

JOINT STRATEGIC NEEDS ASSESSMENT – PHASE 5

To: Cabinet

Date: 15 November 2011

From: Director of Public Health

Electoral division(s): All

Forward Plan ref: N/a *Key decision:* No

Purpose: The purpose of the report is to present a summary of the findings of the fifth phase of Joint Strategic Needs Assessment (JSNA) for Cambridgeshire. This focuses firstly on local needs for prevention of ill health for adults of working age, and secondly on adapting analysis of JSNA data to fit GP led Local Commissioning Group populations. The summary document is attached as Annex A.

Recommendation: Cabinet is asked to comment on the findings of the Phase 5 JSNA, as set out at paragraph 2.2, which will also be used by the Cambridgeshire shadow Health and Wellbeing Board and Network to feed into development of the local Health and Wellbeing Strategy.

<i>Officer contact:</i>	<i>Member contact:</i>
Name: Dr Liz Robin	Name: Cllr Tony Orgee
Post: Director of Public Health	Portfolio: Health and Wellbeing
Email: Liz.Robin@cambridgeshire.nhs.uk	Email: Tony.Orgee@cambridgeshire.gov.uk
Tel: 01223 725299	Tel: 01223 699173

1. BACKGROUND

- 1.1 Joint Strategic Needs Assessment (JSNA) is a joint statutory responsibility of the County Council and Primary Care Trust, under the Local Government and Public Involvement in Health Act 2007. The draft Health and Social Care Bill further strengthens the statutory role of the JSNA, with a requirement that it should identify local health and wellbeing needs, which then inform a statutory Health and Wellbeing Strategy for the local authority area.
- 1.2 In Cambridgeshire, the JSNA was initially developed in 2007 on a bilateral basis mainly involving the County Council and PCT. Since then there has been increased involvement of a wide range of stakeholders including district councils in JSNA, reflecting the many factors which influence health and wellbeing, and it has been overseen by the Community Wellbeing Partnership. The JSNA has a regular annual cycle with the selection of priorities and themes for the year's JSNA outputs, followed by data gathering and stakeholder engagement.
- 1.3 A major step forward in the last year has been launch of the Cambridgeshire JSNA website at www.cambridgeshirejsna.org.uk. This has increased accessibility of the JSNA documentation, both to partner agencies and the public for the previous four phases of JSNA:

Phase 1: JSNAs for children and young people; older people; adults of working age with mental health problems; adults with learning disabilities; adults with sensory and/or physical impairments and long term conditions; adults of working age - prevention of ill health

Phase 2: JSNA - Community views

Phase 3: JSNAs for migrant workers; homeless people and those at risk of homelessness

Phase 4: JSNAs for Travellers; new communities; refresh of JSNAs for children and young people; older people; adults with mental health problems.
- 1.4 It was agreed at the Community Wellbeing Partnership in October 2010 that Phase 5 JSNA outputs would cover:
 - Refresh and Update of the previous JSNA for the 'Prevention of ill-health in adults of working age'
 - Engagement with the Cambridgeshire GP clusters – now known as 'Local Commissioning Groups' and a refocusing of JSNA data to meet their requirements for information
 - Production of a Phase 5 JSNA Summary Report.

2. MAIN ISSUES

- 2.1 The JSNA for 'Prevention of ill health in adults of working age' covers a wide range of factors and includes extensive information. It has been developed by a multi-agency Steering Group. The main aim was to identify the prevention needs across three main areas:-
 - The wider determinants of health e.g. employment, housing, environmental issues
 - Lifestyle behaviours

- Secondary prevention e.g. screening, long term conditions.

It has included for the first time in the Cambridgeshire JSNA, a bespoke community consultation, undertaken on-line and through service user and community fora.

- 2.2 The persistent theme from both the data trends and the community consultation in the ‘Prevention’ JSNA is that despite the generally positive wellbeing and health statistics for Cambridgeshire as a whole, the current economic climate has created trends that risk having a negative effect upon health. Unemployment rates, benefits claims, and debt have increased in Cambridgeshire in recent years, all of which may impact on people’s mental health and longer term physical health. There is a particular concern with the availability and affordability of housing, which is accompanied by concern about increasing levels of fuel poverty.

In Cambridgeshire there are longstanding pockets of deprivation in geographical areas and amongst vulnerable population groups across the county. Poorer health is experienced where the impact of the negative socio-economic factors is greatest. Earlier JSNA work for specific vulnerable population groups such as Travellers and homeless people highlights specific opportunities for prevention.

