April 2008

JOINT STRATEGIC NEEDS ASSESSMENT ROTHERHAM

EXECUTIVE SUMMARY

2008

1. Introduction .... - 3 -
2. Demographic Profile .... - 4 -
3. Social and Environmental Context .... - 5 -
4. Lifestyle / Risk Factors .... - 6 -
5. Burden of Ill health .... - 7 -
6. Mental Health .... - 8 -
7. Learning Disability .... - 9 -
8. Social Care Needs Assessment .... - 10 -
9. Access to Health .... - 11 -
10. User perspectives on social and health care .... - 12 -
11. Children and Young People's Needs Assessment .... - 13 -
12. Area Assembly Needs Assessment .... - 14 -
13. Next steps for JSNA .... - 16 -

1. Introduction

What is a Joint Strategic Needs Assessment (JSNA)?

The Joint Strategic Needs Assessment (JSNA) establishes the current and future health and social care needs of a population, leading to improved outcomes and reductions in health inequalities. The JSNA informs the priorities and targets set by Local Area Agreements, leading to agreed commissioning priorities that will improve outcomes and reduce health inequalities throughout the Borough.

The JSNA marks the beginning of a process which will inform service reconfiguration, commissioning and decommissioning of services. The JSNA will evolve over the coming months and years as the demographic and health profile of the population changes. Information gathered in the Joint Strategic Needs Assessment will be used to create a needs profile for Rotherham. It will be used to target resources at those in most need.

Why do we need a JSNA?

Since 1 April, 2008, Local Authorities and Primary Care Trusts are under a statutory duty under the Local Government and Public Involvement in Health Act to produce a Joint Strategic Needs Assessment (JSNA).

The Operating Framework for the NHS in England 2008/2009 refers to the importance of the JSNA in informing PCT Operational Plans. The JSNA underpins a number of the World Class Commissioning competencies.

The JSNA forms the basis of the new duty to co-operate. This partnership duty involves a range of statutory and non-statutory partners, informing commissioning and the development of appropriate, sustainable and effective services.

Joint Strategic Needs Assessment Core Dataset

This document fully complies with the Department of Health's JSNA Core Dataset, published on 1st August, 2008. It focuses on health and social care needs, breaking these down to Area Assembly level so a good understanding of these needs can be established for joint commissioning purposes.

2. Demographic Profile

The population of Rotherham is predicted to increase by 6% to 271,100 by 2018. Factors contributing to growth include; longer life expectancy and increased migration. There will be a significant growth in the population of older people. The number of people over 65 is predicted to increase by over 33% (from 42,200 to 56,365) by 2025. The increase in the number of people over 85 will be greater at 80% (from 5,200 to 9,360) by 2025.

The age and gender distribution in Rotherham is similar to the national profile. Up to the age of 72 years the number of males and females are fairly equal. After this age the ratio of females increases. The birth rate in Rotherham has been steadily increasing since 2002, reflecting the national trend. There has been a continued rise in the proportion of births to mothers born outside the UK, 23% in 2007 compared to 13% in 1997.

Rotherham's BME population is relatively small but growing and becoming increasingly diverse. It is estimated that there are 15,200 (6.2%) people from BME communities living in Rotherham. Population projections predict a 61% increase in the non-white population by 2030. The age profile of the current BME population is younger than the general population with a high concentration of people in their middle years.

Rotherham is currently the 68th most deprived borough out of 354 English districts. The Index of Multiple Deprivation (IMD) classification has improved from 63rd (2004) and 28th (2000).

Key issues

The biggest demographic issue facing Rotherham is the impact of an ageing population. Over the next 10 years illnesses associated with ageing will become more prevalent. This presents a substantial challenge to current models of service provision. Another trend is the increasing BME population, although the age profile of the BME population will continue to be younger than the overall population there will be increasing numbers of older people from BME communities.

3. Social and Environmental Context

There are approximately 110,000 households in Rotherham. Approximately 68% own their own home with one quarter living in socially rented accommodation. Only 3.9% of households suffer overcrowding, significantly lower than the national and regional rates. 14% of households consist of an older person living alone.

