
RUTLAND JOINT STRATEGIC NEEDS ASSESSMENT 2018

PHYSICAL HEALTH OF ADULTS - AGED 18 TO 64 YEARS

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FOREWORD

The purpose of the Joint Strategic Needs Assessment (JSNA) is to:

- To improve the health and wellbeing of the local community and reduce inequalities for all ages.
- To determine what actions the local authority, the local NHS and other partners need to take to meet health and social care needs, and to address the wider determinants that impact on health and wellbeing.
- To provide a source of relevant reference to the Local Authority, Clinical Commissioning Groups (CCGs) and NHS England for the commissioning of any future services.

The Local Authority and CCGs have equal and joint statutory responsibility to prepare a Joint Strategic Needs Assessment (JSNA) for Rutland, through the Health and Wellbeing Board. The Health and Social Care Act 2012 amended the Local Government and Public Involvement in Health Act 2007 to introduce duties and powers for Health and Wellbeing Boards in relation to JSNAs.

The JSNA has reviewed the population health needs for the people of Rutland in respect of a person's adult years. This has involved looking at the determinants of health, the health needs of this population in Rutland, the impact of services, the policy and guidance supporting adults, and the existing services and the breadth of services that are currently provided. The unmet needs and recommendations that have arisen from this needs assessment are discussed.

The JSNA offers an opportunity for the Local Authority, CCG and NHS England's plans for commissioning services to be informed by up to date information on the population that use their services. Where commissioning plans are not in line with the JSNA, the Local Authority, CCG and NHS England must be able to explain why.

EXECUTIVE SUMMARY

- Nationally the prevalence of smoking has been declining each year since 2012. In Rutland between 2012 and 2015, the smoking prevalence has remained significantly better (lower) than the national percentage. In 2016, 12.3% of adults in Rutland were current smokers, similar to the England proportion of 15.5%.
- In Rutland, in 2016/17, 60.2% of adults were classified as overweight or obese, this is similar to the England value of 61.3%. The percentage has increased (declined) from 2015/16, where the prevalence of excess weight in adults in Rutland was 58.0%.
- Rutland has a significantly higher prevalence of coronary heart disease, stroke and diabetes as recorded on GP registers in 2016/17. It must be noted that a higher prevalence could point to effective case finding in the practice population, allowing GPs and members of the primary care team to monitor, manage and treat the condition to reduce morbidity and mortality.
- In 2017/18, the proportion of the eligible population who received an NHS Health Check in Rutland was 7.0%, this is significantly worse than the England value of 8.3%. The percentage of the eligible population in Rutland who were invited for and who received an NHS Health Check was 32.4%. This is significantly worse than the England value of 47.9%.
- Over the last six years, cervical cancer screening coverage in Rutland has witnessed a significant downward trend, despite continuing to perform significantly better (higher) than nationally. This downward trend is witnessed nationally.
- In 2014-16, a higher proportion of deaths from cardiovascular disease are considered preventable in Rutland compared to nationally.
- Since 2010-12, the directly-standardised rate of oral cancer registrations in Rutland has remained similar to the national rate but has increased year on year, with 11 registrations in 2010-12 to 25 registrations in 2013-15.
- In 2016/17 in Rutland the directly standardised rate of alcohol-related admissions to hospital was 444 per 100,000 population (177 adults). This is significantly better than the England value of 636 per 100,000 population.
- The rate of killed and seriously injured casualties on Rutland's roads has increased year on year from 2011-13 to 2014-16. In 2014-16, 80 people were killed or seriously injured on Rutland's roads. This equates to a rate of 70.1 per 100,000 population and is significantly worse than the England rate of 39.7 per 100,000 population.

- In Rutland, the rate of total prescribed Long Acting Reversible Contraception (LARC) excluding injections has remained significantly higher than the national rate between 2014 and 2016. Throughout this time, the rate of GP prescribed LARC excluding injections has remained significantly higher than the national rate whereas the rate of Sexual and Reproductive Health (SRH) Services prescribed LARC excluding injections has remained significantly lower than the national rate. This is likely to be due to the rural nature of the county.

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1. Introduction

This chapter presents a comprehensive overview of the physical health of adults in Rutland. The majority of indicators presented are from national sources so are subject to a time lag due to the time required for data collection, data analysis and publication. Where possible, comparisons have been made to national averages and local context has been included. We appreciate that this document uses technical language. This is due to the nature of the JSNA, which is intended for use by commissioning organisations such as local authorities and the NHS in developing their commissioning plans. One example is the use of statistical significance. A statistical significant result ensures the result is not likely to be caused by chance, for a given statistical significance level. Using these statistical tests improves the reliability of our evidence base which will help strengthen our commissioning based decisions.

2. Who is at risk?

There are many factors that influence the health of a person during their adult years.

2.1. Smoking

Smoking is the major cause of preventable ill health and premature mortality in England. Tobacco use is a major risk factor for many diseases, such as lung cancer, chronic obstructive pulmonary disease (COPD) and heart disease. It is also associated with cancers in other organs, including lip, mouth, throat, bladder, kidney, stomach, liver and cervix.

Nationally the prevalence of smoking has been declining each year since 2012. In Rutland between 2012 and 2015, the smoking prevalence has remained significantly better (lower) than the national percentage. In 2016, 12.3% of adults in Rutland were current smokers, similar to the England proportion of 15.5%.¹ For the same time period, 26.2% of adults aged 18-64 years who were in routine and manual occupations were current smokers. This is similar to the England proportion of 26.5%.¹

Deaths attributable to smoking have been following a downward trend both nationally and locally. In Rutland the trend in mortality attributable to smoking has remained significantly better (lower) than national over time. The latest data shows during 2014-16, 151 deaths in Rutland were attributable to smoking. This is a directly standardised rate of 184.4 per 100,000. This rate is better than the England value of 272.0 per 100,000 population.¹

2.1.1. Smoking cessation

Since 2012, Rutland has had a higher (but not significantly) percentage of ex-smokers

compared to nationally. The latest data shows over a third (36.3%) of adults in Rutland were ex-smokers in 2016. The England proportion was 26.2%.¹

In 2016/17, there were 118 people in Rutland using stop smoking services and 69 people quit smoking as a result of attending stop smoking services. This equates to a rate of 1,747 per 100,000 smokers aged 16 and above which falls in the second lowest quintile nationally.

¹ In the same time period, of those who self-reported quitting smoking at 4 weeks, 39 had confirmation by carbon monoxide validation. This equates to a rate of 988 per 100,000 smokers aged 16 and above which falls in the lowest quintile nationally.¹

2.2. Diet

In 2016/17, 62.0% of Rutland's adult population met the recommended consumption of five portions of fruit and vegetables a day, this is better than the England proportion of 57.4%. This percentage has declined from 63.8% in the previous year.⁷ Please note, this data is taken from the Active Lives survey and is self-reported so is likely to be susceptible to response bias.

