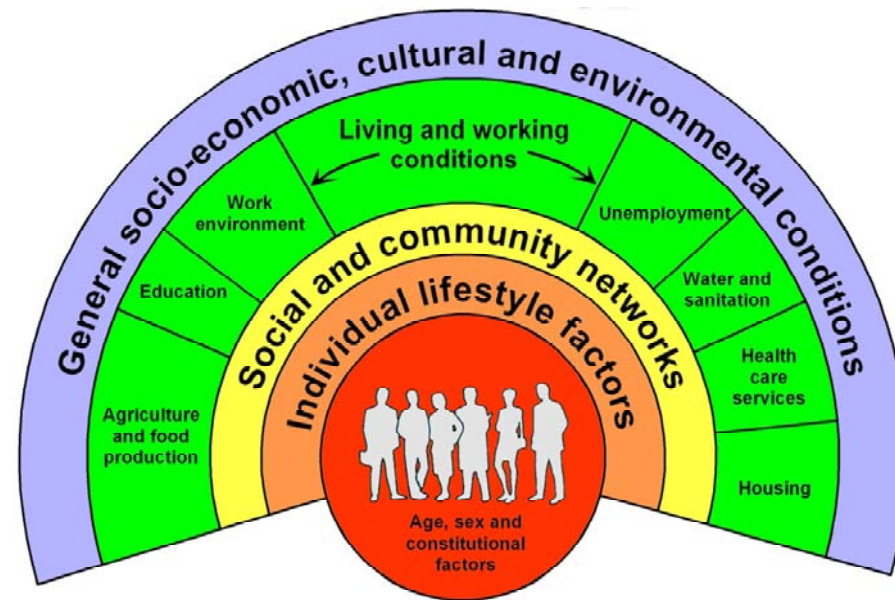


HEREFORDSHIRE JOINT STRATEGIC NEEDS ASSESSMENT

2011 KEY POINTS AND RECOMMENDATIONS



Source: Dahlgren and Whitehead, 1991



Working together for the people of Herefordshire



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SUMMARY OF THE HEREFORDSHIRE JOINT STRATEGIC NEEDS ASSESSMENT 2011

What the Joint Strategic Needs Assessment (JSNA) is for:

This is a summary of Herefordshire's fourth Joint Strategic Needs Assessment. The JSNA brings together, in a single, continuous process, all the information on the health and wellbeing needs of Herefordshire's population. It examines current and predicted health and social care needs, as well as the other main things that affect people's life-chances, quality of life and health and wellbeing. By identifying the major issues that need to be addressed regarding people's health and wellbeing it provides the evidence base needed to develop Herefordshire's Health and Wellbeing Strategy, and so it will underpin the work of the Health and Wellbeing Board, Herefordshire Council, NHS Herefordshire and our partners. The priorities identified within the JSNA inform future plans and help us target money and services where they are needed most.

Ongoing development of the JSNA:

Last year we adopted a new approach to the JSNA by developing it into a dynamic web-based facility* that we update as analyses become available in-year. This has enabled us to feed analyses and intelligence into the relevant fora in-year, and we view work having already started on some of the areas outlined in this document as a measure of success.

We are now focusing on the content of the JSNA - our vision is to produce a JSNA that provides both the breadth of analyses needed to rapidly identify emerging issues or vulnerable groups and the detailed intelligence required for effective commissioning and provision of services in order to maximise the health and wellbeing of Herefordshire's residents. As we go forward we will be examining the range and type of analyses and intelligence that we undertake. A key component of this is considering who we engage with and how we engage them, and over the coming months and years we will be actively seeking to widen our stakeholder involvement in producing the JSNA. We want to ensure that all relevant partners are fully included, utilising their intelligence so that it is a truly integrated strategic needs assessment that is both relevant and useful for commissioners, providers and other partners.

* Full web-based JSNA available at www.herefordshire.gov.uk/jsna

One component of this will be working with the local voluntary, community, charitable and not for profit organisations who have a wealth of experience, data and information, from their work in supporting, advocating for, and providing services to individuals, families and communities, and especially some of the most marginalised members of our community. Their person centred approach gives them unique intelligence on the effectiveness of local services and on gaps and unmet needs, and we want to ensure they are fully involved as we work towards our ‘gold standard’ JSNA.