71.8% of the working-age population is in employment, slightly below the regional average (73.3%) and national average (74.5%). Over the last ten years there has been a dramatic improvement in Rotherham's employment rate. Rotherham's average unemployment rate during 2007 was 5.1%, below the national (5.4%) and regional rates (5.6%). There were 3,870 people claiming Job Seekers Allowance or Pension Credit in 2008. 76.6% were males and 23.4% females. 80.8% have been claiming this allowance up to 6 months with only 6.8% claiming over a 12-month period. Levels of income deprivation in Rotherham are relatively high with the Borough ranked 70th most deprived out of 354 English Districts.

Rotherham has relatively good access to housing and services rated 285th out of 354 for the IMD Barriers to Housing and Access to Services.

Key issues

Most of the data reported in this section pre-date the national economic downturn. Projections made by Yorkshire Forward predict a fall in employment below 70% over the next year and an increase in numbers of claimants. In previous downturns worry associated with reduced job security and the direct impact of unemployment have impacted on people's short term mental and physical health and this has led to long term impacts on their overall well-being. The national downturn is likely to have an impact on NHS spending at some point in the future and reductions in income will impact on people's ability to pay for social care.

4. Lifestyle / Risk Factors

In Rotherham 25.3% of adults smoke compared to the national average of 24.1%. On average there are about 500 deaths per year resulting from smoking related conditions. The rate of smoking in pregnancy (25%) is well above the England average (16%) and the national target for 2010 (15%).

In Rotherham the death rates for alcohol-attributable conditions are higher than the national average for both males at 49.2 per 100,000 and females 25.5 compared with 47.2 and 23.8 respectively. Rotherham MBC is ranked 241 on this indicator for males and 238 for females out of 354 English Districts.

Results from the 2005-6 Active People survey show Rotherham to be in the bottom 25% Borough for physical activity. 18.7% of adults take part regularly in sport and active recreation. Participation rates are comparable with other local authorities in the same region however.

The estimated prevalence of obesity for adults in Rotherham is 27.7%. This is above the national prevalence of 23.6% and the regional prevalence of 24.1%. QOF data from obesity registers maintained by Rotherham GP practices for 2007-8 indicated an obesity prevalence of 10.1%, far below predicted levels and suggesting that a lot of obesity remains undiagnosed.

Key issues

The key issue arising from this chapter is how health health and social care agencies can effectively work with people so that they can change their patterns of exercise, diet, smoking and alcohol consumption. More work is needed to understand what the long-term impact of current and future health promotion programmes will be. From a service provision perspective programmes that increase peoples healthy life expectancy have the potential to substantially ameliorate the increased demand for services that would otherwise come from an aging population.

5. Burden of Ill health

Over the last ten years mortality rates have decreased in Rotherham although they remain higher than the England average. Infant mortality rates are at an all time low.
Life expectancy at birth in the UK has reached its highest level. A newborn baby boy or girl could expect to live 77.2 and 81.5 years respectively. However life expectancy in Rotherham is significantly lower than the national average. Rotherham is ranked 296th and 294th for males and females respectively compared to other English Districts. The gap in life expectancy between areas of deprivation and affluence has also widened. There are more premature deaths in Rotherham than nationally. The three most significant causes of years of life lost are cancer, circulatory disease and accidents.

The Rotherham population has been living longer over the last 20 years, but the additional years have not necessarily been in good health or free from disability or limiting illness. Healthy life expectancy (expected years of life in good health) and disability free life expectancy (expected years of life free from disability) have all increased between 1991 and 2004, but life expectancy has increased at a faster rate.

It is estimated that in 2008 there were 24,270 people over 65 in Rotherham with a limiting long-term condition, 10% of the population. By 2025, it is estimated that this will rise to 34,305, 13% of the population. It is estimated that 16,267 people in Rotherham aged 18-64 had a moderate or serious physical disability in 2008, 6.4% of the population. This is very close to the national average of 6.2%.

Key issues

The key issue highlighted in this chapter is the changes in increased prevalence of people with life limiting long term conditions. Health interventions are becoming increasing succesful in improving life expectancy. A key issue is how to increase healthy life expectancy at least as quickly as increases in life expectancy so that future demand for health and social care services are sustainable.

