

Priorities for the Joint Strategic Needs Assessment (JSNA) 2015-17

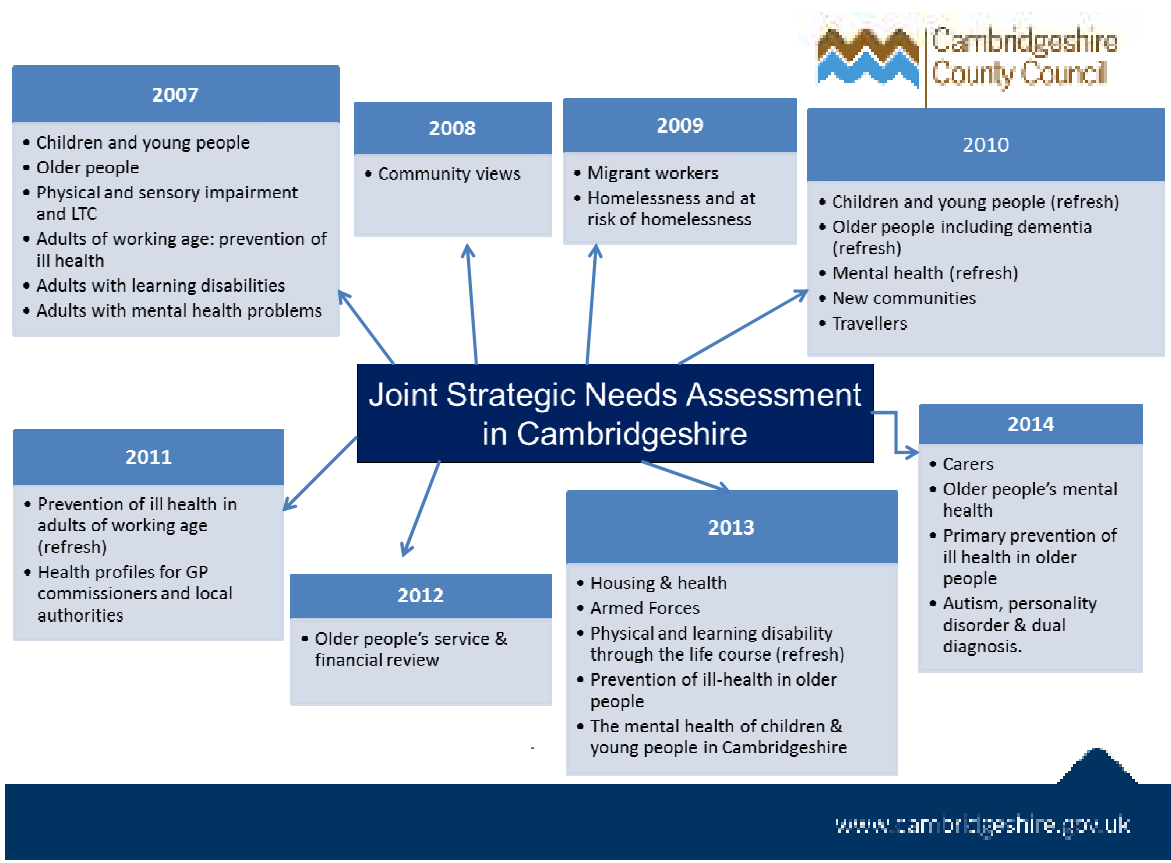
To: Health and Wellbeing Board
 Date: 15th January 2015
 From: Wendy Quarry, JSNA Programme Manager
 Dr Liz Robin, Director of Public Health

1. PURPOSE

- 1.1 To provide a brief update on the JSNA programme of work.
- 1.2 To ask the Cambridgeshire Health & Wellbeing Board (HWB) to agree the priorities for the Joint Strategic Needs Assessment (JSNA) for 2015-17.

2 BACKGROUND

- 2.1 The Local Government and Public Involvement in Health Act (2007) required upper tier Local Authorities and Primary Care Trusts to produce a joint strategic needs assessment of the health and wellbeing of their local community.
- 2.2 The Health and Social Care Act (2012) gave this duty to Health and Wellbeing Boards, with an additional statutory duty to prepare a joint health and wellbeing strategy to meet the needs identified in the JSNA.
- 2.3 In Cambridgeshire, officers have so far completed a number of topic based JSNAs, focused on different client groups within the population. See diagram below.