What we know: The main facts and trends

Within this short summary document we have highlighted the key points in this year’s JSNA. Whilst some of the findings don’t differ significantly year on year, we have also highlighted a number of important changes and emerging themes – for more details we would encourage you to visit the full web based JSNA resource which is available at www.herefordshire.gov.uk/jsna.

Overall people in Herefordshire are healthy, live longer compared with national life expectancy, and have positive experiences of the things that affect their lives and wellbeing. Even so, there are a number of significant issues facing our communities which can get ‘hidden’ behind these headline statements. We believe the key points to be:

- There has been a change in the profile of ‘overall’ or multiple deprivation[†] across the County; a subtle change in relative position means that the ‘John Kyrle’ area[‡] of Ross on Wye has replaced ‘Hereford City centre’ as being one of the 25 percent most deprived areas of England.
- New analysis shows that physical inactivity and obesity levels are major causes of coronary heart disease and stroke.
- Alcohol misuse is a growing problem, affecting A and E attendances, hospital admissions and crime levels.
- Women born in Herefordshire live on average to 83, a year longer than in England as a whole; men to 79, which is almost a year longer than nationally.

[†] The index of multiple deprivation measures the overall deprivation of an area compared to others, based on how deprived it is according to seven distinct ‘domains’: health, crime, living environment, education & skills, barriers to housing & services, employment, and income. It is possible to look at income deprivation affecting the whole population; or under 16s and over 60s separately.

[‡] These areas are Lower Super Output Areas or LSOAs: statistical geographies of approximately 1,500 people designed by the Office for National Statistics using the results of the 2001 Census. Local names were assigned by Herefordshire Council’s Research Team in 2004 to give an indication of where the area is, but a map should be consulted for the exact boundary. The ‘John Kyrle’ LSOA covers the area from John Kyrle School towards the centre of Ross, to Kyrle Street; it includes most of Three Crosses Road, Brampton Street & Greytrees Road, but not Springfield Road or Brampton Abbots.

- People born in Herefordshire are also expected to live a greater proportion of their lives in good health and without a limiting long-term illness than nationally - healthy life expectancy at birth is over 71 for men and 75 for women.
- Although we have a lower proportion of children achieving a good level of development at age 5 compared with nationally, our young people generally get better qualifications than in England as a whole, with 81 per cent achieving five or more A* – C grades at GCSE.
- Even with the recession Herefordshire has much lower levels of unemployment than nationally, although the percentage of 16-18 year olds not in education, employment or training remains at the level it climbed to in 2008/09 (largely as a result of the economic downturn).
- Crime has also fallen consistently between 2008 and 2011, although early projections (based on Quarter one data) suggest that levels may rise in 2011-12 as the effects of the recession continue to be felt.
- A much higher proportion of people compared with nationally (nearly nine out of ten) are satisfied with their local area as a place to live.
- Herefordshire has a vibrant third sector providing a rich patchwork of community action, voluntary groups and neighbourhood support.
- Just under one in three adults volunteer ('give unpaid help to a group, club or organisation') at least once a month, higher than the national rate. Groups who were more likely to volunteer were older people and those living in rural areas. A survey of pupils in 2009 found a much higher rate (44%) for those aged 11 to 14 who volunteered at least once a month.

1) Inequalities and Deprivation

There is a strong association between health inequalities and measures of deprivation, including educational under-attainment, low skills, unemployment, low income and poor housing conditions.

- Herefordshire as a whole has relatively low levels of multiple deprivation however:
 - Several areas of south Hereford and Leominster have been amongst the most deprived areas in England for over 10 years, and are becoming more deprived relative to other parts of England.
 - The gap between the least and most deprived areas of Herefordshire is widening.
 - In 2010 an area of Ross-on-Wye ('John Kyrle') replaced 'Hereford City centre' as being amongst the 25 per cent most deprived areas nationally.

