



# **Derbyshire's Joint Strategic Needs Assessment (JSNA)**

**and**

# **Director of Public Health's Annual Report**

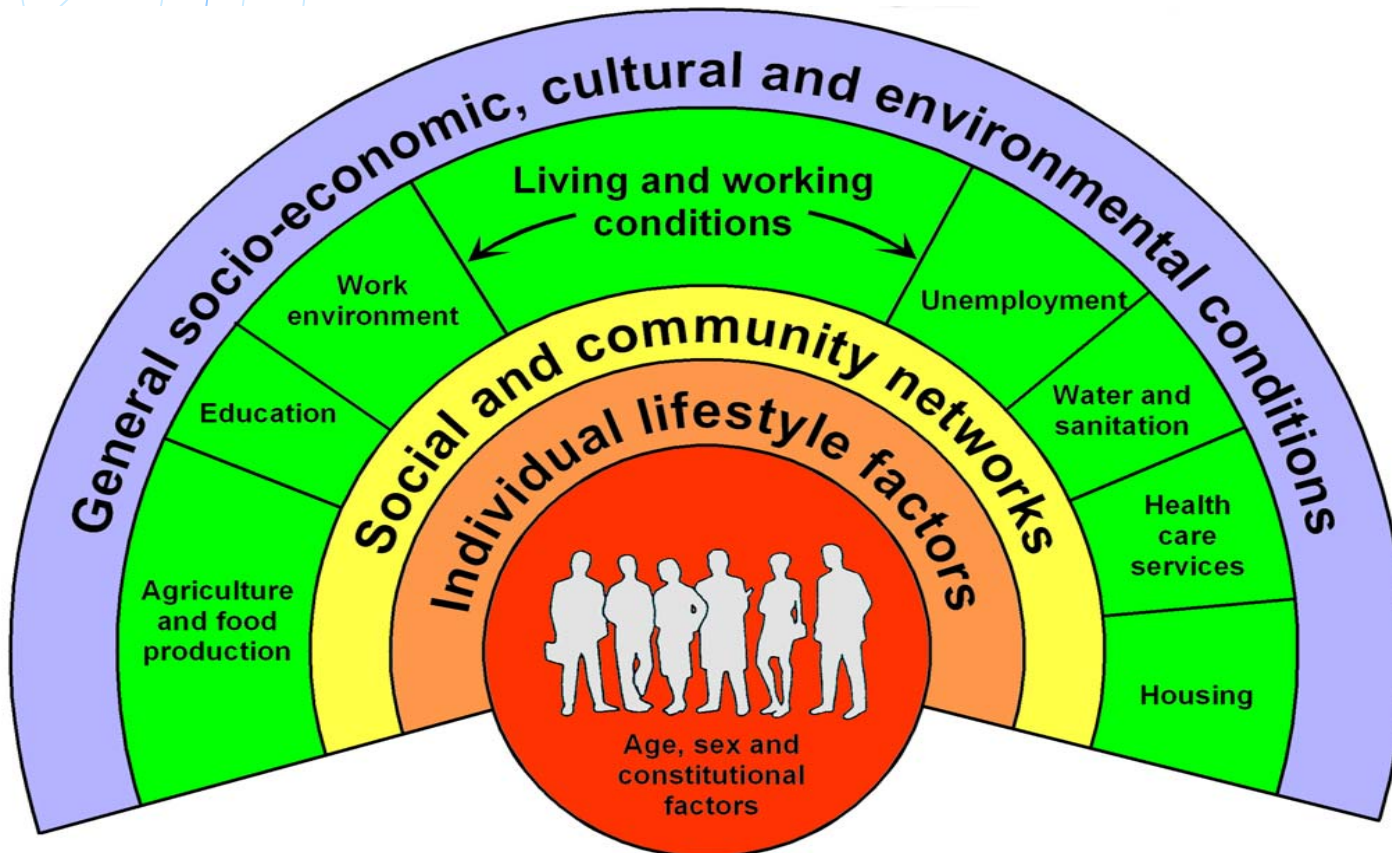
**2009**



# What is the Joint Strategic Needs Assessment?

- **Directors of Adult Social Care, Directors of Children's Services and Directors of Public Health have a statutory duty to conduct a Joint Strategic Needs Analysis (JSNA).**
- **This JSNA is an analysis of the health and wellbeing needs of the people who live in Derbyshire.**
- **The JSNA illustrates health and social care issues now, in three to five years, and ten to fifteen years from now.**
- **It deals in particular with health and wellbeing inequalities across Derbyshire, considers effective interventions, and prioritises recommended action.**

