



Nottinghamshire County Joint Strategic Needs Assessment

Executive Summary June 2008

“Joint strategic needs assessment by councils, PCTs and practice based commissioners will help them to better understand the needs of individuals, by using recognised assessment and care planning processes appropriately, and mitigating risks to the health and well-being of individuals.”

**Commissioning framework for health and Well-being
Department of Health, March 2007**

NOTTINGHAMSHIRE JOINT STRATEGIC NEEDS ASSESSMENT

EXECUTIVE SUMMARY

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INTRODUCTION

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The Joint Strategic Needs Assessment (JSNA) is a document that will drive the commissioning of health services, Children and Young People's Services and Adult Social Care in the county.

The JSNA sits alongside Patient, Public and Service User aspiration and national and local policies for the future direction of services.

Although the primary focus of the JSNA is on the demographic and other trends informing personal services, the key outcomes for adults and children and young people require a holistic approach to the planning and delivery of a range of universal services across agencies. These are services which support communities, the environment and economic development and ensure active citizenship and opportunities for all the diverse communities within Nottinghamshire.

This is the first JSNA for Nottinghamshire to be published and we believe it represents a good start to the process. We also know that as the document is refreshed it will be enhanced in future years, particularly as further feedback and comment helps us to improve it. The information contained in this document has already informed a number of the priorities and targets adopted by the Nottinghamshire Partnership within the Local Area Agreement.

Local partners embarked on drafting the Joint Strategic Needs Assessment last summer after the Commissioning Framework for Health and Well-being was published by the Department of Health in March 2007. The Partnership was therefore well on the way to delivering the assessment when the JSNA guidance was published in December 2007.

The JSNA pulls together a range of information in the same place for the first time. Throughout the document, summary boxes highlight some of the key messages arising from the information. These have been incorporated into this Executive Summary alongside an assessment of the cross-cutting issues which emerge from the analysis.

By the end of the financial year 2008/09, Joint Health / Local Authority Commissioning Strategies will be completed following consultation and engagement with partners, stakeholders and the public. This work is overseen by a joint Executive Commissioning Group which includes the two Primary Care Trust Chief Executives and the Strategic Directors for Children and Young People's Services and Adult Social Care and Health from the County Council.

In addition, we will be entering into a further dialogue throughout the coming year about the JSNA so that together we can deepen our shared knowledge of need in our communities and ensure that the data and analysis is useful to all those who may be able to contribute to the future development of appropriate and responsive services.

We would also like to thank the team of staff drawn from partner organisations who have worked so hard to produce the information that has been included in this document. There are many to thank, but a core team of people to whom we are particularly grateful includes;

County Council

Richard Money
Cathy Harvey
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Paula Jezewski
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Mary Corcoran

E M Public Health Observatory

Howard Chapman
James Hollinshead

Networking Action with Voluntary Organisations

Nina Dauban
Stuart Brook

In conclusion, we hope and expect that this document and its accompanying chapters will inform a wide range of policies, strategies and service development by county-wide and locally-based organisations across the county.

PREFACE

This summary document brings together the key messages from each of the three main chapters of the Nottinghamshire Joint Strategic Needs Assessment.

The first section of this summary draws upon the volume of the original chapter covering Children and Young People and the structure of that Chapter relates to the five outcomes of Every Child Matters: Be Healthy (section 3); Stay Safe (section 4) ; and Enjoy and Achieve, Make a Positive Contribution, Achieve Economic Wellbeing (section 5). Within this framework, children and young people are regarded as aged 0 – 19 years of age.

The second chapter and the second part of this summary focuses on older people and attempts to answer the questions raised in the Annex to the Department of Health's Commissioning Framework for Health and Well-being. This chapter of the JSNA covers the whole range from 50 years and over, with a focus on those aged over 65, and endeavours to explore conditions for the various cohorts within this age range.

The third chapter and third part of this summary covers the adult population and hard to reach and vulnerable people and build upon the Home Office's broad definitions of hard to reach and vulnerable groups include minority groups (ethnic minority, migrants, asylum seekers, physically disabled and those with learning difficulties), slipping through the net (homeless, carers and those with mental health problems) and service resistant (drug abusers and alcohol misusers).

Work will continue to address gaps in the three chapters and this will improve the use of the document for commissioning future work; further work will also involve establishing a data dictionary of consistent and appropriate datasets, developing the capacity of the Partnership to generate and analyse the data to provide intelligent information and integrating the production of intelligence with planning cycles across the Partnership.

CROSS-CUTTING ISSUES

Population and Demographic Change

Projected changes in population within the county will increasingly impact upon planning for, commissioning and delivering future services. The total population of the county is expected to grow by 3.8% by 2013. However, this projected countywide change masks larger differences within various cohorts; the number of 0 - 19 year olds for example is forecast to decline by 3% in the next years but the number of 15 – 19 year olds is expected to decline by 15%. For older people, projections suggest that the number of people aged 65 and over will increase by 31% by 2020 and the numbers of people aged over 85 will increase by 39% by the same date. In Nottinghamshire, as in much of the UK, the challenges raised by such a rapidly growing elderly population have major implications for the future planning and delivery of services.

Within the county, there are also some significant differences between district areas with some districts seeing their populations grow by over 5% in the next few years, whilst others are forecast to remain virtually static. Dealing with these changes will pose some significant challenges in terms of delivering responsive and appropriate services across a range of diverse communities and groups of people.

Deprivation and Poverty

Until very recently, the county has, with the UK, enjoyed a period of economic stability and steady growth; this has led to lower unemployment, higher employment, fewer people on benefits and lower levels of deprivation for most parts of the county (although Mansfield has improved only marginally). However, it is also the case that patterns of deprivation, as measured by Government statistics, eligibility for free school meals, unemployment and benefit claimants and so on have remained fairly constant and those communities which were deprived 15 years ago are still amongst the most deprived communities in the county today, (although it is important to stress that this does not necessarily affect the same people as previously).

The issues which contribute most to these deprivation levels are crime, education and skills and employment and it is these which most affect the well-being of many people and communities in the county. Breaking this cycle of deprivation requires intervention by partners in a joined up and concerted way, and sometimes, tailored approaches which are most relevant to the particular issues faced by individual communities or groups of people are necessary. Various LAA targets are relevant to this work.

Education, Skills and Employment

Although recent educational outcomes and rates of improvement in GCSE grades have been encouraging, achievement at GCSE and the level of adult skills continue to cause concern, particularly in certain parts of the county. A relative lack of qualifications and skills affects people's ability to access employment and particularly higher level and therefore better paid jobs; this in turn affects individual and household incomes. These issues also link to unemployment including youth unemployment and economic activity rates among older people, which vary widely across the county. In addition, as is recognised in the Nottinghamshire LAA, the

analysis in the JSNA chapters draws out and examines the wider measures of worklessness, which include the significant numbers on certain out of work benefits – particularly incapacity benefit - and the need to encourage higher proportions of these claimants back into economic activity; this is important not simply for economic reasons but also because work is recognised as being important in terms of fuller involvement in society and wider wellbeing. The analysis shows that this is important for all sections of the population including many hard to reach and vulnerable groups.

Community Safety

Community safety issues - crime, anti-social behaviour and fear of crime are highlighted as being major issues in each chapter of the JSNA, not simply in terms of them being priority issues for local citizens but also because the county and specifically some parts of the county face significant real problems in terms of its comparative performance in some of the above areas. Every recent survey of public opinion records community safety issues as being the most important priority for local people and each chapter highlights these findings. Higher percentages of Nottinghamshire children and young people for example express concern about feeling safe than the national average. The issues of domestic violence, acquisitive crime and burglary link closely to other issues which may be tangential to crime but impact upon it – for example drugs and alcohol, which are also important issues in each chapter of the JSNA.

Finally, other safety issues, such as child protection, adult abuse, road accidents and avoidable injury also figure strongly in the JSNA chapters; for example one third of all avoidable injury admissions occur in the 16% of the population aged 65 + and avoidable injuries to children are still a considerable cause of death and hospital admission in children aged between 0 –14 years. These are clearly cross-cutting issues which may be better addressed through concerted action such as that being taken forward under the aegis of the Nottinghamshire LAA targets.

Health and Health Outcomes

Life expectancy at 50 plus and low birth weight are associated with areas of the county which have higher levels of deprivation, with there being a gap of twelve years in life expectancy at age 50 and over between the most and least deprived wards in the county. The prevalence of cancer, especially amongst males, is also associated with deprivation.

Twenty one percent of the working age population have some disability and 35,000 people are in receipt of incapacity Benefits, with one third of these being due to mental health and nervous disorders. These issues clearly link some of the healthier communities outcomes in the Nottinghamshire LAA to the economic targets, making it essential that partners address these collectively.

Lifestyle Issues

One in four of the adult population of the county smokes; smoking is the greatest single cause of avoidable illness and preventable death and is described in the JSNA chapters as being the county's 'public health enemy number one'. This is

clearly a priority for future action. In addition, there is also some evidence of health inequalities linked to deprivation with respect to maternal smoking.

Alcohol is the most common substance said to have been tried by young people and binge drinking is a cause for concern in certain areas as well as being a significant contributor to community safety worries and anti-social behaviour.

Data showing fruit and vegetable consumption in both adults and children, when mapped, show very similar patterns. Obesity, described in the chapters as public health enemy number two, is linked to heart disease, diabetes and some cancers and affects up to 15% of children and one in four adults. It is estimated that obesity reduces life expectancy by an average of 9 years.

These issues are also linked to levels of physical activity in both children and young people and the adult and older population.

Access and Inclusion

Access to services is a key issue in all chapters, with about one quarter of all Nottinghamshire households having no car rising in some parts of the county to almost 30%. Rurality and unequal access to services such as post offices, shops and GP surgeries, and the closure of some services and consolidation into larger but more sometimes less convenient locations, is a clear issue for many local people; this particularly affects some hard to reach or vulnerable groups, and is exacerbated by lack of transport or its rising cost.