- Certain types of deprivation also affect significant numbers of people living in rural areas of the county, where the costs of everyday living are also likely to be higher than in urban areas.
- Income deprivation is one component of multiple deprivation:
 - It affects more than one in five residents in some areas of the county, although the proportion has reduced from 2007 and the gap between the most and least deprived areas has narrowed somewhat.
 - Its profile is changing amongst older people- although the picture has improved in some of the areas with the highest rates the proportions living with income deprivation across the county are increasing. In the worst affected areas – parts of Leominster, Hereford and Ross – it still affects nearly one in three older people.
- The child poverty indicator demonstrates that the profile of child poverty is deteriorating, and has identified new pockets that appear to be linked to areas with a high density of social housing.
- People living in Herefordshire's most deprived areas experience worse health outcomes than those in less deprived areas. They are more likely to be admitted to hospital because of an accident and with alcohol related conditions, particularly in young people. They are also more likely to die from chronic respiratory disease, cancer or coronary heart disease – in fact the premature mortality rate (death aged under 75 years) for coronary heart disease is 2.6 times higher in the most deprived areas when compared to the least deprived areas of Herefordshire. This association with deprivation is not seen for hospital admissions with these three conditions suggesting there may be issues around engagement with services.
- Educational attainment is clearly linked to deprivation, and the gap between the best and worst performing wards and LSOAs at GCSE (pupils achieving 5 or more A*-C grades at GCSE including English and Maths) is still increasing. Although Herefordshire performs well compared nationally for the educational achievement of looked after children they still do less well than their peers. There are still significant attainment gaps between other identifiable groups of vulnerable children, including those with special educational needs, and pupils from minority ethnic groups, notably Gypsy and Roma Traveller children.
- Housing affordability is a major problem in Herefordshire, and there is high demand for social housing. The changing demographics of the population as a whole, and of groups with particular housing needs (for instance adults with learning disabilities and Gypsy and Roma Travellers), will pose challenges in terms of the provision of suitable accommodation.

- A quarter of the population lives in very sparsely populated areas - the highest proportion of any county-level authority area in England. Many face difficulty accessing key services and it can present difficult challenges in providing services to vulnerable people in rural areas, especially in the current economic climate.
- Although still low compared with the West Midlands region and England, unemployment levels are decreasing slowly and remain much higher than prior to the recession. It has particularly affected young adults (aged 18-24) and, more recently, women.
- Despite the impact of the recession, two and a half times as many people claim benefits because they are unable to work for health reasons than are unemployed and actively seeking work. The majority have been claiming for five years or more.

2) Changing Demographics

The increasingly older age structure of the county's population has been recognised for some time but it is important this is not forgotten just because it has been heard before. Other demographics also need to be considered:

- The number of people aged 85 and over is expected to continue growing at an increasing rate, from 5,600 in 2010 to more than 10,000 by 2026. This group makes by far the greatest demands on health and social care and is at greatest risk of isolation due to living alone and in poor housing.
- Expected increases in levels of disability, due mainly to the ageing population, will add significantly to the number of people needing to provide care to their families or friends. It is also worth noting that carers themselves are likely to be older.
- Dementia presents a significant and urgent challenge to health and social care in Herefordshire in terms of both numbers of people affected and costs. Projections suggest that the estimated 2,900 people affected in 2010 could almost double to 5,600 by 2030. Typical of the situation across the country, the observed prevalence in GP surgeries is only one third of the expected prevalence. This has implications in terms of lack of treatment and care.
- The number of people aged over 65 with learning disabilities is projected to increase by one third between 2011 and 2015, and those with moderate disabilities living at home are likely to have high dependency as they age. There will be an increase in the need for age appropriate services. In more general terms we need to identify how we most appropriately support people with the highest level of support needs to access community facilities, more independent accommodation and more personalised day services; we need to increase the numbers supported into employment opportunities for working age people with learning disabilities (from the level of 11% achieved in 2010-11).

- Although the overall number of children living in the county continues to fall, there have been more births than expected in the last few years as fertility rates appear to be rising more than anticipated both locally and nationally – this will have implications for the provision of services for children and families.
- There are some differences in age structure around the county, most notably Hereford City has a younger population with relatively high proportions of young adults (aged 20-34), whilst rural Herefordshire has relatively high proportions of older adults (45-75). The highest proportions of people aged 80+ live in the market towns. Despite these overall observations, all localities have pockets where there are relatively high proportions of either younger or older people.
- Herefordshire has a relatively small Black, Asian and Minority Ethnic resident population - but this is growing. Increasing numbers of births are to mothers born outside the UK, mainly Poland and other Eastern European countries.
- The county continues to host several thousand temporary seasonal workers every spring and summer, mainly young men from Bulgaria, Romania and Poland. Most are accommodated on the farms where they work, and many return year after year.

