JSNA document. Given the often stated concern of local people about transport difficulties and accessing secondary and tertiary health facilities it would be interesting to have numbers of who was travelling where for which appointments and treatments – so both agencies could better plan a response.

There are three main areas of concern regarding acute care within Rutland – expressed by user and third sector groups and also via the Councils overview and Scrutiny Committee

5.1. Ambulance response times

There is a concern that Rutland, like many rural areas may not be receiving as good a service as more urban areas. It is feared that poorer performance in rural areas is being masked by prompt responses in the Cities across the East Midlands – thus overall East Midlands Ambulance Service meeting their response time targets. It is important that new and alternative localised responses are developed.

Also key will be the further development local minor injuries services which could prevent long trips to Acute A&E departments a considerable distance away. Allied to this 'local services' theme it will also be important to develop care pathways which enable people to remain at home by providing crisis support services via intermediate care and re-ablement, As well as possibly preventing expensive hospital admission it can provide the gateway to support services promoting independence and preventing longer term institutional care.

5.2. Out of Hours services

OSC have also continued to express reservations about out of hour's medical provision and whether cover is 'safe' in rural areas. This may be based on perception as much as reality but there would appear to be the need to better explain current systems, who to ring and when for patients in order to provide reassurance to those who were formerly used to have their own practice on call out of hours.

5.3. Parking provision at Leicester Royal infirmary

The problem of parking at the main acute hospital site is consistently raised at stakeholder forums as a key issue for many Rutland residents. It exacerbates an already long journey – some provision for volunteer support drivers would be especially welcome.

6. MENTAL HEALTH

The incidence of significant mental ill health is relatively low, compared to both national and other areas within NHS Leicestershire and Rutland. Background information on more detailed LCR analysis is available in the main Leicestershire and Rutland JSNA mental health chapter.

55 people were 'helped to live at home' in 2008/9, i.e. given social care support to help them remain in the community. At 2.5 per 100,000 head of population (pro rata) this is about at the Leicestershire average.

Predicted admissions for Rutland for significant mental health disorders (MINI⁵ 2000) were 32 for adults (16-59 years) – 149 per 100,000 population – the lowest in LCR where the predicted admission rate is 254 per 100,000 population. In Rutland, there were 261 admissions due to mental and behavioural disorders for all disorders for the three year period 2004 to 2007 – again the lowest within LCR.

Estimated numbers suffering from neurotic disorders is 4,149 varying in severity but the majority of which will be relatively minor. The more serious psychotic disorders are estimated to affect 126 adults (16-74 years) in Rutland (OPCS 2000). Both these are the lowest within LCR. Approximately 196 people are registered with mental health as a long term condition on Rutland GP registers – this is similar to the Leicestershire rate.

210 people in Rutland claimed Incapacity Benefit or Severe Disability Allowance due to mental and behavioural disorders equating to 0.9% of all claims. This is the lowest in LCR (LCR average 1.56%).

Suicide rates, however, are relatively high for males in Rutland compared to the rest of Leicestershire and broadly consistent with both the East Midlands and National average. In 2005-07, male mortality rates from suicide and undetermined injury were 12.5 and 18.1 per 100,000 respectively for the 18-34 and 35 -65 age groups. Mortality rates for females in Rutland In the 35-64 age group are also higher than the LCR average (4.7 per 100,000), with a rate of 8.5 per 100,000, the second highest in the PCT. However, as the number of deaths are small, it is difficult to establish a clear trend in mortality rates.

Dementia and depression amongst older people is also significant in Rutland as elsewhere – but again Rutland estimated figures are proportionately amongst the lowest in LCR.

6.1. Links to other sections

Carers. The needs of carers of those with mental health problems can be significant – especially when individuals are experiencing acute episodes of mental ill health. As a somewhat stigmatized, hidden and ill understood disability the problems experienced by carers in this area can require very specialist knowledge and support. Rutland has access and links to specialist carer organisations (Carers

⁵ MINI – Mental Illness Needs Index

Action) and advocacy via LAMP⁶. Low numbers in Rutland make access to such support critically important.

Learning Disability. A relatively small number of people in Rutland (21 estimated in 2008) will have the dual diagnosis of both a moderate or severe learning disability and mental ill health – although mental health diagnosis for people with Learning Disability, like many other health problems has been traditionally poor. Specialist support and protocols are provided in Rutland through Leicestershire Partnership Trust and the ‘green light ‘ toolkit – designed to ensure proper recognition and that users do not fall between services. Aspergers and Autistic Spectrum Disorders also straddle the line between the mental health and learning disability specialties and it estimated there are about 100 Rutland people with these types of conditions.

Housing and Supported Living. People with enduring mental health needs often have a requirement for specialist housing with support. Small numbers mean it is impractical to have specialist residential units within Rutland and supported living models are much preferred. There are only four people in residential care with only one new permanent adult MH admission in Rutland since 2005. Advance housing (a RSL⁷) has a number of specialist units in Oakham providing support. However, ongoing demand will be sporadic and any specialist housing with support will need to be dealt with on a case by case basis.

Children and Young People. A CAMHS service is available in Rutland and its impact (and any service deficits) are considered in the children’s chapter. Responsible agencies in Rutland must also be mindful of the needs of children whose parents may be experiencing mental ill health. Parents or would be parents who have mental health problems can experience discrimination in trying to fulfil the parental role. However, their rights and need for support must be balanced by the paramount nature of any legitimate child protection concerns and the need to keep children safe. Child protection and safeguarding systems must be robust – especially communication between children’s and adult workers/agencies in both health and social care.

Older people. Rutland has growing and proportionately older population and this incidence of organic mental health problems (dementia’s etc) is likely to increase. Older people living alone, in poverty and with associated chronic physical health conditions are all likely to experience mental ill health – especially depressive illnesses. Robust transition services between ‘adult’ services and those for older persons need to be maintained across and within agencies. The mental health needs of older people will be further considered in the older person’s section

6.2. Factors relating to Mental Ill health in Rutland.

Deprivation. There are clear risk factors linking mental ill health with deprivation. Generally speaking Adults and children from disadvantaged backgrounds are more prone to mental ill health. Rutland is a relatively affluent locality (334 out of 354 on the deprivation index, 7.49 second lowest in LCR) but there are small areas of relative deprivation and it is important to ensure accessibility to both primary and

⁶ LAMP – Leicestershire Action for Mental Health Project

⁷ RSL – Registered Social Landlord

secondary mental health services for this population – some of whom may be traditionally difficult to engage. Empowerment and social inclusion are vital elements of good mental health.

Limiting long term illness. Poor quality of life through physical illness is closely related to the development of mental health problems. People with mental ill health are up to twice as likely to report experiencing a long term illness or disability. Poor physical illness is much more prevalent amongst ‘disadvantaged’ families. Clearly issues of good accessibility to health diagnosis and treatment, good preventive health services and effective self help and ‘expert patient’ programmes for physical conditions will positively influence the incidence of mental ill health in the community.