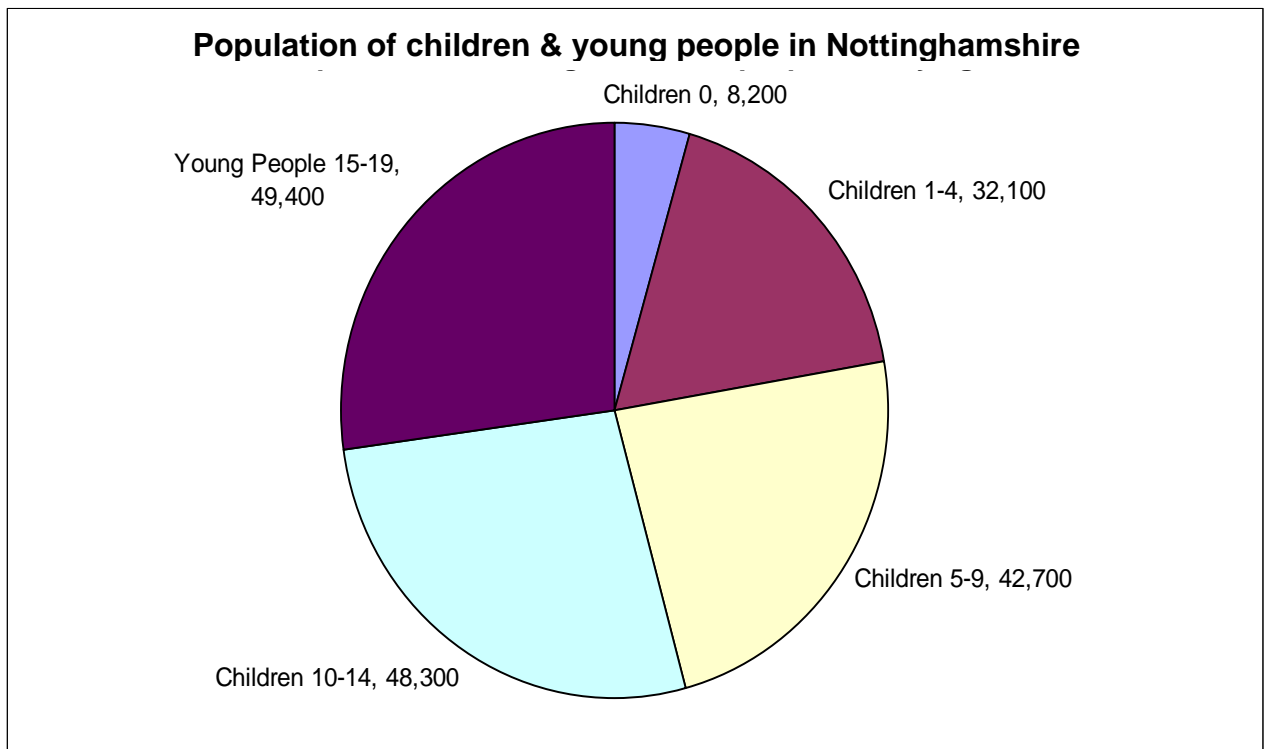
Aside from access to services, a lack of social interaction, whether by older people, adults, children and young people or hard to reach and vulnerable groups is an issue which militates against the full interaction of and social inclusion of individuals and the wider sustainability of communities.

CHAPTER 1 : CHILDREN AND YOUNG PEOPLE

Demography

Key Messages

- Currently there are around 180,000 children and young people in Nottinghamshire (51% boys, 49% girls).
- There are slightly more in older age groups (27% over 15 yrs old compared to 22% under 5)
- A decline of around 3% in the 0-19 population is expected over the next 10 years although there are variations by age bands.
 - ◇ Numbers of 15-19 year olds will decline by 15% between 2008 and 2018.
 - ◇ 5-9 year olds will increase by 5% in five years before reaching a plateau.
- Nottinghamshire has a lower proportion of children and young people from BME backgrounds than regional or national averages.



Source; Mid 2006 Population Estimates. ONS

Socio-Economic

Key Messages

Child poverty is concentrated in the north west of the county and in Newark and this picture is underlined by the statistics on free school meals eligibility.

Primary School Free School Meal take-up and eligibility

District	2006/07	
	% taking free school meals	% eligible for free school meals
Ashfield	11.3%	15.1%
Bassetlaw	9.4%	12.1%
Broxtowe	8.2%	10.1%
Gedling	7.6%	9.1%
Mansfield	13.2%	16.9%
Newark	9.8%	12.8%
Rushcliffe	4.7%	5.6%
Nottinghamshire	9.3%	11.9%

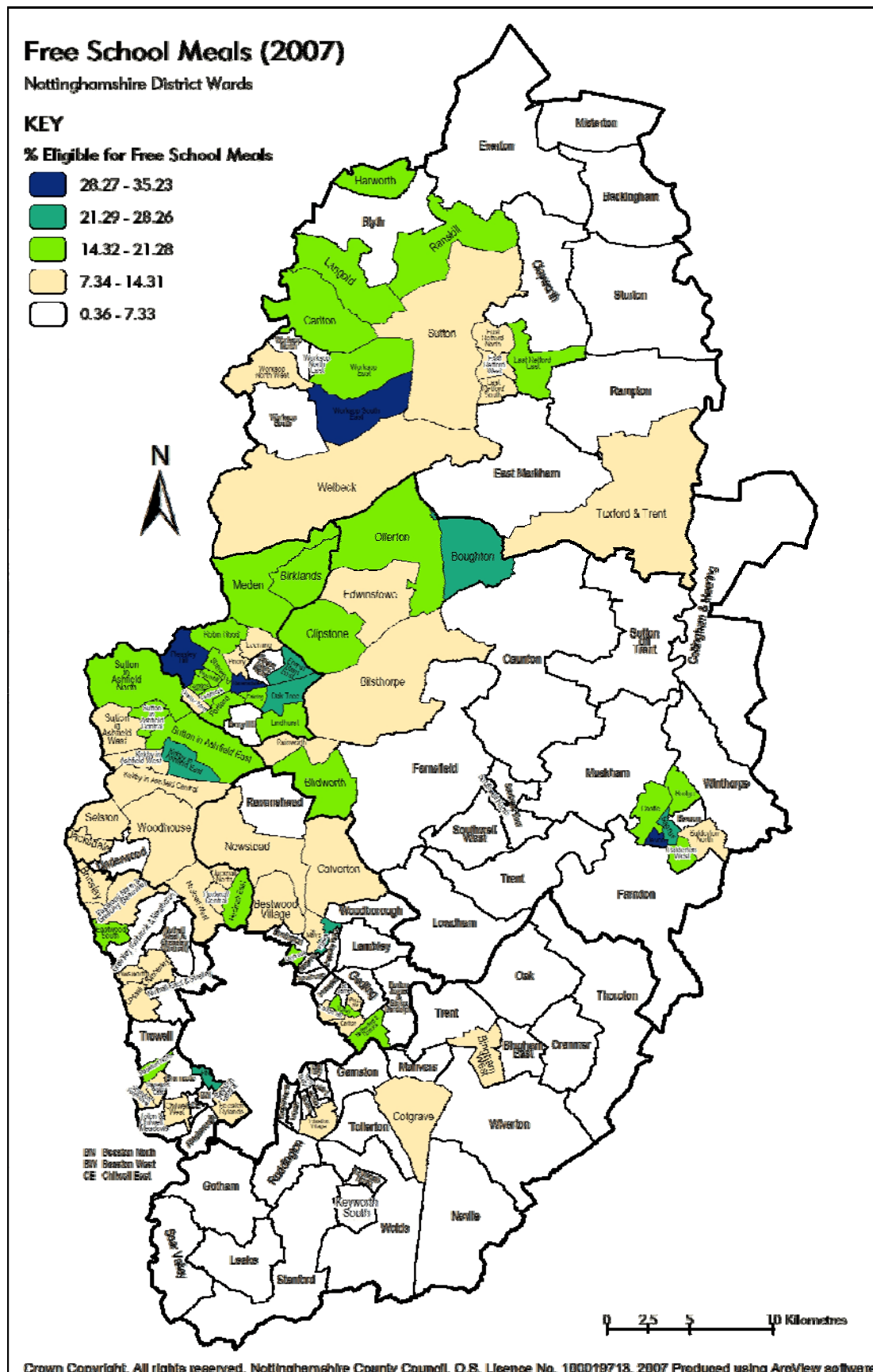
Source: School Census, Jan 2007

Secondary School Free School meals take-up and eligibility

District	2006/07	
	% taking free school meals	% eligible for free school meals
Ashfield	8.7%	13.4%
Bassetlaw	6.8%	12.6%
Broxtowe	6.7%	10.8%
Gedling	5.1%	9.6%
Mansfield	9.9%	15.1%
Newark	8.1%	12.1%
Rushcliffe	3.8%	5.9%
Nottinghamshire	7.0%	11.4%

Source: School Census, Jan 2007

Rates of eligibility to free school meals at ward level in Nottinghamshire.



Infant & Child Mortality

Key Messages

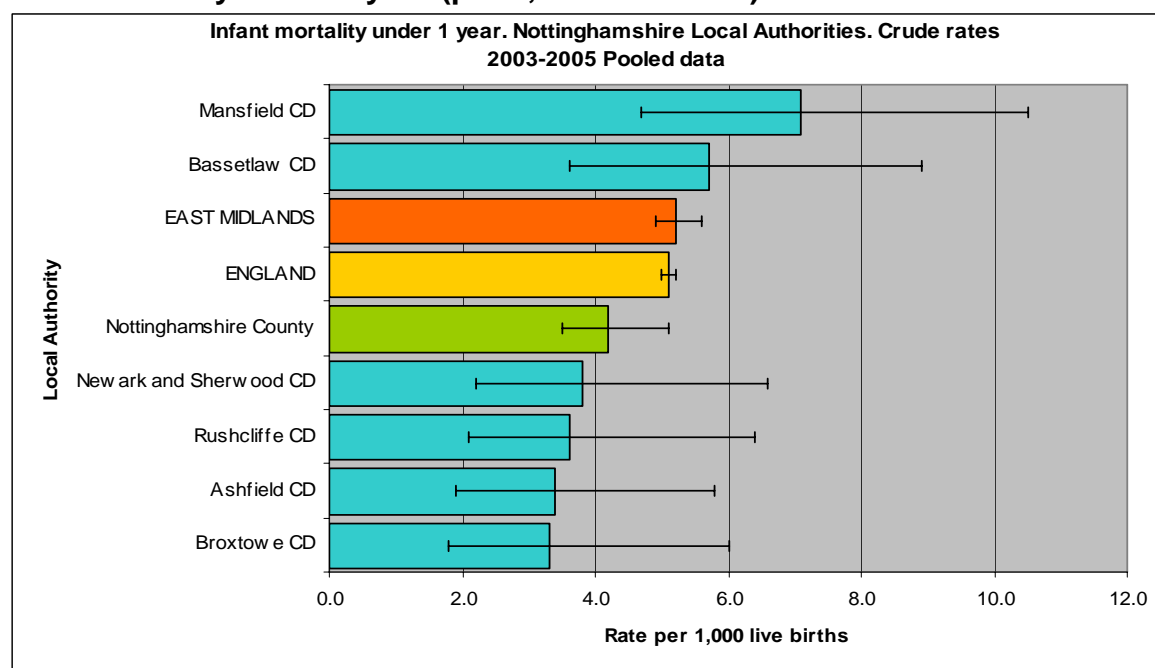
- Similar to regional and national averages (but numbers are low)
- Road traffic injury is a major cause of death (31% in 5-14 year olds, 29% in 15-19 year olds)
- Still births are higher in Bassetlaw and Mansfield than other districts