3) Health and Health-related Behaviours

Many of the major causes of ill-health and mortality remain unchanged within Herefordshire since the publication of the 2010 JSNA. We know that nearly all of these are influenced by ‘unhealthy’ lifestyle behaviours which are also leading to new challenges:

- Smoking remains the single most important cause of premature death, ill-health, and hospital admission in Herefordshire.
- Rates of alcohol-related hospital admissions continue to rise, with over 3,500 admissions with alcohol-attributable conditions in 2010/11. These are of particular concern amongst young people, and those in the most deprived areas; admission rates due to alcohol-specific conditions are 12 times higher in under 18s from the most deprived areas than in those from the least deprived.
- A higher proportion of alcohol-related assaults attend A and E than any other area in the West midlands where data sharing arrangements are in place. It is also worth noting that 39% of domestic abuse offences were alcohol related in 2010 and there has been a small but steady increase in alcohol related violent offences since 2008.

- The number of teenage pregnancies is relatively low but continues to rise; and there has been a rise in sexually transmitted diseases (although this could be the result of better screening).
- Obesity is emerging as a major contributing factor to poor health, disability and premature death. In line with national trends almost a quarter of Herefordshire adults are obese. Although childhood obesity in reception and year 6 seem to have fallen slightly to below national averages, this fall is not statistically significant. It also hides the fact that 8% of reception aged children and 15% of year 6 children are obese.
- In Herefordshire physical inactivity is responsible for almost as much coronary heart disease and more strokes than hypercholesterolemia (high levels of cholesterol in the bloodstream) and hypertension (high blood pressure), whilst obesity is responsible for more than hypertension.
- Cancer is responsible for the greatest amount of ‘years of life lost’ in Herefordshire, but accidents are responsible for the highest average years of life lost per death (since they tend to happen at younger ages).
- The levels of cancer and coronary heart disease are lower than nationally and regionally but they remain the county’s biggest killers. Mortality rates for both of these are falling regionally and nationally, whilst in Herefordshire they have stabilised for cancer mortality and are falling more slowly for coronary heart disease mortality.
- The rate of deaths related to stroke has fallen more rapidly than nationally over recent years, but deaths from stroke remain higher than nationally.
- As a rural county road safety is an important challenge – Herefordshire’s rate of road injuries and deaths remains higher than national.
- For all types of accidents both mortality rates and hospital admissions are rising. Transport accidents are the biggest cause of death from accidents, but falls are the biggest cause of hospital admissions from accidents. With almost 1,000 hospital admissions per year due to falls they account for over 60% of emergency hospital admissions due to accidents.
- In line with national trends the rate of deaths from suicide and undetermined injury had been falling in Herefordshire. There was a small rise in the number of deaths in 2010, but this is based on very small numbers and statistically the rate is not significantly different from that of previous years.
- The dental health of children in Herefordshire is poor: 2 in every 5 children have some experience of tooth decay by the age of 5 years and more than 2 in every 5 have experienced decay in one of their permanent teeth by the age of 12 years.

4) What People Have Told Us

The last major survey of residents' views of life in the county was the 2008 Herefordshire Quality of Life Survey, due to be repeated in autumn 2011.

- According to the 2008 survey:
 - Nearly nine in ten residents are satisfied with their local area as a place to live and two in three felt strongly that they belonged to their immediate neighbourhood.
 - Aspects of quality of life in Herefordshire highlighted by residents as both important and needing to improve are affordable decent housing, public transport and clean streets.
 - Residents are generally happy with health services in Herefordshire, but there are specific aspects around access they feel should be better. Nearly nine in ten residents are satisfied with their GP, nearly eight out of ten with the local hospital and seven in ten with their dentist. On the other hand, getting to see a dentist was by far the most important service access issue for people, with over three in ten finding it difficult. Nearly one in five found it difficult to access their GP or local hospital.
 - More than eight out of ten people were satisfied with the Hereford & Worcester Fire and Rescue Service, over half with West Mercia Constabulary and one in three with the way Herefordshire Council runs things overall, although satisfaction with specific services was much higher, for instance over eight in ten were happy with refuse collection.
 - Three in four residents felt they had been treated with respect and consideration by local public services most or all of the time in the last year.
- The number of contacts to Herefordshire Public Services Patient Advice and Liaison Service (PALS) increased by 60% in 2010/11 from the previous year. Half of these contacts were either requests for information or raising concerns about communication. Just under half of the PALS cases were resolved through providing information in an appropriate and understandable format.
- The Care Quality Commission National Inpatient Survey 2010 showed a reduction in patient satisfaction with Hereford County Hospital, responses to 50% of the questions asked showed patient satisfaction in the bottom 20% when ranked against hospitals nationally. The areas that received the lowest scores broadly relate to communication, information provision and timeliness of service provision.
- The main themes identified from formal complaints received through the Customer Insight Unit in relation to Health and Adult Social Care related to the clinical care received, the quality of the clinical decision making and access to services.