- 2.4 JSNAs currently in development include the Vulnerable Children's and Families JSNA and the Transport and Health JSNA, which will be brought to the HWB Board for approval in April 2015; and the Long Term Conditions JSNA, due for approval in July 2015. An updated JSNA Summary Report, incorporating key findings from all JSNA work carried out previously is also produced annually.
- 2.5 Well attended stakeholder events took place in November to ensure stakeholder engagement in the development of both the Long Term Conditions JSNA and the Transport and Health JSNA. An update on the Vulnerable Children and Families JSNA and a scoping paper for the Long Term Conditions JSNA are both being presented as separate papers to this meeting of the HWB Board.
- 2.6 Information on previous JSNAs is available on the JSNA section of Cambridgeshire Insight, which includes key demographic and health data, updated as information becomes available. An interactive JSNA Health Atlas for Cambridgeshire has been added to the website. Please see: <http://atlas.cambridgeshire.gov.uk/Health/atlas/atlas.html>.
- 2.7 There is an ongoing exercise of strengthening the JSNA processes and taking action from lessons learned from previous JSNAs, led by the JSNA programme manager and overseen by a multi-agency steering group.

3 MAIN ISSUES

- 3.1 The JSNA Forward Work Plan with a comprehensive list of suggested topics for the JSNA, which need to be considered and prioritised within the context of the Joint Health and Wellbeing Strategy (JHWS) is attached at Appendix A.
- 3.2 Most JSNAs will take up to a year to complete as they require significant engagement with stakeholders, together with identification of capacity across a range of local organisations to collect and provide information and evidence. Given the current pressures on health and care systems and the potential for relatively rapid change in local priorities, it is recommended that the HWB Board should plan ahead for JSNAs to be started during the coming year and hold a reserve list for consideration in one year's time.
- 3.3 The JSNA Forward work plan contains the existing list of potential JSNA topics, which the Health and Wellbeing Board reviewed when previously making decisions on the JSNA programme in April 2013. However, this has been updated by requesting further information from partner agencies on any additional priorities they may have for the JSNA and by further informal discussion with partner agencies at a Health and Wellbeing Board development day. .

4 FEEDBACK FROM PARTNERS

4.1 Cambridgeshire & Peterborough Clinical Commissioning Group

The CCG has requested that any JSNA should make a clear link to the impacts on health and illness, in particular long-term conditions. Where possible, this should include the economic aspects of health and care delivery, with a particular focus on evidence for which services/interventions are most cost effective. They also asked if we could consider Peterborough related aspects within JSNA, which at this stage would involve us having an ongoing dialogue with Peterborough City Council about JSNA topics.

4.2 Healthwatch Cambridgeshire

Healthwatch Cambridgeshire supported the idea of a JSNA on maternity services. They have recently produced a report about women's engagement with maternity services. Whilst it is

specifically about engagement, it did highlight apparent inequalities across the county, apparent inconsistent policy and practice, frequent closures of the Rosie Hospital and seemingly under-use of Hinchingbrooke Hospital

4.3 County Council Children, Families & Adults directorate (CFA)

In their feedback, CFA stated that the financial challenges require a radical and transformational response. Services will continue to seek to improve their effectiveness, but a lot of focus will be on managing the triggers of demand rather than just making savings. There is a need to take a coordinated approach across the health and care system to balance the short term delivery imperative with designing a more sustainable system.

The County Council Children, Families & Adults directorate (CFA) has suggested the following priorities for the JSNA for 2015/16 to inform 2016/17.

- Drugs and alcohol
- Causes of emergency admissions to hospital and social care of older people, and related interventions
- Health and social care impacts of economic inequalities (in benefit reform context)
- Parental mental health
- Cycles of offending and social care
- Evidence about relationship between employment and health; and the barriers for people with learning and physical disabilities accessing employment.

4.4 Health and Wellbeing Board Development day

Feedback from district and other colleagues at a recent HWB Board development day emphasised the importance of assessing the health needs of new communities, given the scale of housing development in Cambridgeshire, and current levels of population mobility and migration. A new communities JSNA could potentially review health and wellbeing issues and needs for significant new housing developments, for migrant workers, and in relation to community cohesion. Feedback was also supportive of a JSNA on alcohol misuse as a cross cutting issue for NHS, public health, social care and criminal justice services, where there were significant opportunities for prevention. to feed into future commissioning of services. The extent to which future JSNAs should contribute to health system transformation workstreams was also raised. For all of these issues, the importance of the timing of JSNA in relation to key decisions within the system was emphasised, given that JSNA topics prioritised now are likely to be finalised during the first six months of 2016 and therefore will feed into 2016/17 and 2017/18 planning cycles.