Promoting positive health. Physical activity, balanced and nutritional diets and reduction in smoking, alcohol and drug misuse are also known factors that could positively impact on reducing the amount of mental ill health. As such positive health promotion, anti-smoking campaigns and guidance on alcohol/drugs should have a pay off in terms of the mental health of the Rutland population. Positive promotion and usage of the refurbished swimming pool and the planned new leisure facility at the (Big Build) Catmose Campus should have a beneficial impact for all the population but specifically give greater local choice for those with enduring metal health problems to the potential benefit of their mental health.

Rutland Prisons. There are two category C prisons in Rutland, Ashwell and Stocken. As elsewhere the prisoner population has a high degree of mental ill health often combined with other significant problems (see table below)

	Ashwell	Stocken
Neurotic Disorders	248	324
Personality Disorders	396	518
Alcohol Dependence	186	243
Drug Dependence	210	275
Suicide attempt in the last year	43	57

This is clearly not surprising given the history of many prisoners whose offending may in part have been caused by (mental) health related problems. As (albeit temporary) resident of Rutland health and social care agencies must ensure that mental health issues within the prison population are addressed as effectively as possible given the inevitable restrictions of the prison environment.

6.3. Summary of main Mental Health issues for Rutland:

Accessibility. It is important to maintain and enhance the local CMHT to provide visible and easily accessible secondary MH services with swift access to specialist tertiary services (including in-patient) as required. It is also essential that the care pathway linked through primary care works well and that those experiencing lower level ‘common’ mental health disorders can have their needs assessed and met via their local GP practice.

Prevention and good general health. A common theme amongst all chapters will be the need to promote healthy lifestyles, greater physical activity, better diets and guidance on the use of drugs and alcohol. Education will be critical in these areas – as well as in promoting greater awareness of mental health issues and reducing the stigma associated with mental ill health. The encouragement of social capital, employment and recreational opportunities will improve the environment for those Rutland people experiencing mental ill health

Changing demography. A growing population with a higher proportion of older people will bring increased numbers of people experiencing mental health issues often associated with old age. These will need to be addressed both through the specialist services and more generally with the introduction of the national Dementia strategy in the Rutland context. There are also potential additional problems associated with the growing prison population, armed force bases and travellers as more formal static sites are developed. Services need to be commissioned to reflect the particular needs of these groups.

6.4. Conclusions

Numbers are comparatively small in Rutland and acute mental ill health as such is not a problem on a significant scale. However, in Rutland as elsewhere there are a number of individuals/families who will need the range and flexibility of resources and treatment to meet their problems, fully accessible – within the Rutland rural environment.

Many individuals may also be disadvantaged through poverty, social exclusion and other illnesses. If these general issues are addressed and improved, those suffering mental ill health will also benefit.

7. LEARNING DISABILITY

The Valuing People definition describes learning disability (LD) as including the presence of a significant reduced ability to understand new or complex information to learn new skills with a reduced ability to cope independently which started before adulthood, with lasting effect on development.

PANSI data (Projected Adult Needs Service Information) indicates that there are 554 people with a form of learning disability in Rutland, 127 with a severe/moderate condition which would probably require support from family and/or statutory agencies. About 5% would expect to have severe challenging behaviour and many may have accompanying physical disabilities. PANSI data (population extrapolation) indicates in excess of 200 Rutland people with Autism conditions – although actual incidence noted by health and social care suggests a lower number – especially with more significant problems.

53 people were helped to live at home through formal social care support (08/09) and just under 100 are formally on the learning disability register and living in Rutland. Many more with less serious disabilities, however, have been supported by 'Rutwel' and 'out of the Rut' the local disability employment support services.

In Rutland as elsewhere, numbers of people with a form of learning disability are rising as life expectation rates increase and advances in medical treatment ensures that a number of people with serious conditions now survive into adulthood which would not have been the case a generation ago.

Demographic changes will also result in a significant increase in the number of older people with LD and young people with complex needs. The increase in demand for social care will be due to the increase of numbers with high needs and changes in demand for support.

People with LD are amongst the most vulnerable and marginalised people. They are often:

- socially excluded
- have poorer physical and mental health
- have difficulties in accessing health care
- are at risk from abuse
- are discriminated against
- need support to access housing, health, employment and independent living
- at greater risk of ending up in prison

7.1. Links to other chapters

Those people with learning disabilities have many of the same issues as other vulnerable groups and connections need to be made within this strategic needs assessment.

Carers. A range of factors will act to reduce the capacity of unpaid family carer support Carers as parents are part of the ageing Rutland population and their adult children will require care and support from statutory agencies as this cohort of carers gets older and are unable to continue in the caring role.

The annual increase in services 2009-2029 is estimated to be 7.94% per annum (under moderate – critical fair access to care criteria).

The needs of carers of those with learning disabilities can be significant – especially when individuals have extremely challenging behaviour and other physical disabilities or ill health. There is inevitable and understandable tension between a parents wish and need to ‘care’ for their Learning Disabled child – who as an adult needs to be encouraged to maximize independence and participate in mainstream activity as far as possible. This is the stated preference of most people with a Learning Disability and is manifested in Rutland by the considerable success of ‘Out of the Rut’ – the social enterprise scheme supporting people into paid employment.

However, for a small number, their disability of challenging behaviour is such that both the individual and their carers need somewhere to access to be cared for and kept safe part of the week. As such Oakham Day Centre will be replaced by the much smaller Disability Resource Centre to be built on the Catmose Campus as an integrated facility. This range of service and provision is essential for this user group whose needs span a broad continuum to which services need to respond flexibly.

Carers in their own right need support, information and advice to manage this tension successfully – as well as respite opportunities to take a break from caring when they need to do so Carers of young people and teenagers have commented on the limited number of things for young people to do – especially outside of school or college term time. Others continue to remain concerned at the reduction in the number of appropriate college courses

Rutland has access and links to specialist carer organisations CLASP³ and advocacy via MOSAIC⁴ with recent additional investment to reflect growing demand.

Mental Health. People with mild learning disabilities do have much higher rates of Mental Health problems. A relatively small number of people in Rutland (21 estimated in 2008) will have the dual diagnosis of both a moderate or severe learning disability and mental ill health – although mental health diagnosis for people with Learning Disability, like many other health problems has been traditionally poor. There is also some evidence of increase in early onset dementia for people with a Learning Disability. Specialist support and protocols are provided in Rutland through Leicestershire Partnership Trust and the ‘green light’ toolkit – designed to ensure proper recognition and that users do not fall between services.

Housing and Supported Living. The development of housing provision for people with severe and complex learning disabilities (including physical disabilities) has in the past been difficult to achieve in Rutland. Affordable accommodation is in short supply and adapted housing often needs to be specifically commissioned for individuals. However, Rutland has successfully created supported housing for former residents of Pinewood (a residential unit) and currently two units of supported housing will be constructed for two adults with severe complex needs. Due to the small numbers of people with a wide spectrum of abilities, supported housing, as for people with mental health problems needs to be developed on individual basis and will be a specific strategic priority over coming years. Work will be required with older carers to plan for alternative housing provision as well as planning to provide additional support in the family home as circumstances change for individual families.