# The Wider Determinants of Health



Source: Dahlgren and Whitehead, 1991



# Components of the JSNA 2009

- Introduction
- Update to the Health and Wellbeing Profile
- Key Topics for 2009
  - Alcohol
  - Carers
  - Children in Care
  - Learning Disabilities
  - People with complex health and social care needs
- Progress since last year
- Information available on the JSNA Website

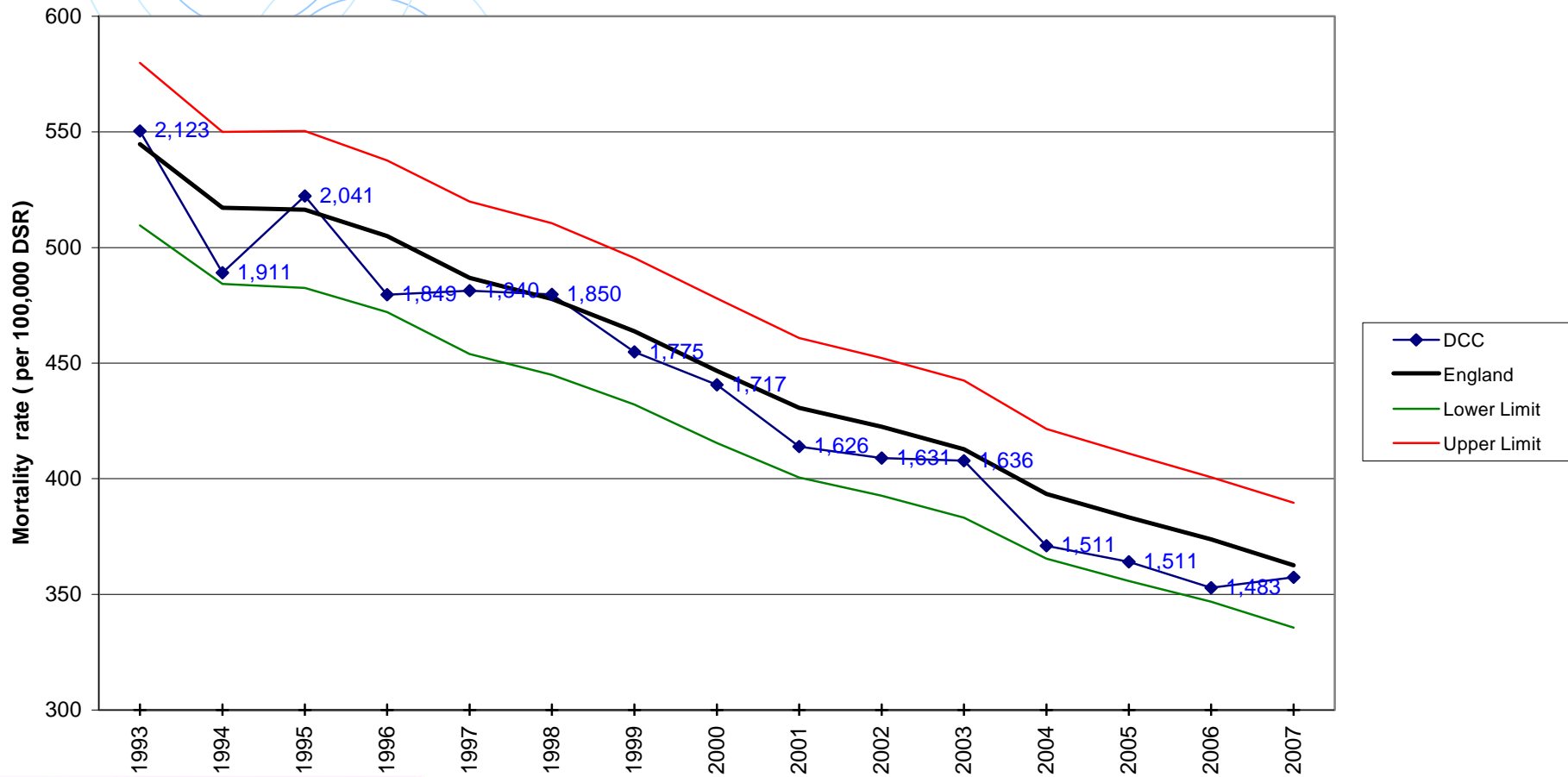


# An update to the health and wellbeing profile of Derbyshire



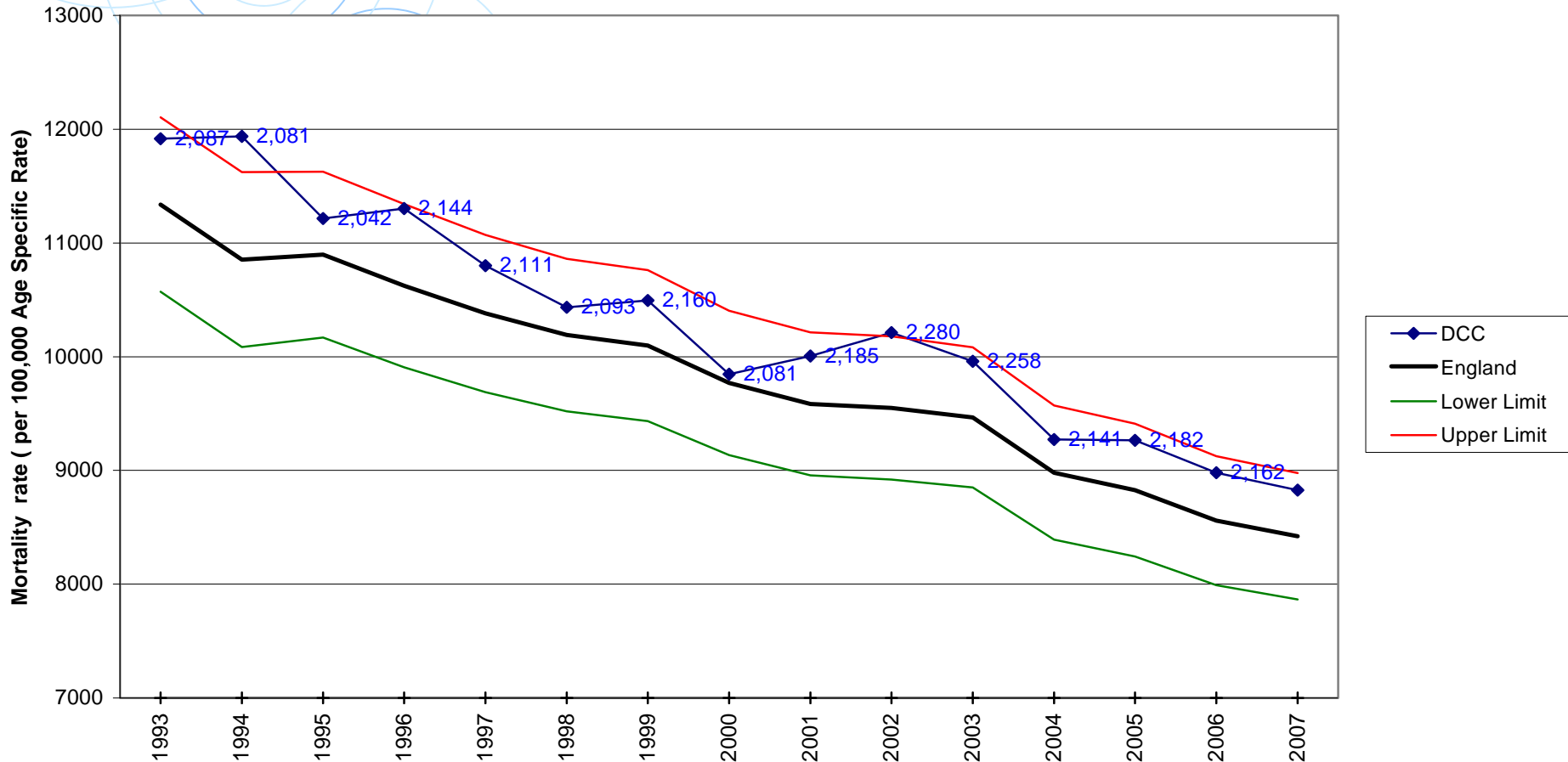
# Overall mortality rates in Derbyshire <75