Recommendations

These recommendations are of necessity ‘high-level’ – the more detailed topic-specific recommendations will be found within the detailed analyses on the JSNA web-site, which is updated continuously as information and analyses become available throughout the year.

It should be noted that the nature of the JSNA means that many challenges requiring action remain similar to those identified in previous years, although they do encapsulate new and emerging issues that have developed over the last year. We have been working throughout the year to feed these into the relevant fora, and work may already be underway in respect of some of them.

Recommendations for further analysis or more in depth work:

1. The rising morbidity and wider societal effects due to alcohol requires attention – we have recommended an in depth needs assessment to identify comprehensive partnership solutions to this growing problem.
2. The number of children in Herefordshire and the birth rate will need to continue to be monitored to identify whether or not they pose a challenge to the sustainability of high quality children’s services, especially in rural areas.
3. The achievement of children under 5 in the Early Years Foundation Stage Profile requires ongoing monitoring - to ensure improvement strategies put in place deliver sustained progress.
4. The changing profile of deprivation and child poverty requires ongoing attention – it is important that stakeholders’ activities are designed to respond to such changing profiles.
5. We need a more in depth understanding of the association between deprivation, use of services and health outcomes in Herefordshire; and of how we can address these issues through the social determinants of health as well as through health and social care providers.
6. Deaths due to suicide and undetermined injury need to be monitored closely to enable early identification of a potential rising trend.
7. The changing demographic profile is well recognised, but more work is needed on what the impacts of this will be for health and social care organisations - in terms of effects on morbidity, mortality, use of services, need for services, need for care and carers support, service planning and resource allocation.

Other recommendations: the challenge for commissioners

1. Physical inactivity and obesity have been identified as major causes of morbidity and mortality in Herefordshire. Along with smoking we need to address these lifestyle behaviours in order to prevent ill health and disease. This is true for adults as well as for children and young people, and their families.
2. We need ongoing programmes to reduce the harm from accidents that recognise the different profile of accidents across all ages – as part of this we need a wider approach to falls that prevents the first occurrence rather than simply treating them once they have occurred.
3. There is an increasing proportion of the population who will require personalised support and re-ablement services to enable them to live independently in their own homes. This includes people over 85, those with dementia, people with learning disabilities, and people with moderate to severe mental health problems. The support needs of their carers and families also need to be addressed, to enable them to cope and to lead fulfilled lives.
4. In tandem with this the housing needs of these and other groups need to be considered, with innovative approaches needed to provide the supported housing needs of the populations. Other issues, such as an increased need for additional authorised pitches for Gypsies and Roma Travellers, will require continued working with local communities.
5. The rurality of Herefordshire can make access to and delivery of all services problematic – we need to continue to innovate and make use of new technologies to bring services to people in their own localities and their own homes.
6. We need to support third sector organisations, recognise good practice and excellence where it exists and encouraging it's spread. We also need to ensure the effective growth of links between third sector organisations and the statutory sector.
7. Patient feedback suggests that there may be an issue around communication and the provision of information about healthcare. We need to address this to improve the experience that people have, by listening to what patients and service users tell us about the information they need – and how they want to receive it. We should build on models of good practice – such as the Three Counties Cancer Network and Diabetes Care Pathway - where patients have identified a gap in provision and then been involved in the development of patient held information packs to address it.

Future developments

The detail and in-depth analysis that provides a full understanding of these issues can be found at www.herefordshire.gov.uk/jsna on the JSNA web-site. Ongoing information and analysis that is undertaken throughout 2011/12 will be added to the web-site as it becomes available.