

# Herefordshire Joint Strategic Needs Assessment 2010

## Key Points and Recommendations



**The full assessment is available as a web based resource at: [www.herefordshire.gov.uk/jsna](http://www.herefordshire.gov.uk/jsna)**

Should you require this document in an alternative format or language please contact the Herefordshire Corporate Policy & Research Team on telephone 01432 260498 or email [researchteam@herefordshire.gov.uk](mailto:researchteam@herefordshire.gov.uk)



Working together for the people of Herefordshire



# SUMMARY OF THE HEREFORDSHIRE JOINT STRATEGIC NEEDS ASSESSMENT 2010

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

This is a summary of Herefordshire's third Joint Strategic Needs Assessment. The JSNA brings together, in a single, continuous process, all the information on the health and well-being 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 well-being. By identifying the major issues that need to be addressed regarding people's health and well-being it helps Herefordshire Council, NHS Herefordshire and our partners identify what our priorities should be. These priorities 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 our first *Joint Strategic Needs Assessment* in 2008, we have been working to ensure we continuously improve our understanding of the needs of the county. This year we have adopted a new approach to the JSNA, developing a dynamic web-based facility<sup>1</sup> that will enable us to continuously (in-year) update the JSNA as a resource. This approach has also enabled us to increase the breadth and depth of information used to inform the JSNA – as well as including analyses specifically undertaken for JSNA, we have included information and analyses developed during the ongoing service and development process, and we have utilised the unique information resource of the Herefordshire Partnership by linking into the State of Herefordshire web-based report.

Through this approach we have continued our focus on different 'groups' across the county, including children and young people and older people, as well as different 'issues' important for the county, such as the major causes of mortality and ill-health and other factors that affect people's lives. We have also continued our focus on 'what people think', gained through ongoing consultation and discussions with local people, as well as new analyses

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<sup>1</sup> Full web-based JSNA available at [www.herefordshire.gov.uk/jsna](http://www.herefordshire.gov.uk/jsna)

of data. All of this information will now be supplemented in-year as new information and analyses become available – this will make JSNA a dynamic ‘up-to-date’ information resourced that can be used to inform priority setting and decision making.

## **What we know: the main facts and trends**

Many of the issues identified in previous annual JSNAs remain current for Herefordshire, although there are some new emerging issues and trends. Within this short summary document we have highlighted the key points and recommendations – for more details, we would encourage you to visit the full web based JSNA resource which is available at [www.herefordshire.gov.uk/jsna](http://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 well-being:

- Women live on average to 83, a year longer than in England as a whole; men to 79, which is slightly longer than nationally.
- 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 74 per cent achieving five or more A\* – C grades at GCSE.
- Even with the recession, Herefordshire has much lower levels of unemployment and crime than nationally, and the percentage of 16-18 year olds not in education, employment or training has dropped back in line with previous years (following a steep rise in 2008/09 which was largely due to the economic downturn).
- 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 3<sup>rd</sup> sector providing a rich patchwork of community action, voluntary groups and neighbourhood support.

Even so, there are a number of significant issues facing our communities which can get ‘hidden’ behind these headline statements. In the following pages we have highlighted the major issues that need to be tackled to improve health and well-being, and to reduce inequalities in Herefordshire, both

now and in the future. We have tried to draw these together into some overarching themes, but some points and issues will operate across more than one.

## **1) Inequalities and Deprivation**

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 conditions.

- Herefordshire has a number of 'pockets' of deprivation, with the highest levels of overall, multiple deprivation (areas within the 25 per cent most deprived in England) in parts of Hereford and Leominster, together with small pockets in and around the other market towns and several rural villages and hamlets.
- The proportion of people experiencing income deprivation in all of these areas has increased from 2004, and increasingly high proportions of children in some areas, particularly of Leominster and Hereford, live in households with low incomes - the gap between the most deprived areas and the rest of the county seems to be widening.
- Some parts of the county have increasingly high proportions of people aged 60 and over living in households with low incomes; for instance, nearly two in five in areas of Bromyard, Hereford and Leominster.
- People living in Herefordshire's deprived areas experience worse health outcomes – being more likely to be admitted to hospital or die from a range of conditions - than those living elsewhere.
- Deprivation is clearly linked to educational attainment, and the gap between the best and worst performing wards at GCSE (pupils achieving 5 or more A\*-C grades at GCSE including English and Maths) is increasing. Although Herefordshire performs relatively well compared with nationally for the educational achievement of looked after children they still do less well than their peers; there are still significant attainment gaps between identifiable groups of vulnerable children, including those with special educational needs, those in care, and pupils from minority ethnic groups, notably Gypsy and Roma Traveller children.
- 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.

- 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. This is a particular issue for vulnerable groups and children and young people.
- Although levels of unemployment remain low compared to the West Midlands and England, numbers have increased as a result of the recession and are expected to increase further. Unemployment has also been felt disproportionately by unskilled and semi-skilled people.

## 2) Changing Demographics

The increasing number of people aged 65 and over has been recognised for some time, but it is also important to identify what this means in terms of their health and social care needs. Other demographics also need to be considered – and not forgotten just because it has been heard before.