## Control Chart of Male Under 75 Year Old All Cause Mortality in Derbyshire (CC)



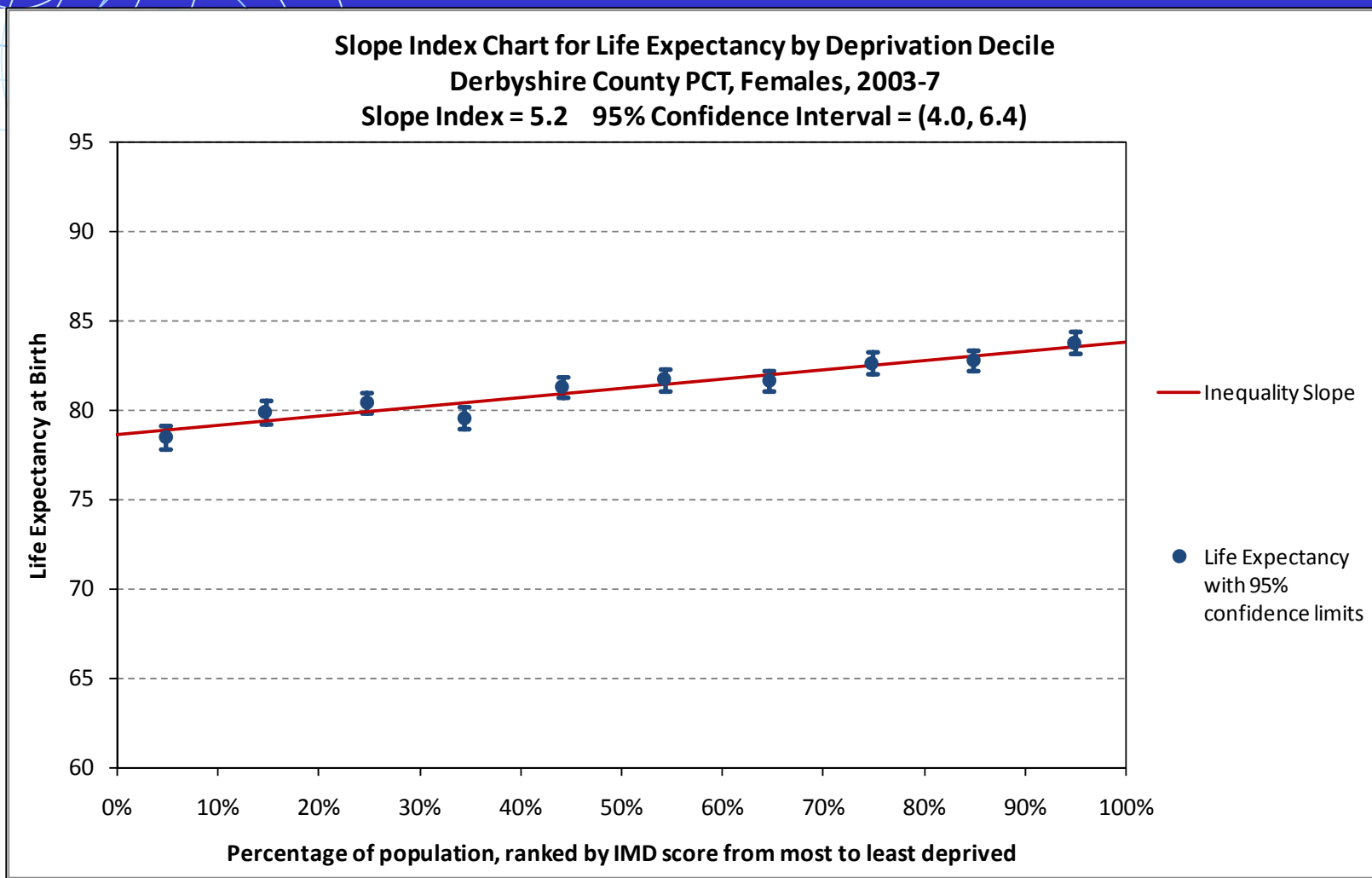
# Overall mortality rates in Derbyshire 75+

## Control Chart of Male 75+ Year Old All Cause Mortality in Derbyshire (CC)





# The Slope Index of Inequality





# The effect of reducing the slope by 20%

- Achieving a 20% reduction in health inequalities is challenging, and will require action on many fronts.

But:-

- Out of a total of around 13,000 premature deaths over a five year period in Derbyshire, some 1,000 would be prevented by this degree of health inequality reduction.

# Summary and Conclusions

- Good progress in **reduction in mortality rates** in males and females – especially premature mortality, but higher old age mortality may need further work;
- **Health inequalities** in Derbyshire have been examined in detail and ways of monitoring and modelling the impact have been developed;
- **Childhood obesity** is stable or reducing in younger children, but it may have risen in the older (year 6) group – and in this age group shows some clear inequalities between areas of Derbyshire;
- **Teenage pregnancy rates** are still lower than the national average, but there are important ‘hot-spots’ that should help focus efforts for reduction;
- **Cardiovascular disease and cancer** are both showing worthwhile reductions in premature mortality rates which remain at or below the national average; important differences and inequalities between districts remain.





