

## LOCAL PROFILE: ROTHERHAM

# PINPOINT ACCURACY

Rotherham PCT is leading the way in understanding precisely where and with whom it should be intervening – and where GP services are falling short

People living in Rotherham's most deprived ward can expect to die seven years earlier than those living in the most affluent.

The scale of this inequality highlights the extent to which health needs can vary in just one small area – Rotherham primary care trust serves only 250,000 people – as well as the scale of the challenge local bodies face in providing well-targeted services.

PCT consultant in public health medicine Robin Carlisle believes the town's long history of tackling inequalities meant it was well placed to score highly in the part of competency 5 that focused on understanding health need.

"The difference in life expectancy in Rotherham is major and is mirrored by widely varying rates in other things such as smoking," says Dr Carlisle. "In our better off wards, for example, only 11 per cent of the population smokes, compared to 50 per cent in the most deprived.

"These variations mean our commissioning decisions need to be informed by a detailed understanding of different health needs right down to the smallest geographical areas."

Its work to reduce teenage pregnancy exemplifies the PCT's targeted approach. While rates had reduced in line with the national overall reduction, the PCT wanted to accelerate the reduction in pregnancies among under-16s.

So it launched a project in Maltby – a "hotspot" area that has a higher rate of teenage pregnancy than the town's average. Girls assessed as most at risk are referred for targeted



**Dr Robin Carlisle: "The difference in life expectancy is major"**

support such as one-to-one sessions, group work or peer support – whichever suits their individual needs.

Since its launch, the project has virtually eliminated pregnancy among those taking part. It has also resulted in improved mental health and smoking cessation, reductions in drinking and antisocial behaviour and fewer participants not in education, employment or training. The project is now being rolled out to other areas of Rotherham.

### Keep boards informed

Dr Carlisle says that communication is an important element in ensuring information is properly understood and acted upon within an organisation.

"Most PCTs will produce quite a lot of needs analysis," he says. "The question is do their boards know about it and can those boards speak eloquently on the subject?"

"Similarly, are partners familiar with the information



**...And stretch: exercise classes at the Carnegie Club for overweight children, at Rotherham Leisure Complex**

## Competency 5: Panel assessment

PCT's Self Assessment  
 Panel Assessment

Competency	Measure	Level 1	Level 2	Level 3	Level 4
Manage knowledge and undertake robust and regular needs assessments. Overall level: 3	<ul style="list-style-type: none"> <li>Analytical skills and insights</li> </ul>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<ul style="list-style-type: none"> <li>Understanding of health needs trends</li> </ul>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
	<ul style="list-style-type: none"> <li>Use of health needs benchmarks</li> </ul>	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

WHAT THE PANEL SAID	HOW NHS ROTHERHAM IS RESPONDING
The PCT should develop predictive modelling and analytical tools to describe trends in need and create future projects.	We are continuing to support a pan-regional initiative which will deliver support for predictive modelling and programme budgeting.
It should consider what other national or international benchmarks it could use to stretch its ambition.	Rotherham PCT is reviewing this together with Yorkshire and Humber Public Health Observatory.



available and is it acted upon in decision making?"

In Rotherham, communicating information and its implications for services is core. Once a year, the PCT produces a strategic intelligence review summarising key pieces of information from a disparate range of sources and makes it available to partners and providers as well as its board. It also provides summary data at ward and neighbourhood level for the area's seven local assemblies.

It produces a partnership publication *Rotherham News*, which goes to every household, and uses a third sector health network to disseminate health information to the public.

Meanwhile, a disease-specific comparative benchmarking tool analyses the care delivered by its 39 GP practices for three important pathways: chronic obstructive pulmonary disease, cardiovascular disease and diabetes. "We use it for clinical

benchmarking," says Dr Carlisle. "For example, it might show some clinicians having a low use of ACE inhibitors – the drugs which tackle heart failure – and high numbers of patients being admitted to hospital for heart failure.

"This would raise questions about clinical practice which we would need to talk through with any practices involved."

The emphasis on primary care is clear. The trust produces its world class commissioning performance indicators at practice level and these are used to analyse each practice's effectiveness in their annual review.

It also provides benchmarking information which enables the GP practices to compare their actual prevalence levels with indicative prevalence levels – to enable them to pinpoint conditions for which they are failing to pick people up.

Looking ahead, Dr Carlisle recognises the challenge in achieving a level four rating for the competency.

"We won't ever be able to employ a full-time health economist," he says. "However, we have good links with three universities in the region and Yorkshire and Humber Public Health Observatory.

"We also help fund Health Intelligence Yorkshire and Humber, which is working on a series of themes including programme budgeting and predictive modelling for cardiovascular disease.

"Because of our size, we need to explore innovative ways of moving forward." ●

→ [www.rotherham.nhs.uk](http://www.rotherham.nhs.uk)

### TACKLING CHILD OBESITY IN YORKSHIRE

The NHS Information Centre's National Child Measurement Programme shows Rotherham's children are the heaviest in Yorkshire and Humberside, with one in three overweight or obese. Without concerted action, this could rise to two thirds by 2050.

In response, the PCT has developed a healthy weight commissioning framework specifically for children.

The framework includes work to promote breastfeeding (which is low in more deprived wards), take-up of school meals and availability of outdoor space.

Overweight children may be referred to a Carnegie Club, where they can learn new activities and better eating habits.

Obese children may be referred to a multidisciplinary team and some of those with the most significant weight problems are offered residential summer camps.

The 38 children who attended camp last year saw their body mass reduced by an average 6.6 per cent, their aerobic fitness increased by 17 per cent and waist circumference reduced by 7.1 per cent.

**National Child Measurement Programme, [www.ic.nhs.uk](http://www.ic.nhs.uk)**