Children and Young People. The current cohort of children with LD/Autism will result in a greater demand on adult services. Continued analysis of young people is required working across health and social care to deliver, plan and develop services with robust transition protocols in place

Parents or would be parents who have learning disabilities can experience discrimination in trying to fulfil the parental role. Often sensitive situations require specific supportive environments and a careful balance of the rights of people with a learning Disability and the paramount nature of ensuring a child is safe and well care for.

Older people. Rutland has growing proportion of older population with Learning Disabilities (and this is likely to increase as the Learning Disability population in Rutland lives longer. POPPI data suggest over 20 people with severe/moderate disability are currently over 65 years in Rutland – with many more with milder forms of Learning Disability. Mainstream services for older people will need to adapt and be sensitive to the requirements of this new population both within institutions (hospitals and residential care) and community based services.

7.2. Factors relating to Learning Disability in Rutland.

Deprivation. People with a LD are less likely to be in employment, more likely to be in voluntary or low paid employment. They are therefore predominantly on low incomes. Hence, the focus within Rutland of assisting people into paid employment wherever possible and this must continue to be a priority within Rutland.

Rutland County council has invested in specific CAB⁸ advice service for this client group and is currently pressing to get greater local accessibility from job centre plus within the County. Where the DWP⁹ role in supporting people with disabilities to obtain and sustain employment needs further development in Rutland.

Empowerment and social inclusion are vital elements of good learning disability services. Rutland has a positive record of voluntary sector support for local people with a Learning Disability. This needs to be supplemented with a wider public

⁸ CAB – Citizens Advice Bureau

⁹ DWP – Department of Work and Pensions

awareness and encouragement to see local people with a Learning Disability as important, contributing members of the local community.

Limiting long term illness. People with a learning disability tend to have a disproportionate amount of ill health. Historically, this user group has been ill served by health services and recent national events (Stafford) suggest that there is still much to do to improve communication with and understand the particular needs of people with a Learning Disability. 'Individual health action plans and annual health checks are vital components of an effective service to keep this client group healthy. Local learning Disability users experience of primary care in Rutland is reported very positively and this needs to be sustained. As with other user groups one of the main health issues is the need to travel to acute health facilities at Leicester or Peterborough and the resultant expensive and time consuming transport problems.

Promoting positive health. Physical activity, balanced and nutritional diets will clearly benefit people with a Learning Disability. As such positive health promotion, anti-smoking campaigns and guidance on alcohol/drugs should always bear in mind the needs of this user group. Special health events (as took place in Rutland recently) with easy read leaflets and the presentation of information in alternate formats are essential to reach disabled people.

Mainstream physical activity must be accessible to those with a Learning Disability and within Rutland the swimming pool and (soon to be constructed) sport centre should ensure full accessibility and integration for people with a learning Disability at the core of their activities.

7.3. Summary of main Learning Disability issues in Rutland:

Accessibility. It is important to maintain and enhance local services which are accessible. It is essential that the care pathway linked through primary care works well and that specialist provision is available locally. A locality team approach, currently being considered by LPT (the main LD health provider) should assist in this regard. Like others, health services that can be provided at the local hospital should be maximised to avoid the time and transport problems of visiting the acute hospitals.

Prevention and good general health. A common theme amongst all chapters is the need to promote healthy life styles, this has a particular challenge and resource implication for those with a Learning Disability which must be recognised by statutory agencies who must ensure that the broad range of health and local authority services are positively experienced by those with a disability. This is especially true of mental health services where there is some evidence nationally that the mental health needs of those with a Learning Disability are sometimes missed or ignored.

Changing demography. A growing population with a higher proportion of older people will bring increased numbers of older people with a learning disability. As carers also grow older the future needs of their children with a disability needs to be planned – both in terms of accommodation and support needs. Careful planning needs to take place with children's health and social care services to ensure a positive transition to adult services to promote and maximise independence at as early a stage as possible.

Housing and Employment. These will remain critical local priorities for those with a disability in Rutland. Mainstream provision must reflect and respond to the specific needs of this group of people within the Rutland community. They also remain key national priorities through the PSA 16 indicator requirements.

8. CHILDREN'S HEALTH AND WELLBEING

Children are our future and it is essential that we do everything in our power to ensure that children grow up full access to opportunities that will enable them to maximise their future potential. This encompasses the whole range of the health and social care agenda and must be embedded within children and families to ensure that people are given the best possible start in life. For example, by addressing childhood obesity and enabling children and young people to make informed life choices in relation to smoking, alcohol, drugs and sexual behaviours. These are key priorities for Rutland and reflected in the Local Area Agreement. Furthermore, when young people undergo transition to adulthood we need to support these new adults to make the right choices for their own and their families health and well-being, through developing the right services that promote access to healthy choices and lifestyles, which evidence has shown must focus on areas such as smoking, alcohol and obesity.

8.1. Special Educational Needs (SEN)

At the end of March 2009, there were 14 children undergoing a statutory assessment and 175 children with a statement of special educational needs. This figure has increased to 189 (June 09) this increase has had a significant increase in the workload of the SEN service

There were 13 children receiving Education Otherwise Than At School (EOTAS), all of whom were home educated.

8.2. Vulnerable Children

For the purposes of Rutland's needs assessment, vulnerable children are regarded as being:

- Looked After Children
- Children subject to a Child Protection Plan
- Children In Need

Inclusion Services active caseload

At the end of March 2009 there were 195 (136 in 07/08) active child in need cases, 18 (14 in 07/08) permanently looked after children (LAC), 5 (7 in 07/08) receiving regular respite and 12 (7 in 07/08) children subject to a child protection plan.

The health of looked after children showed that:

- 75% had visited the dentist within the last 12 months
- 100% had had an annual health assessment

There were 256 (268 in 07/08) referrals to children's social care from April 2008 to March 2009.

There were 146 (75 in 07/08) social care initial assessments and 40 (48 in 07/08) core assessments.

At the end of March 2009 there were 6 care leavers:

- were in Shared Supported Housing
- 1 was in Privately Rented accommodation

Child Behaviour Intervention Initiative (CBII) - Summary April 2008 - 2009

Referrals Received	63
Cases Closed	70
Current open cases as at end March 09	20
Cases on waiting list as at end March 09	2
Number of cases subject to a child protection plan	0
Number of cases with a disability	2
Total number of children accessing the CBII Service during 2007/08	94

8.3. Disability

In August 2007, 135 (110 in August 2006) children and young people under the age of 16 were claiming Disability Living Allowance. This is a significant increase on the previous 5 years which have been relatively static (regionally and nationally this figure has increased year on year).

For young people aged 16-24 the figure was 35 (50 in August 2006), which is a significant decrease on the previous 5 years which have averaged around 50 (regionally and nationally increased year on year). In November 2007, 35 (40 in November 2006) children and young people aged 16-24 were claiming Incapacity Benefit/Severe Disablement Allowance, the figure for the past 5 years being 40-50 (regionally and nationally this figure has remained stable).