# Alcohol misuse in Derbyshire 2009

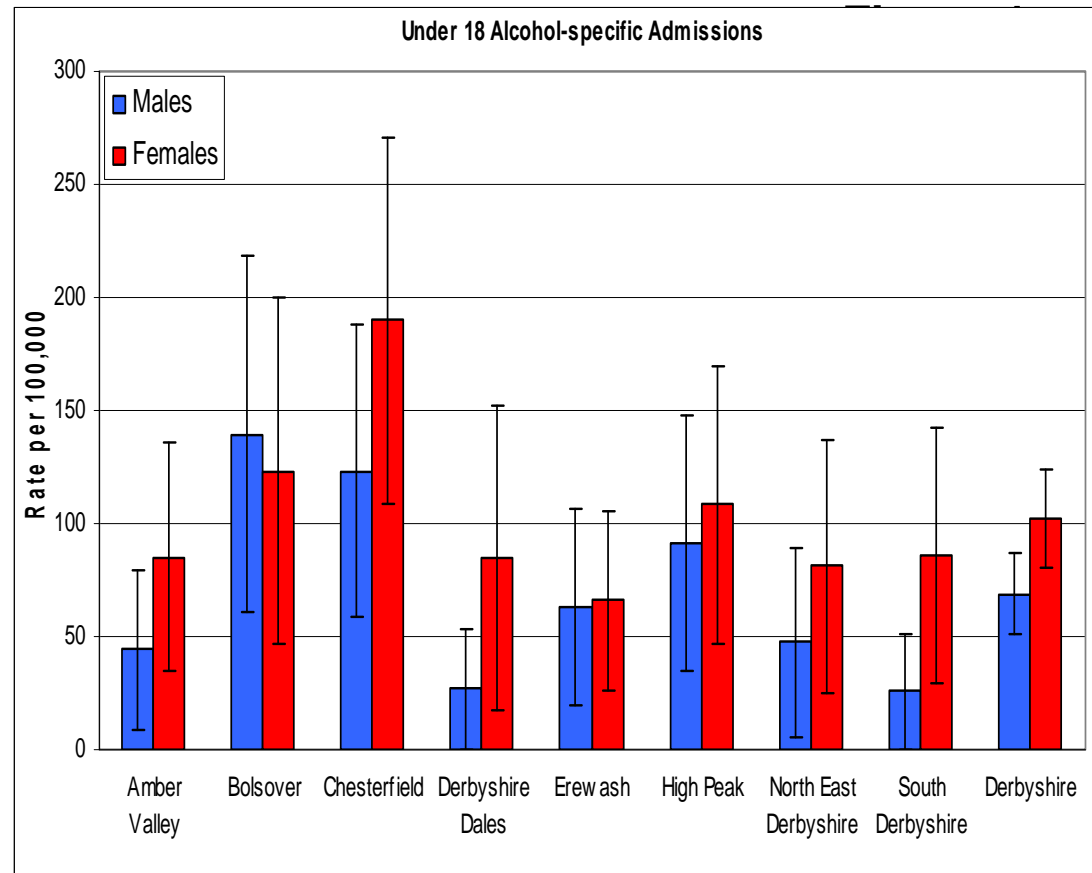
## Reducing alcohol-related harm and inequalities from alcohol misuse

Reducing alcohol-related harm and health inequalities from alcohol misuse are the responsibilities of:

- The Derbyshire Drug and Alcohol Action Team (DAAT) partnership;
- The Derbyshire Partnership Forum (Local Area Agreement priority).

# Under 18 alcohol-specific admissions in Derbyshire 2007-08

- The alcohol-specific hospital admission rate in Derbyshire was lower than the England average, but some local authority areas in Derbyshire were significantly higher than England.
- High Peak, Chesterfield, Bolsover and North East Derbyshire are respectively ranked 2nd, 3rd, 4th and 5th highest of the 40 local authorities in the East Midlands.



