

**NEW COMMUNITIES: NEW HOUSING DEVELOPMENTS AND MIGRANT POPULATIONS JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) 2015**

**To: Health and Wellbeing Board**

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**1. PURPOSE**

The purpose of this paper is to present the proposed scope of the New Communities: New Housing Developments and Migrant Populations JSNA.

The paper describes the context of the JSNA and the scoping process that led to the identification of the areas to be included in the JSNA. The proposed areas for inclusion are described along with the process for its development. The Board is asked to consider the proposed scope and approach for the development of the JSNA.

**2. CONTEXT**

2.1 Joint Strategic Needs Assessments (JSNAs) describe the future health, care and well-being needs of the local populations, the strategic direction of service delivery and the commissioning requirements to meet those needs. The reason for doing a JSNA is to develop the evidence base for the health and social care response so that it more closely meets the prioritised needs of local people and to inform the Joint Health and Wellbeing Strategy.

**2.2 What is a Joint Strategic Needs Assessment?**

- Provides analyses of data to demonstrate the health and wellbeing status of local communities.
- Defines where inequalities exist.
- Provides information on local community views.
- Provides the evidence of effectiveness of interventions.
- Provides information to help shape the planning and commissioning of services.
- Highlights key findings based on the information and evidence collected.

The Cambridgeshire JSNA has adopted a client based model that has a phased approach. Consequently each phase focuses upon the development or updating of a JSNA for a specific client group.

### **2.3 Why undertake a Joint Strategic Needs Assessment?**

A JSNA includes analysis of the range of factors that influence health and wellbeing. It recognises that while health services make a contribution to health, most of the key determinants of health, for example, education, employment, housing, and environment, lie outside the direct influence of healthcare.

### **2.4 Who is involved in producing the JSNA?**

Upper tier local authorities and Clinical Commissioning Groups (CCGs) have an equal and joint duty to prepare JSNAs, through the Health and Wellbeing Board. In Cambridgeshire there is a strong commitment to involve as many organizations as possible which provide services or advocacy in the collection of information and formulation of recommendations.

Community views are collected and included in the JSNA and inform the recommendations. Steering groups with memberships that reflect the organizations and communities oversee the development of the JSNA. This approach facilitates a joint understanding of needs and priorities that supports future collaborative work to address them.

## **3. THE JSNA PROGRAMME OF WORK 2015-16**

3.1 The Cambridgeshire Health and Wellbeing Board has selected the following topics for the JSNA program of work for 2015-16.

- **New Communities** – 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. It was felt that this JSNA could also include a focus on Migrant Health in addition to new development areas as there is cross-over regarding community cohesion issues.
- **Alcohol misuse** – as a cross cutting issue for NHS, public health, social care and criminal justice services, where there were significant opportunities for prevention.

## **4. NEW COMMUNITIES: NEW HOUSING DEVELOPMENTS AND MIGRANT POPULATIONS JSNA**

### **4.1 Issues in defining the Scope**

4.1.1 Unlike other JSNAs the new development part of this work focuses on communities and population groups that do not yet exist, although it draws on the experience and evidence from existing new communities. While all JSNAs must rely on assumptions about the changes in size and needs of populations groups to plan future health and wellbeing needs, these extrapolations are generally based on fairly stable estimates in existing populations.

4.1.2 Every new community is different and while lessons learnt from experiences in one community can inform planning for another there must necessarily be caution in transferring these lessons from one setting to another.

- 4.1.3 A particular challenge of this JSNA is that each new development poses very different challenges. The largest and most complex such as Northstowe will be built over relatively long periods of time (15+ years). This prolonged period will likely have unpredictable impacts on community identity and cohesion, and in turn on mental health and wellbeing, the “needs” of a new community in year one of occupation are likely to be different from the “needs” at the end of the construction many years later.
- 4.1.4 In addition smaller developments also have impacts on existing communities and infrastructure. It is not always possible to ensure that the relevant infrastructure and services will be available when needed. Health services and facilities must be commissioned at the optimal point. Too early and the facilities are underused and uneconomical; too late and health needs are not adequately met and waiting times increase. In addition with the pressures on public sector finances there is a need to plan and provide services differently, the model of service provision now may not be “fit for purpose” in 20 years’ time.
- 4.1.5 In planning for the Cambridgeshire JSNA on new communities it was agreed that one area of focus would be migrant health. As migrant populations are likely to have different and distinct needs from new community developments this will form a separate section of this JSNA.
- 4.1.6 Peterborough public health team also plan to complete a JSNA on Eastern European Economic Migrants by March 2016. This crossover forms an opportunity for joint working across the two public health teams and prevents duplication of work. However Migrants are not a homogenous group. International migrants in Cambridgeshire and Peterborough come from all over the world and have different socio-economic backgrounds. These include temporary labour migrants, highly skilled migrants, irregular or undocumented/illegal migrants, family reunion or reunification migrants, return migrants and forced migrants, which include refugees and asylum seekers.
- 4.1.7 Terminology – For the purpose of this briefing paper the term “Social Cohesion<sup>1</sup>” is used. There are other similar terms such as social capital, resilient communities, connectivity, community development, etc. These will be defined and explored where relevant in the finished JSNA. For the purpose of the scope the term social cohesion is used as the concept which enables a community to work towards the well-being of all its members.