6. Mental Health

Treatment of mental health accounts for more than 12% of the NHS budget. The number of people with mental health problems is likely to rise by 14.2% to 9.88 million by 2026. The health and social care costs of mental health in England are around 22.5 billion per year. Treatment of mental health accounts for more than 12 per cent of the NHS budget

The most significant challenge to mental health services is the rise in the number of people with dementia. Dementia is one of the main causes of disability in later life. The World Health Organisation's Global Burden of Disease report, accorded disability from dementia a higher weight than that for almost any other condition because it has a disproportionate impact on capacity for independent living. There are currently 1152 people on GP dementia registers in Rotherham compared with a predicted prevalence of 2851. It is estimated that by 2025 the number of people in Rotherham with dementia will have risen to 4397, an increase of 54% from 2008.

It is estimated that 35 per cent of people with depression are not in contact with services. There is some evidence that early identification of depression can lead to reductions in service costs. Increasing the number of people receiving interventions increases service costs early on but should result in savings further down the care pathway.

Key issues

Mental health is the already biggest cause of ill health in Rotherham. There are two key issues for the future. The first relates to the potential impact of the economic downturn, personal income and employment for those in working age are key determinants of mental health. The second issue is the increasing numbers of people with dementia. A significant amount of work has been done already to realign and extend the Older Peoples Mental Health Service so that it can meet changing needs. The main challenge is the development of an effective community service which promotes independence, maintains cognitive function, prevents secondary conditions and supports carers. This should be underpinned by quality inpatient provision and long term care.

Reducing prevalence rates through preventive strategies could save care costs further down the line. It is estimated that the cost saving from a 30% reduction in dementia prevalence amongst 65-84 year olds would equate to approximately £1.5 million in specialist service. This does not include costs of generic services.

7. Learning Disability

There are approximately 2,000 people aged over 50 years in Rotherham who have a mild, moderate or profound learning disability in Rotherham. This is set to increase to 2,226 by 2015 (14%) and to 2,513 (27%) by 2025. The number of people over 80 years with a learning disability is predicted to increase by 69% in the next 13 years.

The life expectancy of people with learning disabilities in Rotherham is 67 years for men and 69 years for women. This is 10 years less for men and 12 years less for women compared to the general population. People with learning disabilities are 2.5 times more likely to experience health problems. They are also 4 times more likely to die of preventable diseases. People with learning disabilities are 58 times more likely to die before the age of 50. They are more likely to have a long-term illness or another disability. Despite this, life expectancy for people with learning disabilities is increasing. As life expectancy increases so too do the incidence of age-related conditions such as stroke, heart disease and cancer.

The Rotherham Learning Disability Service currently knows 860 adults who are aged 18 years and over, most of whom have a moderate or severe disability. Up to 20 new young people are referred to the adult team each year and the number of people dying is 10 per year. At this rate the Rotherham Learning Disability Service will know approximately 930 people and 1,030 people by 2015 and 2025 respectively, an increase of 8% and 20%.

The total budget for Learning Disability Services in Rotherham during 2007/08 was £26.8 million. This constitutes 24.5% of the budget for adult social care, 3.5% above the national average of 21%.

Key issues

The demographic profile of the learning disability population is going to change over the next ten years. Improvements in neo-natal care mean that more children born with learning disabilities will survive and these children will may long term care and support needs. Similarly, improvements in general health care will mean that there will be an increasing number of older people with learning disabilities. There will be a growing population of older people with learning disabilities who contract conditions associated with ageing. Current service models are not necessarily appropriate for these types of need.

8. Social Care Needs Assessment

.

In Rotherham there are currently 15,970 people (38%) in Rotherham who are over 65 years and have a formal social care need. Of these 8,300 are unable to perform one or more activity of daily living. The number of people with a social care need is predicted to increase by 24% in the next 10 years. Rotherham MBC spent £109.3 million on adult social care in Rotherham, 13.1% of the total budget

There are approximately 30,000 carers who provide unpaid informal care, 12% of the population. 52% of carers are over 50 years and around 5% are over 75 years old. There is a heavy reliance on informal care within the BME community.