5 IMPLICATIONS

- 5.1 Careful consideration needs to be taken when selecting the next round of JSNA topics to ensure we have the appropriate skilled resource available, and sufficient time is allowed to enable full stakeholder and community engagement. Depending on the breadth of the JSNA topics selected, either two or three topics would be a realistic aim, with final versions brought to the HWB Board for approval between January and July 2016.
- 5.2 The purpose of JSNA work is to support subsequent development of a joint health and wellbeing strategy to meet the needs identified in the JSNA. The statutory partners in the joint strategy are NHS commissioners and upper tier local authorities, and it is expected that wider partners on the Health and Wellbeing Board would also contribute.
- 5.3 Given the points outlined above, in order to prioritise the next round of JSNA topics the HWB Board may wish to consider:

- The extent to which proposals for JSNA topics reflect joint rather than single agency priorities
- The degree of potential benefit from delivering a longer term joint strategy based on the findings of the JSNA, between the CCG, County Council and wider partners
- The deadline by which evidence and analysis will be needed to inform decision making. For current issues there are other routes to obtain public health evidence reviews or analyses. For example evidence base reviews on the Better Care Fund and on integration of children's services were both delivered to the CCG and County Council, to a much quicker timescale than is possible for a full JSNA.

6 RECOMMENDATION

- 6.1 The Cambridgeshire Health & Wellbeing Board is requested to discuss and agree two or three topics (depending on overall scope) for the next round of JSNA during 2015-16.

7 SOURCE DOCUMENTS

- 7.1 Cambridgeshire JSNA Forward work Plan - attached
- 7.2 Cambridgeshire Insight – Link www.cambridgeshireinsight.org.uk/jsna

Appendix A Cambridgeshire JSNA Forward Work Plan

Topic description	Project Lead	Date last updated	August 2014	September 2014	October 2014	November 2014	December 2014	January 2015	February 2015	March 2015	April 2015	May 2015	June 2015	July 2015	August 2015	September 2015	October 2015	November 2015	December 2015	January 2016	November 2016	
Vulnerable Children & families	Emma de Zoete	2010																				
Health & Transport	Iain Green																					
Long Term conditions across the life course.	Angelique Mavrodaris	2009																				
Adults of working age (18-65) – Mental Health - <i>Subject areas: Personality disorder, Autism & Dual diagnosis. Final report on minimum data set.</i>	Emma de Zoete	2010																				
Drugs and Alcohol <i>Priority for Public Health, CFA, Police & Crime Commissioner's Office & Research team. (New topic).</i>																						
Causes of emergency admissions to hospital – Older people <i>Priority for CFA. (New topic).</i>																						
Maternity Services <i>Proposed & supported by Healthwatch Cambridgeshire. (New topic).</i>																						
Migrant workers <i>(Refresh previously requested).</i>		2007																				
Community cohesion <i>Priority for Police & Crime Commissioner's</i>																						

office & Research team. (Previously requested topic).																			
Victim and Offender Health – <i>health of vulnerable people within the Criminal Justice System. Also Understanding how to break re-offending cycles.</i> Priority for Police & Crime Commissioner’s office, CFA & Research team. (New topic).																			
New Communities Priority for Police & Crime Commissioner’s office & Research team. (New topic – produced a New Communities JSNA in 2010)		2010																	
Sensory impairment (Previously requested topic)																			
Health and social care impacts of economic inequality (in benefit reform context) Priority for CFA. (New topic).																			
Parental Mental Health Priority for CFA (New topic)																			
Evidence about relationship between employment and health - getting people into work. <i>Barriers for people with learning or physical difficulties accessing employment.</i> Priority for CFA. (New topic)																			
Health & Wellbeing in the workplace (previously requested topic)																			

Additional Information on Proposed JSNAs

Drugs and/or Alcohol misuse

Substance misuse is a risk factor in many families that are supported by CFA services. A better understanding of effective treatments and support may help improve the support CFA can provide families affected by these issues, thereby increasing their resilience and reducing the need for long-term support. Substance misuse has a significant direct effect on people's health, with alcohol misuse in particular having a significant impact on hospital admissions and long term conditions, and causing an estimated 170 deaths in Cambridgeshire per year. Substance misuse also has significant implications for community safety and the criminal justice system.

Commissioning of drug and alcohol services is now one of the public health responsibilities of the County Council. Given current contracts, the first potential point at which drug misuse services could be retendered is 2015, and for alcohol services 2017.

Causes of emergency admissions to hospital and social care of older people and related interventions

Around a third of users of older people's social care services require such support immediately after a hospital episode, and many of the others will have been to hospital more frequently than they had done earlier in their lives even if it was not the direct trigger of their social care needs. Understanding what causes people to go to hospital, and how we can prevent that, will help CFA to support people better in the community, preventing hospital admissions and the complications that surround that and the escalation of situations to the point where services have to be provided in an emergency or crisis situation which are often more expensive and less effective than planned community based support.

There have recently been significant rises in A&C attendances and unplanned hospital admissions in Cambridgeshire. Reducing unplanned hospital admissions by 1% in 2015/16 is a current performance target for the Better Care Fund. Significant work on the evidence base for reducing emergency/unplanned admissions to hospital has already been provided in the Older people's secondary prevention JSNA (2013) and in preparation for the Better Care Fund. The Long Term Conditions JSNA will contribute further to this evidence base.