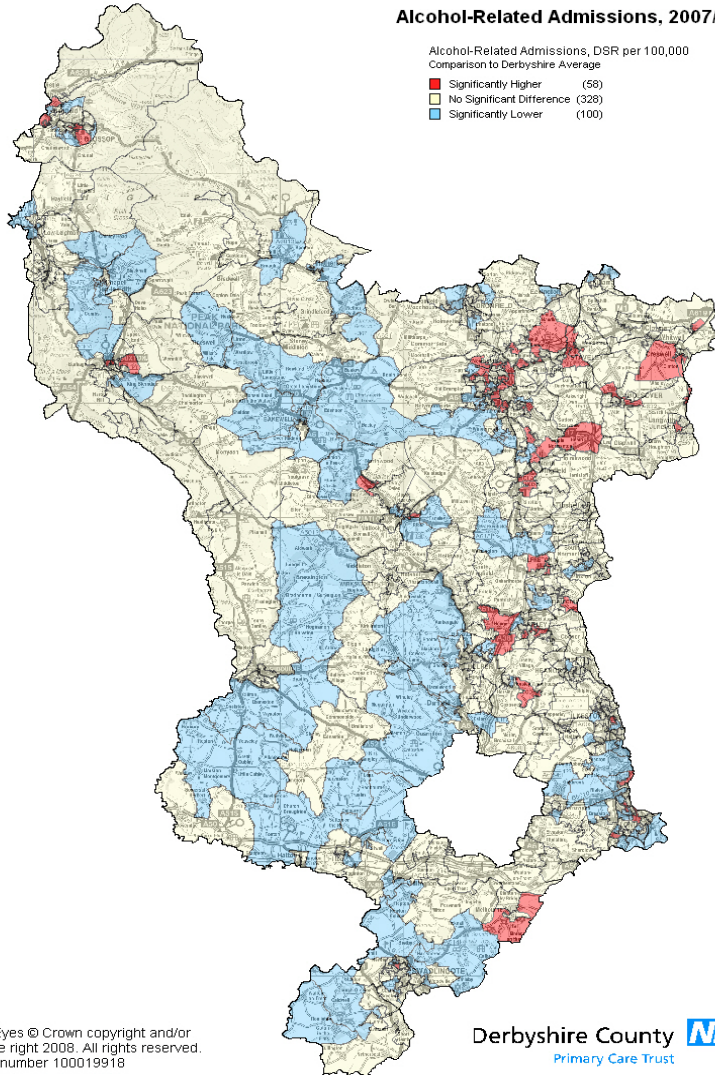
Source: HES data, Department of Health, analysed by Derbyshire County PCT

# Alcohol-related admissions 2007/08 in Derbyshire

Alcohol-Related Admissions, 2007/08

Alcohol-Related Admissions, DSR per 100,000  
Comparison to Derbyshire Average

Significantly Higher	(58)
No Significant Difference	(328)
Significantly Lower	(100)



Source: HES data, Department of Health, analysed by Derbyshire County PCT.

## Alcohol misuse causes:

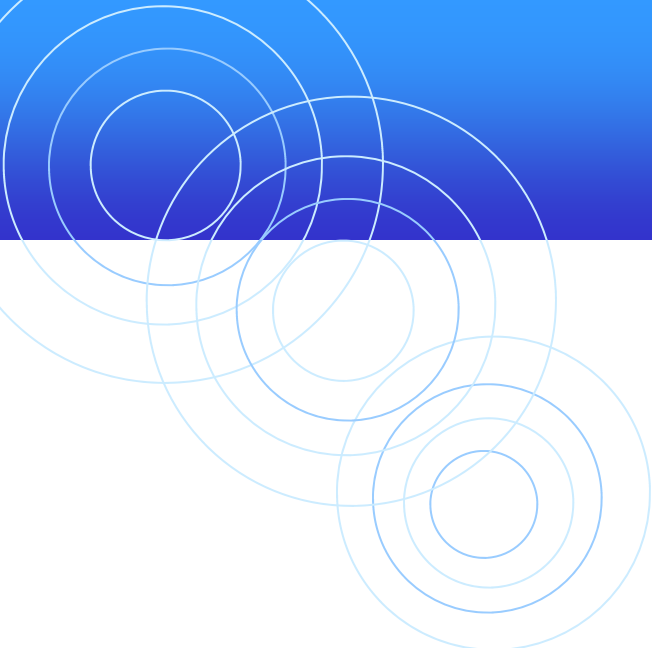
- *Crime and disorder;*
- *Social problems including unemployment and family breakdown;*
- *Harm to physical health;*
- *Mental ill health.*



# Recommendations for reducing alcohol-related harm

- Action to minimise harm caused by alcohol should be included in strategies at a local level;
- Develop education and communication on sensible drinking, the impact of excessive drinking, and local alcohol service information. Use innovative and effective approaches (e.g. social marketing and “peer educator” methods);
- Develop effective ways to highlight the dangers of binge drinking, particularly in young people and their families;
- Partners should ensure front-line staff receive training on to ask simple ‘screening’ questions, provide simple assessment, brief interventions and offer advice and information. (Frontline staff should include those in health care, police service, social care, housing, probation, voluntary sector and health trainers).