Fast food is often high in calories from sugars and fat, and is therefore an unhealthy food choice which if eaten often is likely to lead to obesity. In 2014, there were 24 fast food outlets in Rutland – a density of 63.1 fast food outlets per 100,000 population. This is a statistically similar density to the England value of 88.2.²

2.3. Physical Activity

The percentage of physically active adults in Rutland has remained similar to the national average for the last two years. In 2016/17, 68.1% of adults in Rutland reported that they were physically active, that is, they engaged in at least 150 minutes of moderate intensity physical activity per week. This is similar to the England value of 66.0%.⁷ However, in 2016/17, a fifth (20.5%) of adults in Rutland reported that they were physically inactive, that is, they engaged in less than 30 minutes of physical activity per week. This is similar to the England value of 22.2%.⁷

2.4. Physical disabilities

In Rutland, in 2012, the estimated prevalence of physical disability was 12.0% of the population aged 16-64; this is in the highest quintile nationally. The England proportion rests at 11.1%.³

In 2017, 1,761 residents aged 16-64 years in Rutland were predicted to have a moderate physical disability and 540 residents aged 16-64 years in Rutland were predicted to have a

serious physical disability.⁴ Please note, these estimates are based on prevalence data for moderate and serious disability by age and sex included in the Health Survey for England, 2001.

2.5. Learning disabilities

A learning disability is a reduced intellectual ability and difficulty with everyday activities, for example household tasks, socialising or managing money, which affects someone for their whole life. The prevalence of people with learning disabilities as identified on GP registers in Rutland has remained significantly lower than the national average for the past three financial years. The latest data shows in 2016/17, 135 people in Rutland had been identified on GP registers as having a learning disability. This is a prevalence of 0.4% and is significantly lower than the England of 0.5%.⁵

The proportion of eligible adults with a learning disability having a GP health check in Rutland has remained similar to the national average over the past three years. In 2016/17, 82 eligible adults with a learning disability in Rutland had a GP health check (60.7%). This is statistically similar to the England proportion of 48.9%.⁵

In Rutland, in 2015/16, there were 15 supported working age adults with learning disability in paid employment (16.7%). This is better than the England value of 5.8%.⁵ This percentage has increased from 2014/15, where there 10 (12.5%) supported working age adults with learning disability in paid employment.

The trend in adults with learning disabilities living in stable and appropriate accommodation has shown no significant change over time. The latest data shows in 2016/17, there were 44 adults with learning disabilities living in stable and appropriate accommodation (71.0%). This is similar to the England proportion of 76.2%.⁷

2.6. Workplace health

The Labour Force Survey examined sickness absence in the previous working week. Since 2009-11, the percentage of Rutland employees who had at least one day off work due to sickness in the previous week has remained similar to the national average. The latest data shows during 2014-16, 2.6% of Rutland employees had at least one day off work due to sickness in the previous week. This is similar to the England proportion of 2.1%.⁷

The same survey above examines the percentage of working days lost due to sickness absence. Since 2009-11, the percentage of working days lost work due to sickness absence in the previous week has remained similar to the national average. The latest data from 2014-16 shows 1.3% working days were lost due to sickness absence. This is similar to the

England value of 1.2%.⁷

2.7. Pollution

2.7.1. Air pollution

Poor air quality impacts on a population's health and has a significant contributory role in all-cause mortality, particularly in cardiopulmonary mortality. In 2016, the fraction of adult all-cause mortality attributable to anthropogenic particulate air pollution (measured as fine particulate matter, PM2.5) in Rutland was 5.4%. The England value was 5.3%.⁷

Fine particulate matter, also known as PM2.5, has a metric of micrograms per cubic metre ($\mu\text{g}/\text{m}^3$). In 2016, Rutland had an average of $9.6\mu\text{g}/\text{m}^3$ of fine particulate matter. The England value was $9.3\mu\text{g}/\text{m}^3$.²

2.7.2. Noise pollution

Exposure to noise can cause a variety of physical and mental health effects. Noise can cause annoyance and stress, as well as sleep disturbance. Long-term exposure to high levels of noise can cause heart attacks. The following indicators examines noise measured in A-weighted decibels (dB(A)).

In 2011, 0.8% of the Rutland population was exposed to road, rail and air transport noise of 65dB(A) or more, during the daytime. The England value was 5.2%.⁷ Meanwhile, for the same time period, 1.2% of the Rutland population was exposed to road, rail and air transport noise of 65dB(A) or more, during the night-time. The England value was 8.0%. This increase in the percentage of the population exposed to noise in the night-time is likely to reflect the presence of the A1.⁷

3. Level of need in Rutland

In 2016, Rutland's population of 20-64 year olds was estimated to be a total of 20,630 (9,741 females and 10,889 males). This is projected to decrease by 11.8% to around 18,200 by 2039.⁶

Further information regarding Rutland's population can be seen in the JSNA Population chapter.

3.1. Obesity

Obesity can lead to several serious health conditions, such as type 2 diabetes, coronary heart disease, some types of cancer and stroke. In addition to these physical long term

conditions, obesity can also affect a person's quality of life and cause psychological problems. In Rutland, in 2016/17, 60.2% of adults were classified as overweight or obese, this is similar to the England value of 61.3%. Performance has declined from 2015/16, where the prevalence of excess weight in adults in Rutland was 58.0%.⁷

3.2. Long term conditions

Many long term conditions are avoidable. Preventable mortality is defined as "deaths are considered preventable if, in the light of the understanding of the determinants of health at the time of death, all or most deaths from the underlying cause (subject to age limits if appropriate) could potentially be avoided by public health interventions in the broadest sense."⁷

3.2.1. GP Recorded Prevalence

The Quality and Outcomes Framework (QOF) is a voluntary annual reward and incentive programme for all GP surgeries in England, detailing practice achievement results. The QOF examines the prevalence of certain long term conditions by dividing the counts of patients recorded on the disease register by the practice population, excluding exceptions. It must be noted that a higher prevalence could point to effective case finding in the practice population, allowing GPs and members of the primary care team to monitor, manage and treat the condition to reduce morbidity and mortality.

3.2.1.1. Coronary Heart Disease

The most common cause of premature death in England is coronary heart disease. Proper management of the condition can reduce the risk of death from the disease, and improve the quality of life of the patients.

The prevalence of coronary heart disease as recorded on GP registers in Rutland has remained stable for the past five years at 3.7%. The prevalence has remained significantly higher than the national prevalence throughout this time.⁸

3.2.1.2. Stroke

Another common cause of premature death in England is following a stroke. Proper management of the condition can reduce the risk of death from the disease, and improve the quality of life of the patients.

The percentage of patients with stroke or transient ischaemic attack (TIA), as recorded on practice disease registers (proportion of total list size) has remained significantly higher than the national percentage for the last five years. The latest data shows the prevalence of

stroke or transient ischaemic attack as recorded on GP registers is 2.3% for Rutland in 2016/17. This is significantly higher than the England proportion of 1.7%.⁸ Please note the significantly higher prevalence of stroke or transient ischaemic attack (TIA) in Rutland over time is likely to be affected by Rutland's proportionally older population compared to nationally. In 2016, almost a quarter (24.2%) of Rutland's population was over 65 years compared to less than a fifth (17.9%) nationally.⁷

3.2.1.3. Diabetes

Diabetes mellitus is a common endocrine disease. It is widely known that if you are overweight or obese, you are at greater risk of developing type II diabetes. People with diabetes can lead healthy lives with correct management and monitoring of their condition by primary care staff.

