

# Warwickshire Joint Strategic Needs Assessment

Executive Summary Final 30<sup>th</sup> April 2009



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## Foreword

### The Joint Strategic Needs Assessment for Warwickshire 2008

The Joint Strategic Needs Assessment is a process undertaken in partnership across Health and Social Care and this JSNA has been undertaken jointly between Directors of Public Health, Adult Social Services and Children's Services.

The JSNA provides a framework to examine all the factors that impact on the health and wellbeing of the Warwickshire population including: employment, education, housing and environmental factors. This information enables us to prioritise resources and commission services that will improve outcomes for Warwickshire's community.

JSNA is the process by which the current and future health and well being needs of Warwickshire's population are identified. The resulting document is a summary of the main health and wellbeing needs of the county. The JSNA is designed to provide an understanding of the need for health and social care in the short term (three to five years) and the longer term (five to ten years).

The JSNA has been informed by a Foundation report that contains numerical and modelled data drawn from a range of sources as well as information from consultation exercises conducted by the County Council and PCT to capture the views of stakeholders, patients, service users and carers including adults, children and young people.

This is the first JSNA produced for Warwickshire which incorporates comments received on a draft version during a consultation period which ran to 31<sup>st</sup> January 2009. It will be regularly refreshed and updated as new information comes to light and we get additional feedback from Warwickshire residents about their needs. The County Council and NHS Warwickshire are committed to updating the JSNA on an annual basis. It is the intention that the document will be available on-line and that web-based tools will be developed to facilitate access to the data that underpins the JSNA.

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## Executive Summary

The 2006 White Paper 'Our Health, Our Care, Our Say' identified the need for Directors of Public Health, Adult Social Services and Children's Services to undertake regular strategic needs assessments. This was further clarified in the Local Government and Public Involvement in Health Act (2007) which outlines the duty to undertake a Joint Strategic Needs Assessment (JSNA) from April 2008.

This document is Warwickshire's first Joint Strategic Needs Assessment which has been developed under the auspices of a joint steering group with representation from Children and Adult services within the County Council and NHS Warwickshire. It incorporates feed back received on a draft version after a 3 month consultation which closed on 31<sup>st</sup> January 2009.

The document is designed to provide an understanding of need for Health and Social Care both in the shorter term (three to five years) and the longer term (five to ten years). It builds upon a compendium of data contained in our Foundation report. It will be regularly refreshed and arrangements are in place to explore web based tools to ensure efficient and effective updates and improved accessibility.

Warwickshire is a diverse county that requires services to be provided in increasingly flexible and personalised ways in order to meet the needs of its vastly differing community. Significant challenges exist to meet the needs of:

- Small numbers of people from Black and Minority Ethnic (BME) backgrounds, with differing religious beliefs, cultural heritages and language
- A notable migrant worker population who are increasing demand for acute health care, contraceptive and other sexual health services, and some mental health services.
- Members of isolated rural communities.
- Citizens who are disadvantaged for other reasons.

However, Warwickshire's greatest challenge in relation to need in the coming years is as a result of a population which is expected to grow significantly in total, with an increasing proportion of elderly people.

An apparent decrease in economic wealth will potentially increase the proportion of these older people who require their services to be funded wholly by the state, both as a result of decreased investment in private health care, and reliance upon the County Council to fund, or partially fund, Social Care services.

The combination of social and health deprivation within the spearhead local authority area of Nuneaton and Bedworth represents a unique concentration of needs within the County. Small communities in other parts of the County also experience similar levels of social and health disadvantage and NHS Warwickshire and local authorities will need to address their particular needs if overall health inequalities are to be reduced. It is also recognised that the need for "narrowing the gap" between the least and most advantaged citizens within the county is not based on geographical factors alone but that there are many groups of disadvantaged people for example, through reasons of physical or mental disability or through having caring responsibilities. Addressing these gaps is key objective of joint policy and performance action will be overseen by the Public Service Board which is the

countywide Local Strategic Partnership (LSP) supported by 5 district/borough LSPs. These partnerships strive to lead improvement of public services and achieve, through working together, outcomes for citizens beyond those that could be delivered by agencies acting alone.

