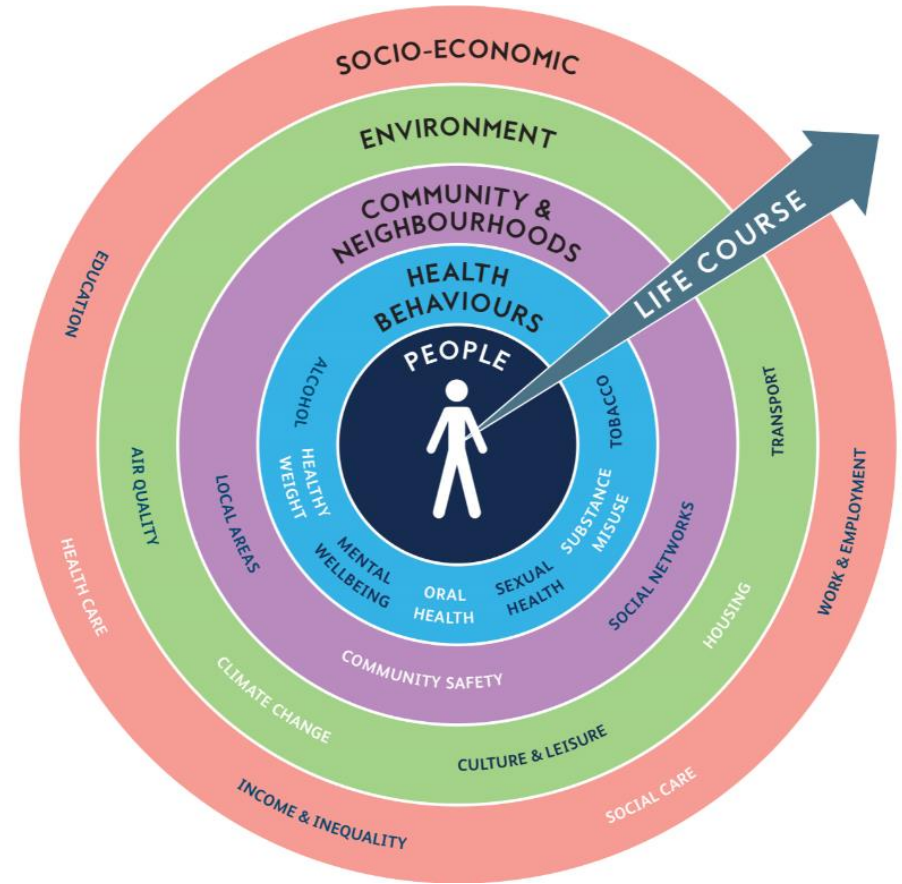
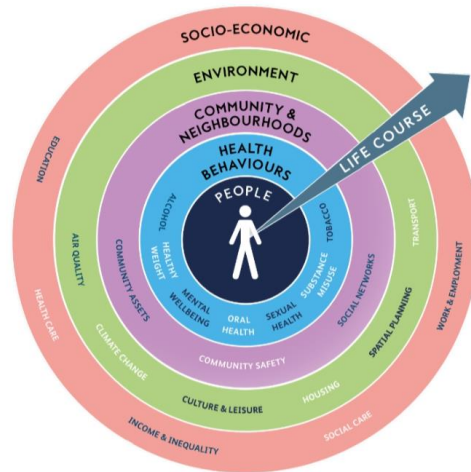


JSNA 2020/2021 Update



What is the JSNA?

- “An assessment of current and future health and social care needs of the local community”
 - This includes specific health and social care behaviours (e.g., smoking) but also wider determinants of health such as housing and access to green spaces
- The information found from the JSNA can be used to inform strategy, policy and action by any organisation in the borough.
- All local authorities must produce a JSNA, but there is no specified format, meaning that they vary between areas
- Rotherham’s version of the JSNA is the Rotherham Data Hub:
<http://www.rotherham.gov.uk/data/>



Welcome to the Rotherham Data Hub, the new home of the Rotherham Joint Strategic Needs Assessment (JSNA.) This website brings together data and intelligence to inform the local understanding of the current and future health needs of Rotherham people. The Rotherham Data Hub is a partnership initiative overseen by Rotherham's Health and Wellbeing Board.