The trend of the percentage of patients aged 17 years and over with diabetes mellitus, as recorded on practice disease registers has been significantly increasing both nationally and locally. In 2016/17, 1,980 adults in Rutland had been identified on GP disease registers as having diabetes. This is a prevalence of 6.6%. The value for England was 6.7%.⁸

3.3. NHS Health Checks

In order to help prevent heart disease, stroke, diabetes and kidney disease, everyone between the ages of 40 and 74 who has not been diagnosed with any of those conditions is invited to have an NHS Health Check every five years. The Health Check assesses the risk of a person developing any of these diseases and identifies interventions to be put in place to reduce their risk.

Work is currently being completed across Rutland to improve the overall quality and data accuracy of Health Checks. This includes implementing a clinical template onto the GP practice system to support consistent high quality Health Check delivery and utilising data software to audit the quality and eligibility of Health Checks.

The latest data shows in 2017/18, the proportion of the eligible population invited for an NHS Health Check in Rutland was 21.6%, this is better than the England value of 17.3%. The proportion of the eligible population who received an NHS Health Check in Rutland was 7.0%, this is significantly worse than the England value of 8.3%. The percentage of the eligible population in Rutland who were invited for and who received an NHS Health Check was 32.4%. This is significantly worse than the England value of 47.9%.⁸

3.4. Cancer Screening

In Rutland, the breast cancer screening coverage has remained significantly higher than the national average since 2010. 80.1% of eligible women were screened adequately for breast cancer within the previous 3 years on 31 March 2017. This is better than the England proportion of 75.4%.

Over the last six years, cervical cancer screening coverage in Rutland has witnessed a significant downward trend, despite continuing to perform significantly better (higher) than nationally. This downward trend is witnessed nationally. The latest data shows in Rutland, 77.9% of eligible women were screened adequately for cervical cancer within the previous 3 and a half to 5 and a half years on 31 March 2017. This is better than the England proportion of 72.0%.⁷

Over the last three years, Rutland has continued to have a significantly higher bowel cancer screening coverage compared to nationally. Throughout this time, the coverage has increased each year both nationally and locally. The latest data shows in Rutland, 67.6% of eligible people were screened adequately for bowel cancer within the previous 2 and a half years on 31 March 2017. This is better than the England proportion of 58.8%.⁷

3.5. Mortality

3.5.1. Cardiovascular Disease

One of the major causes of death in under 75s in England is cardiovascular disease. Whilst huge improvements have been made in recent decades regarding treatment and lifestyle, action needs to continue to reduce the rate of premature mortality from cardiovascular disease.

As age increases, the percentage of deaths from circulatory disease also increases at a national level. However in Rutland in 2016, the highest percentage of deaths from circulatory disease (30.1%) was seen in the 75-84 age group whereas in the 85 year and over age group, less than a quarter of deaths (23.8%) were due to circulatory disease in Rutland. In both these age groups, over time there has been a significant decline in the percentage of deaths due to circulatory disease in Rutland. Across all age bands, the percentage of deaths from circulatory disease was similar to the national average.⁹

Mortality rates from cardiovascular disease in those aged under 75 years have remained significantly better than the national average for the last three time periods. In 2014-16, deaths from all cardiovascular disease for those aged less than 75 was 53.5 per 100,000 population aged less than 75 years, significantly better than the national rate of 73.5 per

100,000 population aged less than 75 years.⁷ In the same time period, deaths from cardiovascular disease considered preventable for those aged less than 75 was 37.4 per 100,000 population aged less than 75 years, similar to the national rate of 46.7 per 100,000 population aged less than 75 years.⁷ This infers a higher proportion of deaths from cardiovascular disease are considered preventable in Rutland compared to nationally.

3.5.2. Respiratory disease

Another of the major causes of death in under 75s in England is respiratory disease. Smoking is a major contributor to incidences of chronic obstructive pulmonary disease – one of the biggest respiratory diseases.

In 2016 in Rutland, 11.8% of all deaths were due to respiratory disease, this was similar to the national percentage of 13.7%. As age increases, the percentage of deaths from respiratory disease also increases at both a national and local level. In 2016 in Rutland, in the under 65s age group, the data for deaths from respiratory disease was suppressed. This percentage is 8.6% in the 65-74 age group, 11.7% in 75-84 age group and 13.9% in the 85 years and over age group. All age bands perform similar to the national percentage.⁹

Mortality rates from respiratory disease in those aged under 75 years have remained significantly better than the national average since 2001-03 (when the indicators were first recorded). However, the mortality rate from respiratory disease considered preventable for the latest two years (2013-15 and 2014-16) are similar to the national average. In 2014-16, respiratory deaths for those aged less than 75 were 19.9 per 100,000 population aged less than 75 years and those considered preventable were 12.5 per 100,000 population aged less than 75 years.⁷ The difference in rate infers that over half of the cases of deaths from respiratory disease are considered preventable in Rutland and in England.

3.5.3. All Cancers

In Rutland, just under a third (30.1%) of all deaths were due to cancer in 2016. This is similar to the national percentage of 28.0%. In 2016 in the 65-74 age group in Rutland, just over half of deaths (53.4%) were due to cancer, this is similar to the national picture (44.1%). This is followed by 35.0% of deaths in those aged 75-84 years and a third (33.3%) of deaths in the under 65s in the county. Deaths from cancer in the 85 years and over age group accounted for 17.2% of all deaths in 2016.⁹ Of these deaths with an underlying cause of cancer, 50.0% occurred in the person's usual place of residence. This is similar to the England value of 44.4%.⁹

Mortality rates from cancer in those aged under 75 years have remained significantly better than the national average since 2001-03 (when the indicators were first recorded).

Nationally, the rate of all premature deaths from cancer has decreased year on year since 2001-03, whereas the rate in Rutland has decreased year on year since 2011-13.⁷

The under 75 mortality rate from cancers considered preventable in Rutland have increased to perform similar to the national average for the two most recent time periods (2013-15 and 2014-16). In 2014-16, the rate of cancer deaths for those aged less than 75 was 100.0 per 100,000 population aged less than 75 years and the rate for those cancer deaths considered preventable was 65.2 per 100,000 population aged less than 75 years.⁷ The difference in rate infers over half the cases of deaths from cancer are considered preventable in Rutland, this percentage is smaller nationally.

3.5.4. Lung cancer

The third most common cancer in England is lung cancer and is difficult to treat with a low five-year survival rate compared to other cancers. It accounts for 1 in 5 cancer deaths. There is a link between smoking and lung cancer and therefore, lung cancer registration is a measure of smoking-related harm.

Since 2001-03, the age-standardised rate of lung cancer registrations has remained significantly lower (better) than the national average. During 2013-15, the age-standardised rate of lung cancer registrations was 39.7 per 100,000 population (52 registrations). This is significantly better than the England average value of 78.9 per 100,000 population.¹

Since 2001-03, the mortality rate from lung cancer has remained significantly lower (better) than the national average. The latest data shows during 2014-16, the age-standardised rate of deaths from lung cancer was 32.6 per 100,000 population (44 deaths). This is significantly better than the England average value of 57.7 per 100,000 population.⁷

3.5.5. Oral cancer

There is a link between smoking and oral cancer and therefore, oral cancer registration is a measure of smoking-related harm.