- The number of people aged 85 and over is expected to almost 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 of poor, inadequately heated housing.
- Expected increases in levels of disability, due mainly to the ageing of the population structure, will add significantly to the number of people having to provide care to their families or friends.
- 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. The ratio of GP recorded prevalence of dementia to estimated occurrence based on national rates of the condition suggests under reporting in the county. This leads to a lack of treatment and care for individuals affected, and lack of support for their carers. The Joint Commissioning Plan *Living Well with Dementia in Herefordshire*, due to be finalised by the end of 2010, will be the catalyst for change in the way people with dementia are viewed and cared for.
- The number of people aged over 65 with learning disabilities will double by 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, and to increase the employment opportunities for working age people with learning disabilities.
- Although the number of children continues to decrease within Herefordshire there have been more births than expected in the last two years, mirroring a national increase in fertility – this will have implications for planning across the whole range of children’s services.
- Herefordshire has a relatively small Black, Asian and Minority Ethnic population - but this is growing.

- Although the numbers employed by local farms declined in 2010, Herefordshire continues to have a 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.

### **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 2009 JSNA. We know that nearly all of these are influenced by 'unhealthy' lifestyle behaviours; at the same time newer challenges are emerging as the result of these 'unhealthy' lifestyle behaviours.

- The levels of cancer and coronary heart disease are lower than nationally and regionally but remain the county's biggest killers.
- The rate of deaths related to stroke has fallen more rapidly than nationally over recent years, but they are still more prevalent in the county.
- Although the number of people killed or seriously injured in road accidents has decreased over recent years the fatality rate remains slightly higher than the national rate
- Suicide rates are higher than regionally and nationally and are increasing, while the number of 18-64s with the most serious mental health disorders is much higher than would be expected.
- The dental health of children is poor with two in every five having some experience of tooth decay by the age of 5 years
- The number of teenage pregnancies is relatively low but has risen; and there has been a sharp rise in sexually transmitted diseases (although this could be the result of better screening).
- Smoking remains the single most important cause of premature death and ill-health, but rates of alcohol-related hospital admissions are increasing. We also know that high proportions of young people, especially girls, smoke and drink alcohol and get drunk.
- Obesity is emerging as a major contributing factor to poor health, disability and premature death. Herefordshire has a higher rate of obesity amongst adults than England generally and it is particularly concerning that more than one in four 11 year-old children are overweight or obese.
- Prescribing is the most common intervention in the NHS. The continued development of new drugs, the identification of new applications for existing drugs, and Herefordshire's aging population mean that this will remain an important issue for Herefordshire, in terms of ensuring safe and appropriate medicines management as well as managing resource implications.

#### **4) What People Have Told Us**

In 2008 we undertook the 'Quality of Life Survey', which we detailed in the 2009 JSNA and which is still available on the JSNA web-site and which we will update should the survey be repeated. Other stakeholder's views regarding how to improve people's health and well-being through NHS Herefordshire's Health Improvement Plan can also be found on the web-site.

### **Recommendations**

The main challenges that require action remain similar to those in previous years, although they do encapsulate new and emerging issues that have developed over the last year. These recommendations are of necessity 'high-level' – the more detailed area-specific recommendations will be found within the detailed analyses on the JSNA web-site resource, which is updated continuously as information and analyses become available throughout the year.

- 1) If we are to address the health and social care needs of Herefordshire's population, as well as the things that contribute to their health and well-being, we need to ensure a co-ordinated approach to service commissioning and delivery across partner organisations. This is particularly true for areas and groups in the population suffering from deprivation, including families with children. This approach will need to be safeguarded through organisational change and re-structuring as GP-led commissioning consortia are introduced.
- 2) As the effects of economic recession are felt we need to work with partner organisations to minimise the effects of unemployment and deprivation on people's life-chances, as well as on their health and well-being. Measures to reduce the number of young people not in education, employment or training are important for the future strength of the county's economy, as well as for social benefits.
- 3) There is a growing need to prevent the lifestyle behaviours that contribute to ill-health and mortality and through which we can prevent ill-health and disease. In particular we need to work to reduce the prevalence of smoking, reduce alcohol intake and 'binge drinking', and improve people's diet and levels of physical activity. This is true for adults, children and young people, and their families.
- 4) We need ongoing programmes to reduce accidents – across all ages.
- 5) There is a need to provide more support via GPs for people with common mental health problems, as well as to reduce suicides, especially amongst 25-44 year-olds.

- 6) 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.
- 7) 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. Work is under way to look at the housing needs of people with mental health problems. Other issues, such as an increased need for additional authorised pitches for Gypsies and Travellers, will require working with local communities.
- 8) The number of children in Herefordshire and the birth rate will need 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. The educational under-achievement of groups such as looked after children and Gypsy and Traveller children still needs continued attention.
- 9) 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.
- 10) As the ethnic mix of Herefordshire changes we need to ensure there are adequate opportunities for people to gain quickly a reasonable ability to speak English.
- 11) We need to support 3<sup>rd</sup> 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 3<sup>rd</sup> sector organisations and the statutory sector.

## **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](http://www.herefordshire.gov.uk/jsna) on the JSNA web-site. Ongoing information and analysis that is undertaken throughout 2010/11 will be added to the web-site as it becomes available.