## **4.2 Stakeholder engagement**

The first stakeholder engagement event for the ‘new housing developments’ part of this work has been held and the results have informed the scope of the JSNA. Four broad topics can be distilled from the conversations, namely:

- Demography
- Environment

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<sup>1</sup> Cohesive community is one where: there is a common vision and a sense of belonging; diversity of people’s different backgrounds and circumstances are appreciated and positively valued; people from different backgrounds have similar life opportunities; strong and positive relationships are being developed between people from different backgrounds in the workplaces, schools and within neighbourhoods. (Guidance on Community Cohesion LGA/Home Office 2002: 6)

- Social Cohesion and Social connectivity<sup>2</sup>
- Assets and services

A stakeholder engagement event for the Migrant health part of the JSNA will take place in October 2015, although initial 1:1 meetings have already commenced. Early indications from these meetings suggest that broad topics will be:

- Demography
- Health Status & Health Service Usage
- Education
- Housing
- Employment
- Wellbeing & Lifestyle

### **4.3 The New Communities JSNA 2015**

#### **4.3.1 New Housing Developments: The Aim**

The first aim of the JSNA is to gather data and information on the health and wellbeing needs of populations in new developments with a view to informing service provision and commissioning for existing and future development sites within Cambridgeshire.

The second aim of the JSNA is to review the evidence on “designing and building in” opportunities for improving and maintaining health and wellbeing as part of the design of the new developments.

#### **4.3.2 New Housing Developments: The Scope**

The scope of this part of the JSNA will cover the following areas and questions:

- Demography and Health & Wellbeing Needs
  - What are the demographic profiles and health and wellbeing needs<sup>3</sup> of existing new developments and can they be applied to proposed new communities, and are these health and wellbeing needs likely to be different depending on the development?
  - Where do people who move into new communities move from and how long do they stay?
  - What are the variables that are most sensitive to changes in the housing market and how are these changes reflected in New Community populations?
- Environment
  - What factors contribute to “health and wellbeing” in new communities?
  - What can we learn from other new developments in terms of communities that are healthy and resilient<sup>4</sup>?

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<sup>2</sup>Social Connectivity – “The relationships people have with others and the benefits these relationships can bring to the individual as and to society”.

<sup>3</sup> An assessment of “need” can be inferred from the use of services data e.g. hospital data and social care data. In addition this can be supplemented through qualitative work to ascertain what the needs have been and through the literature review.

<sup>4</sup> Social Resilience – “The ability of groups or communities to cope with external stresses and disturbances”

- How do we “design and build in” opportunities for improved health and wellbeing as part of the design of the new developments, e.g. access and active travel, mental wellbeing, nutrition, opportunities to be physically active etc.?
- **Social Cohesion and Social Connectivity**
  - What are the most effective models of community development for building healthy and resilient communities and when should they be deployed?
  - How can a community development approach be sustained through the long periods required for communities to mature?
  - What do existing new community residents value? – learning from other developments
- **Assets and services**
  - What do we know about Health & Social Care utilisation in new communities, and can an analysis of the data show any patterns?
  - What assets are currently available in new communities (a Needs and Assets Assessment), and how can we replicate good practice in new and developing communities?
- **Implications for Commissioning**
  - What is the current NHS commissioning landscape, and how does this “fit in” with the Local Authority Planning system? To include but not limited to
    - pharmacy provision
    - Primary Care
    - Secondary care
    - Dentistry
    - Ophthalmology.
  - What type of Health and Social Care services (including non “health and social care services” which contribute to health and wellbeing e.g. Community Development) need to be provided in New Communities and what models of finance are available?

The JSNA will be underpinned with evidence on the value and “need” for the social infrastructure. The JSNA will also contain case studies of new communities both locally and further afield.