Over 22,600 home care hours are currently provided each week in Rotherham, with approximately 3,100 people in receipt of service. The cost of home care in Rotherham for 2008/09 was £9,738,519. The average cost per person is £3,517 per year. If service provision tracks the growth of the older population home care provision will grow 15% by 2014 and then by a further 24% by 2018.

There are currently 2,413 beds in residential and nursing homes. Approximately 75% are for older people with the remaining 25% for people with a learning disability, physical disability or mental health need. There are approximately 1,210 residential and nursing places provided per week for older people in Rotherham. Assuming that the number of placements grows at the same rate as the older population this is set to increase to 1,380 places by 2014 and 1,490 by 2018. The cost for residential and nursing care for older people in Rotherham was £19,217,963 for 2008/09.

Key issues

The ageing population will have a significant impact on the costs of adult social care. Using the current service model and assuming that social care spending tracks the increase in the population of older people, Rotherham will need to invest an additional £16.4 million in adult social care by 2014 just to stand-still.

There is evidence that developing care and support services in the community reduces care costs further down the line. However it is unclear how much of a saving is made by shifting towards a community-base model of social care. Moving towards such a service model would require a significant transfer of resources from institutional care to the community. There would need to be

significant reconfiguration of existing community-based services accompanied by an overall increase in adult social care investment.

9. Access to Health

In Rotherham 75% of women who were pregnant had been given a health and social care assessment of need within 12 completed weeks of pregnancy. This is predicted to increase to 93% against a local target of 75%. There are a small minority of women (121 or 6.74%) who are not accessing maternity services in the first six month period. It is estimated that a significant proportion of these women are be from BME communities.

Approximately 50.9% of adults and 73.4% of children regularly visit an NHS dentist in Rotherham, above the national average of 48.3% and 69.0% respectively. There has been an overall increase of 3.3% in the proportion of the population seen by an NHS dentist from 52.6% in June 2006 to 55.9% in June 2008.

In Rotherham the uptake for the flu vaccination for people aged 65 years and over was 76% in 2007-08. This is higher than the World Health Organisation target of 75% for 2010.

80% of women aged 50 to 64 years attended breast screening sessions in 2007, 4% above the national average and 2% above the regional average. There has been a significant increase in the number of women aged 65 to 70 years who have been screened. The proportion of women in this age group has increased from 31.7% to 67.7% in 5 years.

In 2006 39% of attendees at GUM Clinics in the Yorkshire and Humber region were seen within 48 hours, an improvement of 23% from the previous year. In Rotherham 74% of attendees were seen within 48 hours in February 2007, increasing to 83% by May 2007.

Key Issues

The Rotherham Health Community is performing well on all aspects of the core data set identified in this chapter.

10. User perspectives on social and health care

Focus groups and individual interviews were held with service users and carers, in accordance with the CSED toolkit on service user engagement, to inform the development of the Joint Strategic Needs Assessment. The main outcomes from this engagement process were;

- Support for a services which promote independence and maintain people at home
- More support for carers both in the caring task and their own well-being
- Development of low-level support services
- Targeting people who are socially isolated
- Better supported housing options including Extra Care Housing
- Alleviation of the impact of the economic downturn
- Access to transport and activities, especially in the evenings

This chapter also brings together some of the patient surveys that have been carried out over the last 2 years. The National Survey of Local Health Services Survey showed a high level of satisfaction with the GP service in Rotherham. For example, 86% felt that their GPs dealt with the main reason for their visit “completely” to their satisfaction, 12% above the national average. 63% felt they were able to visit a dentist regularly as an NHS patient but patients wanted more access to NHS dentists.

The National Survey of Adults In-patients showed a high level of satisfaction with in-patient care in Rotherham. 79% felt that the doctors and nurses worked well together as a team. 89% felt they had enough privacy when being examined in the A&E Department and were treated with respect and dignity while they were in the hospital. 91% felt that the length of time was acceptable when they were on the waiting list to go into hospital for treatment. 85% felt that they did not have to wait a long time to get to a bed on a ward.

The National Mental Health Survey shows a high level of satisfaction with mental health services in Rotherham. 80% said they have confidence in mental health professionals, had enough say in decisions about their care and treatment and their diagnosis had been discussed with them.