Since 2010-12, the directly-standardised rate of oral cancer registrations in Rutland has remained similar to the national rate but has increased year on year, with 11 registrations in 2010-12 to 25 registrations in 2013-15. The latest data shows during 2013-15, the directly-standardised rate of oral cancer registrations was 19.7 per 100,000 population (25 registrations). This is similar to the England average value of 14.5 per 100,000 population.¹

3.5.6. Breast cancer

Over the last four time periods, the directly standardised rate of mortality from breast

cancer in females less than 75 years of age has remained similar to the national average. The latest data shows during 2014-16, the directly standardised rate of mortality from breast cancer in females less than 75 years of age was 31.7 per 100,000 population (18 deaths). This is statistically similar to the England average value of 20.9 per 100,000 population.⁷

3.5.7. Bowel cancer

Bowel cancer is the second most common cause of deaths from cancer in the UK, and the third most common cancer. Since 2011-13, the age-standardised rate of mortality from colorectal cancer in persons less than 75 years of age in Rutland has remained similar to the national rate. The latest data shows during 2014-16, the directly standardised rate of mortality from colorectal cancer in people less than 75 years of age was 14.0 per 100,000 population (16 deaths). This is statistically similar to the England average value of 11.9 per 100,000 population.¹⁰

3.5.8. Human papillomavirus

The human papillomavirus, or HPV, is a type of virus that infects the skin and the cells lining body cavities. Infection with human papillomavirus (HPV) increases the risk of some cancers. Most people will be infected with HPV at some point in their lives and it usually doesn't cause any problems at all. In 2016/17, 88.8% of 12-13 year old females in Rutland received the primary dose of the human papillomavirus vaccination, this is similar to the benchmark of between 80%-90%. Rutland has shown an increase when compared to the previous year, where the coverage was 86.6%. The national coverage increased slightly compared to the previous year at 87.0%. In 2016/17, 75.8% of 13-14 year old females in Rutland received the second dose of the human papillomavirus vaccination, this is significantly worse than the benchmark of 80%. Rutland has shown a decrease since the previous year where the coverage was 85.2%. This was similar to the benchmark (80%-90%).⁷

3.6. Substance misuse – alcohol

3.6.1. Hospital admissions

Excess drinking of alcohol can lead to a wide range of conditions which can lead to hospital admission or death.

The directly standardised rate of alcohol-related admissions in England has remained reasonably stable since 2008/09. In Rutland, the rate performed similar to the national average in 2014/15, but since then, the rate has declined year on year. In 2016/17 in Rutland the directly standardised rate of alcohol-related admissions to hospital was 444 per

100,000 population (177 adults). This is significantly better than the England value of 636 per 100,000 population.¹¹

Both nationally and locally, the rate of alcohol-related admissions to hospital is higher in males than females. For the same time period, the rate for males in Rutland was 527 per 100,000 population (106 males) which is better than the England rate of 818 per 100,000 population. Meanwhile, the rate for females in Rutland was 375 per 100,000 population (71 females) which is statistically similar to the England rate of 473 per 100,000 population.¹¹

Rates of hospital admissions are available for different conditions. In 2016/17 in Rutland the directly standardised rate of admissions to hospital for alcohol-related unintentional injuries was 115.6 per 100,000 population (45 people). This is statistically similar to the England average value of 141.6 per 100,000 population.¹¹ For the same time period, the rate of admissions to hospital for alcohol-related cardiovascular disease conditions was 793 per 100,000 population (357 people). This is better than the England value of 1,127 per 100,000 population.¹¹ Meanwhile, the rate of admissions to hospital for alcohol-related cancer was 40.22 per 100,000 population (50 people). This is statistically similar to the England value of 38.0s per 100,000 population.¹¹

Alcohol misuse is common amongst people with a mental health problem. In 2016/17 in Rutland the directly standardised rate of admissions to hospital for mental and behavioural disorders due to the use of alcohol was 149 per 100,000 population (61 people). This is better than the England value of 367 per 100,000 population.¹¹

3.6.2. Mortality

For 2014-16, the alcohol-specific mortality rate for Rutland was 9.8 per 100,000, this is similar to the England average value of 10.4 per 100,000 population.¹¹ This represents 12 deaths in the county due to alcohol between 2014-16.

In 2015, the estimated directly standardised rate of years lost due to alcohol-related conditions was 553 per 100,000 population (197 years lost for people dying from alcohol-related conditions before reaching 75 years old). This is statistically similar to the England rate of 622 per 100,000 population.¹¹

Liver disease is influenced by alcohol consumption and obesity, as such, it is considered to be preventable. For 2014-16, the mortality rate from chronic liver disease for Rutland was 11.8 per 100,000 (15 people). This is similar to the England average value of 12.0 per 100,000 population.¹¹

3.6.3. Other impacts

One in seven deaths in reported road traffic accidents in Great Britain are due to drivers being over the drink drive limit.

During 2013-15, there were 7 alcohol related road traffic accidents in Rutland. This equates to a crude rate of 26.6 per 1,000 population, and is similar to the England rate of 26.0 per 1,000 population.¹¹

Alcohol misuse can cause conditions with disabilities. In 2016, 10 claimants of benefits in Rutland were claiming incapacity benefit, severe disablement allowance or employment and support allowance with alcohol misuse as the main disabling condition. This equates to a rate of 46.1 per 100,000 population. This is better than the England rate of 132.8 per 100,000 population.¹¹

3.6.4. Treatment

The number of people in specialist alcohol misuse services has decline in Rutland from 30 to 21 to 9 people between 2014/15 to 2016/17. The latest data shows no-one was waiting more than three weeks for alcohol treatment.¹¹

In 2016/17, the percentage of individuals in concurrent contact with mental health services and substance misuse services for alcohol misuse in Leicestershire and Rutland was 21.5%, similar to the England average of 22.7%.¹²

In 2011/12 in Rutland the rate of parents of children aged 0-15 in alcohol treatment was 106.1 per 100,000 population (7 parents). This is statistically similar to the England value of 147.2 per 100,000 population.¹³

3.7. Substance misuse - drugs

3.7.1. Mortality

The rate of adult drug-related deaths for Rutland is not available due to the numbers being too small to calculate a rate.

3.7.2. Treatment

Structured drug treatment services are vital in order to support people with drug misuse problems. Structured treatment can improve the person's life and that of their family, as well as prevent the spread of blood-borne viruses.