Deaths by Cause Category in Nottinghamshire 2003 – 2005 (0 – 19 years of age)

Cause of Death	Cause Category	%
Conditions originating in the perinatal period	61	28%
Road Transport Accidents	31	14%
Other External Causes	27	12%
Congenital malformations	22	10%
Diseases of the nervous system	19	9%
Neoplasms	18	8%
Symptoms, signs and other abnormal clinical findings	17	8%
Endocrine, nutritional & metabolic disorders	6	3%
Diseases of the respiratory system	5	2%
Infectious & Parasitic Diseases	4	2%
Other	11	5%
TOTAL	221	

Source: ONS Annual Death extracts

Infant Mortality under 1 year (per 1,000 live births) 2003 – 2005



Source: ONS Annual Death Extracts

Pregnancy and Birth

Low birthweight babies

Key Messages

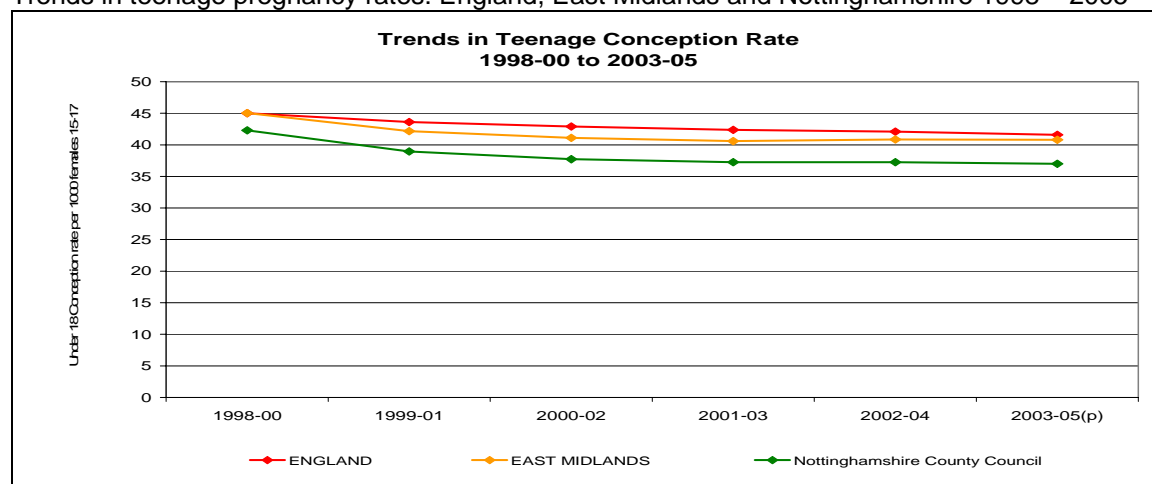
- Greater incidence in Mansfield and other county hotspots at ward level associated with greater deprivation

Teenage Conceptions

Key Messages

- Overall county figures that are lower than national averages mask county hotspots linked to areas of greater deprivation.
- Termination of pregnancy rates are lower in areas of greater deprivation and higher in areas of greater affluence.

Trends in teenage pregnancy rates: England, East Midlands and Nottinghamshire 1998 – 2005



Source: Office for National Statistics and the Teenage Pregnancy unit

Breast feeding initiation

Key Messages

- The target of a 2% increase was exceeded by the County tPCT area in 2006/07.
- District level data shows huge differences with 86% of mothers initiating breastfeeding in Rushcliffe but only 51% in Mansfield.

Disabilities

Key Messages

- Available data suggests that the proportion of disabled children is similar to the national average but improved data collection is needed.
- Nottinghamshire has the lowest percentage of pupils with statements when compared to similar authorities and the East Midlands region because it is not necessary in Nottinghamshire for a child with SEN to have a statement to access additional support.

Mental Health

Key Messages

We do not know the exact prevalence of mental and emotional disorder in children and young people in Nottinghamshire but applying national percentages to the Nottinghamshire population of children and young people aged 0-19 gives target populations of:

- Approximately 9,300 diagnosed as suffering from a mental disorder
- 4,680 children and young people aged 5 -15 year old having experienced a difficulty causing distress/impact in their lives
- 2,340 have a clinically significant conduct disorder and 1872 having emotional disorders
- 220 children looked after who will experience emotional difficulties

Obesity

Key Messages

- In 2007 the proportion of both Year R (5 year olds) (9.8%) and Year 6 11 year olds) (17.7%) children measured as obese in Nottinghamshire was very similar to the respective national averages.
- District level data from 2006 averaged across the two age groups however showed inequalities with Mansfield having 6% more obese children than Rushcliffe.

Percentage of children who are obese, 2006

	%
Ashfield	13.99
Bassetlaw	14.46
Broxtowe and Hucknall	13.91
Gedling	13.43
Mansfield	15.40
Newark & Sherwood	12.76
Rushcliffe	9.81
County	13.33

Source: PCTs 2006

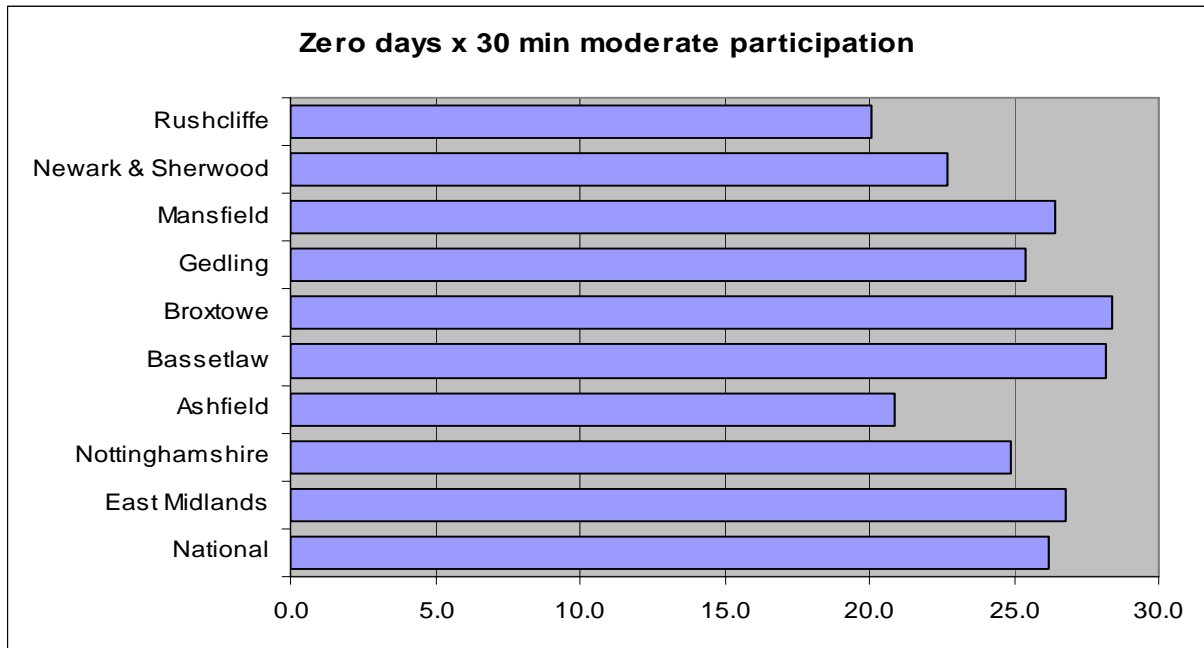
Sport and activity

Key Messages

- Tellus Survey results indicate physical activity levels for children across Nottinghamshire are similar to national averages.

- Data from 16-19 year olds shows a disparity across the county of children and young people who access sport and activity with participation rates poorest in Broxtowe and Bassetlaw.

Zero days per week x 30 mins moderate participation, 16-19 year olds 2005-06



Source: Sport England Active People Survey 2006

Alcohol, Substance Misuse and Smoking at Time of Delivery

Key Messages

- Alcohol is by far the most common substance taken by young people aged 11-18 with only 12% saying they have never taken it.
- Districts vary with highest percentages in Mansfield, Ashfield and Bassetlaw
- The number of young people drinking over 10 units increases with age:
 - ◊ Under 13's who drink, typically drink in small quantities.
 - ◊ Over half of the 15 year olds report drinking over 7 units.
 - ◊ 25% of 15 year olds report drinking over 10 units of alcohol
- There is evidence of health inequalities linked to deprivation with respect to maternal smoking but accurate data around smoking is not always available.

Oral health

Key Messages

- Levels of tooth decay are better than national averages for the county but vary by district.
- Ashfield, Bassetlaw and Mansfield are three fluoridated areas and so although they have the highest figures for Nottinghamshire they are much lower than similar authorities by the Index of Deprivation.

