

SUMMARY OF THE HEREFORDSHIRE JOINT STRATEGIC NEEDS ASSESSMENT 2009

What the Joint Strategic Needs Assessment is for

This is a summary of the second *Joint Strategic Needs Assessment* for Herefordshire. It examines health and social care needs as well as the other main things that affect people's life-chances, quality of life and health and well-being. It helps Herefordshire Council, NHS Herefordshire and our partners identify what our priorities should be. These inform future plans and help us target money and services where they are needed most.

What's new about this year's JSNA and how it will develop

Since the first *Joint Strategic Needs Assessment* in 2008, we have been continuing to increase our understanding through consultation and discussions with local people. This includes public consultation on strategic options, the *Herefordshire Quality of Life Survey*, the creation of the *Herefordshire 100* to ensure that the needs and views of minority groups are better understood, and generally by listening to what our customers are telling us, including at our improved Info Shops.

In addition, the development of personalised services in social and health care is providing a clearer perspective on the needs of the most vulnerable people in our community. New social care and health partnership boards are helping us to hear the views of service users, carers and their representatives.

During the last twelve months we have been examining the needs of different parts of Herefordshire, including the city and the market towns, as well as rural compared with urban areas. Next year we plan to build on this with a detailed assessment of each of the main rural areas, such as the Golden Valley. Building up a better picture of how much money is spent in different areas, what it is spent on and what it is achieving will give us a much more finely-tuned approach to setting priorities and allocating resources.

We also continue our focus on different groups across the county, including children and young people, older people, ethnic minorities and those who are vulnerable, as well as the major diseases and other factors that affect people's lives.

What we know: the main facts and trends

Overall people in Herefordshire are healthy and living longer. Women live on average to 83, which is over a year longer than in England as a whole, with men living slightly longer than the national average.

Also, people born in Herefordshire are 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.

Our young people generally get better qualifications than in England as a whole, with some 70 per cent achieving five or more A* – C GCSE grades. The educational attainment of children leaving care in Herefordshire is among the best in the country.

Even with the recession, Herefordshire has much lower levels of unemployment and crime than nationally, and a much higher proportion of people (nearly nine out of ten) who are satisfied with their local area as a place to live.

Even so, there are a number of significant issues facing our communities. This assessment highlights the major issues that need to be tackled to improve health and well-being, and to reduce inequalities.

- The highest and most multiple deprivation (within the 25 per cent most deprived in England) is in parts of Hereford and Leominster, together with small pockets in some rural areas
- There is a strong association between health inequalities and other measures of deprivation, including educational under-attainment, low skills, unemployment, low income and poor housing condition
- Although levels of unemployment remain low compared to regionally and nationally, they have doubled as a result of the recession and been felt disproportionately by unskilled and semi-skilled people
- The number of under 16s is expected to continue to fall - by about 8 per cent between 2007 and 2016 - and thereafter to stabilise
- Although still low compared with regionally and nationally, the proportion of young people not in education, employment or training has risen as a result of the recession
- Although outcomes for children and young people are generally good, there is growing inequality in some areas and amongst specific groups of children and young people
- Income deprivation affecting children is significant in particular wards, reflecting the general pattern of multiple deprivation
- poor access to services affects more children and young people in rural areas
- one in four 11 year-old children are overweight or obese
- The dental health of children is poor, with two in every five having tooth decay or missing teeth. Lack of fluoride in water supplies plays a large part but also the majority of children do not consider their dental health when choosing what to eat
- High rates of young people, especially girls, smoke and drink alcohol and get drunk
- On the other hand, the proportion of young people who have never smoked is higher than nationally
- The number of teenage pregnancies is relatively low but has risen
- There has been a sharp rise in sexually transmitted diseases but this could be the result of better screening
- Numbers of ethnic minority pupils have grown in recent years to be over 5 per cent of the total in primary schools and over 4 per cent in secondaries. Children from mainland European backgrounds appear to do better than average at schools but other minority groups, particularly gypsies and travellers, less well
- The number of people aged 85 and over is expected to more than double by 2026 to 10,200. This group makes by far the greatest demands on health and social care and is at greatest risk of isolation and poor, inadequately heated housing
- There is an expected doubling by 2015 – to over 2,000 people – in the number of older people with dementia who will need support
- High levels of income deprivation – amongst the 10 per cent most deprived in England - are affecting an increasing number of older people in some parts of the county; for instance, nearly two in five in Bromyard Central, Hereford City, Leominster and small pockets in rural areas
- A quarter of the population lives in very sparsely populated areas (the highest proportion of any county-level authority area in England) and many face difficulty accessing some key services
- The levels of coronary heart disease and stroke are better than average but remain the county's biggest killers
- Smoking remains the single most important cause of premature death and ill-health
- There are higher than average levels of obesity amongst adults, which is a major contributing factor to poor health, disability and premature death