In developing our JSNA it should be recognized that we are not starting from a blank sheet as we already have well established partnerships in place. These partnerships, which include district and borough council colleagues and other key partners, play an important role in assessing the needs of Warwickshire communities, developing action plans and performance managing to ensure delivery of outcomes. A range of mechanisms including our Local Area Agreement, Sustainable Community Strategies, joint commissioning strategies and housing and homelessness strategies underpin this work. These partnership and strategy arrangements will inform and be informed by this and future iterations of our JSNA.

A cornerstone of needs analysis is consultation with the communities served. Warwickshire has a long history of consultation with communities and service users and their carers and these activities have underpinned joint commissioning strategies and NHS Warwickshire's overall strategy for commissioning for improved health outcomes.

Key messages from consultation include desire to see:

- Effective joint working
- Long term planning
- Care delivered at home or close to home
- Value for money and efficiency
- Voluntary sector playing a key role in service delivery

There are concerns about:

- Potential cuts in services
- Tensions between speed and quality of service delivery
- Cultural needs of people from BME communities not being met
- Smaller organisations being squeezed out of the care market.

Needs are considered in relation to 11 key areas and the main highlights for each are summarised below.

### **Staying Healthy**

Although the County as a whole experiences generally lower levels of illness and premature mortality than many areas of the country, the same conditions commonly cause death and disability. Addressing these issues remains a significant need.

Lifestyle issues such as smoking, exercise, diet and obesity, alcohol and other substance misuse remain the underlying causes of the premature ill-health in the County and the health inequalities between its different communities. There are a number of initiatives coming on line that will aim to make improvements; however, access to particular key community services is below the levels planned by the commissioner: smoking cessation, sexual health clinics, talking therapies, alcohol and substance misuse services, and community matrons are all below target for service access.

Health literacy is one of the key starting points in addressing these lifestyle choices. Rugby has a concentration of people who have no qualifications at all and are hence at particular risk of Health illiteracy.

Although primary care is the key and is comparatively well-resourced, there are indications that the skill mix of staff is not optimal, and that performance in some areas is not meeting its potential nor fully addressing patient and public expectations.

Emergency hospital service use is increasing faster than planned, possibly reflecting the delays in implementing case management in the community.

Waiting times for access to hospital services have reduced dramatically over the last few years both nationally and in Warwickshire. Current waiting times now show continued improvement towards the December 2008 target of 90% of all admitted patients and 95% of non-admitted patients being seen within 18 weeks. The figures for August 2008 were 90.5% and 93.92% respectively.

Increased life expectancy potentially brings with it an increase in the number of people experiencing health issues which require early detection and treatment. Given that the numbers of older people will increase, availability of service to detect problems associated with old age will need to extend to maintain current levels of coverage.

## **Maternity**

Although infant, maternal and child health are generally good, there are still geographical areas with persistently worse statistics than the national average. Teenage conceptions remain a significant element of the threat to infant and maternal health. Figures relating to occurrence of breastfeeding elsewhere in the Country suggest that there is a need in Warwickshire to promote breast feeding more with new mothers.

A comprehensive needs assessment is nearing completion which has looked at the needs associated with the projected increase in births across the County, including demand and capacity, pathways as well as pre and post natal services. Consultation with service users has been undertaken including with young parents and also with clinicians. The aim is to take into account the requirement for greater choice amongst service-users. The findings will be used to help shape future commissioning for maternal and neonatal services.

## **Children and Young People**

A great deal of work has been undertaken to understand the needs of Children and Young People which has informed Warwickshire's Children and Young People Plan.

To effectively meet the needs of Children and Young people and to enable them to achieve the 5 *Every Child Matters* outcomes the following areas are current priorities for service development and further research: sexual health, obesity, healthy schools, safeguarding, outcomes for looked after children and care leavers, independent living, educational attainment, school exclusions, participation in positive activities, the distribution of disadvantage and young people not in education, employment or training (NEET).