Hospital Admissions

Key Messages

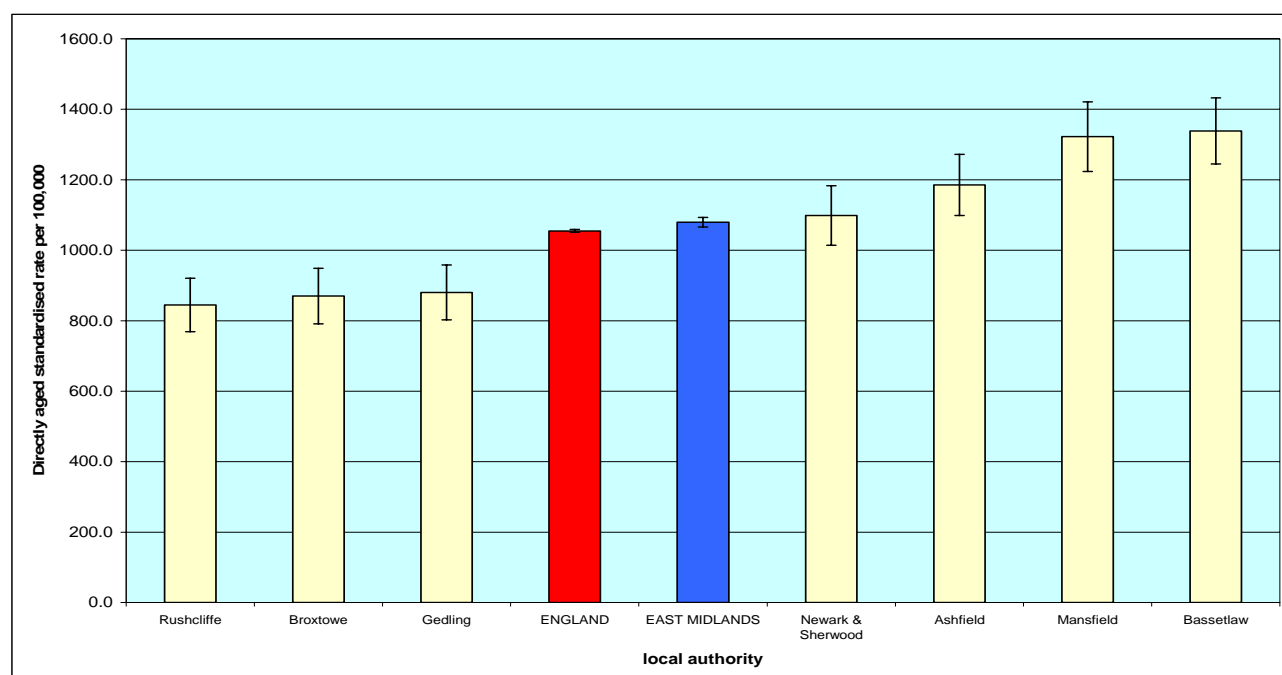
- The top ten causes of admission to hospital in Nottinghamshire is similar to those nationally, with respiratory disease being the commonest cause of admission (approx 17%)
- Admissions for lower respiratory tract infection are significantly higher in Mansfield
- Mansfield, Bassetlaw and Ashfield have significantly higher admission rates for acute conditions usually managed in Primary Care
- Bassetlaw has significantly higher admission rates for chronic conditions usually managed in primary care (mostly Asthma)
- Admissions for gastroenteritis are significantly higher for more deprived districts.

Safety

Key Messages

- During 2007 the number of children looked after increased by approximately 10% to 487, still significantly lower than the national average and the lowest amongst Nottinghamshire's similar authorities.
- Bassetlaw and Mansfield Districts account for over 45% of Nottinghamshire's looked after children. Rushcliffe District accounts for less than 5% of children looked after.
- 11% of children looked after had 3 or more placements during the year. This is below the national average and one of the lowest figures among Nottinghamshire's similar authorities.
- The rate of children subject to a child protection plan in Nottinghamshire is 29.6 children per 10,000 children. This figure is greater than the national average and Nottinghamshire's similar authorities.
- The percentage of children on the Child Protection Register who had previously been registered in Nottinghamshire is above the national average and most of our statistical neighbours.
- Section 47 enquiries into the safety of children vary across districts. During 2007 Bassetlaw district had almost a quarter of all section 47 enquiries. Rushcliffe district received just over 5% of all enquiries.
- Concerns by children and young people about feeling safe at school are in line with national averages
- Concerns by children and young people about feeling safe where they live are above national averages.

Directly aged standardised hospital admission rates for avoidable injury (ages 0-14 years) by local authority of residence (2003/04 to 2005/06)



Source; Information Centre; Hospital Episode Statistics (HES)

Achievement and Participation

Key Messages

- Outcomes for seven year olds remain above the national average and the gap between the lowest and highest performing districts has narrowed slightly in reading, although it has widened in writing and maths.
- In Nottinghamshire, across all three core subjects (English, mathematics and science) the overall percentage of 11 year olds achieving Level 4 or above increased, remains at least in line with the national average and the gap between the lowest and highest performing districts has narrowed across all three core subjects
- The percentage of pupils achieving 5 or more A*-C GCSEs or equivalent in Nottinghamshire has lagged behind the national average for many years.
- In GCSE, where 54.9% of pupils achieved 5 or more A*-C GCSEs or equivalent in 2007, improvement in results has been faster than regional and national averages but current rates remain below both.
- Between 2006 and 2007 the difference between the lowest and highest achieving districts narrowed with increases in six out of seven districts.
- Nottinghamshire's students make less progress between ages 11 and 16 than similar students nationally.
- When compared to the Statistical Neighbour's group of other similar authorities, Nottinghamshire's has the 4th highest rate of secondary school permanent exclusions and the 3rd highest overall permanent exclusion rate.

Pupils Achieving 5+ A*-C GCSEs or equivalent by District & year			
Districts	All Pupils		
	2005	2006	2007
Ashfield	41.8	45.6	50.8
Bassetlaw	40.2	42.0	49.8
Broxtowe	51.2	56.8	53.3
Gedling	51.2	55.1	57.1
Mansfield	37.1	41.7	47.4
Newark	45.2	52.1	55.8
Rushcliffe	64.5	67.1	70.5
Nottinghamshire	47.1	51.2	54.9

Source: EPAS Report GG1

16-18 yr olds not in education, employment or training (NEET) by district

	2004/05
Ashfield	7.5%
Bassetlaw	6.1%
Broxtowe	3.9%
Gedling	3.8%
Mansfield	6.8%
Newark and Sherwood	5.2%
Rushcliffe	1.9%

Source: Connexions Nottinghamshire

CHAPTER 2 : OLDER PEOPLE

Demography

Key messages

There are more older people (over 65) in Notts than the national and regional average.

There are higher than average numbers of pensioner households

Newark and Sherwood district has the highest population of older people; Ashfield district the least.

The proportion of older people in the population is increasing, the 75-79 cohort seeing the greatest increase.

Using current population trends, Care Home places, or their equivalent in the community in terms of variants of intensive home care, will need to increase by 100% by 2025.

Nottinghamshire's Older Population by Age

Population aged 65 and over, in five year age bands, projected to 2025					
	2008	2010	2015	2020	2025
People aged 65-69	38,600	42,300	50,700	45,600	49,100
People aged 70-74	33,100	34,400	39,500	47,600	43,000
People aged 75-79	26,700	27,200	30,400	35,200	42,700
People aged 80-84	19,600	19,900	21,600	24,800	29,200
People aged 85 and over	16,900	18,000	20,300	23,500	28,100
Total population 65 and over	134,900	141,800	162,500	176,700	192,100

Figures may not sum due to rounding

Source: Crown Copyright 2006

Deprivation

Key Messages

Higher percentage of 50+ than the national average who are claiming Benefits

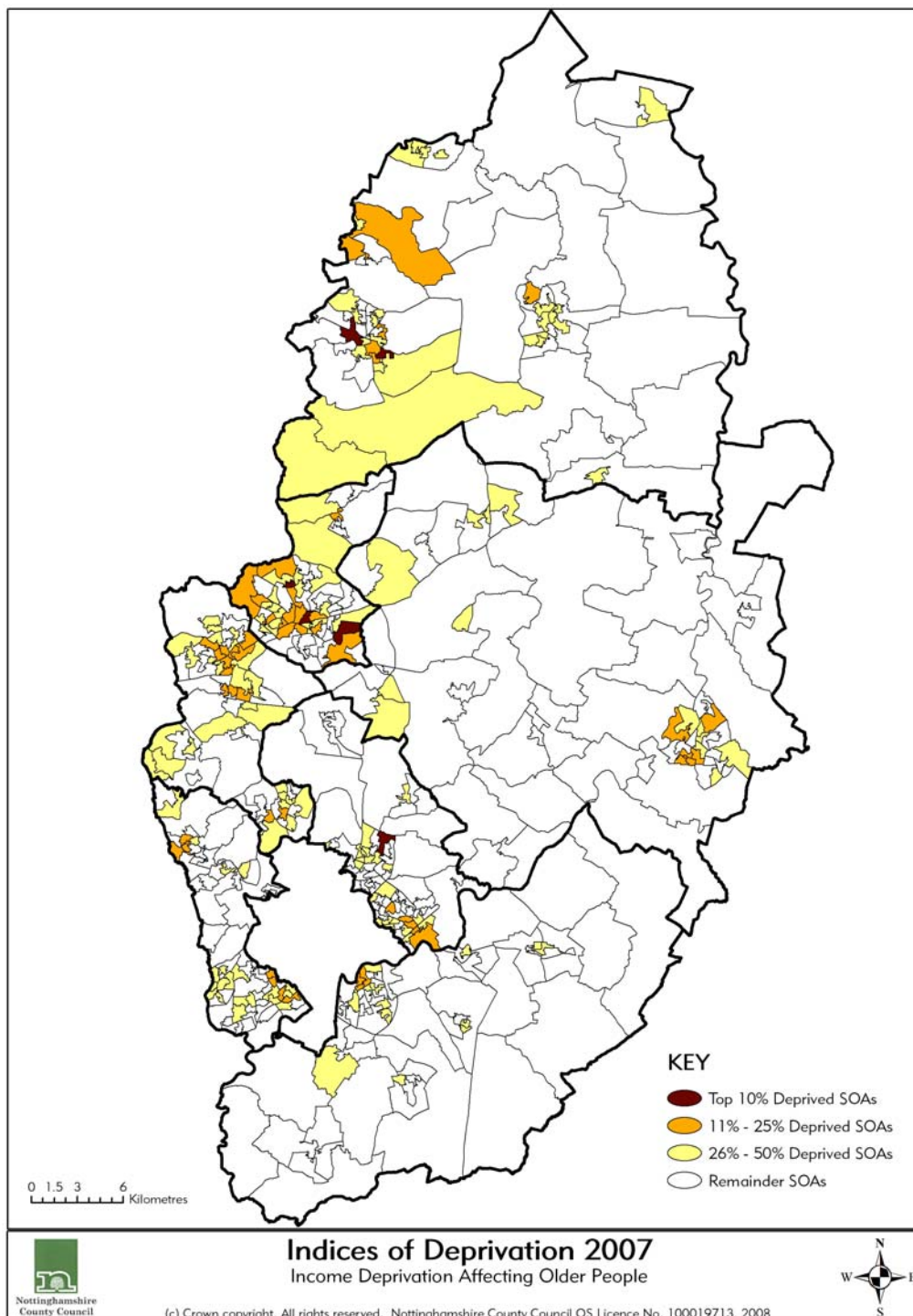
Loneliness is a major contributory factor to social isolation and this is often exacerbated by the lack of transport or mobility especially in rural areas

There is a greater concentration of households without central heating in central Newark, central Mansfield, in Beeston, Stapleford and Netherfield.