We know that our health is not only influenced by health behaviours (such as smoking, alcohol, diet and exercise) and the health care we receive, but also by our social interactions with others, our sense of community, the environment we live in and our economic circumstances.

Evidence demonstrates that these 'wider determinants of health' have a significant impact across the life course and drive health inequalities between the most and least advantaged in society. The Rotherham Data Hub has been based on this model and broken into five sections, reflecting the wide range of influences on health. For more information on what is included within each section, please refer to the diagram.

- [Socio-Economic](#)
- [Environment](#)
- [Community and Neighbourhoods](#)
- [Health Behaviours](#)
- [People](#)
- [Accessibility Statement](#)

What does the Rotherham JSNA contain?

Section	Theme
People	Population including IMD domains and autism subsections
Socio-economic	Work and employment
	Income and inequality
	Health care
	Adult social care
	Children social care including special educational needs and disability (SEND)
	Education
Environment	Air quality
	Climate change
	Culture and Leisure
	Housing
	Transport
Community and Neighbourhoods	Local areas
	Community safety
	Social networks
Health Behaviours	Alcohol
	Healthy weight
	Mental wellbeing including gambling subsection
	Oral health
	Sexual health
	Substance misuse
	Tobacco

Structure of theme sections

Most theme sections are set up in a similar way:

- Initial [introductory](#) page – introducing the topic, it's overall relevance to good health and key points for Rotherham
- [COVID lens](#) – a page discussing the current impact of COVID on this topic and some potential impacts for the future
- [Data for Rotherham](#) – local authority level data or, where available, ward level or lower super output area (LSOA) level data
- [Useful links](#) – links to further reading
- [List of data sources](#)



Example 'Introduction' page

Healthy Weight

DATA REFRESHED: 13 APRIL 2021



Obesity is associated with an increased risk of developing ill health including diabetes, circulatory disease and some types of cancer (such as colon and breast cancer). It is recognised as a major determinant of premature mortality and avoidable ill health. Obesity increases the risks of complications during pregnancy and planned care. The health consequences of childhood obesity include: increased blood lipids, glucose intolerance, Type 2 diabetes, hypertension, increases in liver enzymes associated with fatty liver, exacerbation of conditions such as asthma and psychological problems such as social isolation, low self-esteem, teasing and bullying.

Lack of physical activity may lead to ill health including circulatory problems, diabetes and some forms of cancer. Taking part in regular physical activity can improve physical and mental health and well-being. Remaining physically active into older age can improve functioning and contribute to maintaining independence.

Headlines

Rotherham residents (data relates to 2017/18 unless stated):

- Around 1 in 4 (26.6%) of children aged 4-5 years were overweight or obese (2019/20)
- Around 1 in 4 (22.4%) of children aged 10-11 years were overweight or obese (2019/20)
- Over two-thirds (75.6%) of adults (18+) were overweight or obese
- Around 30% of adults were physically inactive
- Just under half (44.6%) of adults (aged 16+) ate the recommended '5 a day' portions of fruit and vegetable on a 'usual day'

Local Picture

Data on excess weight in children at ward level shows a strong link with deprivation especially at Year 6 (children aged 10-11)

Trends

Over time, the trends for many factors involved in healthy weight such as breastfeeding initiation, overweight/obesity in reception age children, adult overweight/obesity and adult inactivity have worsened. Overweight or obesity in Year 6 children has shown slight improvement.

Example 'Impact of COVID' page

Healthy Weight - Impact of COVID

DATA REFRESHED: 13 APRIL 2021



Recent data has shown that people who are overweight or obese are at not at higher risk of contracting COVID-19 compared to those of normal weight. People with excess weight are, however, more likely to be go to hospital, get admitted to intensive care and die from COVID-19 than those who are a healthy weight. One recent study found that compared to people who were not obese, people with a body mass index (BMI) of 35-40 were 40% more likely to die from COVID-19. People with a BMI of over 40 were 90% more likely to die than those who weren't obese.

A potential reason that overweight and obese people are at higher risk of COVID-19 complications is likely to the fact that excess fat can affect the respiratory system. In addition, excess weight can affect immune function, affecting the way in which a person's has to respond to an infection which may make them more vulnerable to the effects of infections such as COVID-19.