Key issues

Within the focus groups and individual interviews there was a strong understanding of and support for the strategic direction in health and social care. There is also a high level of satisfaction with

many of the services delivered by both NHS Rotherham and Rotherham MBC. The challenge is to develop public and patient engagement so that both organisations can maintain a regular dialogue with service users and carers while implementing significant changes to the way we deliver services.

11. Children and Young People's Needs Assessment

Rotherham is below average on most national indicators compared with the national and regional averages. Breast feeding and smoking in pregnancy are the indicators where Rotherham performing particularly poorly.

23.5% of children (0-15) were deprived of income. 16% of the children of Rotherham live in the 10% most deprived areas of England. 29.6% of the children of Rotherham live in the 20% most deprived areas of England[2 p76].

Recent data indicates an improvement in both the recording of breastfeeding and also the percentage of mothers breastfeeding at 6-8 weeks. However, both targets remain significantly below plan. [1]

Rotherham is not meeting its target on under 18 conception rates. A total reduction in rates of 4.9% has been achieved from 12.6% in 2005. However the governments target for 2010 is a 50 % reduction.

Initial figures from the national weighing and measuring programme suggest a plateau in the rise in childhood obesity locally. This PSA target has been achieved, halting the rise in obesity in Year 5 and Year 6. However rates are still high at 10% and 18% respectively. All measures are higher than the England average.

Key issues

This core data set does not cover all aspects of children's services. However from those that have been considered two questions stand out. What can we do to improve the health of women before and during pregnancy to give children the best start of life? Also, what can we do to address the rising challenge of obesity?

12. Area Assembly Needs Assessment

Rother Valley South

The current life expectancies for men and women are 0.3 and 1.7 years above the local average. The area assembly has a relatively low incidence long term conditions. The area has a very low prevalence of chronic mental health problems and learning disabilities. Low prevalence rates in long term conditions are reflected in the relatively low rates of hospital admission. Rother Valley South has relatively low levels of provision of social care except homecare where it is slightly above average.

Rother Valley West

The current life expectancies for men and women are 0.6 and 0.3 years above the local average. The area assembly has a relatively low incidence long term conditions. The area has a higher than average levels of very low prevalence of chronic mental health problems, including the 2nd highest prevalence of depression in the borough. Low prevalence rates in long term conditions are reflected in the relatively low rates of hospital admission. Despite being an area of relatively low need, Rother Valley West has higher than average provision of homecare and Rothercare. Also, located in the area assembly is the largest volume of residential care in the borough.

Rotherham North

Rotherham North has the lowest life expectancy for men and women in the borough. Despite this prevalence rates of specific long term conditions appear to be low. GP registers have the 2nd lowest rates of COPD, CVD and diabetes in Rotherham. GP registers in Rotherham North also have the lowest numbers of people with heart failure. A&E admission rates are on or below the local average as are elective hospital admissions. Rates of unplanned hospital admission for working adults are slightly higher than the local average but are lower for older people. The proportion of homecare, Rothercare and intermediate care services were below the local average. Volume of sheltered accommodation and residential care placements are also lower than in other areas of Rotherham.

Rotherham South

For both men and women the average life expectancy is below the local average. Women have the joint lowest life expectancy, the same as that for Wentworth South and Rotherham North. Prevalence rates of specific long term conditions appear to be high across the full range.

Evidence for the prevalence of long term conditions is supported by hospital admission rates. Rotherham South had the highest hospital admission rates across the borough during 2007/08. Despite indications that Rotherham South has the greatest need for social care services, analysis of social care data indicates that actual service usage is relatively low. There is relatively high usage of preventive services such as intermediate care and warden support in sheltered housing. However there is a relatively low take-up of homecare provision and only 7.4% of residential placements were located in the area.

Wentworth North

Women have the 3rd highest life expectancy in the borough, whereas men have the 3rd lowest life expectancy, below the local average. Prevalence rates of specific long term conditions appear to be below the borough average across the full range. Data from GP registers indicates that there are low rates of incidence. Evidence for low prevalence of long term conditions is supported by hospital admission rates. Wentworth North has some of the lowest hospital admission rates across the borough. Despite indications that there Wentworth North has the lowest level of need, analysis of social care data shows that actual service usage is relatively high. There is high usage of homecare, warden support in sheltered accommodation and residential care. Preventive services such as intermediate care and Rothercare are below average usage.