Alongside the wider determinants of health are the lifestyle issues that affect health, such as levels of physical activity, smoking, healthy diet, and alcohol consumption. In some cases there are associations between these lifestyle factors and negative socio-economic indicators, but some lifestyle behaviours which impact adversely on health are present across all social groups.

- 2.3 Organisations on the steering group for the ‘Prevention’ JSNA included NHS Cambridgeshire, Cambridgeshire County Council, Cambridge City Council, East Cambridgeshire District Council, Fenland District Council, Huntingdonshire District Council, South Cambridgeshire District Council, Cambridgeshire Community Services, Cambridgeshire Voluntary Services Infrastructure Consortium, Citizens Advice Bureau and Job Centre Plus

Priorities for prevention of ill health in adults of working age identified by the steering group and through a wider stakeholder consultation event were:

- Socio-economic factors, especially housing
- Lifestyle issues
- Workplace health
- Prevention for people with long-term conditions
- Domestic violence.

- 2.4 In order to introduce the JSNA process to local GP led commissioning groups (LCGs) and to begin to tailor JSNA to meet their needs, the following actions were carried out as part of JSNA phase 5:
- An introductory presentation for LCGs was produced covering JSNA, public health, health needs information, and how JSNA fits into the new commissioning landscape. This presentation was taken to each LCG by the member of public health staff identified as their ‘link’.

- An inventory and overview of available JSNA and public health information was produced for each LCG.
 - A pilot health needs profile was produced to the CamHealth Integrated Care LCG population, and this was used this as a basis for work with other LCGs.
 - A summary of health needs information was produced to help inform LCG commissioning intentions.
- 2.5 Tables summarising variations in population factors and health needs between the different Local Commissioning Groups in Cambridgeshire are included in the Phase 5 JSNA Summary.
- 2.6 The shadow Health and Wellbeing Board has requested preliminary work to add service activity and financial information to the information on health needs and outcomes already included in the JSNA. Future work will include an increased emphasis on return on investment (ROI) for preventive interventions – taking a broad view of the whole population and the range of public sector organisations.

3. ALIGNMENT WITH PRIORITIES AND WAYS OF WORKING

3.1 Supporting and protecting vulnerable people when they need it most

While the focus of the phase 5 JSNA is on prevention, the JSNA identifies population groups who are most vulnerable to ill health, who may benefit most from preventive interventions.

3.2 Helping people live healthy and independent lives in their communities

Identifying local needs and requirements in order to support people to live healthy and independent lives in their communities is the main focus of this piece of work.

3.3 Developing the local economy for the benefit of all

Although the JSNA work does not identify methods to develop the local economy, it does highlight the importance of economic trends to health, and community feedback that this is seen as an area of concern.

3.4 Ways of working

The following bullet points set out implications identified by officers for 'Investing in prevention' and for 'Working together':

- This JSNA provides information on needs and outcomes, to inform investment for prevention of ill health in working age adults. Further information is needed on current service activity and spend.
- When considering investment in prevention, a life course approach, which looks at needs across all age groups may be preferable.
- This JSNA has been developed in partnership with a range of organisations, which have collected the data and information contained in it, and reached consensus on initial priorities.

4. SIGNIFICANT IMPLICATIONS

4.1 Resource and Performance Implications

There are no immediate implications within this category.

4.2 Statutory, Risk and Legal Implications

Joint strategic needs assessment is part of a statutory duty to co-operate between upper tier Local Authorities and Primary Care Trusts, as detailed in the Local Government and Public Involvement in Health Act 2007.

4.3 Equality and Diversity Implications

The data and information provided through this work, flags inequalities between different communities and population groups in Cambridgeshire, in relation to needs for preventive services.

4.4 Engagement and Consultation

This work included a bespoke community consultation and discussions on priorities with a range of stakeholder organisations.

Source Documents	Location
Phase 5 Joint Strategic Needs Assessment Summary Full JSNA – Prevention of Ill Health in Working Age Adults (draft)	www.cambridgeshirejsna.org.uk/cambridgeshire-joint-strategic-needs-assessment-jsna/jsna-phase-5-prevention
Phase 5 JSNA Core Dataset	www.cambridgeshirejsna.org.uk/webfm_send/182