#### 4.3.3 **Migrant Populations: The Aim**

The second aim of the JSNA is to gather data, information and evidence on the health and wellbeing needs of international migrants across Cambridgeshire. This will be completed with a view to inform future service provision and provide information on how best to utilise current assets in order to improve health outcomes for this population.

#### 4.3.4 **Migrant Populations: The Scope**

The scope of this part of the JSNA will cover the following areas and questions:

- Demography
  - Where are international migrants currently living within Cambridgeshire, and what are the demographics of these populations and are there any particular health issues that are of relatively greater concern in these populations<sup>5</sup>?
  - What are past and predicted future trends in patterns of migration in Cambridgeshire?
  - How long do international migrants tend to stay within the Cambridgeshire area?
- Health Status and Health Service Usage
  - How does the health status of these individuals compare to that of the UK born population?
  - Is this population registering/accessing appropriate health services? And if not what are the barriers/issues in doing so?
- Education
  - What is the distribution of migrant children across Cambridgeshire?
  - How does the attendance and educational attainment of migrant children compare to UK born children?
- Housing
  - What is the housing tenure of international migrants living within Cambridgeshire?
  - Are there any inequalities between migrants and UK born citizens with regards to homelessness?
- Employment
  - What is the employment status of international migrants living within Cambridgeshire?
  - Is there evidence of exploitation issues amongst the migrant worker population in Cambridgeshire and what is the level of this?
- Wellbeing and Lifestyle
  - Are there issues with social cohesion between local migrant and indigenous populations?
  - What are the levels of smoking/alcohol consumption amongst migrant populations?

#### 4.4 Target Group

The first part of the JSNA will include analysis of the health and wellbeing needs of residents in new communities. It will take a phased approach, looking at needs across a new community as the community grows and ages.

The second part of the JSNA will focus on the health and wellbeing needs of migrant populations. It will also identify assets and services that are effective in meeting these needs.

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<sup>5</sup> These populations have many of the same health issues as non-migrant populations but they may also have some specific issues attributable to their situation and history as migrants.

#### **4.5 Focus and Aims**

Given the broad scope of the JSNA, the aim will be to identify and summarise key issues for the target groups to support commissioning and planning priorities. Where necessary recommendations for further work will be made. Links will be made to other relevant JSNAs e.g. Housing and Health, Transport and Health. Areas of particular focus of the JSNA will be:

- Needs and Assets
- Social Cohesion
- Commissioning services

#### **4.6 Who is Involved**

A steering group has been set up which includes representation from:

- Cambridgeshire County Council (Public Health; Environment, Transport & Economy; Children, Families & Adults)
- Cambridge Sub-regional Housing Board
- Cambridgeshire and Peterborough CCG
- Cambridge City, South Cambridgeshire, Huntingdonshire, Fenland, East Cambridgeshire District Councils
- Cambridgeshire Clinical Commissioning Group

The Steering Group has its own Terms of Reference which describes its key purpose giving strategic direction and overall programme management of the JSNA. It has another critical role in undertaking the initial interpretation of the data and formulating the recommendations for discussion more widely with stakeholders. The steering group will seek input from a wider range of stakeholders, including the voluntary sector to ensure engagement and future support for the adoption of the JSNA.

#### **4.7 Populating the JSNA - Content**

The JSNA will collect a range of information and data from national and local datasets, including:

- Demographic data – either local data or survey/national data applied to Cambridgeshire's situation
- Data on existing services where available or the use of survey / national data to estimate health need and service use in Cambridgeshire
- Results of local consultations
- Evidence, best practice and cost-effectiveness

The stakeholders are critical to these information processes, both in contributing data and also facilitating opportunities to engage with communities. These sources of information will build a picture of the key needs, assets and evidence of effective interventions and good practice.

#### **4.8 Timeframe**

The New Communities JSNA 2015 is scheduled for completion by March 2016 and will be presented to the Board at its 17<sup>th</sup> March 2016 meeting

**5.0 RECOMMENDATIONS**

The Health and Wellbeing Board is asked to agree the proposed scope of the New Communities: New Housing Developments and Migrant Populations JSNAAs outlined in Section 4.3 above and to make suggestions for improvements.

<b>Source Documents</b>	<b>Location</b>
Reports and minutes of Health and Wellbeing Board	<a href="http://www2.cambridgeshire.gov.uk/CommitteeMinutes/Committees/Committee.aspx?committeeID=70">http://www2.cambridgeshire.gov.uk/CommitteeMinutes/Committees/Committee.aspx?committeeID=70</a>