

# Carers JSNA

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**10<sup>th</sup> July 2014**

## Key findings

- ◆ The JSNA has taken an 'assets approach' to collate available data and evidence about carers, including number of people self-identifying as carers in the 2011 census and the number receiving various services
- ◆ Data from national surveys tell us that carers are at risk of poor physical, emotional and economic wellbeing.
- ◆ In line with The Care Act 2014, work is needed on how best to support carers early (including evaluation of the effectiveness of that support).
- ◆ Services should systematically capture the views of carers on services and build on models like Pinpoint.
- ◆ A holistic approach is needed across services to support carer needs alongside the person they care for.
- ◆ Emergency plans need to be in place, particularly for carers providing high intensity care.

## Key findings cont...

- ◆ GPs are ideally placed to support carers and good practice in Cambridgeshire includes the GP prescription service. Further mapping of what is provided in primary care is needed, including for bereaved carers.
- ◆ Particularly for Young/ young adult carers:
  - ◆ Services need to work jointly to identify young carers (as a vulnerable group) and ensure needs are met early in context of whole family.
  - ◆ Support is needed at transition to adulthood.
  - ◆ Data are not available on educational outcomes specifically for young carers in Cambridgeshire.
  - ◆ Young adult carers are at risk of poor access to advice, support and carers assessment.

## Next steps

- ◆ The Carers JSNA will inform the Carers review; strategic work in Cambridgeshire to review and remodel the support to family/ informal carers.
- ◆ The JSNA has been informed by phase one of this work and will now inform the second phase of work which will design a new 'tiered' model of support for carers.
- ◆ The project board for the carers review is chaired by CCC, with representation from Cambridgeshire and Peterborough CCG, voluntary organisations and carers. Work will be shared with a stakeholder reference group, which includes carers.
- ◆ It is anticipated that NHS allocation for carers will be included in Section 75 pooled budget arrangements required for the Better Care Fund

# JSNA Primary Prevention for Older People

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*10 July 2014*

## Key findings

- ◆ Focuses on physical activity, diet, malnutrition and smoking.
- ◆ There is clear evidence about the impact of these lifestyles behaviours on health and wellbeing, illness and disease, independence, participation and community involvement.
  - ◆ The impact is important for individuals, communities and for the local health and care economy.
- ◆ Cost-effective interventions exist
  - ◆ Local evidence-based support services are available and accessible to older people (e.g. smoking cessation services, malnutrition pathways, active ageing and physical activity programmes).
  - ◆ There is an ongoing need to ensure access to these is equitable across the county.
- ◆ Key elements of encouraging behaviour change include:
  - ◆ Promoting awareness of the risks of physical inactivity, poor diet, malnutrition and smoking;
  - ◆ Emphasising the benefits of making a change, at any stage in life.
- ◆ These behaviours are influenced by a wide variety of societal factors.
  - ◆ Further understanding of local barriers and enablers would be beneficial – continue to build on work with partners and local communities.

## Opportunities

- Promote a positive view of 'healthy ageing' in Cambridgeshire, overcoming unhelpful stereotypes of ageing, and considering the structural (social and physical) enablers for communities to support healthy lifestyle choices among older people.
  - e.g. build on "Cambridgeshire celebrates Age", work in LHPs
- All providers of services and community support can help to disseminate the message that 'it is never too late' to make lifestyle changes, and to personalise these to individuals and the specific health and wellbeing benefits for them.
  - Implications for staff training and providing local information
- Raise awareness of services and support among older people, family and friends, carers, health and social care professionals and local partners e.g.
  - ◆ Information sources e.g. services and community activities (local walks, classes etc.)
  - ◆ Key influencers e.g. Community navigators, Voluntary sector services
- Ensure local provision of interventions and opportunities meets needs across the lifecourse and across the spectrum of older residents (e.g. active older adults', 'older adults in transition', and 'frailer older adults'.)

## Current strategies and joint arrangements

- ◆ Embed primary prevention in local strategies:
  - ◆ Joint Strategy for Older People – in progress
  - ◆ Local Health Partnerships
  - ◆ Older People Programme Board
  - ◆ Older People Partnership Board
  - ◆ 'Transforming Lives' strategy
- ◆ Embed healthy lifestyles in commissioned integrated care pathways:
  - ◆ CCG procurement of lead provider (e.g. linked to outcomes, staff training, care plans, screening for malnutrition in various care settings)
  - ◆ Social services commissioned services e.g. MUST tool, nutrition and physical activity strategies in day care centres

# JSNA Older People's Mental Health

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**10 July 2014**

## Key findings

- ◆ There is a distinction between mental health and mental wellbeing. The JSNA focus was narrowed to dementia and depression, the two most common mental health illnesses for older people.
- ◆ Wider determinants of mental health: Cambridgeshire is broadly the same as England, but there are areas within the county where risk factors are concentrated, such as Fenland.
- ◆ There is forecast to be an increasing number of people in Cambridgeshire aged 65 and over with dementia and (to a lesser extent) depression between 2012 – 2026
  - ◆ Dementia: expected rise of 64% from 7,400 to 12,100
  - ◆ Depression: expected rise of 12%, from approx. 11,900 to 13,360.
- ◆ Cambridgeshire has a low diagnosis rate for dementia, similar to the national trend– this signifies unmet need and has implications for delayed care and support.
- ◆ Mental health needs interact in complex ways with long-term physical health problems e.g. reduced life expectancy for those with severe mental illness. There is often inequality of access to health services for physical illness for people who use mental health services.

