JOINT STRATEGIC NEEDS ASSESSMENT CORE DATASET 2017

To:	**Health and Wellbeing Board**
Meeting Date:	**21st September 2017**
From:	**Dr Liz Robin, Director of Public Health**

Recommendations: **The Health and Wellbeing Board is asked to**

> a) **discuss and comment on the information outlined in the Joint Strategic Needs Assessment (JSNA) Core Dataset 2017**
> b) **note that information on themed Joint Strategic Needs Assessment work in Cambridgeshire can be found in the JSNA Summary of Themed Reports 2017**
> c) **Consider the key health and wellbeing needs identified in the JSNA information presented, and how these should feed into revising the Joint Health and Wellbeing Strategy**

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1.   PURPOSE

1.1   The purpose of this paper is to present the Joint Strategic Needs Assessment (JSNA) Core Dataset (2017) to the Health and Wellbeing Board.

2   BACKGROUND

2.1   The Health and Wellbeing Board has a statutory duty to joint assess the health and wellbeing needs of the population which it covers and to prepare a joint health and wellbeing strategy to meet these needs. In Cambridgeshire a regular programme of themed Joint Strategic Needs Assessments (JSNAs) is carried out with new themes for each year agreed by the Health and Wellbeing Board. These are outlined in the JSNA Summary of Themed Reports (2017) included at Appendix 1.

2.2   This year a detailed JSNA Core Dataset has also been prepared to provide an overview of health and wellbeing data and statistics in Cambridgeshire, including benchmarking and trends, in preparation for the revision of the Joint Health and Wellbeing Strategy, of which the current version runs from 2012-2017.

3.   MAIN ISSUES

3.1   The JSNA Core Dataset Executive Summary (Appendix 2) identifies key points from the document as a whole, which are given in the following paragraphs. The full JSNA Core Dataset 2017 is available on the Cambridgeshire Insight website (link at the end of this report under Source Documents)

3.2   **Population Health outcomes**

- **Life expectancy** in **Cambridgeshire** in men and women is generally **above national averages** and premature and overall **death rates** are **low**. However, **Fenland** has relatively **lower life expectancy and higher death rates**, at levels around and sometimes below England's and there are also **important gaps** in life expectancy and mortality in **deprived areas of Cambridgeshire** compared with more affluent ones. This pattern is generally maintained for the principal causes of death.
- Levels of **disability** and **general ill-health** are generally **low in Cambridgeshire**, but are **higher in Fenland**
- The general practice (GP) recorded **prevalence** of some specific long-term conditions like **diabetes** and **cancer** appear to be **higher** in **Cambridgeshire** than nationally, but this is influenced by GP clinical recording quality, varying age structures and deprivation, the as well as the amount of disease in the population. **Fenland** tends to have the **highest prevalence** rates for many diseases.
- The picture for **mental health** is again influenced by GP recording and access to services, with the **highest** recorded prevalence of more **severe mental illness** in **Cambridge** and the prevalence of **depression higher** in **Fenland** and **Huntingdonshire**.
- **Self-harm** appears to be a particular **issue across Cambridgeshire**, with sustained high rates of emergency hospital admissions and increasing trends at levels above the national average in all districts other than South Cambridgeshire and **notably high levels in Cambridge City**. However this

may reflect recording issues, hospital A&E practices, and repeated admissions of individuals, as well as overall population prevalence.

- **Suicide** rates in Cambridgeshire do not differ significantly from England levels. **Male** rates are higher than female rates. **Fenland's male suicide rate** is significantly higher than the Cambridgeshire average. A continuing focus on **suicide prevention** is warranted.

- As the **population ages** a continuing **focus on dementia** will be necessary, along with surveillance of dementia and Alzheimer's disease as a potentially emerging and increasingly important cause of death.

3.3   Health and social care usage

- In terms of **NHS healthcare services**, the **numbers** of **total** and **emergency** inpatient **hospital admissions increased** over time in all districts from 2011/12 to 2015/16, and numbers of **elective admissions increased** over this period in **Cambridge**, **Fenland** and **Huntingdonshire**. In general, **rates** of all types of **hospital admission** are **highest** in **Fenland** and **Huntingdonshire**. Numbers and rates of **accident and emergency** attendances have **increased** in **all districts.**

- The **Adult Social Care Outcomes Framework** indicates that the only indicator that is statistically significantly **worse** than England is the proportion of people who use services who say that those services have made them **feel safe and secure**. Other indicators, where local values differ from national averages, but the differences are not formally statistically significant, may warrant some attention.

3.4   Demography and population growth

- **Cambridgeshire** and **all districts** have experienced recent overall **population increases** and, while these differ between areas in terms of levels and demographic structure (age), all areas are expected to **continue to experience growth** in the short, medium and longer term to 2036 whether based on **Cambridgeshire County Research Group (CCC RG)** forecasts or **Office for National Statistics (ONS)** population projections

- Although starting at a similar level in 2016, there are differences between **Cambridgeshire County Research Group (CCC RG)** population forecasts, which are house building policy–led, and **Office for National Statistics (ONS)** population projections which are based only on current population trends. **CCC RG** forecasts predict 151,000 more people by 2036 (a proportional rise of **23%**) and **Office of National Statistics (ONS)** projections predict 101,000 more (a proportional rise of **15%**).