In addition, there is acknowledgement that robust and reliable needs data is required to better understand the needs of children and young people in relation to: mental ill-health, disability, substance misuse, bullying and children missing from care/home.

A great deal of work is currently underway to respond to these priorities through the delivery of Warwickshire's Children and Young People's Plan and Local Area Agreement, with resources aligned as necessary.



Work is continuing to enhance our understanding of the needs of children and young people through data analysis, consultation, research and supporting service evaluations to assess the match between need and services.

## **Learning Disability**

There is some reason to believe that there may be people within Warwickshire who have a learning disability but who, for whatever reason have chosen not to make themselves known to the County Council or PCT. This is particularly true in the south of the County. However there is no indication that these are people who would wish to receive a service but who are excluded from service provision through barriers to access.

Further work is needed to understand the numbers and needs of people with mild and moderate learning disability as analysis has tended to centre on those with severe learning disabilities.

Whilst overall numbers of service users have tended to remain stable over the last few years, there is reason to believe that increased life expectancy may result in an increase in the total number of people requiring a service at any one time.

The needs of people with Learning Disabilities in Warwickshire, as elsewhere, are likely to become more complex as increased life expectancy brings with it additional complications associated with advancing age, in particular Dementia. There is already an acknowledgement that there is a lack of provision for people with dual needs. Increasing dementia services that are accessible to those with a Learning Disability will become an increasingly important service provision.

Two hundred people are known to have been diagnosed as being on the Autistic Spectrum, have Asperger's Syndrome or Autistic tendencies. Not all people with these conditions will have an associated learning disability and there is a need to ensure that appropriate services are developed.

One of the major challenges for Warwickshire (and elsewhere) in meeting the needs of those with Learning Disabilities is to deliver the volume and quality of services required for a truly personalised service within the financial envelope available.

Warwickshire as elsewhere in the country needs to improve the service that people with Learning Disabilities receive from health care professionals in relation to their general health; this will become increasingly important as people with disabilities live longer and become increasingly likely to develop life limiting illnesses.

## **Mental Health and Wellbeing**

Comparison with other areas of the country suggests that those in Warwickshire who have a mental health need are highly likely to be receiving some sort of support although choice of services may need to be extended to meet the stated needs of service users.

Warwickshire needs to continue to explore better approaches to people with mental health problems who are "frequent flyers" through A&E as well as developing an increased focus on delayed hospital transfers.

Extended life expectancy will increase the numbers of people who are likely to enter old age with non dementia mental health conditions. This is will consequently result in a need for

increased Mental Health service provision suitable for older service users. Service Users have stated that services should not be dependent on age, therefore a preferred model may be to make appropriate services for younger adults accessible to people into older age.

There is an ongoing need to ensure that services are available that meet the religious and cultural needs of Warwickshire's BME population.

Lesbian, Gay, Bisexual and Trans (LGBT) people in Warwickshire need access to services where their issues are clearly understood and can be addressed in a safe environment.

Warwickshire as elsewhere in the country will need to move to an 'integrated model' to provide for people with a dual diagnosis (of mental health and substance misuse issues). Effective implementation is required to ensure that the needs of people with dual diagnosis are effectively met.

There is clearly a need to address issues of healthy lifestyles within services to people with Mental Health problems, particularly in terms of smoking, to ensure that people with Mental Health problems do not move from crisis in their mental health to crisis in their physical health later in life.

There is reason to believe that there may be an increase in the number of people with eating disorders in Warwick, Rugby and Stratford districts as a result of changes in the population profile of those areas and this may be an area that requires further investment in the future.

## **Drugs and Alcohol**

There are clear benefits to the rest of the Health and Social Care sector to address issues related to excessive drinking and substance misuse.

There is a need for increased early education, information and advice for those currently drinking in excessive levels, who are not yet experiencing negative health effects, in order to reduce the number of those people who go on to experience health problems such as Chronic Liver Disease.