14% of households in Nottinghamshire are single pensioner households of which 69% have no car, as compared to other pensioner households where only 22% have no car.

There should be a greater emphasis placed on promoting employment and training initiatives for the 50+ population

This map shows part of the Indices of Deprivation (ID) 2007 and the areas having high numbers of people aged 60+ who claim Income Support, Job Seekers Allowance or Incapacity Benefit.



Proportion of residents aged 50+ with no qualifications (residence based) (January - December 2006)		Percentage of households with no car by district	
District	%	Ashfield	27.9%
Gedling	34.83	Bassetlaw	23.6%
Ashfield	31.89	Broxtowe	23.4%
Nottingham City	29.78	Gedling	22.9%
Bassetlaw	22.73	Mansfield	29.3%
Broxtowe	18.32	Newark and Sherwood	21.9%
Rushcliffe	17.50	Rushcliffe	16.7%
Mansfield	14.71	Nottingham	44.9%
Newark and Sherwood	11.69	Source: Census 2001 - Key Statistics for Local Authorities	
Nottinghamshire	23.80		

Source: Nottinghamshire: Annual Population Survey
Via Nottinghamshire Knowledge

Health and Social Care

Key Messages

The vast majority of social care assessments (90% in those aged 65-74 and 85% in the 75+ age groups) are for people with physical disability, frailty and temporary illness. This is a very broad category that may hide considerable overlap with others.

Only 6% of assessments in the 75+ age group are for mental health issues including dementia.

77% of assessments resulted in community based services for people in their own homes and 14% in a recommendation for independent sector residential care.

There is a lack of access to GP surgeries on Saturdays.

Main causes of mortality

Key Messages

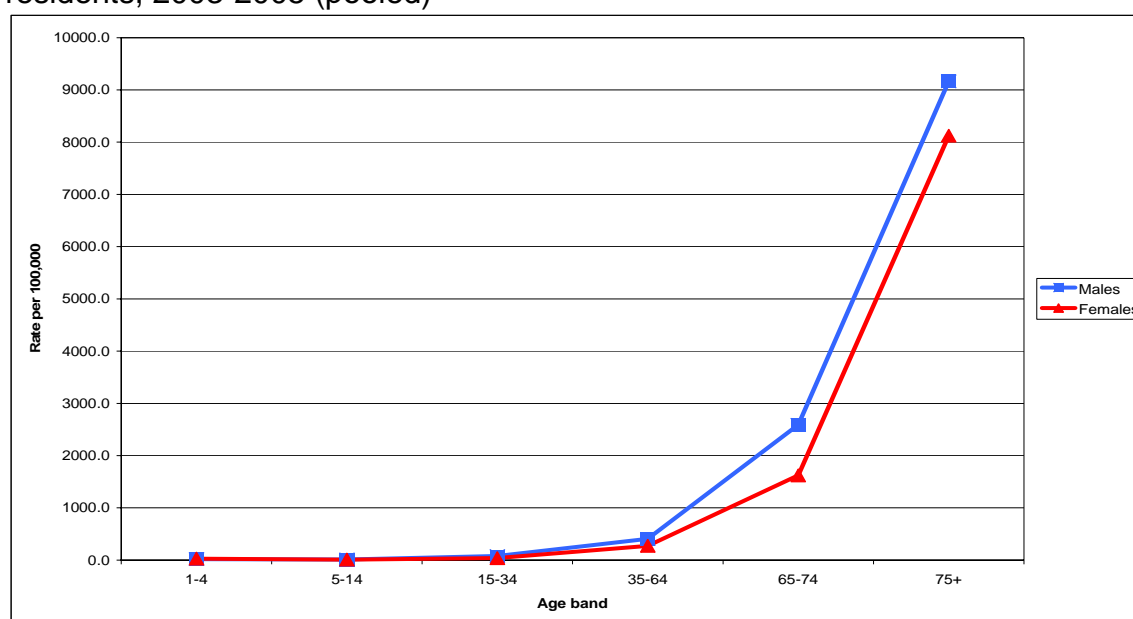
The commonest causes of death are circulatory diseases (heart disease and stroke), cancer and respiratory disease. This covers 83% of male deaths and 75% of female deaths.

Although there is a clear link between CHD mortality and deprivation, there is no clear link between heart surgery and heart disease rates, and deprivation indices across the County.

Ashfield and Mansfield Districts have the highest mortality rates for respiratory disease, significantly higher than Rushcliffe District that has the lowest mortality rate.

There are excess winter deaths in Nottinghamshire when compared to the national average. Rushcliffe has the highest excess rate and Ashfield the lowest.

Age specific death rates by age band and sex, all causes, Nottinghamshire County residents, 2003-2005 (pooled)



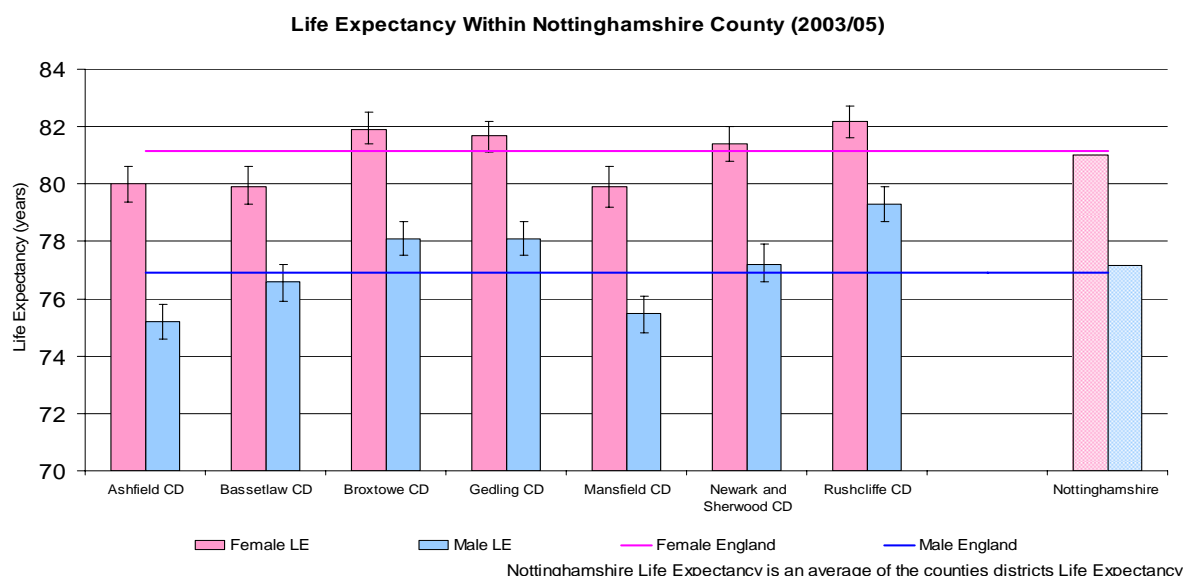
Source; National Statistics

Life expectancy

Key Messages

Life expectancy varies according to levels of deprivation at local level. There is a 12 year gap between the best and worst Wards of District/Borough Councils for the 50+ across Nottinghamshire. Rushcliffe District is the best overall; Mansfield District has the worst life expectancy figures.

Life expectancy at birth for Nottinghamshire residents (2003/05) by local authority



Source: Compendium of Clinical Indicators (NCHOD)

The main causes of admission to hospital, hospital care costs and care services costs

Key messages

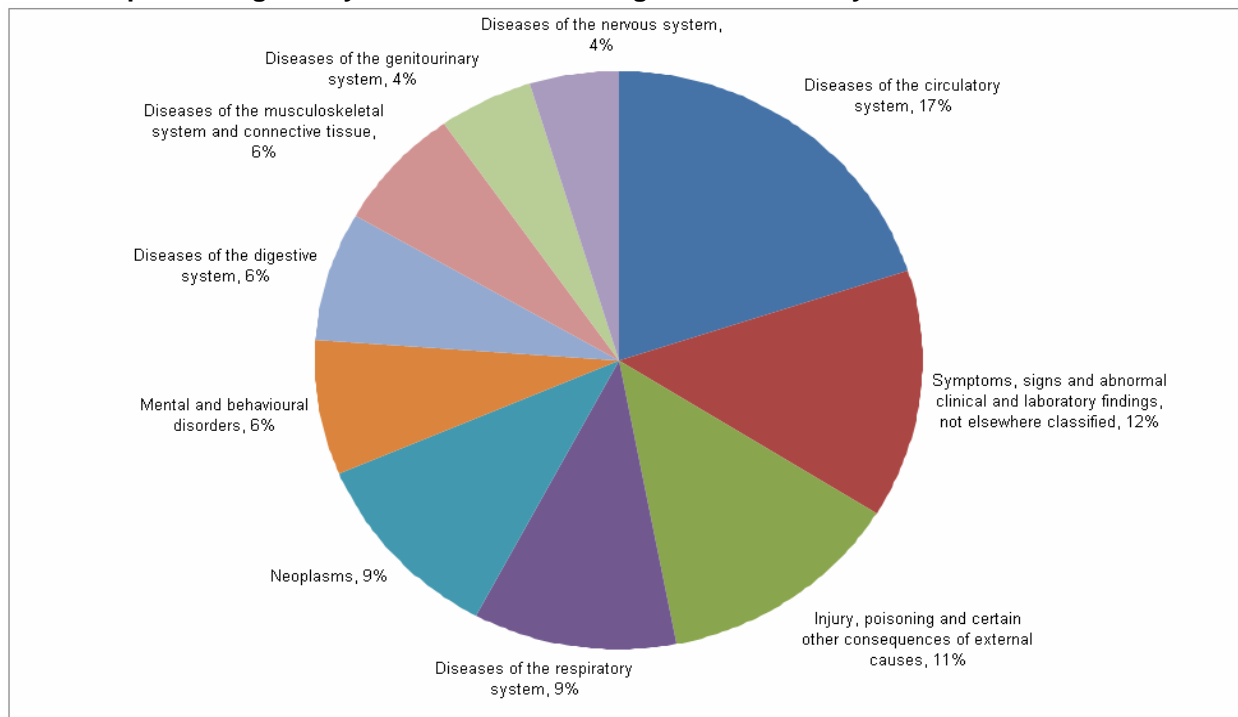
For most admission and bed occupancy categories, Nottinghamshire is very similar to the national average;

The elective admission rate for 'neoplasms' is 32% compared to a national average of 26%; this should be investigated as it may indicate a lack of adequate day service provision;

Elective bed day usage for injury and poisoning are 8% compared to a national average of 5%;

The spend per county on older people's care services is average compared to a range of comparator shire counties.