- The proportional changes to 2036 across **districts are in the same rank** order whether CCC RG or ONS, but the levels of change are **larger** in the **CCC RG forecasts**.

- The **differences** between CCC RG forecasts and ONS projections are much **more marked** in the **child and working age** population groups than in the **older age** groups.

- To **2026**, **CCC RG** house-building policy led forecasts indicate a proportional change for Cambridgeshire's population of **16%** and **ONS** forecasts predict **9%.** The proportional changes across **districts** are **larger** in the **CCC RG forecasts** and **both** CCC RG and ONS predict the **highest levels** of growth to 2026 in **East Cambridgeshire** and **South Cambridgeshire**, but with the East Cambridgeshire the higher in the CCC RG forecasts.

- The **drivers of population change** differ by district, with migration, natural change (births and deaths) and housing development playing respectively greater and lesser parts.
- Overall Cambridgeshire is **not ethnically diverse** and most districts follow this pattern.
- Cambridgeshire is a generally **rural area** with low levels of population density, especially outside of the relatively more urban areas.

3.5 Wider determinants of health

- Cambridgeshire overall has **low levels of socio-economic disadvantage** and relative to the England is a **prosperous place with low levels of deprivation**.
- **Deprivation is higher and most widespread in Fenland** and some smaller areas of East Cambridgeshire, Huntingdon and north-east Cambridge.
- **Child development** and **educational performance** warrants further attention across Cambridgeshire, particularly in Fenland and other relatively deprived smaller areas.
- In general, **levels of employment** are **better** than found nationally in **most areas of Cambridgeshire**, but are **similar to England's average in Fenland**. There are **greater levels** of income based **disadvantage** in small areas **within Fenland**.
- More **urban areas**, such as **Cambridge**, have the highest levels of fast food outlets and household overcrowding, but **Fenland** also has a **higher density of fast food outlets** than the national average.
- **Fenland** has a high level of **unpaid carers**.

3.6 Lifestyle behaviours which affect health

- Generally, levels of **overweight children are lower in Cambridgeshire**, but **Fenland has a similar level** to that found nationally. Children's **activity levels tend to decrease** as they get older.
- Almost **two-thirds of Cambridgeshire adults are overweight**, with higher levels than found nationally in **East Cambridgeshire, Fenland and Huntingdonshire**. A **quarter** are **physically inactive**, with the **lowest** activity levels in **Fenland**.
- **Adult smoking** is statistically significantly **worse** than the national average in **Fenland** and levels of smoking do not differ in Cambridgeshire as a whole compared with England. 15% of all Cambridgeshire adults are smokers and there appears to have been a **decline in children smoking**. Cambridgeshire's stop smoking service met its most recent targets.
- **Alcohol misuse** warrants some attention **across Cambridgeshire**, in both younger people and adult populations. Rates of **hospital admissions** for **alcohol-related conditions** are statistically significantly **higher** than the England average in **Cambridge** and **Fenland** and appear to be **increasing**.

- The picture regarding **sexual health** in Cambridgeshire is mixed, and sometimes unclear with **infection testing** rates **lower** than in England, which could be attributable to low levels of disease or poor detection. **HIV testing** at later stages of infection is **relatively high** in Cambridgeshire and is **increasing**. **Conceptions** in **young women** are generally **low in Cambridgeshire**, but are **higher** than found nationally in **Fenland**.

- **Falls** are an issue requiring **continuing attention** in **Cambridgeshire**. Emergency **hospital admissions** for falls are **higher in Cambridgeshire's very elderly population** and are **higher** than the national average in people aged **65 years plus in Cambridge City and Fenland**.

3.7 **Screening and immunisation**

- **Cancer screening rates** in **Cambridgeshire**, and especially in **Cambridge City and Fenland**, are relatively **low**.
- Some **childhood vaccinations** have relatively **low**, and **declining**, coverage rates in **Cambridgeshire**.
- **Cambridgeshire's flu vaccination rates** for older people and at risk individuals are sustained at levels **below national targets**.

4 ALIGNMENT WITH THE CAMBRIDGESHIRE HEALTH AND WELLBEING STRATEGY

4.1 The information in the JSNA Core Dataset 2017 and in the Summary of Themed JSNAs 2017, is relevant to all six priorities of the Health and Wellbeing Strategy:

- Priority1: Ensure a positive start to life for children, young people and their families.
- Priority 2: Support older people to be independent, safe and well.
- Priority 3: Encourage healthy lifestyles and behaviours in all actions and activities while respecting people's personal choices.
- Priority 4: Create a safe environment and help to build strong communities, wellbeing and mental health.
- Priority 5: Create a sustainable environment in which communities can flourish.
- Priority 6: Work together effectively.

5 SOURCES

Source Documents	Location
Cambridgeshire Joint Strategic Needs Assessment: Summary of Themed JSNA Reports 2017	http://cambridgeshireinsight.org.uk/jsna
Cambridgeshire Joint Strategic Needs Assessment Core Dataset 2017 Public Health Outcomes Framework	http://cambridgeshireinsight.org.uk/jsna