Maternity services

Healthwatch Cambridgeshire support the idea of a JSNA on Maternity services. They have recently produced "a report about women's engagement with maternity services. Whilst it is specifically about engagement, it did highlight the inequalities across the county, inconsistent policy and practice and frequent closures of the Rosie and under-usage of Hinchingsbrooke".

Maternity and children's services is one of the Health System Transformation workstreams for Cambridgeshire and Peterborough. Analytical work is currently taking place with public health input, and it is likely that a maternity services JSNA which delivered in 2016

would be too late to support this. However a JSNA could review the potential for future joint strategies across maternity services and local authority/voluntary sector services for children and families.

Migrant workers

To refresh the JSNA produced in 2009.

For information - The County Council Research and Performance Team has conducted ongoing research into the demographic impact of international migration in Cambridgeshire. The most recent of these reports considers data from the 2013/14 financial year, and is available for download below along with the earlier reports <http://www.cambridgeshireinsight.org.uk/population-and-demographics/migration-0>.

There are a number of public health issues relating to the health and wellbeing of migrant workers, and there would be potential to consider incorporating this refresh into a wider JSNA on New Communities and Community Cohesion.

Victim and Offender

The purpose of this JSNA would be to focus on the issues arising from the Victim/Offenders Needs Assessment (completed by the Police & Crime Commissioner's office) and in particular, the health of vulnerable people within the Criminal Justice System.

The JSNA could also look at criminal behaviour as a risk factor in some cases supported by children's social care and wider family workers. By understanding how to break re-offending cycles, this would help such services be more effective in supporting families to live independently.

New Communities

To refresh the JSNA produced in 2010.

Given the level of anticipated housing growth in the south of the County, a JSNA on new communities (a general Health and Housing JSNA was completed in 2013) could focus on one or more of the following points:-

- Understanding the health needs of newly built communities
- designing healthy communities.
- Planning health and care services for new communities
- Blue towns – designing for climate change and flood risk environments.

Integrated spatial planning requires simultaneous assessment of multiple issues and criteria. There can be multiple benefits from

measures introduced to respond to these issues but understanding which to prioritise is fundamental to good planning. Forward plans for housing in Cambridgeshire mean that health and wellbeing in new communities will be an ongoing issue.

Community Cohesion

The extent to which people and communities “get along” can be influenced by a wide range of issues including demographic structure, geography, ethnicity, culture, faith, politics and socioeconomic factors. Local feelings about perceived differences and fairness between treatments of communities can have an impact on tension between communities. Wider factors, including national and international issues and how these are reported, can also impact on cohesion and create tension in communities.

Working with the PCC and other organisations, a JSNA on Community Cohesion could help us understand about the different groups, contact between groups, integration of new residents into existing and new communities and consider the national and wider dimensions of community relations. As part of embracing prevention, the work could link to the anti-terrorism strategy.

We need to be thinking of community cohesion in established as well as new communities. This links to the mental health wellbeing agenda.

Sensory impairment

Impairment of hearing and vision are increasingly common with age, and a JSNA which specifically looks at the impact of these impairments on health, wellbeing and independence was previously proposed, in addition to the more general JSNA covering physical and learning disabilities throughout the life course.

Health and social care impacts of economic inequality (in benefit reform context)

Our work on child poverty suggests that whilst Cambridgeshire as a whole is resilient and many people are successfully weathering the current economic conditions, for people in poverty (who may be working or not working) the impacts are very significant. Understanding the causes and impacts of poverty and financial hardship on children, adults and families would help CFA develop services to mitigate these impacts as early as possible.

Parental mental health

Mental health is a significant risk factor in many families where the children in that family are at risk of harm whether it is above or below the threshold for social care intervention. Parents may have specific mental health needs which a better understanding of would help CFA parenting and family support services be more effective in helping families to live successfully and independently of formal state support.

Evidence about relationship between employment and health, getting people into work and getting LD/PD people with mental health needs into employment

Being in work is a powerful motivator and enabler for independence; and conversely, being out of work can engender depression and isolation. Understanding the health and wellbeing benefits of work for people with disabilities or mental health issues more generally

could help build better services that are more effective at helping people enjoy the benefits of being in work and living independently if a business case for sound and sensible investment can be made.

Health and wellbeing in the workplace

Workplaces are a setting in which many adults spend a large proportion of their time and as such may have a significant impact on people's health. This topic was previously suggested as an extension of the 'Prevention of ill health in working age adults JSNA (2011)' and overlaps with the JSNA on employment and health suggested above.