A two pronged approach is required aimed at both the highly visible "binge drinking" associated with more deprived areas and the more "middle class" drinking problem, often exhibited behind closed doors in more affluent areas. Greater affluence and increased alcohol affordability have made drinking to excess increasingly prevalent earlier in life, whilst increased life expectancy means that people are potentially drinking for a far greater number of years at the other end of their life. It is difficult to assess the extent to which increasingly prolonged excessive drinking will affect health if not addressed, but there is little doubt that it represents an increasing problem.

It is clear that services targeted at people drinking to excess or using illegal drugs need to take into account the complexity of their target audience, with specific strategies to target vulnerable and hard to reach groups for example, those with learning disabilities, Gypsies and Travellers, people with mental health problems.

Services for those with drug problems need to be sufficient to ensure that waiting time can be reduced. People need to receive the ongoing support required to ensure positive outcomes from the service that they have received over a prolonged period of time.



## Hard to Reach Groups

There are some groups of people for whom it can be difficult to access appropriate Health services and to maintain an optimal level of wellbeing. These include people who are:

- Victims of domestic abuse,
- Offenders,
- Homeless
- HIV positive or living with Aids
- Asylum seekers and refugees.

Unmet need may include services for women who are fleeing domestic abuse and there is a requirement to provide for the alcohol, drug and mental health problems that are prevalent within the population of women who have been abused as well as access to more modern models of support.

There is probably a need for some gender-sensitive support provision in Warwickshire for men who have suffered domestic abuse and for people in same-sex relationships.

There is a small number of people living with HIV in the county; a need for some floating support provision has been identified and planned for people who are living with HIV and AIDS

The need for services to assist women who have offended or who are at risk of offending will increase as the number of women entering the criminal justice system increases at a more rapid rate than that for men.

Literacy skills within the Gypsy and Traveller community are known from national studies to be relatively low, so additional ways of communicating need to be introduced to improve engagement and, these could include word of mouth or road shows on sites.

Offenders and homeless people's primary health needs are often unmet as a result of non registration with a GP; the rate of registration needs to be increased.

Staff and systems within Mental Health, Drug and Alcohol services need to be equipped to manage the needs of homeless people and Gypsies and Travellers.

Figures from the Warwickshire Supporting People programme suggest that in a number of different client groups, need for services is outstripping demand as there are currently waiting lists for housing related support.

## Long Term Conditions

Long term conditions result in people living with illness or disability for a considerable period of time.

Almost one in three of the population and three out of five of those over 60 in England suffer from a long-term condition. It is likely that up to three-quarters of people over 75 years are suffering from chronic illness of whom nearly half (45%) have more than one condition. Due

to the ageing population the number of people in England with a long-term condition is set to rise by 23% over the next 25 years.

There is some evidence to suggest that there are people in the community who have physical disabilities but who are not accessing support from the County Council. It is not clear however, whether these are people who wish to access services or whether they are people who have the financial means to meet their needs independently.

Demand for assessment for those with hearing impairments, appears to be greater than availability of service from the Services to the Deaf team operated by the County Council.

Plans for the future are extensive and ambitious and will substantially improve care for those with Long Term Conditions by improving prevention and providing stable management along with greater empowerment of patients and their carers and robust monitoring.

A new Joint Commissioning Strategy and Implementation Plan will be produced during 2009/10 for adults with physical disabilities and/ or sensory impairment.

## **Older People**

Current estimates (2006 mid-year estimate) suggest that there are some 87,000 older people (aged 65 and over) currently living in Warwickshire. Almost a quarter of all households are made up of pensioners, and of those almost two thirds are single people. This constitutes a total of around 30,000 lone pensioner households.

In the 2001 census, around half of all over 65s stated that they have a life limiting illness. Variation across the County was fairly small, with those in the south of the County slightly less likely to identify themselves as suffering ill health than those in the north.

Warwickshire has an ageing population, and hence the number of people experiencing dementia is set to increase in coming years. Levels are thought to be set to exceed 10,000 by 2025, the majority of whom will be over the age of 80.

The greatest need in years to come will be as a result of the increasing older people population in Warwickshire. Services that are already to some extent rationed and charged for will be in more demand than ever.