The key findings of [a review of weight management services](#) during the earlier stages of the Pandemic included: Individuals who were overweight and obese being concerned about the risks of Covid-19 infection, access to weight management services were reduced and adults living with obesity were using food to manage their emotions during the first lockdown, adversely impacting self report dietary and physical activity behaviours.

Behavioural changes which may have an impact on weight, such as healthy eating and exercise, have been mixed during lockdown. A recent Food Standards Agency/IPSOS Mori survey of 2000 adults suggested that more people were cooking from scratch and 'eating healthier' than they had been before lockdown. Over the same time, however, 42% of people said they were eating more cakes, biscuits, chocolate, sweets or savoury snacks than they had done previously.

It appears that people were thinking about doing exercise at home, with Google searches for words such as 'home-based exercise' increasing following the March 2020 lockdown announcement. A Sport England survey, however, found that physical activity levels may have decreased following lockdown. From April to May 2020, a survey found that around 33% of those who responded were doing a similar amount of activity as before lockdown, 30% were doing more exercise and 37% were doing less exercise. Increased working from home may have contributed to an increase in sedentary lifestyle which also has a big impact on health. Those with a physical or mental disability or long-term illness were more likely to have done less exercise than the general population. An [Age UK study](#) looking at the impact of the pandemic on older peoples physical and mental wellbeing found that 26% reported not being able to walk as far as they used to.

Support services have had to adapt their services as a result of lockdown. The case study on the next page provides an example of what has been happening in Rotherham.

Example 'Data' page

Physically active adults

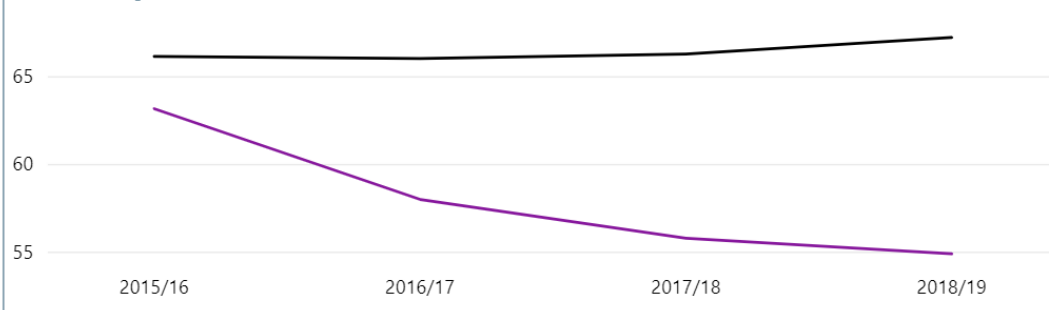
DATA REFRESHED: 13 APRIL 2021



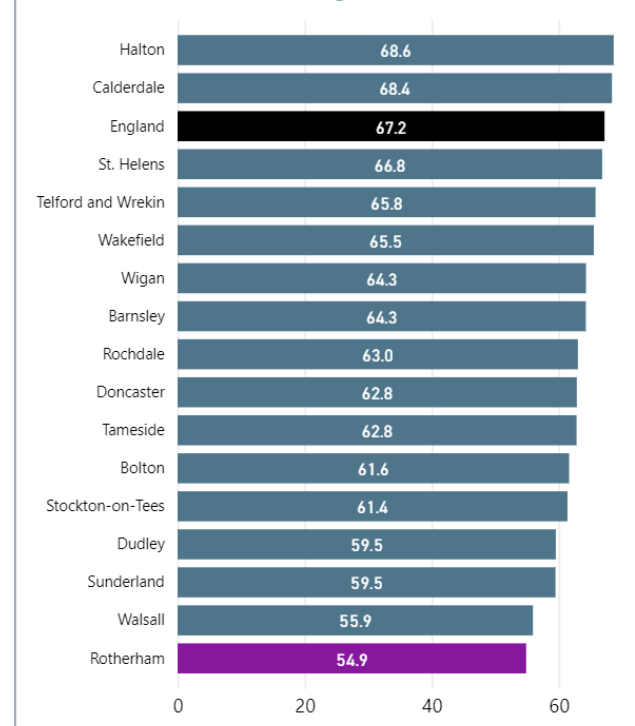
Physical inactivity is the 4th leading risk factor for global mortality accounting for 6% of deaths globally. People who have a physically active lifestyle have a 20-35% lower risk of cardiovascular disease, coronary heart disease and stroke compared to those who have a sedentary lifestyle. Regular physical activity is also associated with a reduced risk of diabetes, obesity, osteoporosis and colon/breast cancer and with improved mental health. In older adults physical activity is associated with increased functional capacities. The estimated direct cost of physical inactivity to the NHS across the UK is over £0.9 billion per year.