# Carers



# Estimated number of unpaid Carers in 2008

LA Name	Provides no care	Provides 1 to 19 hours care a week	Provides 20 to 49 hours care a week	Provides 50 or more hours care a week	Total providing unpaid care
Amber Valley	107,291	10,030	1,616	2,864	14,509
Bolsover	65,328	5,705	1,259	2,609	9,572
Chesterfield	88,799	8,388	1,408	2,805	12,601
Derbyshire Dales	61,720	6,396	735	1,249	8,380
Erewash	98,816	8,464	1,228	2,392	12,084
High Peak	83,161	7,542	919	1,779	10,239
North East Derbyshire	85,360	8,756	1,497	2,587	12,840
South Derbyshire	82,691	7,548	1,091	1,970	10,609
<b>Derbyshire</b>	<b>673,117</b>	<b>62,852</b>	<b>9,760</b>	<b>18,271</b>	<b>90,834</b>



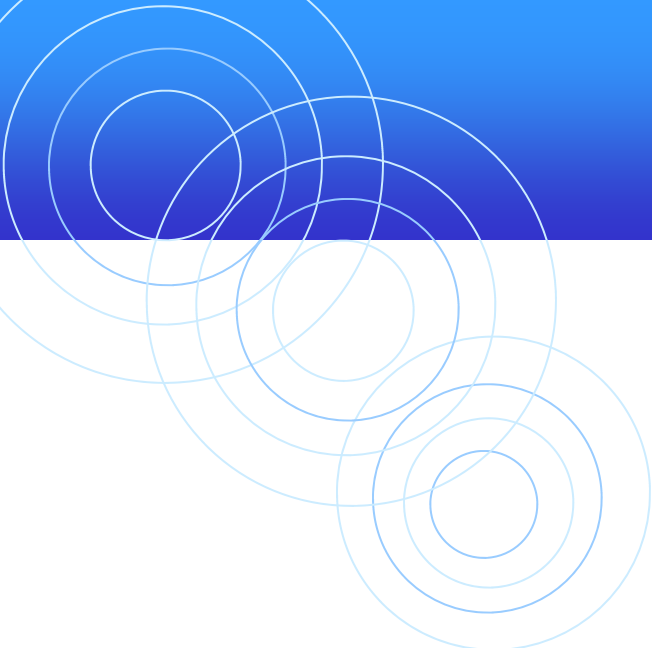
# Local Needs of Carers

## A consultation with carers identified the following priorities:

- Young carers need more social support and leisure opportunities, and awareness should be raised amongst professionals who work with young people;
- Professionals working with carers need training to offer benefits and welfare advice, as carers often face economic hardship;
- There was support for a central information point for adult carers, many identified the GP or library as a point to access information; and more activities during carers' week to raise general awareness.

# Action planning for change

- Mapping our current resources and an audit of a carer's pathway;
- Development of GP Protocols;
- Identification of carers, carer's assessments and data collection substantially improved;
- Transition of carers from children's to adult services.
- Training programmes for carers;
- Workforce development for professionals working with carers;
- Carers leaflet and information packs;
- Short breaks for carers.



# Children in Care

# Derbyshire Needs Assessment Findings

## Age of Children in Care

- At 31 March 2009, 534 children and young people were in care in Derbyshire with the majority of children in care aged between 10 and 15 years (45%).
- There has been a slight increase in the percentage of children in care in Derbyshire in both the 1 to 4 and 10 to 15 age groups since 2005 and a significant decrease in the 5 to 9 age group.

## Category of Need of Children in Care

- Overall the main reason why Safeguarding and Specialist Services first engaged with these children and young people was because of abuse and neglect (62%).
- This percentage has changed significantly from 69% in 2005 and is in line with the downward trend seen nationally.

# Staying Safe

## Needs Assessment Findings

- All children in care are to be protected from harm, through good quality planning and care, in stable placements where they can feel safe, and be able to learn social and life skills which will enable them to look after themselves in adulthood
- In Derbyshire we have always sought to maximise the opportunities for children in care to experience family-like living, primarily through living with relatives and friends or through fostering and adoption, with a view to promoting permanence

## Action Planning for Change

- Continue to improve placement choice and availability through the recruitment and retention of foster carers.
- Continue to improve placement stability through the development of support mechanisms for carers and staff.