For the past three years in Leicestershire and Rutland, the percentage of those entering substance misuse treatment services and also receiving mental health support services for a reason other than their substance misuse has remained significantly lower than the national average. The latest data shows in Leicestershire and Rutland, 15.2% of those entering substance misuse treatment services were also receiving mental health support services for a reason other than their substance misuse. This is significantly lower than England's average of 24.3%.¹⁶

In 2014/15, in Rutland, the rate of adults in treatment as specialist drug misuse services was 0.7 per 1,000 population (20 adults). This is significantly lower than the England value of 4.8 per 1,000 population.¹⁴

In 2016, the number of adult opiate users in Leicestershire and Rutland combined that successfully completed drug treatment was 77 (6.6%). This is similar to the England value of 6.7%.⁷ The estimated proportion of opiate users not in treatment for Rutland in 2014/15 was 78.2% (43 users). This is statistically similar to the England value of 40.8%.¹⁵

Whereas in 2016, the number of adult non-opiate users in Leicestershire and Rutland combined that successfully completed drug treatment was 81 (35.7%). This is similar to the England average value of 37.1%.⁷ In 2016/17, 1 person in Rutland waited more than three weeks for drug treatment.¹⁶

People who inject drugs are at risk of contracting hepatitis C. Approximately a third of people with hepatitis C will go on to develop liver cirrhosis, and will have a greater risk of developing liver cancer. In 2016/17, 85.7% of eligible people who inject drugs and were in drug misuse treatment received a hepatitis C test (6 people). This proportion is similar to the England value of 83.3%.¹⁷

Substance misuse treatment services also provide hepatitis B testing and vaccination, however the data is suppressed for Rutland.

3.8. Avoidable Injury

3.8.1. Road traffic accidents

Road traffic accidents are preventable and can be minimised via improved education, awareness, road infrastructure and vehicle safety. The rate of killed and seriously injured casualties on Rutland's roads has increased year on year from 2011-13 to 2014-16. In 2011-13, 58 people were killed or seriously injured on Rutland's roads and the rate performed was similar to the national average. During 2014-16, this rose to 80 people killed or seriously

injured on Rutland's roads. This equates to a rate of 70.1 per 100,000 population and is significantly worse than the England rate of 39.7 per 100,000 population.⁷

Drink driving is responsible for approximately one in seven deaths in road traffic accidents in Great Britain. Between 2010-12 and 2013-15, the rate of road traffic accidents in Rutland which were alcohol related has declined each year. This equates to a decrease from 18 road traffic accidents in 2010-12 to 7 road traffic accidents in 2013-15. The latest data shows a local rate of 26.6 per 1,000 road traffic accidents. This is similar to the England rate of 26.0 per 1,000 road traffic accidents.⁷

3.9. Sexual health

3.9.1. HIV

HIV testing coverage is defined as the proportion of 'eligible new attendees' in whom a HIV test was accepted. In 2017, Rutland performed significantly better than the national average for being tested for HIV at a specialist sexual health clinic. The last time Rutland performed significantly better than England was 2010. In 2017, 80.6% of patients attending a specialist sexual health service accepted a test for HIV compared to 65.7% nationally. When splitting by sex, males (86.8%) and females (74.3%) in Rutland perform significantly better than England in 2017, compared to 2016 when both sexes performed similar to the national average. Meanwhile, HIV testing coverage in Rutland for men who have sex with men (MSM) has remained similar to England for the last nine years. In 2017, the coverage for men who have sex with men was 89.5% which was similar to the England value of 89.0%.¹⁸

HIV testing uptake is defined as the number of 'eligible new episodes' where a HIV test was accepted as a proportion of those where a HIV test was offered. An individual can have multiple episodes of HIV test offer and uptake within a year. For the past three years Rutland has performed significantly better than the national percentage of HIV testing uptake. The uptake has increased year on year since 2014, with the gap between Rutland and England widening year on year. In 2017, HIV testing uptake in Rutland is 91.0% compared to 77.0% nationally. HIV testing uptake in women in Rutland has remained significantly higher than the national average for the past six years. In men, a significant increasing trend has been seen with the uptake performing significantly worse in 2014 to now performing significantly better than national uptake in 2017. This followed a year on year increase throughout this time. In Rutland, HIV testing uptake in MSM has consistently performed similar to the national percentage since recording began in 2009.¹⁸

The count of new HIV diagnosis are very low in Rutland, in 2016 there were 2 new cases of HIV in the county. The new HIV diagnosis rate for Rutland in 2016 is 6.1 per 100,000

population aged 15 and over, this is similar to the national rate of 10.3 per 100,000 population aged 15.¹⁸

The prevalence of diagnosed HIV infection in Rutland has remained significantly better (lower) than the benchmark target of benchmarked target of 2 – 5 per 1,000 population aged 15-59 years since 2011. In 2016, the rate was 0.67 per 1,000 population aged 15-59 years which equated to 14 people living with HIV in Rutland.¹⁸

3.9.2. All STIs

The all new STI diagnosis rate indicator examines the rate of new STI diagnoses among people accessing sexual health services who are residents in Rutland. The rate of all new STI diagnoses in Rutland has remained significantly lower than national average since 2012 and throughout this time, has shown no significant change in trend. The latest data shows the all new STI diagnosis rate for people in Rutland in 2017 was 483 per 100,000 population (188 people). This is significantly lower than the England rate of 743 per 100,000 population.¹⁸

Nationally, the latest data in 2017 shows genital warts followed by gonorrhoea is the most prevalent STI, however in Rutland, genital warts is the most prevalent, followed by an identical rate of herpes and gonorrhoea.¹⁸

3.9.3. Genital warts

The rate of first episode of genital warts diagnoses in Rutland has shown a significant decline over the past five years. Nationally a declining trend has also been seen. Locally the rate has decreased from 92.4 per 100,000 population in 2016 to 64.2 per 100,000 population in 2017, this equates to a decrease from 36 to 25 diagnoses. The latest data in 2017 is the first year Rutland has performed significantly better than the national rate, previously Rutland have always performed similar to England.¹⁸

3.9.4. Genital herpes

The rate of genital herpes diagnoses in Rutland has shown no significant change over the past five years, whereas nationally the rate has declined. The count of genital herpes diagnoses in the county are low and range from 9 to 16 diagnoses per year between 2012 to 2017. Between 2016 and 2017, the counts of diagnoses decreased from 16 in 2016 to 9 in 2017 and the rate has improved from performing similar to the national average to significantly better than the national average throughout this time. The latest rate for Rutland in 2017 is 23.1 per 100,000 population, this is less than half the rate of the national rate of 56.7 per 100,000 population.¹⁸

3.9.5. Gonorrhoea

The rate of gonorrhoea diagnoses in Rutland has remained significantly better than the national average since records began in 2012. The local trend has shown no significant change throughout this time. The latest data shows in 2017, 23.1 per 100,000 population in Rutland had a diagnosis of gonorrhoea, this is significantly better than national rate of 78.8 per 100,000 population. This equates to 9 diagnoses in the county.¹⁸

3.9.6. Syphilis

Nationally the rate of syphilis diagnoses has increased year on year from 5.5 per 100,000 population in 2012 to 12.5 per 100,000 population in 2017. Throughout this time, Rutland has seen no significant change in rate and consistently performed similar to the national average. The latest data shows in 2017, the rate of 7.7 per 100,000 population were diagnosed with syphilis in Rutland compared to a rate of 20.5 per 100,000 population in 2016, this is a decrease of 5 diagnoses from 8 to 3.¹⁸