The top ten diagnoses (primary diagnosis chapter) consuming the most bed days in 2005/06 – patients aged 65 years and over - Nottinghamshire County residents



Source; The Information Centre; Hospital Episode Statistics (HES)

What illnesses are older people living with?

Key Messages

Prevalence of limiting long term illness increases with age, affecting over 50% of people over the age of 85.

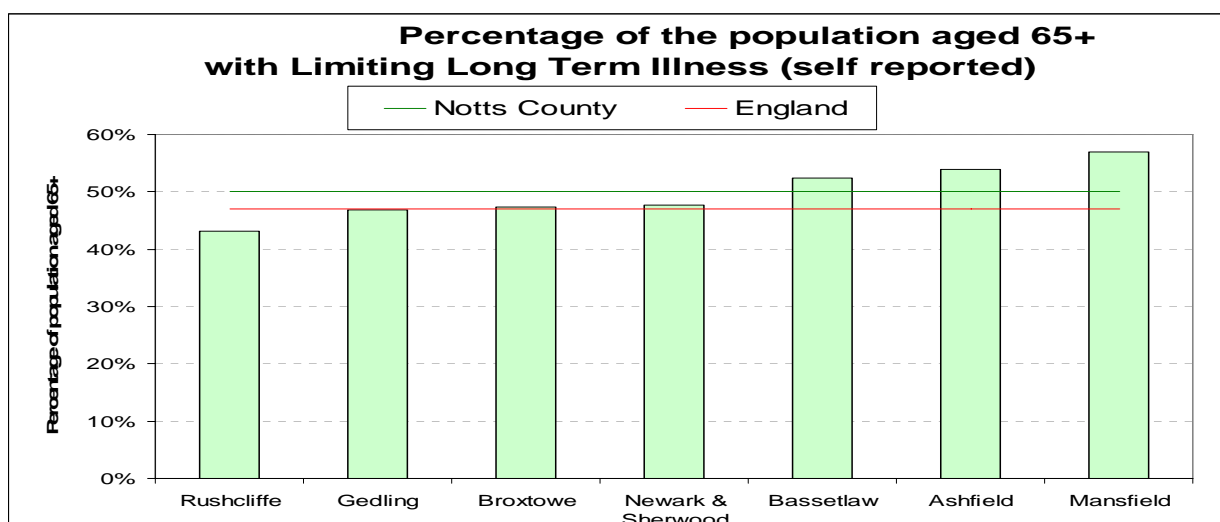
Prevalence of limiting long term illness is associated with deprivation, being lowest in Rushcliffe and highest in Mansfield.

The prevalence of cancer is also associated with deprivation, especially among males.

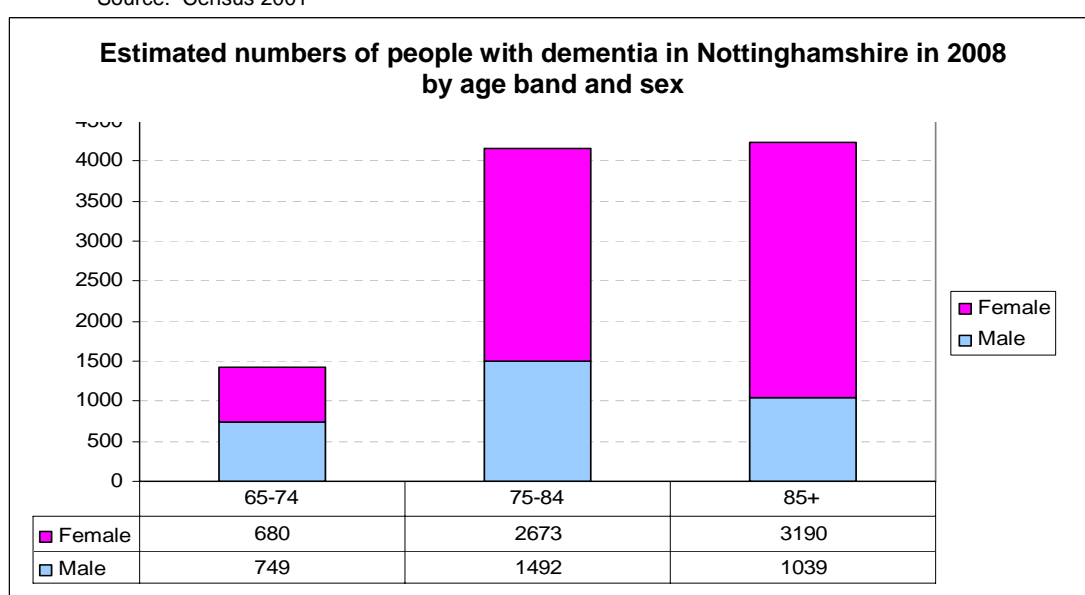
The main causes of cancer amongst the 65+ are bladder, prostate, lung and colorectal.

The highest prevalence of illnesses amongst the 65+ of Nottinghamshire are depression and dementia.

10-15% of the 65+ population are estimated to have depression.



Source: Census 2001



Source; Projecting Older People Population Information System (POPPI)

Older people's lifestyles

Key Messages

At district level the lowest rates for moderate participation in exercise by the over 50s and over 65s for males is Mansfield, Ashfield and Bassetlaw (below English average). For females, Bassetlaw and Broxtowe Districts are low compared to the English average.

Alcohol consumption tends to decrease with age, although approximately 4% of those aged over 75 are still consuming harmful levels.

Sensory impairment

Key Messages

Nottinghamshire has a lower level of registered blindness both for the 65-74 age group and the 75+ age group compared to its East Midlands shire neighbours and the shire county average.

Nottinghamshire has relatively low levels of registered deaf people compared to other shire counties in the East Midlands, accounting for just over 10% of 65-74 year olds.

Communication aids and speech and language therapy can be useful or essential for elderly and disabled people having particular communication difficulties, eg following a stroke. Such aids can range from basic, such as communication books or symbol boards, to more sophisticated solutions such as computer enhanced aids.

Carers

Key Messages

Of the estimated 83,000 carers in the county, only 3,070 have had a carers' assessment resulting in support from Adult Social Care and Health.

The majority of carers in Nottinghamshire are older people.

Safety

Key Messages

34% of all the avoidable injury admissions occur in the 16% of the population aged 65+.

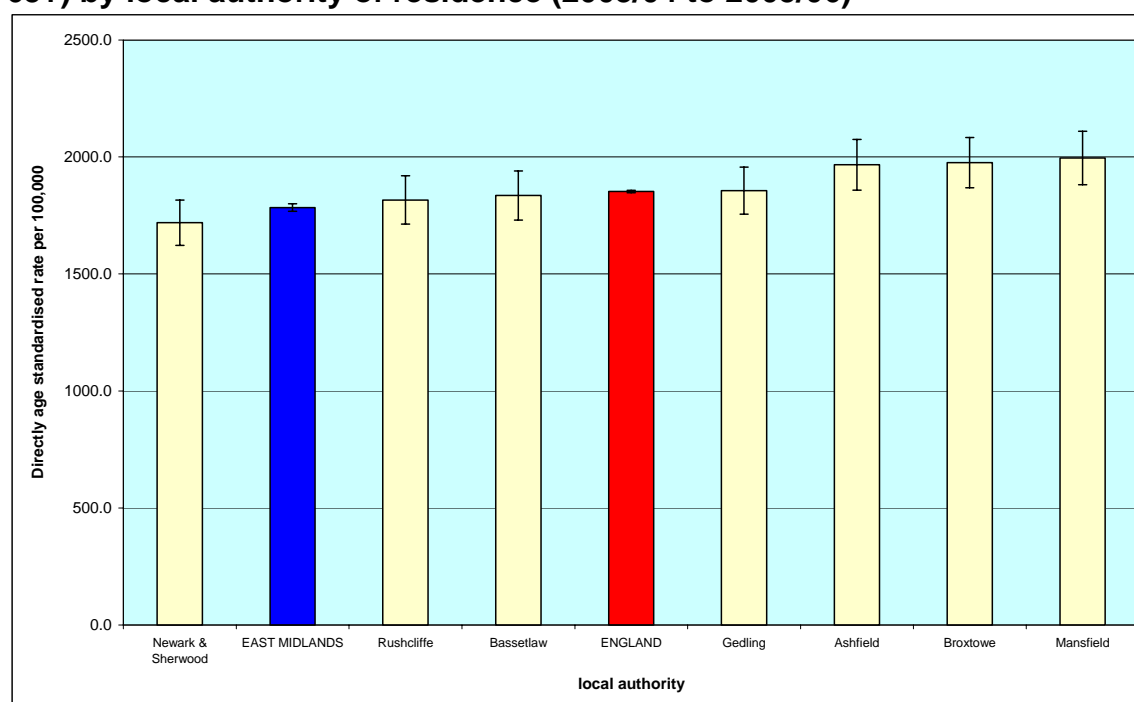
The admission rates for falls are significantly higher in Mansfield, Ashfield and Bassetlaw compared to Newark and Sherwood, although there is no significant difference in the mortality rates.

Admission to hospital rates for fractured neck of femur following falls are much worse in Ashfield and Mansfield than elsewhere in the county or nationally.

Nottinghamshire's older residents regard crime and community safety issues as their top priority.

Footcare is vital for maintaining mobility and health in older people.

Directly age standardised hospital admission rates for accidental falls (aged 65+) by local authority of residence (2003/04 to 2005/06)



Source: The Information Centre, Hospital Episode Statistics (HES)

CHAPTER 3 : ADULTS, HARD TO REACH AND VULNERABLE PEOPLE

Population and Demography

Key messages

In 2005 the population of Nottinghamshire was approx 762,700. Of these approx 20% will be under 16 and 16.5% over 65.

The 25-44 year old population is greater in Nottingham City and western part of the county. The 45-65 population is more largely concentrated to the east of the County.

In the county approximately 20% of people identify themselves as having a limiting long-term illness

9.8% of people in the county felt that their general health was not good, rising to over 12% in Mansfield

Hard to Reach and Vulnerable Groups- Ethnic Groups and Migrants

Key Messages

The county population is 97.4% white and 2.6% non-white. The non-white population rate is smaller than that for England (9.07%) and the East Midlands (6.53%).

The county figures for the non-white population hides significant variations (eg from less than 1% in Ashfield to 9.8% in Broxtowe).

The number of National Insurance Number allocations to non-UK nationals has risen significantly in the last 5 years. In 2006/07 67% were from Eastern Europe, especially Poland.