Wentworth South

Women have the joint lowest life expectancy. Men also have a life expectancy which is below the local average. Prevalence rates of specific long term conditions appear to be below the borough average across the full range. Data from GP registers located within Wentworth South indicate that there are low rates of incidence. Despite the relatively low prevalence of long term conditions, hospital admission rates tend to be higher than average for the borough. In 2007/08 the area assembly had 4.3% more A&E admissions than the local average. There were 1.4% (460) more elective admissions and 2.9% (529) more unplanned admissions. Wentworth South is a high-user of social care services compared to other assembly areas. It has the highest provision preventive services but also has significantly higher levels of intermediate care provision compared to other areas.

Wentworth Valley

Women and men have a life expectancy longer than the local average, both being 2nd highest in the borough. However from GP register data it appears that there is a relatively high prevalence of CVD, COPD and diabetes. Wentworth Valley has the 2nd largest proportion of people with these conditions on GP registers. Evidence for the prevalence of long term conditions is supported by hospital admission rates. Wentworth Valley has higher than average hospital admission rates for A&E, elective and unplanned admissions. Wentworth Valley is a relatively low user of preventive social care services. It is however a higher user of direct social care compared to other assembly

areas. It has the 3rd highest provision of homecare and the 2nd highest number of people living in residential care

13. Next steps for JSNA

This JSNA is a major step forward in understanding the health and social care needs of Rotherham's population. It brings together in one document a wealth of information on current needs and in key areas such as demographic changes, predictions of future social care needs, and predictions of future numbers of people with dementia it goes beyond current needs analysis and starts the process of predicting how needs will change in the future.

The primary purpose of the JSNA is to inform current joint commissioning plans but it is also an opportunity to evaluate our future needs for commissioning intelligence.
There are two areas in particular where our analysis could be further developed;
The first is more analysis at locality level, some of our current information can only be easily expressed for the whole of Rotherham and work is needed to make more data available at area assembly level.

The second area is reconfiguring services so that they address future needs. We need a better understanding of how demand for services will increase in the future if we continue with current service models. We need to demonstrate how much potential there is to modify future demand by commissioning programmes in areas such as, enabling healthy lifestyles at different ages, the earlier detection of long term conditions and the development of community care. A key challenge is to identify programmes that will improve healthy life expectancy so that the gap between healthy life expectancy and life expectancy contracts. Strategies focusing on this outcome will ensure that the growth in numbers of people with limiting lifelong conditions is kept within manageable limits.

The Children Act 2008 requires local authorities† to prepare and publish an overarching plan setting out their strategy for discharging their functions in relation to children and young people. The Children and Young People's Plan (CYPP) is prepared by local authorities and their partners through the local children's trust co-operation arrangements, feeding into and informed by the Sustainable Communities Strategy. A key element of the CYPP is the requirement to carry out a comprehensive needs assessment, in partnership with all those involved in the planning process, and to review it on a regular basis. The needs assessment is based on the requirement to improve the five Every Child Matters (ECM)9 outcomes for children, young people and their families: be healthy, stay safe, enjoy and achieve, make a positive contribution, and achieve economic wellbeing. The scope of the CYPP therefore extends to all services affecting children in the locality, not just those provided by the local authority. With its focus on outcomes, partnership

working and consultation, the CYPP process is fully consistent with that of JSNA, with JSNA taking the needs of the full age range of the local population into account.

Strategic alignment of the CYPP and JSNA, using consistent and identical datasets, will encourage the planning of services that consider children in the wider context, as part of families, schools and communities. JSNA should take into account the needs of all children, including particularly vulnerable groups such as looked after children, children with disabilities, children in transition and those with caring responsibilities.

The data to inform the health and wellbeing aspects of the five ECM outcomes will eventually be contained within the core dataset for JSNA, together with a wider range of information that can be used to support the CYPP. The Child and Maternal Health Intelligence Unit (CHIMAT, Annex A), is currently developing a specific needs assessment tool for children, based around the requirements of the CYPP and with clear linkage to the JSNA core dataset.