3.9.7. Chlamydia

Rutland continues to perform significantly worse than the national percentage for proportion of the population aged 15-24 screened for chlamydia. The percentage has decreased from 18.6% in 2016 to 16.2% in 2017. This equates a decrease of 109 screenings in Rutland in 2017. Nationally the percentage screened has also decreased from 21.0% in 2016 and 19.3% in 2017. Rutland continues to perform significantly worse than the benchmark for chlamydia detection rate in 2017, but has seen a year on year increase since 2015. In Rutland the chlamydia detection rate increased (got better) from a rate of 1,461 per 100,000 population aged 15-24 years in 2016 to 1,614 per 100,000 population aged 15-24 years in 2017. It is worth noting that the national rate of 1,882 per 100,000 is now rated significantly worse against the benchmark goal of 1,900 per 100,000 population aged 15-24 years.¹⁸

In 2017, the chlamydia diagnostic rate in Rutland is 141 per 100,000 population aged 25+, this is similar to the national rate of 189 per 100,000 population aged 25+. For the past three years Rutland performed lower than the national rate.¹⁸

3.9.8. Pelvic inflammatory disease

Pelvic inflammatory disease (PID) is the infection and inflammation of the upper female genital tract. It can lead to ectopic pregnancy, tubal factor infertility and chronic pelvic pain. Sexually transmitted infections are considered to be major causes of PID and ectopic pregnancy. PID can usually be treated in primary care, but may occasionally require a

hospital admission.

The PID admissions in Rutland has remained similar to the national average since recording in 2008/09. Nationally, the rate has remained stable throughout this time. The latest data shows in 2016/17 there were 7 admissions to hospital for pelvic inflammatory disease. This is a rate of 124.6 per 100,000 female population aged 15-44 years, similar to the England rate of 242.4 per 100,000 population.¹⁸

3.9.9. LARC prescriptions

Long acting reversible methods of contraception (LARC) such as contraceptive injections, implants, the intra-uterine system and intra-uterine device, are more effective than methods that rely on daily compliance such as the pill and are more cost effective than condoms.

Contraceptive injections have been included from the following analysis as:

1. injections rely on timely repeat visits/administration within the year and consequently have a higher failure rate than the other LARC methods
2. injections are easily given thus do not require the resources and training that other LARC methods require
3. injections are outside local authority contracts

In Rutland, the rate of total prescribed LARC excluding injections has remained significantly higher than the national rate between 2014 and 2016. Throughout this time, the rate has declined year on year, a pattern which is reflected nationally. The latest data shows the total prescribed LARC excluding injections was a rate of 61.0 per 1,000 female population aged 15-44 years in 2016. This is significantly higher than the England rate of 46.4 per 1,000 population.¹⁸

The prescribing rates of LARC excluding injections in Rutland is significantly higher than nationally in GPs and significantly lower than nationally in Sexual and Reproductive Health (SRH) services. This is likely to be due to the rural nature of the county.

In Rutland, the rate of GP prescribed LARC excluding injections has remained significantly higher than the national rate since 2011. Over the last 6 years, locally the rate has increased significantly, whereas the national rate has remained stable. The latest data shows the GP prescribed LARC excluding injections was a rate of 52.8 per 1,000 female population aged 15-44 years in 2016. This is significantly higher and almost double the England rate of 46.4 per 1,000 population

In Rutland, the rate of SRH services prescribed LARC excluding injections has remained significantly lower than the national rate between 2014 and 2016. Throughout this time, the rate has increased year on year, whereas the national rate has stabilised. The latest data shows the SRH prescribed LARC excluding injections was a rate of 8.2 per 1,000 female population aged 15-44 years in 2016. This is significantly lower and less than half the England rate of 17.6 per 1,000 population.

3.9.10. Abortions

Since 2012, Rutland has continued to have a significantly lower rate of abortions than England. Despite witnessing no significant change in trend since 2012, the total abortion rate has increased year on year in Rutland over the last four years. The rate of abortions for all ages in Rutland has increased from 9.0 per 1,000 females in 2013 to 11.1 per 1,000 females in 2016, this equates to an increase of 10 abortions.¹⁸

For women aged under 25 years 15.0% of the abortions in Rutland in 2016 were after a birth, this is similar to the England value of 27.4%.¹⁸

Meanwhile, the rate of abortions for women over the age of 25 years was 11.9 per 1,000 population. This is statistically similar to the England rate of 14.5 per 1,000 population.¹⁸

Since 2014, the counts of over 25s abortion rate has increased in Rutland from 27 in 2014 to 43 in 2016. Throughout this time, the national rate has increased, although in Rutland the rate has increased faster than nationally. In 2016, the over 25s abortion rate in Rutland was 11.9 per 1,000 females, statistically similar than the national rate of 14.5 per 1,000 females.¹⁸

Since 2013, Rutland has remained statistically similar to England for the percentage of abortions under 10 weeks. The count of under 10 weeks abortions has steadily increased in Rutland from 34 abortions in 2012 to 46 abortions in 2016, peaking at 52 abortions in 2015. Between 2015 and 2016, the percentage of abortions under 10 weeks decreased from 85.2% to 73.0%. In 2016, 91.3% of these abortions under 10 weeks were medical. This is a higher proportion than the England value of 71.3%.¹⁸

3.10. Mortality

3.10.1. Premature mortality

Premature mortality is a high-level indicator of the overall health of a population, being correlated with many other measures of population health. Premature mortality examines all deaths under the age of 75. Both nationally and locally the rate for persons has

decreased year on year from 2010-12. During 2014-16 there were 277 deaths in Rutland for persons under 75 years of age. This equates to a directly standardised rate of 238 per 100,000 population and is better than the England rate of 334 per 100,000 population.¹⁹

The rate of premature mortality in Rutland has remained significantly lower than the national average over time for both males and females. The rate was 212 per 100,000 for females and 263 for males. These rates are better than the England rates of 266 per 100,000 and 405 per 100,000 respectively.¹⁹

3.10.2. Preventable mortality

Preventable deaths are those that are considered that could have been potentially avoided by public health interventions. The rate of mortality from causes considered preventable in Rutland has remained significantly lower than the national average over time, for both persons and males. In the last two time periods for females (in 2013-15 and 2014-16), the rate of mortality from causes considered preventable has increased to perform similar to the national rate. This reflects an increase in 15 and 17 deaths compared to the counts of deaths in Rutland in 2012-14.⁷

3.10.3. Mortality from communicable diseases

Communicable, or infectious diseases, are caused by microorganisms such as bacteria, viruses, parasites and fungi that can be spread, directly or indirectly, from one person to another. Some are transmitted through bites from insects while others are caused by ingesting contaminated food or water. Examples of communicable diseases include influenza, tuberculosis (TB) and cholera.