Region of Birth of Nottinghamshire residents 2001

Region of birth for all persons in Nottinghamshire (2001 census)	%
Europe	98.1
Asia	1.02
Africa	0.40
North America	0.32
Europe - Eastern Europe	0.29
Oceania	0.11
South America	0.04
Other	0.02

Source: ONS Country of Birth, Census 2001

Vulnerable Groups – Poverty, unemployment and skills

Key Messages

Mansfield remains Nottinghamshire's most deprived district, falling within the 10% most deprived districts in England; both Ashfield and Bassetlaw fall in the most deprived third of English district local authorities

The sectors of deprivation having the most negative effect upon the county's overall score and rank are Education, Employment and Skills and Crime.

Benefit claimant rates show concentrations of high rates in the north west of the county.

For women the employment rate is approximately 5% lower than for men.

Unemployment in Nottinghamshire is 1.7% and varies from 2.4% in Mansfield to 0.9% in Rushcliffe; long term unemployment stands at over 10% in some districts pointing to problems with job readiness for some people.

Worklessness remains a worry, with 35,000 people claiming Incapacity Benefit.

Parts of the county (particularly Ashfield) have very poor skills with low percentages of people with high level qualifications and substantial skills poverty.

Vulnerable Groups – Disabled People and Mental Ill Health

Key Messages

21% of the working age population is disabled (East Midlands 19.2% and nationally 18.6%).

There are approximately 2,000 people with severe / profound learning disability in Nottinghamshire (1200 adults, 600 children and young people and 200 elderly) with a further 10-15,000 with mild or moderate learning disability.

There are over 4,600 people in the county registered as blind or partially sighted and over 1,100 registered as deaf or hearing impaired.

Mental ill health is widespread. It is estimated that in Nottinghamshire there are approximately 90,000 adults with neurotic disorders, over 2,700 with psychotic disorders and the suicide rate is approximately 11 : 100,000 population.

35,000 people in Nottinghamshire are in receipt of welfare payments in the form of Incapacity Benefit and Severe Disability Allowance. Of these, one third (11,300) are for mental health / behavioural disorders. This is 2.6% of the working age population.

Disabled working age population, Jan 2006 - Dec 2006

Area	% of working age who are disabled		% of working age males who are disabled		% of working age females who are disabled	
	number	percent	number	percent	number	percent
Ashfield	15,200	21.9	7,200	19.9	8,000	24.0
Bassetlaw	15,400	23.9	7,200	21.8	8,200	26.1
Broxtowe	15,000	22.7	8,100	23.6	6,900	21.7
Gedling	12,800	19.4	6,900	20.3	5,900	18.3
Mansfield	15,700	26.7	9,300	30.6	6,300	22.5
Newark and Sherwood	11,200	17.7	5,900	18.1	5,300	17.3
Nottingham	35,400	20.3	18,700	21.1	16,700	19.6
Rushcliffe	10,400	15.6	4,800	13.7	5,700	17.7
Nottinghamshire	95,700	21.0	49,500	21.0	46,200	21.1
East Midlands	500,200	19.2	252,800	18.9	247,400	19.6
United Kingdom	6,824,200	18.6	3,505,500	18.6	3,318,700	18.7

Source: Annual Population Survey via NOMIS

Vulnerable Groups – Those in touch with Social Services and Carers

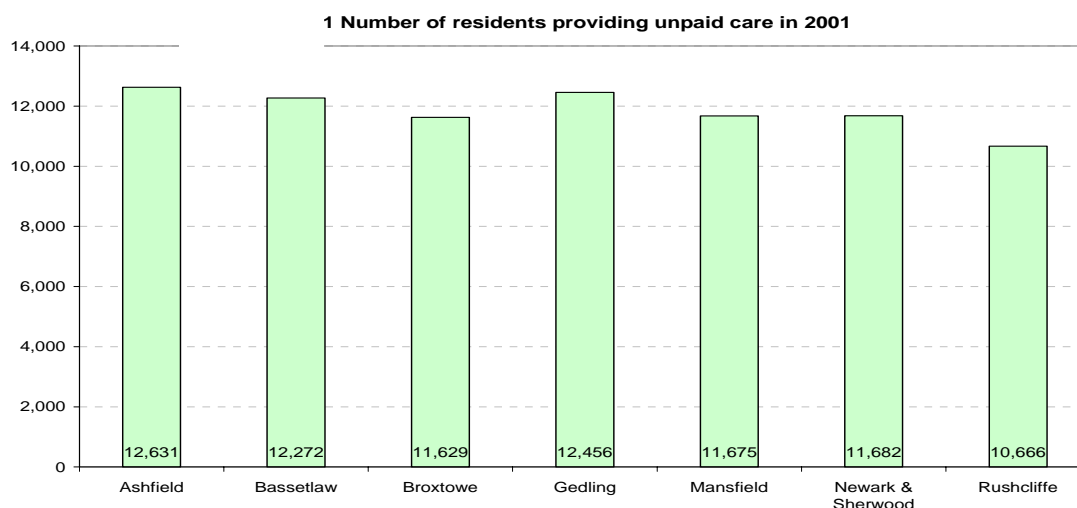
Key Messages

In 2006/07, 7,722 adults were receiving services from adult social care and of those 6,920 were receiving community-based services.

The largest care group amongst the 18-24 years olds are those with physical disability, frailty, mental illness and learning disability.

There are approximately 83,000 carers in Nottinghamshire with almost one third providing more than 20 hours of care each week. Nottinghamshire has a higher proportion of carers in the population than the England average and most are aged between 35-39 years. A low percentage of carers have had an assessment.

The largest categories of care services being delivered in 2006/07 were those providing professional support, equipment and adaptations, direct payments and short term residential care.



Source; Census 2001

Vulnerable Groups – Homeless People

Key Messages

Almost 1000 people in the geographic county presented as homeless in autumn 2007, with significant numbers in Mansfield, Bassetlaw, Gedling and Newark and Sherwood.

Many people presenting as homeless report having other problems; main categories of need or earlier history affecting their status include domestic violence, having a history of being in care or being an ex-offender and having drugs or alcohol problems.

Vulnerable People – Gypsies and Travellers

Key Messages

There are significant numbers of travellers in the county, with the largest numbers being in Newark and Sherwood. Many households have poor or unsafe living conditions.

Recent local research suggests that travellers have higher mortality and morbidity, higher accident rates and poorer access to and uptake of health services.

Adult Lifestyles – Alcohol and Smoking

Key Messages

Alcohol problems have a serious impact on people's health, especially in Mansfield, Ashfield and Newark and Sherwood.

Alcohol related harm is increasing with Mansfield and Bassetlaw having the highest rates locally.

High rates of smoking are associated with higher deprivation and contribute to the higher burden of disease suffered by deprived communities.

Smoking is the greatest single cause of avoidable illness and preventable death; it is the largest contributor to health inequalities across the county and is public health enemy number one.

Adult Lifestyles – Diet, Nutrition and Obesity

Key Messages

Estimates suggest that a large proportion of Nottinghamshire residents do not consume the recommended amounts of fruit and vegetables per day.

Obesity is rising and is becoming a major public health problem; it is linked to increased risk of heart disease, diabetes and some cancers and is public health enemy number two.

The county as a whole is estimated to have a level of obesity higher than the national average with 1 in 4 adults estimated to be obese. It is common in people aged 45 and over and is worse in deprived populations.

Obesity reduces life expectancy by an average of 9 years.

Adult Lifestyles – Physical Activity

Key Messages

Participation in sport and active recreation is lower in Nottinghamshire's more deprived communities (Mansfield, Ashfield and Bassetlaw) than in the least deprived (Rushcliffe).

Participation in physical activity reduces with age and overall activity levels fall with decreasing household income.

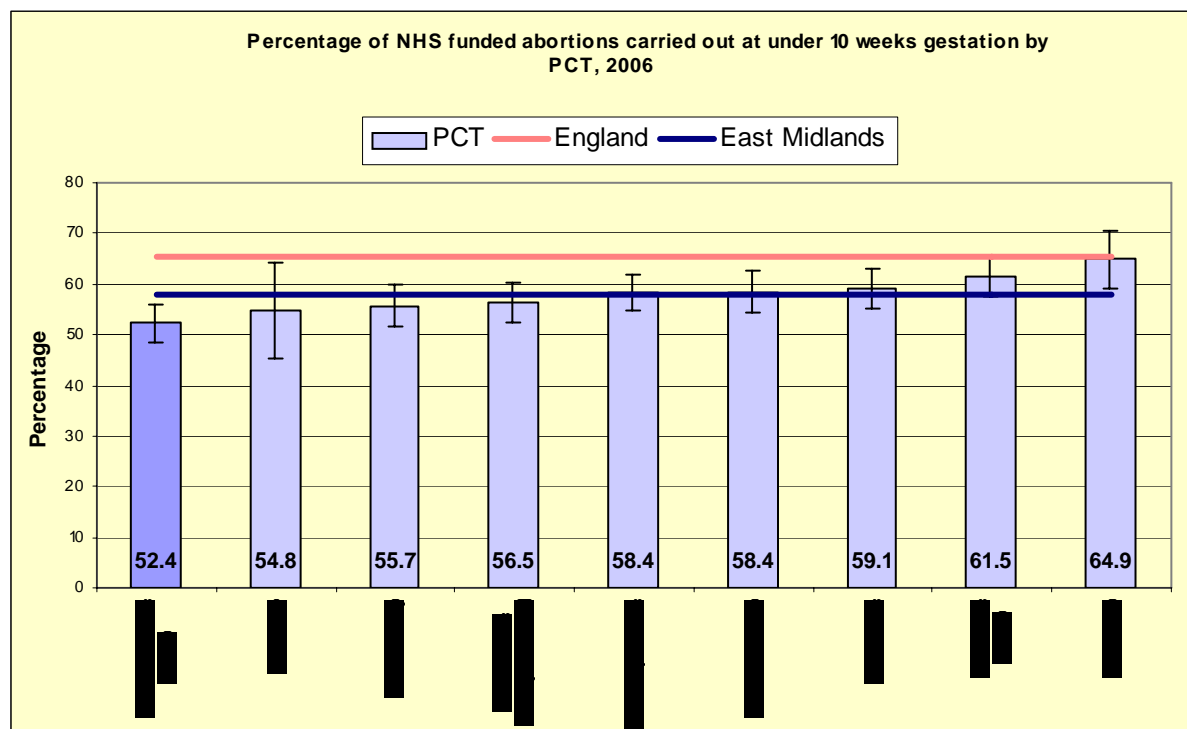
Adults Lifestyle – Sexual Health

Key Messages

The rate of termination of pregnancy in Nottinghamshire is lower than the national average. However the proportion of terminations performed up to and before 9 weeks is only 52% (national target 70%).