Percentage of physically active adults. Percentage 2015/16 to 2018/19. Rotherham compared to England

Area Name ● England ● Rotherham



Percentage of physically active adults. Percentage 2018/19. Rotherham and CIPFA nearest neighbours



Example 'Data' page

Child Poverty (Absolute)

DATA REFRESHED: 13 APRIL 2021

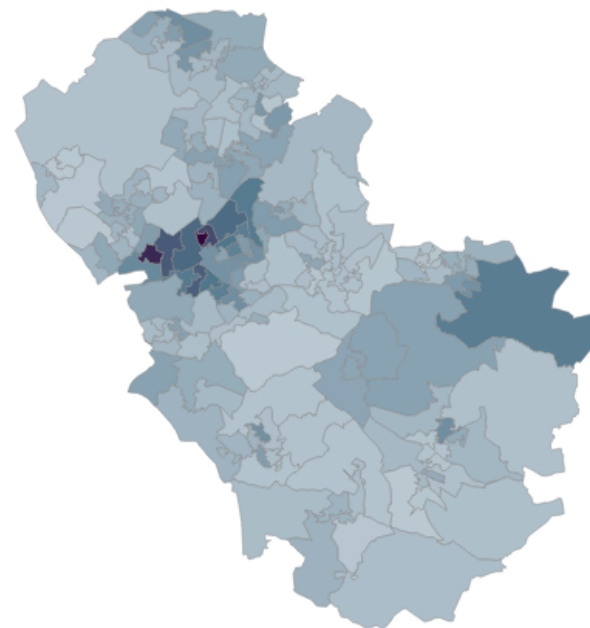


Nationally the relative poverty line is 60% of median income, which means that 14m people in the UK live in poverty. Absolute poverty is where a household's income is less than 60% of the median as it stood in 2011.

The figures below show the number of children in [absolute poverty](#), for each lower layer super output area (LSOA) in Rotherham. Please note that this is a number, rather than a rate, and so may be affected by the overall age distribution of the population within that LSOA.

Local SOA Name	2014/15	2015/16	2016/17	2017/18	2018/19
Anston Greenlands	34	24	34	18	23
Anston Park	29	21	25	33	21
Aston East	22	13	19	12	25
Aston Lodge	85	81	83	94	109
Aston North	28	38	44	49	31
Aston North West	112	141	128	118	139
Aston South	31	19	21	22	35
Aughton North & Ulley	51	29	28	28	22
Blackburn	73	80	76	45	55
Bow Broom	38	40	19	53	42
Bradgate	136	124	93	97	108
Bramley Grange	29	35	27	23	29
Bramley North	32	23	23	20	37
Bramley South East	37	35	30	43	30
Bramley South West	43	23	32	28	33
Bramley West	43	55	41	31	31
Brampton North	103	96	111	98	100
Brampton South	70	48	66	69	67
Brecks	31	14	35	32	28

Number of Children Living in Absolute Poverty by LSOA, 2018/19



Example 'Further Reading'

Further Reading

DATA REFRESHED: 13 APRIL 2021



NHS guidance on healthy eating: <https://www.nhs.uk/live-well/eat-well/>

Further NHS guidance on eating well: <https://www.nhs.uk/live-well/eat-well/the-eatwell-guide/>

NHS guidance on exercise for children: <https://www.nhs.uk/live-well/exercise/>

NHS guidance on exercise for children: <https://www.nhs.uk/live-well/exercise/physical-activity-guidelines-children-and-young-people/>

Sport England tips on exercise at home: <https://www.sportengland.org/jointhemovement>

BBC Sport Get Inspired (list of sports clubs in the UK): <https://www.bbc.co.uk/sport/get-inspired/45353880>

BMI calculator: <https://www.nhs.uk/live-well/healthy-weight/bmi-calculator/>

PHE guidance for obesity/diet is available at: <https://www.gov.uk/health-and-social-care/obesity>