# Being Healthy

## Action Planning for Change

- Continue to ensure annual health and developmental assessments, immunisations and dental checks are up to date for all children in care.
- Active promotion of healthy lifestyles to reduce levels of obesity and substance misuse.
- Continue to promote emotional and behavioural health of children in care through early identification of difficulties and access to universal, targeted and specialist services where appropriate.



# Learning Disabilities



# How many people are there with learning disabilities in Derbyshire?

Planning4care\* have estimated the number of people with a learning disability by severity (based on IQ )and district as described in the report:

*'Learning Disability strategic needs assessment for Derbyshire'.*

In 2009 it was estimated that there are 12,871 people aged 18+ with a learning disability of whom;

- 10,505 (82%) have a mild or moderate learning disability (MLD);
- 2,101 (16%) a severe learning disability (SLD);
- 265 (2%) a profound and multiple disability (PMLD).

\* Planning4care is a collaboration between 'Oxford Consultants for Social Inclusion' (OCSI) and 'Care Equation'

# Expected growth of people with learning disabilities

Over the next 20 years:

The number of people aged 18-64 with a learning disability is expected to grow by 7%;

- The number of people aged 65+ with a learning disability is expected to grow by 67%;
- There will be a 42% increase in the number of people aged 18-64 with a profound or multiple learning disabilities (which by 2029 is predicted to total 328 people).

# Addressing needs

Steps to address needs identified include:

- **A need to review the services currently provided for older people with learning disabilities and related conditions to ensure they will be able to meet the needs of this growing client group**
- **With appropriate support, it is intended to provide opportunities for 110 adults in residential and nursing homes to move into the community over the next 3 years.**
- **To improve the quality of Adult Care and PCT data to enable us to understand better if the social care and health needs of people with learning disabilities are being met.**
- **Continued efforts will be made to give people with learning disabilities increased choice and control over their lives**



# People with complex health and social care needs



# Local picture

- If extrapolated to Derbyshire, national figures suggest that around 340,000 people in the county have a chronic health problem.
- The 2001 Census of Population showed that 19% of the resident population of Derbyshire (141,108 people) described themselves as having a long-term illness which limited their day-to-day activities.
- Geographical evidence suggests that rates of limiting long-term illness increase as deprivation levels rise, despite the fact that deprived areas tend to have younger populations.

# Proposed Pilot to Link Health and Social Care Data

## Aims and characteristics of the pilot

- To be carried out in a small number of GP practices to test the methodology, potential value and viability of:
  - Gaining comprehensive and detailed individual patient level data from primary care on long term conditions;
  - Matching NHS patients and social care clients to provide linked data on service use;
  - Analyse these data to increase our understanding of the health and / or social care services provided to people with long term conditions (and determine the key implications for commissioning to provide joined-up and efficient care).





# Proposed Pilot

## Potential Gains from this work

- These include better information on the prevalence of long term ill-health and disability at small area level and by physical and mental health condition.
- This will inform the JSNA, contribute to health inequality reduction, improved wellbeing and the commissioning of health and social care.
- Understanding who receives social care and / or health services (and who doesn't); and whether priority patients are getting the services they need.
- Informing commissioning decisions about what services and resources are required and where they should be located.

# JSNA Website



# JSNA Website

## Information Available on the JSNA Website

The JSNA website can be accessed via the Derbyshire County Council website:

<http://www.derbyshire.gov.uk/>

The six components of the website are as follows:

- **Access to the Full Text of Written JSNA reports since 2008;**
- **The Derbyshire Health & Wellbeing Database;**
- **Links to other Relevant Resources;**
- **A Means to Communicate Views on the JSNA;**
- ***Full text of Health & Wellbeing Needs Assessments Carried Out;***
- ***The Derbyshire Health & Wellbeing Observatory.***

Those shown in *italics* are in the course of being developed and will be available in 2010

# JSNA Priorities for 2010

- 1. Development of Instant Atlas and other work on web-based JSNA information provision.
- 2. Needs assessments on single topics:
  - Housing Adaptations – *Liam Flynn*
  - Transitions – *Nigel Godfrey*
  - Autism – *Vicki Price*
  - Planning for Care – *Nigel Godfrey/Liam Flynn*
- 3. Development and better use of data to inform needs assessment:
  - People with Complex Health and Social Care Needs – *Nigel Godfrey and Mick Bond.*
- 4. Area Profiles & Health Inequalities – *Sarah Theaker.*
- 5. Dissemination and Training. *Responsibility of the Delivery Group*