The number of HIV affected individuals almost doubled between 2002 and 2006, to 155, though some of this increase may be due to factors other than increasing infection rates.

Chlamydia is the most common sexually transmitted disease and prevalence rates are rising.



Source; D o H Abortion Statistics England and Wales. 2006

Adult Health - Life Expectancy and Mortality

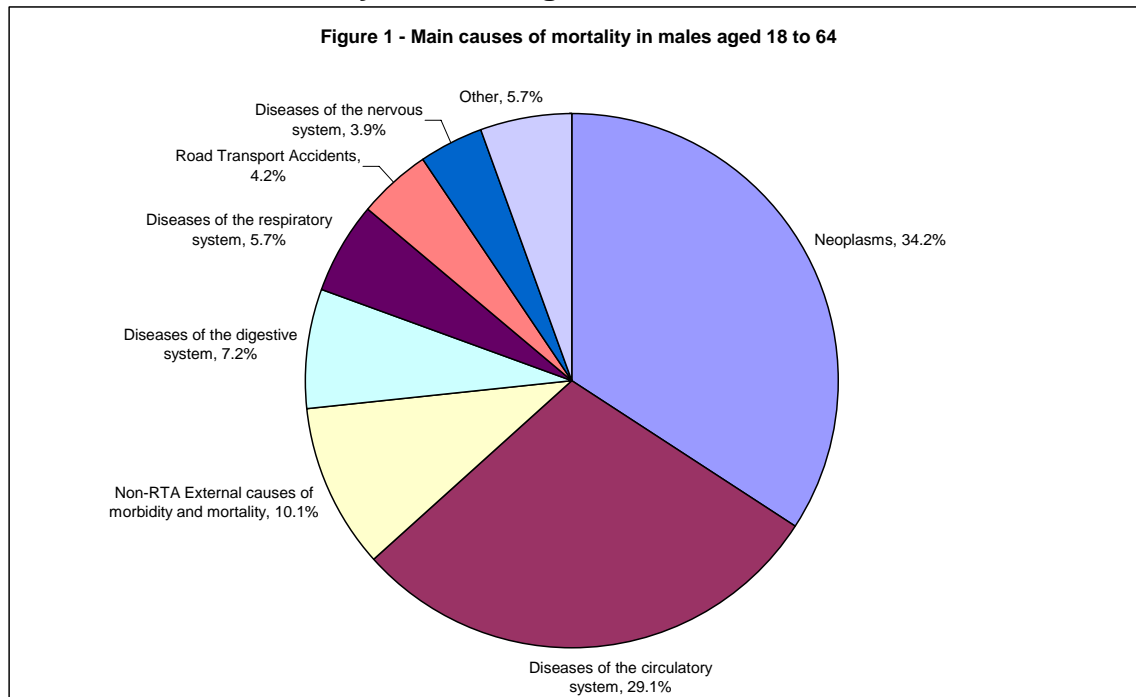
Key messages

The main causes of death across the county in this age group are cancer, circulatory disease and accidents.

The county average life expectancy is similar to the national average. However Ashfield and Mansfield have significantly lower life expectancy for both males and females.

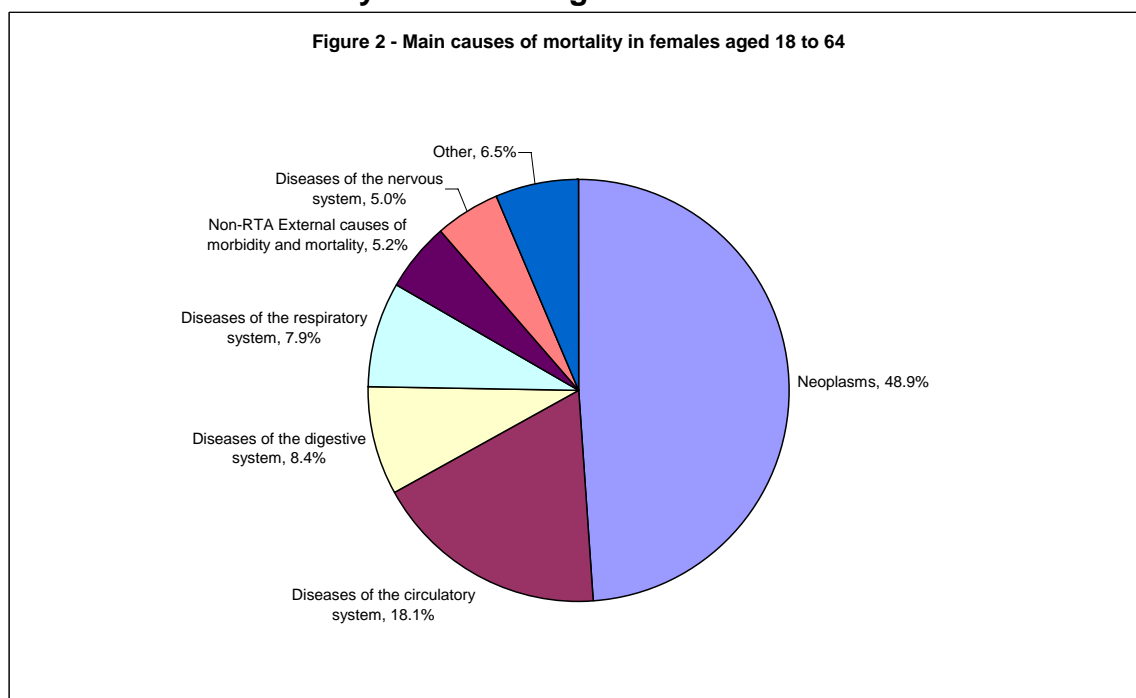
Causes of death that explain these differences include Coronary Heart Disease, respiratory diseases and lung cancer. A significant contributing factor to all of these is smoking.

Main causes of mortality in males aged 18 to 64



Source; ONS PHO Death Extracts 2003, 2004, 2005

Main causes of mortality in females aged 18 to 64



Source; ONS PHO Death Extracts 2003, 2004, 2005

Adult Health - Hospital Admissions

Key Messages

The main causes of admission overall are similar to those recorded nationally.

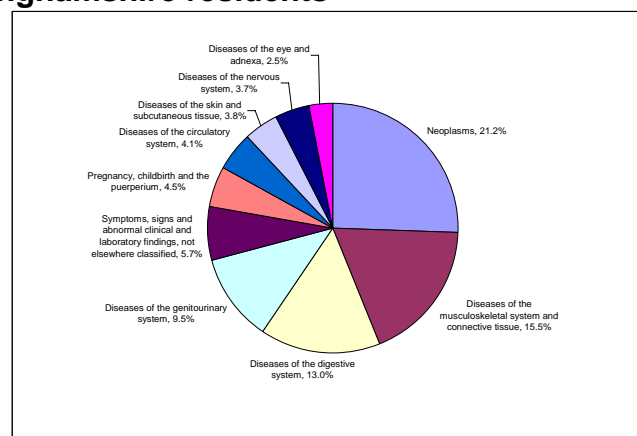
Emergency admissions for acute conditions usually managed in Primary Care settings (one indicator of potentially avoidable admissions) were significantly high in Mansfield.

Emergency admission to hospital for chronic conditions usually managed in Primary Care (another indicator of potentially avoidable admissions) were significantly high in both Ashfield and Mansfield.

Notifications for infectious diseases are similar to the rates for the East Midlands and England.

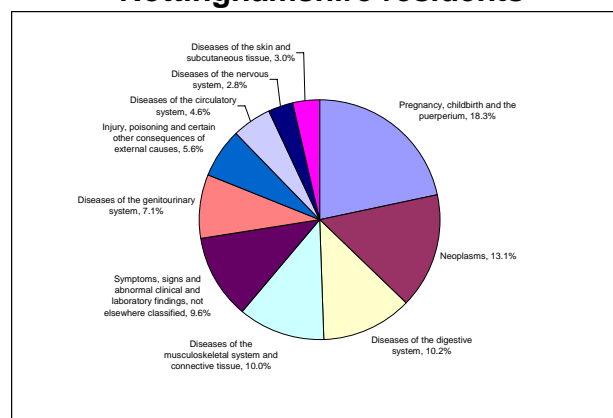
Nottinghamshire has a higher prevalence of coronary heart disease and hypertension compared to the East Midlands.

Top ten causes of admission (primary diagnosis chapter) in 2005/06 Nottinghamshire residents



Source; Information Centre (HES)

Top Ten causes of elective admission (primary diagnosis chapter) in 2005/06 Nottinghamshire residents



Safety – Drugs

Key messages

In 2007 there were almost 3,700 problematic drug users using opiates or crack cocaine in the county; 76% of new presentations in 2006/07 were for users of the above drugs and 24% for other drugs including cannabis and amphetamines.

The number of users in treatment places increased by 30% between April 2005 and March 2007; there were over 2,500 problematic drug users in treatment in the 12 months to March 2007.

Drug misuse blights people's lives, destroys families and damages communities and cost taxpayers millions to deal with the associated health problems and criminal activity.

Safety – Crime and Domestic Violence

Key Messages

Although some crime rates have fallen in recent years, Nottinghamshire still has relatively high crime rates, especially for vehicle crime and violence. The county also has high rates of acquisitive crime.

Crime and fear of crime affects some communities and groups of people disproportionately; those particularly affected include young people, older people and deprived and BME communities.

There is a relationship between alcohol and drug use and crime rates and anti-social behaviour, with alcohol in particular being a driver of much violent crime and ASB.

Domestic violence affects 1:4 women and 1:6 men in their lifetime and accounts for 16% of all violent crime. More than 30% of cases of domestic violence start during pregnancy and it is the cause of 14% of maternal deaths. On average there will have been 35 assaults before a victim calls the police. There is a strong relationship between domestic violence and child abuse from the same male perpetrator.

Domestic violence becomes the most significant health issue for women upon reaching reproductive age and affects the level of homelessness amongst women.

Safety – Road traffic Collisions and Avoidable Injury

Key Messages

Road casualty rates are significantly higher in Nottinghamshire than the national average with Bassetlaw, Newark and Sherwood and Rushcliffe having the highest rates.

Fatal and major injuries to workers are lower in the East Midlands than in many other regions.

Safety – Adult Abuse

Key Messages

Referrals for adult abuse have risen by 30% for the last few years; adults with physical and learning disabilities and suffering mental illness and mental ill health are the subjects of many referrals.

The largest category of referrals is for physical abuse.