Since 2001-03, the directly standardised rate for mortality from communicable diseases has continued to perform similar to the national average (when data is available). The latest data shows in 2014-16, in Rutland, there were 10 deaths from certain infectious and parasitic diseases, including influenza. This equates to a directly standardised rate of 7.0 per 100,000 population and is statistically similar to the England rate of 10.7 per 100,000 population.⁷

4. How does this impact?

Overall, Rutland performs better than the national average on a number of health and wellbeing measures. However there are still a number of health challenges facing the Rutland population. For instance, 60.2% of adults in Rutland were overweight or obese in 2016/17. Obesity increases the likelihood of developing heart disease, type 2 diabetes, some types of cancer (such as breast and bowel cancers) and stroke as well as a number of

other illnesses. Therefore, it is likely that there will be an increase in numbers of people with these medical conditions in the next few years as a consequence of adults being obese. Linked to this, 20% of adults in Rutland are inactive. If this remains the case this is likely to contribute to levels of obesity and chronic medical conditions in the future.

Workplace health is of great importance to the physical health of working age adults. Days lost to sickness in Rutland are similar to the national average. Each year in the UK, 140 billion days are lost to sickness, costing businesses an estimated £29 billion.²⁰ Supporting working age adults in maintaining and improving their physical and mental wellbeing is important for business productivity and profitability as well as the obvious benefits to individuals' wellbeing.

Many long term conditions are avoidable. Many cases of heart disease, lung disease, type 2 diabetes and many other medical conditions can be avoided, or the impact of them reduced through prevention and early intervention, through local authority and NHS and other health services and support.

5. Policy and Guidance

Upper tier authorities have a statutory duty for Public Health under the Health & Social Care Act 2012 which requires that they take steps to improve the health and wellbeing of their population.

The primary statutory duties of adult social care in respect of vulnerable adults are set out in The Care Act 2014. People have a right to a free needs assessment from the council regardless of finances or presenting needs are too low to qualify for help. All councils must use new national eligibility criteria to decide whether someone can get help from them.

If people get social care support, they now have a right to request a personal budget. This is a summary of how much the council thinks qualifying peoples care should cost enabling people to commission their own care. If the needs assessment shows they don't qualify for help from the council, they must advise people how the care system works and how to pay for their own care. Carers too have a legal right to a care assessment from the local council and can also get support services if they qualify for them.

If people find it difficult to communicate or to understand the issues being discussed, the council must provide an advocate to help when discussing their care. They will represent people's interests if they don't have a friend or relative who can help.

The council is the lead agency in preventing abuse to vulnerable adults and now has powers under section 42 of the Care Act to cause enquiry. This means the council can ask providers

of health and domiciliary services to investigate concerns and present the findings to the council for scrutiny. The council works closely with the Police and other statutory agencies at these times always keeping in contact with and supporting the alleged victim.

The Rutland Sexual Health Strategy 2016-2019 (available at: <https://www.rutland.gov.uk/pdf/Rutland%20Sexual%20Health%20Strategy%20v0.3.pdf>) outlines the vision and strategic approach for sexual health services.

The aim of the strategy is for the Rutland population to have informed, positive relationships that result in reduced rates of unplanned pregnancy and sexually transmitted infections (STIs) including HIV. There is a regular review of sexual health data to inform planning. The priorities in the strategy are:

- A co-ordinated approach to sexual health commissioning and partnership work
- Develop a highly skilled local workforce
- Coordinated, consistent sexual health communications
- Support schools to deliver high quality relationships and sex education (RSE)
- Increase links between sexual violence prevention and sexual health services.
- Increase access to sexual health improvement and HIV prevention to at-risk groups
- Strengthen the role of primary care (GPs)
- Utilise new technologies to support sexual health delivery

6. Current Services

6.1. Rutland Community Wellbeing (RCWS) Service

Rutland Community Wellbeing (RCWS) Service offers information, support and signposting to help residents of Rutland with a range of health and wellbeing needs. This includes self-help tools, and onwards referral to a variety of community support, through an interactive website, (<https://www.rutlandwellbeing.org.uk/>) single telephone number and drop-in services. They provide a wide range of assistance to help people to overcome some of the factors which may have a negative impact on their health and wellbeing, such as poor housing and debt. This includes help to access specialist military/veteran support. RCWS also provides support to help people around a range of lifestyle issues such as help to stop smoking, basic dietary and weight management advice and referral.

6.2. Turning Point

Turning Point provide integrated drug and alcohol services across Rutland with a number of different treatment pathways and support interventions. These include: Recovery worker support and peer mentors, substitute prescribing, community detox, harm reduction and needle exchange. Support is provided one to one and in groups and the service works closely with housing, employment and wellbeing services to ensure other needs are met. The service can advise and support friends and families of people with drug and alcohol problems and has a dedicated young peoples' service. <http://wellbeing.turning-point.co.uk/leicestershire/hubs/rutland-hub/> GP's also provide brief interventions for alcohol.

6.3. Rutland County Council's Adult Social Care (ASC)

Rutland County Council's Adult Social Care (ASC) has a number of specialist teams covering all aspects of adult social care from both a commissioning perspective and a provider perspective.

The teams are divided into three service areas- Prevention and Safeguarding, Long-term Support, and Hospital Discharge, with a range of professional and support staff; including social workers, occupational therapists, physiotherapists, nurses and care managers. Teams work on an outcome-focused ethos with the person at the centre involving and empowering them to take decisions over their own lives at often very difficult times for them and their families. The Hospital Discharge team is an integrated team and includes health professionals as well as local authority employed staff. They work closely with other agencies, GPs and third sector partners to ensure the best possible outcome for the person and their families.

The provider services within ASC include supported living projects for people with learning disabilities and day centres for people with learning disabilities. They ensure people live as independently as possible while getting the appropriate support that enables them to do so. Such services also give much needed respite to dedicated carers and families.

The reablement team specialise in helping people back to being independent such as after a hospital stay. The REACH team will support and encourage people in their own homes facilitating them to stay there as long as possible.

Rutland Council commissions services to assist it with its statutory duties. This includes advocacy services for example for those who lack capacity and equipment services for occupational therapy and home adaptations. Further services include assistive technology and specialist long term care.

In addition Rutland Council also commission external providers to deliver services to prevent physical ill health and promote independence of those with existing conditions. These include residential and home care, community based support services including day services and sensory impairment support.

6.4. Leicester-Shire and Rutland Sport (LRS)

Leicester-Shire and Rutland Sport (LRS) is a partnership of the local authorities of Leicestershire, Leicester and Rutland (LLR) working together with amongst others, schools, National Governing Bodies of Sport, clubs, coaches and volunteers. The Physical Activity Sport Strategy 2017-21²¹ sets out areas for action:

- Getting more people to take part in physical activity and sport.
- Improving our citizen's physical and mental well-being.
- Developing our paid and unpaid workforce.
- Creating a strong voice for physical activity and sport.
- Building a physical activity and sport environment that is safe, fair and customer focused

<https://www.activerutland.org.uk/> provides details of all the activity and sports available within the county, including those aimed at specific groups such as older people, young people with disabilities and those recovering from injury.

6.5. The Exercise Referral Scheme

The Exercise Referral Scheme is a programme for adults (16+) with health conditions, who could benefit from increased physical activity. It is a partnership between Public Health, Leicester-Shire and Rutland Sport, local authorities, GP practices and other healthcare professionals. It offers an opportunity for these individuals to exercise in a safe, supervised and structured environment.