PHE guidance for physical activity is available at: <https://www.gov.uk/government/publications/health-matters-physical-activity>



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Recommendatio... ▾



Example 'Data sources'

Data sources

DATA REFRESHED: 13 APRIL 2021



Contextual information is from online Fingertips Profiles data published by Public Health England (PHE)

Most data and context from PHE Public Health Outcomes Profile (PHOF) at :

<https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/0/gid/1000042/pat/6/par/E12000003/ati/102/are/E08000018/iid/93088/age/168/sex/4>

Prevalence of obesity and context from:

<https://fingertips.phe.org.uk/profile-group/mental-health/profile/dementia/data#page/1/gid/1938132859/pat/6/par/E12000003/ati/102/are/E08000018/iid/92588/age/168/sex/4>

Public Health England. Public Health Profiles. [last accessed 2 March 2021] <https://fingertips.phe.org.uk> © Crown copyright [2021]

Source data:

Breastfeeding initiation: NHS England.

Childhood excess weight data: NHS Digital, National Child Measurement Programme.

Adults classified as overweight or obese: Public Health England (based on Active Lives survey, Sport England)

Prevalence of obesity: Quality and Outcomes Framework (QOF), NHS Digital

Adults classified as overweight or obese.

Proportion of the population meeting the recommended '5 a day' on a 'usual day'.

Percentage of physically active/inactive adults

All above: Public Health England (based on Active Lives survey, Sport England)

COVID Lens data:

Public Health England. Excess weight and COVID-19: insights from new evidence [2020].

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/907966/PHE_insight_Excess_weight_and_COVID-19_FINAL.pdf

Sport England. Activity habits in early weeks of lockdown revealed [2020]. <https://www.sportengland.org/news/activity-habits-early-weeks-lockdown-revealed>

Ding D et al. Is the COVID-19 lockdown nudging people to be more active: a big data analysis [2020]. <http://dx.doi.org/10.1136/bjsports-2020-102575>

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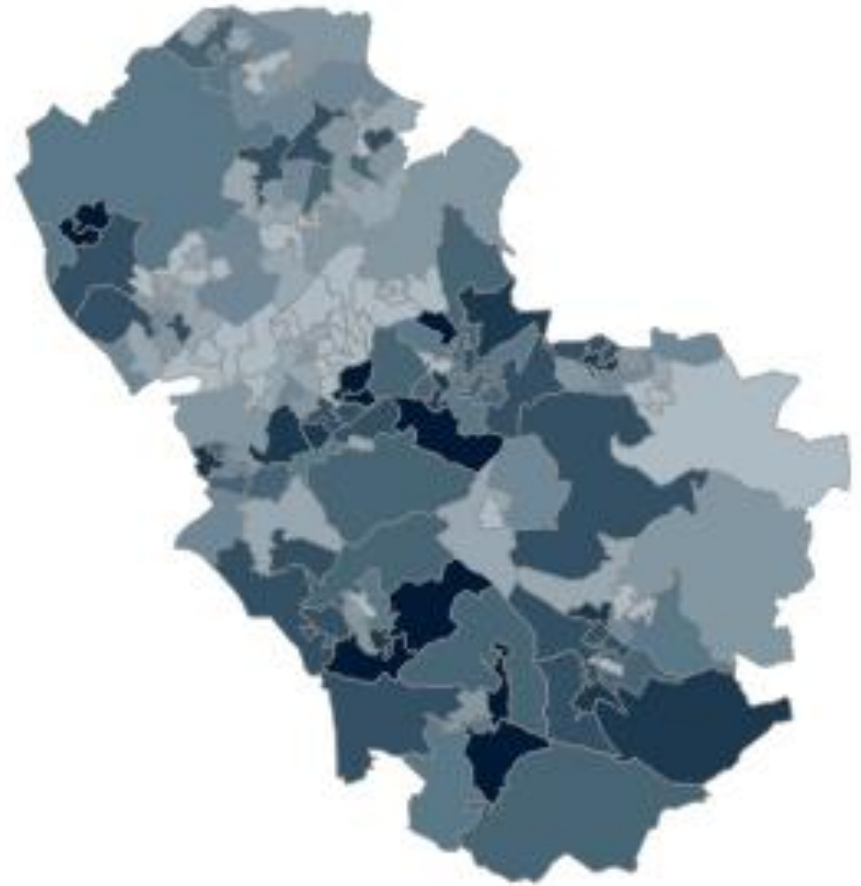
☰ Data sources inf... ▾