- Skin cancer levels are far higher than the national average, which may be related to the relatively high number of people working in land-based occupations.
- Although the number of people killed or seriously injured in road accidents has decreased over recent years, it is still slightly higher than the national rate, and there is also a higher rate of suicides
- The proportion of mothers breast-feeding has been going down but may now be increasing
- At nearly 900, the number of 18-64s with the most serious mental health disorders is much higher than would be expected. There is no present reason to believe that more people than this will require treatment in future
- But there is a need for more supported housing to enable people with moderate to severe mental health problems to live in the community
- Less serious mental health problems affect nearly one in five 18-64s. This number is not expected to change much, if at all, over the next few years but is likely to increase slightly over the longer-term
- The number of people with learning disabilities over 65 will double by 2015, and those with moderate disabilities living at home are likely to have high dependency as they age
- Expected increases in levels of disability, particularly amongst older people, will add significantly to the number of people having to provide care to their families or friends
- In rural areas, ambulance services are consistently failing to meet target times for getting to people
- Many people across the county, not least younger people, struggle to find affordable housing, and the demand for this is expected to continue to grow
- Herefordshire has a relatively small but growing black, Asian and minority ethnic population
- There are large numbers of migrant workers, mainly from Eastern Europe. There are several thousand at any one time in the summer but most stay for only a few months

What the people of Herefordshire have told us

The ***Quality of Life Survey*** in autumn 2008 showed that:

- Nearly nine out of ten people were satisfied with their local area as a place to live, which put Herefordshire in the top quarter in the country
- The issues seen as most important and in need of improvement were people having access to housing they can afford, clean streets and public transport
- Services most frequently seen as difficult to access were the dentist, public transport, and cultural and recreational facilities
- Over three out of four said their health in general was good or very good
- A third thought that older people were able to get the support they needed to live at home for as long as they want
- About one in five saw a problem with people not treating each other with respect and consideration compared to the nearly three in five in 2007
- Fewer than one in eight thought there was a high level of anti-social behaviour, compared to over one in four in 2007
- Nearly two in three felt safe in their local area after dark, and over nine in ten during the day
- There had been significant drops in satisfaction amongst users of sports, leisure and cultural facilities, and parks and open spaces
- More than one in five felt well-informed about what to do in the event of a large-scale emergency such as flooding or pandemic flu, which puts Herefordshire in the top quarter nationally.
- Nearly nine in ten were satisfied with their GP, more than four in five with Hereford & Worcester Fire and Rescue service, over three in four with the local hospital, seven in ten with their

dentist, over half with West Mercia Constabulary and a third with the way Herefordshire Council runs things overall

At about the same time, the **joint council and NHS Herefordshire strategic options consultation** asked people to choose within limited budgets between *examples* of the kind of choices that we face over the coming years.