At end of March 2009, two children with a disability were supported by the Child Behaviour Intervention Initiative.

8.4. Child and Adolescent Mental Health Services (CAMHS)

CAMHS needs are currently considered through a limited number of proxy measures. Health focused needs assessments generally tend to suggest that it is expected that higher levels of deprivation normally indicate higher level of mental health need. By proxy, this would suggest a low level of need in Rutland. Additionally, the levels of Looked after Children and numbers of children on the Child Protection Register would suggest low levels of mental health need.

8.5. Drug and Alcohol Action Team (DAAT)

No agency reported providing any treatment for children and young people in Rutland over the 2005/06 period. Records from Leicestershire Community Projects Trust's (LCPT) drug and alcohol services serve as an indication that young people from Rutland rarely present for treatment. Between 2002/03 and 2004/05, no young people presented for drug/alcohol treatment. In 2004/05 LCPT had set up and staffed a fortnightly Friday drop-in service, and no young people had attended over a 6-month period.

The National Drug Treatment Monitoring System (NDTMS), from which the above data is collected, only records activity involving Tier 3 drug or alcohol intervention. The DAAT agreed that work with young people carried out by non-specialist agencies who provide essential and early interventions was not being recognised. The agencies below agreed to collect data at Tier 2 in order to illustrate the interventions which would contribute to supporting young people in line with the provision of harm reduction advice and information. Agencies represented are:

- Youth Offending Service
- Youth Service
- Connexions
- Inclusion Team
- School Health were invited but were unable to attend.

Data Collected from October–December 2006:

Agency	Numbers supported at Tier 2	Referrals to Tier 3
YOS	<6	<6
Connexions	<6	<6
RCC Inclusion Team*		
Excluded young people	<6	<6 (out of county)
Truants**	<6 provided with Tier 1 advice & information	<6 (out of county)

* Support was also provided in terms of advice and information to parents on 5 occasions.

** This information is provided because young people who truant are seen as especially vulnerable and such early advice could prevent problems developing.

No looked after children were identified as having a substance related issue over the 2008-9 period.

8.6. Childhood Obesity

The National Child Measurement Programme is a key part of the Government's work to tackle obesity. The programme aims to record the height and weight of all children in Reception Year and Year 6. This data will help PCTs plan services to support schools and target resources more effectively; it also provides vital data to analyse trends at national and local levels.

Latest NCMP data (2007/08) for Rutland indicates:-

- In Reception, around one in four of the children measured were either overweight or obese (24%). In Year 6, this rate was approaching around one in three (30.4%);
- The percentage of children who are overweight is only slightly higher in Year 6 (16.5%) than in Reception (14.6%);
- A larger proportion of the boys measured in Reception were obese (11.9% of boys compared with 7.1% of girls).
- In Year 6 there is a smaller gender gap in obesity levels (14.7% of boys compared with 12.9% of girls).
- 9.5% of reception year children are reported as obese compared to 8.4% for the LCR as a whole. This figure rises to 13.9% (the LCR average) by year 6. Oakham North West ward has the highest 'obesity level' in Rutland and is in the top 20% of the PCT as a whole.

8.7. Education

Children of all ages in Rutland are achieving at above the national averages at Key Stages 2 and 4.

Although the Early Years Foundation Stage Profile (EYFSP) results are above national averages, the EYFSP in 2009 identifies a gap between the achievements of girls and boys in their writing. This has been targeted as a local authority priority. The appointment of a Communication, Language and Literacy consultant from September 2009 will enable the Rutland to target support appropriately.

The National Healthy Schools programme and the ECM agenda have contributed considerably to the above success in half of Rutland's schools. 9 schools are fully accredited with another 4 achieving accreditation by the end of the year. This will bring Rutland in line with national expectations in terms of the number of schools within the authority that are accredited and are fully supported by Rutland's Health Development Officer.

At the end of academic year 2007-8, overall absence in primary schools maintained by the local authority was 4.2% (national 5.3%), and for secondary schools was 5.8% (national 7.4%). Persistent absence in primary schools was 1.1% (national 2.4%), and for secondary schools was 4.4% (national 6.6%).

8.8. Extended Services

Since the beginning of 2007, 100% Rutland maintained schools meet the Core Offer. The Children's Centre at Casterton provides a rural location for the delivery of Health partners' services, such as Health Visitors and Speech & Language therapy. Further possibility exists for delivery of additional Health services such as Midwifery, which would give opportunities for early contact with potential clients. Extended Services funding is available to support the coordination and administration; PCT will need to take a decision on increased provision and wider utilisation of the facility. Early Years settings and child minders have been supported in the following ways:

- Targeted work with Dietician and Children's Health Officer in promotion of healthy eating.
- Roll out of free fruit and vegetable scheme to all Early Years settings.
- Rutland is part of the national early year's physical activity group supporting updating and piloting skilful and energetic play with 0-5s.

8.9. Youth Offending Service (YOS)

In 2008-9 there were 19 First Time Entrants to the Youth Justice System aged 10-17, a 52% reduction compared with the previous year. There were no young people within the Youth Justice System receiving a conviction in court who were sentenced to custody.

8.10. Housing

The housing needs of young people are contained within the Supporting People Five Year Strategy for 2005/2010 also refer to the Housing section of this assessment.

8.11. Summary of main Children's Health and Well Being issues for Rutland

Learning. Successful learning is clearly linked to health and wellbeing and Rutland children generally achieve well. However, the Local Authority continues to put in place interventions to reduce the gap in terms of achievement and attainment between the better performers and those who do less well from academic study (the 40%) It also hopes to reduce the gap between girls and boys learning.

Access. Extended Services provide locations for the delivery of Health partners' services, such as Health Visitors, Speech & Language therapy and Midwifery, which would give opportunities for early contact with potential clients. These services need to be expanded and developed across the County to provide locally accessible community health and wellbeing services.

Inclusion Services. Since the March figures were published there has been an increase in

- Looked After Children (LAC) from 18 to 24

- Those receiving respite from 5 children receiving respite to 9 children
- Children subject to a Child protection plan has increased from 12 to 20.

This increase reflects partly the increase nationally in these areas of work due to the baby P situation. However, it also reflects the result of concerns where ongoing prevention work has not had the desired impact and the outcomes for the children were being compromised.

This obviously has resulted in significant pressure on the fostering service that was previously able to maintain capacity to respond all requests for placements. Consideration therefore might need to be given to further expand locally available fostering provision

Housing. The shortfall identified within the housing section impacts on the request for accommodation for care leavers. There is also an impact for families and children in crisis where they become homeless. The lack of suitable accommodation impacts on the needs of the children.

Promoting positive health. Young people and their families need to be the prime target group for health promotion activity to maximise the positive impact on the health of the Rutland population both now and in the future. This must cover the full range of activities, including addressing childhood obesity and enabling children and young people to make informed life choices in relation to smoking, alcohol, drugs and sexual behaviours.