## Opportunities



- Evidence-based guidance and service standards are available to inform local commissioning of services. These also include training and awareness of all staff.
- No information on local activity and expenditure patterns is included in this JSNA (except general information on the overall spend on mental health).
- Evidence-based guidelines from NICE recommend reviewing and treating vascular risk factors for dementia in middle-aged and older people (smoking, excessive alcohol use, obesity, diabetes, hypertension and raised cholesterol levels).
- Limited available evidence was found on community interventions to prevent the progression of dementia but there are various examples of good practice from across the UK and various national initiatives emerging to support individuals with dementia and their carers to remain independent and well for longer .
- Key feedback from users, carers and other stakeholders focussed on topics including: practical help, support and navigating 'the system'; community support; information and training for families and carers; continuity of relationships with professionals and co-ordination of services, especially at transition; availability of services and early intervention/support.

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## Implications



1. **Information:** There was no analysis of data on services provided by the acute mental health trust (using the Mental Health Minimum Dataset (MHMD)) – this is now underway. It could also be helpful to better understand how spending and referral rates differ between LCGs.
2. **Prevention:** Addressing risk factors for dementia and depression in middle-aged and older people will involve partnership work on wider determinants of health such as social isolation, housing and community support; and reducing the impact of physical or behavioural risk factors (such as smoking, excessive alcohol use, obesity, diabetes, hypertension and raised cholesterol levels).
3. **Early intervention & support:** Continued partnership working and an integrated approach will be important to improve earlier identification and support for individuals and their carers with dementia and depression with referral to advice, support and services.
4. **Treatment and care:** There is further scope for commissioners to benchmark service specifications, and current provision against NICE guidance and/or quality standards.

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## Current strategies and joint arrangements



- CCC partnership arrangement with CPFT to provide a joint health and social care mental health service (under Section 75 of Health and Social Care Act);
- Older People's Mental Health Commissioning Group (CCG led, partnership group);
- Future integrated pathways for older people with social care and the CCG lead provider (and other partners);
- Development of Joint Mental Health Strategy for Adults and Older People – in progress;
- Social Care strategy 'Transforming Lives': Information & early intervention in particular focuses on early support and advice.

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## Summary JSNA 2014

**Dr Liz Robin,  
Director of Public Health**

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## Summary JSNA 2012 –



### Key needs

- ◆ Focus on ensuring a positive start in life to children
- ◆ Plan for the significant forecast growth in the number of older people in Cambridgeshire
- ◆ Recognise the impact of common lifestyle behaviours on health and support change
- ◆ Promote individual and community resilience and mental health
- ◆ Consider needs and outcomes for vulnerable and marginalised populations in Cambridgeshire

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## Summary JSNA 2014 – additional needs assessments



- ◆ Physical disabilities and learning disabilities through the life course(2013)
- ◆ Mental health of children and young people (2013)
- ◆ Prevention of ill health for older people (2013)
- ◆ Housing and health (2013)
- ◆ Armed forces and veteran health (2013)
- ◆ Carers (2014)
- ◆ Older people's mental health (2014)
- ◆ Primary prevention of ill health for older people (2014)
- ◆ Adult mental health: autism, personality disorder and dual diagnosis (2014 in progress)

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## Key findings: Adult mental health JSNA - Autism, personality disorder and dual diagnosis



- ◆ Evidence-based guidance and quality standards from NICE are available to inform local commissioning and delivery of services.
- ◆ No information on activity levels and expenditure by the main mental health trust in Cambridgeshire was available within the timescale of the JSNA report.
- ◆ A high quality diagnostic service is available for adults with autism, but services to support adults with autism and their carers in the community can be fragmented and difficult to access
- ◆ Both service providers and service users describe problems in services for people with dual diagnosis, who have both a substance misuse problem and a mental health problem. A local view of dual diagnosis services should be considered.
- ◆ There should be local implementation of the Crisis Care concordat to ensure rapid access to support for people with a mental health crisis.
- ◆ Mental health needs interact in complex ways with long-term physical health problems – and equity of access to services is important.

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## Strategies and joint commissioning/integration



- ◆ The HWB Strategy 2012-2017 was written before implementation of the Health and Social Care Act (2012) and was based on:
  - ◆ the needs outlined in the 2012 Summary JSNA
  - ◆ mapping against existing system strategies
  - ◆ feedback from stakeholders and the public
- ◆ Since then there has been
  - ◆ Further JSNA work completed
  - ◆ Structural changes in the health and care system and in partnership arrangements
  - ◆ New strategies emerging.
- ◆ Recommendation: The HWB Board is asked to consider requesting a review of the extent to which the current JHWS meets the needs outlined in the summary JSNA 2014, and whether further development of the JHWS is needed.

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