- For **council-led services** the improvements the public most wanted to see were:
 - measures to tackle traffic congestion
 - more support for families to protect vulnerable children
 - adult social care at least keeping up with increasing demand.
- To help pay for these, they were most prepared to see reductions in:
 - the arts, libraries and museums
 - concessionary leisure fees
 - subsidised bus services¹.
- Also to help pay for priority improvements, most people were prepared to see increases in charges for car parking and non-residential social care.
- But they did not want to see reductions in:
 - the maintenance of minor roads and footways
 - youth services
 - short-term re-ablement therapy and support
 - support for carers
 - dementia and other mental health services.

For **NHS Herefordshire services** the package preferred by the majority of people was:

- improved access to NHS dental care
- enhancements in services to prevent and treat stroke
- more people with long-term health conditions being supported at home
- increased support for those at risk of falls
- more people receiving end of life care at home
- an increase in alcohol education for children and young people
- no reductions in the current levels of other services, except for...
- ...10 per cent fewer people getting high cost drugs and cosmetic surgery that meets NHS criteria.

The main challenges we face that require action

- Addressing cost-effectively the needs and long-term prospects of areas and groups in the population suffering from multiple deprivation, including families with children, requires a co-ordinated approach to service commissioning and delivery
- The fall in under 16 year-olds poses major challenges to the sustainability of high quality children's services, especially in rural areas
- There are additional challenges to the provision of cost-effective services and access to facilities in rural areas that will require new approaches
- There is a continued need for long-term programmes to prevent the underlying conditions that cause coronary heart disease and stroke
- Efforts to discourage smoking and to support people to stop need to be re-doubled
- A more effective screening and a long-term prevention programme are needed to reduce the number of people getting skin cancer

¹ This may seem to be at odds with people having said in the *Quality of Life Survey* that public transport was important and needed to improve. This is because the strategic options consultation required people to choose between options within a limited total budget.

- To reduce the numbers of overweight and obese children, programmes with prospective and actual parents and in schools need to be expanded
- More effective programmes are needed to reduce accidents
- And to reduce suicides, especially amongst 25-44 year-olds
- Action to promote breast-feeding needs to be intensified
- Access to NHS dental health care has improved but needs to be further enhanced
- Taking further measures to reduce the number of young people not in education, employment or training is important for the future strength of the county's economy, as well as producing social benefits
- More generally, the future strength of the county's economy and social cohesion require re-doubled efforts to raise skill levels
- Completing programmes to provide more cost-effective and personalised care for people that maximises their independence in their own homes and communities is vital, particularly in addressing the needs of the steadily increasing number of over 85s, including those with dementia
- In particular, re-ablement services need to be further developed
- These programmes need to be complemented by effective action planning to give effect to the wider *Older People's Strategy*, so that older people's contributions to their communities are maximised and they are able to live fulfilled lives that sustain their health and well-being
- There is a need to provide more support via GPs for people with common mental health problems
- More supported housing is needed so that people with moderate to severe mental health problems are helped to live in the community
- Community services for people with learning disabilities need to develop to meet the distinctive needs of the much larger number who will live into old age
- Cost-effective approaches need to be developed with local communities to enable growing numbers of families and friends who provide care to cope and lead fulfilled lives
- Imaginative approaches will continue to be needed to boost the supply of affordable housing
- Perceived barriers to health care affecting migrant workers, gypsies and travellers need to be addressed
- There is a need to ensure adequate opportunities for migrants to gain quickly a reasonable ability to speak English
- A substantial number of additional authorised pitches for gypsies and travellers are likely to be needed in the future
- The severe educational under-achievement of gypsy and traveller children needs continued attention

What more we need to know

- Increased understanding of multiple deprivation and how best to combat it
- How people choose to meet their own needs if they have personalised rather than traditional services
- Enhanced financial analysis, comparing needs to existing service provision and expenditure patterns
- A fuller understanding of needs in specific parts of the county, including the main rural areas
- More extensive modelling of future trends affecting needs, including at ward level
- A fuller understanding of the needs and views of ethnic minorities, including educational achievement and the needs of pupils from different ethnic minority groups