8.12. Conclusions

The main conclusion from this chapter is that overall children and young people in Rutland are healthier and safer than national averages. The inherent challenge within this chapter is how to reduce the gap between those with the best and the worst outcomes. Background information on more detailed LCR analysis is available in the main Leicestershire and Rutland JSNA children's health and well being chapter.

The extent to which the PCT collect data below district level limits the Rutland specific data provided which is available for further analysis. To improve this we need to work with the 4 GP practices in Rutland that commission services and who should contribute to and influence the JSNA in the future. Health visitors also have a remit to do need assessments and their new computer record system from July 2009 will facilitate their analyses for the JSNA in the future.

Information in this chapter focusing on aspects relating to health and well-being is from Rutland's Needs Analysis for Children and Young People 2007 which provides a fuller analysis of the needs of children and young people in Rutland covering all five outcomes (Be healthy, Stay safe, Enjoy and achieve, Make a positive contribution, Achieve economic well-being).

An updated full needs analysis for children and young people in Rutland is to be carried out during 2010 in preparation for the new Children and Young People's Plan in April 2011.

9. CARERS

The needs of Carers in Rutland for the various user groups is a predominant theme within this joint strategic needs assessment

Figures from the 2001 Census shows that out of a 34,563 population:

- 3,339 (9.6%) carers living in the County of Rutland.
- 2,538 (76.01%) of carers are providing care for 1 – 19 hours per week.
- (8.18%) of carers are providing care for 20 – 49 hours per week.
- 528 (15.81%) of carers are providing care for more than 50 hours per week.

A Housing Need and Demand survey was carried out in 2007. This was from a postal questionnaire and personal interviews. The sample survey was drawn at random from the Council Tax Register covering all tenure groups in the county.

In total 2,762 postal questionnaires were returned and 302 personal interviews were completed, providing a total response from 3,064 households in Rutland.

The Housing Needs Survey analysis shows that out of the 3,064 households surveyed, there were 497 (16.22%) special needs households who stated they have a member requiring full-time care; 69.7% of these have either full or part-time care provided by a household member. The median age of those carers is 66 years.

There are a small number of young carers in Rutland whose needs should be recognised.

Rutland County Council produced a Carers strategy in 2009 which incorporated consultation with relevant stakeholders. They outlined what they felt were the specific needs and priorities of Carers in the County – the wider strategic issues are outlined below:-

- The need for an emergency carer service able to meet peoples complex needs across all needs.
- The need for flexible breaks, for short as well as longer term respite periods – with clarity over eligibility and access.
- The need to recognise the impact of the caring role on the carer's health and quality of life needs to be recognised.
- GPs and other health services need to be more proactive in recognising carers and monitoring their health and wellbeing.
- The need to be able to access to flexible services with or without a Direct Payment.
- Opportunities to access or maintain employment and manage a work/life balance.

- Information for carers who do not recognise them selves as a carer (hidden carers).
- Assistance in maximising finances – obtaining appropriate benefits advice
- Carers need to know they can have a separate carer assessment.
- Good information with simple processes for assessment and service access

An action plan has been produced in response to the strategy and is available on the Rutland County Council web site.

9.1. Accessibility.

For Carers local provision is paramount. Local services are essential if someone has significant caring commitments and cannot leave the person they care for long periods. Services should focus on the individual - be they the user or carer and be flexible enough to be delivered within the community wherever possible –reflecting the needs of both. The theme of the difficulty of attending outpatient appointments at Leicester and Peterborough hospitals is regularly reported by carers – who often have the difficulty of arranging or providing transport, car parking problems, long waits for appointments etc. A better transport infrastructure, possibly incorporating volunteers and the third sector is a vital for carers, and the people they care for locally. The local community hospital facility needs to provide as many diagnostic and outpatient services as possible – to minimise the travelling required by carers in the County

9.2. Prevention and good general health.

This common theme amongst all chapters is no less relevant for carers whose own health is subject to breakdown because of their caring responsibilities. Better information, earlier diagnosis and an active and concerned local community will improve the ability of carers to make good life style choices for themselves and obtain the health and social care input they might need as individuals in their own right.

9.3. Conclusions

Rutland like many other authorities is fortunate to have a large number of people who undertake unpaid caring responsibility for family members, friends or neighbours. The benefit to the public purse is considerable as without these people, many older people or people with disabilities would be totally reliant on local health and social care services to remain in the community. Many might need to give up their independence and be reliant on expensive institutional care.

It is vital that Carers are given good information on service availability and a right to their own assessment. Key for many carers is a flexible and responsive respite service so that they can have a break from caring. Financial advice and an ability to be economically active where possible allied to effective information and support to maintain their own health and well being are essential components of the overall strategy for health and social care in the County.

10. OLDER PERSONS

Rutland has an ageing population with the numbers of people aged over 65 years expected to rise from 7,600 (2009 estimates) to 12,300 by 2025. This is slightly ahead of national trends (circa 4% higher). 38% of the population are currently over 50 years of age with 18% over 65 years of age. Almost a quarter of the population will be over 65 years by 2020

There are currently approximately 130 older people in residential care funded by the Local Authority and between 5 and 600 people receiving community based social care services at any one time. There was a 15% increase in residential admissions during 08/09 although the overall numbers in care remained constant. This followed a trend of reducing then static admission rates and further analysis is being undertaken. There appears to have been a cohort of particularly older people who have required care towards the end of their life.

The impact and nature of this rise is difficult to determine. However, the POPPI data (Projecting Older Peoples Population Information) attempts to advise statutory health and social care agencies of the possible ramifications of population increases based on an exponential extrapolation of known data. These are not real data or predicted outcomes but what could be expected if current patterns persist. Service improvements, health progress and changing lifestyles should positively impact on the figures, but they are a useful steer on where future needs could arise and where investment might best be targeted.

SELECTED POPPI DATA FOR RUTLAND		
Health Condition/Situation Over 65yrs	Numbers in Rutland 2008 (est.)	Numbers in Rutland 2025 (est.)
Depression	740	1230
Severe depression	222	369
Dementia	509	959
Heart condition/attack	512	862
strokes	184	341
Respiratory conditions	162	270
A&E attendance (falls)	451	815
Hospital Admission (fall)	153	286
Contenance problems	800	1260
Visual Impairment	666	945
Registrable eye condition	218	429
Mobility problems	1136	2056
Obesity	1779	2919
Learning Disability	21	33
Carers (50+ hrs)	240	382
Living alone	2400	4305
Living alone no transport	551	1200
Long term illness living alone	1064	1984
Living in care Home	280	575

Although these numbers are only indicative estimates they do portray the very real challenge as the Rutland population gets older. The problems are two fold – the cost of health and social care for this new generation of older people and secondly, finding the required staff in the local population to provide the necessary care and support.

There are clearly improvements in some elements of medical treatment and people are living longer –perhaps with more healthy years. However, with more people in the older age bands there will be increasing demand for acute care in the final years of life as well as a significant number of older people with chronic conditions associated with old age. There is also the potential for a new generation of ‘unhealthy’ older people – if the problems associated with smoking, alcohol and obesity are not tackled. POPPI data suggest that in 2008 there were 4,252 Rutland people with a long term illness aged between 54 and 65 yrs.