Impact of covid

2019 IMD Decile by LSOA

- The long-term impacts of COVID are yet to be fully determined, but they are likely to be worse in more deprived areas and to worsen any pre-existing inequalities in all areas
- Deprivation in Rotherham is high compared to England as a whole – a third of Rotherham residents live within the top 20% most deprived areas in the country and overall deprivation increased between 2015 and 2019 according to the Index of Multiple Deprivation (IMD)



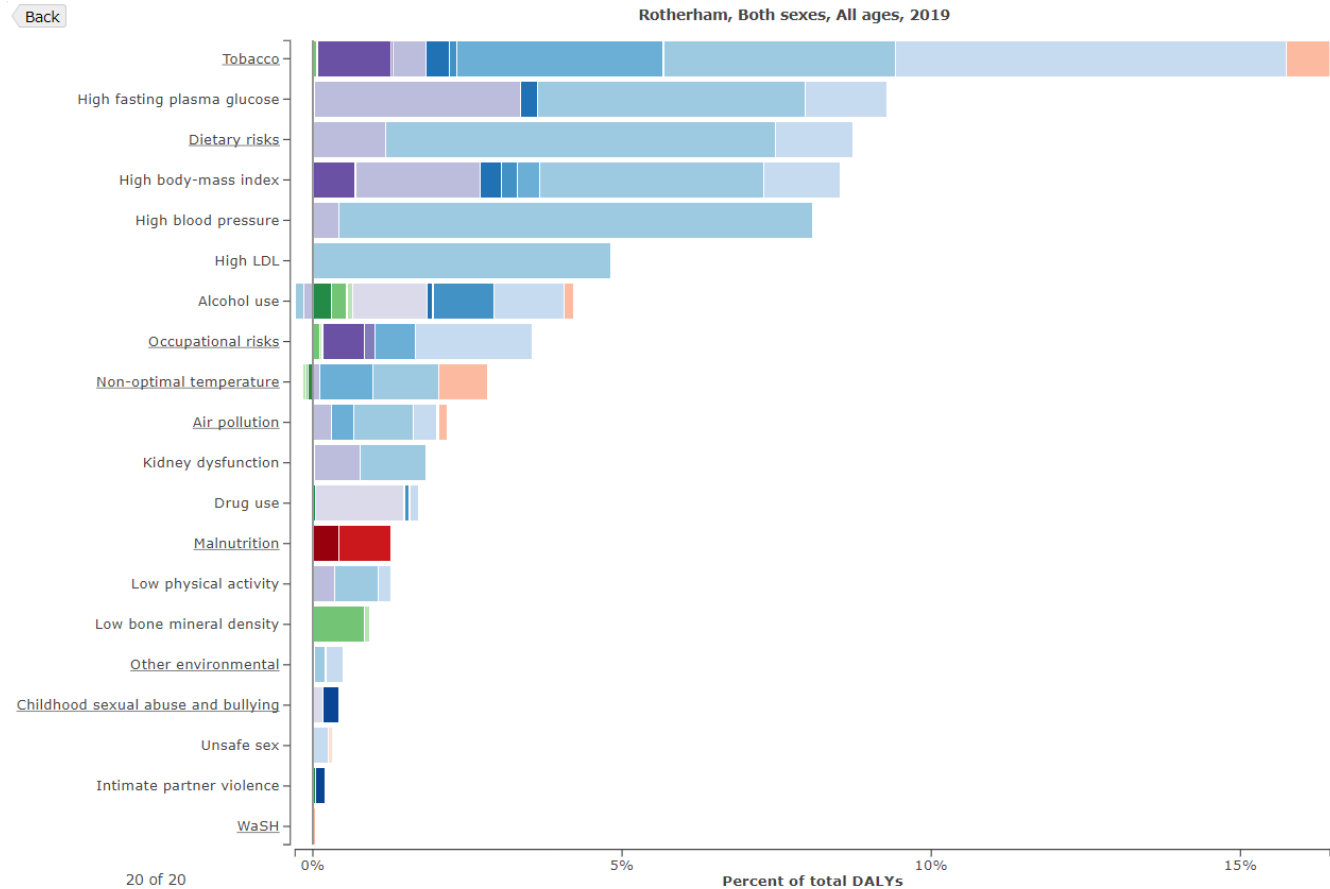
Lighter colour = more deprived
Rank 1 equates to the top 10% most
deprived LSOAs in England