There is increasing demand from both the policy makers and the public for more personalised services delivered in non traditional methods such as Direct Payments and Individualised budgets, putting the service users in control of the type of care they receive and the person or people who deliver it to them. Such an approach removes the potential for block contracts to deliver economies of scale and hence adds further financial pressure through diseconomies of scale.

Warwickshire has made investment in preventative intervention through the PHILLIS service; however there may be further need to support people with low, and moderate to reduce the likelihood of people requiring higher levels of support later in life.

There has been recognition of the needs of older people in rural communities. The proposed Village Agents Scheme, currently run in Gloucestershire, is a model currently being negotiated with Rural Communities in Warwickshire to evaluate the potential of introducing the scheme across Warwickshire's rural communities. It involves the use of a local person employed by the agency, who keeps a watchful eye for anyone who may be socially isolated.

Expansions of community based services from NHS Warwickshire including community Matrons are planned.

Taken together, PHILLIS, Village Agents and planned PCT initiatives will shift the emphasis in Warwickshire to a preventative agenda which should reduce hospital admissions and readmissions.

As life expectancy increases for both men and women, there is an increasing likelihood that there will be more households containing two or more older people. Approaches to providing care may need to become more focused on assisting all members of the household, in a model that differs to the current carer and service user model.

Working in partnership to reconfigure accommodation options through the Care and Choice Accommodation Programme will include the development of extra care housing options to offer increased choice and control for people who would normally have been admitted to care homes. Reshaping the care home market through this programme will also result in affordable, good quality residential and nursing home provision.

## End of Life

End of life care is a key central government priority, ensuring that people end their lives in dignity and with a choice of service provision including help to remain in their own homes until they die.

It is estimated that 1% of Warwickshire's population die each year. The majority of deaths occur following a period of chronic illness related to conditions such as heart disease, liver disease, renal disease, diabetes, cancer, stroke, chronic respiratory disease, neurological diseases or dementia.

Nationally, 80% of the public state a preference for dying to take place in their community setting. Compared with the West Midlands, Warwickshire has more people dying in hospital and fewer at home.

Statutory services in Warwickshire have recognised the need to help citizens access better end-of-life care and intends to consult the public on their preferences in the coming year.

NHS Warwickshire is currently reviewing the provision of services to enable patients to die well in a setting of their choice. This will be delivered by developing care locally in community settings outside of hospital where appropriate. Support will be provided to enable people with palliative care or end of life conditions to maintain and support their independence and so reduce the number of unnecessary hospital admissions. An "End of Life" strategy and accompanying implementation plan is being devised to enable co-ordinated action.

## Carers

Locally, census data suggests that there are just over 50,000 people in Warwickshire who identify themselves as carers. It is important to remember however, that people do not always recognise themselves as carers when asked. The majority of carers in Warwickshire are providing up to 20 hours of unpaid care per week. Almost a fifth of carers are providing in excess of 50 hours of care per week.

Current demand for services to carers is in the main not being met by the volume of current provision. The predicted increase in the number of people taking up a caring role cannot be met without some increase in provision.

Feedback from service users and carers themselves suggests that it is not merely the availability of services that is critical to securing people's ability to continue their caring role, but the type and flexibility of services available, for example being able to take a break at short notice or at a time that suits the carer. This adds complexity to the challenge of meeting current demand and future expanding demand with services of quality that can be delivered within a realistic financial envelope.

Failure to meet the needs of carers may result in increased need to provide Service User services as a result of carers' physical and/or emotional breakdown.

### **Next Steps**

NHS Warwickshire and the County Council will update and refresh the JSNA on an annual basis in September to facilitate planning and commissioning cycles in both organisations and in partner organisations.

The important role played by housing and housing related support is fully recognised and it is acknowledged that the next iteration of the JSNA would benefit from incorporation of more comprehensive information on housing need in relation to maintaining independent living and good health and wellbeing. We will work with districts and boroughs and other interested parties to incorporate this information in our next edition.

Similarly we recognise the need to prioritise information around safeguarding which will be further strengthened in future versions of our JSNA.

The JSNA will be made available on line and it is intended that tools will be developed to allow further analysis of the data and modelling that formed the foundation of this report.