Also of note for Rutland, as in many rural areas, there are many older people living alone a significant number without transport. The need to both identify these vulnerable people, and then ensure services (that they will probably need) are accessible to them, needs to be a critical component of future planning.

10.1. Factors relating to Older People in Rutland.

Deprivation. Generally speaking older people from disadvantaged backgrounds are more prone to ill health. Rutland is a relatively affluent locality but there are small areas of relative deprivation and many older people live in the poorer housing stock. It is important to ensure accessibility to both primary and secondary health services for this population – some of whom may be traditionally difficult to engage, may not be computer literate or just not ‘want to bother’ in helping the authorities. In consultation older people’s groups have stressed the importance of good information and effective communication – stressing the critical role of GP’s and Primary care in this regard.

Empowerment and social inclusion are vital elements of good health and social care systems. Older people need good advice to maximize their income and increase life choices. They require a good range of social activities to participate and contribute to their community, both for the general community benefit and probably their own health and wellbeing.

Promoting positive health. Physical activity, balanced and nutritional diets and reduction in smoking and alcohol remain important as people enter their later years. Physical activity is also important with a generally positive response to over 50’s sport and recreation being experienced over the past couple of years. Positive health promotion, particularly targeted at the older Rutland population, should bear dividends for the future in respect of health and social care expenditure as well as improving the quality of life of older people.

Dementia. User groups and third sector representative’s were keen to emphasize the need to expand and improve services for people with dementia and their carers. At least 10% of over 65 year olds will experience dementia type symptoms with the risk of attaining dementia type illnesses increasing the older a person gets. However, early detection, proper diagnosis, support and relevant drug treatments could actively combat the impact of the disease in older people. The recent

Dementia Strategy outlines approaches that need to implement locally. The need for acknowledgement, diagnosis, carer support, respite and advocacy manifest themselves in Rutland, as elsewhere in the Country.

10.2. Summary of main issues for older people in Rutland

Accessibility. For older people local provision is key. Services should focus on the individual and diverse needs of older people and be flexible enough to be delivered within the community wherever possible. The use of local community resources (extended schools) mobile provision and telecare could all be usefully expanded to reflect the need of the ageing local Rutland population. A constant theme of older people and representative groups is the difficulty of attending outpatient appointments at Leicester and Peterborough hospitals. A better transport infrastructure, possibly incorporating volunteers and the third sector is a vital for older people locally. Akin to this is the critical need to develop the local community hospital facility to provide as many diagnostic and outpatient services as possible – to minimise the travelling required of older people in the County

Prevention and good general health. This common theme amongst all chapters is no less relevant for older people. Poor sight, reducing mobility, hearing loss are not inevitable components of being old. Many conditions can be prevented or at least delayed for a number of years. Better information, earlier diagnosis and an active and concerned local community will improve the health and wellbeing of older people. Loneliness and social isolation have significant correlations with ill health. Mainstream as well as specialist health and social care services have a vital role to play in supporting people as they grow older. Older people, of course, also have a vital role in supporting each other and contributing to community activity themselves.

10.3. Conclusions

Rutland is a healthy place and life expectancy is amongst the best in the country. There are many things that can be done to ensure that these extra years of life are lived as happily and healthily as possible. Most involve the recurring themes of accessibility, prevention, good information and health promotion to assist people in making positive choices to improve their own health and wellbeing.

11. PROVIDING PERSONALISED SUPPORT

Rutland County Council agreed a self directed support strategy in 2008 and from April 08 onwards all new referrals to the local authority adult social services department – eligible for services- were allocated a personal budget. The strategy was reviewed by Cabinet early in 2009 and the approach has now been expanded to provide a personal budget to all existing service users as their cases are reviewed.

Users are allocated a personal budget based on an assessment with them of their needs and outcomes they wish to pursue. They are given a set allocation (financial amount) to be able to procure services they choose. They can take this money as a direct payment and spend it themselves or help direct council officers to commission/procure services on their behalf.

The number of direct payments made increased significantly in 2008/9 (68 people) and this trend has continued into 2009/10 (27 new DP's in the first quarter). The authority is now operating beyond its own LAA targets (200 per weighted head of population). However, it remains in the middle band nationally and has very low uptake in certain client group areas (e.g. Learning Disability). There is a further need to ensure that the option is fully understood and, if suitable, taken up by all client groups.

Personalised support is part of the wider 'Putting People First Transformation' agenda and as part of this there is a specific action plan to take the process forward. This has been developed in consultation of relevant stakeholders.

The main themes are:

- All service users and carers have maximum opportunity to control the way they receive care and support.
- The introduction of re-ablement service from July 2009 onwards.
- All service users and carers have the opportunity to achieve choice and control.
- The Personalisation agenda will be integral to the long term planning within Adult Social Care.
- Putting People First is widely understood and integrated to achieve implementation People will receive high quality services and care delivered by a well trained workforce or by informal and family carers who are themselves supported.
- People will have increased choice & control.
- People will be involved in the development and provision of Social Care Services.
- People will be supported to maintain independence in their home through the use of early intervention and preventative services.

- Maximise service users' independence.
- Maximise use of resources.

The links into this JSNA are clear as individualised service needs should be met by the statutory health and social care agencies. The requirements are for flexible and adaptable services which meet individual needs and wishes. These within Rutland are likely to include care closer to home and better access to specialist and mainstream provision.

Prevention is key within the personalisation of services – as people need information to make healthy choices and be given the opportunity through re-enablement to maximise their independence and rely less on statutory provision and expensive packages of care.

12. PRISONER HEALTH

There are two major prisons within Rutland, Stocken and Ashwell now housing in excess of 1000 people between them. They form a substantial part of the Rutland population. It is not surprising given the socio-economic make up of most prisons with prisoners coming from lower socio-economic groups, general levels of health are poor.

Although there is not a specific prison analysis it is probable that Ashwell and Stocken have the same characteristics as nationally i.e.

- Young prisoners have higher reported rates of long-standing illness or disability.
- Epilepsy may be up to twice as common in prisoners than the general population.
- Smoking is highly prevalent among the prison population. Over 75% of prisoners smoke and over 50% are moderate or heavy smokers.
- Sexual health - one in four prisoners have engaged in activities that put them at risk of HIV and other sexually-transmitted infections.
- Blood-borne viral infections 24% of the prisoners have injected drugs; of these 20% are hepatitis B positive and 30% are hepatitis C positive.
- Dental health (decayed, missing or filled teeth) in prisoners is worse than the general population.
- Mental health problems are endemic (see mental health chapter).

The County Council is trying to work with both local prisons to create positive links with the local community and provide opportunities for mutually beneficial activity. The council also wishes to work closely within the DAAT and prison health services to address some of the health concerns.