Rutland operates a Passport to Leisure scheme which allows specific groups the opportunity to access daytime services and facilities at the local sports centre at a discounted rate, this includes low income families, students and individuals with a disability or impairment.

6.6. Workplace Health

Workplace Health - Active Rutland are starting development of a programme of support to several employers around workplace wellbeing and assisting people to improve their health

whilst at work.

6.7. Integrated Sexual Health Service (ISHS)

Rutland County Council in collaboration with Leicestershire County and Leicester City Councils, has recently recommissioned a new model of integrated sexual health service (ISHS) to provide open access services across the three local authority areas. The new service will commence 1 January 2019. In addition GP's provide a range of contraception services and pharmacies provide free Emergency Hormonal Contraception for under 25's

6.8. NHS Health Check

The NHS Health Check is a health check-up for adults in England aged 40-74. It's designed to spot early signs of stroke, kidney disease, heart disease, type2 diabetes or dementia. People aged 40-74 without a pre-existing condition, are invited for a free NHS Health Check every five years. A review of the NHS Health Check strategy is in progress to improve the proportion of those receiving and taking up the offer of an NHS Health check, improve quality of the Health Check and increase targeting to improve identification of those at highest risk of developing cardiovascular disease.

7. Unmet needs/Gaps

Coronary heart disease, strokes and transient ischaemic attacks are seen at higher levels than the national average. This may be due to a higher proportion of Rutland's population being over 65 years old compared with the national average, or increased detection and diagnosis of these conditions in primary care compared with other areas. However the prevalence of these conditions are higher in Rutland, and so a heightened focus on prevention of these illnesses through weight management, physical activity, reductions in smoking and alcohol are likely to be beneficial.

As outlined in section 5 above, there are a wide range of health, care and wellbeing services in Rutland. However, better coordination and improved communication across services would help to ensure needs are met, more equitable access to services, with service users experiencing services seamlessly and thereby improving quality.

8. Recommendations

- Use a tiered approach to prevention and addressing people's needs: ensuring universal services promote wellbeing and self-help, but with targeting of resources that is proportionate to need.
- Services across Rutland should focus on improving coordination and communication

to ensure needs are met, a high quality experience, and ease of access for Rutland residents.

- Focus on getting adults active and keeping them active for longer to prevent or reduce the impact of a range of health conditions particularly focused on those aged 45-65 years to improve healthy life expectancy.
- Undertake a military health needs assessment to include serving personnel and their families that are resident in Rutland, including a detailed section on sexual health to ensure the needs of this population are appropriately met.
- Develop workplace wellbeing programmes with active engagement with local employers.
- Review Long Acting Reversible Contraception (LARC) provision in Rutland to maintain and improve LARC prescribing rates as there has been a year on year reduction.
- Work with NHS England, commissioners of human papillomavirus (HPV) vaccination programme, to improve uptake of second dose. Although this vaccination is given in the teenage years, a lower than expected uptake of the second dose will have an impact on the health of the future adult population.
- Continued partnership working through the Road Safety Partnership to consider ways to reduce the number of people killed or severely injured on Rutland's roads.

GLOSSARY OF TERMS

ASC	Adult Social Care
BME	Black and Minority Ethnic Group
CCG	Clinical Commissioning Group
COPD	Chronic Obstructive Pulmonary Disease
HPV	Human Papillomavirus
ISHS	Integrated Sexual Health Service
JSNA	Joint Strategic Needs Assessment
LARC	Long Acting Reversible Contraception
LLR	Leicestershire, Leicester and Rutland
LRS	Leicester-Shire and Rutland Sport
MSM	Men who have Sex with Men
NHS	National Health Service
NICE	National Institute for Health and Care Excellence
PHE	Public Health England
PID	Pelvic Inflammatory Disease
QOF	Quality and Outcomes Framework
SRH	Sexual and Reproductive Health
TIA	Transient Ischaemic Attack
TB	Tuberculosis

REFERENCES

- ¹ Public Health England. Local Tobacco Control Profiles (2018). At <https://fingertips.phe.org.uk/profile/tobacco-control>
- ² Public Health England. Wider Determinants of Health (2018). At <https://fingertips.phe.org.uk/profile/wider-determinants>
- ³ Public Health England. Disease and Risk Factor Prevalence (2018). At <https://fingertips.phe.org.uk/profile/prevalence>
- ⁴ Projecting Adult Needs and Service Information. Moderate or serious physical disability: People aged 18-64 predicted to have a moderate or serious physical disability, by age, projected to 2035. (2018). At: <http://www.pansi.org.uk/>
- ⁵ Public Health England. Learning Disability Profiles (2018). At <https://fingertips.phe.org.uk/profile/learning-disabilities>
- ⁶ Office for National Statistics, Revised population estimates for England and Wales: mid-2012 to mid-2016 (2018). At <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/annualmidyearpopulationestimates/mid2012tomid2016>
- ⁷ Public Health England. Public Health Outcomes Framework (2018). At <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework>
- ⁸ Public Health England. NHS Health Check Profiles (2018). At <https://fingertips.phe.org.uk/profile/nhs-health-check-detailed>
- ⁹ Public Health England. End of Life Care Profiles (2018). At <https://fingertips.phe.org.uk/profile/end-of-life>
- ¹⁰ Public Health England. Longer Lives Profiles (2018). At <https://healthierlives.phe.org.uk/>
- ¹¹ Public Health England. Local Alcohol Profiles for England. (2018). At <https://fingertips.phe.org.uk/profile/local-alcohol-profiles>
- ¹² Public Health England. Mental Health and Wellbeing JSNA Dashboard. (2018). At <https://fingertips.phe.org.uk/mh-jsna>
- ¹³ Public Health England. Children and Young People's Mental Health and Wellbeing Dashboard. (2018). At <https://fingertips.phe.org.uk/cypmh>
- ¹⁴ Public Health England. Suicide Prevention Profile. (2018). At <https://fingertips.phe.org.uk/suicide>
- ¹⁵ Public Health England. Longer Lives Dashboard. (2018). At <https://healthierlives.phe.org.uk/>
- ¹⁶ Public Health England. Co-occurring substance misuse and mental health issues. (2018). At <https://fingertips.phe.org.uk/drugsandmentalhealth#gid/1938132792/at/102>
- ¹⁷ Public Health England. Liver Disease Profiles (2018). At <https://fingertips.phe.org.uk/profile/liver-disease>
- ¹⁸ Public Health England. Sexual and Reproductive Health Profiles (2018). At <https://fingertips.phe.org.uk/profile/SEXUALHEALTH>
- ¹⁹ Public Health England. Health Profiles (2018). At <https://fingertips.phe.org.uk/profile/health-profiles>
- ²⁰ British Heart Foundation. Health at Work. At <https://www.bhf.org.uk/how-you-can-help/health-at-work/why-choose-us>
- ²¹ Leicester-Shire and Rutland Sport. Physical Activity and Sport Strategy 2017-2021 (2017). At <https://www.lrsport.org/uploads/lrs-physical-activity-sport-strategy-2017-2021.pdf>