Risk factors affecting DALYs

- The top 10 risk factors contributing DALYs in Rotherham are:

- Smoking
- High blood glucose
- Diet
- High BMI
- High blood pressure
- High cholesterol
- Alcohol use
- Occupational Risk
- Cold homes
- Air Quality

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Headline data examples

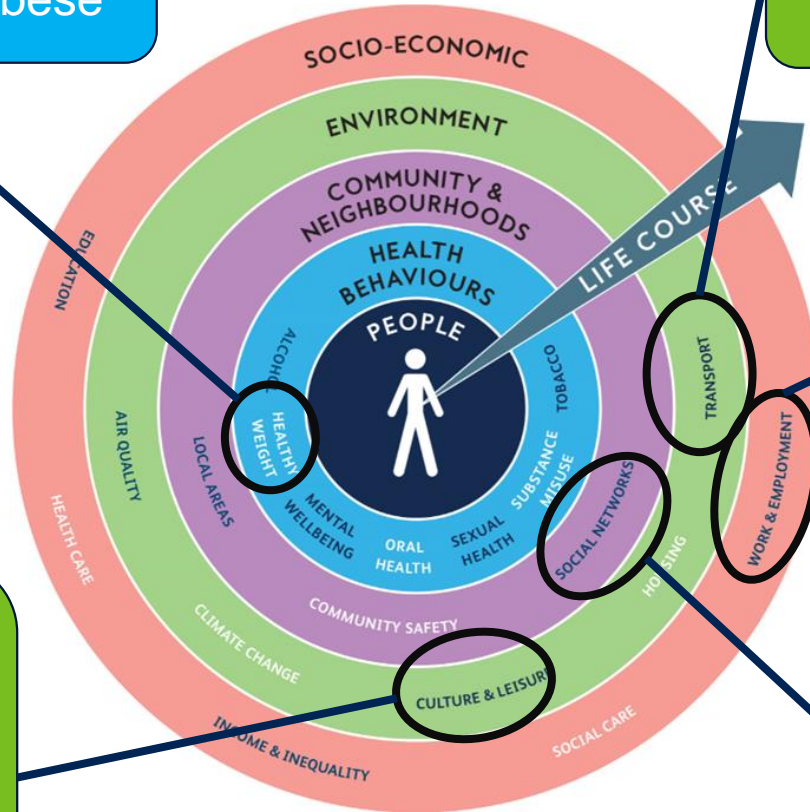
75.6% of adults classified as overweight or obese

0.5% of workers cycle to work

25% of 16-64 years olds not economically active

14% of residents utilise outdoor space for health or exercise purposes

Gismo search for 'weight' -> RUCST weight loss programme



Links to the JSNA

- <http://rotherham.gov.uk/data/>
- <http://rotherham.gov.uk/data/socio-economic>
- <http://rotherham.gov.uk/data/environment>
- <http://rotherham.gov.uk/data/community-neighbourhoods>
- <http://rotherham.gov.uk/data/health-behaviours>
- <http://rotherham.gov.uk/data/people>

Future Actions

- Greater focus on **prevention and inequalities**
- Greater input across **place** – CCG, Healthwatch Rotherham and VAR all contributed data this year
 - TRFT and RDASH keen to contribute some data during this calendar year (e.g. smoking, IAPT (Improving Access to Psychological Therapies))
- As part of input across place, greater inclusion of information about **long-term conditions** such as cancer and cardiovascular disease
 - Links to work around Population Health Management

Future Actions cont.

- Incorporating an interactive '**ward profile**' element within the JSNA, collating all data at ward level into one place rather than having to go through each section individually
 - Acknowledging delays to data available at new ward level
 - Changes to ward boundaries this year may reduce the degree of comparable data available for the next few years
- Incorporating a '**lifecourse**' element, where data relevant to each life stage (child, young adult, adult, elderly) across all themes is brought together