Successful initiatives are in place in both prisons in respect of drug treatment (IDTS) and smoking cessation programmes. Over two thirds of the Ashwell population have some form of substance misuse problem and 395 Stocken prisoners reported using heroin. Addiction control programmes can be successful within the prison environment, notwithstanding some of the inherent security and prisoner transfer problems. Both Stocken and Ashwell report over a 50% successful smoking cessation rate following their intervention programmes.

12.1. Strategic Vision for Offender Health

The overall aim is to improve health and wellbeing, improve life expectancy, reduce health inequalities and reduce re-offending in this group. The Prison Partnership Board identified five top priorities

- Improving access to a comprehensive range of mental health services.

- Improving access to drug and alcohol assessment and treatment services.
- Providing access to appropriate services in prison.
- Improving access to health improvement activities including smoking cessation, diet, and exercise and health education.
- Minimising the harm caused by Hepatitis B and C.

The Rutland JSNA in respect of Ashwell and Stocken reflects these priority areas and the need to develop a multi-agency strategy for prison health and the health of a small number of offenders in the Rutland community.

13. STAYING HEALTHY

The health of people in Rutland is generally better than the England average. Life expectancy is significantly higher for both men and women living in Rutland compared to the average. Rutland's life expectancy at birth (2005-07) is the highest in the Leicestershire County and Rutland area at 80.6 (male) and 84 (female). This compares to the England average of 77.3 and 81.6 respectively.

The level of physical activity in children in Rutland is lower than the England average. However, children's tooth decay and teenage pregnancy are better than the average for England.

Indicators relating to lifestyle appear better in Rutland than the England average. Levels of smoking, healthy eating, hospital stays for alcohol related harm, drug misuse, and deaths from smoking are all better than the average for England.

The Rutland Local Area Agreement has prioritised tackling physical activity, alcohol misuse and child obesity.

13.1. Life Expectancy and All Age All Cause Mortality:

All age all cause mortality (AAACM) is strongly linked to life expectancy. Good progress in reducing AAACM rates will be reflected in improving life expectancy rates. Females in Rutland have the lowest AAACM in NHS LCR (376.3 per 100,000) which is significantly lower than the England average (500.2). Males also have significantly lower rates of AAACM (570.9 per 100,000) than the England average (710 per 100,000).

However, as we have seen in other chapters there are still a significant number of people who die prematurely from diseases which are preventable. There is a high correlation between circulatory diseases and poor diet, obesity, smoking and a lack of physical activity and clear evidence that some improvement in lifestyle choices over the past decade has reduced the number of deaths. The need to continue to address these risk factors is as pertinent for Rutland as elsewhere.

There are **Health Inequalities** within Rutland by gender. For example, women born in Rutland can expect to live more than 4 years longer than men. In Rutland, the most significant causes of health inequalities is circulatory disease and to a lesser extent cancer and infant mortality (under 28 days). Therefore to reduce inequalities in life expectancy we need to address the risk factors associated with these diseases. The top two causes of health inequalities for Rutland are circulatory disease and all cancers.

Deaths from causes amenable to healthcare are defined as any cause of death where there is evidence that they are amenable to healthcare interventions. Death rates should be low among specified age groups given timely, appropriate, and high quality care. Healthcare intervention includes preventing disease onset as well as treating disease.

Deaths from causes amenable to health care have more than halved since 1993, from 191.2 to 46.8 deaths per 100,000 in 2007. The downward trend in Rutland is in-line with national trends and has remained consistently lower than national levels.

13.2. Obesity

Obesity in Britain has reached epidemic proportions. Almost two-thirds of adults and a third of children are either overweight or obese. Obesity increases the risk of several diseases, such as type 2 diabetes (an obese woman is 12.7 times more likely to have diabetes than a woman of healthy weight), hypertension, cardiovascular disease and some cancers.

Obesity nationally doubled from 1993 to 2006 and in Rutland the estimated rate of the population as obese of 25.8% is higher than the average for Leicestershire County and Rutland as a whole. By 2015, it has been estimated that 36% of men and 28% of women in England will be obese and by 2025, it has been estimated that 47% of men and 36% of women will be obese. Modelled estimates of adult obesity (2003-05) estimate there are 8,024 obese adults in Rutland.

MOSAIC data (population profiling) enables some correlation of social group types with obesity. This would suggest that the main target areas for health promotion activity (around healthy eating and smoking cessation) would be those living in social housing, including older people and younger families living in new build accommodation.

13.3. Physical activity

Physical activity is also a major positive factor in helping prevent cardiovascular mortality and chronic heart disease. Regular physical activity prevents high blood pressure, controls body weight, helps control diabetes and lowers the risk of falls and accidents in older people. It is also an effective combatant of depression in all age groups. Current Rutland participation compares well with LCR and National averages - 24.3% of the Rutland population exercise at least 3 times a week for 30 minutes at moderate intensity - but not surprisingly only 56% are satisfied with local provision. Hopefully this should be rectified with the construction of the leisure and sports planned to open at Catmose Campus in autumn 2010. The level of physical activity in children in Rutland is lower than the England average.

13.4. Alcohol (mis)use

Alcohol (mis)use in Rutland is higher than the national average. There are approximately 5,888 binge drinkers in Rutland with the highest proportion of binge drinkers (19%) in NHS LCR. This places it as 255/354 of the local authorities in England

In Rutland there are a relatively high number (over 6000 people) proportionately deemed 'hazardous' drinkers (between 22 and 50 units per week).- Rutland has the highest proportion of hazardous drinkers (21.7%) in NHS LCR. Just over 1000 Rutland people are 'harmful drinkers' and drink in excess of 50 units a week (35 for women) with significant inherent associated risk problems. Local data also confirms that problems are across the rural locality and not just centred on the market towns of Oakham and Uppingham. There were 473 hospital admissions in 2007 and reducing this rate (1033 per 100,000) is a key LAA target.

Rutland also has higher than national average numbers of young people reporting that they drink regularly (tell us survey 2008). The Tell Us 3 survey is a schools

based survey, which looks at a range of issues affecting children and young people aged between 12 and 16 years. Results from the TellUs3 Survey² report that young people in Rutland are reporting drinking more alcohol than the national average, with 82% respondents to the questionnaire stating that they had drunk an alcoholic drink (compared to 75% nationally).

In Rutland, of those young people who drank alcohol, 21% reported reporting getting drunk once or twice in the last month prior to the survey which is the higher than the national figure of 17%.

Rutland County Council in conjunction with colleagues within the safer Rutland Partnership (sub group of the LSP) produced an alcohol strategy for 2008-11. Current activity through all agencies was acknowledged, including test purchasing schemes, confiscation of alcohol and education provision. The main aim of the strategy was 'to reduce the harm associated with alcohol, in order to ensure that alcohol can be enjoyed safely and responsibly, as part of a vibrant and inclusive community.' The following objectives were also agreed and therefore inform this strategic needs assessment.

Prevention – to provide coherent education and harm reduction programmes to prevent and reduce the negative impact of alcohol use

Community Safety – to improve community safety by creating a safe environment in Rutland, reducing alcohol-related violent crime and incidences of anti social behaviour

Treatment – to commission structured (tiered) and effective community-based alcohol treatment and support services for those affected by alcohol misuse, including criminal justice clients

Substance (mis)use in Rutland is lower than that seen nationally and in LCR as a whole. Rutland has the lowest prevalence of drug misuse in 15-64 year olds (1.3 per 1,000) in LCR and is significantly lower than national levels (9.9 per 1,000).

Current National Drug Treatment Monitoring System (NDTMS) data suggests that the Rutland Partnership is currently not well positioned to achieve its local performance targets and is performing poorly when compared with other Partnerships within the region. Recruitment of all drug users and the sub cohort of problematic drug users (PDUs) are below the national average. As a caveat it should be noted that due to the low number involved in accessing structured drug treatment services in the Rutland area means that performance can vary considerably. Previous reporting periods for other indicators have shown that Rutland swings widely between apparent poor performance and a very high rate of performance. However it is of concern due to the link with future funding.

With respect to the percentage of clients in effective treatment, both Leicestershire and Rutland at performing at rates above the national guidance set at 80%.

Estimated **Smoking rates** in Rutland are lower than the LCR average at 17.6% but these are figures 'adjusted' for deprivation factors and therefore may be a little low. The rate for Oakham is estimated at 26% higher than the English average of 24.1% whilst Lyddington and Whissendine are the lowest (12.2%) in the LCR. Again from

MOSAIC data it is clear that smoking cessation activity in Rutland needs to target the low income social housing estates, right to buy owner occupiers and those with other high care needs.

Smoking related mortality in Rutland in adults aged 35 and over (141.1 per 100,000) is lower than National levels (225.4 per 100,000).

13.5. Sexual health

Sexual health is identified as one of the key national priorities for action in the public health White Paper *Choosing Health*. Investment in sexual health services can deliver significant healthcare savings through preventing unintended pregnancies and reducing the transmission of sexually transmitted infections (STIs).

There is a strong link between social deprivation and STIs, abortions and teenage conceptions. Unintended pregnancies increase the risk of poor social, economic and health prospects for both mother and child. Girls from the poorest backgrounds are ten times more likely to become teenage mothers than girls from wealthier backgrounds.

Reported HIV infection rates in Rutland remain low, with no increase in incidence between 2006/07.. Teenage pregnancy rates are generally low but because of low numbers, rates do fluctuate year on year. Teenage pregnancy rates of 15-17 year olds, at 13 per 1000 population are significantly lower than the national average (40.4 per 1,000) and is the lowest in NHS LCR. Although there has been an 18% reduction in teenage conception rates for 15-17 year olds in Rutland between 1998 and 2006 it seems unlikely that the 2010 target of 9.3 per 1,000 will be attained.

13.6. Summary

Rutland is a healthy place to live for many of its residents. Significant numbers, however have the quality of their lives impaired by preventable diseases. As such it is imperative that health promotion is a key strategic priority, both to keep Rutland a healthy place and to reduce these numbers still further.. Special attention also needs to be paid to young people to try and establish positive lifestyle choices at an early age.

14. HOUSING

14.1 Affordable housing

In March 2008 Rutland County Council published the findings of its *Housing Needs Study*. This is primarily based on the results of a postal questionnaire returned from a representative sample of households in Rutland. Other regional and national Census and survey data provides context and additional detail in some areas.

The focus of the *Housing Needs Survey* and the associated *Strategic Housing Market Assessment* (SHMA) is the supply of and need for affordable housing. They document the shortage of affordable housing in Rutland and neighbouring authorities. They are an important evidence base for policies in Rutland's emerging *Local Development Framework* which in turn will seek to secure an appropriate percentage of affordable homes within future housing construction. This outcome will address the needs of many households whose poor housing circumstances impact on their health, well-being and potential to achieve.

In respect of affordability, the SHMA reports that in 2008, the average Rutland household would need to borrow 8.4 times their income to buy the average Rutland home. There are comparatively few smaller and cheaper homes, for example flats and terraced homes in the lower Council Tax bands. Based on this and similar information, the *Draft Regional Plan* for the East Midlands states that an average of 35% of all newly provided homes in Rutland and the surrounding area should be affordable.

The *Housing Needs Survey* also gathered information about particular health needs of households as follows.

14.1. Older households

The *Survey* found that just under 30% of all Rutland households contain older people only (defined as aged 60+ for women, 65+ for men). Of these, 46% are single people households.

- 73% of older households are owner occupiers
- 18% of older households are tenants in affordable housing
- 9% of older households are private sector tenants.

Whilst they make up 30% of all households, older households make up 50% of households living in affordable housing in Rutland.

Older households and housing expectations

9% of older households in Rutland expect to move within 2 years. The large majority (80%) of these expect to move to 'ordinary accommodation'. 11% envisage moving to sheltered housing with a warden service, and 7% into housing with a greater degree of care or support.

14.2. Special needs households

The *Housing Needs Survey* also collected information on the needs of households with support needs, specifically including the frail elderly, people with a medical condition, people with a physical disability, people with a learning disability, and people with a mental health condition.

Across Rutland, 14% of households include at least one person who is in one or more of the above categories. Of these 14% (1,985 households), just over 50% have a long term medical condition, just under 50% have a physical disability, and just under 30% are frail elderly.

Tenure of special needs households

These 'special needs' households are disproportionately likely to be social sector tenants (26% of all special needs households, as opposed to 11% for all Rutland households). At the same time nearly 40% of these 'special needs' households own their homes outright.

12% of these 'special needs' households are in 'unsuitable housing', and this compares to 2.7% of non-'special needs' households in unsuitable housing. (A home can be considered 'unsuitable' for a variety of reasons, including affordability, size, adaptations for the physical needs of the occupier, disrepair, etc). At the same time 'special needs' households have income and savings of about half the level of their non-'special needs' counterparts.

Improvements to housing circumstances of special needs households

When asked what improvements they needed to their accommodation and the services in their homes, special needs households responded as follows:

- 26% (524 of 1,985 households) wanted more support to maintain their current home
- 24% (484 households) wanted a level access shower
- 16% (317) wanted extra handrails
- 16% (310) wanted other alterations to improve accessibility
- 15% (303) wanted wheelchair adaptations
- 15% (289) wanted a stair lift
- 6% (118 households) felt that they actually needed to move to a specially adapted home in order to resolve their accommodation or service need problems.

Special needs households who expect to move

321 (16%) of special needs households expect to move within 2 years. As for older households, the large majority (70%+) expect to move to 'ordinary' accommodation.

14% expect to move to a home with warden support, 8% to a home with adaptations, and 7% to an extra-care scheme, supported housing, or residential care home.

14.3. Other housing issues

The Council has good information about the housing circumstances and aspirations of all adults and older children with learning disabilities, but further work is needed to turn this information into plans to additional housing provision for this group. For the majority of such people, it is a question of access to support services to enable independent living in 'ordinary' rented or owner-occupied homes, and for some a particular form of provision will be needed.